



June 12, 2015

Accreditation Commission for Education in Nursing  
3343 Peachtree Road NE, Suite 830  
Atlanta, GA 30326

Greetings,

Great Basin College is complying with a request from the ACEN Board of Commissioners Subcommittee on Substantive Changes to submit a monitoring report for the RN-BSN program specific to Standard 4 Curriculum and Standard 6 Outcomes as requested in your letter dated August 27, 2014.

The enclosed report will provide documents and information addressing the first and second semester courses in the newly revised curriculum. A USB flash drive is also enclosed containing an electronic copy of this monitoring report.

Please do not hesitate to contact me if there are any questions about the report or if you need additional information. If I am not immediately available, please contact my Administrative Assistant, Dianna Byers, at 775-753-6056 or [dianna.byers@gbcnv.edu](mailto:dianna.byers@gbcnv.edu).

Sincerely,

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Dean, Health Science and Human Services  
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**GREAT BASIN COLLEGE  
RN-BACHELOR OF SCIENCE  
NURSING PROGRAM**

**MONITORING REPORT  
JUNE 2015**

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# **Great Basin College, Elko, NV**

## **Monitoring Report RN – Bachelor of Science Degree in Nursing Program June 2015**

Governing Organization:	Great Basin College 1500 College Parkway Elko, NV 89801
Nursing education unit:	Bachelor's Degree in Nursing Program
Teaching locations:	On-line program, Elko, Nevada
Current enrollment:	First year: 25 students admitted (maximum) Second year: 41 students
Plans for changes in enrollment:	None
Nurse administrator:	Amber Donnelly, PhD, RN, CNE HSCI 135 Great Basin College 1500 College Parkway Elko, NV 89801 Office: 775-753-2135 E-mail: amber.donnelli@gbcnv.edu
Date change was effective:	August 15, 2014



# List of Participants for Monitoring Report

Dr. Mark Curtis	President, Great Basin College
Dr. Michael McFarlane	Vice President of Academic Affairs, Great Basin College
Lynn Mahlberg	Vice President of Student Services, Great Basin College
Sonja Sibert	Vice President for Business Affairs, Great Basin College
Lisa Frazier	Director of Online Education, Great Basin College
Dr. Amber Donnelly	Dean, Health Science and Human Services Department
Heidi Johnston	Nursing Faculty and Curriculum Coordinator, AAS Nursing
Tamara Mette	Nursing Faculty
Staci Warnert	Nursing Faculty
Sharon Sutherland	Nursing Faculty and Simulation Coordinator
Delene Volkert	Nursing Faculty
Dianna Byers	Grant Program Assistant
Gaye Terras	Department Administrative Assistant



## **Introduction**

Great Basin College (GBC) nursing faculty understand the importance of incorporating professional standards, guidelines, and competencies as the basis for the nursing curriculum. The nursing program curricula reflects current nursing practice and is based on current nursing and healthcare initiatives to ensure safe, quality patient care. The GBC nursing curriculum is built in this manner and provides an evidence-based curriculum to meet today's healthcare needs. These beliefs are applied to both the pre-licensure and RN to BSN nursing programs at GBC.

A two-year follow up report was sent to the Accreditation Commission for Education in Nursing (ACEN) Board of Commissioners, which reflected the new Associate degree nursing curriculum and the newly revised curriculum for the RN-BSN nursing program. On August 1, 2014, Great Basin College received a formal letter of the action taken by Accreditation Commission for Education in Nursing (ACEN) Board of Commissioners. At the ACEN meeting held on July 10-11, 2014, the Board of Commissioners accepted the follow-up report for the Baccalaureate and Associate nursing programs at GBC and affirmed the next evaluation visit for Fall of 2019.

On August 27, 2014, a letter was received from the ACEN Board of Commissioners Subcommittee on Substantive Changes requesting a one-year follow-up monitoring report for Standard 4 Curriculum and Standard 6 Outcomes of the revised RN-BSN program. GBC has complied with this request and within this submission the Subcommittee on Substantive Change will find a detailed review of standard 4 and standard 6 with supporting documentation and data collected for the revised curriculum in year one.

## Great Basin College Mission Statement

Great Basin College enriches people's lives by providing student-centered, post-secondary education to rural Nevada. Educational, cultural, and related economic needs of the multicounty service area are met through programs of university transfer, applied science and technology, business and industry partnerships, developmental education, community service, and student support services in conjunction with certificates, and associate and select baccalaureate degrees.

### Mission of the RN to BSN Program

To prepare registered nurses for research and theory based professional practice roles as leaders and change agents in the transformation of nursing and health care for rural and underserved populations.

### Philosophical and Conceptual Basis for Achievement of the College and RN to BSN Program Missions

Nursing faculty endorse the mission, goals, and outcomes of Great Basin College. The nursing faculty acts on the college mission and values through the pursuit of excellence in teaching, promoting student success, and providing service to rural Nevada citizens to enhance their health and quality of life. The philosophy of the nursing faculty is rooted in the **core values of holism, caring, diversity, advocacy, integrity, and excellence**. Student learning outcomes and curricula of the RN to Bachelor of Science Degree in Nursing program are based on competencies determined by the faculty to be necessary for safe and effective nursing care building on prior nursing education.

The RN to BSN program incorporates a liberal education that supports integration of concepts from the social, natural sciences and the humanities that are essential to understanding the self and others, as well as the nature of health and disease (AACN, 2008). Translating research and evidence into practice is a cornerstone of BSN prepared practice. The graduate of the RN to BSN program can provide safe, quality care to individuals, families, groups, populations and communities experiencing common to complex health problems in structured and unstructured settings. The nurse prepared at this level:

- Applies organizational and systems leadership theories to the roles of designer and manager of care.

- Applies information management and effective application of patient care technology at all levels of care.
- Provides health promotion and disease prevention for groups and populations.
- Initiates and leads collaboration with other providers and disciplines to ensure quality and safety in health care delivery to underserved populations.

The RN to BSN program is built on competencies derived from the major concepts that the nursing faculty considers to be central to BSN practice. Those concepts are: Collaboration, leadership, informatics, evidence-based practice, population-focused care, and quality improvement

The faculty believe **nursing education** is a life-long dynamic process in which the learner must be an active participant and in which education is the responsibility of both the learner and the nursing faculty. The faculty provides an online learning environment that is respectful and supportive of the individual learning styles, needs, and professional demands facing practicing nurses in GBC's broad rural service area and its diverse, underserved populations. Curricula, teaching strategies, and educational experiences provided are evidence-based and support the refinement of critical thinking, problem solving, and analytical reasoning.

### **Curriculum Design**

In keeping with sound curriculum design principles, the program student learning outcomes were used to organize the course student learning outcomes. These student learning outcomes are the basis for all activities related to the teaching/learning process, including delivery of instruction and evaluation of student progress. They are also the basis for evaluating aggregate student outcomes such as graduate and employer satisfaction.

The terms used in developing this curriculum include:

- Program student learning outcomes: Statements of expectations written in measurable terms that express what a student will know, do, or think at the end of the nursing program; characteristics of the student at the completion of the program. Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice. (NLNAC glossary)
- Course student learning outcomes: Statements of expectations written in measurable terms that express what a student will know, do, or think at the end of the nursing course; characteristics of the student at the completion of a course. Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional

practice. (NLNAC glossary) Course student learning outcomes flow from the program student learning outcomes.

- Competencies: Competency statements are used to evaluate students' achievement of the course/program outcomes. These are the competencies (expectations) that demonstrate the students have attained the student learning outcomes – the knowledge, skills, and attitudes that students need to achieve the course outcomes that build to achieve the program student learning outcomes. The IOM's 2011 publication *The Future of Nursing* notes the importance of competencies on page 4-31: "A competency-based approach to education strives to make the competencies for a particular course explicit to students and requires them to demonstrate mastery of those competencies. Performance-based assessment then shows whether students have both a theoretical grasp of what they have learned and the ability to apply that knowledge in a real-world or realistically simulated situation".
- Objectives: Specific expectations of a learning unit that relate back to the course student learning outcomes and competencies.
- Program outcomes: Performance indicators that reflect the extent to which the purposes of the nursing education program are achieved and by which program effectiveness is documented. Program outcomes are measurable consumer-oriented indexes designed to evaluate the degree to which the program is achieving its mission and goals. These program outcomes include program completion rates, job placement rates, licensure pass rates, and program satisfaction. (NLNAC glossary) Program satisfaction indicates satisfaction of the graduates and employers in the graduates' ability to use what was learned in the program as the basis for providing safe, effective patient care.



### **Program Student Learning Outcomes**

The six program student learning outcomes for the RN to BSN program are as follows:

1. Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
2. Analyze quality improvement measures used in both structured and unstructured healthcare environments.
3. Act as an evolving scholar, translating current evidence into nursing practice.
4. Evaluate collaboration techniques used in various healthcare environments.
5. Apply leadership principles and theories to both the practice and the profession of nursing.
6. Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making.

To adhere to the program's goal of building on prior nursing education, these six program SLOs directly align with the six SLOs for the ADN program. This provides a seamless transition to the baccalaureate level work. The six program SLOs for the ADN program are:

1. Provide safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare environments to diverse patient populations across the lifespan.
2. Use clinical reasoning when engaged in the work of a professional nurse.
3. Participate in quality improvement processes to improve patient care.
4. Engage in teamwork with members of the interprofessional team, the patient, and the patient's support persons when managing patient care.
5. Apply management, legal, ethical, and professional guidelines in practice as a professional nurse.
6. Use information management principles, techniques, and systems, and patient care technology to communicate, manage knowledge, mitigate error, and support decision-making.

## **Program Individual Student Learning Outcomes with Support from the Literature and Current Nursing Practice**

1. Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.

This outcome focuses on the many aspects of the nurse/patient relationship and the community as patient. It integrates the work of the QSEN group derived from the IOM studies, the AACN's *Essentials of Baccalaureate Education*, and NLN's *Competencies*. Safety is a major concept and is based on QSEN.org documentation as well as the NCSBN's *Nursing Pathways for Patient Safety* (Benner, Malloch, & Sheets, 2010) which will be explored in the program. This relates to two of NLN's Competencies for Baccalaureate Graduates (2010): "Incorporate knowledge and skills to help patients, families, and communities continually progress toward fulfillment of human capacities" (p. 33), and "Express one's identity as a nurse through actions that reflect integrity; and safe, quality care for diverse patients, families, and community." (p. 35). The ANA's (2010a) *Nursing: Scope and Standards of Practice* is applied when planning quality, patient-centered nursing care. The outcome also relates to the AACN's Essential VI: Clinical Prevention and Population Health that addresses population-focused health assessment with emphasis on health promotion and disease prevention.

This outcome builds on the student's understanding of structured and unstructured healthcare environments, referencing the AACN Essentials: "Basic leadership includes an awareness of complex systems, and the impact of power, politics, policy, and regulatory guidelines on these systems. To be effective, baccalaureate graduates must be able to practice at the clinical microsystem level within an ever-changing healthcare system" (AACN, 2008, p. 13). This outcome relates to AACN's Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety. This involves the baccalaureate graduate skillfully working within organizational and community arenas when providing care by themselves and/or supervising care provided by others.

Major concepts for this learning outcome include patient-centered care, evidence-based practice, cultural competence/cultural diversity, standards of practice, safety, community as patient, public health nursing, health care systems, population-focused care, health promotion, and disease prevention.

2. Analyze quality improvement measures used in both structured and unstructured healthcare environments.

This outcome relates to quality improvement in various healthcare organizations and systems. The emphasis on improving patient care derives from the IOM reports on quality and health care. These reports discuss the need for all healthcare professionals to be more aware of, and implement, quality improvement measures. The QSEN project identified quality improvement as one of the six competencies important to nursing education graduates. Quality improvement refers to the use of data to monitor the outcomes of care processes and the use of improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems (Smith, Cronenwett, & Sherwood, 2007). The IOM (2011) recommended that nursing students learn not only “how to do the work” but also “how to improve the work”.

Major concepts for this learning outcome include clinical reasoning, clinical judgment, quality measures, quality improvement, nursing sensitive indicators, and healthcare organizations and systems.

3. Act as an evolving scholar, translating current evidence into nursing practice.

This outcome relates to the AACN’s Essential III: Scholarship for Evidence-Based Practice. “Scholarship for the baccalaureate graduate involves identification of practice issues; appraisal and integration of evidence; and evaluation of outcomes” (AACN, 2008, p. 15). This process involves a basic understanding of the development of evidence, the research process, clinical judgment, interprofessional perspectives, and patient preferences all applied to nursing practice. Examining multiple ways of knowing to inform practice and make clinical judgments is part of this outcome. This outcome references the NLN’s (2010) term “nursing judgment”, which encompasses three processes: critical thinking, clinical judgment, and integration of best evidence into practice (p. 67). This outcome also derives from NLN’s (2010) competencies for Baccalaureate Graduates, “Act as an evolving scholar who contributes to the development of the science of nursing practice by identifying questions in need of study, critiquing published research, and using available evidence as a foundation to propose creative, innovative, or evidence-based solutions to clinical practice problems” (p. 36).

Major concepts for this learning outcome include evidence-based practice, clinical judgment, clinical reasoning, clinical decision making, nursing research, and best practices.

4. Evaluate collaboration techniques used in various healthcare environments.

This outcome relates to AACN's Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes. Nurses must understand the importance of team approaches to problem solving and safe patient care. The importance of collaboration is emphasized in the work of the QSEN group derived from the IOM studies (Finkelman & Kenner, 2009) with the competencies of teamwork and collaboration. The QSEN and IOM competencies of quality improvement and patient-centered care also relate to this outcome. This outcome incorporates NLN's (2010) definition of teamwork: "to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality care" (p. 69).

Major concepts for this learning outcome include teamwork, collaboration, safe care environment, and conflict resolution.

5. Apply leadership principles and theories to both the practice and the profession of nursing.

This outcome focuses on the core components of leadership and professionalism. Leadership is comprehensive and includes managing care, integrating and coordinating care, investigating and sharing best practice guidelines, and serving as a leader in many capacities within the healthcare environment. The general term "professionalism" is used to include all professional, ethical, and legal principles to guide the practice of the Registered Nurse. This outcome reflects AACN's Essential VIII: Professionalism and Professional Values. The foundation for the various aspects of this program SLO's flows from two ANA documents, *Nursing: Scope and Standards of Practice* (2010) and *The ANA Code of Ethics* (2008). This outcome also relates to the NLN's (2010) Competencies for Baccalaureate Graduates (2010): "Express one's identity as a nurse through actions that reflect integrity; and a willingness to provide leadership in improving care" (p. 35). This outcome is further supported by the IOM's (2011) publication that states, "Emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse's professional formation from the prelicensure through the doctoral level" (p. 4-29).

Major concepts for this learning outcome include advocacy, management of care, leadership, organizations and systems, and professionalism.

6. Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making.

This outcome encompasses informatics, a specific competency recommended by QSEN. Knowledge of informatics is also recommended by the NLN in their 2008 position statement *Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. In this position paper the NLN called for nursing schools to incorporate informatics into the curriculum. This outcome addresses patient care technology, which refers to technology that communicates monitoring information about the patient's condition. Computer technology has been increasingly adapted to patient monitoring devices and students must be educated about how to use the information reported by these devices and how to use the devices themselves. This outcome relates to AACN's Essential IV: Information Management and Application of Patient Care Technology.

Major concepts for this learning outcome include information systems, nursing informatics, information, technology, and patient care technology.

## **Program Student Learning Outcomes with Related Competencies**

1. Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
  - a. Integrate an understanding of how cultural, ethnic, and social backgrounds function as sources of patient, family, and community values when planning care for patients and communities, and underserved populations.
  - b. Apply interventions focused on health promotion and disease prevention with attention to effectiveness, efficiency, cost-effectiveness, and equity to groups and populations.
  - c. Use national patient safety resources to focus attention on safety in care settings.
  - d. Demonstrate an awareness of complex organizational systems that reside within structured and unstructured healthcare environments.
  - e. Compare organizational structure, mission, vision, philosophy, and values among various healthcare environments for their impact on safe, quality care to populations and communities.
  - f. Evaluate a clinical microsystem identifying factors that may lead to practice breakdown.
2. Analyze quality improvement measures used in both structured and unstructured healthcare environments.
  - a. Analyze information related to health care, illness, disease prevention, and health promotion with a focus on underserved populations.
  - b. Plan quality improvement measures to promote and provide quality, safe patient care.
  - c. Evaluate quality and patient safety initiatives used to promote and provide patient care.
  - d. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.
  - e. Use improvement methods, based on data from the outcomes of care processes, to design and test changes (using an experiential learning method such as Plan-Do-Study-Act) to continuously improve the quality and safety of health care.
3. Act as an evolving scholar, translating current evidence into nursing practice.
  - a. Engage in interpretation of research.

- b. Use theory and research-based knowledge in the care of patients, families, populations, and communities.
  - c. Demonstrate knowledge of the components of evidence based practice: research evidence, clinical expertise, and patient/family/community values.
  - d. Differentiate clinical opinion from research and evidence summaries.
  - e. Demonstrate how nursing and related healthcare best practices are developed, validated, and endorsed.
4. Evaluate collaboration techniques used in various healthcare environments.
- a. Initiate collaboration with the interprofessional healthcare team.
  - b. Apply effective strategies for communicating and resolving conflict.
  - c. Implement knowledge of system barriers and facilitators of effective team functioning when planning patient care.
  - d. Lead in discussions of nursing's unique perspective while working with the interprofessional team to optimize patient outcomes.
  - e. Evaluate teambuilding and collaborative strategies within the interprofessional team in structured and unstructured healthcare environments.
5. Apply leadership principles and theories to both the practice and the profession of nursing.
- a. Demonstrate an awareness of complex organizational systems.
  - b. Apply systems leadership theory when planning care for underserved populations and community.
  - c. Incorporate an understanding of legal, political, and regulatory processes related to health care that impacts patient care.
  - d. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.
  - e. Advocate for social justice, including a commitment to the health of underserved populations and the elimination of health disparities.
6. Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making.
- a. Contrast benefits and limitations of different communication technologies for their impact on safety and quality.
  - b. Apply information management tools to monitor outcomes of care processes.
  - c. Apply high quality electronic sources of healthcare information to address the needs of a diverse patient population.

- d. Recognize the need for policy and procedure development when implementing information systems in the practice setting.



## References

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## **Presentation of Standard 4 Outcomes**

### **Narrative Addressing Current ACEN Criteria for Standard 4 – RN-BSN Program**

#### **Standard 4: Curriculum**

**CRITERION 4.1 (Registered Nurse to Bachelor of Science in Nursing):** The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated learning outcomes and program outcomes consistent with contemporary practice.

The newly revised RN-BSN program learning outcomes and course student learning outcomes (SLOs) using ACEN standards, AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* Joint Commission National Patient Safety Goals, Quality and Safety Education for Nurses (QSEN) and American Nurses Association (ANA) code of ethics is clearly articulated throughout the program (Appendix A). Faculty agree the newly revised RN-BSN program SLOs and course SLOs that were implemented in Fall 2014 fully address and incorporate professional standards, guidelines and competencies and has clearly articulated learning outcomes and program outcomes consistent with contemporary practice.

**CRITERION 4.2:** The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

The RN-BSN curriculum course SLOs flow from the program SLOs. Many of the RN-BSN courses are topic focused, therefore, the course SLOs and competencies focus on those topics and not all the program SLOs may apply to any one course. Program SLOs are met throughout the courses offered in the RN-BSN program. Statements of expectations are written in measurable terms and express the knowledge, skills, and attitudes that a student will acquire by the end of the nursing course.

Curriculum maps are used to organize the curriculum and guide instruction, direct learning activities, and the evaluation of student progress. The faculty realizes that the degree to which students achieve SLOs is dependent on a variety of instructional methods and appropriate learning activities. The curriculum committee reviews and approves each curriculum map and any significant changes to the curriculum maps must come to the curriculum committee. All assignments are based on student learning competencies, which then link to the course SLOs (Appendix B-H Curriculum Maps) and (Appendix I).

Evaluation of student progress in each course is assessed by how well students meet the course SLOs, which are appropriate to their progression level in the program. Faculty acknowledges that assessment is most effective when it reflects an understanding of the learning as multidimensional, integrated and revealed in performance over time. Course SLOs serve as a basis for the accomplishment of all other program related performance measures and serve as the basis for approaches to teaching and evaluation.

Competency statements are used to evaluate students' achievement of the course/program outcomes. The competencies (expectations) are demonstrated through student related activities to attain the course SLOs, the knowledge, skills, and attitudes that the student needs, which then build to achieve the program SLOs. The IOM's 2011 publication *The Future of Nursing* notes the importance of competencies on page 4-31: "A competency-based approach to education strives to make the competencies for a particular course explicit to students and requires them to demonstrate mastery of those competencies. Performance-based assessment then shows whether students have both a theoretical grasp of what they have learned and the ability to apply that knowledge in a real-world or realistically simulated situation".

Students evaluate their ability to achieve SLOs at the conclusion of each course. The majority of the student ratings reflected meeting outcomes at a considerable degree to a great degree on a Likert scale (Appendix B-H SLO student Survey).

**CRITERION 4.3: The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.**

Faculty members and the Dean all participate in curriculum development and review to ensure integrity, rigor, and currency. At the end of each semester, faculty conduct a rigorous and thorough examination of current literature on nursing practice and nursing education. There is a curriculum workday at the end of each semester, in addition to the monthly meetings, to review the curriculum over the semester and if SLOs were successfully met within each course. The curriculum committee meetings provide opportunity for discussion and decision about updated program and course SLOs, competencies, professional standards, best evidence practices, etc. Incorporation of new recommendations and decisions take place in a deliberate manner that is documented (Appendix I). As a result, the faculty assume all responsibility for the quality of the program.

Nursing faculty continue to review the philosophy, organizing framework, program learning outcomes, course SLOs, and curricular design. The mission and philosophy was reviewed and revised for the Fall 2014 RN-BSN curriculum to more accurately reflect the beliefs of the faculty.

**Mission of the RN-BSN nursing program**

To prepare registered nurses for research and theory based professional practice roles as leaders and change agents in the transformation of nursing and health care for rural and underserved populations.

**Philosophical and Conceptual Basis  
for Achievement of the College and RN-BSN Program Mission**

Nursing faculty endorse the mission, goals, and outcomes of Great Basin College. The nursing faculty act on the college mission and values through the pursuit of excellence in teaching, promoting student success, and providing service to rural Nevada citizens to enhance

their health and quality of life. The philosophy of the nursing faculty is rooted in the core values of holism, caring, diversity, advocacy, integrity, and excellence.

The Systematic Plan of Evaluation is utilized to identify strengths and weaknesses of the curriculum through processes of analyzing, aggregating and trending data. The data for evaluation purposes comes from sources such as application data, attrition rates, graduation rates, student surveys, faculty data, the advisory committee, graduate and employer surveys, and current trends in the nursing profession. In Spring of 2014 faculty made a decision to utilize the Quality Matters (QM) higher education program to ensure continuous quality improvement within each RN-BSN course. All first year RN-BSN courses have been submitted to the QM review process. This nationally recognized peer review process is another step in ensuring that the online RN-BSN courses undergo rigorous reviews for quality assurance.

**CRITERION 4.4: The curriculum includes general education courses that enhance professional nursing knowledge and practice.**

The RN-BSN program incorporates a liberal education that supports integration of concepts from the social science, natural sciences and the humanities that are essential to understanding self and others, as well as the nature of health and disease (AACN, 2008) (Appendix J). Translating research and evidence into practice is a cornerstone of BSN prepared practice. The graduate of the GBC RN-BSN program can provide safe, quality care to individuals, families, groups, populations and communities experiencing common to complex health problems in structured and unstructured settings with an emphasis on rural populations.

In October 2015, Great Basin College decreased the minimum upper division credits from 48 to 42 credits. In addition, in December 2015, Great Basin College Faculty Senate voted to approve that programs requiring a capstone course could use a program specific course in place of the GBC required INT (Integrative seminar) course. For nursing, this removed the INT 359 (Math) or 369 (Science) general education course and replaced it with Nursing 456 (Senior Synthesis Seminar), the capstone course. Students will still be required to take an INT course

outside of their program requirement. For nursing, students will be required to take INT 339 (Humanities) or INT 349 (Social Science) to meet general education requirements for graduation. With the revised curriculum, NURS 420 (Evidence-Based Practice and Research in Nursing), replaced INT 301 (general education research course). These changes decreased general education requirements in the RN-BSN program by six credits total.

**CRITERION 4.5: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.**

The mission of Great Basin College is to “enrich people's lives by providing student-centered, post-secondary education to rural Nevada. Educational, cultural, and related economic needs of the multicounty service area are met through programs of university transfer, applied science and technology, business and industry partnerships, developmental education, community service, and student support services in conjunction with certificates, and associate and select baccalaureate degrees”. The mission of the RN-BSN is to “prepare registered nurses for research and theory based professional practice roles as leaders and change agents in the transformation of nursing and health care for rural and underserved populations”. In keeping with the mission of the institution and program, there is an emphasis on cultural diversity with particular emphasis on rural diverse underserved populations.

Faculty who teach courses in the current RN-BSN program incorporate information on culture, ethnic and socially diverse concepts throughout theory, learning activities, and practicums. Regional, national, and global perspectives are included in several of the courses throughout the curriculum. The revised RN-BSN curriculum includes Nursing 437 (Diversity and Healthcare Policy in Rural Environments) course which emphasizes cultural, ethnic, and socially diverse concepts and explores the influence of diversity and healthcare policy on local, national, and global issues of healthcare equity, access, affordability, and social justice (Appendix A).

**Criterion 4.6: The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.**

The RN-BSN curriculum incorporates educational theory, interprofessional collaboration, research, and current standards. The learning theories that provide the foundation for the curriculum and instructional process revolve around cognitive and ethical development, adult learning theory, and experiential learning. Faculty is not limited in their theoretical underpinnings.

Cognitive learning and development theories are reflected in the nursing faculty's approach to student learning. Faculty define student learning as the construction of new meanings from information and experiences the student processes in the course of their learning activities. Adult learning theory guides many of the learning activities in the RN-BSN program; providing learners with self-directed activities and using personal life experience that focus learning on goal-oriented, relevancy oriented, and practical knowledge and skills for immediate application to solve problems or issues faced in the present.

Interprofessional learning is valued by GBC nursing and the Health Science and Human Services department. Nursing faculty collaboration with GBC faculty in other disciplines is ongoing to ensure that science, humanities, and general education course content supports student learning in the RN-BSN nursing curriculum. The faculty has also collaborated with the science department to discuss possible new course offerings. In this meeting, there was considerable openness and respect in what can be a contentious issue regarding what science prerequisites should be offered. The program also communicates with non-academic departments. An example would be nursing faculty working with Financial Aid Office personnel to communicate information regarding scholarships available for nursing students. Nursing has collaborated with the Counseling Department, including Disability Services, to assist students with learning disabilities.

The importance and role of interdisciplinary collaboration in health care quality and safety are emphasized in the RN-BSN SLOs and in the activities of each course. Interdisciplinary collaboration is central to management and leadership roles, as well as

community health nursing for the RN-BSN program. For example, interprofessional collaboration is evidenced in the Community Health Course Practicum where students collaborate with community agencies as an essential component of completing the course practicum project.

The philosophy of GBC nursing faculty is framed in the nursing mission and SLOs. Faculty employ a continuous quality improvement philosophy and are engaged in continuous curriculum review throughout each semester. Evidence-based practice and nursing research is integrated into all RN-BSN online courses and SLO's. Specifically, the NURS 420 Evidence-based practice and nursing research course introduces students to the nurse as an evolving scholar using the research process, including skills and interpreting published research findings, the science of nursing as the basis for best practices, and evidence-based quality improvement measures in health care environments. Application of ethics, legal principles, and professional standards are considered when carrying out the research process.

The curriculum reflects current nursing practice and is based on current nursing and healthcare initiatives to ensure safe, quality patient care. A curriculum built in this manner provides an evidence-based curriculum to meet today's healthcare needs. These beliefs are applied to both the pre-licensure and RN-BSN nursing programs at Great Basin College. The major standards, guidelines, and competencies identified include the National League for Nursing Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing; the American Association of Colleges of Nursing's The Essentials of Baccalaureate Education for Professional Nursing Practice; the American Nurses Association's Nursing: Scope and Standards of Practice; the American Nurses Association's Code of Ethics for Nurses, National Patient Safety Goals (NPGS), and the competencies of the Quality and Safety Education for Nurses (QSEN) (Appendix A).



Faculty stay current with best practice standards through library resources, attendance at local, regional, national, and international nursing conferences, organization memberships, and journal subscriptions. Faculty have attended conferences such as QSEN, NLN Education Summit, AACN leadership conference, Mosby Educational Summit, Elsevier Faculty Development Conference, ATI conferences, and others in the faculty member's area of specialty in order to remain current in the latest professional development. In addition, faculty has contributed to nursing scholarship through a variety of ways from writing test item questions, editing text book chapters, presenting at conferences, and incorporating research into documents, forms, and so forth that are produced for the GBC nursing program. (Appendix K).

**CRITERION 4.7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the SLOs.**

The program uses a variety of evaluation methods to measure achievement of student learning outcomes and program learning outcomes. The course SLOs are measurable learner-oriented abilities that are consistent with standards of professional practice. Each of the evaluation methods provides the opportunity for students to demonstrate learning. The methods are varied and account for differing learning styles. The methods include discussion board participation, group projects, blogging, formal papers, online debates, case studies, online presentations, and detailed practicum activities. The Publication Manual of the American Psychological Association (APA) is required for completing written assignments. Information about this resource is available to students on the nursing course websites. All assignments and grading rubrics incorporate competencies and SLO'S. The course SLOs are presented in the syllabi with corresponding activities that meet that specific outcome. The course SLOs and the competencies are addressed specifically within each assigned activity with an evaluation method (Appendix B-H Syllabus and Assignments).

Students in the RN-BSN program must achieve a minimum grade of B- (83%). A failed nursing course may be repeated only one time; failure of any nursing course for a second time will result in having to meet with the Admission & Progression committee. At any time during the semester faculty counsel students whose grades are below passing to assist them in developing and implementing a remediation plan (Appendix L). The change in grade requirement for RN-BSN courses was made in an effort to increase student achievement throughout the program. At the completion of every course, there is a designated portfolio assignment, which will be submitted as a collection of the student's work at the end of the program. The portfolio collection will show a direct connection between the student's work and each program SLOs.

At the end of each course, nursing faculty complete a course report evaluating all aspects of the course. The course report evaluations reflect both theory and practicum settings and include course statistics, full course overview, and practicum components consisting of EBP, Patient Health & Safety, and ANA Standards. (Appendix B-H Course Reports).

**Criterion 4.8: The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.**

The RN-BSN track builds on the knowledge gained through liberal studies and foundational nursing courses in an associate degree program. The track offers registered nurses an alternative curriculum through which they can earn the baccalaureate degree. Registered nurses who wish to gain admission to the baccalaureate degree program must have earned an associate degree with a major in nursing from a regionally accredited college or university and be state board of nursing approved.

The RN-BSN program is congruent with the attainment of identified outcomes and consistent with the policies of the college, state, and national standards and best practices. The minimum credits required for a bachelor's degree is 120 credits. The RN-BSN program consists

of (9) General Education Credits, (6) program requirement credits and 39 nursing credits. The distribution of credits results in a total number of 124 credit hours if students complete 70 credits in the GBC Associate degree nursing. This range of credits meets the recommendations by the state, NSHE, GBC, and national standards and best practices for a Bachelor of Science in nursing.

This past year, due to changes in the general education requirements at GBC, the RN-BSN program was able to eliminate six credits from the total number of required general education credits. Programs that require a capstone course are now allowed to use that program course in place of an INT (Integrative Studies) course. For nursing, this removed the INT 359 (Math) or 369 (Science) general education course and replaced it with Nursing 456 (Senior Synthesis Seminar) capstone course. Students will still be required to take an INT course outside their program requirement. With the revised curriculum, NURS 420 (Evidence-Based Practice and Research in Nursing), replaced INT 301 (general education research course).

**Criterion 4.9: Practice learning environments support the achievement of student learning outcomes and program outcomes.**

NURS 429 Population Community Health Theory is an eight-week course and is based on theory components, followed by NURS 436 Population Focused Community Health Practicum the last eight weeks of the semester. The sequencing allows the student to set up and develop a plan for the practicum experience that will meet SLOs. Faculty who teach this course have a one on one student advisement to discuss ideas and options to complete their practicum project. Practice learning environments are selected based on the focus of the practicum course. Students arrange practicum experiences in their geographical area. Students make a request to faculty for a practice-learning environment in which they want to complete their practicum project. An evaluation of these practicum experiences are evaluated during

curriculum meetings at the end of each semester. Practice environments are reviewed to assure that students were able to achieve course SLOs. (Appendix E)

**Criterion 4.10: Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.**

The RN-BSN practicum courses address evidence-based practice, reflection of contemporary practice, and national established health and safety goals in the activities and as part of the practicum project with students and faculty evaluating at the end of the semester. In the first practicum, NURS 436 (Population Focused Community Health Practicum), students engage in experiential learning activities that focus on application of public/community health nursing concepts to promote optimum health and wellness for rural communities and underserved populations. The course incorporates project-focused group work and interprofessional planning and intervention.

The second practicum, NURS 449 (Nursing Leadership and Management Practicum), is a last semester course and the program SLOs are used and applied to the course content and course projects. Students engage in experiential learning activities that focus on application of leadership and management concepts, theories, roles, and evidence related to a leadership or management issue in a selected organization or clinical area. This practicum requires collaboration with a preceptor and faculty member for project development and implementation. The practicum is evidence based and reflects contemporary practices and incorporates nationally established patient health and safety goals. This practicum course will run for the first time in the newly revised curriculum in Spring 2016.

**Criterion 4.11: Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.**

Practice learning environments are selected based on the focus of the practicum course. Practicum experiences are arranged by students in their geographical area. Students make a request to faculty for a practice learning environment in which they want to complete their

practicum project. A written agreement with the purpose, roles, and responsibilities related to both the student and the point of contact for the agency or organization is completed.

(Appendix E) Faculty determine the adequacy of practicum learning environment using the following factors: appropriate state or national accreditation, sufficient in achieving course SLOs, appropriate experience that allows for opportunities of student learning, consistent interaction between agency personnel and student, and a written agreement between the student, course faculty, and contacting agency. If practicum environments have students engage in any activities involving direct patient care or agency services, there must be a written affiliation agreement in place.

**Criterion 4.12: Learning activities, instructional materials, and evaluation methods are appropriate for delivery formats and consistent with the student learning outcomes.**

Instructional materials are designed using best practices for distance online learners based on the nature of the online RN-BSN program. Faculty who teach online courses have been oriented to and have received instruction about methods of delivery in the online environment from the Online Education Department (Appendix K). Faculty can select several options when incorporating technology into the teaching learning process in the online environment. Faculty use several tools in the WebCampus online platform for creating remote presentation, video conference, share of applications, blogging live chat, and live links to any internet devices for more real time instruction and feedback. Learning activities are developed in coordination with student learning outcomes and are based on best practices for distance education. Students demonstrate how they meet the course learning outcomes through a variety of activities and are graded objectively with rubrics.

The WebCampus learning environment allows for the provision of content in a variety of media to align with students' learning styles. The discussion board provides a forum for students to discuss current issues in nursing, apply problem-based learning, and engage actively in the learning process. Students are required to cite scholarly sources to support their responses and

use evidence-based practice in problem solving. The theory content in a nursing course is evaluated through a variety of methods including formal papers, problem based learning, critical appraisal of nursing research, documentation of assessment findings, multiple choice examination, case studies, and peer presentations. Faculty is encouraged to incorporate innovative ideas, develop creativity, and incorporate technology in their teaching/learning responsibilities.

## **Narrative Addressing Current ACEN Criteria for Standard 6 – RN-BSN Program**

### **Standard 6: Outcomes**

**Criterion 6.1: The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following:**

- **Student learning outcomes;**
- **Program outcomes;**
- **Role-specific graduate competencies; and**
- **The ACEN Standards.**

Curriculum revision is considered central to systematic evaluation because a primary emphasis of the SPE is assessment and evaluation of student competencies, learning outcomes and program outcomes. The SPE used in the RN-BSN program is consistent with the current ACEN standards and is monitored closely to ensure that the data collected is assessed and evaluated on an ongoing basis through nursing faculty meetings (Appendix I). This past year the RN-BSN curriculum has effectively collected data on the first two semesters of the newly revised curriculum. This data has been added to the SPE and will continue to be a focal point for trending as part of the evaluation process. (Appendix B-H Student Surveys, Course Reports). Data for the program SLO's and the role-specific graduate competencies will not be reflected until Spring 2016 as students have not yet completed their third and fourth semesters. The SPE reflects aggregating data and documentation on the decision-making processes; including student course SLO surveys, faculty course reports, and faculty review of expected levels of achievement and actions necessary for program development.

**Criterion 6.2: Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.**

Current data collected and trended for the RN-BSN first year cohort includes attrition, faculty course reports, student surveys, documentation of the decision making process and a review of expected levels of achievement. Data will continue to be aggregated and trended as student progress through the third and fourth semesters of the newly revised curriculum. The addition of graduate and employer satisfaction surveys that reflect the revised curriculum will be collected from the Spring 2016 RN-BSN graduating class. The relatively small size of the RN-BSN program, with a maximum of 25 students admitted each year, allows more opportunity for faculty and administration to assess qualitative data obtained through interactions with the small student groups in the online environment. Faculty are often alerted to potential issues with learning outcomes or instructional methods before any formal evaluation occurs. This frequent interaction also occurs between faculty, student employers, and former students. This past year, the GBC nursing program created a GBC Nursing Facebook page and a new alumni association. This has created an opportunity to assist in improving data collection and interaction with current and previous nursing students as well as employers and community partners.

**Criterion 6.3: Evaluation findings are shared with communities of interest.**

The program advisory board has been in place for many years and meets two times a year: once in the fall and then in the spring. At the Fall 2014 meeting, the revised RN-BSN program was discussed. At the completion of the first course, findings were shared with the group; including the faculty course report and course SLO surveys. (Appendix M). During the Spring 2015 advisory board meeting, data collected from the second semester course was shared. This included the faculty course reports and course SLO surveys showing that students are meeting the SLOs successfully. In addition, a discussion on course design and changes made which reflect the most current evidence based nursing practices. Completion of mandatory reports to the Nevada State Board of Nursing and ACEN annually are ongoing. In



return, the NSBN provides the nursing programs with information that is helpful in trending our own data.

**Criterion 6.4: The program demonstrates evidence of achievement in meeting the program outcomes.**

*6.4.1: Not applicable.*

***6.4.2: Program Completion: Expected levels of achievement for program completion are determined by faculty and reflect student demographics and program options.***

Even with full-time employment and family responsibilities, the RN-BSN curriculum is designed to support program completion within four semesters. The first cohort consists of 21 students in the newly revised RN-BSN program. One student requested to take a year off due to personal reasons, which resulted in a 0.9 percent attrition rate for the first year of the program. Nursing faculty who teach in the RN-BSN program make contact with students each semester to monitor and advise them as they progress through the program. Completion rates for the newly revised program will not be available until the first class completes the full curriculum in May of 2016.

***6.4.3: Graduate Program Satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.***

No data is available, as the program has only completed the first two semesters. The first graduating class will be May of 2016. GBC's institutional research (IR) office has been in charge of survey management, data aggregation, and reporting findings to the nursing programs for the past decade and will continue in this role. In addition, faculty will make one on one phone calls, email, Facebook contact, and face-to-face contact to collect adequate levels of qualitative and quantitative data on graduate program satisfaction. This process will take place six and twelve months post-graduation. Example of future graduate satisfaction surveys (Appendix N).

***6.4.4: Employer Program Satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level positions six to twelve months post-graduation.***

No data is available as the program has only completed the first two semesters. The first graduating class will be in May of 2016. Surveys will be distributed to employers simultaneously with the graduate surveys at six to twelve months. Faculty will make one on one phone calls or conference with employers to ensure adequate levels of qualitative and quantitative data is collected. A reminder will be given at the Fall 2016 advisory group meeting that annual surveys will be sent out. Example of future employer program satisfaction survey (Appendix O).

***6.4.5: Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.***

Graduate surveys and anecdotal information will be obtained regarding job placement rates and positions six to twelve months following graduation. A follow-up survey at two to three years post-graduation is being consider and may be useful in assessing whether SLOs related to leadership and initiating change are more fully developed with time and experience. If this follow-up approach is adopted, Facebook and our alumni organization will be especially useful in maintaining contact with graduates.

#### Standard 4: Curriculum

The curriculum supports achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.

<b>Criterion 4.1: RN-BSN</b> The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated learning outcomes and program outcomes consistent with contemporary practice.		<b>Expected Level of Achievement:</b> 1. Professional standards, guidelines and competencies are incorporated in the RN-BSN curriculum. 2. The RN-BSN nursing program has clearly articulated program outcomes and student learning outcomes that are reflected throughout the nursing curriculum and are consistent with contemporary practice.	
Process		Implementation	
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis
Established professional standards, guidelines and competencies.  Organizing framework articulates learning outcomes and program outcomes that are consistent.	Annually and as needed.	Preparation for NLNAC/ACEN site visit.  Nursing Faculty minutes  Comparative analysis between Great Basin College student learning outcomes and NLNAC/ACEN standards, NLN outcomes and competencies, AACN <i>Essentials of Baccalaureate Education for Professional Nursing Practice</i> National Patient Safety Goals, Quality and Safety Education for Nursing (QSEN) and the ANA code of Ethics.  Curriculum committee	ELA # 1 & 2 Met 2011 Faculty identified inconsistencies within the RN-BSN curriculum.  2012 Each course was audited for missing concepts identified by faculty and gaps in standards and guidelines. To this end, a rigorous and thorough examination of the current literature on nursing practice and nursing education was conducted.  2011-2012 Nursing faculty, using face validity methodologies, agreed that the RN-BSN nursing program did not fully address or incorporate professional standards, guidelines and competencies throughout the program and SLO.
		<b>Actions Taken</b>  2011 A review process started with faculty and planning and anticipated changes were expressed during the site visit.  2012 Faculty identified key concept for the RN-BSN nursing program each course was evaluated for missing concepts and content to cover those identified gap areas was incorporated into the current curriculum during the revision process of the revised RN-BSN program.  2012 NLNAC/ACEN consultant Linda Caputi assisted with RN-BSN curriculum revision.  2011-2012 Revision of the nursing student learning outcomes using NLNAC/ACEN standards, AACN <i>Essentials of Baccalaureate Education for Professional Nursing Practice</i> National Patient Safety Goals, Quality and Safety Education for Nursing (QSEN) and ANA code of ethics clearly	

			<p><u>2013</u> 100% of Nursing faculty, using face validity methodologies, agreed that the revised curriculum that is slated to be implemented Fall 2014 fully address or incorporate professional standards, guidelines and competencies throughout the program and SLO.</p>	<p>articulated throughout the revised RN-BSN program and SLO.</p> <p>2012 Professional standard, National Patient Safety Goals, QSEN, and ANA standards was incorporated in the current RN-BSN program were gaps in this content was identified during the revision process.</p> <p>2012 -2013 Standards and guidelines along with missing key identified concepts were integrated into each course in the interim phase while the curriculum revision was being completed.</p>
			<p>The revised RN-BSN course student learning outcomes flow from the program student learning outcomes.</p>	<p>2014 Spring A substantive change will be submitted for the curriculum revision of the RN-BSN program to be approved for implementation Fall 2014.</p> <p>May 2014 letter of notification form ACEN for the RN-BSN substantive change report reflecting current and evolving practices and faculty involvement in the curriculum development.</p> <p>July 2014 phone conference for a meeting regarding two-year follow up report from ACEN. Approval of both the ADN and RN-BSN programs.</p>
			<p>Fall 2014 revised RN-BSN program first semester courses started.</p>	<p>August 1, 2014 formal notification of acceptance of the follow up report with an affirmed next visit scheduled for Fall 2019.</p> <p>August 27, 2014 formal notification requesting a monitoring report for</p>

				the revised RN-BSN program for year one.
			<p>Fall 2014 a review of all courses taught in the fall RN-BSN program review data indicated that students agreed they were able to meet the SLO's in each course at the level of agree or highly agree. Courses reviewed and discussed at curriculum meetings to assure compliance with standards.</p> <p>2015 100% of Faculty agree the revised RN-BSN program SLOs and course SLOs that were implemented in Fall 2014 fully address and incorporate professional standards, guidelines and competencies and has clearly articulated learning outcomes and program outcomes consistent with contemporary practice.</p>	<p>Minor changes as indicated in course reports by faculty.</p> <p>June 12, 2015 Monitoring report compiled and sent to ACEN Subcommittee for Substantive Change.</p>

Criterion 4.2: RN-BSN		Expected Level of Achievement:	
The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.		1. All student learning outcomes are used to organize the RN-BSN curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	
Process		Implementation	
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis
Use of SLO	Ongoing	<p>Curriculum Revision process</p> <p>Curriculum Committee minutes</p> <p>Curriculum Maps process 2011 to 2013</p> <p>Use of face validity methodologies to validate</p>	<p>ELA # 1 Met</p> <p>2011-2012 a review of the RN-BSN program by faculty showed that student learning outcomes were not inherent in the organization of the curriculum.</p> <p>2012-2013 Curriculum maps for the revised RN-BSN program were created for each course and include student learning outcomes for the</p>
			<p>2012-2013 In the Current RN-BSN program a refocusing of the current curriculum show, all SLO's are addressed in each activity that is related to a course and has an evaluation process to show students' progress.</p> <p>2011-2013 Revision process started with identification of student</p>

		<p>SLO are used to guide the delivery instruction and direct learning activities.</p> <p>Rubrics utilized throughout the curriculum.</p> <p>Student survey to evaluate student learning outcomes per-course.</p>	<p>course, competencies, instructional delivery, learning activities and the evaluation process.</p> <p>2013 Current RN-BSN curriculum student learning outcomes student survey reflected meeting outcomes at a considerable degree to a great degree on a Likert Scale.</p> <p>2014-2015 Revised RN-BSN curriculum SLO's from student surveys reflected meeting the outcomes at a level of agree or highly agree using a Likert Scale. A review of qualitative comments in the survey were discussed and reviewed at curriculum meetings no changes have been indicated for SLO changes at this time.</p> <p>2014-2015 Curriculum meetings indicated that revised curriculum is meeting the SLO's in each course that has been implemented</p> <p>Curriculum maps are reviewed at the conclusion of each course, as considerations for any changes have been minimal. 100% of faculty agree that rubrics for each assignment have improved the students understanding of how assignments related to SLO achievement. No changes have been made to the SLO's at this time.</p>	<p>learning outcomes that were driven by the program student learning outcomes. Then curriculum maps were used to organize the curriculum and guide instruction, direct learning activities, and the evaluation of student progress. Curriculum committee reviewed and approved each curriculum map.</p> <p>Student survey will be ongoing for current RN-BSN curriculum while being phase out and new surveys for the revised curriculum will be created to measure SLO's as part of the evaluation process.</p> <p>2014 continue to monitor</p> <p>Minor changes as indicated in course reports.</p>
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<b>Criterion 4.3:RN-BSN</b> The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.		<b>Expected Level of Achievement:</b> 1. 100% of faculty participation in RN-BSN curriculum review and revision process that reflects currency, rigor, and ensured integrity.	
Process		Implementation	
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis
Regular Review of Curriculum.	Monthly from 2011 to Current.	<p>RN-BSN Curriculum Mapping process from 2011-2013</p> <p>RN-BSN Curriculum Revision process</p> <p>Review of faculty and curriculum meeting minutes.</p> <p>Fall 2013 Review of major course and curriculum changes for the RN-BSN were submitted for approval to Faculty Senate Curriculum and Articulation Committee.</p> <p>Meeting minutes from the curriculum committee.</p>	<p><b>ELA # 1 Met</b>          2011-2013 Curriculum mapping and curriculum revision occurred between 2011-2013 after identification of gaps in the curriculum.</p> <p>2011-2012 Missing concept analysis showed areas of that were minimally covered, inadvertently omitted, and duplicated.</p> <p>Curriculum committee (comprised of all faculty) meetings provided opportunity for discussion and decision about updated program outcomes, competencies, professional standards, best evidence practices, ect. incorporation of new recommendations and decisions takes place in a deliberate manner.</p> <p>2012-2013 Curriculum committee comprised of the entire faculty held meetings every other week and on the off week had a curriculum workday as part of the review and revision process. This is still a current practice of the committee.</p> <p>Major revisions to the program included updated program outcomes and student learning outcomes for each course.</p> <p>All courses were reviewed for integrity, rigor, and currency.</p> <p>As part of the revision some content was increased, content that was inadvertently omitted was inserted into the curriculum, and duplication of some content was deleted or retained.</p> <p>Content related to key identified concepts that were selected by faculty based on current practice standards were expanded on throughout the curriculum.</p> <p>During the interim phase of revision the current RN-BSN program gaps that were identified by faculty were addressed and changes were made to each course, to increase the consistency, rigor, and currency.</p>

				Content relating to cultural diversity, cultural practices, and social diversity were also expanded.  2014 Spring A substantive change will be submitted for the curriculum revision of the RN-BSN program to be approved for implementation Fall 2014.  Continue with this process.
			2014-2015 100% of faculty participate in monthly curriculum meetings. 100% of faculty participate in nursing faculty meetings. Faculty assume the responsibility for the program.  2014-2015 faculty participated in the process for reviewing the RN-BSN first year completion of the revised curriculum for monitoring report submitted to ACEN Substantive Change Committee.	June, 12 2015 Monitoring report submitted to ACEN Substantive Change Committee by the faculty.

<b>Criterion 4.4:RB-BSN</b> The curriculum includes general education courses that enhance professional nursing knowledge and practice.		<b>Expected Level of Achievement:</b> 1. General education courses enhance professional nursing knowledge and practice.		
		<b>Process</b>		
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>	<b>Actions Taken</b>
Curriculum General Education	During the curriculum revision process and then will follow with every three years  When college wide changes are made to general education.	Curriculum Committee evaluated general education requirements and program requirements.  Review any impacts to the nursing program from college wide changes to general education requirements.	<b>ELA # 1 Met</b> 2011-2012 During the revision process nursing faculty agreed that the general education courses enhanced the professional nursing knowledge and practice. General Education courses were evaluated and Nursing Program Student Learning outcomes were linked to those courses to identify key	2011-2013 Monitor for proposed changes within General education.



			components that were related to professional nursing knowledge and practice. 2012-2013 The revised RN-BSN curriculum incorporates a liberal education that supports integration of concepts from the social, natural sciences and the humanities that are essential to understanding the self and others, as well as the nature of health and disease. As part of the RN-BSN revision 100% of faculty agreed that, the curriculum should have a nursing focused research methodology course.	2014 For the revised curriculum, planned implementation for Fall 2014 INT 301 (integrative research methodologies) will be dropped from the program requirements and NURS 420 Evidence-based practice and research in nursing will be implemented.
			2014-2015 Best practices indicated that a BSN degree should not be more than 124 credits as indicated in the ACEN 2013 ACEN Report to Constituents.	A request to meet with GBC General Education committee to review general education requirements resulted in college wide changes and a reduction of 6 credits in the required upper division courses from 48 down to 42. The RN-BSN program is now in compliance with the 124 credits.

<b>Criterion 4.5: RN-BSN</b> The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.		<b>Expected Level of Achievement:</b> 1. The curriculum includes cultural, ethnic, and socially diverse concepts including some experience in regional, national, and global perspectives.	
<b>Process</b>		<b>Implementation</b>	
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>
Curriculum Culture, ethnic, and socially diverse concepts.	After each course and annually	RN-BSN Curriculum revision and mapping process 2012-2015. Faculty review of curriculum documents.	<b>ELA #1 Met</b> 2011-2013 During the review process of the curriculum it was noted that information regarding culture, ethnic and socially diverse concepts needed to be more
			<b>Actions Taken</b> 2012 Faculty that teaches courses in the current RN-BSN program incorporated additional information on culture, ethnic and socially diverse concepts through theory, learning activities, and practicum.

		Review and Update of Illustrated Concepts chart. completed after each course.	<p>inherent in the nursing program student learning outcomes.</p> <p>2011-A review of the curriculum showed that most of RN-BSN courses had a focus on some aspect of regional, national, or global perspectives.</p> <p>2012-2013 A review of the curriculum concepts of LGBT (lesbian, gay, bisexual, and transgender) were missing.</p> <p>2014-2015 a review and updating of the illustrated Concepts Chart reflect that cultural, ethical, and socially diverse concepts continue to be a focus of each course in some measure. In addition some specific courses continue to have regional, national, and global perspectives. Course updates included change in research or EBP to reflect current best practices.</p>	<p>2012-2013 Revised RN-BSN Student learning outcomes include specific information on culture, ethnic, and socially diverse concepts. Vulnerable populations and spirituality was added to the concepts in each course. Theory and practicum courses include cultural, ethnic, and socially diverse concepts. Activities in each course incorporate vulnerable population and spirituality.</p> <p>2012-2013 As part of the revision RN-BSN curriculum mapping, process concepts of LGBT were incorporated throughout courses.</p> <p>2012-2013 Revised RN-BSN curriculum show most courses have activities and evaluation process for content related to regional, national, or global perspectives.</p> <p>Continue to monitor and update as needed.</p>
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<b>Criterion 4.6: RN-BSN</b> The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.	<b>Expected Level of Achievement:</b> 1. All nursing courses reflect utilization of educational theory, interprofessional collaboration, research, and current standards of practice.
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Process			Implementation	
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis	Actions Taken
Instructional Process Curriculum	Throughout the revision process and Annually	<p>Review of syllabi and curriculum maps for each course for documentation of incorporation of a variety of educational theories, interprofessional collaboration, research and standards of practice.</p> <p>Curriculum committee</p>	<p><u>ELA # 1 Met</u></p> <p>2011-2012 Nursing faculty agreed that there needed to be clear connections to identifying educational theory, interprofessional collaboration, research and current standards throughout the program.</p>	<p>Revision process started Fall 2011-Fall 2013. Curriculum incorporation of educational theory, interprofessional collaboration, research, and current standards incorporated throughout revised curriculum and were identified and reflected more clearly in the current RN-BSN curriculum. Continue to be alert to emerging educational theory's.</p>
			<p>2011-2012 Incorporation of (IOM, EBP, QSEN, ANA, and national patient safety goals) was added to the current RN-BSN program during the interim phase and developing and implementing the revised curriculum.</p>	<p>2012-2014 as part of the revision process (IOM, EBP, QSEN, ANA, and national patient safety goals) were incorporated throughout each course as also serves as a foundation for the revised RN-BSN program.</p>
			<p>2013. Revised RN-BSN curriculum has been evaluated by all faculty and 100% agree that the new curriculum incorporates processes that reflect educational theory, interprofessional collaboration, research, and current standards of practice.</p>	<p>Revised curriculum will be submitted for a substantive change to ACEN Spring 2014 for Fall 2014 implementation.</p>
			<p>2014-2015 the revised RN-BSN program was reviewed and monitored after each course and at the completion of the first year. 100% of faculty agree that the revised curriculum continues to criterion for standard 4.6.</p>	<p>June 12, 2015 monitoring report submitted to ACEN Substantive Change Committee.</p>

Criterion 4.7: RN-BSN Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.		Expected Level of Achievement: 1. Evaluation methodologies in the RN-BSN curriculum are varied, reflect established professional and practice competencies, and measure the achievement of student learning outcomes.	
Process		Implementation	
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis
Evaluation of methodologies  Graduate and employer surveys	Ongoing and at the end of the semester and year.	Course Reports	2011-2013 The program uses a variety of assessment methods to measure achievement of student learning outcomes and program evaluation methods provides the opportunity for students to demonstrate learning. Face validity was used to evaluate the IDEA standard GBC student rating form and faculty identified that an additional evaluation method was needed to evaluate specific SLO's for courses.  Displayed learning activities and major assessment of learning methodologies utilized across the curriculum. Evaluation is an ongoing process. Evaluation methods of SLO's reflect established professional practice and competencies.  Faculty review revealed that there are recurrent evaluation methodologies throughout the current RN-BSN curriculum. The methods are varied and account for differing learning styles.
		Course evaluation	
		SLO's course evaluations	
		Summative evaluation	
		Discussion Question Rubric	2011-2012 The IDEA standard GBC course evaluation tool did not reflect clear evaluation of course meeting SLO's. 2013 Spring Implementation of SLO course survey to address course SLO's.  Assessed rubrics for each course for consistency in measuring SLO.  Review evaluation methodologies at the course and curriculum level during the end of each semester workday and end of each academic year to assure that it is valid, reliable, and is a variety of methods.
		Assignment Rubric	
		Project Rubric	
		Practicum evaluation	
		Other assessment tools measure SLO through, Webcanvas class activities, formal papers, case studies, exams, Power Point presentation, practicum related activities, and course projects.	
		Curriculum Committee	
		Graduate Survey Employer Survey	2012-2013 Revision process for the RN-BSN program faculty addressed
			2012-2013 Revised RN-BSN Curriculum Statements of

		<p>how program student learning outcomes and SLO's could be more inherent in the structure of the program.</p> <p>2012-2013 Graduate and Employer surveys provide faculty with data as to how well the program prepared the graduates from the viewpoint of graduates and employers of graduates.</p> <p>2013 Faculty review of the surveys created discussion that both surveys needed must be updated to address new program student learning outcomes to ensure effective measurement.</p> <p>2014-2015 a review of methods used to survey student's ability to meet SLO's through course assignments has been indicated at a high level based on grading rubrics and course completion rates. Student end of course survey indicates meeting SLO's at agree or highly agree.</p> <p>2014-2015 all surveys have been updated and reflect new student program learning outcomes to ensure effective measurement.</p>	<p>expectations written in measurable terms that express what a student will know, do, or think at the end of the nursing program; characteristics of the student at the completion of the program. Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice.</p> <p>New format to include clear measureable program student learning outcomes incorporated into graduate and employer surveys for Spring 2014.</p> <p>Continue to monitor and review methods.</p> <p>No action at this time as graduate and employer surveys will not be distributed until Spring 2016.</p>
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<b>Criterion 4.8: RN-BSN</b> The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and are consistent with Great Basin College, the Nevada System of Higher Education, the Nevada State Board of Nursing, and best practice.	<b>Expected Level of Achievement:</b> 1. The RN-BSN program length and credits hours required for program completion are congruent with student learning outcomes and program outcomes and are consistent with Great Basin College, the Nevada System of Higher Education, the Nevada State Board of Nursing, and best practice.			
Process		Implementation		
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis	Actions Taken
Program length	Every two years or whenever there is a change in the college, state, national standards, or best practice.	Nevada State Board of Nursing  Review of Course Sequencing and credit allocation  Great Basing College policy	<b>ELA #1 Met</b> Program in alignment with NSBN requirement. RN-BSN program may be completed in 4 semesters after admission in to the program.  2011-2013 RN-BSN Total Theory credits = 27 Total Practicum credits = 12 Total Nursing credits 39  2013 The current RN-BSN curriculum is designed so that student learning outcomes are achievable and that program outcomes can be met in 4 semesters.  2013 A minimum of 120 total credits is required. At least 48 credits must be upper division.  Upper division credits = 9 credits Nursing curriculum = 39 credits	Continue to monitor for changes required by NSBN.  Revised RN-BSN course sequence and credit allocation Total Theory = 31 Total Practicum = 8 Total Nursing credits = 39 As part of the revised RN-BSN curriculum course that were 6 credits were reduced to 4 credits to account for 2 practicum courses instead of one. Some courses that were 4 credits reduced to 3 credits to allow for the addition of the Evidence-based practice and Research in Nursing course. Other modification included elimination of some courses or renaming of courses due to credit or course description this is part of the plan for substantive change Spring 2014 for Fall 2014 implementation.  The RN-BSN program meets or exceeds the minimum of 120 credit hours depending on if the student in the RN-BSN program graduated from the GBC ADN program or is a transfer student, consistent with the

			Total upper division credit = 48	<p>policies of Great Basin College, national standards, and best practice.</p> <p>A request to meet with GBC General Education committee to review general education requirements resulted in college wide changes and a reduction of 6 credits in the required upper division courses from 48 down to 42. One of the INT upper division general education courses was removed from the program to meet the new general education requirements. Faculty senate approve that programs that require a capstone course are now allowed to use this in place of an addition upper division INT course. The RN-BSN program is now in compliance with the 124 credits.</p> <p>Continue to monitor for congruency and achievable SLO'S at the end of each course and program student learning outcome in Spring 2016.</p>
		Program student learning outcomes and student learning outcome	<p>2014-2015 Best practices indicated that a BSN degree should not be more than 124 credits as indicated in the ACEN 201</p> <p>2014-2015 The program length is congruent with program outcomes through the attainment of the student learning outcomes.</p>	

<b>Criterion 4.9: RN-BSN</b> Practice learning environments support the achievement of student learning outcomes and program outcomes.		<b>Expected Level of Achievement:</b> 1. 100% of Students complete practicum in learning environments that meet the criteria required to achieve SLO's as determine jointly by student and faculty.	
Process		Implementation	
Component	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis
Practicum courses SLO and	Throughout the revision process and Annually	Requirements of course assignments and SLO's	ELA # 1 Met
			2012-2013 The current RN-BSN made changes to the practicum's so

		<p>2011-2012 NLNAC/ACEN site visit Fall 2011 noted that there was a lack of evidence student learning outcomes could be achieved based on current program practices related to clinical experiences. A review by faculty indicated that while student were able to meet the student learning outcomes for the specific practicum's the SLO's were not clearly identified.</p>	<p>that each activity included how the SLO was going to be met. This was an addition to all written descriptions of assignments. Faculty addressed the fact that NURS 338 the acute pathophysiology course did not adhere to the current trend of RN-BSN programs and that a focus on leadership and a leadership practicum was more appropriate. This change resulted in dropping NURS 338 and adding a leadership practicum.</p> <p>Curriculum maps were created for both practicum's in the new curriculum that show direct links to meeting the student learning outcomes.</p>	<p>Inclusion of SLO's and competency's will be built in to the written practicum agreement between student, course nursing faculty, and point of contact for the practice environment agency. All additional activities in the practicum courses will be linked to the SLO'S and address competency's with each documented assignment.</p> <p>Design of course rubrics for practicum evaluation completed by individual curriculum/course designer. Course rubric presented at curriculum meetings, for review, discussion, and approval prior to implementation into practicum courses.</p>
	Course rubric Course Report		<p>2012-2013 Faculty and student identify practice learning environments based on criteria for each focused course practicum. In the revised RN-BSN each activity in the practicum is tied to SLO's and course competencies and was agreed upon by faculty.</p>	<p>2012-2013 – Course rubrics implemented to include written evaluation process for all activities/assignments within practicum. Reviewed and agreed upon by faculty during curriculum meetings.</p>



				2012-2013 End of course, course reports utilized to address activities/assignments that effectively led student to achieve practicum course SLO and program outcomes and identify experiences that were not effective.	2014-2015 the revised RN-BSN curriculum practicum sequencing allows students to set-up and develop a plan for the practicum experience that will meet SLO's. Students were able to arrange practicum experiences in their geographical area. Evaluation of the first practicum indicated by faculty that students were able to meet SLO's as indicated through course grading with rubrics, submission of final practicum project assignments, and students survey at the end of the course reflecting students ability to meet SLO's at agree or highly agree levels.	Faculty member teaching course completes end of course, course report; identifying both effective and ineffective practicum activity/assignments. Suggestions for changes also identified. Information presented at curriculum meetings for faculty review, discussion, and approval.	Continue to monitor are review community practicum. Implementation of the second course Practicum for Leadership will take place Spring 2016.
<b>Criterion 4.10: RN-BSN Students</b> participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.		<b>Expected Level of Achievement:</b> 1.100% of student practicum projects require the use of EBP, Health and safety goals and contemporary practice.		<b>Process</b>			
		<b>Implementation</b>					
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>	<b>Actions Taken</b>			
Practicum Course	Throughout the revision process and annually	Course practicum activities  Course Report  Curriculum committee	<b>ELA # 1 Met</b> 2011-2012 Faculty identified inconsistency's in the practicum for evidence based, and reflection of contemporary practice, and nationally established patient health	2012-2013 In the current RN-BSN practicum courses evidence-based practice, and reflect contemporary practice, and national established health and safety goals were addressed throughout the course activities and as part of the			

			<p>and safety goals of the current RN-BSN program.</p> <p>2012 Faculty suggested that a component regarding evidence based contemporary practice and national established health and safety goals be included in the end of course report written by faculty.</p> <p>2012-2013 Faculty curriculum committee consisting of all faculty reviewed each course as part of the curriculum mapping process including practicum courses and 100% agree that the revised curriculum has effectively incorporated evidence-based practice, reflect contemporary practice, and have addressed nationally established patient health and safety goals.</p> <p>2015 The first Community Practicum Course ran Spring 2015 in the revised curriculum. The project utilizes the framework for Healthy People 2020 MAP-IT, incorporate research, best practices, information from a community needs assessment, stakeholder interviews, and incorporate national patient safety resources as they apply to community/public health nurses. Aspects of quality improvement, potential legal, ethical, political, and</p>	<p>practicum project to address the inconsistencies. The revised RN-BSN includes 2 practicum courses one for community health and the other for leadership/management. Both practicums include evidence based practice and reflect contemporary practice as well as the national patient safety goals.</p> <p>2013 Practicum courses have an evaluation component in the end of semester course report by faculty to address the use of evidence based practice and nationally established patient health and safety goals.</p> <p>Revised curriculum will be submitted for a substantive change to ACEN Spring 2014 for Fall 2014 implementation.</p> <p>2015 Continue to monitor. Review and plan for preparation of second practicum leadership course Spring 2016.</p>
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				regulatory issues are reviewed for how they might impact the project. Faculty report student achievement of meeting the SLO's with the practicum at a high level.	
<b>Criterion 4.11: RN-BSN</b> Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.		<b>Expected Level of Achievement:</b> 1. 100% of the time the role the student will play with an individual or agency will be individually negotiated and formalize between			
<b>Process</b>					
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>	<b>Implementation</b>	
Practicum Course  Relationship between the student and agencies	When students are involved in practicum projects.	Written expectations for student practicum.  Course reports	<b>ELOA # 1 Met</b> 2011-2012 Overall quality and clarity of agreements varies from student to student.	2012-2013 Process needs to be formalized with clear criteria developed and all verbal negotiation verified in writing.	
			2012-2013 A written summary of the responsibilities of the student or the agency representative was completed for any practicum completed outside of a clinical practice agencies	2013 A formalized form will be developed for the revised RN-BSN curriculum practicum that shows consistency and clarity of the responsibilities of the students, agency representative for all practicum completed outside of clinical practice agencies.	
			2011-2013 If practicum students engage in any activities involving direct patient care or agency services they are only carried out in agencies where written agreements are in place.	2012-2015 Continue this process.	
			2014-2015 the development and implementation of a stakeholder's written agreement was utilized in the Community Practicum course. 100% compliance was achieved with this method of agreement and proved to be an effective way to have signed consent of student and stakeholder agreements for	2015 Current practices are effective for the Community Practicum agreements. Faculty teaching this course wish to add a conference call between student, stakeholder, and faculty at the beginning of the course to add additional support for student practicum.	

				interaction and time spent in the practicum. In addition, one on one phone calls were held with students at the beginning and midway point of the practicum.	
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<b>Criterion 4.12: RN-BSN Learning activities, instructional materials, and evaluation methods are appropriate for delivery formats and consistent with the student learning outcomes.</b>		<b>Expected Level of Achievement:</b> 1. 100% of faculty agrees that the learning activities, instructional materials, and evaluation methods are appropriate for delivery formats and consistent with the student learning outcomes. 2. Curriculum Mapping for the Revised RN-BSN courses show consistency in meeting this criterion. 3. All courses in the RN-BSN curriculum are offered online have learning activities, instructional material, and evaluation methods that are appropriate for the delivery format and consistent with learning outcomes.			
		<b>Process</b>			
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>	<b>Actions Taken</b>	
WebCanvas online learning environment  Curriculum	Each Semester	Curriculum Maps        Great Basin College Course Assessment Report Forms        Review of WebCampus course sites	ELOA # 1,2, and 3 Met 2011-2015 Each course has a curriculum map that identifies the SLO and the competencies for each SLO. The competencies are then tied to each learning activity and the evaluation process for each activity is included. The format is consistent through each course.        2012-2015 Each semester faculty have to evaluate one course to make sure it meets outcomes, identify assessment measures, criterion for achievement, results, and what a potential action plan might be if changes are needed. Changes that are required are	Fall 2011 - Spring 2013 Revision process started including curriculum mapping development as a way for faculty to show that learning activities, instructional materials, and evaluation methods were appropriate and consistent in formatting and meeting all the SLO throughout the program. The revised RN-BSN program will be submitted too ACEN for substantive change Spring 2014.  2014-2015 Continue to monitor and review each course, curriculum maps, to ensure SLO's and Program SLO's are being met and that the format is consistent in each course.  Changes are made based on a variety of assessment methods including the GBC course assessment report form.	

			noted on an institutional level and tracked. These changes are also noted in the faculty course reports.	Continue to monitor.
	Faculty attend live and online WebCampus in-services.		2012-2015 As part of the faculty evaluation process tenure committee members, mentors for non-tenure or department chairs annually evaluate courses for delivery format both live/web enhanced or distant education formatting.	
			2011-2015 Each semester faculty have opportunities to attend in-services on distance education and WebCampus formatting. There is also a tips on using WebCampus as a delivery format that assists faculty in meeting SLO in course.	Ongoing training that will assist in the delivery method of meeting SLO's.

### Standard 6: Outcomes

Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific competencies of the nursing education unit.

<b>Criterion 6.1: RN to BSN</b> The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: <ul style="list-style-type: none"> <li>• Student learning outcomes;</li> <li>• Program outcomes;</li> <li>• Role-specific graduate competencies; and</li> <li>• The ACEN Standards.</li> </ul>		<b>Expected Level of Achievement:</b> <ol style="list-style-type: none"> <li>1. All six ACEN standard and associated criteria are included in the SPE.</li> <li>2. Program outcomes assessment is part of the SPE.</li> <li>3. Student learning outcomes and graduate competencies assessment are evaluated on an ongoing basis.</li> <li>4. Faculty participate in the review, revision, and implementation of the SPE on an ongoing basis.</li> <li>5. RN to BSN graduate competencies are aligned with program SLOs and course SLOs and with evaluation measures in each course.</li> </ol>	
<b>Process</b>		<b>Implementation</b>	
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>
		<b>Actions Taken</b>	

Systematic Plan of Evaluation (SPE)	Annually Ongoing	<p>Review of the SPE for comprehensiveness and implementation by the program administrator and faculty.</p> <p>Faculty and Curriculum committee minutes</p>	<p><b>ELOA #1, 2 and 3 partially met.</b> 2010-2011 Appraisal of existing SPE identified limited evidence of review or revision of the existing plan in the previous three years and little identifiable documentation of implementation of the plan. Fall 2011 ACEN site visitors' evaluation of the SPE identified several problems including: serious weaknesses in identified ELOAs (benchmarks), as well as lack of evidence of aggregation and use of data in decision-making. These were confirmed by the ACEN board.</p> <p><b>ELOA #4 partially met.</b> Spring 2011 Faculty focus primarily at the course level.</p> <p><b>ELOA #4 met.</b> 2011-2013 Faculty participate in reviewing and identifying potential alternate data collection avenues to support acquiring more comprehensive data that provided by surveys involving very small student numbers. Faculty revise course evaluations to evaluations to collect more data about adequacy of learning and technology resources.</p>	<p>2011 spring and early summer. SPE revised by the program administrator to include ELOAs (expected levels of achievement) and efforts begun to identify relevant data for inclusion in the plan and evaluation processes.</p> <p>Spring 2011 faculty curriculum review and professional development in curriculum planned to enable full participation in the curriculum process and allow more faculty involvement in the SPE. Because of limited human resources, curriculum development set as top faculty priority and SPE development continued by the program administrator. <b>Please see section on Standard Four regarding curriculum development for additional relevant information about curriculum development.</b></p> <p>2011-2013 SPE review and revision continues along with concerted efforts to locate program and student data to use in past and future trending for SPE implementation. Current data must be included in trending.</p> <p>2012-2013 SLOs, student resources, and clinical environments (ADN program only) incorporated into course evaluations to replace that missing from course IDEA evaluations.</p>
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SLOs and Competencies	Annually	Curriculum Maps (Appendix S, Appendix T)  End of course surveys	<p><b>ELOA #5 not met.</b> 2010-2012 GBC IDEA survey used for end of course evaluation; contains no questions with discipline specific focus or specific learning outcomes</p> <p><b>ELOA #5 met.</b> 2012-2013 New curriculum implemented with competencies aligned with program SLOs and course SLOs. End of course SLO surveys begun Spring 2013.</p> <p><b>2014-2015 ELOA #1-2, 4 MET</b> All six of the ACEN standards are a part of the Nursing Faculty Meetings scheduled each month. Each faculty member or pairs of faculty members are responsible for a standard and reporting/collecting data for the monthly meeting. The SPE used in the RN-BSN program is consistent with the current ACEN standards and is monitored closely to ensure that the data collected is assessed and</p>	<p>2011-2013 Continuous improvement process for documentation in meeting minutes put in place.</p> <p>2013-2014 Develop and implement a plan for systematic faculty involvement in SPE review and implementation. Assign specific areas of the plan to specific individuals.</p> <p>2014-2015 Establish an Evaluation Committee that meets a minimum of twice per year to review the SPE and data.</p> <p>2011-2012 Develop end of course survey of student learning outcomes for each course to be implemented with new curriculum.</p> <p>2014-2015 Revise survey form or develop new mechanism to include course specific competencies data.</p> <p>Effective and ongoing process.</p>
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			<p>evaluated on an ongoing basis through nursing faculty meetings.</p> <p><b>2014-2015 ELOA # 3 MET</b> This past year the RN-BSN curriculum has effectively collected data on the first two semesters of the newly revised curriculum. This data has been added to the SPE and will continue to be a focal point for trending as part of the evaluation process. All courses reflect meeting course SLO's at agree or highly agree levels.</p> <p><b>2014-2015 ELOA #5 Met in RN-BSN phasing out of older curriculum Not yet Met in the Newly revised Curriculum.</b> The last cohort for the previous curriculum graduated it last group May 2015 data on this cohorts ability to meet Course SLO's and Program SLO's' has been tracked and added to the previous trending data collection. Data for the program SLO's and the role-specific graduate competencies will not be reflected until Spring 2016 as students have not yet completed their third and fourth semesters. The SPE reflects aggregating data and documentation on the decision-making processes; including student course SLO surveys, faculty course reports, and faculty review of expected levels of achievement and actions necessary for program development.</p>	<p>Continue to monitor and review data collected on revised RN-BSN program as the full implementation of courses is completed over the 2015-2016 school year.</p> <p>Ongoing data review to assure curriculum aligns with course SLO's and Program SLO's continues.</p>
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<b>Criterion 6.2: RN to BSN Evaluation</b> findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.	<b>Expected Level of Achievement:</b> 1. Evaluation data regarding student learning outcomes, program outcomes, graduate competencies, and ACEN standards are aggregated from multiple sources as a foundation for decision-making regarding program and student learning outcomes.	
Process		
Component	Frequency of Assessment	Assessment Methods
Data aggregation	Annually	Compilation from: NSBN reports Graduate and employer surveys Course evaluations Course reports Admission, progression and graduation records
Implementation		Results of Data Collection & Analysis
		<b>ELOA #1 not met.</b> Fall 2011: Data collection and aggregation for decision-making no apparent or well documented. Validated by ACEN site visitors.  <b>ELOA #1 partially met.</b> Spring 2012-Spring 2013: Program outcome data for past three years located as much as possible. As new and aggregated data was collected, decisions were made to increase quality and scope of data for new curricula.  <b>ELOA #1 met.</b> Spring 2013 & on-going: Adapted existing and added new evaluation components and processes for new curricula to collect data systematically from the beginning of implementation for decision-making.  <b>ELOA #1 partially met.</b> 2010-2012 GBC IDEA survey used for end of course evaluation; contains no questions with discipline specific focus or specific learning outcomes  <b>ELOA #1 partially met.</b> 2012-2013 New curriculum implemented with competencies aligned with program SLOs and course SLOs. End of
		2012-2013 Aggregate as much student learning outcome and program outcome data for the past three years as can be located.  2011-2013 Evaluation tools developed and refined for existing curriculum and new curriculum. Gaps identified by administrator and faculty and revisions planned.  2012-2014 Data from all Assessment Methods to be reviewed each semester and/or end of each academic year for decision-making.  2011-2012 Develop end of course survey of student learning outcomes for each course to be implemented with new curriculum. 2014-2015 Revise survey form or develop new mechanism to include course specific competencies data.  Spring 2014 begin aggregating data when second year of course surveys are implemented.

			course SLO surveys begun Spring 2013. One year of data from each course obtained (Spring 2013 and Fall 2013)	Data will continue to be aggregated and trended as student progress through the third and fourth semesters of the newly revised curriculum. The addition of graduate and employer satisfaction surveys that reflect the revised curriculum will be collected from the Spring 2016 RN-BSN graduating class
			<b>ELOA #1 Met 2014-2015</b> Current data collected and trended for the RN-BSN first year cohort includes attrition, faculty course reports, student surveys, documentation of the decision making process and a review of expected levels of achievement (Appendix B-H, I)	

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<b>Criterion 6.3: RN to BSN</b> Evaluation findings are shared with communities of interest.		<b>Expected Level of Achievement:</b> 1. Evaluation reports are shared with each identified community of interest at least once per year.		
		<b>Process</b>		
<b>Component</b>	<b>Frequency of Assessment</b>	<b>Assessment Methods</b>	<b>Results of Data Collection &amp; Analysis</b>	<b>Actions Taken</b>
Nursing Advisory Committee	Annually	Advisory Committee minutes	<b>ELOA #1 met.</b> 2010-2015 Reports sent to NSBN and ACEN. Reports shared with advisory committee in writing and/or verbally at least once per year.	2010-2015 Continued submitting annual reports to ACEN and NSBN.
Nevada State Board of Nursing	Annually	Annual reports sent to NSBNA		2011-2015 Report outcomes of ACEN accreditation process to advisory committee.
ACEN annual reports	Annually	Annual reports sent to ACEN		2013-2015 Include additional data beyond student numbers and NCLEX pass rates to advisory committee, including attrition rates, job placement, tuition costs, scholarships and awards received.

<b>Criterion 6.4: RN to BSN</b> The program demonstrates evidence of achievement in meeting the program outcomes.	<b>Expected Level of Achievement:</b>
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			<p>explanation were dropped from the program (probable impact on attrition rates for some cohorts).</p> <p><b>2014-2015 ELOA #1 Met</b> Advisement changes resulted in faculty calling or emailing RN-BSN students each semester faculty feel that this has led to a decrease in the attrition rate. A RN-BSN tracking sheet of each course completed was created to assist faculty in tracking student progress. The first cohort for Fall 2014 of the revised curriculum has improved the ability for students to have a more seamless transition to each course with completion rates and a 0 attrition rate up to this point with the first year of curriculum.</p>	<p>Continue to review and monitor advisement methods. Continue to monitor and trend data for attrition rates in the revised curriculum.</p>												
NCLEX performance			<p><b>Not applicable</b></p>													
Graduate program satisfaction	Annually 6-12 months post-graduation	Graduate satisfaction survey	<p>BSN Graduate Program Satisfaction</p> <table> <tr> <td colspan="4">% Satisfied or Very Satisfied</td> </tr> <tr> <td>2012</td> <td>2013</td> <td>2014</td> <td></td> </tr> <tr> <td>80%</td> <td>100%</td> <td>90%</td> <td></td> </tr> </table> <p><b>ELOA #2 met with Phasing out Curriculum</b> Although graduate numbers are small, return rates are adequate and overall satisfaction levels high. Survey methods including follow phone calls improved the return rates.</p> <p><b>ELOA #2 Not met with Newly revised Curriculum</b> No data is available, as the program has only completed the first two semesters. The first graduating class will be May of 2016.</p>	% Satisfied or Very Satisfied				2012	2013	2014		80%	100%	90%		<p>2013-2015 Work with Institutional Research to improve the quality of surveys, response tracking, and data storage ongoing.</p> <p>2014-2015 utilize Facebook and alumni association as additional means of getting quantitative and qualitative data.</p>
% Satisfied or Very Satisfied																
2012	2013	2014														
80%	100%	90%														
Employer program satisfaction	Annually 6-12 months post-graduation	Employer satisfaction survey	<p>BSN Employer Satisfaction</p> <table> <tr> <td colspan="4">% Satisfied or Very Satisfied</td> </tr> <tr> <td>2012</td> <td>2013</td> <td>2014</td> <td></td> </tr> <tr> <td>80%</td> <td>100%</td> <td>75%</td> <td></td> </tr> </table> <p><b>ELOA #3 met.</b> Although employer numbers small, return rates adequate and overall satisfaction levels high.</p>	% Satisfied or Very Satisfied				2012	2013	2014		80%	100%	75%		<p>2013-2015 Work with Institutional Research to improve the quality of surveys, response tracking, and data storage.</p>
% Satisfied or Very Satisfied																
2012	2013	2014														
80%	100%	75%														

Job placement	First 6 -12 months after graduation	Data from graduate survey  From graduation to one year post-graduation: qualitative data-graduate and faculty report	<p>Graduation</p> <table><tr><td>Graduated</td><td>2012</td><td>2013</td><td>2014</td></tr><tr><td></td><td>100%</td><td>100%</td><td>100%</td></tr></table> <p><i>*All students also employed upon program entry and most stayed in their same positions post-graduation</i></p> <p><b>ELOA #4 met with Phasing out Curriculum.</b> Employment rates very good but data bout role change and advancement should be sought.</p> <p><b>ELOA #4 Not Met with Newly Revised Curriculum.</b> No data is available, as the program has only completed the first two semesters. The first graduating class will be in May of 2016. Surveys will be distributed to employers simultaneously with the graduate surveys at six to twelve months. Faculty will make one on one phone calls or conference with employers to ensure adequate levels of qualitative and quantitative data is collected. A reminder will be given at the Fall 2016 advisory group meeting that annual surveys will be sent out. Example of future employer program satisfaction survey.</p>	Graduated	2012	2013	2014		100%	100%	100%	<p>Continue data aggregation.</p> <p>2013-2015 Work with Institutional Research to improve the quality of surveys, response tracking,</p> <p>2014-2015 Current use of Facebook and alumni association as additional means of getting quantitative and qualitative data.</p>
Graduated	2012	2013	2014									
	100%	100%	100%									



# GREAT BASIN COLLEGE RN-BACHELOR OF SCIENCE NURSING PROGRAM

## MONITORING REPORT JUNE 2015

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**Table 4 Relationship between the ANA Code of Ethics and the Revised RN-BSN Student Program Learning Outcomes**

ANA Code of Ethics	Nursing Program Student Learning Outcomes
The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes or the nature of health problems.	Evaluate collaboration techniques used in various healthcare environments.  Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
The nurse's primary commitment is to the patient, whether an individual, family, group, or community.	Evaluate collaboration techniques used in various healthcare environments.
The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.	Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.  Act as an evolving scholar, translating current evidence into nursing practice.
The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.	Apply leadership principles and theories to both the practice and the profession of nursing.  Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.	Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.	Analyze quality improvement measures used in both structured and unstructured healthcare environments.  Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision making.

<p>The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.</p>	<p>Act as an evolving scholar, translating current evidence into nursing practice.</p> <p>Apply leadership principles and theories to both the practice and the profession of nursing.</p> <p>Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.</p>
<p>The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.</p>	<p>Evaluate collaboration techniques used in various healthcare environments.</p> <p>Act as an evolving scholar, translating current evidence into nursing practice.</p>
<p>The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.</p>	<p>Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.</p> <p>Act as an evolving scholar, translating current evidence into nursing practice.</p> <p>Apply leadership principles and theories to both the practice and the profession of nursing.</p> <p>Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.</p>

**Illustration of Cultural and Diversity Concepts throughout the Revised RN-BSN  
Nursing Curriculum**

Course	Student learning activity incorporating cultural concepts	Assessment/Evaluation
<b>NURS 312: Health Assessment and health Promotion</b>	<p><i>Healthy People Assignment</i> - Students will choose one underserved population (example: LGBT, elderly, mental health, homeless) and identify related HP 2020 objectives based on established guidelines for risk behaviors and common health deviations. Students will create a plan to promote health and wellness within chosen population including a discussion on cultural aspects.</p> <p><i>Power Point (PP) Presentation</i> - Student teams will create PP focusing on rural vs. urban communities and address improving healthcare delivery to underserved population (example: LGBT, elderly, mental health, homeless). Discuss how cultural, ethnic, and social backgrounds function as sources of values and information collected when planning care for underserved populations.</p> <p><i>Discussion Question</i> - Identify the relationship between a family and a community assessment and discuss how they affect the health outcomes of the family and community. Integrate how culture and values play a role in these health outcomes.</p> <p><i>Discussion Question</i> - Students will choose an underserved population (example: LGBT, elderly, mental health, homeless) to address ethical considerations and social justice related to specified population.</p>	<p>Portfolio Assignment written assignment graded with rubric.</p> <p>PP presentation on discussion board with peer response. PP grading rubric with peer response points.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric</p>
<b>NURS 326: Transition to Professional Nursing</b>	<p>Students will explain research evidence, clinical expertise related to patient/family/community culture and values within their own organization.</p> <p><i>Web Search Written Assignment</i> – Students will conduct a web search to identify ways to locate high quality resources to address needs of diverse patient populations within the student’s community, to include LGBT populations.</p> <p><i>Review Healthy People 2020 website</i> - Students will review the Healthy People 2020 website and summarize</p>	<p>Summary submission with grading rubric.</p> <p>Web search written assignment with grading rubric.</p> <p>Summary submission with grading rubric.</p>

	the information found about health disparities on the website. Students will discuss how can we, as nurses, address health disparities in caring for the patient, community, and underserved (example: LGBT, elderly, mental health, homeless) populations, which includes a cultural aspect.	
<b>NURS 337: Pathophysiology</b>	<p><i>Discussion Questions</i> - As part of the genic DQ's, students will examine characteristics of special populations, to include LGBT populations, which are more at risk for disease.</p> <p><i>Discussion Question</i> - Using the Genome project students will identify cultures that are at higher risk gaining a better understanding of genetic testing.</p> <p><i>Discussion Question</i> – Students will discuss genetic testing and research and how it relates to the dynamics that impact individuals and families</p>	<p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p>
<b>NURS 417: Information Systems and Quality Management</b>	<i>Discussion Question</i> – Students will review the Tiger Initiative web site for a discussion to synthesize related information focusing on healthcare, illness, disease prevention and health promotion for a specific population within your organization, to include LGBT populations.	Discussion Question with peer response graded via rubric
<b>NURS 420: Evidence-Based Practice and Research in Nursing</b>	<i>Group Activity using critique guideline</i> - As a group, students will search for research regarding health promotion and disease prevention for specified populations, to include LGBT populations and complete the critique guideline.	Group submission of guidelines for a critique graded via rubric
<b>NURS 429: Population Focused Community Health Theory</b>	<p><i>Discussion Question</i> – Students will discuss selected reading from text and “The Spirit Catches You and You Fall Down” regarding cultural differences in provision of medical care.</p> <p><i>Discussion Question</i> – Students will discuss and analyze enhanced National CLAS standards and implementation into practice, to include LGBT populations.</p> <p>Students will analyze research pertaining to health disparities and social determinants of health, to include LGBT communities, with course related materials.</p>	<p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Health Equity Quiz and written summary of their learning experience.</p>

	<p><i>Discussion Question</i> – Students will analyze the concept of upstream thinking and the factors that lead to system/practice breakdown.</p> <p>Students will utilize the Healthy People 2020 MAP-IT framework to identify three community health issues, and then identify the vulnerable populations, to include LGBT populations, associated with the issue. Students will support information with an evidentiary search.</p> <p><i>Discussion Question</i> – Students will explore the Quad Councils Competencies for Public Health Nurses and discuss the community health nurse's role and how to effectively communicate with interdisciplinary members to successfully advocate for populations, to include LGBT populations.</p>	<p>Discussion Question with peer response grading rubric</p> <p>Project focused assignment that will lead student toward practicum implementation part one grading rubric. Part one final submission of this project will be placed in student's portfolio</p> <p>Discussion Question with peer response grading rubric.</p>
<b>NURS 436: Population Focused Community Health Practicum</b>	<p><i>Windshield Survey and Community Needs Assessment Assignment</i> - Students will conduct windshield survey and community needs assessment to determine choice of primary community health issue using Healthy People 2020 MAP-IT framework that is responsive to community needs and focused on improving population health, to include LGBT communities.</p> <p>Students will analyze communication strategies, identify possible systems barriers, and relate nurses' unique perspective in public health settings for Healthy People 2020 MAP-IT project.</p> <p><i>Power Point Assignment</i> – Students will present a PP presentation of all phases of Healthy People MAP-IT community health project. In addition, students will analyze potential legal, political, and regulatory issues, with discussion of the nurses' role in advocacy for patient as a community</p>	<p>Assignment submission with grading rubric.</p> <p>Assignment submission with grading rubric</p> <p>Power point assignment submission with grading rubric. Final to be placed in student's Portfolio.</p>
<b>NURS 437: Diversity and Healthcare Policy in Rural Environments</b>	<p><i>Cultural Diversity Portfolio Project Part 1</i> - Students use a cultural assessment tool to explore a chosen client's health beliefs as they relate to his/her cultural diversity.</p> <p><i>Cultural Diversity Portfolio Project Part 2</i> - Students analyze the data that they gathered while interviewing a client for Part 1 and compare it to current literature concerning diversity and culture. They identify actual or</p>	<p>Graded via rubric focused on entire 3-part assignment.</p> <p>Graded via rubric focused on entire 3-part assignment.</p>

	<p>potential health care problems/concerns as they relate to their client's particular culture and diversity.</p> <p>Additionally, develop potential therapeutic interventions for the client and/or the client's cultural group that would promote wellness, that would demonstrate respect for their client's culture/diversity, rights, beliefs, values, and life experiences, and that would incorporate professional values and practice standards.</p> <p><i>Cultural Diversity Part 3</i> – Students reflect upon how their own culture and beliefs influence their own nursing care and how knowledge gained from parts 1 &amp; 2 of the portfolio will influence future nursing care of clients with diverse cultures. Specifically, the students discuss how they will be enabled to act as advocate for social justice within their own nursing care of the underserved populations from different cultures/orientations locally, nationally, and globally.</p> <p><i>Ethnic Groups Assignment</i> -Students go to a Culture and Care connection website, and trend fact sheets related to specific ethnic groups. They then identify areas of difference between two groups and describe how a culturally competent health care provider might address the differences.</p> <p><i>Project Implicit Activity</i> – Students go to an external site “Project Implicit” take 3-4 tests that are provided at the site that reveal possible implicit biases that the student may have. The students then write a paper commenting on the learning experience and how it may affect their future nursing care.</p>	<p>Graded via rubric focused on entire 3-part assignment.</p> <p>Graded via rubric.</p> <p>Students given points for completion.</p>
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Course	Student learning activity incorporating cultural concepts	Assessment/Evaluation
<b>NURS 443: Nursing Leadership and Management Theory</b>	<p>Students will determine how the nurse leader will build and manage a team that will address diverse staff and patients, to include LGBT, with the goal of increasing staff awareness and communication.</p> <p><i>Discussion Question</i> – Students will analyze leadership styles that promote nursing care to specific underserved populations within your organization</p>	<p>Summary submission with grading rubric</p> <p>Discussion Question with peer response grading rubric.</p>

	In a group students will discuss how nurse leaders can advocate for social justice and gain an understanding on how this applies to rural underserved populations, to include LGBT populations.	Discussion Question with peer response grading rubric.
<b>NURS 449: Nursing Leadership and Management Practicum</b>	<p><i>PDSA Project</i> - As part of the PDSA students will need to address the diverse and underserved populations within the community, to include LGBT communities.</p> <p><i>Discussion Question</i> – Students will examine what is market justice vs social justice; analyze how they view the Affordable Healthcare Act and what role do they see nurse leaders participating in in regards to the AHCA and underserved population as well as what impact will this have on health disparities.</p> <p>Students will prepare a hypothetical policy or procedure implementing an information system in a practice setting; analyze the needs of diverse patient populations, to include LGBT populations, which will be impacted by the information systems; examine what tools will be used to monitor outcomes of care process.</p>	<p>PDSA project submission graded with rubric.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Summary submission with grading rubric.</p>
<b>NURS 456: Senior Synthesis Seminar</b>	<p><i>Collection of Portfolio.</i></p> <p>Students will develop a program (prevention, disease management, quality management, or demand management) for diverse populations, to include LGBT communities, to be implemented in their work place or somewhere they would like to be working.</p> <p>Students will articulate what is necessary for excellence in nursing practice when working with diverse populations to include LGBT communities, for organizations and their own practice.</p>	<p>Submission of portfolio.</p> <p>Written submission with grading rubric.</p> <p>Excellent in Nursing paper graded with rubric</p>

Course	Student learning activity incorporating cultural concepts	Assessment/Evaluation
NURS 490: Special Topics		



**Depiction of Integration of Research and Best Practice Concepts throughout the Revised RN-BSN Curriculum**

<b>Course</b>	<b>Research &amp; Best Practice Concept Integration into the Curriculum</b>
<b>NURS 312:</b> <b>Health Assessment and Health Promotion</b>	<p><i>Healthy People Assignment</i> - Students will choose one underserved population (example: LGBT, elderly, homeless) and identify related HP 2020 objectives based on established guidelines for risk behaviors and common health deviations. Students will create an evidenced based plan to promote health and wellness within chosen population.</p> <p><i>Power Point (PP) Presentation</i> - Student teams will create PP focusing on rural vs. urban communities and address improving healthcare delivery to underserved population, special needs of populations, better preparation for rural nursing. Students use theory and research-based knowledge when interpreting assessment data for underserved populations.</p> <p><i>Discussion question</i> – Students will address the assessment of underserved populations and locating resources on state and national levels to meet identified needs based on best practice guidelines.</p> <p><i>Discussion question</i> – Find a peer-reviewed scholarly article focusing on a partnership between a healthcare agency and a community agency. Summarize this article and discuss how this partnership could enhance service and help to meet the healthcare needs to underserved populations</p> <p><i>Discussion question</i>- Examine and discuss limited access to care and potential nursing strategies to address a problem based on best practice.</p>
<b>NURS 326:</b> <b>Transition to Professional Nursing</b>	<p><i>Review Healthy People 2020 website</i> - Students will review the Healthy People 2020 website and summarize the information found about health disparities on the website. Students will discuss how can we, as nurses, address health disparities in caring for the patient, community, and underserved populations (example: LGBT, elderly, homeless) best on best practices.</p> <p>Students will identify the components of evidence-based practice; discuss theory application and explore research based knowledge within their organization. Student will explain research evidence, clinical expertise related to patient/family/community values, to include LGBT populations, within their own organization.</p> <p><i>Website Evaluation Exercise</i> – Students will demonstrate skills locating and evaluating health related websites that address best practice guidelines.</p> <p><i>Web Search Written Assignment</i> – Students will conduct a web search to identify ways to locate high quality resources to address needs of diverse</p>

	<p>patient populations within the student's community, to include LGBT populations.</p>
<p><b>Nursing 337: Pathophysiology</b></p>	<p><i>Discussion Questions</i> - As part of the genic DQ's, students will examine characteristics of special populations, to include LGBT populations, which are more at risk for disease.</p> <p><i>Power points</i>-Utilizing EBP information, students will analyze clinical practice guidelines for a selected disease.</p> <p><i>Genetic Paper</i> – Students will discuss genetic testing and research and how it relates to the dynamics that impact individuals and families.</p>
<p><b>NURS 417: Information Systems and Quality Management</b></p>	<p>Students will analyze ways that computers and informatics support EBP and the research process; identify strategies for best practices how implementation of research and technology can benefit their organization.</p> <p><i>Discussion Question</i> – Students will provide specific examples of how nursing informatics impact the health care consumer as well as professional practice, administration, education, and research.</p> <p>Students will evaluate the quality of web sites and complete the health information on the internet evaluation form. Students will provide a written summary of the finding on the websites that were identified and evaluated; identify learning needs of a patient of their choice or interest search for web sites that address that patient's needs, to include LGBT populations</p> <p>Students will analyze the Multimedia Educational Resource for Learning and Online Teaching at <a href="http://Merlot.org">Merlot.org</a>; address how they plan to use this type of information tool in their healthcare environment.</p>
<p><b>NURS 420: Evidence-Based Practice and Research in Nursing</b></p>	<p>Part one: Students will critique instructor chosen article related to culture of safety nursing research. <i>Group Activity</i> using critique guideline.</p> <p>Part two: As a group, students will search for research regarding health promotion and disease prevention and complete the critique guideline.</p> <p>Part three: Individually students will find a research article on a relevant practice issue with final application of critique guideline.</p> <p><i>Discussion Question</i> – Students will explain the difference between clinical opinion, research, and best practice guidelines.</p> <p>Students will choose a practice related research study and identify how it was developed, validated, and endorsed.</p> <p>Students will analyze nursing research and concepts related to nursing research.</p>
<p><b>NURS 429:</b></p>	<p>Students will discuss and analyze Core PH Functions and levels of</p>

<b>Population Focused Community Health Theory</b>	<p>prevention utilized when working on a community level.</p> <p>Students will analyze national patient safety resources and the application to public health nurses.</p> <p>Students will discuss health care reform as it relates to safety in community health, compared to in-patient settings with selected reading of IOM material.</p> <p>Students will synthesize research studies related to evidence-based practice in community based settings utilizing word cloud.</p>
<b>NURS 436: Population Focused Community Health Practicum</b>	<p>Students will identify an intervention plan for selected primary community health issue, utilizing information obtained through stakeholder interviews and community needs assessment for Healthy People 2020 MAP-IT project.</p> <p>Students will apply National Patient Safety Standards to public health nurse.</p> <p>Students will plan interventions at all three levels for selected primary community health issue, utilizing information obtained through stakeholder interviews, windshield survey, and community needs assessment for Healthy People 2020 MAP-IT project.</p> <p>Students will discuss evaluation of proposed interventions and how they relate to quality improvement and determine effectiveness for Healthy People 2020 MAP-IT project.</p> <p>Students will use research knowledge, best practices, and information obtained through stakeholder interviews related to community settings, choose primary community health issue as topic for Healthy People 2020 MAP-IT project.</p>
<b>NURS 437: Diversity and Healthcare Policy in Rural Environments</b>	<p>Discussion question – Students read the article, Unhealthy Interactions: The Role of Stereo Type Threat in Health Disparities. Discuss examples you may have witnessed in your own practice, how "stereotype threats" have had an effect on the outcomes, and possibly the compliance of some of your patients. As a secondary response to your classmates, research and discuss a recommendation as to how a "stereotypic threat" may have been avoided or "fixed" in regard to an example that they have provided.</p> <p>Health Care Initiative Memorandum – Students share ideas for prevention, intervention, and/or collaboration that could promote change and/or a solution to a cultural/diversity/social disparity health issue identified in class (readings, web searches, discussion, research, etc.). Students will provide a memorandum to a health care facility (their place of employment</p>

	<p>or other). Students are required to draw from and incorporate relevant outside literature to support their position.</p> <p>Personal Action Plan Discussion Question – Students complete a personal action plan for self-development using a template in their text. They then compare their action plan with a classmate as a secondary response and together agree on a timetable for taking the actions you have identified to develop your personal cultural competence. So you will collaborate on 2 self-development plans (your own and your fellow classmate's). Use the secondary response as the comparison of plans between yourself and another classmate</p> <p>Cultural Diversity Portfolio Project Part 2- Students analyze the data that they gathered while interviewing a client for Part 1 and compare it to current literature concerning diversity and culture. They identify actual or potential health care problems/concerns as they relate to their client's particular culture and diversity. Additionally, develop potential therapeutic interventions for the client and/or the client's cultural group that would promote wellness, that would demonstrate respect for their client's culture/diversity, rights, beliefs, values, and life experiences, and that would incorporate professional values and practice standards.</p>
<p><b>NURS 443:</b>  <b>Nursing Leadership and Management Theory</b></p>	<p>Students will examine the evolving models of care including patient-centered care, the synergy model, clinical microsystems, and the chronic care model; discuss the advantages and disadvantages of using each model.</p> <p>Students will review a healthcare organizations philosophy, mission statements, and organizational structure and discuss whether nurses are part of governance.</p> <p>Students will examine the evolving models of care including patient-centered care, the synergy model, clinical microsystems, and the chronic care model.</p> <p>Students will access the Nation Quality Forum website to contrast structure and unstructured environments regarding safety and quality initiatives.</p> <p>Students will analyze how nurse sensitive indicators improve patient outcomes. Students will examine what is the role of a nurse leader in the process of monitoring performance measures within their organization.</p> <p>Students will utilize the PDSA method to identify a problem and create a plan for improvement that promotes quality and safety in a specific health care environment.</p>

	<p>Students will discuss to identify a source of conflict in professional nursing and discuss strategies for resolving conflict.</p> <p>Students will analyze leadership styles that promote nursing care to specific underserved populations within their organization.</p> <p>Students will address how nurse leaders influence policies that affect their organization and the nursing profession utilizing ANA and State Nursing Associations.</p>
<b>NURS 449: Nursing Leadership and Management Practicum</b>	<p>Students will analyze factors that lead to practice breakdown in a clinical microsystem and identify resources to improve patient safety.</p> <p>Students will apply how an organizational structure, mission, vision, philosophy and values can create a culture that impacts populations and communities.</p> <p>Students will collaborate with leadership mentor to implement part 2 of PDSA; implant a quality improvement plan.</p> <p>Students will evaluate the PDSA study results and decide on a course of action.</p> <p>Students will interpret the value of EBP through the final process of the PDSA</p> <p>Students will discuss what is the difference from clinical opinion and research and evidence-based summaries</p>
<b>NURS 456: Senior Synthesis Seminar</b>	<p><i>Collection of Portfolio</i></p> <p>Students will articulate what is necessary for excellence in nursing practice, for organizations and their own practice.</p> <p>Students will write a self-reflective essay assess the leadership qualities and competencies required of nurses in today's healthcare environment and formulate a personal plan for leadership development.</p> <p><i>Poster Presentation</i> – Students will create a poster presentation based on “The Future of Nursing” from the IOM webpage. Students Critique at least 2 additional posters. Poster is displayed in the Health Science Human Service Building.</p>

**Illustration of Regional, National, and Global Perspectives throughout the Revised RN-BSN Nursing Curriculum**

<b>Course</b>	<b>Student learning activity</b>	<b>Assessment/Evaluation</b>
<b>NURS 312: Health Assessment and health Promotion</b>	<p><i>Healthy People Assignment</i> - Students will choose one underserved population (example: LGBT, elderly, homeless) and identify related HP 2020 objectives based on established guidelines for risk behaviors and common health deviations. Students will create a plan to promote health and wellness within chosen population.</p> <p><i>Power Point (PP) Presentation</i> - Student teams will create PP focusing on rural vs. urban communities and address improving healthcare delivery to underserved population. Discuss how cultural, ethnic, and social backgrounds function as sources of values and information collected when planning care for underserved populations.</p> <p><i>Discussion Question</i> - Identify the relationship between a family and a community assessment and discuss how they affect the health outcomes of the family and community. Integrate how culture and values play a role in these health outcomes.</p> <p><i>Discussion Question</i> - Students will choose an underserved population to address ethical considerations and social justice related to specified population.</p> <p><i>Written paper</i>- Students explore the CDC website to research their state's chronic disease burden, leading causes of death, risk factors, and vulnerable groups for whom targeted services need to be provided</p>	<p>Portfolio Assignment written assignment graded with rubric.</p> <p>PP presentation on discussion board with peer response. PP grading rubric with peer response points.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Written paper graded via rubric.</p>
<b>NURS 326: Transition to Professional Nursing</b>	<p><i>Review Healthy People 2020 website</i> - Students will review the Healthy People 2020 website and summarize the information found about health disparities on the website. Students discuss how nurses address health disparities in caring for the patient, community, and underserved populations, to include LGBT populations.</p> <p><i>PP presentation:</i> Students will analyze how quality improvement processes are used to effectively implement patient safety initiatives and monitor performance measures.</p>	<p>Summary submission with grading rubric.</p> <p>Summary submission with grading rubric.</p>

	<p><i>Discussion Question</i> – Students will explore the impact of shifting demographics on the decisions made for resource allocation of health services in structured and unstructured healthcare environments.</p> <p>Students will examine and discuss the relationship between quality improvement measures and risk management. Students will answer the following questions: How does IOM play a role in this? How do quality improvement measures apply in a structured or unstructured healthcare environment?</p> <p><i>Discussion Question:</i> Students will discuss the Future of Nursing: Transforming Leadership: new style of leadership, accept challenge, and create partnerships.</p> <p><i>Discussion Question</i> – Students will analyze the interrelationships of legal decisions, health policy development, legislation, and regulation and how they relate to nursing leadership.</p>	<p>Discussion Question with peer response grading rubric.</p> <p>Written submission of PP with grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p>
<b>NURS 337: Pathophysiology</b>	<p><i>Discussion Question</i> – Using the Genome project students will identify patient population that are at higher risk gaining a better understanding of genetic testing.</p> <p><i>Discussion Question</i> – Students will address how a patient's pathophysiology is affected if the National Patient Safety standards are not met.</p>	<p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p>
<b>NURS 417: Information Systems and Quality Management</b>	<p><i>Discussion Question</i> – Students will review the Tiger Initiative web site for a discussion to synthesize related information focusing on healthcare, illness, disease prevention and health promotion for a specific population within your organization, to include LGBT populations.</p> <p><i>Discussion Question</i> – Students will provide specific examples of how nursing informatics impact the health care consumer as well as professional practice, administration, education, and research.</p>	<p>Discussion Question with peer response graded via rubric</p> <p>Discussion Question with peer response graded via rubric</p>
<b>NURS 420: Evidence-Based Practice and Research in Nursing</b>	<p><i>Group Activity using critique guideline</i> - Students will critique instructor chosen article related to culture of safety nursing research.</p> <p>Part two: As a group, students will search for research regarding health promotion and disease prevention and complete the critique guideline.</p>	<p>Group submission of guidelines for a critique graded via rubric</p> <p>Group submission of guidelines for a critique graded via rubric.</p>

	Students will analyze nursing research and concepts related to nursing research.	
<b>NURS 429: Population Focused Community Health Theory</b>	<p><i>Discussion Question</i> – Students will discuss selected reading from text and “The Spirit Catches You and You Fall Down” regarding cultural differences in provision of medical care.</p> <p><i>Discussion Question</i> – Students will discuss and analyze enhanced National CLAS standards and implementation into practice, to include LGBT populations.</p> <p>Students will analyze national patient safety resources and the application to public health nurses.</p> <p>Students will analyze research pertaining to health disparities and social determinants of health, to include LGBT communities, with course related materials.</p> <p><i>Discussion Question</i> – Students will analyze the concept of upstream thinking and the factors that lead to system/practice breakdown.</p> <p><i>Discussion Question</i> – Students will discuss health care reform as it relates to safety in community health, compared to in-patient settings with selected reading of IOM material.</p> <p><i>Discussion Question</i> – Students will identify possible system barriers within an organization that impact rural communities; how do collaboration techniques breakdown the identified barriers; what unique perspectives do nurse contribute to the interprofessional team that impact patient outcomes.</p> <p>Students will develop their ideal healthcare system, identify characteristics and set goals for the system; consider issues related to implementation and identify those with a vested interest.</p> <p><i>Discussion Question</i> – Students will discover which agencies in their state are responsible for public health; determine key indicators for health; compare their states’ indicators with those of surrounding states; determine what the role is of the nurse as a community advocate.</p>	<p>Discussion Question with peer response grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Written summary with grading rubric.</p> <p>Health Equity Quiz and written summary of their learning experience.</p> <p>Discussion Question with peer response grading rubric</p> <p>Discussion Question with peer response grading rubric</p> <p>Discussion Question with peer response grading rubric.</p> <p>Summary with grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p>



<b>NURS 436: Population Focused Community Health Practicum</b>	<i>Community Project Portfolio-</i> Students will assess the health status of an aggregate or community using data, community resources, input from the population, and professional judgment; analyze assessment data to determine specific health needs of a community, culture, aggregate, or vulnerable population; design, organize, propose, implement, and evaluate specific strategies to promote or maintain the health of a community, aggregate or vulnerable population; examine and describe the interplay between environment, social and cultural influences in community-oriented nursing.	Power point assignment submission with grading rubric. Final to be placed in student's Portfolio
<b>NURS 437: Diversity and Healthcare Policy in Rural Environments</b>	<p><i>Diversity Group Equity Discussion Question</i> - Research two specific groups and identify one or two areas where members of each group may have been affected by inequitable health care disparities locally, nationally, or globally.</p> <p><i>"Sick Around the World" Position Paper</i> - After viewing the documentary, <i>Sick Around the World</i>, students are responsible for writing a position paper. They are required to succinctly present their personal stance on the issues highlighted in the film and support their assertions with expert opinions drawn from the film and, if they choose, outside research.</p>	<p>Discussion question graded with discussion question rubric.</p> <p>Graded via rubric</p>

<b>Course</b>	<b>Student learning activity incorporating cultural concepts</b>	<b>Assessment/Evaluation</b>
<b>NURS 443: Nursing Leadership and Management Theory</b>	<p><i>Discussion Question</i> – Students will access the National Quality Forum website to contrast structure and unstructured environments regarding safety and quality initiatives.</p> <p>Students will utilize the PDSA method to identify a problem and create a plan for improvement that promotes quality and safety in a specific health care environment.</p> <p>Students will address how nurse leaders influence policies</p>	<p>Discussion Question with peer response grading rubric.</p> <p>Project focused assignment that will lead student toward practicum implementation part one grading rubric. Part one final submission of this project will be placed in student's portfolio.</p>

	<p>that affect their organization and the nursing profession utilizing ANA and State Nursing Associations.</p> <p>In a group students will discuss how nurse leaders can advocate for social justice and gain an understanding on how this applies to rural underserved populations.</p>	<p>Written submission with a grading rubric.</p> <p>Discussion Question with peer response grading rubric.</p>
<b>NURS 449: Nursing Leadership and Management Practicum</b>	<p>Working in groups students will identify a significant issue to nursing such as “lateral violence” explain why the nurse leadership skills are essential to team performance in establishing strategies and system barriers for effective communication and collaboration within the interprofessional team.</p> <p><i>Discussion Question</i> – Students will examine what is market justice vs social justice; analyze how they view the Affordable Healthcare Act and what role do they see nurse leaders participating in in regards to the AHCA and underserved population as well as what impact will this have on health disparities.</p> <p>Students will prepare a hypothetical policy or procedure implementing an information system in a practice setting; analyze the needs of diverse patient populations, to include LGBT populations, which will be impacted by the information systems; examine what tools will be used to monitor outcomes of care process.</p>	<p>Written submission with grading rubric and evaluation of participation.</p> <p>Discussion Question with peer response grading rubric.</p> <p>Summary submission with grading rubric.</p>
<b>NURS 456: Senior Synthesis Seminar</b>	<p><i>Collection of Portfolio.</i></p> <p><i>Poster Presentation</i> – Students will create a poster presentation based on “The Future of Nursing” from the IOM webpage. Students Critique at least 2 additional posters. Poster is displayed in the Health Science Human Service Building.</p> <p>Students will articulate what is necessary for excellence in nursing practice when working with diverse populations to include LGBT communities, for organizations and their own practice.</p> <p>Students will prepare an annotated bibliography on a health related topic impacted by policy change</p>	<p>Submission of portfolio.</p> <p>Printed Poster evaluated with grading Rubric. Final portfolio submission.</p> <p>Excellent in Nursing paper graded with rubric</p> <p>Assignment Submission with grading rubric.</p>

Course	Student learning activity incorporating cultural concepts	Assessment/Evaluation
NURS 490: Special Topics		

**Table 4 Relationship between the Joint Commission National Patient Safety Goals and the Revised RN-BSN Nursing Program Student Learning Outcomes**

<b>Goal 1 Improve the accuracy of patient identification</b>	
	Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
	Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision making.
<b>Goal 2 Improve the effectiveness of communication among caregivers</b>	
	Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
	Evaluate collaboration techniques used in various healthcare environments.
	Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision making.
<b>Goal 3 Improve the safety of using medications</b>	
	Analyze quality improvement measures used in both structured and unstructured healthcare environments.
	Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
	Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision making.

<b>Goal 7 Prevent Infections</b>	<p>Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.</p> <p>Act as an evolving scholar, translating current evidence into nursing practice.</p> <p>Apply leadership principles and theories to both the practice and the profession of nursing.</p>
<b>Goal 15 Identify patient safety risks</b>	<p>Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.</p> <p>Act as an evolving scholar, translating current evidence into nursing practice.</p> <p>Analyze quality improvement measures used in both structured and unstructured healthcare environments.</p>

**Table 4 Relationship between Quality and Safety Education for Nursing (QSEN) and the Revised RN-BSN Nursing Program Student Learning Outcomes**

QSEN	Nursing Program Student Learning Outcomes
Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.	Provide safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.	Evaluate collaboration techniques used in various healthcare environments.
Integrate best current evidence with clinical expertise and patient/ family preferences and values for delivery of optimal health care.	Evaluate collaboration techniques used in various healthcare environments.
Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.	<p>Apply leadership principles and theories to both the practice and the profession of nursing.</p> <p>Act as an evolving scholar, translating current evidence into nursing practice.</p> <p>Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.</p> <p>Act as an evolving scholar, translating current evidence into nursing practice.</p> <p>Analyze quality improvement measures used in both structured and unstructured healthcare environments.</p>

QSEN	Nursing Program Student Learning Outcomes
Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.	Analyze quality improvement measures used in both structured and unstructured healthcare environments.  Provide safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.	Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision making.

NURS 326

Transition to Professional Nursing





**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 326: Transition to Professional Nursing**

**5 CREDITS THEORY (75 contact hours)**

**Fall 2014**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory and Clinical Instructor(s):

Heidi Johnston, RN, MSN

753-2000 (Office)

397-3808 (Cell)

[heidi.johnston@gbcnv.edu](mailto:heidi.johnston@gbcnv.edu)

2. Office and Hours:

Heidi Johnston

Health Sciences Room 120

Monday: 0900-1200

Wednesday: 1300-1600

Also by appointment

**B. COURSE INFORMATION:**

Course Description: This course serves as a bridge between the student's current views and those that are presented throughout the program related to the major program concepts and differentiates the baccalaureate program from the ADN program at Great Basin College. The course provides an overview of the major areas of nursing studied in more depth throughout the RN to BSN program including: current healthcare systems including rural health and agencies serving underserved populations; quality improvement; nursing research and evidence-based practice; collaborative relationships with the interprofessional team; leadership principles and theories; and information management.

Five credits theory. Offered fall semester only. Prerequisites: Must be accepted to the RN-BSN Program.

1. Schedule:

Theory:

Online and self-directed learning

Dates: August, 2014 – October, 2014

**COURSE OUTCOMES:**

COURSE OUTCOMES	MEASUREMENTS
1. Discuss ways to promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	Healthy People 2020 summary Discussion Question
2. Explain various quality improvement measures used in both structured and unstructured healthcare environments.	Written QI and Risk Management paper
3. Discuss the nurse as an evolving scholar.	EBP Summary Website Evaluation Exercise
4. Discuss collaboration techniques used in various healthcare environments.	Discussion Questions
5. Discuss leadership as a primary responsibility for the baccalaureate prepared nurse.	Discussion Questions Goal Setting Portfolio Assignment
6. Discuss the use of information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making.	Technology Summary

**METHOD OF INSTRUCTION:**

This course will be taught asynchronously using WebCampus, the GBC learning platform for online learning. This course will consist of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the

virtually unlimited resources available through the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

### **STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem.

Evaluation of student progress will be the successful completion of the course outcomes. Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a group project. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY AS INDICATED ON THEORY SCHEDULE UNLESS PRIOR ARRANGMENTS HAVE BEEN MADE WTH INSTRUCTOR.**

### **REQUIRED MATERIALS:**

- ❖ Finkelman, A., & Kenner, C. (2013). *Professional Nursing Concepts* 2<sup>nd</sup> ed. Burlington, MA: Jones and Bartlett Learning. ISBN 978-1-4496-4902-9
- ❖ VandenBos, G. R. (Ed.). (2010). *Publication manual of the American psychological association*. (6th ed.) Washington, DC: American Psychological Association. ISBN- 978-1-4338-0561-5

### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =C (needed to pass)
93.99-90.00 =	A-	75.99-70.00 = C-
89.99-87.00 =	B+	69.99-67.00 = D+
86.99-84.00 =	B	66.99-64.00 = D
83.99-80.00 =	B-	63.99-60.00 = D-
79.99-77.00 =	C+	Below 60.00 = F

A grade of "B-" or better is required in ALL nursing courses applicable to the Bachelor of Science in Nursing degree.

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

<b>Assessment:</b>	<b>Total Points:</b>
Healthy People 2020 Summary	50 points
QI and Risk Management Paper	100 points
Discussion Questions (6 x 50 points)	300 points
EBP Summary	75 points
Technology Summary	50 points
Goal Setting Portfolio Assignment	100 points
Website Evaluation	75 points
<b>Total points for course</b>	<b>750 points total</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

#### **ATTENDANCE POLICY:**

Students are expected log-on to the Web-Campus and Evolve site to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of "F". The last day to drop this course is September 24, 2014.** See Student Handbook for further information concerning the attendance policy.

#### **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.

## **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

## **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.

<b>DATE</b>	<b>READING ASSIGNMENT</b>	<b>ASSIGNMENT DUE DATES</b>
<b>Week One</b> <b>Monday August 25-</b> <b>Sunday August 31</b>	Module 1:  Chapter 5 " <i>Health Policy and Political Action: Critical Actions for Nurses</i> "  Chapter 6 " <i>Ethics and Legal Issues</i> "	<i>Technology Summary due by Sunday August 31 at 11:30 pm</i>  <i>Discussion Question primary due by Wednesday and secondary due by Friday</i>
<b>Week Two</b> <b>Monday September 1-</b> <b>Sunday September 7</b>	Module 2:  Chapter 13 " <i>IOM Core Competency: Utilize Informatics</i> "	<i>Discussion Question primary due by Wednesday and secondary due by Friday</i>  <i>Website Evaluation Assignment due by Saturday September 6 by 11:30 pm</i>
<b>Week Three</b> <b>Monday September 8-</b> <b>Sunday September 14</b>	Module 3:  Chapter 9 " <i>Provide Patient Centered Care</i> "  Chapter 10 " <i>Work in Interprofessional Teams</i> "	<i>Discussion Question primary due by Wednesday and secondary due by Friday</i>
<b>Week Four</b> <b>Monday September</b> <b>15-Sunday September</b> <b>21</b>	Module 4:  Chapter 11 " <i>Employ Evidence Based Practice</i> "	<i>Evidence Based Practice Summary due by Friday September 19</i>
<b>Week Five</b> <b>Monday September</b> <b>22-Sunday September</b> <b>28</b>	Module 5:  Chapter 12 " <i>Apply Quality Improvement</i> "	<i>Discussion Question primary due by Wednesday and secondary due by Friday</i>  <i>Quality Improvement and Risk Management Paper due by Sunday September 28</i>

<b>Week Six</b> <b>Monday September 29-Sunday October 5</b>	<b>Module 6:</b>  Chapter 3 <i>"The Image of Nursing: What It Is and How It Needs to Change"</i>	<b><i>Discussion Question primary due by Wednesday and secondary due by Friday</i></b>
<b>Week Seven</b> <b>Monday October 6-Sunday October 12</b>	<b>Module 7:</b>  Chapter 7 <i>"Health Promotion, Disease Prevention, and Illness: A Community Perspective"</i>  Chapter 8 <i>"The Healthcare Delivery System" Focus on Acute Care"</i>	<b><i>Healthy People Summary due by Friday October 10</i></b>
<b>Week Eight</b> <b>Monday October 13-Friday October 17</b>	<b>Module 8:</b>  Chapter 14 <i>"The Practice of Nursing Today and in the Future"</i>  Chapter 15 <i>"The Future: Transformation of Nursing Practice Through Leadership"</i>	<b><i>Discussion Question primary due by Wednesday and secondary due by Friday</i></b>  <b><i>Goal Setting Portfolio Assignment due by Wednesday October 15</i></b>

## Semester 1

### NURS 326 Transition to Professional Nursing

**Credits: 5 Theory (75 hours)**

This course serves as a bridge between the student's current views and those that are presented throughout the program related to the major program concepts and differentiates the baccalaureate program from the ADN program at Great Basin College. The course provides an overview of the major areas of nursing studied in more depth throughout the RN to BSN program including: current healthcare systems including rural health and agencies serving underserved populations; quality improvement; nursing research and evidence-based practice; collaborative relationships with the interprofessional team; leadership principles and theories; and information management.

Course Outcomes	Competencies	Activity	Evaluation
1. Discuss ways to promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	<p>a. Explain how cultural, ethnic, and social backgrounds function as sources of patient, family, and community values to be considered when planning care for patients, communities, and underserved populations.</p> <p>b. Relate national patient safety resources to focus attention on safety in structured and unstructured care settings.</p> <p>c. Discuss complex organizational systems that reside within structured and unstructured healthcare environments.</p>	<p>1. Review Healthy People 2020 website. Summarize the information found about health disparities on the website. How can we as nurses address health disparities in caring for the patient, community, and underserved populations?</p> <p>2. Analyze how quality improvement processes used to effectively implement patient safety initiatives and monitor</p>	<p>1. Summary submission with grading rubric.</p> <p>2. PowerPoint submission with grading rubric.</p>



			performance measures?  3. Do you consider your healthcare environment a complex organization system and how so? Do you feel that this environment is structured or unstructured. How do these factors promote safe, quality care for populations within your community?	3. Discussion Question with peer response grading rubric.
2. Explain various quality improvement measures used in both structured and unstructured healthcare environments.	a. Discuss the types of information used related to health care, illness, disease prevention, and health promotion to measure quality with a focus on underserved populations.  b. Discuss the types of quality improvement measures used to promote and provide quality, safe patient care for those served in unstructured healthcare environments.  c. Provide examples of quality improvement processes used to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive	1. Examine and discuss the relationship between quality improvement measures and risk management. How does IOM play a role in this? How do quality improvement measures apply in a structured or unstructured healthcare environment?  2. Give some examples of	1. PP submission with grading rubric.  2. Discussion Question with peer response grading rubric.	

	indicators in both structured and unstructured healthcare environments.	<p>quality improvement processes used in your healthcare organization that has led to an increase in patient safety and overall increase of quality patient care. If able speak to a nurse who works in quality improvement in a healthcare organization ask about the nurse's role and responsibilities for quality improvement and about the quality improvement process and how it is implemented.</p> <p>3.</p>	1. Summary submission with grading rubric.
3. Discuss the nurse as an evolving scholar.	<p>a. Identify the need to accurately interpret research.</p> <p>b. Discuss the application of theory and</p>	<p>1. Identify the components of evidence-based practice. Discuss</p>	

	<p>research-based knowledge to the care of patients, families, populations, and communities.</p> <p>c. Explain the components of evidence based practice: research evidence, clinical expertise, and patient/family/community values.</p>	<p>theory application and explore research-based knowledge within their organization. Student will explain research evidence, clinical expertise related to patient/family/community values within your own organization.</p>	
4. Discuss collaboration techniques used in various healthcare environments.	<p>a. Explain when the nurse would initiate collaboration with the interprofessional healthcare team.</p> <p>b. Discuss effective strategies for communicating and resolving conflict.</p> <p>c. Explain what is meant by a unique nursing perspective as it contributes to the interprofessional team to optimize patient outcomes.</p>	<p>1. DQ: Analyze collaboration impact to team effectiveness and how the nurse initiates collaboration with the interprofessional healthcare team. Discuss strategies for resolving conflict within the team.</p> <p>2. Explain how unique nursing perspective results in optimized patient outcomes within the</p>	<p>1. Discussion questions with peer response grading rubric.</p> <p>2. Discussion questions with peer response grading rubric.</p>

			interprofessional teams.	
5. Discuss leadership as a primary responsibility for the baccalaureate prepared nurse.	<p>a. Identify the importance of awareness of complex organizational systems when engaging in leadership activities.</p> <p>b. Discuss the importance of an understanding of legal, political, and regulatory processes when engaging in leadership activities.</p> <p>c. Relate the importance of ongoing professional growth and development to the responsibilities related to leadership.</p> <p>d. Discuss guidelines for successful completion of the RN-BSN program.</p>	<p>1. DQ: Future of Nursing: Transforming Leadership: discusses new style of leadership, accept challenge, and create partnerships.</p> <p>2. DQ: Analyze the interrelationships of legal decisions, health policy development, legislation, and regulation. How does this relate to nursing leadership?</p> <p>3. Portfolio Assignment Self-assessment of short and long-term goals.</p>	<p>1. Discussion questions with peer response grading rubric.</p> <p>2. Discussion question with peer response grading rubric.</p> <p>3. Portfolio Assignment written assignment graded with rubric.</p>	
6. Discuss the use of information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making.	<p>a. Provide examples of different communication technologies used in nursing practice.</p> <p>b. Discuss the use of information management tools to monitor outcomes of care processes.</p> <p>c. Identify ways to locate high quality</p>	<p>1. Summarize technology used in nursing practice. Within your organization how is information management used to monitor patient outcomes how are</p>	<p>1. Summary submission with grading rubric.</p>	

	<p>electronic sources of healthcare information to address the needs of a diverse patient population.</p>	<p>these technologies improving pt. care.</p> <p>2. Website evaluation exercise to demonstrate skills locating and evaluating health related websites.</p>	<p>2. Written submission with rubric.</p>
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## **GREAT BASIN COLLEGE**

### **RN-BSN Program**

### **NURS 326**

### **Evidence Based Practice Summary**

#### ***Student Learning Outcome Competencies***

- a. Identify the need to accurately interpret research.
- b. Discuss the application of theory and research-based knowledge to the care of patients, families, populations, and communities.
- c. Explain the components of evidence based practice: research evidence, clinical expertise, and patient/family/community values.

#### ***Assignment***

- a. Review the following websites:  
<http://guides.lib.unc.edu/content.php?pid=118238&sid=1019262>  
  
<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-18-2013/No2-May-2013/Impact-of-Evidence-Based-Practice.html>
- b. Answer the following questions
  - Explain the components of evidence based practice: research evidence, clinical expertise, and patient/family/community values.
  - Discuss the importance of accurately interpreting research.

- Discuss how EBP is implemented within your organization. What do you see as barriers and strengths within your organization to implementing best practices?

c. Submit in APA format. Paper should be 3-4 pages in length not including title page or reference page. Please remain within the page limits. Please review grading rubric.

Evidence Based Practice					
https://gbcnv.instructure.com/courses/967550/assignments/4092804?module_item_id=7741824					
Critical Thinking	establishes relationship between variables	establishes relationship between variables through reason	relationship is established through reason	relationship is established through reason	relationship is established through reason
	30 pts	18 pts	12 pts	12 pts	30 pts
Style - Vocabulary	Exhibits rich use of vocabulary that is precise and purposeful	Exhibits reasonable use of vocabulary that is precise and purposeful	Exhibits occasional use of vocabulary that is precise and purposeful	Exhibits occasional use of vocabulary that is precise and purposeful	15 pts
	15 pts	12 pts	8 pts	8 pts	
Summary Discussion Items	Addresses all information required for summary	Addresses most of the information required for summary	Addresses some of the information required for summary	Addresses less than half of the required information	30 pts
	20 pts	15 pts	10 pts	5 pts	
APA Format	Adheres to APA format	Mostly in APA format with minor errors	Not in APA format	Not in APA format	10 pts
	10 pts	8 pts	5 pts	5 pts	
Components of EBP	Approaching Standards	Does Not Meet Standards	Meets Standards		0 pts
	0 pts	0 pts	0 pts		
Interpret research	Approaching Standards	Does Not Meet Standards	Meets Standards		0 pts
	5 pts	0 pts	0 pts		
Theory and research-based knowledge	Approaching Standards	Does Not Meet Standards	Meets Standards		0 pts
	0 pts	0 pts	0 pts		

Evidence Based Practice Summary

Great Basin College: NURS 326

Evidence Based Practice Summary



## EVIDENCE BASED PRACTICE SUMMARY

Evidence-based practice (EBP) is the practice that should be utilized by any member of the interdisciplinary care team to deliver the best possible patient care. Evidence-based Nursing Practice is, “the consistent clinical application of the strongest, most current evidence from well-designed studies and practice guidelines to improve the quality of patient care and patient outcomes.” (Schub, 2014, para. 1) EBP should not completely dictate but should greatly influence the nurse’s practice. Each patient’s condition is different, but it does not mean that research information might not be able to assist in delivering their care.

The first component of EBP is research evidence which begins with a question. The question should be well-defined in order to find the most relevant information. A general format used for these questions is called PICO questions. PICO is an acronym and stands for (Melynk & Fineout-Overholt 2005, p.30):

- P—(Patient/population) needs to be specific; describing the population such as age, gender, diagnosis, ethnicity, or other.
- I—(Intervention) can be related to prognostic factors, risk behaviors, exposures to disease, or clinical intervention or treatment.
- C—(Comparison) can be with another treatment or no treatment.
- O—(Outcome). What will the outcome be, such as risk of disease, complication, or side effect?

After determining the question, a search is done to find relevant literature. This can be done through an electronic database (ex. MedHost, Cochrane) or search through journals from professional organizations (American Nurses Association, Journal of Oncology Nursing etc.) There are mainly two types of evidence used. The first, is called systematic review which is a “summary of evidence typically conducted by an expert or panel of experts on a particular topic, that uses a rigorous process (to minimize bias) for identifying, appraising, and synthesizing

## EVIDENCE BASED PRACTICE SUMMARY

studies to answer a specific clinical questions and draw conclusion about the data gathered” (Melynck and Fineout-Overholt, 2005, p.594). If there are no systematic reviews relevant to the formulated question, then the next literature searched for is randomized controlled trials.

Randomized controlled trials have a tight structure that provides great evidence on the searched question.

After obtaining information from the research literature, it is up to the person(s) that found the information and plan on implementing the research to analyze it. Some things that should be considered when analyzing research is:

- Who published the research?
- What is the probability of bias or information skew?
- Does this information apply to my question/patient population?

These questions must be paired with your clinical judgment and judgment of your clinical team during implementation. For example, evidence based practice states that both pharmacological and non-pharmacological interventions are effective in the febrile management. However, this does not necessarily apply to all patient populations or under all circumstances. The patient receiving Interleukin-2 biotherapy will become febrile within a couple hours after receiving treatment due to the increased immune response as a result of the medication (sometimes as high as 40<sup>0</sup>C). Under normal circumstances, Tylenol and external cooling measures would be used to combat this. This remains true to this patient at this stage of the febrile episode; however, the patient will receive a combination of other medications to decrease the rigors that manifest prior to the febrile episode (12.5-50mg of Demerol, 12.5-25mg of Diphenhydramine, 0.4-2mg Dilaudid, 0.5-1mg of Ativan).

Another factor that plays a role in evidence-based practice is the patient, family and community values. Finkelman and Kenner (2013) explain that “These are the individual patient’s

## EVIDENCE BASED PRACTICE SUMMARY

own concerns, preferences, expectations, and social and financial resources that impact health and health care. All these factors can change over time and with each unique healthcare need and encounter.” (p. 348) An example of a patient, family and community value that would affect evidence based practice is the use of blood and blood products for transfusion.

I am fortunate enough to be employed by an academic hospital that deeply values the use of EBP. There are multiple committees in place that utilize EBP. Clinical Practice Committees are in place to look at nursing policy and procedures to determine if it is up-to-date with EBP. These committees meet multiple times a month. There are CPCs in place for each individual unit (ex. HICU/HIMU), for each specialty (Critical care), and hospital wide (Oncology.) Along with CPC committees, there are actual EBP committees. The EBP committee meets monthly and assigns/updates/supports Evidenced Based Projects. The EBP committee also hosts events like a “Poster Fair.” Nurses, Physicians, and ancillary staff used this fair to create posters that share their quality improvement or research work. The EBP committee also sends out a monthly newsletter that highlights member’s current projects and what their research has done to change practice.

### **Conclusion**

Evidence-based practice has changed the way in which nurses deliver patient care and will continue to do so. It is a process that requires critical thinking and analysis in determining its applicability to your patient population. It is the responsibility of the nurse to become involved in this process to deliver the best possible patient care.

References

Finkelman, A., & Kenner, C. (2013). Professional Nursing Concepts 2nd ed. Burlington, MA:

Jones and Bartlett Learning.

Schub, E., & Walsh, K., (2014). CINAHL Nursing Guide: Evidence-Based Nursing Practice.

EBSCO Publishing. Retrieved from:

<http://search.ebscohost.com/login.aspx?direct=true&db=nrc&AN=T707822&site=nrc->

[live](http://search.ebscohost.com/login.aspx?direct=true&db=nrc&AN=T707822&site=nrc-live)



## **GREAT BASIN COLLEGE**

### **RN-BSN Program**

### **NURS 326**

### **Goal Setting Portfolio Assignment**

#### ***Student Learning Outcome Competencies***

- a. Relate the importance of ongoing professional growth and development to the responsibilities related to leadership.
- b. Discuss guidelines for successful completion of the RN-BSN program

#### ***Assignment***

Setting goals helps give meaning to the path you choose in life. Goals can create inspiration and perseverance as you work towards meeting your goals. As part of your portfolio assignment for the RN-BSN program you will consider your future short and long term goals and create a plan that will help you succeed in meeting these goals. This goal setting is something you can keep referring back to over the course of the program during times in which you feel frustrated, tired, or just feel like giving up. As you know giving up is always easy but it takes much determination to stick with your plan. I hope during the tough times of your education that this assignment helps you remember and become inspired again about why you are obtaining your BSN degree.

- a. Consider your personal, educational, and professional goals. This will include considering short and long term goals and should also be based on the values within your life.
- b. Create a plan. Focus on one goal at a time and write down steps that will help you reach this goal over either the short or long term period. Know your strengths and weaknesses as this will also play a role in meeting your goals.
- c. Know that at times life happens and your goals may need to be readjusted in order to have success!

- d. Submit your paper in APA format. Include your short and long term goals and your detailed plan for meeting these goals. Also discuss how you will get back on track should life interfere and your plan to meet your goals must change. There is no page limit on this assignment. Remember that this is a portfolio assignment and you will be responsible for adding this piece into your portfolio for submission at the end of the program. Refer to grading rubric.

Goal Setting Portfolio Assignment						
Criteria	Ratings		Ratings		Pts	
<b>Critical Thinking</b>	Demonstrates thorough insight and application of key human services practices 15 pts	Shows some average insight and application of key human services practices 10 pts	Demonstrates average insight and application of key human services practices 10 pts	Demonstrates below average insight and application of key human services practices 5 pts	Shows poor insight and application of key human services practices 0 pts	25 pts
<b>Information Discussion</b>	Addresses all areas of information requested 20 pts	Addresses most area of information requested 15 pts	Addresses more than half of information requested 10 pts	Addresses half of information requested 5 pts	Does not address information requested 0 pts	25 pts
<b>Communication Skills: Approach and Purpose, Organization, Style, Grammar Mechanics.</b>	Demonstrates outstanding or exemplary application of written, visual, or oral skills. Demonstrates sound or exceptional expression of topic, main idea, and purpose. Audience is clearly addressed appropriately. Language clearly and effectively communicates ideas and content relevant to the assignment. Errors in grammar, spelling, and sentence structure are infrequent and do not distract from meaning or content.	Demonstrates sound or competent application of written, visual, or oral skills. Demonstrates adequate expression of topic, main idea, and purpose. Audience is generally addressed appropriately. Language is a sequence of generally communicating ideas and content relevant to the assignment. Errors in grammar, spelling, and sentence structure are present and sometimes distract from meaning or content.	Demonstrates a sequence or proficient application of written, visual, or oral skills. Demonstrates adequate expression of topic, main idea, and purpose. Audience is generally addressed appropriately. Language is a sequence of generally communicating ideas and content relevant to the assignment. Errors in grammar, spelling, and sentence structure are present and sometimes distract from meaning or content.	Demonstrates inadequate or partially proficient application of written, visual, or oral skills. Demonstrates inadequate or partial expression of topic, main idea, and purpose. Audience is often not addressed appropriately. Language does not clearly and effectively communicate ideas and content relevant to the assignment. Errors in grammar, spelling, and sentence structure are frequent and often distract from meaning or content.	Demonstrates inadequate application of written, visual, or oral skills. Demonstrates inadequate or poor expression of topic, main idea, and purpose. Audience is not addressed appropriately. Language does not clearly and effectively communicate ideas and content relevant to the assignment. Errors in grammar, spelling, and sentence structure are pervasive and consistently distracting. Formal & correct.	10 pts
<b>PRACTICAL REASONING</b>	Demonstrates outstanding or exemplary ability to use creativity and originality in problem-solving. 20 pts	Shows some average ability to use creativity and originality in problem-solving. 15 pts	Demonstrates average ability to use creativity and originality in problem-solving. 10 pts	Demonstrates below average ability to use creativity and originality in problem-solving. 5 pts	Shows poor ability to use creativity and originality in problem-solving. 0 pts	25 pts
<b>INFORMATION LITERACY AND RESEARCH PRACTICAL REASONING</b>	Demonstrates outstanding selection and use of high quality, relevant sources to support ideas that are appropriate to the assignment. Sources are consistently cited according to required documentation (e.g., APA) with almost no errors. 15 pts	Demonstrates sound selection and use of relevant sources to support ideas that are appropriate to the assignment. Sources are generally cited according to required documentation (e.g., APA) with few errors. 10 pts	Demonstrates adequate selection and use of relevant sources to support ideas that are appropriate to the assignment. Sources are cited according to required documentation (e.g., APA) with some errors. 5 pts	Demonstrates inadequate selection and use of relevant sources to support ideas in the assignment. Sources are inconsistently cited according to required documentation (e.g., APA) with frequent errors. 0 pts	Demonstrates inadequate selection and use of relevant sources to support ideas in the assignment. Sources are not cited according to required documentation (e.g., APA) with consistent errors. 0 pts	15 pts
<b>25. Completion of the RN-BSN program</b>	Approaching Standards 0 pts	Does Not Meet Standards 0 pts	Does Not Meet Standards 0 pts	Does Not Meet Standards 0 pts	Does Not Meet Standards 0 pts	0 pts
<b>26. Responsibilities related to leadership.</b>	Approaching Standards 0 pts	Does Not Meet Standards 0 pts	Does Not Meet Standards 0 pts	Does Not Meet Standards 0 pts	Does Not Meet Standards 0 pts	0 pts
Total Points: 100						

Goal Setting Portfolio Assignment

Great Basin College: NURS 326

## Goal Setting Portfolio Assignment

Planning has always been one of my strong points. I feel much more comfortable in anything I do as long as I have a plan: from simple things like writing essays to my ten-year plan. This piece will explore my short term and long-term plans, along with what will be needed to reach these goals. I have always believed that the only way you can fail is if you choose to. Obstacles can still occur, but I know this will only cause me to re-route and that as long as I have an eye on the destination I cannot be stopped.

In the coming months, my focus will be on becoming more comfortable in my field of nursing and obtaining necessary knowledge to deliver the best care possible. The best way to gain experience is to maintain an open mind and ask questions. While I continue my studies for my bachelor's degree, I will also receive further training in oncology nursing via the oncology nurse residency program offered at Huntsman Cancer Hospital. This will broaden my foundation of nursing knowledge and allow me to continue to grow. I am extremely excited for this next step in my career and I feel that this excitement will allow me to gain even more from these resources.

I have also recently made a decision that I will be making an attempt in nursing research. In fact, it was not the concept of nursing research that had brought this decision about, but the research project idea itself. I am in the pre-research part of this project, but it is aimed at the nursing care for a particular patient population on my unit: Patients with Renal Cell Carcinoma and Malignant Melanoma receiving the biotherapy, Interleukin-2. Although I am excited about exploring this new field of nursing, it is also unfamiliar territory which means I will need to rely on numerous resources. Resources that I plan on utilizing for this research project is the nursing faculty at Great Basin College, the nursing education staff at Huntsman Cancer Hospital, the



director of Nursing at Huntsman Cancer Hospital, the Evidence-based Practice Committee at Huntsman Cancer Hospital, the Mid-level practitioners that see this patient population, my nursing manager and the nurses that deliver care to these patients. These resources will guide me in the research project proposal, data collection, and writing of findings. This is a big goal set and an obstacle I can see is time. Along with taking 11 credits this semester at Great Basin College, I am also working full time, and a part of an Oncology Nursing Residency Program. I have not even mentioned the amount of time I should be spending on maintaining my life (bills, friends, family, etc.) Time is a single obstacle, but can definitely be detrimental to the pathway to success. However, I know that if I can succeed in this research project, I will gain new insight and experience which can make an application to graduate school more appealing.

Over the next year, a few goals are set and will definitely allow me to step up to the next level of nursing. After finishing the Oncology Nursing Residency in August, I plan on studying for and taking the exams needed to gain certifications in both Oncology Nursing (OCN) and critical care (CCRN). This will increase my knowledge base, give me more confidence in these fields of nursing, and demonstrate my commitment to both my education and nursing. I do not see any obstacles in obtaining certifications because the program I am currently in is aimed at allowing me to pass the OCN exam and there are also resources available to assist in CCRN certification. The University of Utah and Huntsman Cancer Hospital refund the money spent on obtaining these certifications, so I do not see any monetary obstacles for this goal either.

Around this time, I will have been in Utah for a year and gained both residency and qualify for the benefits offered at University of Utah. Depending on the difficulty of the BSN classes and time available, I will probably begin the pre-requisite courses for the Doctorate of Nursing Practice Program (DNP) offered by the College of Nursing at the University of Utah. I

have done extensive research in this program for the last year and decided that I would like to enter the Adult-Gerontology Acute Care track. I will then finish up the needed classes for my Bachelors of Science in Nursing Degree and graduate. This is a crucial step to my long-term goals. I do not see time being an issue in obtaining my BSN, but I can see it becoming an issue in beginning my pre-requisite courses. I can also see money being an obstacle in beginning my pre-requisite courses. Even with the in-state tuition and tuition reduction, the amount of money to begin these classes is costly. I will be saving, but may not have necessary funds. I will most likely need scholarships, grants, and loans at this time.

Depending on when I can take the pre-requisite courses, I plan on applying for the Adult-Gerontology Acute Care/DNP program the spring of 2016 or 2017. This is a three year program that will occupy three years (including two summer semesters). During this time I will continue to work and depending on how much time will be needed for the program, I will either cut back hours (resulting in more financial aid needed) or work full time (resulting in less sleep). Money will be an obstacle again, but I know that it is still do-able. This sets my DNP graduation date for 2019 or 2020. Depending on the job opportunities, I may either stay at the University of Utah to work in an ICU or continue my training for a Nurse Practitioner Residency or Fellowship in Critical Care. I have done some research in this and have found a fellowship in Critical Care/Trauma at St. Luke's in Pennsylvania, Residency Program in Critical Care at Emory Critical Care Center in Georgia, and fellowship programs offered in surgical critical care or medical critical care at Carolinas Healthcare. This is still a few year down the road and nursing is constantly evolving so there may be more opportunities like this in the future. I am more detailed in my short term plans in comparison to my long-term plans because the deadlines are approaching. As my BSN graduation date nears, I will begin to do further research in the DNP

program and the application process. Over the next few years, I have a lot of goals and plans set. This paper explored many aspect related to my planned goals which makes the path seem complicated. In order to simplify this for me and summarize it for the assignment, I have created a table below.

Goal	Resources Needed	Possible Obstacles	Deadline
Nursing Research Project	Numerous (see text)	Time	Proposal (by December 2014)
OCN and CCRN certification	Oncology Nurse Residency, Nursing education	Time	August 2015
BSN	GBC Nursing Faculty	Time	June 2016
Application for DNP Program at the U	University of Utah	Time and Money	Application process begins January 2016
DNP/AGACNP	University of Utah	Time and Money	Graduation Date 2019 or 2020



## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
Nursing 326 Transition to Professional Nursing
2. Year / Semester: 2014 Fall
3. Course Faculty (include any adjunct faculty utilized  
Heidi Johnston, MSN, RN, CNE

## COURSE STATISTICS

4. Theory Ratio 21:1 Practicum Ratio N/A  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 100
  - b. Percent Failed: 0
  - c. Range of Scores: A-B letter grades
6. Final Practicum Outcomes:
  - a. Percent Satisfactory: NA
  - b. Percent Unsatisfactory: NA
7. Course Attrition:
  - a. Beginning number of students: 21
  - b. Withdrawals: 0
  - c. Incompletes (with expected date of completion): 0

## THEORY EVALUATION

8. Textbooks used and evaluation of each:  
Finkelman, A., & Kenner, C. (2013). *Professional Nursing Concepts* 2<sup>nd</sup> ed. Burlington, MA: Jones and Bartlett Learning. ISBN 978-1-4496-4902-9.  
I will use this book again next Fall. Each chapter lists overall objectives, case studies, discussion questions, and critical thinking activities to help students understand and apply the material. The chapters also have Words of Wisdom from practicing nurses and links to various internet resources to further explore chapter content more in depth. QSEN is integrated in text specifically under Core Healthcare Professional Competencies.

- ❖ VandenBos, G. R. (Ed.). (2010). *Publication manual of the American psychological association*. (6th ed.) Washington, DC: American Psychological Association. ISBN- 978-1-4338-0561-5  
This text will still be a requirement for class as students are required to write in APA format and this is a must have resource for students.

9. Weekly content:

See attached theory and syllabus schedule.

10. Special Experiences related to student learning outcomes and competencies:  
NA

11. Teaching Methods:

Online discussion and peer interactions within discussion, video resources, assigned text readings, assigned internet resources.

## **PRACTICUM EVALUATION**

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards  
(Please list strengths and/or limitations specific to each site)  
NA

13. Briefly describe any concern(s) regarding practicum site(s) used.  
NA

14. Practicum changes and reason(s):  
NA

15. Special Experiences related to student learning outcomes and competencies:  
NA

16. Teaching Methods  
AN

## **FULL COURSE OVERVIEW**

17. What worked well and reason(s):

Overall course schedule seemed appropriate with a flow that builds on previous module objectives. Having discussion questions helps to promote student engagement and interaction among their peers. This also allows the instructor to see if students are understanding concepts that are focused on that week. Assignments also built on each other having to use previous knowledge gained in prior weeks.

18. Anticipated Changes

Course is currently undergoing internal review for quality matters. More resources were added to each module as required and optional to enhance learning. Specific GBC resources were also added into QM course such as tech support, library, and academic success center.

19. Changes to weekly content and reason(s):

Content and scheduling of content will remain the same.

20. Changes to point allocation and reason(s):

Assignment values will remain the same. May explore other options to create assignment besides PP and written assignments for promote creativity within course.

21. Other changes and reason(s):

This was the first semester this class has run and I will continue to run this class for another year. I did add more resources for students to each module including optional resources as part of creating a quality matters course. This should enhance the class.

22. Administrative:

- |   |                                     |
|---|-------------------------------------|
| a. Syllabus has been saved to file.   | <input checked="" type="checkbox"/> |
| b. The course was backed up on WebCampus.   | <input checked="" type="checkbox"/> |
| c. Grades have been entered.  | <input checked="" type="checkbox"/> |
| d. Grade book has been saved to file.   | <input checked="" type="checkbox"/> |
| e. Student work samples have been filed in student file.                              | <input checked="" type="checkbox"/> |
| f. Curriculum map has been updated with all changes made and filed.                   | <input checked="" type="checkbox"/> |
| g. Integrated Concepts Illustration has been updated with all changes made and filed. | <input checked="" type="checkbox"/> |

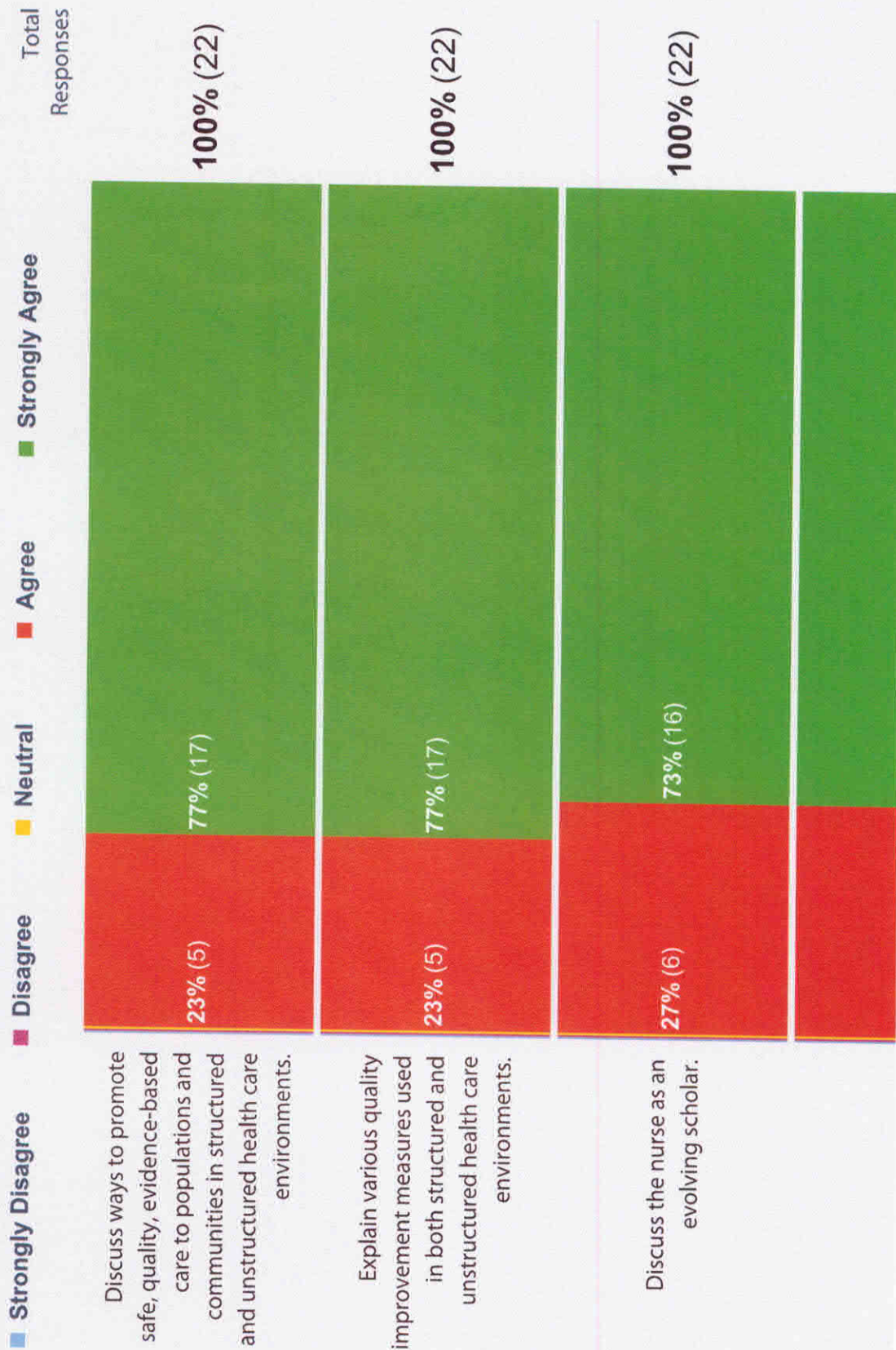
**Faculty Signature(s):** Heidi Johnston, MSN, RN, CNE

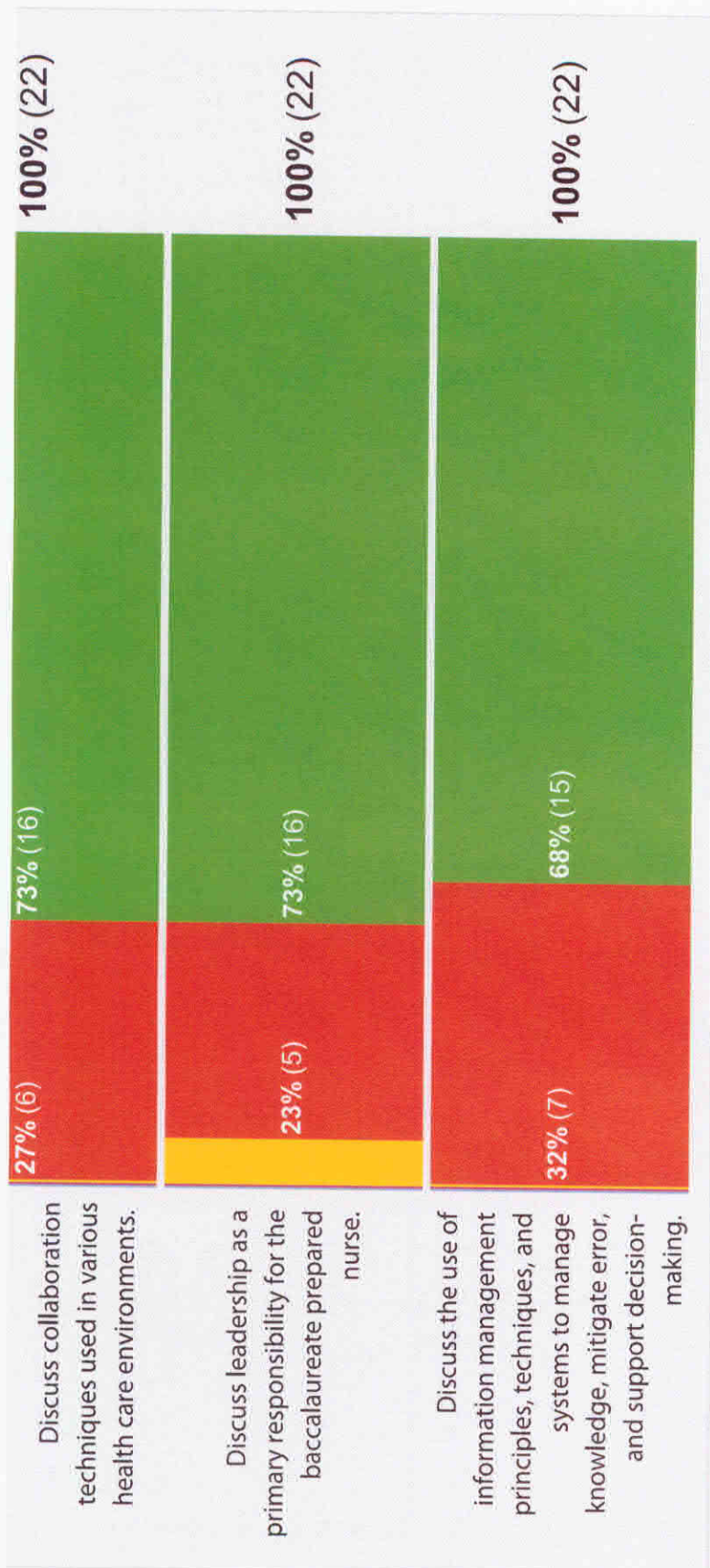
**Date:** 10-20-14

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.

# Student Learning Outcomes - NURS 326 - Fall 2014

As a result of this class, I am able to:







I enjoyed this class much more than I thought I would. Great material, both in the text and the supplemental information. Thank you!

Great class!

No comments.

I have enjoyed this course.

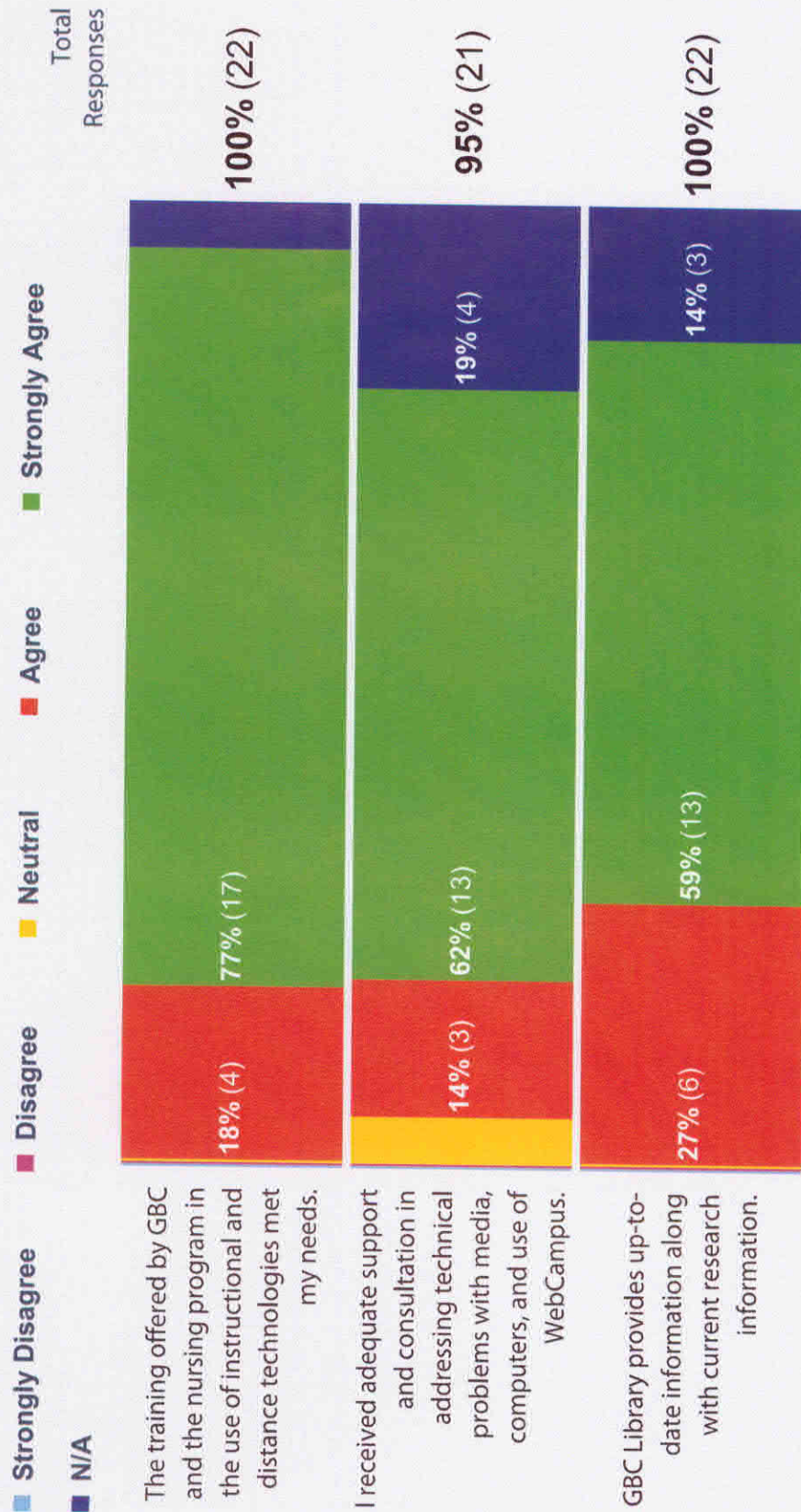
This course was painfully repetitive with the Nursing trends course offered last spring and the entire ADN program. I take my education very seriously and feel that what I have gained from the BSN courses so far have not been adequate and I have not felt any growth. I am hoping this changes with the research course in the next couple weeks, but if the curriculum is going to be like this for the remainder of the program then I highly recommend that you allow your BSN students to take more courses and decrease the overall time of the program.

I enjoyed this online course. WebCanvas was very easy to navigate as well.

Heidi is an excellent teacher that fosters a nurturing learning environment that helped me grow as a nurse in EBP and structural care.

This class was a great learning tool!

## GBC Services Evaluation



NURS 420

Evidence-Based Practice  
And  
Research in Nursing



**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 420: Evidence-Based Practice and Research in Nursing  
3 CREDITS THEORY (45 contact hours)**

**Fall 2014**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory and Clinical Instructor(s):

Delene Volkert, RN, MSN, CNE

775-623-1823 (Office)  
397-7250 (Cell)  
[delene.volkert@gbcnv.edu](mailto:delene.volkert@gbcnv.edu)

Amber Donnelly, PhD, RN, CNE

775-753-2135  
[Amber.donnelly@gbcnv.edu](mailto:Amber.donnelly@gbcnv.edu)

2. Office and Hours:

Delene Volkert  
Winnemucca Campus  
Monday and Thursday 9-11:30  
Also by appointment

Amber Donnelly  
Elko Campus  
Monday and Wednesday 9-11:30  
Also by appointment

**B. COURSE INFORMATION:**

Course Description: Introduces students to the nurse as an evolving scholar using the research process, including skills in interpreting published research findings, the science of nursing as the basis for best practices, and evidence-based quality

improvement measures in healthcare environments. Application of ethics, legal principles, and professional standards are considered when carrying out the research process.

Three credits theory. Offered fall semester only. Prerequisites: Admission to the BSN Program.

1. Schedule:

Theory:

Online and self-directed learning

Dates: October 18, 2014 – December 14, 2014

<b>COURSE OUTCOMES:</b>	
<b>COURSE OUTCOMES</b>	<b>MEASUREMENTS</b>
1. Apply evidence-based care to populations and communities in structured and unstructured healthcare environments.	<ul style="list-style-type: none"> <li>• Group Critiques and Summary: Instructor Chosen Articles</li> <li>• Search and Group Critiques: Group Chosen Articles</li> <li>• Part I: Power Point Resource Gathering</li> <li>• Part II - Translating into Practice Power Point/Portfolio submission</li> </ul>
2. Explore how the nurse functions as an evolving scholar, applying current evidence to nursing practice	<ul style="list-style-type: none"> <li>• Discussion Questions w/peer response</li> <li>• Group Critiques and Summary: Instructor Chosen Articles</li> <li>• Search and Group Critiques: Group Chosen Articles</li> <li>• Part I: Power Point Resource Gathering</li> <li>• Part II - Translating into Practice Power Point/Portfolio submission</li> </ul>
3. Use information systems to access nursing research and evidence-based practice guidelines	<ul style="list-style-type: none"> <li>• Critical Appraisals and Case Study Group Assignment</li> <li>• Search and Group Critiques: Group Chosen Articles</li> <li>• Part I: Power Point Resource Gathering</li> <li>• Part II - Translating into Practice Power Point/Portfolio submission</li> </ul>

### **METHOD OF INSTRUCTION:**

This course will be taught asynchronously using WebCampus, the GBC learning platform for online learning. This course will consist of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

### **STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem. Evaluation of student progress will be the successful completion of the course outcomes. Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a group project. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY December 14, 2014.**

### **REQUIRED MATERIALS:**

- ❖ Houser, J., (2015). *Nursing Research: Reading, Using, and Creating Evidence*. 3<sup>rd</sup> ed. Jones & Bartlett: Sudbury MA. ISBN 978-1-284-04329-7
- ❖ Davies, B. & Logan, J., (2012). *Reading Research: A User-Friendly Guide for Health Professionals*. 5<sup>th</sup> ed. Elsevier Canada: Toronto, ON. ISBN 978-1-926648-38-5
- ❖ American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: Author. ISBN 978-1-4338-0561-5

### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =	C
93.99-90.00 =	A-	75.99-70.00 =	C-
89.99-87.00 =	B+	69.99-67.00 =	D+
86.99-84.00 =	B	66.99-64.00 =	D
83.99-80.00 =	B-	63.99-60.00 =	D-
79.99-77.00 =	C+	Below 60.00 =	F

**A grade of "B-" or better is required in ALL nursing courses applicable to the Bachelor of Science in Nursing degree.**

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester.

Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

Discussion/Assignment	Points
DQ Question w/peer response	25
DQ Questions (2 x 20)	40
Module 1 - Critical Appraisals and Case Study Group Assignment (15 each)	50
Module 2 - Group Critiques and Summary: Instructor Chosen Articles (20 for each form = 60; 20 for summary)	80
Module 3 - Search and Group Critiques: Group Chosen Articles (20 for each form = 40; 40 for summary)	80
Module 4 - Part I: Power Point Resource Gathering	85
Module 4 - Part II - Translating into Practice Power Point/Portfolio submission	100
<b>TOTAL</b>	<b>460</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

#### **ATTENDANCE POLICY:**

Students are expected to log-on to Web-Campus to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of "F". The last day to drop this course is November 19, 2014.** See Student Handbook for further information concerning the attendance policy.

#### **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain *unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section)*. Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.

## **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

## **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Director of Services for Students with Disabilities (Julie G. Byrnes) will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids and services. For more information or further assistance, please call 775.753.2271.



### Reading/Assignment Schedule NURS 420

MODULE	READING	ASSIGNMENT
<b>Module 1 – Intro to Research</b>  <b>2 weeks</b>	Houser Chpt 1 – p. 3-27 Houser Chpt 3 – p. 47-71	<b>Week 1:</b> Discussion Question – initial response <i>due Thursday by 11:59 pm</i> ; Peer response <i>due Sunday by 11:59 pm</i> (individual)  <b>Week 2:</b> Group Critical Appraisals and Case Study <i>due Sunday by 11:59 pm</i> (group)
<b>Module 2 – How to Read and Understand Research</b>  <b>2 weeks</b>	Houser Chpt 2 – p. 29-45 Davies & Logan Chpt 1 – p. 1-4 Davies & Logan Chpt 2 – p. 5-32	<b>Week 1:</b> Discussion Question <i>due Thursday by 11:59 pm</i> (individual)  <b>Week 2:</b> Critique Instructor Chosen Articles <i>due Sunday by 11:59 pm</i> (group)
<b>Module 3 – How to Search</b>  <b>2 weeks</b>	Houser Chpt 4 – p. 77-87 Houser Chpt 5 – p. 105-125 Davies & Logan Chpt 3 – p. 33-42	<b>Week 1:</b> Discussion Question <i>due Thursday by 11:59 pm</i> (individual)  <b>Week 2:</b> Search and Group Critiques <i>due Sunday by 11:59 pm</i> (group)
<b>Module 4 – Translating into Practice</b>  <b>2 weeks</b>	Houser Chpt 16 – p. 447-471 Davies & Logan Chapter 4 – p. 43-48	<b>Week One:</b> Power Point Resource Gathering <i>due Sunday by 11:59 pm</i> (individual)  <b>Week Two:</b> Translating into Practice power point portfolio submission <i>due Thursday by 11:59 pm</i> (individual)

## Semester 1

### NURS 420 Evidence Based Practice and Research in Nursing

#### Credits: 3 Theory (45 hours)

Introduces students to the nurse as an evolving scholar using the research process, including skills in interpreting published research findings, the science of nursing as the basis for best practices, and evidence-based quality improvement measures in healthcare environments. Application of ethics, legal principles, and professional standards are considered when carrying out the research process.

Course Outcomes	Competencies	Activity	Evaluation
1. Apply evidence-based care to populations and communities in structured and unstructured healthcare environments.	<ul style="list-style-type: none"> <li>a. Reference nursing research when planning care for patients, communities, and underserved populations.</li> <li>b. Discuss nursing research related to health promotion and disease prevention for groups and populations.</li> <li>c. Relate how research about complex organizational systems can be used to provide safe patient care.</li> </ul>	<ul style="list-style-type: none"> <li>1. Part one: Critique instructor chosen article related to culture of safety nursing research. Group Activity using critique guideline.</li> <li>2. Part two: As a group, students will search for research regarding health promotion and disease prevention and complete the critique guideline.</li> <li>3. Part three: Individually students will find a research article on a relevant practice issue with final application of critique guideline.</li> </ul>	<ul style="list-style-type: none"> <li>1. Group submission of critiques of instructor chosen research studies, with submission rubric and peer evaluation.</li> <li>2. Group submission of search strategies and critiques of group chosen research studies, with submission rubric and peer evaluation.</li> <li>3. Part I and II: Final individual submission of search strategies and critique of individual chosen research studies for portfolio submission.</li> </ul>

			related to relevant practice issues, with submission rubric.
2. Explore how the nurse functions as an evolving scholar, applying current evidence to nursing practice.	<p>a. Analyze nursing research.</p> <p>b. Apply research-based knowledge in the care of patients, families, populations, and communities.</p> <p>c. Apply the components of evidence-based practice to the interpretation of nursing research: research evidence, clinical expertise, and patient/family/community values.</p> <p>d. Explain the difference between clinical opinion, research, and best practice guidelines.</p> <p>e. Discuss how nursing and related healthcare best practices are developed, validated, and endorsed.</p>	<p>1. Part three of critique process will require students to apply nursing research discovery to care of patients within their practice settings.</p> <p>2. Discussion Question explain the difference between clinical opinion, research, and best practice guidelines.</p> <p>3. Students will chose a practice related research study and identify how it was developed, validated, and endorsed.</p> <p>4. Students will analyze nursing research and concepts related to nursing research.</p>	<p>1. Part II: Translating to Practice power point portfolio submission, with submission rubric.</p> <p>2. Discussion question with peer response graded with rubric.</p> <p>3. Group submission of search strategies and critiques of group chosen research studies.</p> <p>4. Discussion questions, graded with rubric.</p> <p>5. Group submission of critiques of instructor and group chosen research studies.</p>

3. Use information systems to access nursing research and evidence-based practice guidelines.			6. Part I: Power Point Resource Gathering. Individual submission of critiques of individual chosen research studies.
<ul style="list-style-type: none"> <li>a. Locate high quality electronic sources of healthcare information to access evidence-based practice guidelines to meet the needs of a diverse patient population.</li> <li>b. Discuss guidelines for determining information systems to use when locating nursing research studies.</li> </ul>		<ul style="list-style-type: none"> <li>1. Search strategy for Research Articles.</li> <li>2. Application of Critical Appraisal exercises that discuss information systems and locating nursing research.</li> </ul>	<ul style="list-style-type: none"> <li>1. Group submission of nursing research analysis worksheets and summaries – group chosen research studies.</li> <li>2. Part I: Power Point Resource Gathering. Individual submission of nursing research analysis worksheets and summaries – group chosen research studies.</li> <li>3. Part II: Translating to Practice power point portfolio submission, with submission rubric.</li> <li>4. Group submissions of the critical appraisal exercises and case study.</li> </ul>



GREAT BASIN COLLEGE

RN-BSN Program

NURS 420

### Learning Outcomes

1. Apply evidence-based care to populations and communities in structured and unstructured healthcare environments
2. Explore how the nurse functions as an evolving scholar, applying current evidence to nursing practice
3. Use information systems to access nursing research and evidence-based practice guidelines

*There are two parts to this assignment – part I, which consists of the information that you gather and summarize to prepare a power point and part II, which consists of your Translating into Practice power point.*

### Assignment Directions Part II

Due in week 2 is your Translating into Practice power point, you will clearly outline your identified practice issue and your suggested practice implementation. Make sure to clearly outline all the steps that you would need to take to put this into practice in your facility – use the box at the top of page 48 from Davies and Logan as a guide.

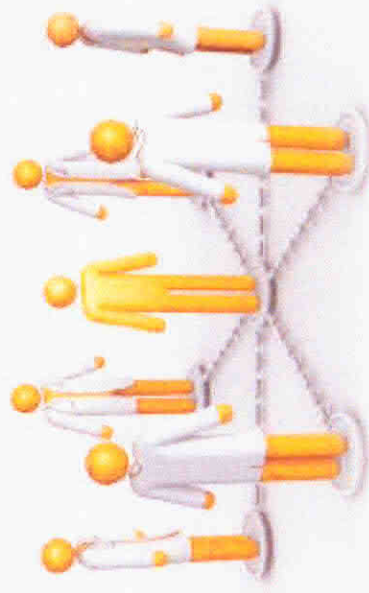
Discuss how you identified this issue (the gaps from research to practice), barriers, support, adaptations, implementation, evaluation, and sustainability. The power point should be a minimum of 10 slides and a maximum of 25 slides, not including your cover slide and your reference slides. Please try not to pack your slides with too much information. Use the notes section of the slide to add additional information, but remember your in-text citations must appear on the slide.

Module 4 – Part II Translating Research into Practice Power Point Rubric				
Criteria	Ratings			Pts
Identifies practice issue and implementation	Exceptional: Meets all objectives – Practice issue and suggested practice implementation is clearly identified. The steps for transition to practice are clearly developed 25 pts	Meets most objectives- Practice issue and suggested practice implementation is identified. The steps for transition to practice are discussed, but requires further development 18 pts	Needs Improvement – Practice issue and suggested practice implementation not identified. The steps for transition are superficially developed. 10 pts	25 pts
Analysis of gaps	Exceptional Meets all objectives – Analysis of gaps from research clearly developed, with depth. Analysis of barriers, support, adaptations, implementation, evaluation, and sustainability developed with depth. Well supported with relevant resources. 25 pts	Meets most objectives - Analysis of gaps from research developed. Discussion of barriers, support, adaptations, implementation, evaluation, and sustainability, requires more depth for analysis. Supported with resources. 18 pts	Needs Improvement – Gaps not developed, or very superficially developed. Content is typically confusing or contains more than one factual error, is not supported with relevant references. 10 pts	25 pts
Graphics & Design	Exceptional Meets all objectives – Graphics and text are appropriate and aligned well, graphics “match” text. Information on slides is balanced, there is neither too much nor too little information on each slide. 15 pts	Meets most objectives – Most of graphics and text are appropriate and aligned, some of graphics do not “match” the text. Information on most slides are balanced, with too much OR too little information on some slides. 10 pts	Needs Improvement – Most of graphics and text are not appropriate and/or not aligned, most of graphics do not “match” the text. Information on slides are not balanced, each slide has either too much OR too little 5 pts	15 pts
Spelling and Grammar	Exceptional Meets all objectives - Presentation has no misspellings or grammatical errors. 15 pts	Meets most objectives - Presentation has 1-2 misspellings, but no grammatical errors. 10 pts	Needs Improvement - Presentation has more than 2 grammatical and/or spelling errors. 5 pts	15 pts
Reference List and APA Formatting	Exceptional - All references are appropriately formatted utilized 6th edition APA, as is necessary information on slides 10 pts	Meets most objectives -. Writer makes 2-4 errors with 6th edition APA formatting on reference list and slides. 7 pts	Needs Improvement - Writer makes >4 errors in 6th edition APA formatting on reference list and slides. 3 pts	10 pts
Number of slides	Power point is a minimum of 10 slides and a maximum of 25 slides (not including cover/reference slides) 10 pts	Power point is 5-10 slides longer than the maximum (not including cover/reference slides) 7 pts	Power point is either less than 10 slides or more than 36 slides (not including cover/reference slides) 3 pts	10 pts
Total Points: 100				

# DISCHARGE PLANNING FROM HOSPITAL TO HOME

137-C

## Translating Research into Practice



Created by:  
Prepared for Evidence-Based Practice and Research in Nursing  
Great Basin College

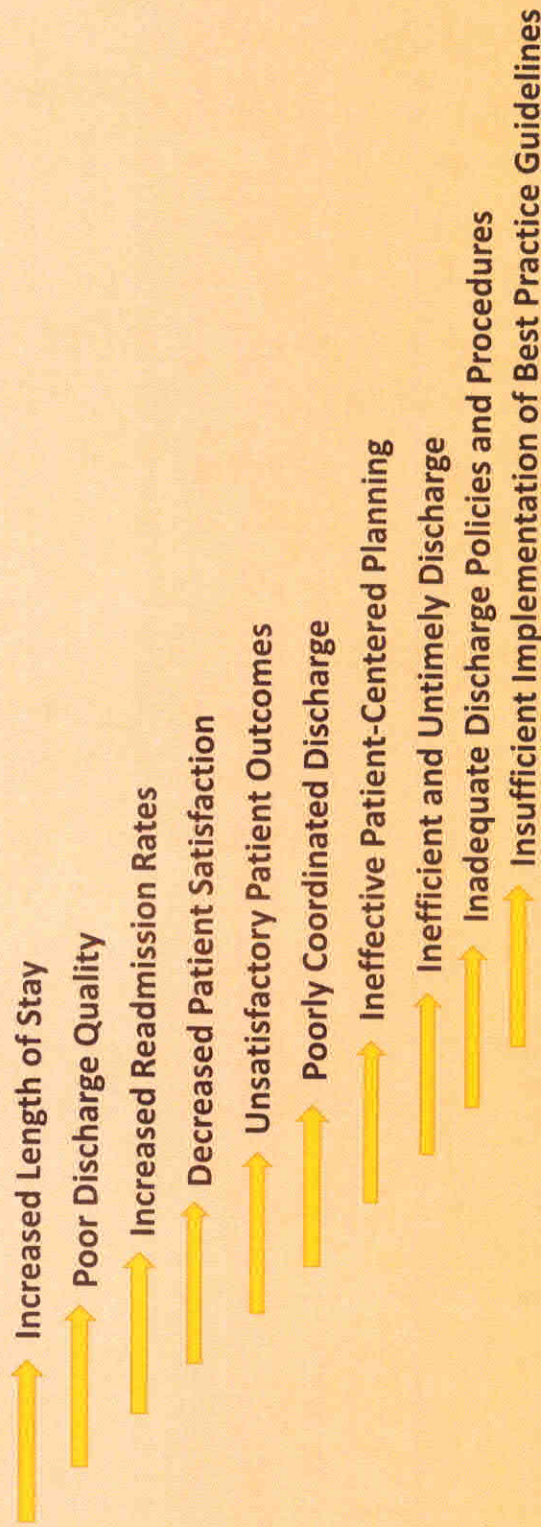
Picture courtesy of: <http://hin.com/blog/tag/hospital-readmissions/>



# The Gap Between Research and Practice

## INADEQUATE DISCHARGE PLANNING SYSTEMS AND IMPLEMENTATION OF THE DISCHARGE PROCESS

Research indicates that current problems include:



(Hesselink et al., 2012; Morris, Winfield, & Young, 2012; Morrow-Howell, Proctor, & Mui, 1991; Wong et al., 2011)



# Barriers To The Discharge Process

INADEQUATE DISCHARGE PLANNING SYSTEMS AND IMPLEMENTATION OF THE DISCHARGE PROCESS

## BARRIERS INCLUDE:

- **Communication**
  - Policies and Practice Guidelines
- **Professional Perceptions**
  - Recognition of Key Components
- **Professional Development**
  - Staff Involvement and Responsibilities
- **Facility Structure and Processes**
  - Patient, Social, Family, Professional Aspects

# WHY THESE BARRIERS EXIST

## COMMUNICATION:

Inadequate Nursing Handoff and Care Coordination

## PROFESSIONAL PERCEPTIONS:

Negative Influence and Provider attitude

## PROFESSIONAL DEVELOPMENT:

Level of Experience and Education

## FACILITY STRUCTURE AND PROCESSES:

Bed availability

Workload and Time Constraints

Inadequate Staffing

## POLICIES AND PRACTICE GUIDELINES:

Underdeveloped Discharge Planning System

Unidentified Organizational Hierarchy

Insufficient Multidisciplinary Collaboration

## RECOGNITION OF KEY COMPONENTS:

Limited Availability of Community Resources

Lack of Social and Supportive Services

Ineffective Discharge Planning tools and Teach Back Systems

## STAFF INVOLVEMENT AND RESPONSIBILITIES:

Inadequate Patient Assessment

Inadequate Identification of Patient Needs

## PATIENT, SOCIAL, FAMILY AND PROFESSIONAL ASPECTS:

Lack of Patient, Family, Caregiver and Staff Interaction

Patient Preparedness and Decision Making

Poor Health Literacy



## Managing the Barriers to Discharge Planning

### FACILITY AND PATIENT SPECIFIC INTERVENTIONS

- High Risk Patient Identification
- Coordination of Interdisciplinary Teams
- Bedside Reporting
- Patient-Centered Care and Teaching
- Shared Decision Making
- Arrangement of Appropriate Post-Discharge Services
- Use of "Teach Back" Method
- Quality Interactions
- Adequate Staff -Patient Ratios
- Continuity of Care with Primary Care Physician
- Reflective Practice Interventions
- Standardization, Continuity and Unity of the Discharge Process
- Patient Medication Reconciliation
- Identification of Patient-Specific Needs
- Staff Education
- Timely and Efficient Discharge Planning
- Patient and Caregiver Engagement and Participation

(Dube & Ducharme, 2014; Hesselink et al., 2012; Morris, Winfield, & Young, 2012; Morrow-Howell, Proctor, & Mui, 1991; Wong et al., 2011)



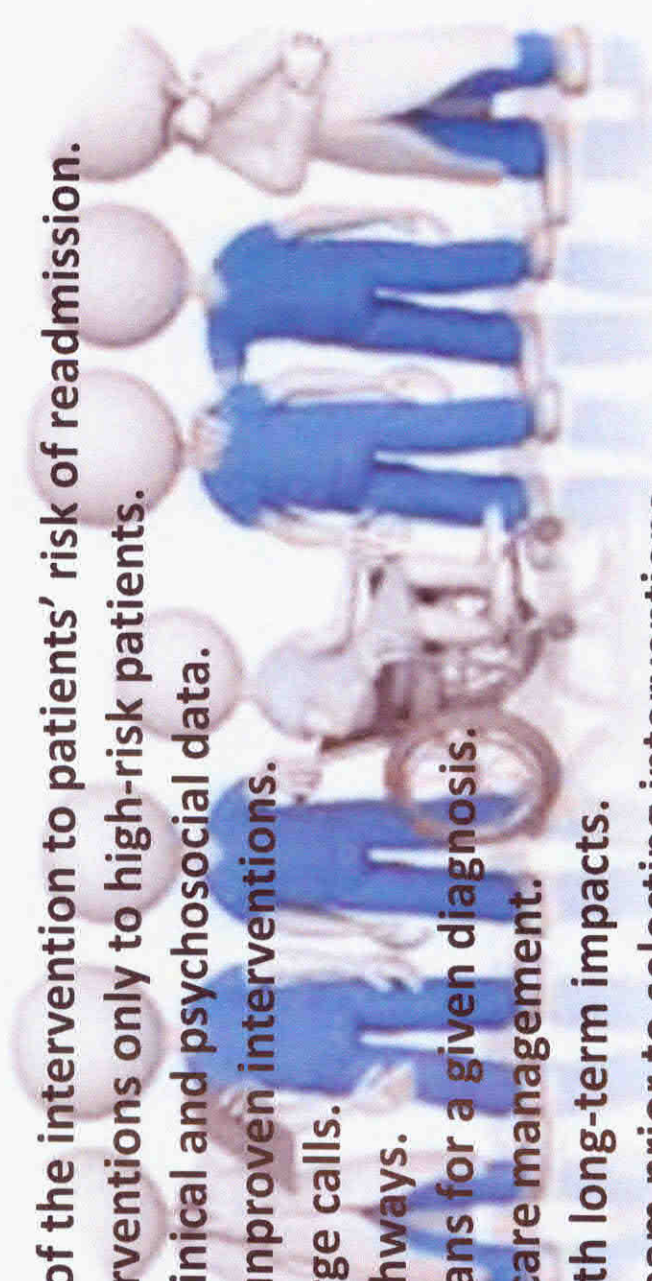
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# BEST PRACTICE PROVISIONS

- Match the intensity of the intervention to patients' risk of readmission.
- Target intensive interventions only to high-risk patients.
- Incorporated both clinical and psychosocial data.
- Avoid common but unproven interventions.
- Routine post-discharge calls.
- Inpatient clinical pathways.
- Standardized care plans for a given diagnosis.
- Telemonitoring and care management.
- Use interventions with long-term impacts.
- Create an effective team prior to selecting interventions  
(highly skilled and well trained; should adhere to proven models; and should seek mentorship from successful groups).
- Focus on previously unrecognized high-risk patient populations





# PRIVACY DIGNITY RESPECT

BE26EC1  
DIGNITY

<http://www.glogster.com/danny00/dignity-glog-by-daniel-b-/g-6lgs3558em1aoarnhts50a0>

## Best Practice Discharge Tools

Effective hospital-to-home programs are considered to reduced readmissions, prevent poor patient outcomes, increase patient satisfaction and reduce facility wide costs.

### Successful Programs in Academic Literature include:

MODIFIED LACE MODEL

8P's RISK ASSESSMENT TOOL

THE CARE TRANSITIONS INTERVENTION

THE TRANSITIONAL CARE MODEL

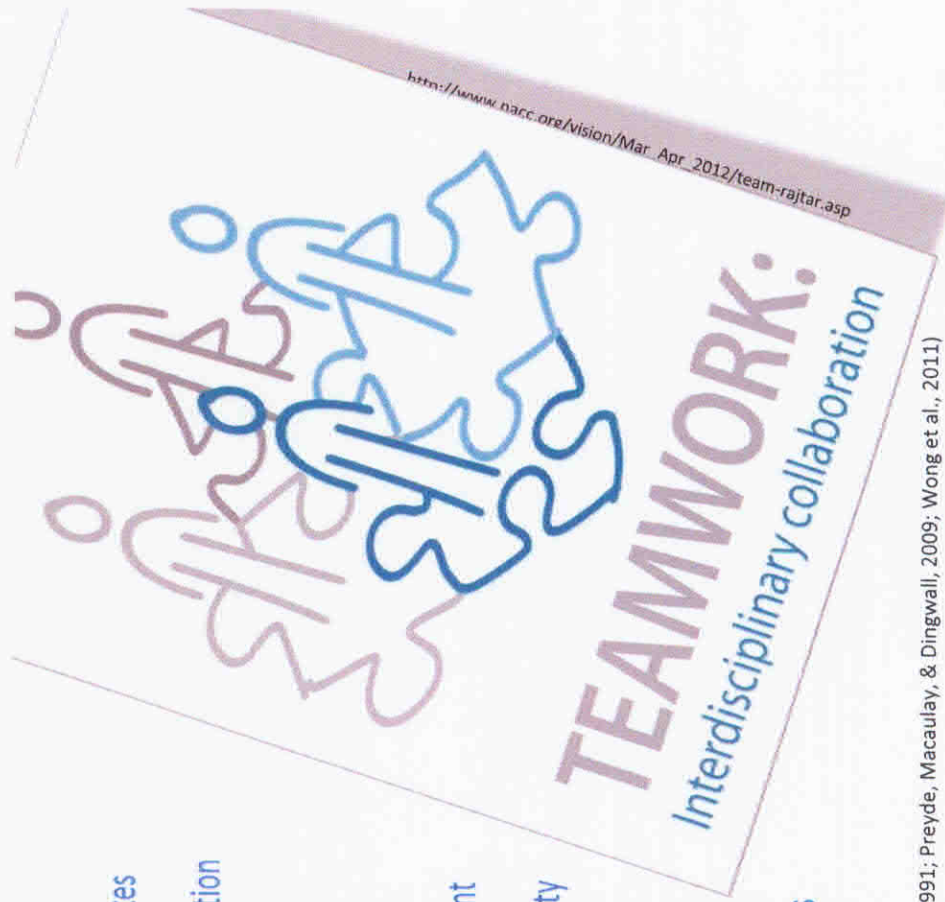
PROJECT RED (RE-ENGINEERED DISCHARGE)

PROJECT BOOST

IDEAL DISCHARGE PLANNING

# Targeted Outcomes With Successful Discharge Planning

- ✓ Better Understanding of Medication Regimen
- ✓ Improved Transitional and Continuity of Care
- ✓ Identification Of High-risk Patients
- ✓ Improved Communication and Interaction
- ✓ Decreased Length of Stay
- ✓ Improved Patient and Staff Perceptions
- ✓ Patient Preparedness for Discharge
- ✓ Improved Patient Understanding of POC
- ✓ Successful Patient Interventions
- ✓ High Quality, Cost Effective Care
- ✓ Reduced Readmission Rates
- ✓ Improved Patient Satisfaction
- ✓ Patient Compliance
- ✓ Improved Follow Up Care
- ✓ Improved Self Management
- ✓ Enhanced Functional Ability
- ✓ Improved Quality of Life
- ✓ Improved Mortality Rates
- ✓ Improved Overall Wellness



# Evaluation of the Discharge Process

## ENSURING CONTINUED APPROPRIATENESS OF A SYSTEMATIC DISCHARGE SYSTEM

### Evaluation of Practice Improvement Outcomes

- Identify Key Performance Elements Requiring Monitoring
- Initiate Overview And Rationale For A Monitoring System
- Identify And Establish Key Elements Of The Monitoring System
  - Establish A Schedule For Regular Reporting
  - Monitor Each Measure After Implementation
  - Develop Report Formats To Communicate Clearly
- Determine Improvement In Quality And Patient Safety Indicators
  - Continue To Track Key Performance Measures
- Ongoing Identification Of Emerging Trends Or Performance Issues
  - Constant Measuring And Comparing Performance
- Team Based Management

(Agency for healthcare, 2014)



Picture courtesy of: [http://www.extension.org/program\\_evaluation](http://www.extension.org/program_evaluation)





# Sustainability of the Discharge System

## ENSURING CONTINUED APPROPRIATENESS OF A SYSTEMATIC DISCHARGE SYSTEM

### Sustainability of Practice Improvements

Assess The Situation To Gain An Understanding Of The Problem

Establish Procedures For Acting On Problems Identified

Timely Action To Correct Emerging Issues

Develop And Carry Out An Action Plan To Implement Needed Corrections

Developing Management Tools For Monitoring And Comparing

Ensure Continued Monitoring Of Key Performances

Guide Monitoring Strategies To Produce Sustained Improvements

Utilizations Of National And Standard Indicators

Quality Review Of Results And Changes Made In Practice

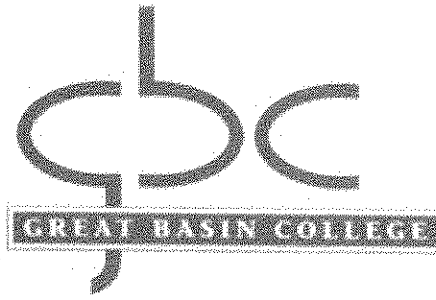
Periodically Perform A More Detailed Assessment Of The Status Of Desired Practices

Performance Continue To Work Successfully As A Team



## References

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- Wong, E., Yam, C., Cheung, A., Leung, M., Wong, F., & Yeoh, E. (2011). Barriers to effective discharge planning: A qualitative study investigating the perspectives of frontline healthcare professionals. *BMC Health Services Research*, 11, 242. doi:10.1186/1472-6963-11-242.



GREAT BASIN COLLEGE

RN-BSN Program

NURS 420

Group Critiques and Summary

Learning Outcomes:

1. Apply evidence-based care to populations and communities in structured and unstructured healthcare environments
2. Explore how the nurse functions as an evolving scholar, applying current evidence to nursing practice

Assignment Directions

As a group, read and critique the three articles chosen by your instructor, which will be posted to your group home page.

Read, discuss, and then as a group fill out the following worksheets from Davies & Logan:

- Worksheet 1 for qualitative research studies (p. 56-60)
- Worksheet 2 for quantitative research studies (p. 61-67)
- Worksheet 3 for mixed-method research studies (p. 68-76).

While the answers to these questions may be brief, you must fully address the questions in a substantive manner, demonstrating insight and reflection. Utilizing the answers from the worksheets, briefly summarize these in the Module 2 – Summary form. APA formatting is not required on the worksheets, but correct 6th edition APA formatting is required on the summary form, for citation information.

***These are due Week 2, on Sunday by 11:59 pm. Submit one assignment per group (each assignment should include 3 worksheets and your summary).***

***In addition, each group member will submit a peer evaluation for themselves and for their group. These scores will be added to the rubric for your group assignment this week. This is due Week 2 on Sunday, by 11:59 pm. Each group member will submit one evaluation page individually.***

## Module 2 - Group Critiques and Summary - Instructor chosen articles

Criteria	Ratings				Pts
Worksheet One – Qualitative Research Studies	Exceptional – Worksheet is fully developed and complete. Each question is answered and the answers clearly demonstrate insight and reflection and clearly incorporate materials from the reading. 15 pts	Proficient – Worksheet is complete. Each question is answered, although all answers do not demonstrate insight and reflection or clearly incorporate materials from the reading. Requires further development 11 pts	Basic – Most of worksheet is complete. Questions are answered, although most answered briefly with little insight and reflection and there is little incorporation of materials from the reading. 7 pts	Needs Improvement – Worksheet is not complete. Questions are answered superficially and/or not all questions answered. Materials from the reading not incorporated into critiques. 4 pts	15 pts
Worksheet Two – Quantitative Research Studies	Exceptional – Worksheet is fully developed and complete. Each question is answered and the answers clearly demonstrate insight and reflection and clearly incorporate materials from the reading. 15 pts	Proficient – Worksheet is complete. Each question is answered, although all answers do not demonstrate insight and reflection or clearly incorporate materials from the reading. Requires further development 11 pts	Basic – Most of worksheet is complete. Questions are answered, although most answered briefly with little insight and reflection and there is little incorporation of materials from the reading. 7 pts	Needs Improvement – Worksheet is not complete. Questions are answered superficially and/or not all questions answered. Materials from the reading not incorporated into critiques. 4 pts	15 pts
Worksheet Three – Mixed-Method Research Studies	Exceptional – Worksheet is fully developed and complete. Each question is answered and the answers clearly demonstrate insight and reflection and clearly incorporate materials from the reading. 15 pts	Proficient – Worksheet is complete. Each question is answered, although all answers do not demonstrate insight and reflection or clearly incorporate materials from the reading. Requires further development 11 pts	Basic – Most of worksheet is complete. Questions are answered, although most answered briefly with little insight and reflection and there is little incorporation of materials from the reading. 7 pts	Needs Improvement – Worksheet is not complete. Questions are answered superficially and/or not all questions answered. Materials from the reading not incorporated into critiques. 4 pts	15 pts
Summary Form	Exceptional – Summary is fully developed, including correct 6th ed APA formatting for citations. Purpose/type of study clearly identified. Findings and reliability clearly developed, demonstrating insight and reflection. 15 pts	Proficient - Summary is developed, with 1-2 errors in 6th ed APA formatting for citations. Purpose/type of study identified. Findings and reliability developed, demonstrating insight and reflection. Requires further development. 11 pts	Basic – Summary is developed, with 3-4 errors in 6th ed APA formatting for citations. Purpose/type of study not identified or findings and reliability not developed. 7 pts	Needs Improvement – Summary is superficially developed, with >4 errors in 6th ed APA formatting for citations. Purpose/type of study not identified and findings and reliability not developed. 4 pts	15 pts
Spelling and Grammar	Exceptional - Writer makes no errors in grammar or spelling that distracts the reader from the content. 10 pts	Proficient - Writer makes 1-2 errors in grammar or spelling that distract the reader from the content. 7 pts	Basic - Writer makes 3-4 errors in grammar or spelling that distract the reader from the content 5 pts	Needs Improvement - Writer makes >4 errors in grammar or spelling that distracts the reader from the content. 2 pts	10 pts

Group Participation	Exceptional - Group member was accessible and actively contributed to project (based on feedback from peer and self evaluations) . 10 pts	Proficient -- Group member was accessible and contributed to the project (based on feedback from peer and self evaluations) 7 pts	Basic -- Group member was not accessible and did very little to contribute to project (based on feedback from peer and self evaluations). 5 pts	Needs Improvement -- Group member did not contribute to the project at all (based on feedback from peer and self evaluations). 2 pts	10 pts
Total Points: 80					

## Group Critiques & Summary from Davies and Logan

### WORKSHEET 1 - QUALITATIVE RESEARCH

#### THE READER'S COMPANION WORKSHEET

Article Title: **Missed Nursing Care: A Qualitative Study.**

Author(s): **Beatrice J. Kalisch, PhD, RN, FAAN**

#### TITLE

Topic of Interest                      Yes **X** No              Maybe

Method of Interest                      Yes **X** No              Maybe

Population of Interest                      Yes **X** No              Maybe

#### ABSTRACT

Results useful                      Yes **X** No              Maybe

#### INTRODUCTION

Why was the study done (i.e., problem, concern, issue)?

**The study was done to identify aspects of regularly missed nursing care on medical-surgical units, as well as reasons for missed care.**

What is the purpose of the study or what questions is the investigator trying to answer (e.g., literature review)?

1.      **What nursing care is regularly missed on medical-surgical units in acute care hospitals?**
2.      **What are the reasons nursing staff give for not completing these particular aspects of care?**

What are the central concepts (e.g., pain, grief, nursing work)?

**Nursing care aspects that are missed.**

Are most of the references recent (less than 5 years old)?    Yes **X**    No



If not, is this a classic/groundbreaking reference or one that has reemerged in importance (e.g., research relating to tuberculosis)?

Are experts cited?                      Yes ☒ No                      Not Sure

## **METHODS**

### **Design**

What is the research design (e.g., case study, grounded theory, phenomenology, narrative research)?

**Grounded theory and participatory action research, with case study elements. As identified by the author, "focus group interviews" (Kalisch, 2006).**

Is the research design appropriate for answering the research question?

Yes ☒ No                      Not Sure

### **Sample**

What are the characteristics of the participants who were included and excluded from the study (e.g., health status, age, education, gender, ethnicity, occupation, socioeconomic status)?

Included:

**Occupation: Nurses (RNs and LPNs) and nursing assistants (NAs).**

Excluded:

**Occupation: Physicians, physical therapists, case managers, as well as patients.**

Does the selection of the participants fit with the concept being studied?

Yes                      No                      Not Sure ☒

**Answered Not Sure because selection of participants, in my opinion, should include other health care workers who miss nursing care or witness missed nursing care, as well as patients whose nursing care is missed.**

Where were the participants recruited (e.g., self-help group, clinical unit)?

**Clinical units, in this case, two hospitals.**

What were the procedures for choosing participants (e.g., purposively selected, snowball technique)?

**Purposively selected. Groups chosen (nurses and nursing assistants) were healthcare workers who usually spend most of their time providing direct patient care.**

### **Research Ethics Concerns**

Was informed consent obtained? Yes ☒ No

Were the participants reasonably able to take part? Yes ☒ No

Was the study potentially/actually harmful to participants/others? Yes No ☒

List any ethical issues with the study that are of concern to you as a reader and potential user of the research (e.g., truthfulness, confidentiality, coercion).

**Truthfulness and confidentiality.**

### **Setting**

What was the setting in which the data were collected?

Busy unit ☒ Home setting Private room Other

### **Data Collection**

What strategy or strategies were used for the data collection?

Focus group ☒ Structured interview Unstructured interview

Observation Other x (semistructured interview)

Did the researcher explain his or her role in the data collection process?

Yes ☒ No Not Stated

How were the data recorded (e.g., field notes, tape-recorded, videotaped)?

**Tape-recorded, fully transcribed.**



Were strategies used to ensure rigor/trustworthiness?

Yes ☒ No      Not Stated

If yes, what were they (e.g., review by others, exemplars provided, audit trail)?

**The staff members were segregated by job title in the focus groups to maximize the communication of issues that they may be reluctant to verbalize with other members of the team present. Quotations and examples from the data were provided for reader to judge the quality of the investigator's interpretation.**

### Data Analysis

Did the researcher critically examine his or her own role, assumptions, and preconceptions?      Yes    No    Not Stated ☒

Were the data analyzed inductively?      Yes ☒ No      Not Stated

What methods of data analysis were used (e.g., how the categories/themes were derived, constant comparison)?

**Participants in different focus groups were asked about aspects of nursing care missed on regular basis. Based on the answers, nine aspects were identified that were named by most of the participants in different groups.**

Was data saturation/informational redundancy reached?

Yes    No    Not Stated ☒ Not applicable

### RESULTS AND DISCUSSION

What are the main findings of the study (i.e., major categories/themes that emerged)?

**Nine aspects of nursing care missed on regular basis and reasons why they are being missed.**

What information is presented in tables, figures, or graphs? Are these easy to understand or confusing?

**No tables, figures or graphs were provided.**

Do you agree with the investigator's interpretation of the results? Yes ☒ No

If not, why not?

Are the results consistent with those of past research?

Yes ☒ No      Not applicable

If not, why not?

Does the interpretation make sense theoretically?

Yes ☒ No

If not, why not?

### OVERALL IMPRESSIONS

Overall, is the article important or significant for the practice of health care?

Yes ☒ No

Do the findings resonate (seem correct and familiar) with you and your practice?

Yes ☒ No

If yes, why?

**At least one aspect of missed nursing care mentioned in the article (sometimes more than one) can be found in my everyday practice.**

Major limitations of the study (two or three):

**No focus groups consisted of patients and their families were used.**

**Only nurses and nursing assistants were used in the study, no other health care team members.**

**Since only two facilities were used in this study, additional studies are needed to determine the validity of the findings.**

Major strengths of the study (two or three):

**Necessity (important data that influence patient outcomes were studied).**

**Trustworthiness.**

**Data collection and analysis.**

Are the results transferable?                      Yes ☒ No                      Not Sure

Why or why not?

Research was conducted in hospitals in southern and northern regions. Focus groups named the same aspects of missed nursing care. This fact implies that results can be transferable. Considering my personal experience as a nurse, I can name the same aspects of missed nursing care, with the same reasons.

## WORKSHEET 2 - QUANTITATIVE RESEARCH

### THE READER'S COMPANION WORKSHEET

Article Title: ***Nurses' perception towards evidence-based practice: A descriptive study***

Author(s): **Yip Wai Kin, Siti Zubaidah Mordiffi, Shen Liang, Emily Neo Kim Ang, Zhang Xue, Shaheed Majid**

#### TITLE

Topic of Interest	Yes	<input checked="" type="checkbox"/>	No	Maybe
Method of Interest	Yes		No	<input checked="" type="checkbox"/> Maybe
Population of Interest	Yes		No	Maybe <input checked="" type="checkbox"/>

#### ABSTRACT

Results useful	Yes	No	Maybe <input checked="" type="checkbox"/>
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#### INTRODUCTION

Why was the study done (i.e., problem, concern, issue)?

**This study was done because of nurses' lack of utilization of evidence-based practice (EBP) on the international stage and because there is a scarcity of research done on this subject in Singapore.**

What is the purpose of the study or what questions is the investigator trying to answer (e.g., literature review)?

**The study purports to determine nurses' knowledge, skills and attitudes with respect to EBP and the barriers to implementation of such practices.**

What are the central concepts and variables (e.g., pain level, confidence, exercise activity)?

**The variables included demographic variables, beliefs and attitude, knowledge and skills, barriers, factors to facilitate adoption of EBP, important topics for EBP training, and information resources.**

The experimental (independent) variable is defined as:

**Beliefs and attitude, EBP knowledge and skills, barriers, factors to facilitate adoption of EBP, important EBP training topics and information resource.**

The outcome (dependent) variable is defined as:

**Knowledge and attitudes of nurses towards EBP and barriers to the adoption of EBP.**

Other variables that the researcher has not thought about that might influence the results are:

**As stated in the study, information literacy skills were not included in the results, although they were collected on the survey. Also, age and socioeconomic status of the participants could be other variables that might influence the results.**

Note that sometimes there are many factors included in descriptive surveys and not a primary or secondary outcome. If this is the case in the article that you are reading, provide an overall description.

**The survey questionnaire utilized in this study included a section on "information literacy skills" which results were not utilized in the article.**

Are most of the references recent (less than 5 years old)? Yes No **X**

If not, is this a classic/groundbreaking reference or one that has reemerged in importance (e.g., research relating to tuberculosis)?

**This study was conducted in December, 2008, but not published until early 2013. Most of the references are over 5 years old from the published date. Although EBP is an important topic its emergence is not recent.**

Are experts cited? Yes **X** No Not Sure

## **METHODS**

### **Design**

What is the research design (e.g., survey, case-control, cohort study)?

**The research design is a cross-sectional descriptive survey study.**

### **Sample**

What are the characteristics of the participants who were included and excluded from the study (e.g., health status, age, education, gender, ethnicity, occupation, geographical residence, socioeconomic status)?

Included:

**Only registered nurses from one 935-bed acute care tertiary hospital in Singapore were included. The included characteristics of the nurses was their job title, years as a nurse, and education level.**

Excluded:

**All registered nurses who were on annual, medical, or maternity leave and all others not employed by this one hospital in Singapore.**

Are the participants similar to those in your setting?

Yes ☒ No ☐ Somewhat ☐

What are the procedures for choosing participants (e.g., convenience, quota, random selection, volunteers)?

**Participation in the survey was voluntary.**

Do you think the methods used to select participants for the study biased the results?

Selection bias: Yes ☒ No ☐

If yes, how?

**Only registered nurses from one acute care tertiary hospital in Singapore participated. No nurses from rural or smaller hospitals were given the opportunity to participate.**

Were there many refusals, withdrawals, dropouts, or deaths?

Participation bias: Yes ☐ No ☒

### **Research Ethics Concerns**

Was informed consent obtained? Yes ☒ No ☐

Were the participants reasonably able to take part? Yes ☒ No ☐

Was the study potentially/actually harmful to participants/others? Yes ☐ No ☒

List any ethical issues with the study that are of concern to you as a reader and potential user of the research (e.g., truthfulness, confidentiality, coercion).

**It's possible that the nurses who participated felt obligated to answer the survey questions in a manner that would show them in a favorable light to their employer.**

### **Setting**

What was the setting in which the data were collected?

Home setting    Private room    Laboratory    Other **X**

Experiment (if applicable) [NOT APPLICABLE]

What was the special treatment or intervention?

Did the participants in the study know whether they received the intervention or a placebo?    ~~Yes~~    ~~No~~    Non-Applicable

What methods, if any, were used to "blind" the participants, staff, and data collectors from knowledge about the study that might influence the results?

Was there any contamination or mixing of treatments across the study groups?

~~Yes~~    ~~No~~    Non-Applicable

Were there any other factors related to the intervention/treatment that might have influenced the outcomes?

Performance bias:                      ~~Yes~~    ~~No~~    Non-applicable

If yes, what were they?

### **Data Collection**

What was the data collection method/tool used?

Questionnaire **X** Interview    Chart review    Procedure

Observation    Other    (Describe) \_\_\_\_\_

Were methods used to ensure that data were reliably collected (e.g., differences between raters, differences between times of measurement)?

Yes **X** No    Not reported

If yes, what were they?

**Nurses were given two weeks to complete the survey questionnaire and submit it into sealed data collection boxes in their manager's offices.**

Were methods used to ensure the validity of the collected data (e.g., expert review, comparison with other measures)?

Yes ☒ No ☐ Not reported ☐

If yes, what were they?

**An expert panel of six nurse leaders and academics reviewed the content of the survey questionnaire. Cronbach's alpha and factor analysis were used to validate the variables.**

Do you think that the measurement methods biased the results?

Measurement bias: Yes ☐ No ☒

If yes, how?

### **Data Analysis**

What statistical methods were used to analyze the data?

**Cronbach's alpha and factor analysis were used to test the reliability of the survey questionnaire. Logistic regression was used to evaluate the relationship of participants' demographics with domains of attitude and EBP knowledge and skills.**

### **RESULTS**

Was the response rate satisfactory? Yes ☒ No ☐ Not sure ☐

What are the main findings of the study?

**Nurse managers and those in upper management had a more positive attitude towards EBP. Two-thirds of the nurses perceived that EBP has limited utilization. One-quarter of nurses had proficient EBP knowledge and skills. Barriers were time constraint and insufficient knowledge and skills in EBP. Finally, three-fourths of the nurses felt that having adequate training in EBP was important in adopting EBP.**

What information is presented in tables, figures, or graphs? Are these easy to understand or confusing?

**Table 1 showed the Cronbach's alpha of the survey questionnaire variables. All variables had a greater than 0.70 internal consistency indicating that all of these variables had at least a "good" internal consistency except for the beliefs and attitude variable which showed a 0.69.**

Table 2 purports to show the factor analysis of the survey questionnaire using Varimax rotation. This is a confusing table as it does not identify what Components 1 and 2 are supposed to be.

Table 3 indicated the participants' demographics related to their job title, education, years as a registered nurse and whether they have attended EBP courses in the past.

Table 4 showed a logistic regression on variables of demographics and positive attitude towards EBP. This table was very hard to interpret as there was no key to allow interpretation of the abbreviations.

Were any of the findings statistically significant? Yes ☒ No ☐ Not sure ☐

If yes, what were they?

**Nurse managers and upper management and those nurses who had attended EBP courses previously were more likely to display a positive attitude toward EBP.**

Were there clinically meaningful results/trends?

Yes ☒ No ☐ Not applicable ☐ Not sure ☐

If yes, what were they?

**Nurse managers and above and those who had received education with respect to EBP were more likely to have a favorable impression of these practices and, hence, more likely to implement them in their clinical practice.**

## DISCUSSION

Do you agree with the investigator's opinions? Yes ☒ No ☐ Somewhat ☐

If not, why not?

Are the results consistent with those of past research? Yes ☒ No ☐ Not applicable ☐

If not, why not?

Does the interpretation make sense theoretically? Yes ☒ No ☐ Not sure ☐

If not, why not?

Does the interpretation make sense clinically? Yes ☒ No ☐ Not sure ☐

If not, why not?



## OVERALL IMPRESSIONS

Overall, is the article important or significant for the practice of health care?

Yes ☒ No

Do the findings resonate (seem correct and familiar) with you and your practice?

Yes ☒ No

If yes, why?

**EBP is nursing's most fundamental principle for including interventions in clinical practice. However, most new nurses right out of school are not familiar with the concept of EBP nor are they proficient with analyzing data related to EBP studies. Hence, more education related to EBP would increase nurses' positive attitude toward utilizing EBP in their clinical practice.**

Major limitations of the study (two or three):

- 1. The surveyed group was chosen from only one acute care tertiary hospital in Singapore**
- 2. The questionnaire was developed by the authors and only tested on a small group of 20 nurses.**
- 3. A reporting bias was evident because the authors did not include information literacy skills results in their findings.**

Major strengths of the study (two or three):

- 1. The sample size was large enough to produce accurate results.**
- 2. The data collection was done properly.**

Are the results applicable or relevant to other settings, populations, or disciplines?

**Yes. The results are applicable to all medical personnel.**

## WORKSHEET 3 – MIXED METHOD RESEARCH

### THE READER'S COMPANION WORKSHEET

Please note: if the mixed methods research is presented in two articles, use Worksheets 1 and 2. This worksheet is for use when the mixed methods research is presented in one article.

Article Title:

**Models of care delivery in mental health nursing practice: a mixed method study.**

Author(s):

**D. Carlyle MD, M. Crowe MD, & D. Deering PhD RN**

## **TITLE**

Topic of Interest	Yes <b>X</b>	No	Maybe
Method of Interest	Yes <b>X</b>	No	Maybe
Population Interest	Yes	No <b>X</b>	Maybe

## **ABSTRACT**

Results of Interest	Yes <b>X</b>	No	Maybe
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## **INTRODUCTION**

Why was the study done (i.e., problem, concern, issue)?

**A range of psychosocial approaches and nursing interventions are possible in treating psychosocial clients, yet they are rarely implemented within the context of multidisciplinary teams within inpatient and outpatient settings.**

What is the purpose of the study or what questions is the investigator trying to answer (e.g., literature review)?

**To identify the conceptual models of care that underpin or have greater influence in mental health nursing in clinical settings and outpatient settings.**

What are the central concepts (e.g., pain, immobility, grief, nursing work)?

**Nursing work is the central theme for this study.**

Are most of the references recent (less than 5 years old)? Yes No **X**

If not, is this a classic/groundbreaking reference or one that has reemerged in importance (e.g., research relating to tuberculosis)?

**Only a third of the references utilized for the study were published within 5 years. However, the topic of working in multidisciplinary teams has recently resurfaced within the last 5 years in significance after the Institute of Medicine's report in 2010, titled: "The Future of Nursing: Leading Change, Advancing Health", which states that "Nurses should be full partners, with physicians and other healthcare**

professionals, in redesigning health care in the United States”, as well as “Nurses should practice to the full extent of their education and training” (para 2)

Are experts cited?      Yes   ☒   No                      Maybe

## **METHODS**

### **Design**

What reason is given for using mixed methods?

**A mixed-method study was chosen as per the investigators’ decision to utilize a similar, but modified version of a previous similar study.**

Which mixed methods approach was selected (e.g., sequential exploratory, concurrent triangulation)?

**The explanatory strategy was applied, which employs the collection and investigation of quantitative data followed by the qualitative results.**

Is the weighting of the qualitative and quantitative part made clear (i.e., which part was given priority, or were they equal)?

**Equal weight was given to the quantitative and qualitative information in this study. The qualitative information helped elaborate on the statistical results.**

Was an overarching theory used (transformative approach)?

Yes              No   ☒              Maybe

**However, investigators highlight an inequality present in the multidisciplinary team of mental health institutions and the results support the need for transformation.**

Is the research design appropriate for answering the research question?

Yes   ☒   No                      Maybe

Did the qualitative researcher critically examine his or her own role, assumptions, and preconceptions?

Yes              No   ☒              Maybe

At what point in the study did the integration of methods occur (e.g., data collection, data analysis)?

**Data collection happened after recruitment of nurses from clinical and outpatient settings and after retrieving their self-completed questionnaires.**

## **Sample**

Are the sampling strategies for both the qualitative and quantitative phases of the study described? Yes **X** No Maybe

**All the registered nurses working at the District Health Board Mental Health Service were recruited via flyers and purposive sampling.**

What are the characteristics of the participants who were included and excluded from the study (e.g., health status, age, education, gender, ethnicity, occupation, socioeconomic status)?

**Overall sample size included a total of 48 nurses (34 female), who work in both outpatient and inpatient settings from various psychiatric areas, with different ethnic backgrounds and levels of experience. No significant differences in age or education were noted.**

### **Included:**

Qualitative:

**25 participants provided a written formulation in a narrative form in response to the client case scenario.**

Quantitative:

**17 participants completed the rating section of the questionnaire.  
31 completed the ranking questionnaire.**

### **Excluded:**

Qualitative:

**Participants excluded were those who did not respond to questions or only provided a list of points.**

Quantitative:

**All 48 nurses participated in quantitative part of the study.**

**No exclusions in overall quantitative representation as the nurses were given a choice to either rate or rank in their answers to questions. 31 nurses responded to ranking questions and 17 responded to rating questions = 48 participants responding.**

Does the selection of the participants fit with the concept being studied?

Qualitative            Yes    No            Not Sure **X**

**Would have been more beneficial for the study if there had been equal representation of qualitative versus quantitative participants.**

Quantitative            Yes **X** No            Not Sure

Where were the participants recruited (e.g., self-help group, clinical unit)

**The District Health Board Mental Health Service in New Zealand was the setting where nurses were recruited for the study.**

What was the rationale for the sample size (e.g., data saturation, power calculation)?

Qualitative & Quantitative

**The investigators acknowledge that one of the limitations of the study was lack of a representative sample of nurses, however the distinctions of the sample size are given, such as nurses from a wide variety of backgrounds, comprising of both inpatient and outpatient settings, and various years of experience, alludes to the fact that the sample size is sufficient.**

What were the procedures for choosing participants (e.g., purposively selected, snowball technique, random sample, convenience)?

**Nurses were purposively selected to comprise those who work in both outpatient and inpatient settings for both quantitative and qualitative portions of study.**

In the qualitative part, were strategies used to ensure rigor (e.g., reliability and validity, trustworthiness)?

Yes **X**    No    Not Stated

If yes, what were they (e.g. review by others, audit trail, member check, triangulation)?

**Literal translation of Interviews and content dissection were implemented verbatim and content analysis was performed to examine principal categories. Manifest content was derived from responses that fell under specified groups such as etiology, symptoms, and interventions were the criteria.**

Do you think the methods used to select quantitative participants for the study biased the results?

Selection bias      Yes    No **X**

If so, how?

In the quantitative portion, were there many refusals, withdrawals, dropouts, or deaths?

Participation bias      Yes    No **X**

**No, all 48 of the nurses from the mental health facility were able to participate.**

### **Research Ethics Concerns**

Was informed consent obtained?      Yes **X**    No

Were the participants reasonably able to take part?      Yes **X**    No

Was the study potentially/actually harmful to participants/others?      Yes    No **X**

List any ethical issues with the study that are of concern to you as a reader and potential user of the research (e.g., truthfulness, confidentiality, coercion).

### **Setting**

Busy unit      Home setting      Community      Other **X**

**The District Health Board Mental Health Service in New Zealand was the setting where nurses were recruited for the study.**

### **Quantitative Research Experiment (if applicable).**

**Non-applicable.**

What was the special treatment or intervention?

**Non-applicable.**

Did the participants in the study know whether they received the intervention or a placebo?

~~Yes~~    ~~No~~    **-Non-applicable**

What methods, if any, were used to "blind" the participants, staff, and data collectors from knowledge about the study that might influence the results?

**No methods were used to blind the participants or associated staff from knowledge of the study.**

Was there any contamination or mixing of treatments across the study groups?

~~Yes~~ ~~No~~ - Non-applicable **X**

**Non-Applicable**

Were there any other factors related to the intervention/treatment that might have influenced the outcomes?

Performance bias: ~~Yes~~ ~~No~~ -Non-applicable **X**

If yes, what were they?

**Data Collection**

What qualitative strategy or strategies were used for the data collection?

Focus group      Structured interview **X**      Unstructured interview

Observation      Other (Describe \_\_\_\_\_)

Did the qualitative researcher explain his or her role in the data collection process?

Yes    No      Not Stated **X**

How were the data recorded (e.g., field notes, tape-recorded, videotaped)?

**Qualitative data was transcribed verbatim.**

In the qualitative analysis, was data saturation reached?

Yes    No      Not Stated **X**    Not applicable

What quantitative strategy or strategies were used for data collection?

Questionnaire **X**    Interview      Chart review      Procedure

Observation      Other (Describe) \_\_\_\_\_

Were methods used to ensure that quantitative data were reliably collected (e.g., differences between raters, differences between times of measurement)?

Yes    No      Not Reported **X**

If yes, what were they?

Were methods used to ensure the validity of the quantitative data collected (e.g., expert review, comparison with other measures)?

Yes    No    Not Reported **X**

If yes, what were they?

Do you think that the measurement methods biased the results?

Measurement bias:            Yes    No **X**

If yes, how?

### **Data Analysis**

What methods of data analysis were used? For qualitative analyses, how were the categories/themes derived (e.g., constant comparison)? For quantitative analyses, what statistical tests were used (e.g., *t*-tests, regression analysis)?

Qualitative:

**This study sited analysis of qualitative content, as described in a previously published study by Graneheim and Lundman in 2003, as an interpretive process that utilizes examination of text for latent and manifest or outcome content. This process involves exploration of words that helped formulate categories for this study.**

Quantitative:

**A reputable software program called Statistical Package for the Social Sciences, Version 13, (SPSS Inc., 2004), was used to summarize and describe results. The non-parametric Mann-Whitney test was used to explore plausible participant distinctions in that could have an impact on the data.**

### **RESULTS AND DISCUSSION**

Concurrent studies: Did the weight given to each phase of the mixed methods fit the approach taken?            Yes **X** No            Not sure

**Equal weight was given and a concurrent triangulation strategy was employed which allowed the information gathered to be compared at the same time.**

Transformative studies: Did the overarching perspective taken appear in all parts of the study?    —Yes— No— ~~Not sure~~ — Non-applicable **X**

What are the main findings of the study (i.e., major categories/themes that emerged statistical findings)?

Qualitative:



**Overall qualitative results showed that the participants consistently described a client's perpetuating factors as psychodynamic, yet proposed medical interventions as the suggested treatment.**

Quantitative:

**The rating results showed that participants endorsed all choices for suggested etiology of the client's distress with the lowest priority given to medical explanation.**

**The ranking results showed that nurses felt that all the methods of care were viable options, yet when it came to the role of the mental health service, a medical model of care was chosen.**

Was the quantitative response rate satisfactory? Yes ☒ No ☐ Not sure ☐

What information is presented in tables, figures, or graphs? Are these easy to understand or confusing?

**Table 1 provided mean relevance ratings for 4 conceptual model statements as to the perceived cause of the client's distress, the treatment and improvement suggestions and the role of mental health pertaining to the nurse.**

**Table 2 provided ranked responses to conceptual models that the nurses found most relevant to their beliefs.**

**Alternative responses were also collected as an "other" choice. Some of these responses pertained to etiology and relevance of substance abuse, anxiety, identity, and self-confidence. Among the "other" responses were suggested alternative treatment, and interventions and self-management and wellness.**

Were any of the findings statistically significant? Yes ☒ No ☐ Not sure ☐

If yes, what were they?

**Statistics showed that nurses conceptually believed in more holistic-nursing diagnoses pertaining to a client, yet chose medical treatments as the answer to treatment.**

Were there clinically meaningful results/trends?

Yes ☒ No ☐ Not applicable ☐ Not sure ☐

If yes, what were they?

**The results from the study indicate that nurses feel constrained to utilize the foundational principles that support medical interventions of care when working with multidisciplinary teams. There was a trend for participants who worked in**

outpatient settings to be more likely to utilize an interpersonal model of care for treatment. Postgraduates were less likely to choose a medical model of care than those nurses without postgraduate degrees.

## DISCUSSION

Do you agree with the investigator's interpretation of the results? Yes ☒ No

Are the results consistent with those of past research?

Yes ☒ No                      Not applicable

Does the interpretation make sense theoretically?

Yes ☒ No                      Not applicable

Does the interpretation offer any ideas that you can use?

Yes ☒ No                      Not applicable

## OVERALL IMPRESSIONS

Overall, is the article important or significant for the practice of health care?

Yes ☒ No

Do the findings resonate (seem correct and familiar) with you and your practice?

Yes                      No ☒

If yes, why?

Major limitations of the study (two or three):

**The limitation acknowledged by the study was the lack of representative sample of nurses working in the mental health service.**

**Only one mental health facility was utilized. Using another facility in New Zealand would have shown if these findings simply pertained to one location or if in fact they consistent for nurses in mental health facilities representing a broader area.**

Major strengths of the study (two or three):

Two of the major strengths of the study include the previous study by A. Columbo, G. Bendelow & B. Fulford in 2003 that had comparative results. The strength of the study was also in utilizing the mixed-method approach for the study as both types of results enhanced the other.

Are the results transferable or generalizable? Yes ☒ No ☐ Not Sure

Why or why not?

The results from the study are transferable in that the study can be repeated in other health institutions for continuing research in the area of multidisciplinary teams. This study could be repeated not only within the mental health context, but also in various other fields of nursing. The implications of the study are that nurses should be made aware of the trends within multidisciplinary teams that exercise various types of conceptual models of diagnoses and interventions. Nurses need to be reminded of their role as the holistic caregiver and that the frontline perceptions nurses gain from their clients are what enables them to see clients through a different perspective. These perspectives should be encouraged by other disciplines as part of a team approach towards client care and treatment. According to IOM's *The Future of Nursing: Leading Change, Advancing Health*, which states that "Nurses should be full partners, with physicians and other healthcare professionals, in redesigning health care in the United States", as well as "Nurses should practice to the full extent of their education and training" (para 2).

#### References:

Graneheim, U.H., Lundman, B. (2003). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today* (2004) 24, 105–112 Retrieved from [http://202.28.25.163/mis/download/course/lec\\_566823\\_Graneheim%20-%20Jan%2025.pdf](http://202.28.25.163/mis/download/course/lec_566823_Graneheim%20-%20Jan%2025.pdf). DOI: 10.1016/j.nedt.2003.10.10

Institute of Medicine: Report: The future of nursing leading change (2010).

Retrieved from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

Author and citation information in proper 6 <sup>th</sup> edition APA formatting	Purpose and Type of Study	Findings and Reliability
<p>Kalisch, B. J. (2006). Missed nursing care: A qualitative study. <i>Journal of Nursing Care Quality</i>, 21 (4), 306-313.</p>	<p>The purpose of this study was to determine what nursing care is regularly missed on medical-surgical units in acute care hospitals, and to explore reasons of nursing staff for not completing these particular aspects of care. This study was a qualitative study.</p>	<p>The study found that nine aspects of care were missed on a regular basis: ambulation, turning, delayed or missed feedings, patient education, discharge planning, emotional support, hygiene, intake and output documentation, and surveillance. Seven reasons for missed care were determined: not enough staff, time-consuming nursing interventions, poor use of existing staff, "it's not my job" syndrome, ineffective delegation, habit, and denial (Kalisch, 2006). The areas of omitted nursing care may have a negative impact on patient outcomes.</p> <p>The study took place in only two facilities in the United States, and total number of participants was 173, including nurses and nursing assistants. The author admits that "additional studies are needed to determine the validity of these findings" (Kalisch, 2006, p. 312). The reliability of the study will be in question until additional studies are implemented with development of a tool to measure missed care quantitatively, and with exploration of the conditions under which care is not completed.</p>
<p>2. YIP Wai, K., Mordiffi, S. Z., SHEN,</p>	<p>The purpose of this study was to determine the</p>	<p>The study found that 52% of the participants had a positive attitude towards EBP. Additionally, 25%</p>

<p>L., Ang, E. K., ZHANG, X., &amp; Majid, S. (2013). Nurses' perception towards evidence-based practice: A descriptive study. <i>Singapore Nursing Journal</i>, 40 (1), 34-41.</p>	<p>knowledge and attitudes of nurses toward EBP, explore the barriers to the adoption of EBP and identify predictors of nurses' perception towards EBP. This study was a quantitative study. Specifically, it was a cross-sectional descriptive survey study.</p>	<p>indicated they were proficient in EBP knowledge and skills. Also, 45% believed there were great barriers to adopting EBP. The study went on to state that those in the management field or higher and those with previous EBP education were more likely to have a positive attitude toward EBP. The authors concluded that 75% of the participants lacked sufficient knowledge and skills to utilize EBP. Unfortunately, the studies' reliability is in question because of the limited study group. Only nurses from one acute care hospital in Singapore were included in the study. Also, the questionnaire was prepared by the authors and only tested on a small group of 20 registered nurses. Finally, the survey was a self-administered questionnaire which could have introduced bias in that the participants may have presented themselves in a more favorable picture to gain favor from their employer.</p>
<p>Carlyle, D., Crowe, M., &amp; Deering, D., (2012). Models of care delivery in mental health nursing practice: A mixed method study. <i>Journal of Psychiatric and Mental Health Nursing</i>. 19, 221-230.</p>	<p>A range of psychosocial approaches and nursing interventions are possible in treating psychosocial clients, yet they are rarely implemented within the context of multi-disciplinary teams within inpatient and outpatient settings. The purpose of this study was to identify the</p>	<p>Findings from this mixed-method study include quantitative and qualitative results. The quantitative findings from the "rating" portion of the study showed that the participants endorsed various conceptual models that would influence the client's stress, placing the medical model at the bottom of the list of choices. However, the findings from the "ranking" portion of the study revealed that the nurses viewed medical models of care as the optimal answer to client improvement. The qualitative results were comparable in that</p>

	<p>conceptual models of care that underpin or have greater influence in mental health nursing in clinical and outpatient settings.</p>	<p>participants used psychodynamic concepts to explain the cause of patient's issues. However, a medical framework was most often used when explaining the client's issues and suggested treatment. These findings suggest that mental health nurses constrained by medical frameworks are suppressed from utilizing appropriate nursing interventions. Additionally, postgraduate nurses in outpatient settings were less likely to choose a medical framework of care for patients than those nurses who worked in inpatient settings or who lacked postgraduate education. There is reliability in the study in that these results were comparable to a previous study by A. Columbo, G. Bendelow &amp; B. Fulford in 2003, and in the mixed-method approach for the study, where quantitative and qualitative results validated one another.</p>

Module 2 – NURS 420 Research Study Summary Form



## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
NURS 420-1001 Evidence-Based Practice and Research in Nursing
2. Year / Semester: 2014 Fall
3. Course Faculty (include any adjunct faculty utilized)  
Delene Volkert, MSN, RN, CNE; Amber Donnelly, PhD, RN, CNE

### COURSE STATISTICS

4. Theory Ratio 22:2 Practicum Ratio n/a  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 95.5% - 1 student given incomplete
  - b. Percent Failed: 0%
  - c. Range of Scores: 90.1-98.2
6. Final Practicum Outcomes: n/a
  - a. Percent Satisfactory: Enter Percent Satisfactory
  - b. Percent Unsatisfactory: Enter Percent Unsatisfactory
7. Course Attrition:
  - a. Beginning number of students: 22
  - b. Withdrawals: 0
  - c. Incompletes (with expected date of completion): 1 date of completion – before March 1, 2015

### THEORY EVALUATION

8. Textbooks used and evaluation of each:  
Houser, J., (2015). Nursing Research: Reading, Using, and Creating Evidence. 3rd ed. Jones & Bartlett: Sudbury MA. ISBN 978-1-284-04329-7  
This book was very beneficial for student learning. Each chapter contains clearly marked boxes throughout the content that define new terms, integrates real issues in nursing from the “voices of real working nurses”, notes that summarize key content, additional resources to build knowledge, and critical appraisal exercise which help the student relate concepts learned.

- ❖ Davies, B. & Logan, J., (2012). *Reading Research: A User-Friendly Guide for Health Professionals*. 5<sup>th</sup> ed. Elsevier Canada: Toronto, ON. ISBN 978-1-926648-38-5
- ❖ This book was also very beneficial for student learning. The course content is very focused, clear, and readable. The five included worksheets help students easily break down research articles to understand the various components and analyze all the aspects of a research article to assess for relevance and impact.
- ❖ American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: Author. ISBN 978-1-4338-0561-5  
APA formatting is required for this course, therefore this manual is critical for the students.

9. Weekly content:

See attached theory, practicum, and syllabus schedule

10. Special Experiences related to student learning outcomes and competencies:

11. Teaching Methods:

Online discussion and peer interactions within discussion, video resources, assigned text readings, assigned internet resources.

## PRACTICUM EVALUATION – N/A

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards  
(Please list strengths and/or limitations specific to each site)

[Click here to enter text.](#)

13. Briefly describe any concern(s) regarding practicum site(s) used.

[Click here to enter text.](#)

14. Practicum changes and reason(s):

[Click here to enter text.](#)

15. Special Experiences related to student learning outcomes and competencies:

[Click here to enter text.](#)

16. Teaching Methods

[Click here to enter text.](#)

## FULL COURSE OVERVIEW

17. What worked well and reason(s):

Allowing students to self-select for their groups worked very well. There were very little problems with scheduling and students with different schedules working in one group. Allowing the students to form their own groups will continue, as it was effective. Working in groups was a good learning experience for the students. One group had a challenge with a nonparticipating member in module 1, but the group was able to successfully collaborate and all members contributed for the remaining modules. As the AACN position statement regarding competencies for BSN nurses includes multiple focuses on



collaborating and working with others, group work will continue to be a major focus in this course. The canvas tool for groups was very effective. Each group had their own discussion board, announcement page, and file sharing capabilities. The groups interacted frequently on the boards and I was able to communicate easily with the groups. This is a great function of Canvas.

#### 18. Anticipated Changes

There is no anticipated change to weekly content, as evidenced by positive responses to course surveys, ranging from 80-94% of respondents rated meeting SLO's as agree/strongly agree. Prior to the start of the semester, the instructor does need to identify and provide links for current relevant research articles for student analysis. In module 2, students analyze instructor chosen research articles. These should be changed yearly, as the most current evidence based research should be utilized for analysis.

Two changes that will be implemented are minor changes: 1) as students prepare to begin module 2, the instructor will post one example of a completed worksheet. As research is a new topic for many students coming from an ADN background, providing a relevant example will assist them to understand how to analyze a research article for the critical components. This will enhance student learning. 2) As students fill out the required worksheets in modules 2, 3, & 4 they will be required to add their comments/analysis in a different color of font from the worksheet itself. This will improve the grading process for the instructor and assist the students to avoid missing a required section.

Course was reviewed by Dr. Amber Donnelly

#### 19. Changes to weekly content and reason(s):

"Finding EBP Articles" power point will be required reading for modules 3 & 4, instead of just a suggested resource. See anticipated changes listed above

#### 20. Changes to point allocation and reason(s):

No changes to point allocation is anticipated

#### 21. Other changes and reason(s):

N/a

#### 22. Administrative:

- |   |                                     |
|---|-------------------------------------|
| a. Syllabus has been saved to file.   | <input checked="" type="checkbox"/> |
| b. The course was backed up on WebCampus.   | <input checked="" type="checkbox"/> |
| c. Grades have been entered.  | <input checked="" type="checkbox"/> |
| d. Grade book has been saved to file.   | <input checked="" type="checkbox"/> |
| e. Student work samples have been filed in student file.                              | <input checked="" type="checkbox"/> |
| f. Curriculum map has been updated with all changes made and filed.                   | <input checked="" type="checkbox"/> |
| g. Integrated Concepts Illustration has been updated with all changes made and filed. | <input checked="" type="checkbox"/> |

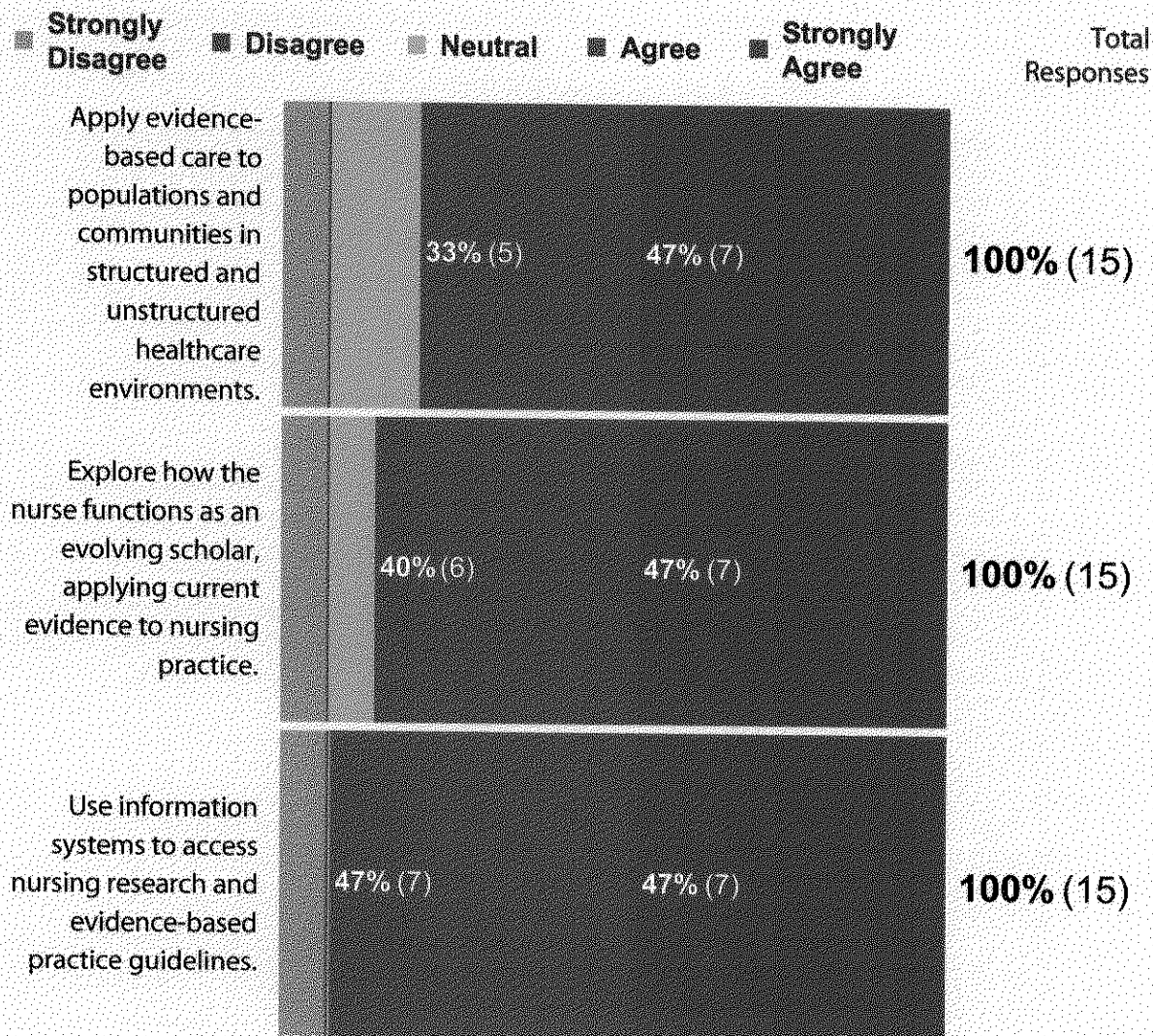
**Faculty Signature(s):** Delene Volkert, MSN, RN, CNE

**Date:** 12/15/14

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.

## Student Learning Outcomes - NURS420 - Fall 2014

As a result of this class, I am able to:



### Additional comments

This is a great research program for nursing compared to other classes I have taken. It is exactly what is needed for my line of work and will help me tremendously in grant writing and finding the statistical information needed for further research projects. Much more interesting. The worksheet assignments did not help me expand my education on research. The group assignments were not beneficial as each member worked on their part individually.

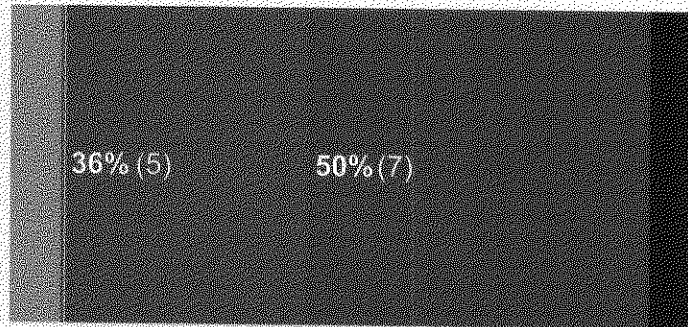
## GBC Services Evaluation

■ Strongly Disagree   ■ Disagree   ■ Neutral   ■ Agree   ■ Strongly Agree

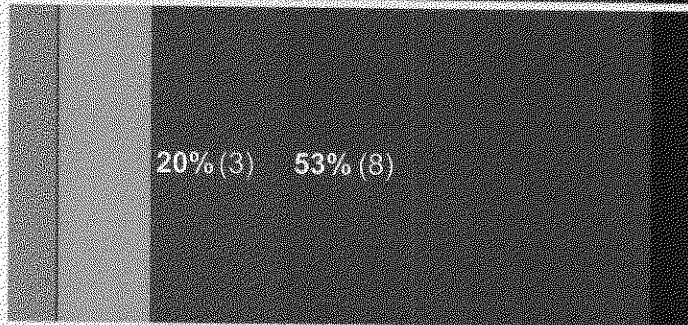
■ N/A

Total  
Responses

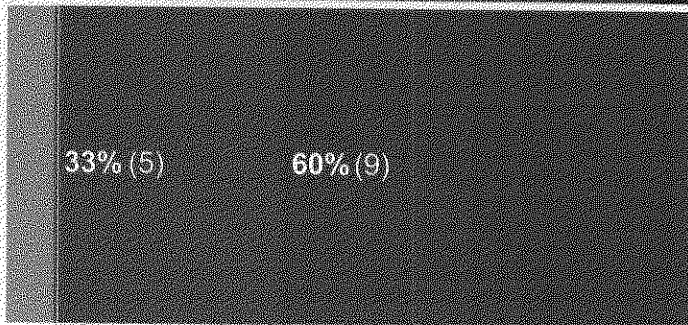
The training offered by GBC and the nursing program in the use of instructional and distance technologies met my needs.



I received adequate support and consultation in addressing technical problems with media, computers, and use of WebCampus.



GBC Library provides up-to-date information along with current research information.



NURS 429

Population Focused  
Community Health Theory



**BACHELOR OF SCIENCE IN NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 429: Population Focused Community Health Theory**

**4 CREDITS THEORY (60 contact hours)**

**Spring 2015**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory and Clinical Instructor(s):

Delene Volkert, MSN, RN, CNE      775-623-1823 (Office)  
775-397-7250 (Cell)  
[delene.volkert@gbcnv.edu](mailto:delene.volkert@gbcnv.edu)

2. Office and Hours:

Delene Volkert  
Winnemucca Campus  
Tuesday 12:30 – 3:00 & Thursday 0900 - 1130  
Also by appointment

**B. COURSE INFORMATION:**

Course Description: Synthesis of community and public health nursing concepts and theories for health promotion and disease prevention of rural communities and underserved populations. Application of nursing concepts to plan for health promotion and disease prevention of these populations.

Three credits theory. Offered spring semester only. Prerequisites: Must be accepted to the RN-BSN program. NURS 326, NURS 420.

1. Schedule:

Theory:

Online and self-directed learning

Dates: January 25, 2015 – March 21, 2015

**COURSE OUTCOMES:**

COURSE OUTCOMES	MEASUREMENTS
1. Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	<ul style="list-style-type: none"><li>• Cultural differences and CLAS Standards DQ with peer response</li><li>• Part I – Community Health Care Assignment</li><li>• Health Equity Quiz/Upstream Thinking DQ with peer response</li><li>• Organizational systems group project and peer evaluation</li></ul>
2. Articulate quality improvement measures used in public/community healthcare environments.	<ul style="list-style-type: none"><li>• Part II Community Health Care Assignment</li><li>• Web Search Communication Technologies Assignment</li><li>• Three Community Health Issues Portfolio Piece Power Point</li></ul>
3. Engage in work as an evolving scholar, translating current evidence about public/community health nursing into nursing practice.	<ul style="list-style-type: none"><li>• Organizational systems group project and peer evaluation</li><li>• Three Community Health Issues Portfolio Piece Power Point</li></ul>
4. Explore collaboration techniques used in public/community health nursing.	<ul style="list-style-type: none"><li>• Quad Council Competencies for PHN DQ with peer response</li><li>• Web Search Communication Technologies Assignment</li></ul>
5. Discuss the nurse's role as a leader in the public/community healthcare setting.	<ul style="list-style-type: none"><li>• Ideal Healthcare System Paper</li><li>• Key Health Indicators DQ with peer response and grading rubric</li></ul>
6. Explain how information management principles, techniques, and systems are used to manage knowledge, mitigate error, and support decision-making in the public/community healthcare setting.	<ul style="list-style-type: none"><li>• Web Search Communication Technologies Assignment with grading rubric</li></ul>

**METHOD OF INSTRUCTION:**

This course will be taught asynchronously using WebCampus, the GBC learning platform for online learning. This course will consist of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

#### **STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem. Evaluation of student progress will be the successful completion of the course outcomes. Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a group project. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY March 21, 2015**

#### **REQUIRED MATERIALS:**

- ❖ Maurer, F. A., & Smith, C. M. (2013). *Community/public health nursing practice: Health for families and populations* (5<sup>th</sup> Ed.). St. Louis, MO: Elsevier Saunders. ISBN: 978-1-4557-0762-1
- ❖ American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: Author. ISBN 978-1-4338-0561-5
- ❖ Fadiman, A. (1998). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures* (1<sup>st</sup> Ed.). New York, NY: Farrar, Straus and Giroux ISBN 978-0-3745-2564-4

**YOU WILL USE MAURER AND SMITH AND YOUR APA MANUAL FOR NURS 436 AS WELL. THE BOOKSTORE WILL SAY THAT THERE IS NO TEXT REQUIRED, THAT IS BECAUSE YOU WILL BE USING THE SAME BOOKS.**

#### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =	C
93.99-90.00 =	A-	75.99-70.00 =	C-
89.99-87.00 =	B+	69.99-67.00 =	D+
86.99-84.00 =	B	66.99-64.00 =	D



83.99-80.00 = B-  
79.99-77.00 = C+

63.99-60.00 = D-  
Below 60.00 = F

**A grade of “B-” or better is required in ALL nursing courses applicable to the Bachelor of Science in Nursing degree.**

For assignments that have the Turnitin option enabled, you must submit your written work for Turnitin assessment. This is automatically done via the submission page. If you receive a Turnitin score greater than 20, you must revise and resubmit the paper. Late penalties will apply if revisions are submitted after the assignment deadline.

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

<b>Assessment:</b>	<b>Total Points:</b>
Discussion questions (30 points x 3)	90 points
Community Health Care Assignment – Parts I & II	50 points
Organizational Systems Group Project and Peer Evaluation Assignment	50 points
Web Search Communication technologies assignment	35 points
Ideal healthcare system paper	75 points
MAP-IT project (portfolio piece)	100 points
<b>Total points for course</b>	<b>400 points</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

#### **ATTENDANCE POLICY:**

Students are expected log-on to the Web-Campus and Evolve site to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of "F". The last day to drop this course is February 19, 2015.** See Student Handbook for further information concerning the attendance policy.

#### **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.

#### **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

**CAMPUS SECURITY:** GBC is committed to the safety of our students and has a duty to promote awareness and prevention programs for violence on campus under the Jeanne Clery Act as well as the Campus SaVE (Sexual Violence Elimination Act) and VAWA (Violence Against Women Act), which are amendments to Clery. Acts of violence include, but are not limited to, sexual assault, domestic violence, dating violence, and stalking. Acts of violence can occur on the physical campus or centers of GBC in addition to field placement sites, clinical practice settings, and other places where college or class activities occur. As well, the online environment at GBC is considered a GBC site. If you experience any incidence where your safety has been threatened or violated, or if you feel threatened or harassed, immediately report this to me, any center director, faculty, or staff member, or directly to the Director of Environmental Health, Safety & Security(775.753.2115) or the Vice President for Student Services(775.753.2282).

#### **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.

DATE	READING ASSIGNMENT	ASSIGNMENT DUE DATES
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**NURS 429 – Spring 2015 Schedule**

<b>Week One</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 1 – Responsibilities for Care in Community/Public Health Nursing</li> <li>• Chapter 2 – Origins and Future of Community/Public Health Nursing, pgs 45-51</li> <li>• Chapter 7 – Epidemiology – pgs 166-168</li> <li>• Microscopic vs macroscopic reading (available under module one resources)</li> <li>• Read Joint Commission Standards for home care – (link available under module one resources)</li> </ul>	<ol style="list-style-type: none"> <li>1. Post response to introduction discussion question</li> <li>2. Community Health Care Assignment – parts I and II – <i>due on Sunday, by 11:59 pm</i></li> </ol>
<b>Week Two</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 9 – Environmental Health Risks, pgs 253-263</li> <li>• Chapter 10 – Relevance of Culture and Values for Community/Public Health Nursing, pgs 266-274</li> <li>• Review Quad Council Competencies for Public Health Nurses (available under Module 2 resources)</li> <li>• Read Upstream Thinking document (available under Module 2 resources)</li> <li>• Take the Health Equity Quiz at the Unnatural Causes website - <a href="http://www.unnaturalcauses.org/interactivities_01-1.php">http://www.unnaturalcauses.org/interactivities_01-1.php</a> (link available under Module 2 resources, or copy and paste link into browser)</li> </ul>	<ol style="list-style-type: none"> <li>1. Primary response to one discussion question – <i>due on Thursday, by 11:59 pm</i></li> <li>2. One discussion question peer response – <i>due on Sunday, by 11:59 pm</i></li> </ol>
<b>Week Three</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 10 – Relevance of Culture and Values for Community/Public Health Nursing, pgs 274-293</li> <li>• Read information about National CLAS standards (link available under Module 3 resources) (<a href="http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&amp;lvlID=15">http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&amp;lvlID=15</a>)</li> <li>• Read the attached summary and chapters one and eleven from The Spirit Catches You and You Fall Down (available under Module 3 resources)</li> <li>• Watch The Spirit Catches You and You Fall Down Interactive video (available under Module 3 resources)</li> </ul>	<ol style="list-style-type: none"> <li>1. Primary response to one discussion question – <i>due on Thursday, by 11:59 pm</i></li> <li>2. One discussion question peer response – <i>due on Sunday, by 11:59 pm</i></li> </ol>
<b>Week Four</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 3 – The United States Health Care System, pgs 54-70, 73-79</li> <li>• Chapter 4 – Financing of Health Care: Context for Community/Public Health, pgs 87-104, 108-109</li> <li>• Watch Evolution of the Modern Healthcare System Interactive video (available under Module 4 resources)</li> </ul>	<ol style="list-style-type: none"> <li>1. Organizational Systems Group Project Assignment, <i>due on Sunday, by 11:59 pm</i></li> <li>2. Group Activity peer evaluation, <i>due on Sunday, by 11:59 pm.</i></li> </ol>



		<p><b>Each group member must fill out and submit an evaluation of their peers individually. Your group will NOT receive a grade unless all group member's peer evaluations are submitted</b></p>
<b>Week Five</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 29 – State and Local Health Departments</li> <li>• Web search for State Public Health Agencies, you need to find the public health agency in your state, the following are useful websites that may help you find some of the data you will need for your DQ.</li> <li>• <a href="http://www.countyhealthrankings.org/rankings/data">http://www.countyhealthrankings.org/rankings/data</a> (County Health Rankings &amp; Roadmaps from Robert Wood Johnson Foundation)</li> <li>• <a href="http://wwwn.cdc.gov/CommunityHealth/HomePage.aspx">http://wwwn.cdc.gov/CommunityHealth/HomePage.aspx</a> (Community Health Status Indicators from US Department of Health &amp; Human Services)</li> <li>• Links are available under Module 5 resources, or cut and paste into browser</li> <li>• Read creating a tagxedo word cloud (follow link here)</li> <li>• Examples of a completed word clouds and captioning available under the module links</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Primary response to one discussion question option 1 OR option 2– due on Thursday, by 11:59 pm</b></li> <li>2. <b>Responses to one peer's word clouds – due on Sunday, by 11:59 pm</b></li> </ol>
<b>Week Six</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 3 – The United States Health Care System, pgs 72-79</li> <li>• Chapter 32 – Rural Health</li> <li>• The landmark Institute of Medicine Report To Err Is Human (available under Module 6 resources)</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Web Search Communication Technologies Assignment – due on Sunday, by 11:59 pm</b></li> </ol>
<b>Week Seven</b>	<p><b><u>There are no specified chapters/pages to read for module/week 7</u></b></p>	<ol style="list-style-type: none"> <li>1. <b>Ideal Healthcare System Paper, due on Sunday, by 11:59 pm.</b></li> </ol>
<b>Week Eight</b>	<p>Reading: Maurer &amp; Smith, 2013</p> <ul style="list-style-type: none"> <li>• Chapter 15 – Community Assessment, pgs 393-408</li> <li>• Chapter 21 – Vulnerable Populations</li> <li>• Review Community Tool Box Section 13 – MAPP:</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Three Community Health Issues Portfolio Piece</b></li> </ol>

	<p>Mobilizing for Action through Planning and Partnerships - <a href="http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main">http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main</a> (available under Module 8 resources)</p> <ul style="list-style-type: none"> <li>• Read Community Tool Box Section 14 – MAP-IT: A Model for Implementing Healthy People 2020 <a href="http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/map-it/main">http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/map-it/main</a> (available under Module 8 resources)</li> <li>• Power Point Tips</li> </ul>	<p><b><i>Power Point, due on Thursday, by 11:59 pm.</i></b></p>
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## Semester 2

### NURS 429 Population Focused Community Health Theory

**Credits: 4 Theory (60 hours)**

Synthesis of community and public health nursing concepts and theories for health promotion and disease prevention of rural communities and underserved populations. Application of nursing concepts to plan for health promotion and disease prevention of these populations

Course Outcomes	Competencies	Activity	Evaluation
1. Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	<p>a. Integrate an understanding of how cultural, ethnic, and social backgrounds function as sources of patient, family, and community values when planning care for patients, communities, and underserved populations, to include LGBT populations.</p> <p>b. Plan interventions focused on health promotion and disease prevention with attention to effectiveness, efficiency, cost-effectiveness, and equity to groups and populations.</p> <p>c. Use national patient safety resources to focus attention on safety in care settings served by public health nurses.</p> <p>d. Demonstrate an awareness of complex organizational systems important for the public health nurse.</p>	<p>1. Discussion of selected reading from text and "The Spirit Catches You and You Fall Down" regarding cultural differences in provision of medical care, to include National CLAS standards.</p> <p>2. Analysis of national patient safety resources and the application to public health nurses, including macro/micro and levels of prevention.</p> <p>3. Analysis of research pertaining to health disparities, social determinants of health,</p>	<p>1. Cultural differences and CLAS Standards DQ and peer response with grading rubric.</p> <p>2. Part I – Community Health Care Assignment with grading rubric</p> <p>3. Health Equity Quiz/Upstream Thinking DQ and peer</p>

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drv 3/07/15



	<p>e. Compare organizational structure, mission, vision, philosophy, and values between community settings and the structured hospital setting related to their impact on safe, quality care.</p> <p>f. Analyze the public health and community health care systems identifying factors that may lead to practice breakdown.</p>	<p>and upstream thinking, including factors that lead to system/practice breakdown with course related materials.</p> <p>4. Group activity search structured and unstructured organizational systems. Compare and contrast findings and how they impact quality care.</p>	<p>4. Organizational Systems and Communication Technologies Group Project and Peer Evaluation Assignment.</p>	<p>response with grading rubric</p>
2. Articulate quality improvement measures used in public/community healthcare environments.	<p>a. Analyze information related to health care, illness, disease prevention, and health promotion with a focus on populations served by public health services.</p> <p>b. Discuss quality improvement measures used in the public health/community setting to promote and provide quality, safe patient care.</p> <p>c. Explain quality improvement processes to effectively implement patient safety initiatives and monitor performance measures in public/community health settings.</p>	<p>1. Analyze the MDH Public Health Intervention Wheel, and analyze the intervention skills that are necessary for a community health nurse to exhibit.</p> <p>2. Discussion of health care reform as it relates to safety in community health, compared to in-patient settings with selected readings of IOM material.</p>	<p>1. Part II Community Health Care Assignment with grading rubric .</p> <p>2. Organizational Systems and Communication Technologies Group Project and Peer Evaluation Assignment</p>	

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	d. Discuss how improvement methods are used to continuously improve the quality and safety of health care.	3. Utilize the Healthy People 2020 MAP-IT framework to identify three community health issues, and then identify the vulnerable populations associated with the issue. Students will support information with an evidentiary search.	3. Three Community Health Issues - Healthy People 2020 MAP-IT Project/Portfolio Piece Power Point
3. Engage in work as an evolving scholar, translating current evidence about public/community health nursing into nursing practice.	a. Interpret research studies related to public/community health nursing. b. Use theory and research-based knowledge in the care of populations and communities. c. Use the components of evidence based practice as they relate to public/community health nursing. d. Discuss best practices in public/community health nursing.	1. Synthesis of research studies related to evidence based practice in community based settings	1. Organizational Systems and Communication Technologies Group Project and Peer Evaluation Assignment  2. Part of the Healthy People 2020 MAP-IT Three Community Health Issues project meets competencies within this section
4. Explore collaboration techniques used in public/community health nursing.	a. Explain the nurse's role in the interprofessional healthcare team in the public/community healthcare setting.	1. Explore the Quad Councils Competencies for Public Health Nurses discuss the community	1. Quad Council Competencies for PHN Discussion Question with peer

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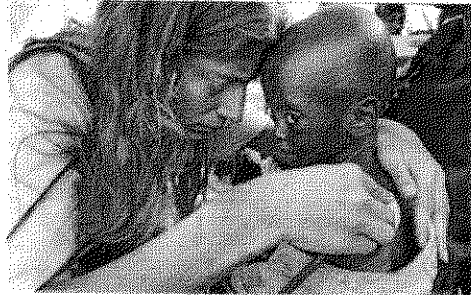
	<p>b. Articulate effective strategies for communicating and resolving conflict in the public/community healthcare setting.</p> <p>c. Discuss possible system barriers and facilitators to promote effective team functioning when planning patient care in the public/community healthcare setting.</p> <p>d. Discuss nursing's unique perspective while working with the interprofessional team to optimize patient outcomes in the public/community healthcare setting.</p>	<p>health nurses role and how to effectively communicate with interdisciplinary members to successfully advocate for populations.</p> <p>2. Identify possible system barriers within an organization that impact rural communities. How do collaboration techniques breakdown the identified barriers. What unique perspectives do nurse contribute to the interprofessional team that impact patient outcomes.</p>	<p>response and grading rubric.</p> <p>2. Organizational Systems and Communication Technologies Group Project and Peer Evaluation Assignment</p>
<p>5. Discuss the nurse's role as a leader in the public/community healthcare setting.</p>	<p>a. Demonstrate an awareness of complex organizational systems.</p> <p>b. Relate knowledge of healthcare systems when planning care in the public/community healthcare setting.</p> <p>c. Discuss legal, political, and regulatory processes related to care in the public/community healthcare setting.</p>	<p>1. Develop your ideal healthcare system, identify characteristics and set goals for the system. Consider issues related to implementation and identify those with a vested interest.</p>	<p>1. Ideal Healthcare System Paper</p>

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drv 3/07/15

	d. Relate the nurse's role as a patient advocate when caring for communities/populations in the public/community healthcare setting.	2. Discover which agencies in your state are responsible for public health. Determine key indicators for health. Compare your states indicators with those of surrounding states. What is the role of the nurse as a community advocates.	2. Key Health Indicators Discussion question or Word Cloud discussion with peer response and grading rubric.
6. Explain how information management principles, techniques, and systems are used to manage knowledge, mitigate error, and support decision-making in the public/community healthcare setting.	<p>a. Compare the communication technologies used in the public/community healthcare setting with those available in a structured healthcare system.</p> <p>b. Locate high quality electronic sources of healthcare information to address the needs of a diverse patient population in the public/community healthcare setting.</p>	1. Compare/contrast communication technologies utilized in public/community healthcare settings with those in structured healthcare systems.	1. Organizational Systems and Communication Technologies Group Project and Peer Evaluation Assignment

## NURS 429

### Module Three



#### Student Learning Outcomes:

Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.

#### Assignment/Discussion

Go to the Discussion Board and *respond to the question listed below*:

1. After selected readings from your textbook, the National CLAS Standards, and *The Spirit Catches You and You Fall Down*, discuss the following:
  - a. The author Anne Fadiman stated "Lia's life was ruined not by septic shock or noncompliant parents but by cross-cultural misunderstanding".
  - b. Based on your reading for the week, how could this situation have been handled differently?
  - c. Is it possible that there could have been a better result?
  - d. Utilize information you learned from the National CLAS standards for support.

Primary Discussion Questions are *due on Thursday by 11:59 pm* and should be no longer than 200-250 words in length and consist of thoughtful reflection, inquiry, discovery, learning, idea generation, etc. on the subject matter. You must use at least two sources (one of which should be the National CLAS standards site this week) for support, refer to the welcome page for a discussion of adequate sources to utilize.

*Respond to one of your peer's discussions, consisting of no longer than 100-150 words in length and due on Sunday, by 11:59 pm.*

### Module 3 Discussion Question – initial student response with two peer responses

#### Student Initial Response

As pointed out by Maurer and Smith (2013), “cultural and linguistic competency refers to the ability of the health care providers and organizations to understand and respond to the cultural and linguistic need of clients during health care encounter” (p. 275). The cultural perceptions presented by the Lee family inflicted a bias that was formulated by the Western providers in response to the Lee family’s belief system and actions.

An article written in the New York times quotes a comment made by Lia Lees’ treating pediatrician, Dr. Neil Ernst, “I was trying to provide a way of controlling her seizures with Western methods and Western medicines, and in some sense, the Lees were giving up control of their child to a system that they didn’t understand” (Fox, 2012, p. 1). This reverberates the concept of the National CLAS Standards. National CLAS is designed to improve health care and equity through structure that serves diversity to eliminate disparities (US Department of Health and Human Services Office of Minority Health, 2014).

Cultural competency and health literacy should have been incorporated throughout this case to formulate a connection between Western provisions and Hmong beliefs. This situation could have been handled much differently with these measures in place. There may have been no change in the outcome but with appropriate communication, engagement, and accommodation of the Hmong beliefs in regards to care for this child and Western medicine, health literacy and an overall understanding of Lia’s condition and cares would have been perpetuated.

#### References

Fox, M. (2012). Lia Lee Dies; Life Went On Around Her, Redefining Care. *The New York Times*. Retrieved from [http://www.nytimes.com/2012/09/15/us/life-went-on-around-her-redefining-care-by-bridging-a-divide.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2012/09/15/us/life-went-on-around-her-redefining-care-by-bridging-a-divide.html?pagewanted=all&_r=0) (Links to an external site.)

Maurer, F. A., & Smith, C. M. (2013). *Community/public health nursing practice: Health for families and populations* (5th Ed.). St. Louis, MO: Elsevier Saunders.

US Department of Health and Human Services Office of Minority Health. (2014, Dec 4). *National standards for culturally and linguistically appropriate services in health and health care (The National CLAS Standards)*. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> (Links to an external site.)

#### Student Peer Responses:

##### Response #1:

I really liked that you pointed out the doctor’s reflection of using “Western methods” and “Western medicines” on individuals who had such limited knowledge of the system. He obviously recognized that this had an impact on the outcome of this situation. I think this type

of thing occurs more often than it should in our healthcare system today. It is a challenge to abandon our own views and beliefs and not force these tried and tested methods on our patients. This is especially difficult when we know that treatments can help improve the patient's condition and our focus is to make our patients better. However, it is so important to be culturally responsible when providing care and according to The American Nurses Association code of ethics (2015), "practicing with compassion and respect for the inherent dignity, worth, and uniqueness of every individual."

Reference:

American Nurses Association. (2015). Code of ethics for nurses. Retrieved from:  
<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses>.

Response #2:

It was revealed to me through your post and Dr. Neil Ernst's quote how easy it is to assume when a loved one is brought through the hospital doors that somehow it equates to their trust in the treatment provided (Fox, 2012). Anne Fadiman points out the Lees' ambivalence towards Lia's diagnosis. On the one hand they knew the seriousness of Lia's Epilepsy (*quag dab peg*), yet Epileptics in their culture were highly revered, some becoming Shaman priests (Fadiman, 1998). The Lees' ambivalence towards receiving westernized medical treatments is a common theme for many cultures. It is a courageous act for those who have not received desired results from their own cultural bound medicinal methods, to acquiesce to an alternative type of treatment. In return, they deserve care providers who are culturally sensitive and linguistically competent so that patients and families may be equal partners in their plan of care (Maurer & Smith, 2013).

References

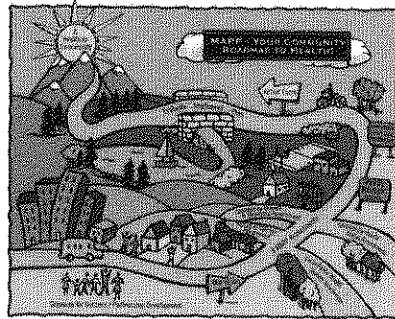
Fadiman, A. (1998). *The spirit catches you and you fall down. A Hmong child, her American doctors, and the collision of two cultures* (1<sup>st</sup> Ed.). New Your, NY: Farrar, Straus, and Giroux.

Fox, M. (2012). *Lia lee dies; Life went on around her; Redefining care*. Retrieved on February 8<sup>th</sup> from <http://www.nytimes.com/2012/09/15/us/> (Links to an external site.) [life-went-on-around-her-redefining-care-by-bridging-a-divide.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2012/09/15/us/life-went-on-around-her-redefining-care-by-bridging-a-divide.html?pagewanted=all&_r=0)

Maurer, F. A., & Smith, C. M. (2013). *Community/public health nursing practice: Health for families and populations* (5<sup>th</sup> Ed.). St. Louis, MO: Elsevier Saunders.

## NURS 429

### Module Eight



#### Student Learning Outcomes:

1. Articulate quality improvement measures used in public/community healthcare environments.
2. Engage in work as an evolving scholar, translating current evidence about public/community health nursing into nursing practice.

#### Assignment

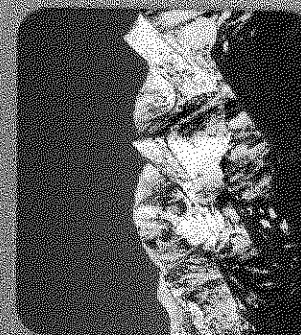
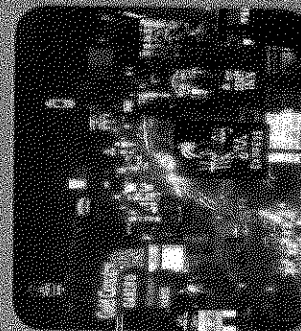
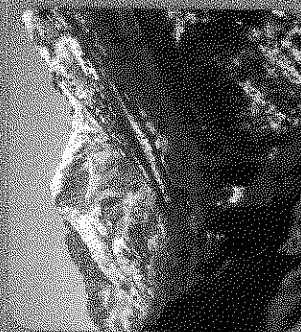
Three Community Health Issues Portfolio Piece Power Point – *due on Thursday, by 11:59 pm.*

1. Utilize the Healthy People 2020 MAP-IT framework to identify three community health issues within the community you currently live in.
2. Identify the vulnerable populations associated with these issues.
3. Support all information with a minimum of five EBP and/or scholarly articles as references. You must be able to show adequate support for these issues and their impact on your community. Think about the issues that you identified in module 5, which can be used as a guide. Please do not just copy and paste any information that you developed for any previous modules. While you can use previous work as a guide, you must develop new and original work for this assignment.
4. Create a power point, which is no less than 7 slides and no more than 15 slides, not including cover slide and reference slides.
5. This power point will be utilized as your portfolio project for this class and will be the guide for your practicum project in NURS 436.



# Community Health Issues

By:



Elko, NV  
Population:  
Approx.  
20,000

A small  
rural  
community  
with bigger  
community  
needs.

Limited  
access to  
healthcare  
specialists,  
shortage of  
healthcare  
staffing.

Minimal  
mental  
healthcare  
access.

Limited  
community  
health  
services.

This PowerPoint includes the following:

- **Information about Elko, Nevada**
- **Community Problems 1-3**
- **Populations Impacted**
- **Conclusion**
- **Reference Page**



# Rural Nevada

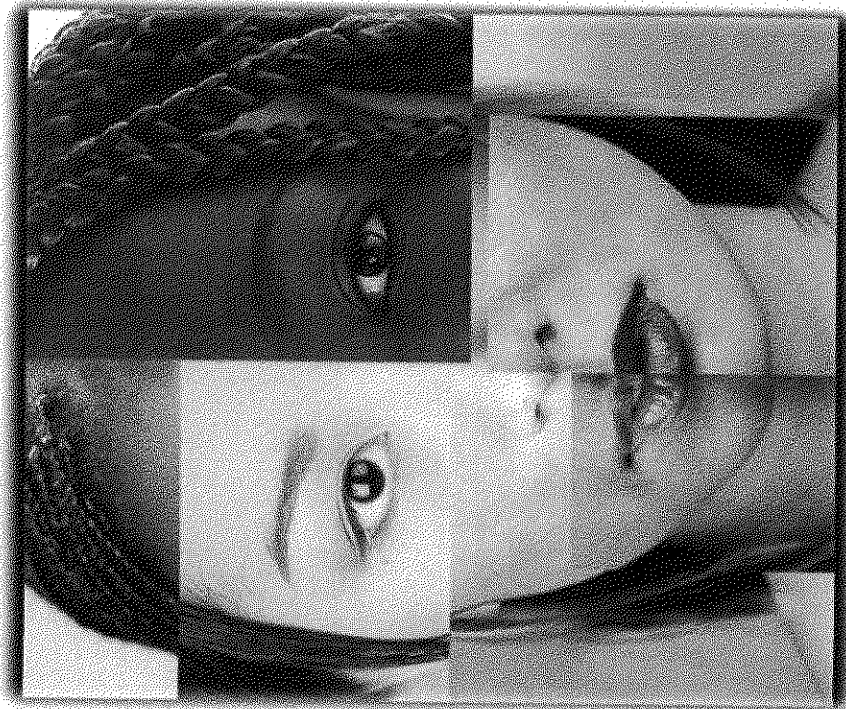
- ▶ Elko is a small community of approximately 20,000 people, an increase of 9.6% from 2010 to 2013 (United States Census Bureau, 2015).
- ▶ It is considered a rural or urban area based on the number of people per square mile. According to the US Census Bureau, in 2010, 1,037 people inhabited each square mile (United States Census Bureau, 2015).

205-D



“There are many opportunities and challenges for community health nurses and other health care providers who choose to work in rural settings . . .”  
(Maurer & Smith, 2013, p. 817).

# More Statistics About Elko, NV



206-D

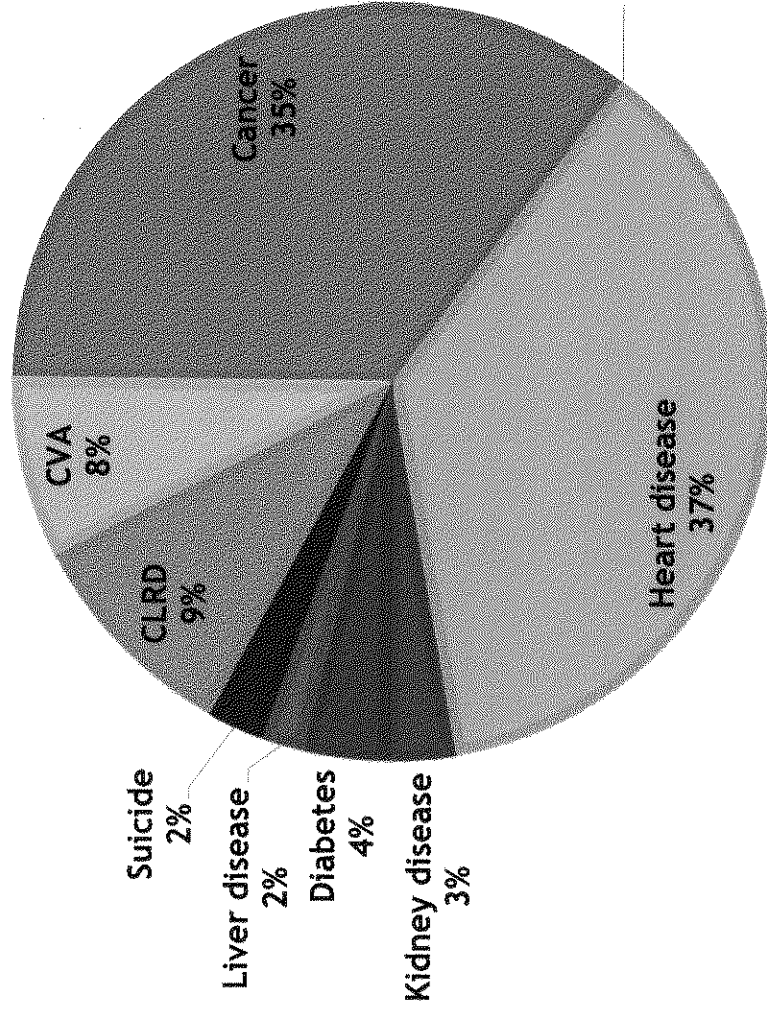
Race	% in Elko 2010
White alone, percent, 2010 (a)	78.9%
Black or African American alone, percent, 2010 (a)	1.0%
American Indian and Alaska Native alone, percent, 2010 (a)	3.3%
Asian alone, percent, 2010 (a)	1.4%
Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)	0.1%
Two or More Races, percent, 2010	3.5%
Hispanic or Latino, percent, 2010 (b)	26.4%
(a) Includes persons reporting only one race.	
(b) Hispanics may be of any race, so also are included in applicable race categories.	

(United States Census Bureau, 2010)

When determining health care disparities in a community, it is important to look at the race of a population because most disparities exist within these groups.

# Leading Causes of Death in Elko Per Minority

## NON-HISPANIC WHITES



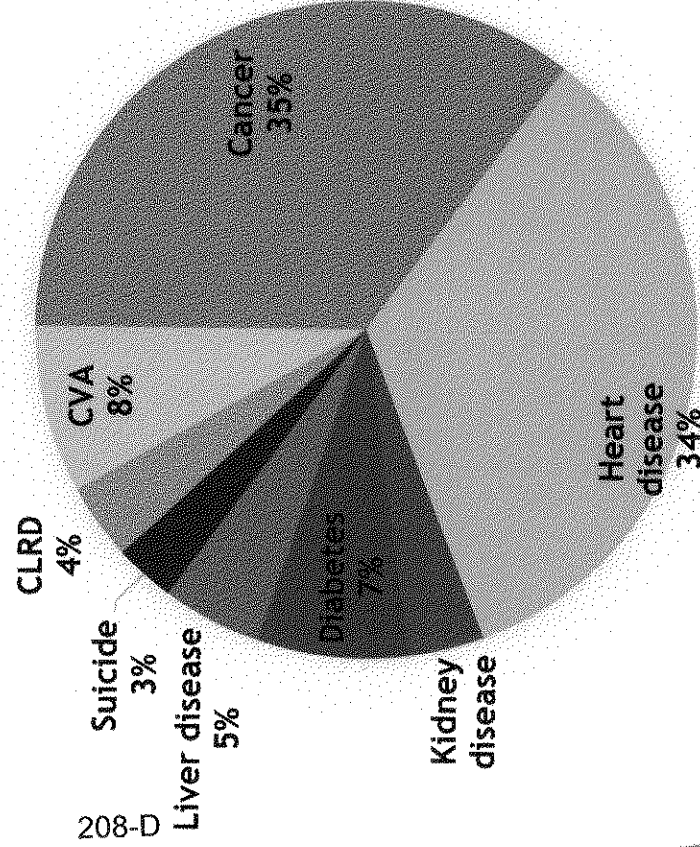
207-D

Information adopted from National Vitals Statistics Report 2010, (Heron, 2013)

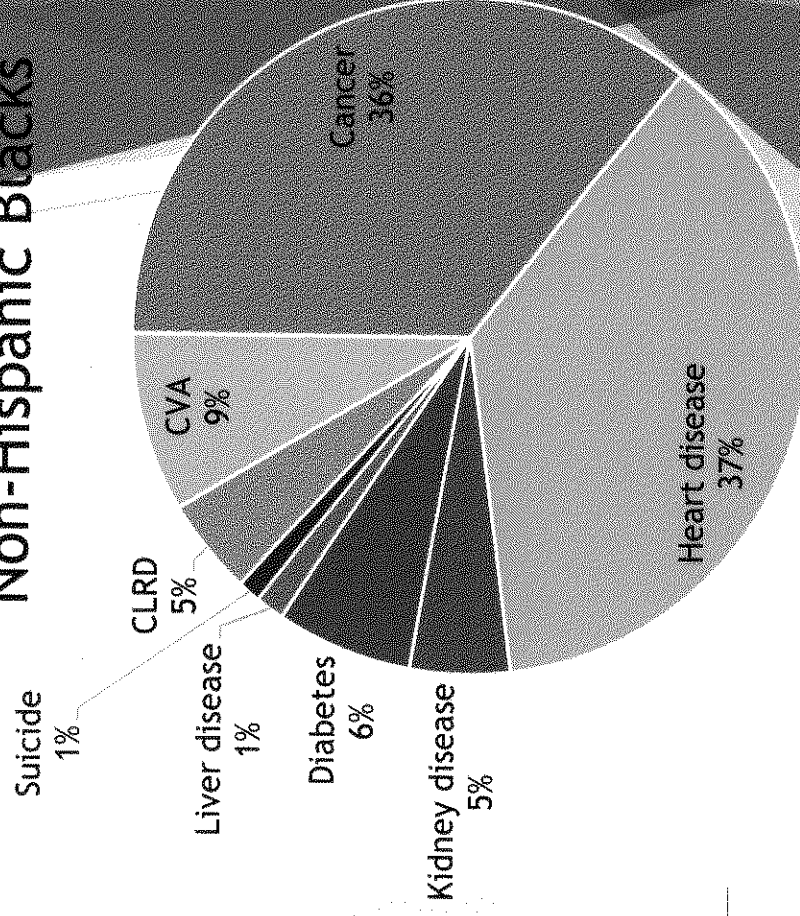


# Leading Cause of Death per Minority in Elko Continued

Hispanic



Non-Hispanic Blacks

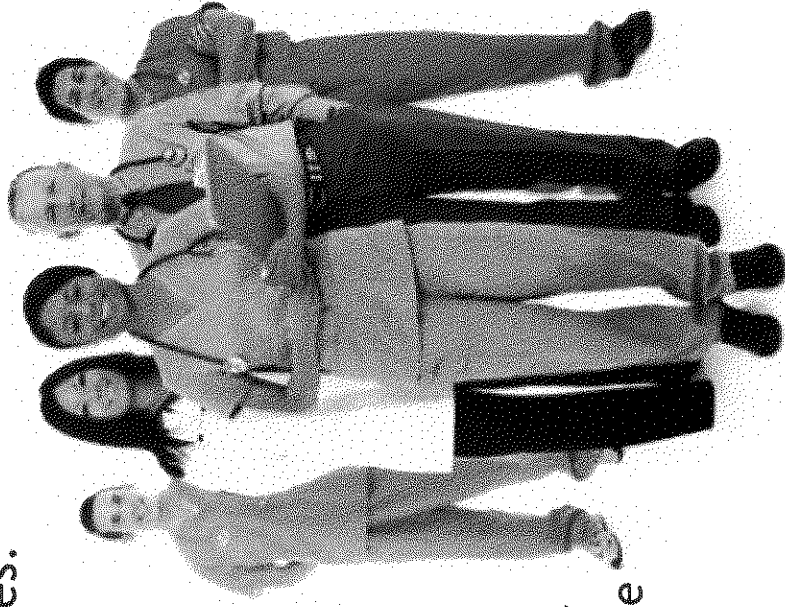


Information adopted from National Vitals Statistics Report 2010 (Heron, 2013)

# Community Issue #1: Lack of Healthcare Specialists

- ▶ Leading cause of deaths by race in Elko includes:

- ▶ Diabetes
- ▶ Cancer
- ▶ Heart disease
- ▶ Liver disease
- ▶ Kidney disease
- ▶ Stroke (CVA)
- ▶ CLRD (chronic lower respiratory disease ie COPD)
- ▶ Suicide

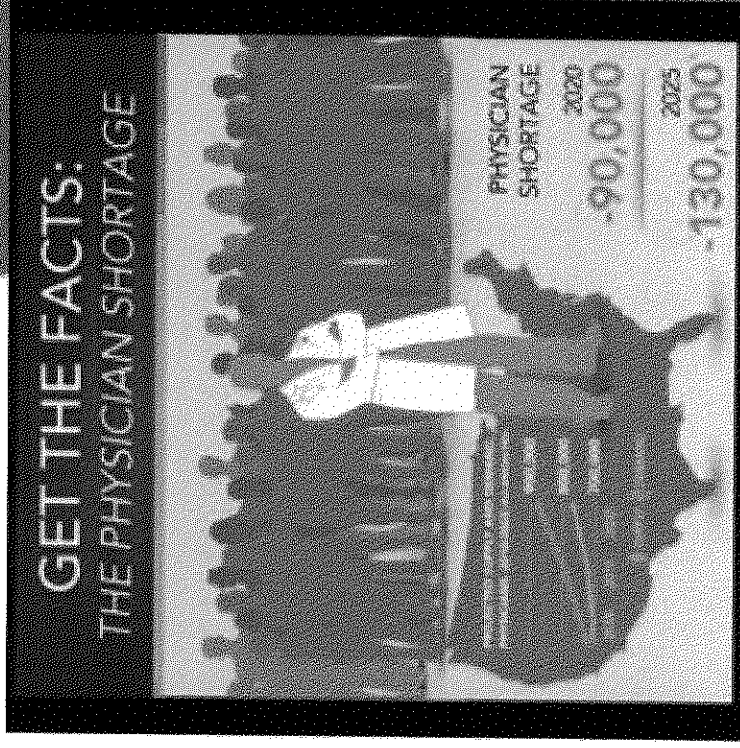


- ▶ Just by doing a simple google search, Elko is missing the following specialists:

- ▶ Oncologist
- ▶ Neurologist
- ▶ Endocrinologist
- ▶ Pulmonologist
- ▶ Psychiatrist
- ▶ Nephrologist

# Lack of Healthcare Staffing

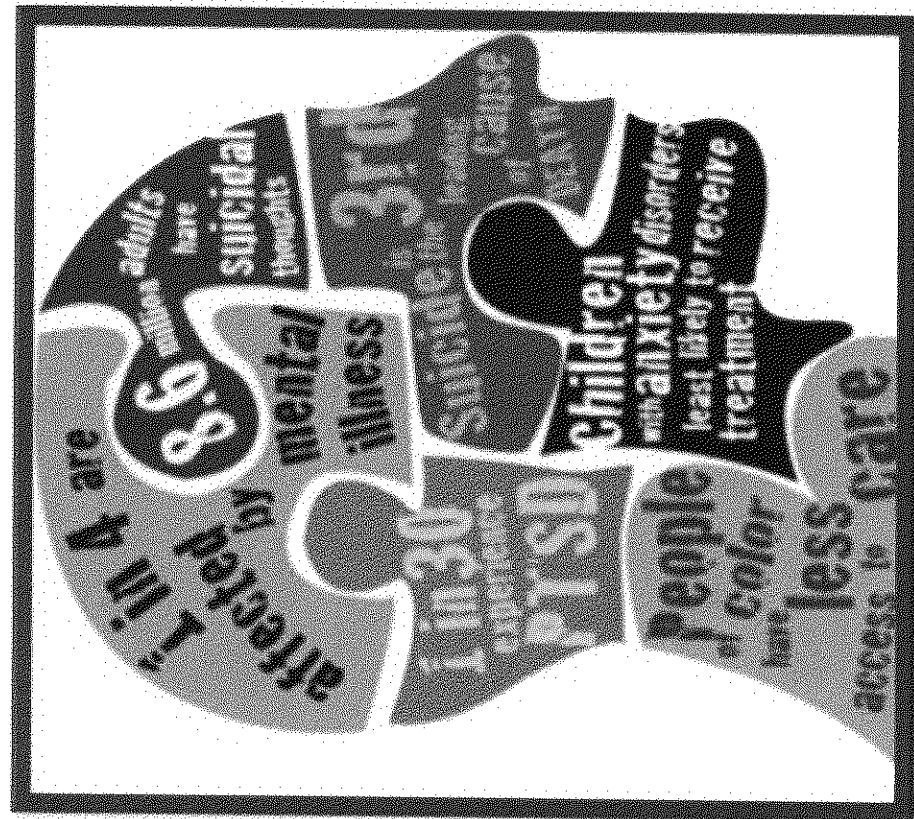
- ▶ Specialists are not the only healthcare members who are lacking in Elko, NV.
- ▶ This shortage of staffing, creates a deficit in availability and accessibility.



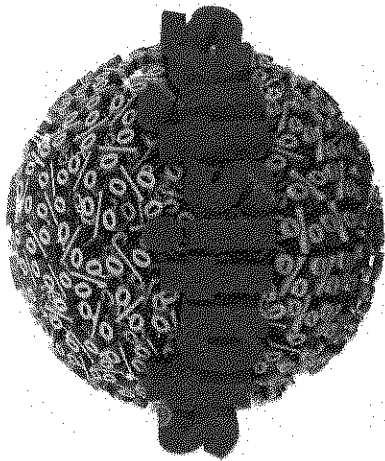
“This shortage has a detrimental impact on the continuum of care to the rural and chronically underserved and impaired” (Maurer & Smith, 2013, p. 805).



# Community Problem #2: Mental Health Care Access



- ▲ An article published in the Elko Daily Free Press states, "The gap between the need for mental health treatment and the availability of services is slowly widening in Elko County" (Cook, 2013, para. 4).
- ▲ Northeastern Nevada Regional Hospital recently closed its behavioral health unit earlier this year.
- ▲ Elko currently has 0 full-time psychiatrists in the area.



## Let us Take a Look. . .

- ▶ Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18-44.
- ▶ More than 90% of children who die by suicide have a mental health condition. -
- ▶ Approximately 1 in 5 adults in the U.S. experiences mental illness in a given year.
- ▶ African Americans and Hispanic Americans used mental health services at about one-half the rate of Caucasian Americans in the past year and Asian Americans at about one-third the rate.

Statistical information taken from  
NAMI.org

# Current Mental Health Connections in Elko

- ▶ Elko Mental Health Services, a state ran program, operates with a skeleton crew, two registered psychiatric nurses, and two telemedicine psychiatrists located in Las Vegas, one for children and one for adults. This clinic serves Elko and its surrounding cities, up to 60,000 residents.
- ▶ One psychiatrist that has a satellite office here where he visits patients once a month.
- ▶ One APN has an inpatient clinic but sees only adult patients.



# Prevalence Throughout Minorities

“According to the US HHS Office of Minority Health:

- ❑ Adult blacks are 20 percent more likely to report serious psychological distress than adult whites.
- ❑ Adult blacks are more likely to have feelings of sadness, hopelessness, and worthlessness than are adult whites.
- ❑ And while blacks are less likely than whites to die from suicide as teenagers, black teenagers are more likely to attempt suicide than are white teenagers (8.2 percent v. 6.3 percent)”

(Mental Health America [MHA], n.d., para. 6).

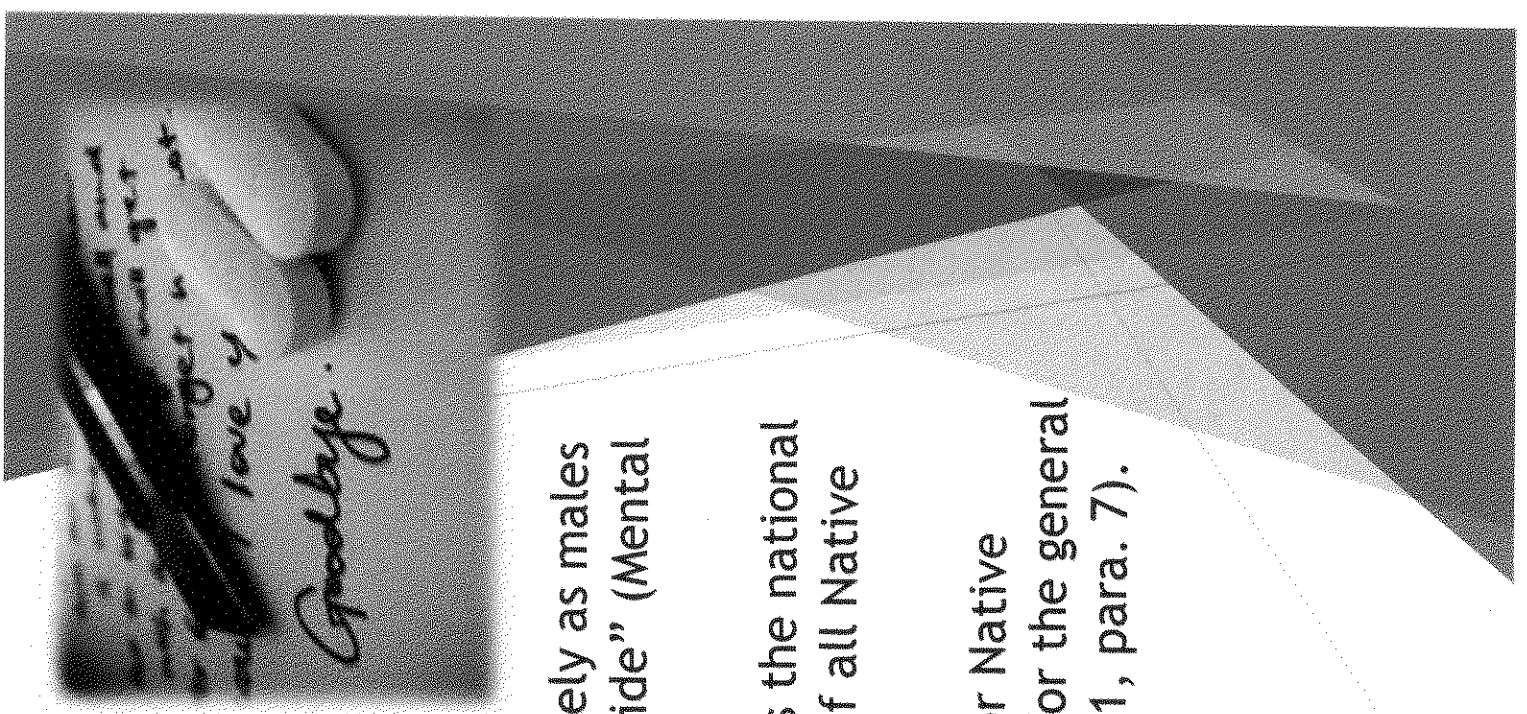




# Prevalence

## Cont.

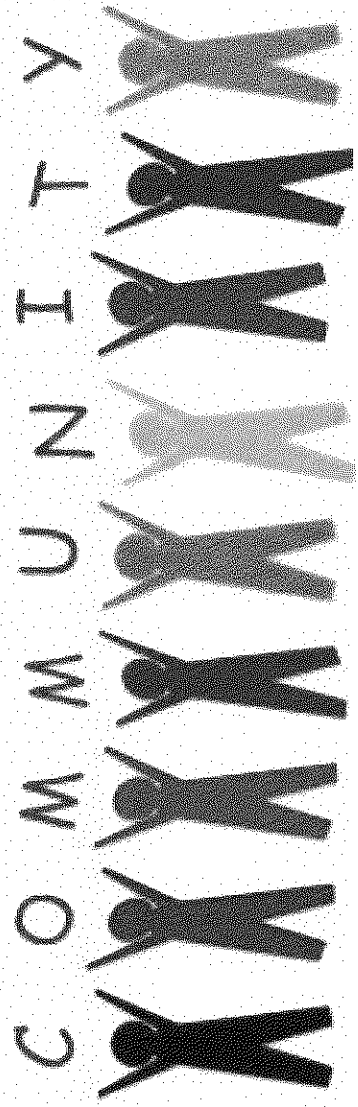
- ❑ “... Young Latino females are nearly twice as likely as males both to think about suicide and to attempt suicide” (Mental Health America [MHA], 2011, para. 7).
- ❑ “... Suicide among Native Americans is 1.5 times the national rate. Males aged 15-24 account for two-thirds of all Native American suicides.
- ❑ The estimated rate of alcohol-related deaths for Native Americans as a whole is much higher than it is for the general population” (Mental Health America [MHA], 2011, para. 7).



# Community Problem #3:

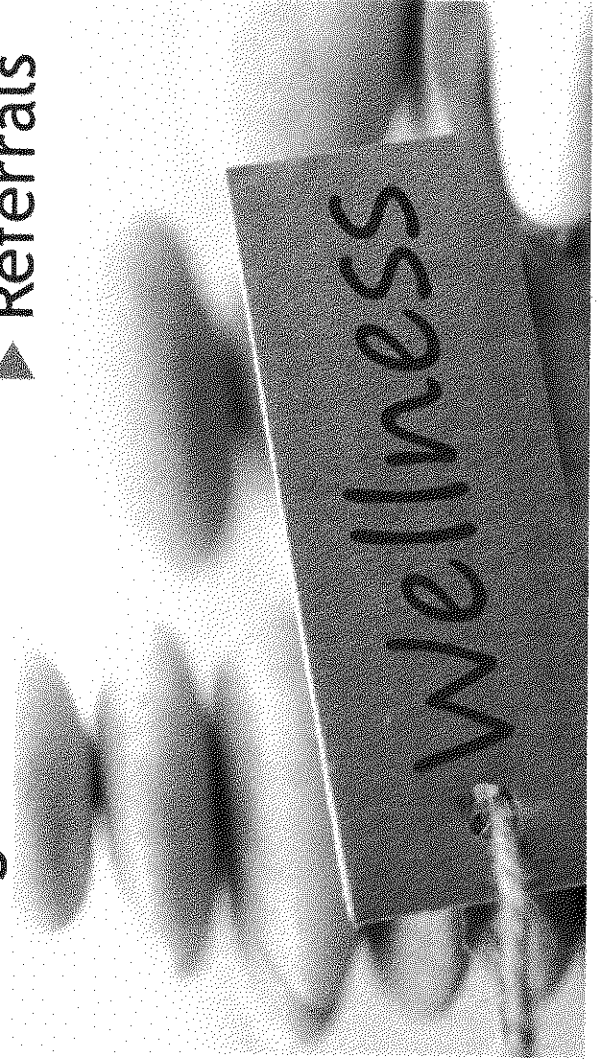
## Limited Community Health Services

- ▶ Nevada Health Centers serves as a medical home for the citizens of Elko. ▶ Immunizations are not given unless the person is a patient and has established care.
- ▶ There is a lack of continuity of providers, physicians come and go often. ▶ There is not a designated county public health nurse.
- ▶ The wait time for an appointment is often 2 weeks or more. ▶ The only wellness program in Elko is at Golden Health which is for mining employees only.



# Wellness and Disease Prevention

- ▶ Exercise Facility
- ▶ Diet Counseling
- ▶ Diabetic Teaching
- ▶ Screenings
- ▶ Immunizations
- ▶ STD Clinic
- ▶ Smoking Cessation
- ▶ Referrals



# Population Impacted from Lack of Community Health

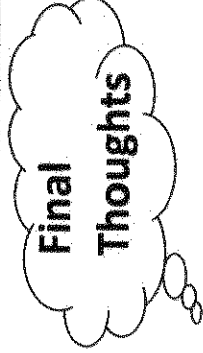
- ▶ Diabetics
- ▶ Overweight and Obese
- ▶ Teenagers
- ▶ Underserved (low socioeconomic status, poor health coverage, low income)
- ▶ Smokers
- ▶ Substance Abuse and Addiction
- ▶ Mental Illness
- ▶ Pregnant Women
- ▶ Teenage Mothers
- ▶ Elderly
- ▶ Children (abuse or neglect)
- ▶ Homeless





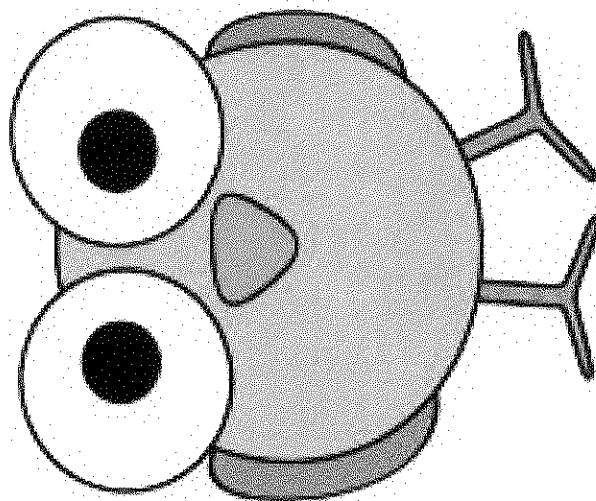
# Conclusion

- ▶ Elko has the potential to be a healthier community. There are many individuals who are willing to initiate better mental health care and expand community health access. Registered nurses have the potential to make a difference if given the chance for change.
- ▶ Eliminating the shortage of healthcare professionals will prove to be the hardest task of all because shortages are occurring everywhere, not just in Elko. Encouraging long time residents and students to gain education in the healthcare industry may be one of the best ways to increase employees in that area.
- ▶ Overall, it is the entire community that suffers from the lack of these services, but unfortunately, the underserved populations are affected more prominently. To eliminate health care disparities, these issues will need to be resolved.



**Final  
Thoughts**

# Questions?



# ??

# References

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## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
**NURS 429 - Population Focused Community Health Theory**
2. Year / Semester: 2015 Spring
3. Course Faculty (include any adjunct faculty utilized  
Delene Volkert, RN, MSN, CNE and Tami Allred, RN, MSN for 1 week

## COURSE STATISTICS

4. Theory Ratio 19:1 Practicum Ratio n/a  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 19
  - b. Percent Failed: 19
  - c. Range of Scores: 81% - 98.8%
6. Final Practicum Outcomes: N/A
  - a. Percent Satisfactory: Enter Percent Satisfactory
  - b. Percent Unsatisfactory: Enter Percent Unsatisfactory
7. Course Attrition:
  - a. Beginning number of students: 19
  - b. Withdrawals: 0
  - c. Incompletes (with expected date of completion): 0

## THEORY EVALUATION

8. Textbooks used and evaluation of each:

Maurer, F. A., & Smith, C. M. (2013). Community/public health nursing practice: Health for families and populations (5th Ed.). St. Louis, MO: Elsevier Saunders. ISBN: 978-1-4557-0762-1

American Psychological Association. (2010). Publication manual of the American Psychological Association (6th ed.). Washington, DC: Author. ISBN 978-1-4338-0561-5

Fadiman, A. (1998). The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures (1st Ed.). New York, NY: Farrar, Straus and Giroux



ISBN 978-0-3745-2564-4

9. Weekly content:

See attached syllabus/schedule

10. Special Experiences related to student learning outcomes and competencies:

The word cloud assignment was a creative and well received assignment.

11. Teaching Methods:

See syllabus

## PRACTICUM EVALUATION N/A

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards  
(Please list strengths and/or limitations specific to each site)

[Click here to enter text](#)

13. Briefly describe any concern(s) regarding practicum site(s) used.

[Click here to enter text.](#)

14. Practicum changes and reason(s):

[Click here to enter text.](#)

15. Special Experiences related to student learning outcomes and competencies:

[Click here to enter text.](#)

16. Teaching Methods

[Click here to enter text](#)

## FULL COURSE OVERVIEW

17. What worked well and reason(s):

Allowing students to self-select their groups for the group project was an effective method. The students were able to create groups with fellow students with similar work/interest areas and similar work schedules. This limited the amount of issues that students contacted the instructor with regarding lack of participation or difficulty working together.

18. Anticipated Changes

The directions for the assignment for module 6, the Web Search Communication Technologies Assignments are not as clear as it could be. The students analyze structured and unstructured systems for this assignment and they also look at structured and unstructured systems as part of their group assignment for module 4. The last two weeks of the course also had 2 very big assignments – the Ideal Healthcare Paper (module 7) and the Portfolio Project Power Point (module 8)

I will combine this communication technologies assignment as part of the group assignment for module 4 and increase the submission length from 3-4 to 5-6 pages. This will move the Ideal Healthcare Paper into module 6. Module 7 will be a 2 week module, during weeks 7 & 8. This will encompass the practicum project power point, which will be

due Wednesday of week 8. Changes already made on 429 Spring 2016 syllabus draft

19. Changes to weekly content and reason(s):

See changes listed above

20. Changes to point allocation and reason(s):

Modifications to the points based on changes above – changes already made on 429 Spring 2016 syllabus draft

21. Other changes and reason(s):

None

22. Administrative:

- |   |                                     |
|---|-------------------------------------|
| a. Syllabus has been saved to file.   | <input checked="" type="checkbox"/> |
| b. The course was backed up on WebCampus.   | <input checked="" type="checkbox"/> |
| c. Grades have been entered.  | <input checked="" type="checkbox"/> |
| d. Grade book has been saved to file.   | <input checked="" type="checkbox"/> |
| e. Student work samples have been filed in student file.                              | <input checked="" type="checkbox"/> |
| f. Curriculum map has been updated with all changes made and filed.                   | <input checked="" type="checkbox"/> |
| g. Integrated Concepts Illustration has been updated with all changes made and filed. | <input checked="" type="checkbox"/> |

**Faculty Signature(s):** Delene Volkert, MSN, RN, CNE

**Date:** 3/17/15

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.

## Student Learning Outcomes - NURS429 - Spring 2015

As a result of this class, I am able to:

☐ Strongly Disagree   
 ☐ Disagree   
 ☐ Neutral   
 ☐ Agree   
 ☐ Strongly Agree   
 Total Responses

Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.

54% (7)

46% (6)

100% (13)

Articulate quality improvement measures used in public/community healthcare environments.

50% (6)

50% (6)

92% (12)

Engage in work as an evolving scholars, translating current evidence about public/community health nursing into nursing practice

58% (7)

42% (5)

92% (12)



<p>Explore collaboration techniques used in public/community health nursing.</p>	<p>54% (7)                      46% (6)</p>	<p><b>100% (13)</b></p>
<p>Discuss the nurse's role as a leader in the public/community healthcare setting.</p>	<p>54% (7)                      46% (6)</p>	<p><b>100% (13)</b></p>
<p>Explain how information management principles, techniques, and systems are used to manager knowledge, mitigate error, and support decision-making in the public/community healthcare setting.</p>	<p>50% (6)                      50% (6)</p>	<p><b>92% (12)</b></p>

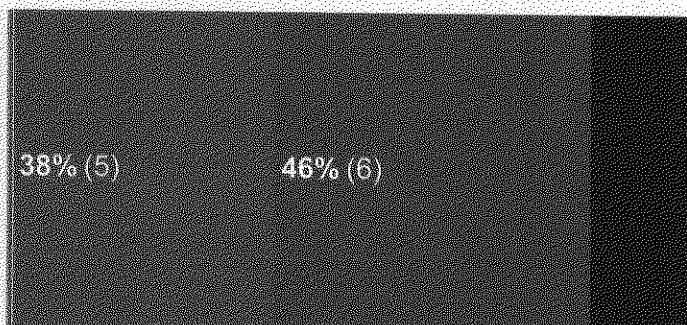
## GBC Services Evaluation

☐ Strongly Disagree  
 ☐ Disagree  
 ☐ Neutral  
 ☐ Agree  
 ☐ Strongly Agree

☐ N/A

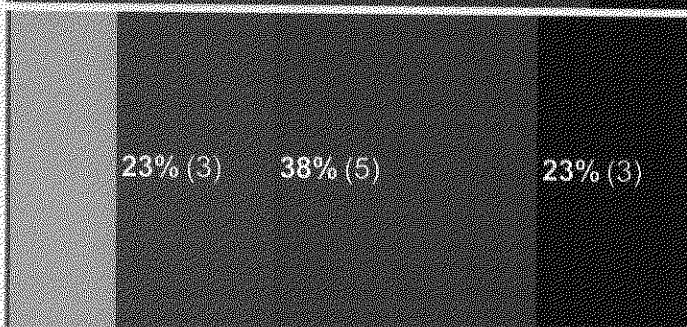
Total  
Responses

The training offered by GBC and the nursing program in the use of instructional and distance technologies met my needs.



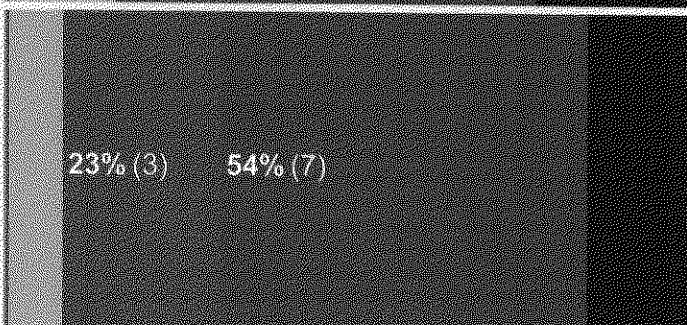
**100% (13)**

I received adequate support and consultation in addressing technical problems with media, computers, and use of WebCampus.



**100% (13)**

GBC Library provides up-to-date information along with current research information.



**100% (13)**

### Additional comments:

Professor Volkert is an exceptional teacher. I appreciate her timeliness and constructive feedback. Thank you.

I am enjoying the nursing program immensely. Thank you!

NURS 436

Population Focused  
Community Health Practicum



**BACHELOR OF SCIENCE IN NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 436: Population Focused Community Health Practicum**

**4 CREDITS PRACTICUM (60 contact hours)**

**Spring 2015**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory and Clinical Instructor(s):

Delene Volkert, RN, MSN, CNE      623-1823 (Office)  
397-7250 (Cell)  
[delene.volkert@gbcnv.edu](mailto:delene.volkert@gbcnv.edu)

2. Office and Hours:

Delene Volkert  
Winnemucca Campus  
Tues 12:30-3:00 & Thursday 0900-1130  
Also by appointment

**B. COURSE INFORMATION:**

Course Description: Students engage in experiential learning activities that focus on application of public/community health nursing concepts to promote optimum health and wellness for rural communities and underserved populations. Incorporates project-focused group work and interprofessional planning and intervention.

Three credits theory. 1 credit practicum. Offered spring semester only. Prerequisites: Must be accepted to the RN-BSN program. NURS 326, NURS 420, NURS 429.

1. Schedule:

Theory:

Online and self-directed learning

Dates: March 16, 2015 - May 15, 2015

**COURSE OUTCOMES:**

COURSE OUTCOMES	MEASUREMENTS
1. Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	Windshield Survey/Community Needs Assessment MAP-IT Assignment  Primary Community Health Issue and Vulnerable Population MAP-IT Assignment  Three Level Primary Prevention/Intervention Plan MAP-IT Assignment  Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project
2. Apply quality improvement measures in public/community healthcare environments.	Three Level Primary Prevention/Intervention Plan MAP-IT Assignment  Intervention Evaluation & Quality Improvement MAP-IT Assignment  Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project
3. Use current evidence about public/community health nursing when planning care in the public/community healthcare setting.	Primary Community Health Issue and Vulnerable Population MAP-IT Assignment  Three Level Primary Prevention/Intervention Plan MAP-IT Assignment  Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project
4. Apply collaboration techniques when working with the interprofessional healthcare team in public/community health settings.	Stakeholder Interviews MAP-IT Assignment  Instructor Phone Meeting

	<p>Conflict Case Study Discussion Question</p> <p>Communication &amp; System Barriers MAP-IT Assignment</p> <p>Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project</p> <p>Response/Reflection to Peer Projects Discussion Question</p>
5. Apply the role of the nurse as a leader in the public/community healthcare setting.	<p>Definition of Community and Community/Public Health Nurse DQ</p> <p>Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project</p>
6. Use information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making in the public/community healthcare setting.	<p>Communication &amp; System Barriers MAP-IT</p> <p>Intervention Evaluation &amp; Quality Improvement MAP-IT Assignment</p> <p>Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project</p> <p>Practicum log hours</p>

#### **METHOD OF INSTRUCTION:**

This course will be taught asynchronously using WebCampus, the GBC learning platform for online learning. This course will consist of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

#### **STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem. Evaluation of student progress will be the successful completion of the course outcomes.

Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a group project. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY May 15, 2015.**

#### **REQUIRED MATERIALS:**

- ❖ Maurer, F. A., & Smith, C. M. (2013). *Community/public health nursing practice: Health for families and populations* (5<sup>th</sup> edition). St. Louis, MO: Elsevier Saunders. ISBN: 978-1-4557-0762-1
- ❖ American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: Author. ISBN 978-1-4338-0561-5

**These are the same textbooks used for NURS 429. You do not need to buy additional textbooks for this course.**

#### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =	C
93.99-90.00 =	A-	75.99-70.00 =	C-
89.99-87.00 =	B+	69.99-67.00 =	D+
86.99-84.00 =	B	66.99-64.00 =	D
83.99-80.00 =	B-	63.99-60.00 =	D-
79.99-77.00 =	C+	Below 60.00 =	F

**A grade of "B-" or better is required in ALL nursing courses applicable to the Bachelor of Science in Nursing degree.**

For assignments that have the Turnitin option enabled, you must submit your written work for Turnitin assessment. This is automatically done via the submission page. **If you receive a Turnitin score greater than 20, you must revise and resubmit the paper.** Late penalties will apply if revisions are submitted after the assignment deadline.

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

<b>Assessment:</b>	<b>Total Points:</b>
Windshield Survey & Community Needs Assessment MAP-IT Assignment	50 points (track hours)
Instructor Phone Meeting	50 points (track hours)
Stakeholder Interviews MAP-IT Assignment	50 points (track hours)
Primary Community Health Issue and Vulnerable Population MAP-IT Assignment	50 points (track hours spent building pp slides)
Communication & System Barriers MAP-IT Assignment	50 points (track hours spent building pp slides)
Three Level Primary Prevention/Intervention Plan MAP-IT Assignment	75 points (track hours spent building pp slides)
Intervention Evaluation & Quality Improvement MAP-IT Assignment	50 points (track hours spent building pp slides)
Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project	100 points (track hours spent building additional slides and putting all slides together for submission)
Response/Reflection to Peer Projects – Discussion Question	25 points
Discussion questions with peer responses (25 points x 2)	50 points
Practicum log submission – weeks 3 & 5 (12 points x 2)	24
Final practicum log submission – week 7	26
<b>Total points for course</b>	<b>600 points</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

#### **ATTENDANCE POLICY:**

Students are expected log-on to the Web-Campus and Evolve site to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of “F”.** **The last day to drop this course is April 19, 2015.** See Student Handbook for further information concerning the attendance policy.



## **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.

## **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

**CAMPUS SECURITY:** GBC is committed to the safety of our students and has a duty to promote awareness and prevention programs for violence on campus under the Jeanne

Clery Act as well as the Campus SaVE (Sexual Violence Elimination Act) and VAWA (Violence Against Women Act), which are amendments to Clery. Acts of violence include, but are not limited to, sexual assault, domestic violence, dating violence, and stalking. Acts of violence can occur on the physical campus or centers of GBC in addition to field placement sites, clinical practice settings, and other places where college or class activities occur. As well, the online environment at GBC is considered a GBC site. If you experience any incidence where your safety has been threatened or violated, or if you feel threatened or harassed, immediately report this to me, any center director, faculty, or staff member, or directly to the Director of Environmental Health, Safety & Security(775.753.2115) or the Vice President for Student Services(775.753.2282).

#### **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.

## NURS 436 – Spring 2015 Schedule

MODULES	RESOURCES	ASSIGNMENTS & DUE DATES
Module 1	<ul style="list-style-type: none"> <li>Chapter 15: Community Assessment</li> <li>Healthy People 2020 MAP-IT Info &amp; Links</li> <li>Windshield Survey Handout from Maurer</li> <li>Windshield Survey Handout Example</li> <li>436 Practicum Hours Log</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	<p>Primary response to discussion question– <i>due on Thursday, by 11:59 pm</i></p> <p>Windshield Survey &amp; Community Needs Assessment MAP-IT Assignment– <i>due on Sunday, by 11:59 pm</i></p> <p>Peer response to one discussion question – <i>due on Sunday, by 11:59 pm</i></p> <p>Schedule phone appointment with instructor – <i>must be completed no later than Wednesday of Module/Week 2</i></p>
	SPRING BREAK!	
Module 2	<ul style="list-style-type: none"> <li>Chapter 16: Community Diagnosis, Planning, and Intervention; <i>make sure to read Interviews with Key Informants (Stakeholders) on pgs 411</i></li> <li>Healthy People 2020 MAP-IT Info &amp; Links</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	<p>Phone appointment with instructor, due no later than Wednesday of this week</p> <p>Stakeholder Interviews MAP-IT assignment – <i>due Sunday, by 11:59 pm</i></p> <p>Signed stakeholder verification form – <i>due Sunday by 11:59 pm</i></p>
Module 3	<ul style="list-style-type: none"> <li>Chapter 16: Community Diagnosis, Planning, and Intervention</li> <li>Healthy People 2020 MAP-IT Info &amp; Links</li> <li>Healthy Safe Environments</li> <li>National Prevention Strategy Report</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	<p>Primary Community Health Issue and Vulnerable Population MAP-IT Assignment, <i>due Sunday, by 11:59 pm</i></p> <p>Submit log for first three weeks, <i>due Sunday, by 11:59 pm</i></p>
Module 4	<ul style="list-style-type: none"> <li>Chapter 16: Community Diagnosis, Planning, and Intervention</li> <li>Article by Johansen, M. L. (2012). Keeping the peace: Conflict management strategies for nurse managers.</li> </ul>	<p>Primary response to discussion question– <i>due on Thursday, by 11:59 pm</i></p> <p>Communication &amp; Systems Barriers MAP-IT Assignment, <i>due Sunday, by 11:59 pm</i></p>



	<ul style="list-style-type: none"> <li>• Healthy People 2020 MAP-IT Info &amp; Links (these are resources for you as you plan your project)</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	Peer response to one discussion question, <i>due Sunday, by 11:59 pm</i>
Module 5	<ul style="list-style-type: none"> <li>• Chapter 1: Responsibilities for Care in Community/Public Health Nursing</li> <li>• Chapter 16: Community Diagnosis, Planning, and Intervention</li> <li>• Healthy People 2020 MAP-IT Info &amp; Links (these are resources for you as you plan your project)</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	<p>Three Level/Primary Intervention Plan MAP-IT Assignment, <i>due Sunday by 11:59 pm</i></p> <p>Submit log for first five weeks, <i>due Sunday, by 11:59 pm</i></p>
Module 6	<ul style="list-style-type: none"> <li>• Chapter 17: Evaluation of Nursing Care with Communities</li> <li>• Healthy People 2020 MAP-IT Info &amp; Links</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	Intervention Evaluation and Quality Improvement MAP-IT Assignment, <i>due Sunday by 11:59 pm</i>
Module 7	<ul style="list-style-type: none"> <li>• Chapter 15: Community Assessment</li> <li>• Windshield Survey – Maurer Handout</li> <li>• Chapter 16: Community Diagnosis, Planning, and Intervention</li> <li>• Chapter 17: Evaluation of Nursing Care with Communities</li> <li>• Healthy People 2020 MAP-IT Info &amp; Links (these are resources for you as you plan your project)</li> </ul> <p>SEE MODULE OVERVIEW FOR INSTRUCTIONS REGARDING HOURS TO LOG FOR THE WEEK</p>	<p>Healthy People 2020 MAP-IT Power Point Submission, <i>due Sunday by 11:59 pm</i></p> <p>Post power point to discussion labeled “Healthy People 2020 MAP-IT Power Point”, <i>due on Sunday by 11:59 pm</i></p> <p>Submit final log, <i>due Sunday by 11:59 pm</i></p>
Module 8	<ul style="list-style-type: none"> <li>• Chapter 15: Community Assessment</li> <li>• Windshield Survey – Maurer Handout</li> <li>• Chapter 16: Community Diagnosis, Planning, and Intervention</li> <li>• Chapter 17: Evaluation of Nursing Care with Communities</li> </ul>	Response to two peer’s Healthy People 2020 MAP-IT Power point, <i>due on Thursday, by 11:59 pm</i>

	<ul style="list-style-type: none"><li>• Healthy People 2020 MAP-IT Info &amp; Links (these are resources for you as you respond to your peer's projects)</li></ul>	
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## Semester 2

### NURS 436 Population Focused Community Health Practicum

**Credits: 4 Practicum (60 hours)**

Students engage in experiential learning activities that focus on application of public/community health nursing concepts to promote optimum health and wellness for rural communities and underserved populations. Incorporates project-focused group work and interprofessional planning and intervention

Course Outcomes	Competencies	Activity	Evaluation
1. Apply quality improvement measures in public/community healthcare environments.	<p>a. Use information related to health care, illness, disease prevention, and health promotion to plan care for populations served by public health services.</p> <p>b. Relate quality improvement measures used in the public health/community setting to promote and provide quality, safe care for communities served.</p> <p>c. Analyze quality improvement processes to effectively implement safety initiatives and monitor performance measures in public/community health settings.</p>	<p>1. Plan interventions at all three levels for selected primary community health issue, utilizing information obtained through stakeholder interviews, windshield survey, and community needs assessment for Healthy People 2020 MAP-IT project.</p> <p>2. Analyze evaluation of proposed interventions and how they relate to quality improvement and determine effectiveness for Healthy People 2020 MAP-IT project.</p> <p>3. Power point presentation of all</p>	<p>1. Assignment submission with grading rubric.</p> <p>2. Assignment submission with grading rubric.</p> <p>3. Power point assignment</p>

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drv 12/08/14

			<p>phases of Healthy People MAP-IT community health project. In addition, student will analyze potential legal, political, and regulatory issues, with discussion of the nurses' role in advocacy for patient as a community</p>	<p>submission with grading rubric. Final to be placed in students Portfolio.</p>
<p>4. Use current evidence about public/community health nursing when planning care in the public/community healthcare setting.</p>	<p>a. Apply community and public health nursing theory and research-based knowledge to the care of populations and communities.</p> <p>b. Apply components of evidence based practice as they relate to public/community health nursing.</p> <p>c. Incorporate best practices in public/community health nursing.</p>	<p>1. Using research knowledge, best practices, and information obtained through stakeholder interviews related to community settings, choose primary community health issue and identify vulnerable populations impacted as topic for Healthy People 2020 MAP-IT project.</p> <p>2. Plan interventions at all three levels for selected primary community health issue, utilizing information obtained</p>	<p>1. Assignment submission with grading rubric.</p> <p>2. Assignment submission with grading rubric.</p>	

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drv 12/08/14

			through stakeholder interviews, windshield survey, and community needs assessment for Healthy People 2020 MAP-IT project. 3. Power point presentation of all phases of Healthy People MAP-IT community health project. In addition, student will analyze potential legal, political, and regulatory issues, with discussion of the nurses' role in advocacy for patient as a community	3. Power point assignment submission with grading rubric. Final to be placed in students Portfolio.
5. Apply collaboration techniques when working with the interprofessional healthcare team in public/community health settings.	a. Engage in collaboration with members of the interprofessional healthcare team in the public/community healthcare setting.  b. Apply effective strategies for communicating and resolving conflict in the public/community healthcare setting.	1. Identify and interview community stakeholders related to three identified community health issues from 429 Healthy People 2020 MAP-IT assignment. 2. Schedule and complete phone meeting with	1. Assignment submission with grading rubric.  2. Completion of scheduled phone meeting	

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drv 12/08/14



	<p>c. Identify possible system barriers and facilitators to promote effective team functioning present in the public/community healthcare setting.</p> <p>d. Relate nursing's unique perspective while working with the interprofessional team to optimize outcomes in the public/community healthcare setting.</p>	<p>instructor by middle of week 2.</p> <p>3. Based on a Case Study in a discussion students will apply strategies to address conflict in public health nursing.</p> <p>4. Analyze communication strategies, identify possible systems barriers, and relate nurses' unique perspective in public health settings for Healthy People 2020 MAP-IT project.</p> <p>5. Power point presentation of all phases of Healthy People MAP-IT community health project. In addition, student will analyze potential legal, political, and regulatory issues, with discussion of the nurses' role in advocacy for patient as a community</p>	<p>3. Discussion Question with peer response grading rubric</p> <p>4. Assignment submission with grading rubric</p> <p>5. Power point assignment submission with grading rubric. Final to be placed in students Portfolio.</p> <p>6. Discussion Question with grading rubric.</p>
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			6. Students will complete and post substantive feedback to final MAP-IT pp projects	
6. Apply the role of the nurse as a leader in the public/community healthcare setting.	<p>a. Explain how the nurse fits into the complex organizational structure of the public/community healthcare setting.</p> <p>b. Incorporate knowledge of healthcare systems when planning care in the public/community healthcare setting.</p> <p>c. Apply legal, political, and regulatory processes as a nurse in the public/community healthcare setting.</p> <p>d. Serve as a patient advocate when providing care in the public/community healthcare setting.</p>	<p>1. Definition of Community and Community/Public Health Nurse DQ</p> <p>2. Power point presentation of all phases of Healthy People MAP-IT community health project. In addition, student will analyze potential legal, political, and regulatory issues, with discussion of the nurses' role in advocacy for patient as a community</p>	<p>1. Discussion Question with peer response grading rubric</p> <p>2. Power point assignment submission with grading rubric. Final to be placed in students Portfolio.</p>	
7. Use information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making in the public/community healthcare setting.	<p>a. Use communication technologies when providing care in the public/community healthcare setting.</p> <p>b. Use high quality electronic sources of healthcare information to address the needs of a diverse patient population in the public/community healthcare setting.</p>	<p>1. Analyze communication strategies, identify possible systems barriers, and relate nurses' unique perspective in public health settings for Healthy People 2020 MAP-IT project.</p>	<p>1. Assignment submission with grading rubric.</p>	

		<p>2. Analyze evaluation of proposed interventions and how they relate to quality improvement and determine effectiveness for Healthy People 2020 MAP-IT project.</p> <p>3. Power point presentation of all phases of Healthy People MAP-IT community health project. In addition, student will analyze potential legal, political, and regulatory issues, with discussion of the nurses' role in advocacy for patient as a community</p>	<p>2. Assignment submission with grading rubric.</p> <p>3. Power point assignment submission with grading rubric. Final to be placed in students Portfolio.</p>
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**Practicum Agreement with Stakeholder:**

I verify that I met in person with \_\_\_\_\_, an RN to BSN student from Great Basin College.

This meeting was the opportunity for the student to discuss community health issues with me, related to identified community health issues for their Population Focused Community Health Practicum course, NURS 436. I consider myself an invested stakeholder of \_\_\_\_\_

Stakeholder's community – city & state

\_\_\_\_\_  
Print Stakeholder's Name, Facility/Organization, Position within the facility, and contact information (phone and/or email)

\_\_\_\_\_  
Stakeholder Signature

\_\_\_\_\_  
Date of meeting

**Student Signature:**

I verify that I met with the above individual to discuss community health issues for my practicum project in NURS 436

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

\_\_\_\_\_  
Student Signature

## Purpose, Roles, and Responsibilities

### **Student:**

Identify and interview appropriate community stakeholders related to three identified community health issues from 429 Healthy People 2020 MAP-IT assignment.

Coordination of care through planning phase with at least one vested community stakeholder, who has a relationship with an agency or facility in the students community of interest.

Plan care for patients and communities in the public/community healthcare setting incorporating cultural, ethnic, social, and community values.

Apply collaboration techniques when working with the interprofessional healthcare team in public/community health settings.

Using research knowledge, best practices, and information obtained through stakeholder interviews related to community settings, choose primary community health issue and identify vulnerable populations impacted as topic for Healthy People 2020 MAP-IT project.

Identify intervention plan for selected primary community health issue, utilizing information obtained through stakeholder interviews and community assessment for Healthy People 2020 MAP-IT project.

Ensure that stakeholder completes verification form with all required information and signatures

Student must also sign form and scan and return to instructor, as part of assignment

### **Stakeholder:**

Provide information based on position as point of contact for identified community agency/facility related to students identified community health issues.

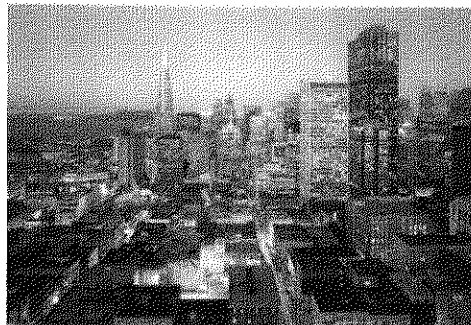
Meet with student in person for personal, one on one interview, related to questions student has regarding their community of interest and their potential/identified community health issues.

Provide appropriate information as requested on stakeholder verification form:

- Stakeholder's Community – City and State
- Stakeholder's Name
- Name of the Facility/Organization
- Position within the facility
- Contact information (phone or email)

## NURS 436

### Module One



#### Windshield Survey & Needs Assessment MAP-IT assignment

##### Assignment Learning Outcomes

Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.

##### Windshield Survey & Community Needs Assessment MAP-IT assignment – 50 pts.

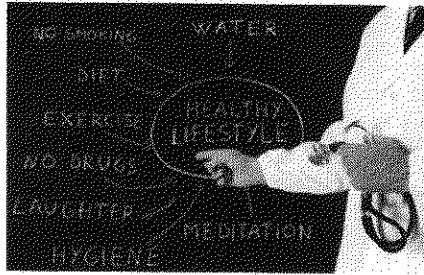
1. Conduct a windshield survey and community needs assessment to determine your choice of primary community health issue using Healthy People 2020 MAP-IT framework. This will help you determine the primary community health issue that is responsive to *your* communities needs and focused on improving *your* communities' population health.
2. This is the place where you will identify the gaps in your community and show what the needs are. This needs assessment will help you to develop what your primary community health issue will be. This is the first step toward developing your practicum project.
3. What does your community need? Do you have a lot of lower SES people that can't afford cars and need more access to public transportation? Do you have elderly people who can't drive anymore and there isn't a bus service that comes to their neighborhood? (These are just some ideas for the transportation section).
4. Also, you should make sure you are assessing the community that you will be planning your practicum project in. If you live in Tahoe, but will be looking at Reno for your practicum project, then you should be assessing the *Reno area*.

5. Also, you can include relevant pictures of your area - be sure to include these in the pertinent section. These can be pictures that you find online, even better, these would be pictures that you take to illustrate the section you are discussing. This is not required, it is a nice touch and helps to develop your power point with graphics and great information about your specific community.
6. You will fill out and submit the handout from Maurer for your windshield survey and while rules of grammar/spelling apply, APA formatting is not required for this assignment.
  - a. Make sure to include your name on the form and change the font color for the text you add to the form. Refer to the example that I posted under Module 1.
7. Remember, you will be using this information to support your choice of a primary community health issue for your assignments due in week three. ***This is due on Sunday, by 11:59 pm***

***Submit the assignment and in addition, prepare 2-5 slides for this section that will be your final portfolio project. You will compile the slides prepared in weeks 1-6, adding 2-4 additional slides, and submit your final power point in week 7.***

## NURS 436

### Module Seven



#### Student Learning Outcomes

1. Apply community and public health nursing concepts to safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.
2. Apply quality improvement measures in public/community healthcare environments.
3. Use current evidence about public/community health nursing when planning care in the public/community healthcare setting.
4. Apply collaboration techniques when working with the interprofessional healthcare team in public/community health settings.
5. Apply the role of the nurse as a leader in the public/community healthcare setting.
6. Use information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making in the public/community healthcare setting.

#### Healthy People 2020 MAP-IT Power Point Submission/Portfolio Project 100 points

1. For module 7 - In 2-4 slides analyze the following:
  - a. Potential legal
  - b. Potential political
  - c. Potential regulatory issues
  - d. Discuss the nurses' role in advocacy for community as the patient.



2. Combine these slides with the slides you have been prepared during weeks 1 – 6, make sure to include the 2-4 slides listed above
  - a. Note that you will NOT include the slides you created for your pp in 429. These slides should be from weeks 1-7 of 436 only
3. The completed power point should be *no less than 10 slides and no more than 25 slides*, not including your cover slide and reference slide(s).
4. *Try not to pack your slides with too much information.*
  - a. *Use the notes section of the slide to add additional information.*
  - b. Each power point presentation should have a minimum of 8 peer-reviewed and/or evidence based references on their reference slide(s).
5. Submit your final power point to assignment submission and
6. In addition – post your power point to the discussion labeled “Healthy People 2020 MAP-IT Power Point”
7. This is due on Sunday, by 11:59 pm.

# Smoking Prevention and Cessation For The American Indian Alaskan Native (AIAN) Community in Washoe County, Nevada

HEALTHY PEOPLE 2020 MAP-IT PROJECT GREAT

BASIN COLLEGE

MAGDOLNA BUTLER

May, 2015

(U.S. Department of Health and Human Services [HHS]. 2015)

# WINDSHIELD SURVEY



## 1. Area

- Urban area
- Population: 233,294
- 103.01 square miles
- 2,186.4 people/sq. mile

(U.S. Census Bureau 2013)



## 2. Demographics

- Female: 49.2%
- Under 18: 22.8%
- White: 74.2%
- Black: 2.9%
- AIAN: 1.3%

(U.S. Census Bureau, 2013)



### 3. Amenities

- 49 parks
- Truckee River
- Athletic fields/teams
- Museums
- Swimming facilities

(Washoe County Manager's Office, n.d.)



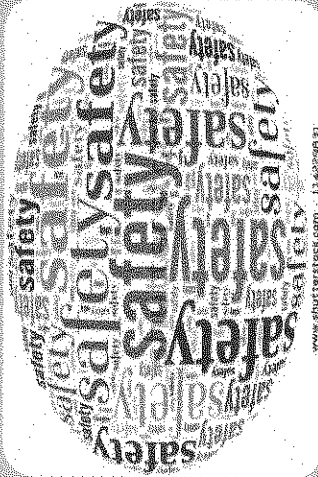
# WINDSHIELD SURVEY



## 4. Transportation

- Buses, taxis, trains
- International airport
- Bicycling
- SUV/farm vehicles
- Paratransit services

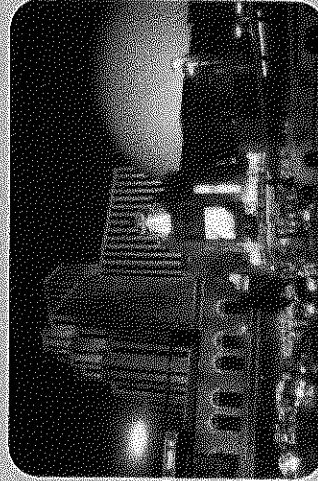
(Regional Transportation Commission, n.d.)



## 5. Safety

- Revitalization
- Tesla Motors (Chereb, 2014)
- Declining crime
- Police

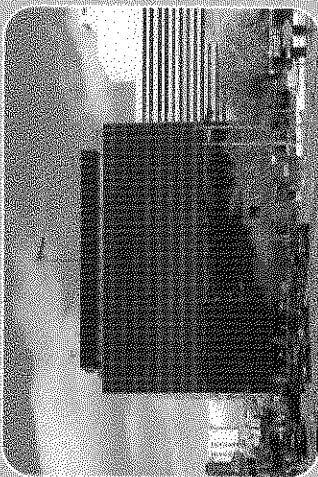
(Advameg, Inc., 2015)



## 6. Buildings/Areas

- Retail stores
- Shopping malls
- Casinos
- Liquor stores
- Pawn shops
- Warehouses

# WINDSHIELD SURVEY



## 7. Government

- City Hall
- Courthouse
- Community Development Dept.
- Fire & Police

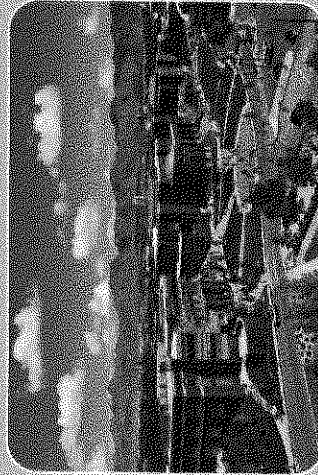
(City of Reno, 2013)



## 8. Health Services

- 4 Hospitals
- Drug stores
- Public clinics
- Free or low cost services

(University of Nevada, Reno, n.d.)



## 9. Schools

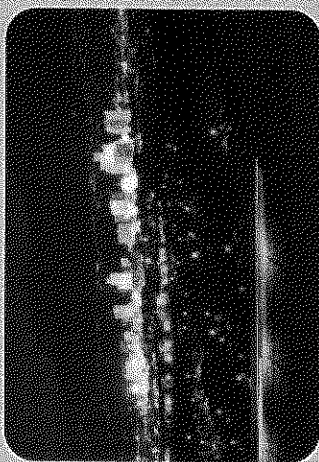
- Washoe County School District
- Overcrowding
- University
- Technical & trade schools

(McAndrew, 2014)

(Accredited Schools Online, 2015)



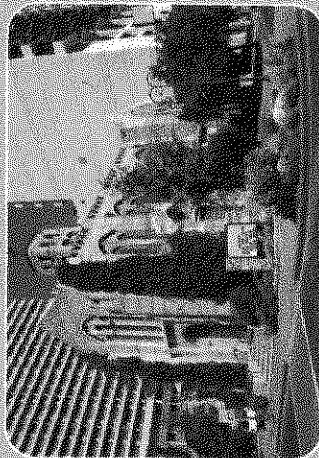
# WINDSHIELD SURVEY



## 10. Residential

- Single family homes, apartments, condos, etc.
- 88.8% occupied
- 78.2% with 2 or more bedrooms

U.S. Census Bureau, 2013



## 11. Religions

- 57.9% Catholic
- Catholicism evident
- Other religions

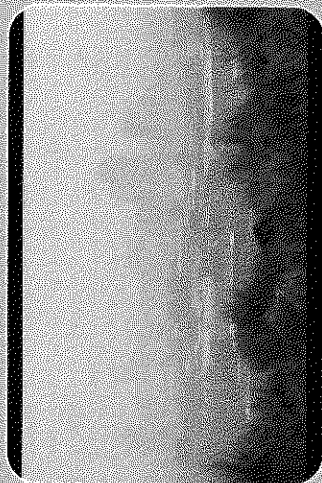
(Advameg, Inc., 2011)



## 12. Communication

- Billboards
- Newspaper (w3news, 2015)
- Television stations (Regional Director US, 2015)
- Radio stations (RadioReference.com LLC, 2015)
- Gaffiti abatement (City of Reno, 2013)

# WINDSHIELD SURVEY



## 13. Environment

### - Air quality problems

(Washoe County Health District Air Quality Management Division, 2014)

### - Water safe

(University of Nevada Cooperative Extension, 2012)



## 14. Other

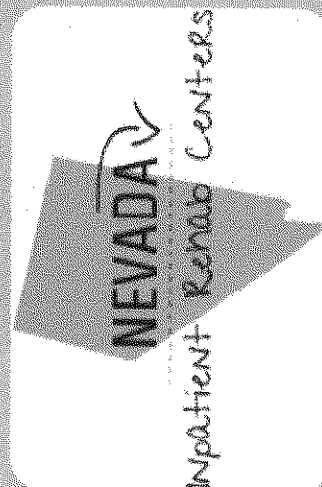
### - 28.9% with Bachelor's degrees

(U.S. Census Bureau, 2013)

### - Median income \$46,770

### - Median value of homes \$202,100

(U.S. Census Bureau, 2013)



### - Drug and alcohol abuse problems

### - No enough inpatient rehabilitation services



# STAKEHOLDER INTERVIEW

## Community Stakeholder:

Cordelia Abel-Johnson, LVN, Community Health Coordinator  
Reno-Sparks Indian Colony (RSIC)

Tobacco use among the  
AIAN population is a big  
concern

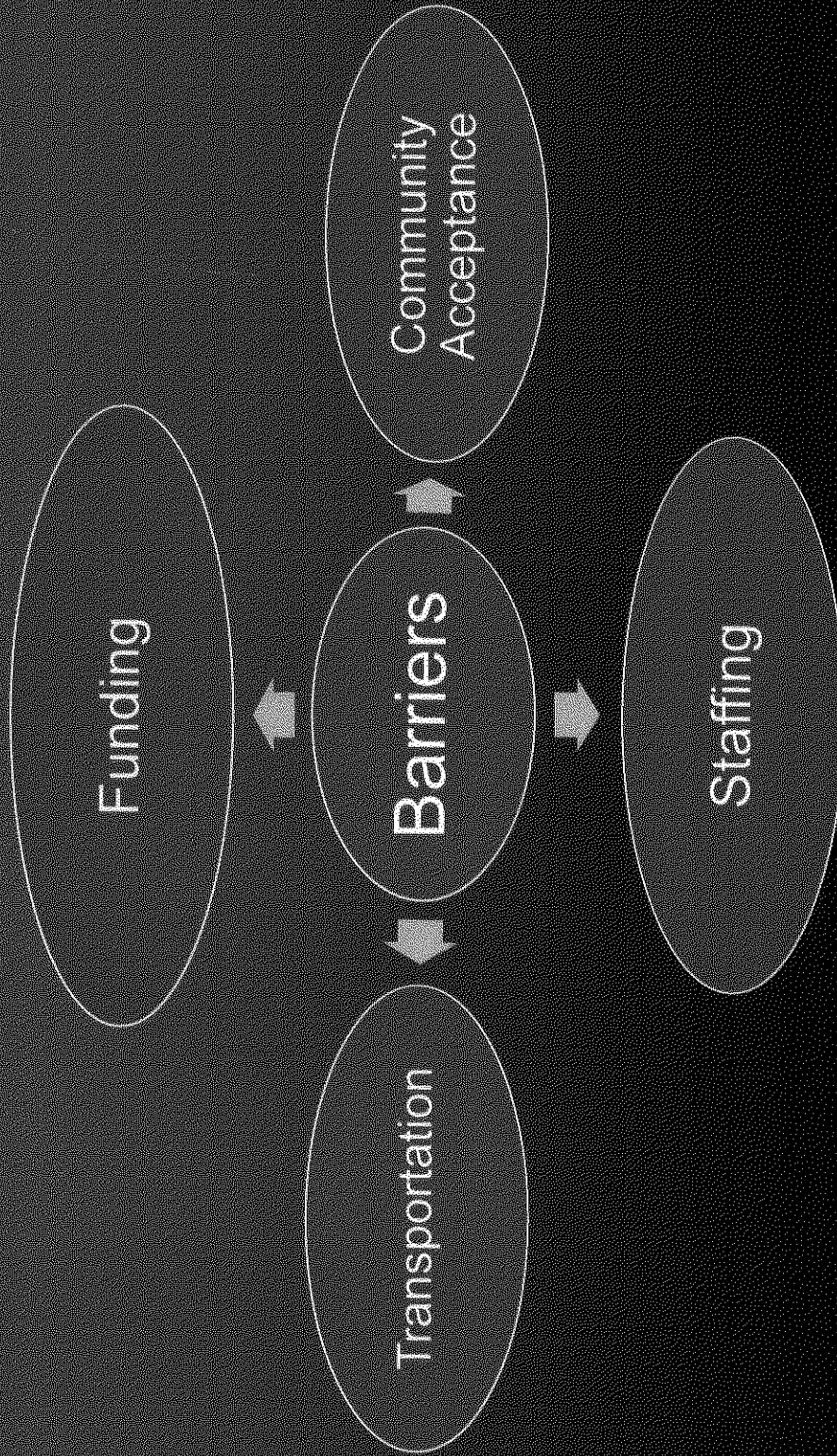
Historically, smoking  
cessation programs were  
successful



(C. Able-Johnson, personal communication, April 1, 2015)

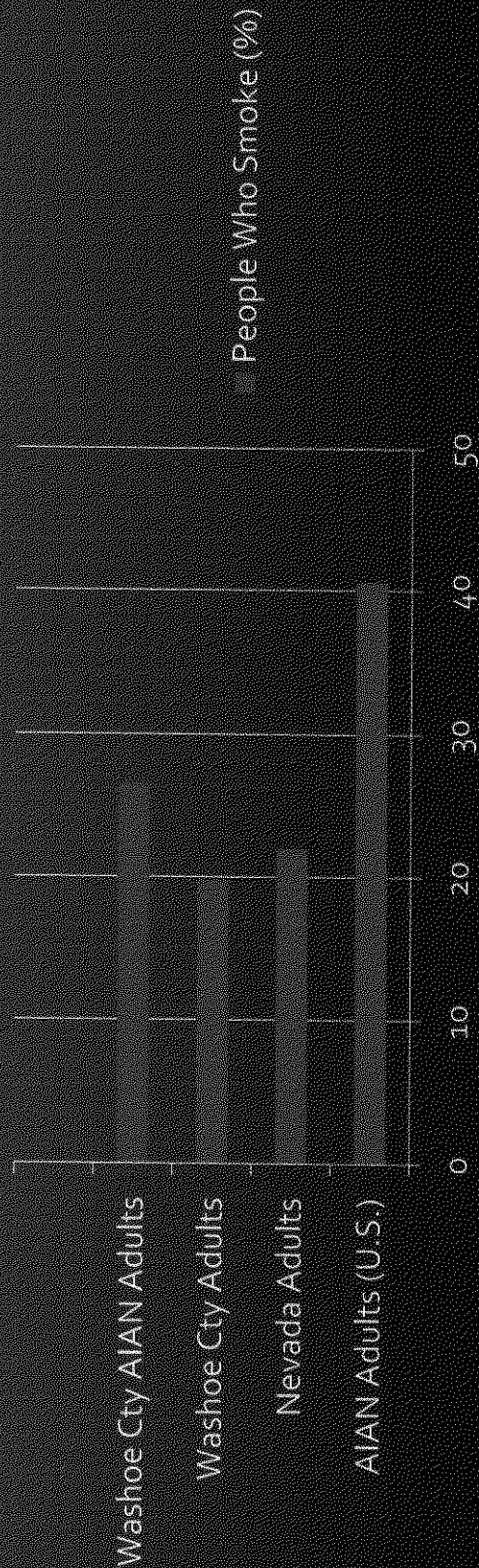


# STAKEHOLDER INTERVIEW



(C. Able-Johnson, personal communication, April 1, 2015)

## Cigarette Smoking in the AIAN Community Comparison Chart





## Cigarette Smoking in the ALAN Community

### Programs

- Prevention
- Cessation

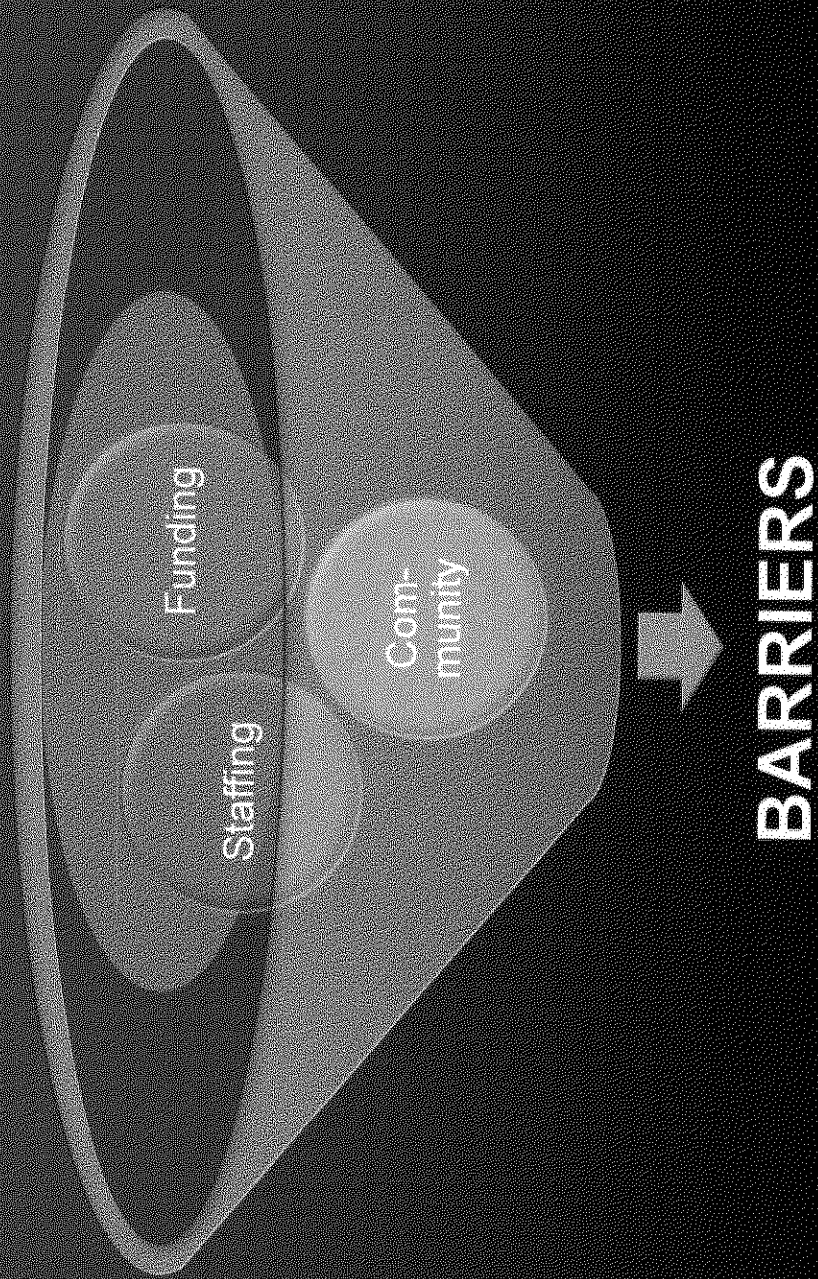
### Challenges

- Negative messaging
- Community resources

### Recommendations

- Strengthen resources
- Staff training

# HEALTH ISSUE BARRIERS





# HEALTH ISSUE BARRIERS

## Models of Community Organization

### Community Empowerment

Self-help;  
community  
capacity and  
integration  
Guiding of  
small task  
oriented  
groups

Entire  
community  
involved in  
determining  
and solving  
their own  
problems

Nurse is  
enabler-  
catalyst;  
coordinator;  
teacher of  
problem-  
solving skills  
and ethical  
values

### Social Planning

Problem  
solving with  
regard to  
substantive  
community  
problems

Fact gathering  
and logical  
decision making  
Guiding of  
formal  
organizations  
and of data

Nurse is fact  
gatherer and  
analyst;  
program and  
policy  
designer and  
implementer;  
facilitator

## Primary Interventions - Prevention

- Smoking Prevention
- ALAN Youth (Beebe et al., 2008, p. S82)
- Prevention education
- In school (Sherman & Primack, 2009)
- Before the age of 10 (Horn, Noerachmanto, Dino, Manzo & Brayboy, 2009, p. 157)
- Trained, professional smoking cessation counselors
- Non-parent role models (Beebe et al., 2008, p. S88)
- RSIC Head Start Program



## Secondary Interventions - Cessation

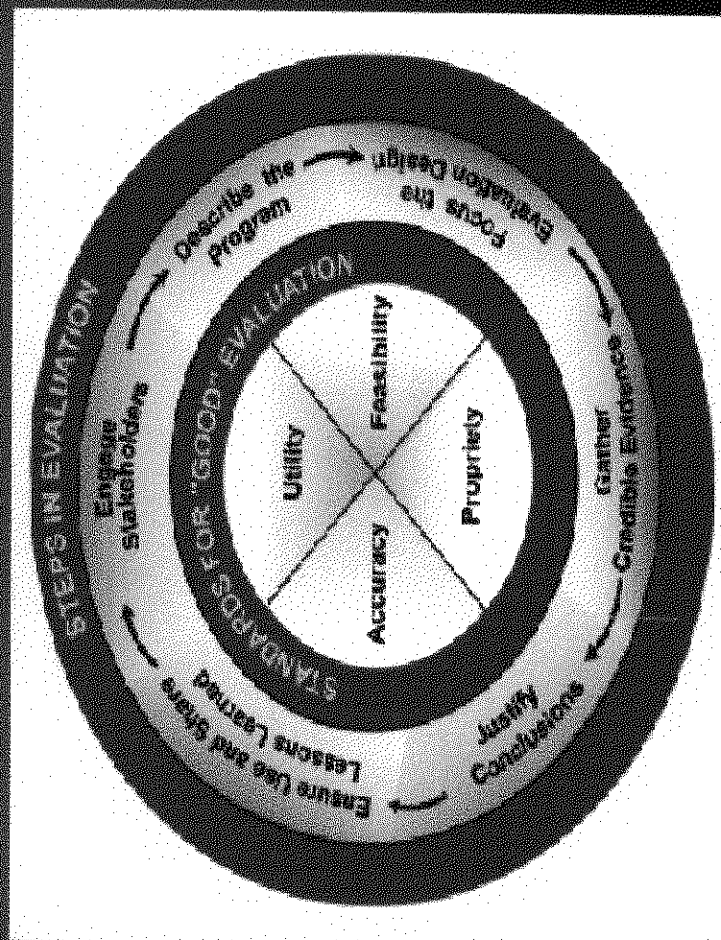
- Identification of smokers
  - Recruiting for cessation program (Fu et al., 2014, p. 47)
- Comprehensive smoking cessation program
  - Free of charge
  - Provided by trained, smoking cessation counselors
- Provided at Reno Spark Indian Colony Health Center
  - Weekly counseling sessions
  - Pharmaceuticals and quit kits (Fiore et al., 2008 and Choi, et al., 2011, p. 130)

## Tertiary Interventions – Limiting Disability

- Members with diagnosed illnesses
  - Smoking cessation a priority (Tang et al., 2014)
  - High intensity program
- Taught by trained smoking cessation counselors
  - In conjunction with rehabilitation program
- Pulmonary rehabilitation
  - Medications

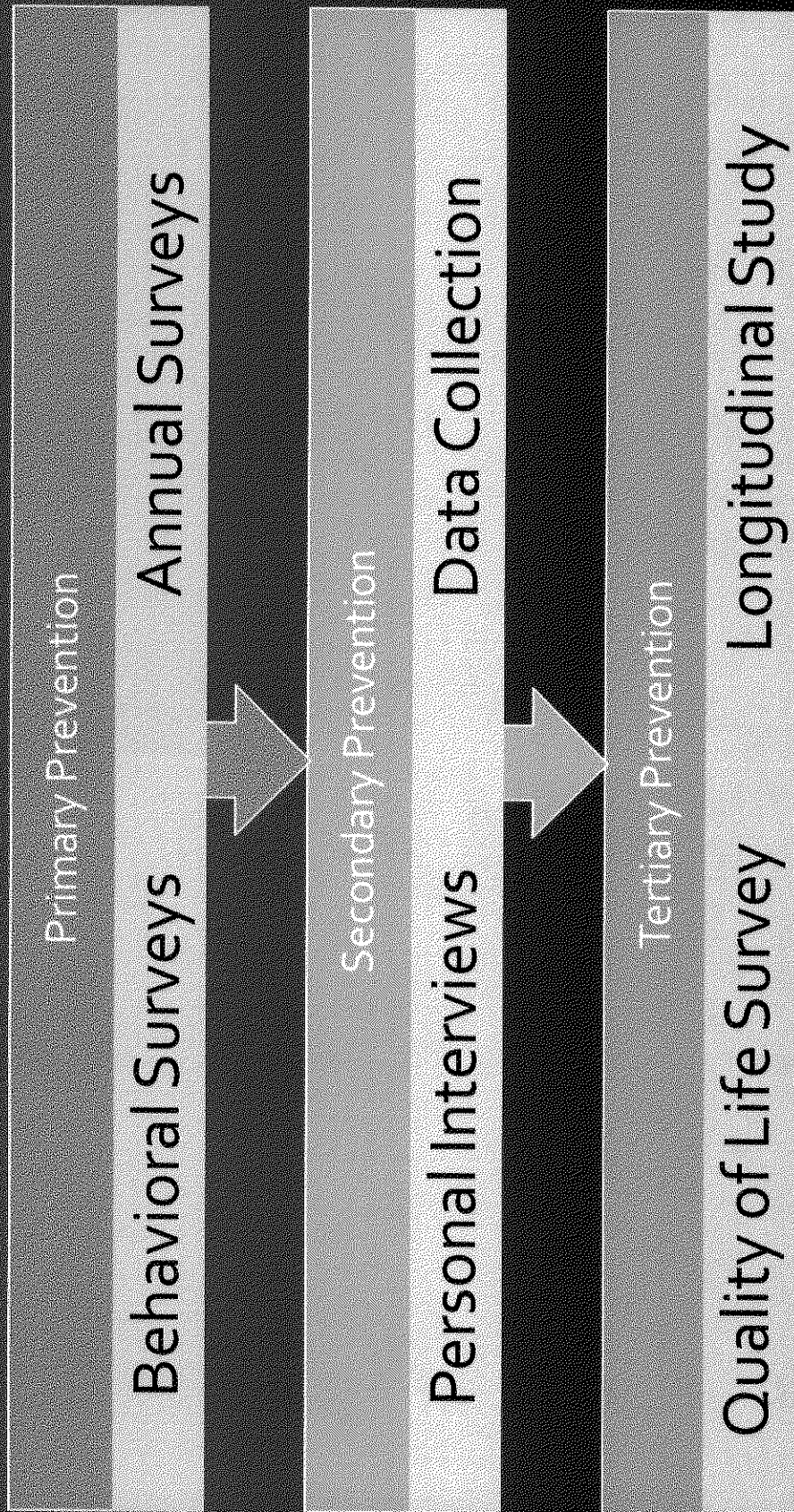


# EVALUATION



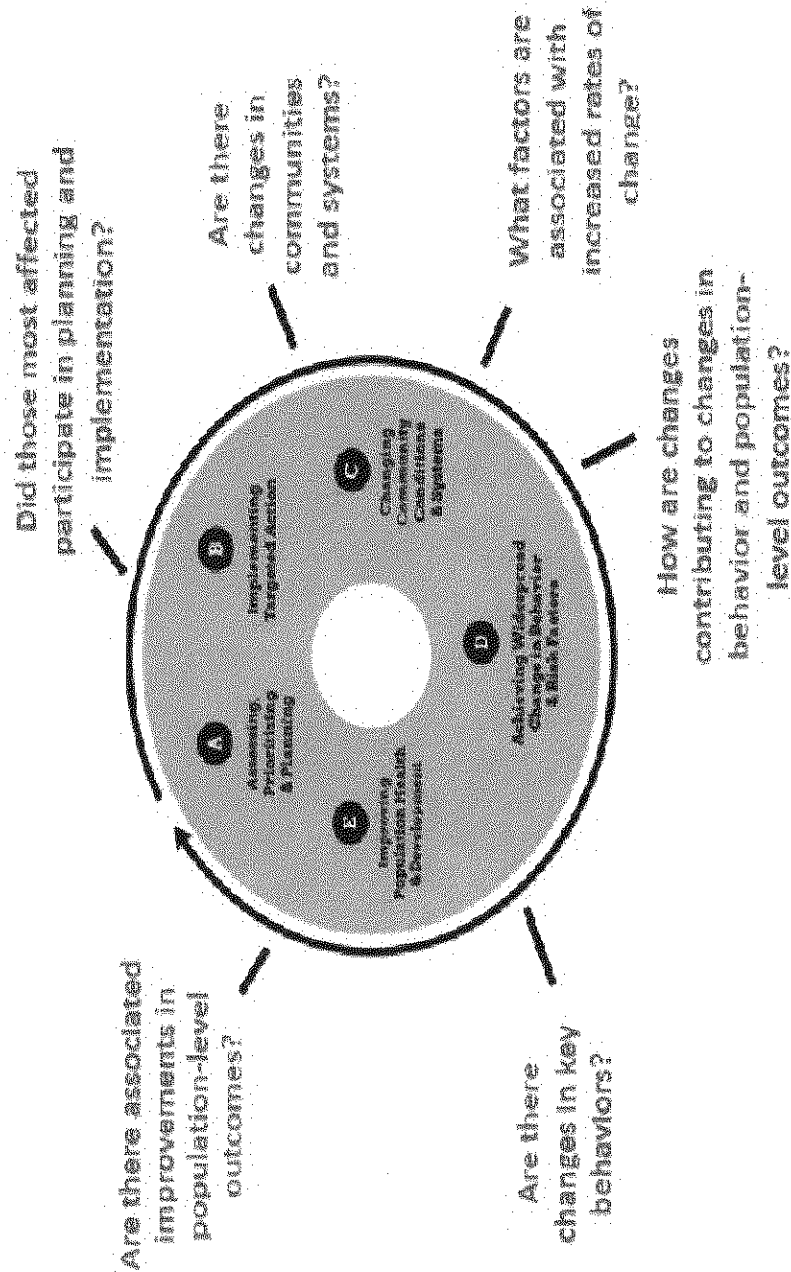
Work Group for Community Health and Development at the University of Kansas, 2014

# EVALUATION





# QUALITY IMPROVEMENT



Work Group for Community Health and Development at the University of Kansas, 2014

# ISSUES

## Legal

- Minors' participation
- HIPPA rules

Maurer & Smith, 2013

## Political

- AIAN political issues
- Smoke shops

Reno -Sparks Indian Colony, n.d.

## Regulatory

- Funding
- AIAN Exemptions

Maurer & Smith, 2013



# ADVOCACY-NURSE'S ROLE

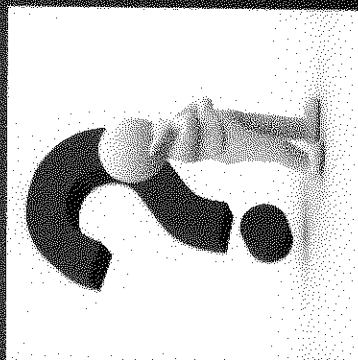
Researching and Planning

Implementing and Teaching

Collaborating

(Maryland & Gonzalez, 2012)

# QUESTIONS





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## REFERENCES

- Work Group for Community Health and Development at the University of Kansas. (2014). The community tool box: Chapter 38: Section 7: Behavioral surveys. Retrieved from <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/behavioral-surveys/main>
- Work Group for Community Health and Development at the University of Kansas. (2014). The community tool box: Chapter 39: Section 2: Providing feedback to improve the initiative. Retrieved from <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation-to-understand-and-improve/feedback-for-improvement/main>
- w3newspapers. (2015). Nevada newspapers online. Retrieved from <http://www.w3newspapers.com/usa/nevada/>



## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
NURS 436: Population Focused Community Health Practicum
2. Year / Semester: 2015 Spring
3. Course Faculty (include any adjunct faculty utilized)  
Delene Volkert, MSN, RN, CNE

## COURSE STATISTICS

4. Theory Ratio 19:1 Practicum Ratio 19:1  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 100%
  - b. Percent Failed: 0%
  - c. Range of Scores: 86.7 – 100%
6. Final Practicum Outcomes:
  - a. Percent Satisfactory: 100%
  - b. Percent Unsatisfactory: 0%
7. Course Attrition:
  - a. Beginning number of students: 19
  - b. Withdrawals: 2
  - c. Incompletes (with expected date of completion): 0

## THEORY EVALUATION

8. Textbooks used and evaluation of each:

Maurer, F. A., & Smith, C. M. (2013). Community/public health nursing practice: Health for families and populations (5th edition). St. Louis, MO: Elsevier Saunders. ISBN: 978-1-4557-0762-1

American Psychological Association. (2010). Publication manual of the American Psychological Association (6th ed.). Washington, DC: Author. ISBN 978-1-4338-0561-5
9. Weekly content:  
See attached schedule



10. Special Experiences related to student learning outcomes and competencies:

Students met with instructor via telephone before the middle of week 2 (all were completed before week 2 started – during week 1 and spring break, which fell before week 2 began). Students scheduled this via an excel spread sheet/schedule in google docs. Students were sent a link to the document, with available times listed – and students added their chosen time & contact number (anyone with the link had the ability to edit). This was a very easy and manageable way to create this schedule.

This was also a great experience, as students were able to ask questions and seek guidance related to their specific projects at the beginning of the course. I was also able to briefly give students an overview of course expectations – making clear some issues that had caused some confusion for students in previous semesters. This was very successful and should be continued.

11. Teaching Methods:

See attached syllabus

## **PRACTICUM EVALUATION**

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards  
(Please list strengths and/or limitations specific to each site)

Specific sites were not utilized for this practicum course. Students created a community health project, focused on a health issue for a designated vulnerable population in their own community. Prior to outlining the topic, students did a windshield survey/needs assessment of their community and then they interviewed at least one and no more than three community stakeholders, related to their topic(s) of interest. Each student discussed potential stakeholders in their phone call with me and received permission from me for appropriate interviewees ahead of time. Students also were required to have the stakeholders they interviewed complete an interview verification form, which included the stakeholders name, position, and contact information. This was uploaded as a part of the assignment for module 2 (stakeholder interviews). This was a successful way to develop the importance of collaboration with vested community stakeholders and helped the students develop projects specific and unique to their own communities.

1 credit of the course (45 hours) was designated as a practicum credit. Students kept a log of their practicum projects, submitting them at various times in the semester for minimal points. As projects were finished hours were totaled and the average time spent preparing the practicum project was 48.1 hours, with a range from 39 – 56.5 hours (log tracking worksheet included in course report folder)

13. Briefly describe any concern(s) regarding practicum site(s) used.

N/A

14. Practicum changes and reason(s):

The only change I would make to the instructor phone call scheduling would be to list appointments as half hour, rather than one hour appointments. The appointment times ranged from 15-25 minutes, with no calls longer than 30 minutes. This would provide more availability and flexible times for students scheduling. (See attached completed schedule)

15. Special Experiences related to student learning outcomes and competencies:

One student has explained that she has been discussing her project with management at

her local hospital and the EMS team in her community. Her project is to develop a Trauma Intervention Program, staffed by volunteers in her community. Stakeholders in her community have expressed interest in implementing this program, which she will be presenting after she has completed the steps of developing the project for this course. This same student submitted her idea for an Evidence Based Intervention that she had developed for a previous course (NURS 420) and her facility chose to implement her intervention based on the strength of her presentation and a cost/benefit analysis that the student additionally completed.

16. Teaching Methods

See attached syllabus

## FULL COURSE OVERVIEW

17. What worked well and reason(s):

Each of the suggested changes from last semester were successfully implemented. Student's weekly preparation of a narrative "paper" to develop each section of their project was submitted to the instructor. Feedback from the instructor was then utilized by student's to develop the power point slides that comprised their practicum project. These slides were compiled and submitted in week 7. In week 8, students reviewed and responded to their peer's projects, providing substantive feedback to each other. This allowed the students to interact with each other and develop an online presence with their classmates.

18. Anticipated Changes

In module 2 (windshield survey/needs assessment), previously I gave the students up to 5 bonus points for including pictures. As one exemplary student finished the course with 100.1%, this will be taken out as bonus points and be made part of the submission (changing the rubric to include 3-5 points for inclusion of pictures). With the opportunity to talk with students early in the semester, it was easier to explain the importance of including pictures of their community in this assignment.

Module's 4 & 5 elicited questions about how to adequately complete the assignment and while grading, it was determined that all students did not understand what was expected regarding community barriers and how to develop measurable interventions that would lead to successful evaluation techniques (completed in module 6). The instructions for both of these modules will be expanded to clarify the expectations for those sections of the project.

19. Changes to weekly content and reason(s):

See above in #18

20. Changes to point allocation and reason(s):

The only changes to point allocation will be made to module 2, incorporating points for inclusion of pictures.

21. Other changes and reason(s):

N/A

22. Administrative:

- a. Syllabus has been saved to file.



- b. The course was backed up on WebCampus. ☒
- c. Grades have been entered. ☒
- d. Grade book has been saved to file. ☒
- e. Student work samples have been filed in student file. ☒
- f. Curriculum map has been updated with all changes made and filed. ☒
- g. Integrated Concepts Illustration has been updated with all changes made and filed. ☒

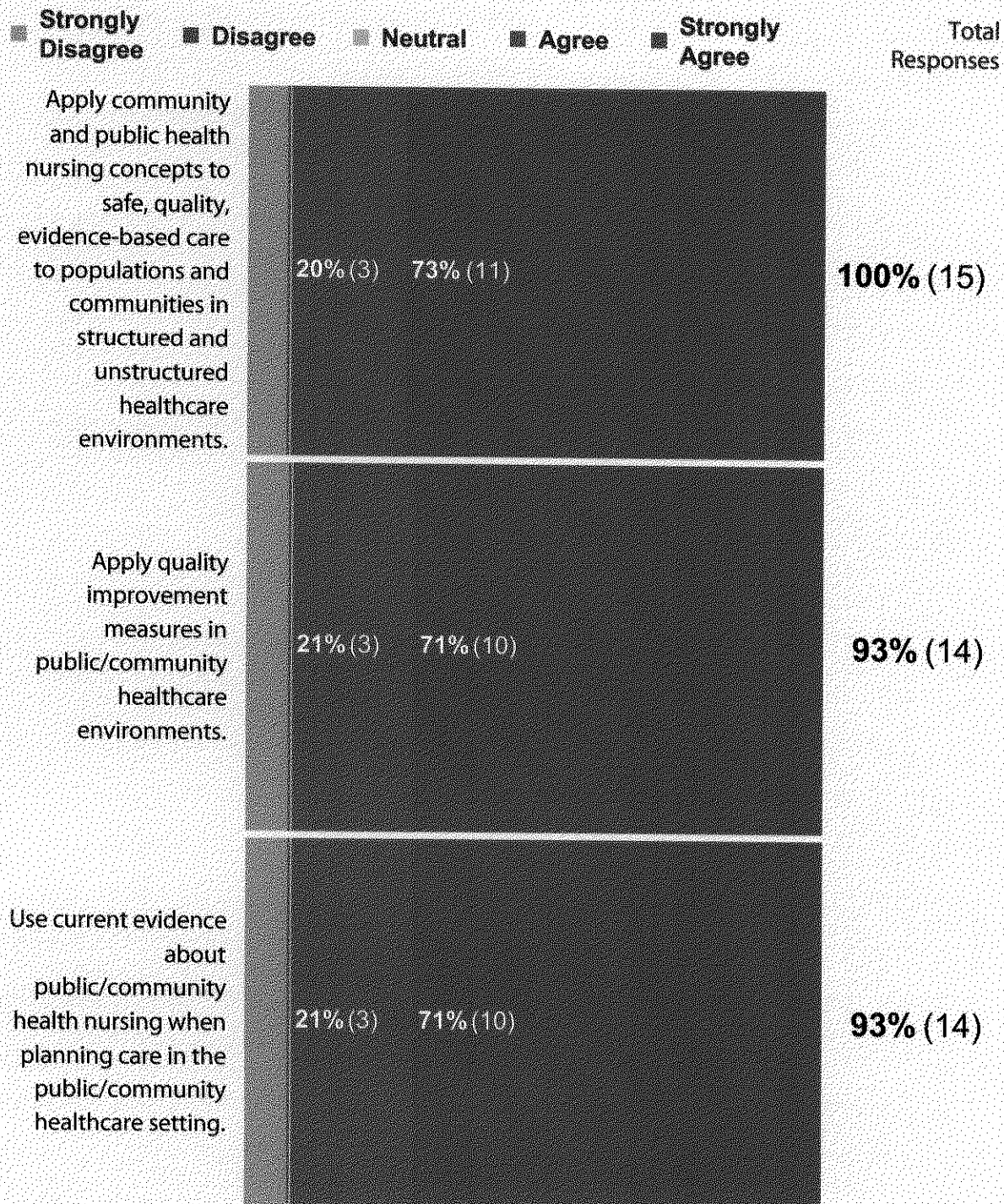
**Faculty Signature(s):** Delene Volkert, MSN, RN, CNE

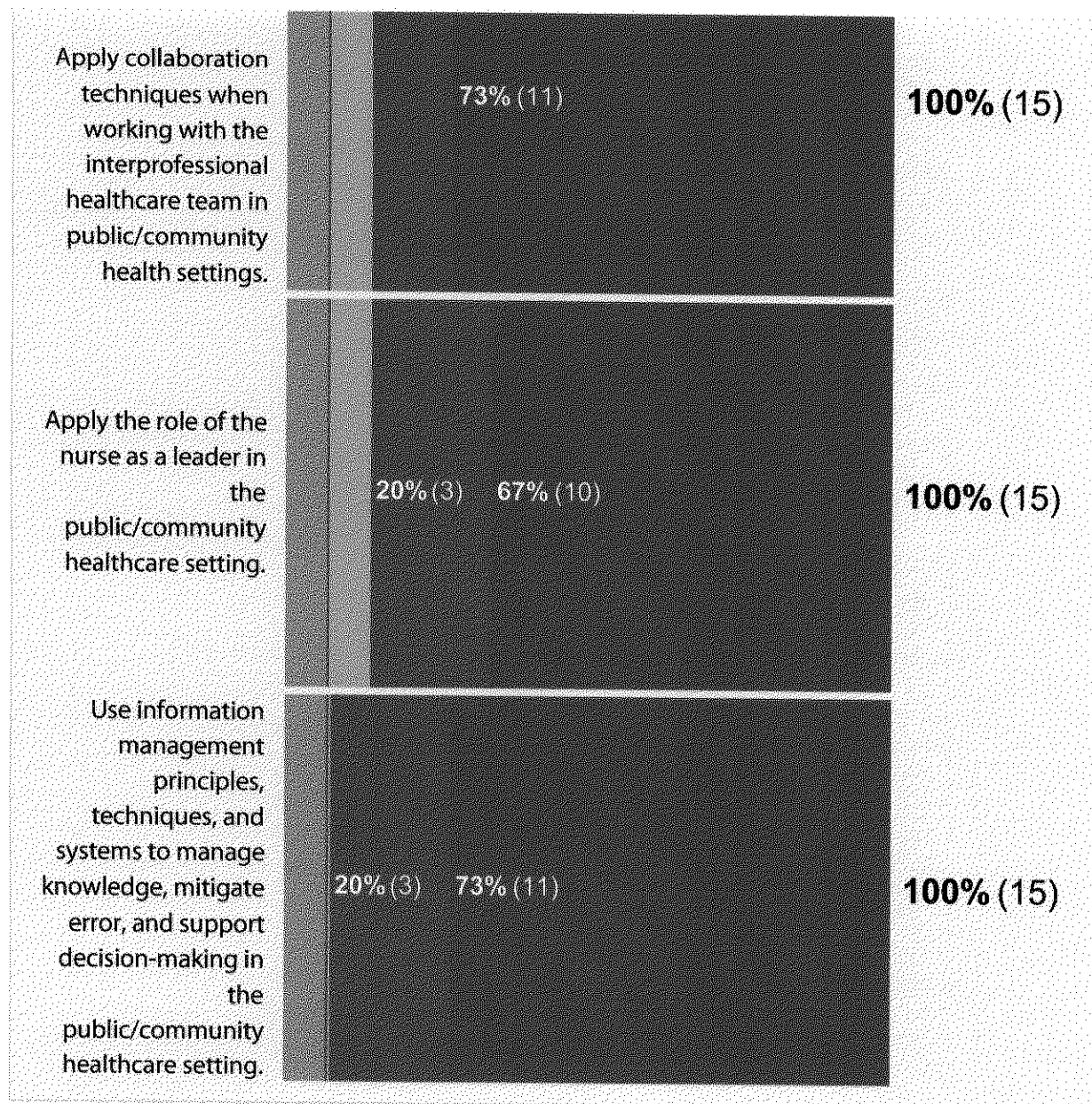
**Date:** 5/15/15

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.

## Student Learning Outcomes - NUR 436 - Spring 2015

As a result of this class, I am able to:





**Additional comments:**

This class really showed me how important the community is and how to evaluate an entire population including diverse groups.

This class challenged me to learn a whole new way of nursing. I now have more confidence about what kind of nurse I could be beyond the hospital setting.



## GBC Services Evaluation

☐ Strongly Disagree  
 ☐ Disagree  
 ☐ Neutral  
 ☐ Agree  
 ☐ Strongly Agree

☐ N/A

Total  
Responses

The training offered by GBC and the nursing program in the use of instructional and distance technologies met my needs.

87% (13)

100% (15)

I received adequate support and consultation in addressing technical problems with media, computers, and use of WebCampus.

80% (12)

100% (15)

GBC Library provides up-to-date information along with current research information.

73% (11)

100% (15)



NURS 437

Diversity and Healthcare Policy  
In Rural Environments



**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 437: Diversity and Healthcare Policy in Rural Environments**

**3 CREDITS THEORY (60 contact hours)**

**Spring 2015**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory Instructor:

Tami Mette, RN, MSN

753-2004 (Office)

934-7432 (Cell)

[tamara.mette@gbcnv.edu](mailto:tamara.mette@gbcnv.edu)

2. Office and Hours:

Health Sciences Room 118

Mon, Wed, & Thurs 0930-1030

Thurs 1330-1530

(Also by appointment)

**I am available by email anytime Monday through Friday and you can expect a response within 24-48 hours (not including weekends and holidays).**

**Communicating With the Instructor:**

This course uses a "three before me" policy in regards to student to faculty communications. When questions arise during the course of this class, please remember to check these three sources for an answer before asking me to reply to your individual questions:

1. Course syllabus
2. The Week's Module

### 3. The “GBC Coffee House” discussion board

This will help you in identifying answers before I can get back to you and it also helps your instructor from answering similar questions or concerns multiple times.

If you cannot find an answer to your question, please first post your question to the “GBC Coffee House” discussion board. Here your question can be answered to the benefit of all students by either your fellow students who know the answer to your question or the instructor. You are encouraged to answer questions from other students in the discussion forum when you know the answer to a question in order to help provide timely assistance. If you have questions of a personal nature such as relating a personal emergency, questioning a grade on an assignment, or something else that needs to be communicated privately, you are welcome to contact me via the Inbox or phone. My preference is that you will try to send an Inbox message to me first. I will usually respond to email and phone messages from 8am to 5pm on weekdays, unless it is a holiday or Spring break, please allow 24 hours for me to respond.

I answer content information for the course, if you have a question about the technology being used in the course, please contact the GBC Help Desk for assistance (775-753-2167, [helpdesk@gbcnv.edu](mailto:helpdesk@gbcnv.edu), [www.gbcnv.edu/techdesk](http://www.gbcnv.edu/techdesk) ).

### **Setting up Your Profile & Notifications:**

One of the most important things you can do to improve communication in the course between you, the instructor and other students in the course is setting up your Profile and Notifications. Do this by clicking on Settings in the upper right corner.

## **B. COURSE INFORMATION:**

Course Description: Students explore the influence of diversity and healthcare policy on local, national, and global issues of healthcare equity, access, affordability, and social justice. Incorporates an analysis of nursing practices that increase cultural competence, affect health policy resulting in improved health care access, and reduced health disparities.

Three credits theory. Offered Spring semester only. Prerequisites: Admission to the BSN Program, NURS 326 and NURS 420.

### 1. Schedule:

Theory: Online and self-directed learning  
Dates: January 20<sup>th</sup> – March 14<sup>th</sup>, 2015

## **COURSE OUTCOMES:**

COURSE OUTCOMES	MEASUREMENTS
1. Analyze nursing interventions that increase cultural competency for diverse patient populations from a local, national, and global perspective of health care.	Parts 1 & 2 of Cultural Diversity Portfolio Project Ethnic Groups Diverse Group Equity Week 2 DQ Article Analysis Week 4 DQ Health Care Initiative Memorandum
2. Act as an evolving scholar, translating current evidence into nursing practice.	Part 2 Cultural Diversity Portfolio Project Implicit Health Care Organization Project Health Care Initiative Memorandum
3. Identify the nurse as a thoughtful leader who contributes to improving access to health care and reducing health disparities.	Health Care Organization Project Sick Around the World Position Paper Health Care Initiative Memorandum Part 3 Cultural Diversity Portfolio Project Implicit

#### **METHOD OF INSTRUCTION:**

This course will be taught asynchronously using WebCampus, the GBC learning platform for online learning. This course will consist of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

#### **STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem. Evaluation of student progress will be the successful completion of the course outcomes. Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a group project. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY MARCH 14<sup>th</sup>, 2015 .**

#### **REQUIRED MATERIALS:**

- ❖ Dreachslin, J.L., Gilbert, M.J., & Malone, B. (2013). *Diversity and cultural competence in health care: A systems approach*, San Francisco: Jossey-Bass. ISBN: 978-1-118-06560-0

- ❖ American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC. ISBN: 978-1-4338-0561-5

### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =	C (needed to pass)
93.99-90.00 =	A-	75.99-70.00 =	C-
89.99-87.00 =	B+	69.99-67.00 =	D+
86.99-84.00 =	B	66.99-64.00 =	D
83.99-80.00 =	B-	63.99-60.00 =	D-
79.99-77.00 =	C+	Below 60.00 =	F

A grade of "B-" or better is required in ALL nursing courses applicable to the Bachelor of Science in Nursing degree.

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

**The instructor will make all attempts to have work graded and returned to student within 7 working days from submission date. Please allow more time for larger papers or projects.**

#### **Assignments Include:**

<b>Assignment:</b>	<b>Total Points:</b>
Ethnic Groups	25
Article Analysis DQ	60
Diverse Group Equity DQ	55
Health Care Organization Assessment	60
Personal Action Plan DQ	20
Project Implicit Activity	20
Sick Around the World Position Paper	60
Health Care Initiative Memorandum	100

3 Part Cultural Diversity Portfolio Project	100
<b>Total points for course</b>	<b>500 points total</b>

#### **ATTENDANCE POLICY:**

Students are expected log-on to the Web-Campus and Evolve site to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of "F".** **The last day to drop this course is February 19, 2015.** See Student Handbook for further information concerning the attendance policy.

#### **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.

#### **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the



course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

#### **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.

#### **CAMPUS SECURITY:**

GBC is committed to the safety of our students and has a duty to promote awareness and prevention programs for violence on campus under the Jeanne Clery Act as well as the Campus SaVE (Sexual Violence Elimination Act) and VAWA (Violence Against Women Act), which are amendments to Clery. Acts of violence include, but are not limited to, sexual assault, domestic violence, dating violence, and stalking. Acts of violence can occur on the physical campus or centers of GBC in addition to field placement sites, clinical practice settings, and other places where college or class activities occur. As well, the online environment at GBC is considered a GBC site. If you experience any incidence where your safety has been threatened or violated, or if you feel threatened or harassed, immediately report this to me, any center director, faculty, or staff member, or directly to the Director of Environmental Health, Safety & Security(775.753.2115) or the Vice President for Student Services(775.753.2282).

#### **COURSE SCHEDULE**

DATE	REQUIRED READING	ASSIGNMENTS
<b>Week One</b> <b>Tuesday January 20-</b> <b>Sunday January 25</b>	<u>Module 1: The Diversity Imperative</u>  Chapter 1 “ <i>Systems Approach to Cultural Competence</i> ”	<b>Introduce yourself DQ</b>  <b>Ethnic Groups</b>  <b>Project Implicit</b>  Start thinking about who you would like to interview for your portfolio assignment
<b>Week Two</b> <b>Monday January 26-</b> <b>Sunday February 1</b>	<u>Module 1: The Diversity Imperative</u>  Chapter 2 “ <i>Systematic Attention to Health Care Disparities</i> ”  Chapter 3 “ <i>Workforce Demographics</i> ”	<b>Diverse group equity DQ</b>  <b>Health Care Organization Assessment</b>  Complete your interview and write up for your portfolio assignment part 1. Due next week!
<b>Week Three</b> <b>Monday February 2-</b> <b>Sunday February 8</b>	<u>Module 2: The Development of Cultural Competence</u>  Chapter 4 “ <i>Foundations for Cultural Competence in Health Care</i> ”  Chapter 5 “ <i>Hallmarks of Cultural Competence in Health Care Professions</i> ”	<b>Cultural Diversity Portfolio Project Part 1</b>  <b>Personal Action Plan DQ</b>  Start work on Part 2 of your portfolio assignment. Due in Week 5!
<b>Week Four</b> <b>Monday February 9-</b> <b>Sunday February 15</b>	<u>Module 2: The Development of Cultural Competence</u>  Chapter 6 “ <i>Training for Knowledge and Skills in Culturally Competent Care for Diverse Populations</i> ”	<b>Unhealthy Interactions: The Role of Stereo Type Threat in Health Disparities article DQ</b>  Keep working on Part 2 of your portfolio project. It is due next week!

<b>Week Five</b> <b>Monday February 16-</b> <b>Sunday February 22</b>	<u>Module 3: Cultural Competence and Health Care Delivery</u>  Chapter 7 " <i>Cultural Competence in Health Care Encounters</i> "  Chapter 8 " <i>Language Access Services and Crosscultural Communication</i> "	<b>Part 2 :Cultural Diversity Portfolio Project</b>  <b>Complete Course Evaluation</b>  Start work on Part 3 of your portfolio project! It is due week 7!
<b>Week Six</b> <b>Monday February 23-</b> <b>Sunday March 1</b>	<u>Module 3: Cultural Competence and Health Care Deliver</u>  Chapter 9 " <i>Group Identity Development and Health Care Delivery</i> "	<b><i>Sick Around the World</i> Position Paper and Discussion</b>
<b>Week Seven</b> <b>Monday March 2-</b> <b>Sunday March 8</b>	<u>Module 4: Cultural Competence and the Health Care Organization</u>  Chapter 10 " <i>The Centrality of Organizational Behavior</i> "  Chapter 11 " <i>The Business Case and Best Demonstrated Practices</i> "	<b>Part 3: Cultural Diversity Portfolio Project</b>
<b>Week Eight</b> <b>Monday March 9-</b> <b>Friday March 13</b>	<u>Module 4: Cultural Competence and the Health Care Organization</u>  Chapter 12 " <i>The Future of Diversity and Cultural Competence in Health Care</i> "	<b>Health Care Initiative Memorandum</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for

students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

## Semester 2

### NURS 437 Diversity and Healthcare Policy in Rural Environments

Credits: 3 Theory (45 hours)

Students explore the influence of diversity and healthcare policy on local, national, and global issues of healthcare equity, access, affordability, and social justice. Incorporates an analysis of nursing practices that increase cultural competence, affect health policy resulting in improved health care access, and reduced health disparities.

Course Outcomes	Competencies	Activity	Evaluation
1. Analyze nursing interventions that increase cultural competency for diverse patient populations from a local, national, and global perspective of health care.	a. Integrate an understanding of how cultural, ethnic, and social backgrounds impact health disparities for underserved populations. b. Identify interventions that focus on health promotion and disease prevention with attention to effectiveness, efficiency, cost-effectiveness, and equity to groups and populations locally, nationally, and globally.	1. Part 1 of Cultural Diversity Portfolio includes a cultural assessment of a chosen client by student. 2. Part 2 of Cultural Diversity Portfolio includes an analysis of a client's diversity using data gathered in Part 1 and research references. 3. Student researches two to four different ethnic groups and identifies differences amongst groups and determines how a culturally competent health care provider	1. Portfolio rubric includes sections focused on critical thinking, communication, and therapeutic interventions. 2. Ethnic groups grading rubric.

			<p>would address the differences.</p> <p>4. Discussion Question 2 regards disparities and health status that have existed among group in the US.</p> <p>5. Discussion Question 4 students review an article that discusses the “stereotypical” threat in health disparities amongst health care workers.</p> <p>6. Health Care initiative memorandum addressing prevention, intervention and/or collaboration that could promote change to an health issue related to cultural diversity/disparities.</p>	<p>3. Discussion question rubric with peer responses.</p> <p>4. Discussion question rubric with peer responses</p> <p>5. Memorandum rubric</p>
<p>2. Act as an evolving scholar, translating current evidence into nursing practice.</p>	<p>a. Interpret research that focuses on health disparities.</p> <p>b. Apply research-based knowledge in discussions of health policy as it relates to improving access to health care and reducing health disparities.</p>	<p>1. Discussion question addressing how stereotyping can impact health disparities. Address how stereotyping is reflected in your healthcare organization.</p>	<p>1. Discussion questions with peer response grading rubric.</p>	

		<p>2. Part 2 of Cultural Diversity Portfolio includes an analysis of a client's diversity using data gathered in Ppt1 and research references.</p> <p>3. Students take tests online which reveal implicit biases that they may have towards different populations. Results are analyzed and discussed how they will be applied to own nursing practice to eliminate health disparities locally, nationally, and globally.</p> <p>4. Health Care initiative memorandum addressing prevention, intervention and/or collaboration that could promote change to an health issue related to cultural diversity/disparities.</p>	<p>2. Portfolio rubric includes sections focused on critical thinking, communication, and therapeutic interventions.</p> <p>3. Outcome competency rubric</p> <p>4. Grading rubric</p>
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<p>3. Identify the nurse as a thoughtful leader who contributes to improving access to health care and reducing health disparities.</p>	<p>a. Discuss legal, political, and regulatory processes related to health care that impact care of underserved populations.</p> <p>b. Apply the nurse's role as an advocate for social justice to underserved populations demonstrating the commitment to the elimination of health disparities locally, nationally, and globally.</p>	<p>1. Health Care initiative memorandum addressing prevention, intervention and/or collaboration that could promote change to an health issue related to cultural diversity/disparities.</p> <p>2. Position paper on issues highlighted in documentary <i>Sick Around the World</i>, where different health care policies from around the world are compared and contrasted with each other and that of the United States</p> <p>3. Part 3 of Cultural Diversity Portfolio includes student reflection of own cultural beliefs and influences identified in this assignment and how know this will enable advocacy for social justice within nursing of underserved populations from</p>	<p>1. Grading rubric</p> <p>2. Sick Around the World grading rubric.</p> <p>3. Portfolio grading rubric</p>
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			<p>different cultures/orientations locally, nationally, and globally.</p> <p>4. Students take tests online which reveal implicit biases that they may have towards different populations. Results are analyzed and discussed how they will be applied to own nursing practice to eliminate health disparities locally, nationally, and globally.</p>	4. Outcome competency rubric
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## **GREAT BASIN COLLEGE**

### **RN-BSN Program**

#### **NURS 437**

#### **Cultural Diversity Portfolio Project Part 3**

##### ***Student Learning Outcome Competencies***

Discuss legal, political, and regulatory processes related to health care that impact care of underserved populations.

Apply the nurse's role as an advocate for social justice to underserved populations demonstrating the commitment to the elimination of health disparities locally, nationally, and globally.

##### ***Assignment***

##### **For Part I: Client Interview Data**

Using the attached cultural assessment tool, explore a client's health beliefs as they relate to his/her cultural diversity. It may be most helpful to review the literature before the actual interview to be better prepared for asking specific questions.

Cultural Assessment Interview Guide.docx

The Part I Cultural Assessment data should be described thoroughly and typed in paragraph format. (the body of the paper should be 3 - 5 pages)

##### **Part II: Cultural Analysis and Health Care Needs Identification**

Now you will analyze your client's diversity using interview data and reference sources. At a minimum you should include the following:

- Using the client interview data and current literature, describe the traditional cultural health care beliefs and practices, which includes illness beliefs and customs, interpersonal relationships, spiritual/religious beliefs and practices, worldview beliefs, and social structures.
- Discuss any differences between what you've read in the literature regarding the culture's traditional health and what your client told you. Include possible explanations for these differences.
- Identify actual or potential health care problems/concerns (for example cultural, physical, psychological, social, financial, or developmental) for the client and their cultural /diversity group.
- Discuss potential therapeutic interventions for the client and/or their cultural group that promote wellness, which demonstrate respect for the client's culture/diversity, rights, beliefs, values, and life experiences and that incorporate professional values and practice standards.
- Record your observations from the interview regarding nonverbal and verbal communication (such as eye contact, rate of speech, personal space, and touch) demonstrated by yourself and the client.

You will submit a typed analysis of the client's diversity supported with in-text references citations (3 – 4 pages in length not counting title or reference page)

### **Part III: Personal Reflections**

Now you will reflect upon how your own culture and beliefs influences your nursing care and how knowledge gained from this assignment will influence future nursing care with clients from diverse cultures. At a minimum you should include the following: analyze how your culture (beliefs, values, religion, orientation, etc.) influences your nursing care.

- To what extent do your beliefs, prejudices, or bias influence your thinking and nursing care? Give several examples.
- Discuss specifically how the knowledge from this assignment will enable you to act as advocate for social justice within your nursing care of underserved populations from different cultures/orientations locally, nationally, and globally . Discuss several examples.



Great Basin College

## CULTURAL DIVERSITY INTERVIEW / PAPER RUBRIC

### NURS 437

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

PAPER TITLE: \_\_\_\_\_

- I. **CRITICAL THINKING:** is an intellectually disciplined process used to make sound and reasoned decisions and clinical judgments. The process is based on universal intellectual values and requires reflective thinking and use of inductive and deductive reasoning. Critical thinking implies analysis, synthesis and evaluations of all available information.

Not met			Met		
1	2	3	4	5	
					Client's cultural / diversity data was thoroughly assessed & described logically.
1	2	3	4	5	Deviations from traditional cultural practices were identified and discussed.
1	2	3	4	5	Client's health problems or concerns (actual/potential) were identified including wellness and developmental considerations.
1	2	3	4	5	Common health problems (actual /potential) were discussed for the cultural group.
1	2	3	4	5	Demonstrated thoughtful analysis of data to identify cultural diversity considerations in order to make sound decisions/conclusions regarding nursing / health care.
1	2	3	4	5	Integrated theoretical & evidenced based knowledge into the application of the nursing process.
1	2	3	4	5	Discussed how one's own personal beliefs, values, orientation and cultural influences could impact their future nursing practice.

1 2 3 4 5 Discussed how knowledge gained from this assignment could be used for future nursing care of diverse clients.

1 2 3 4 5 Content was relevant, accurate and complete.

•  
• **Comments:**

• II. **COMMUNICATION**: is an interactive process that involves sending, receiving, and interpreting messages. Verbal and nonverbal dimensions of the process contribute to the participant's meaning of the interaction. Presence, empathy, respect and authenticity are essential elements of therapeutic communication.

Not met			Met		
1	2	3	4	5	
					Student's & client's verbal / nonverbal communication was analyzed.
1	2	3	4	5	Paper was written in clear scholarly style and grammatically correct (correct spelling, grammar, punctuation).
1	2	3	4	5	Paper was precise and logically organized.
1	2	3	4	5	Paper was of adequate length for assignment.
1	2	3	4	5	Format followed APA guidelines.
1	2	3	4	5	Paper contained a sufficient number of current scholarly / professional references.
1	2	3	4	5	Paper contained a variety of scholarly / professional references.
1	2	3	4	5	References were appropriately cited in text of paper using APA.
1	2	3	4	5	References were appropriately cited on reference page using APA

- Comments:

•  
•

- **III. THERAPEUTIC INTERVENTIONS:** are strategies to maximize the client's potential for health. These strategies involve a collaborative process that may be initiated by the client or the nurse.

•

Not met

Met

1	2	3	4	5	Formulated potential therapeutic nursing interventions, which promoted wellness for the client and / or their cultural group, based on respect for their culture/diversity, rights, beliefs, values, and life experiences.
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1	2	3	4	5	Potential interventions incorporated professional values and standards in order to plan caring & compassionate nursing care.
---	---	---	---	---	--

- Comments:

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- **OVERALL COMMENTS:**

•  
•  
•  
•  
•  
•

- **TOTAL POINTS:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_



Cultural Diversity Portfolio Project

Great Basin College

# CULTURAL DIVERSITY PORTFOLIO PROJECT

## Cultural Diversity Portfolio Project

### Part I: Client Interview

#### **Cultural affiliation**

“Freddy” is a 37 year old male who was born in western Kenya and who moved here approximately five years ago from the city of Kisumu to pursue his education through the University of Nevada in Reno. Freddy identifies himself as an African male. He identifies his ethnic background as Kenyan and his race as Black. He is from the Luo tribe of western Kenya. Since Freddy has been in the United States for only five years, he feels that he still identifies strongly with his cultural and racial background.

#### **Health care beliefs and practices**

Freddy knows if he is healthy when his “body feels good.” Freddy stays healthy by eating fresh foods like herbs and wild vegetables grown and found in and around Kisumu. Kisumu is located on the shores of Lake Victoria so the residents eat a lot of fresh water fish. They also eat beef, chicken, eggs, and ugali, a heavy cakelike bread made from corn flower. Food is traditionally prepared by his mother but Freddy states that he can also prepare meals. Food is prepared by frying, roasting, grilling, or stewing. Breakfast is usually eaten between 7:00 and 8:00 a.m. and is a light meal. Lunch is around 1:00 p.m. and dinner between 8:00 p.m. and 10:00 p.m. Both lunch and dinner are heavier meals than breakfast and consist of vegetables, protein, and, usually, the ugali. Meals are generally eaten together. However, women, men, and children are all separated, eating at different tables. Freddy’s meals in the past day consisted of eggs, “greens” (spinach), ugali, and beef.

Special life events are celebrated with singing, dancing, and eating. Tribes get together and celebrate births and marriages. After a child is born, it is isolated for one to two months in

## CULTURAL DIVERSITY PORTFOLIO PROJECT

the house. The mother is taken care of by the female members of her family and is fed large amounts of food to maintain her energy for the baby. When someone within the family dies, Freddy's tribe has a large ceremony to say goodbye to their loved one.

### **Illness beliefs and customs**

Freddy describes himself as a well educated Kenyan and thus believes that illness is caused by poor nutrition and lack of exercise as well as too much alcohol. However, he knows that some in his tribe believe that bad spirits cause illness. Freddy goes to the doctor when he becomes ill but members of his tribe do perform ritual dances and offer sacrifices of food and/or animals to appease God. Freddy goes to the doctor or hospital when he cannot take care of himself at home.

### **Communication and interpersonal relations**

Freddy can speak English, Swahili, and Dholuo which is the local language spoken among the Luo tribe and in their homes among family members. Freddy would prefer a family member or friend to interpret for him if he needed to communicate with a health care provider. In his culture, people use hugs and smiles to express emotions. The word "care" means to give someone your full attention when they are telling you about their problems. People in Freddy's tribe are very talkative and quite loud when they speak and they tend to speak over each other. They often use dancing and singing during gatherings to express emotions. There is a hierarchy from older men, to older women, to younger men, and, finally, to younger women. It is not uncommon for men to hug each other and to even dance together at gatherings. Men of any age are often seen together going out to a movie or some other activity.

## CULTURAL DIVERSITY PORTFOLIO PROJECT

Women talk with women and men talk with men. Sex is not usually talked about between a man and a woman. Members of different tribes can meet each other during large celebrations usually at marriage or birth ceremonies.

### **Social family structure**

Freddy defines family as his mother, father, siblings, and every member of his large extended family. Freddy welcomes other people from other tribes into his family even if he has not met them before. The head of household is the male in the family. Children are taken care of by their mother. Older people are treated with respect and are sought out for counsel.

### **Spiritual practices**

Freddy was raised as a Christian and believes in Christianity. He believes in one God and prays to one God. When someone dies, the entire tribe grieves and there is a large celebration over several days to mourn the loss of a loved one. Freddy believes that when someone dies they go to Heaven.

### **World view and other social structures**

Freddy believes his role right now is to learn as much as he can from his studies at UNR-Reno and this is the most important aspect of his life right now. Freddy states that he lives in the present and time is not that important to him. However, he is employed here in the United States and goes to school here and understands that punctuality is an important part of his life right now. Freddy is currently employed as a Certified Nursing Assistant and has held that position since coming to the United States.

### **Conclusions**

Freddy feels a little isolated here in the United States. In Kenya, the people are friendly and visiting neighbors and relatives is an important part of life. He feels that Americans isolate

## CULTURAL DIVERSITY PORTFOLIO PROJECT

themselves too much and are very materialistic. People from his tribe place less emphasis on what they have and more emphasis on friendliness and camaraderie. Because Freddy works as a CNA at Renown, he feels that his healthcare needs would be met adequately should the need arise. However, he can see that there might be difficulties if one of his family members or friends was visiting and they needed to use the healthcare system. He points out that separate facilities would be required if someone was sick because a large amount of family and friends would be visiting the patient.

### **Part II: Cultural Analysis and Health Care Needs Identification**

#### **Illness beliefs and customs**

Because of the high prevalence of disease and lack of access to good medical care, the Kenyan view on illness is simple: "Illness happens, and is viewed as the will of God; death likewise" (Barsby, 2007, p. 54). If a person dies from AIDS, the family of the deceased will often try to hide that fact and will attribute the death to something else (Barsby, 2007). Kenyans believe that circumcised males are less likely to have HIV infection and thus prefer circumcision (Westercamp et al., 2010).

Many Kenyans still consult witch doctors, soothsayers, diviners, and shamans (Barsby, 2007). Such healers use sacred items and are experts in herbal medicine which is significantly cheaper than traditional Western medicines (Barsby, 2007). "According to the World Health Organization 80 percent of the rural population turn first to herbal doctors and remedies, before consulting a regular medical practitioner" (Barsby, 2007, p. 60).

#### **Interpersonal relationships**

Kenya is a patriarchal society with the elder man being revered by the remaining family members (Barsby, 2007). Although women are considered "fierce ladies" they are still required

## CULTURAL DIVERSITY PORTFOLIO PROJECT

to obey their husbands (Barsby, 2007, p. 46). Women are not talked about by Kenyan men because men believe that such talk would lead to their giving up their manhood (Prazak, 2000). Women from the same generation talk amongst themselves about sex. Women do not talk about sex with someone from a different generation, i.e., a grandmother or a child (Prazak, 2000). Sexual education for both sexes tends to be by word of mouth from fellow classmates (Prazak, 2000). Sex is simply viewed as a means to have children and is not viewed as a pleasurable act (Prazak, 2000). Men and women do not talk about sex whether they are married or not. If the husband dies, the wife must marry someone from the deceased husband's family (Juma, Askew, Alaii, Bartholomew, & Van den Borne, 2014). If the wife dies during the marriage, the wife's family must provide the husband with another wife, usually in the form of a sister of the late wife (Juma et al., 2014).

### **Spiritual and/or religious beliefs and practices**

Religion is very important to Kenyan society. Whether Christian, Muslim, or tribal, prayer is a part of everyday Kenyan life (Barsby, 2007). Tribal Kenyans believe in spirit worlds where people communicate with the gods through spirits (Barsby, 2007). "God is most commonly manifested in the rain, sun, moon, stars, clouds, thunder, lightning, and trees" (Barsby, 2007, p. 58). The Luo believe in ancestral ghosts and reincarnation.

Elaborate funeral ceremonies, which last for several days, are usually held after a death at the deceased person's home (Juma et al., 2014). There is dancing, music, prayer, and feasting during these ceremonies.

Superstitions are common among the Kenyan people. Certain colors like black are considered good. Red is considered bad and is usually associated with funerals (Barsby, 2007).

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### **Worldview beliefs**

Kenyans believe in unity among their people. The national motto is “*Harambee*, which translates as ‘let’s all pull together’.” (Barsby, 2007, p. 15). Kenyans are a welcoming people and will make visitors feel welcome in their country and their homes (Barsby, 2007, p. 40).

The Kenyan people believe that they should marry and procreate as soon as practical after puberty (Ono et al., 2013). Girls are often married early so that her family can receive the bride gift paid by the husband (Juma et al., 2014). Girls are often discouraged to pursue their education in exchange for marriage (Juma et al., 2014). Boys are culturally more valued than girls because they are a source of income for their family and girls leave their families behind when they get married (Juma et al., 2014). Because of this preferential treatment, boys are more likely than girls to finish school (Juma et al., 2014). Traditionally, Kenyans would have as many children as they could to increase their social status (Barsby, 2007, p. 16). However, this view is changing as the cost of education increases and Kenyan mothers and fathers are opting to have fewer children giving them more education opportunities (Barsby, 2007, p. 17).

Kenyans view time from dawn to dusk rather than the traditional Western time keeping (Barsby, 2007). Punctuality is not valued and Kenyans tend to live in the moment rather than thinking of the past or the future (Barsby, 2007).

### **Social structures**

Children are valued in Kenyan society and are generally well behaved with the entire community involved in child rearing (Barsby, 2007). Children who have reached puberty are not allowed to sleep in the same house as their parents (Juma et al., 2014). Women are expected to get married, have children, and have specific domestic chores once they are married (Prazak, 2000). Men are told when to marry by their father or family (Prazak, 2000). However, they are



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not told who they must marry. A “bridewealth” usually in the form of cattle is paid by the husband to the wife’s family upon marriage (Prazak, 2000). Once married women move into their husband’s lodgings they develop relationships with their husband’s family. Thus, the husband’s family would assist the new wife with daily tasks. A woman gains her husband’s and husband’s family’s respect by having children (Prazak, 2000). During pregnancy, and subsequent labor and delivery, female social support is crucial in Kenyan society (Ono, Matsuyama, Karama, & Honda, 2013). When women have help during pregnancy, they tend to have their children at home with a majority of babies being delivered by their mothers-in-law (Ono et al., 2013). Also, if someone from her husband’s family recommends a home delivery, the woman is obligated to take that advice (Ono et al., 2013).

In traditional Kenyan society, the mother-in-law holds the most sway with respect to health care choices (Ono et al., 2013). Young girls are circumcised before their first menstruation and can be married shortly thereafter. Circumcision signals a girl’s change into womanhood (Prazak, 2000). Female circumcision is believed to enable a woman to more easily bear children (Prazak, 2000). Although most Kenyans believe in circumcision for males, members of the Luo tribe do “not traditionally practice circumcision” and only approximately 10% of Luo males are circumcised (Westercamp et al., 2010, p. 1).

“Eating and sharing food is very important to Kenyans” as food is usually scarce and Kenyans have to work hard to put food on the table (Barsby, 2007, p. 44). Because of this scarcity, Kenyans do not waste food and water (Barsby, 2007).

### **Differences in traditional culture and interviewee**

Freddy does not believe in the spirit world practices of tribal Kenyans. This is due to the fact that he was brought up in the Christian religion. He also values women, particularly his

## CULTURAL DIVERSITY PORTFOLIO PROJECT

mother, probably due to the fact that his father was often away from the home and the fact that Freddy was educated abroad exposing him to the Western view of society where men and women are equal partners. Freddy seeks out modern Western medicine when he is sick. This is due to the fact that Freddy is well educated, works in the medical profession, and knows and understands the value of Western medicine. Freddy does not believe in the giving of bridewealth and he was married to a white female when he wanted to be married not when his family decided he should marry.

### **Potential healthcare problems and concerns and therapeutic interventions**

Potential healthcare problems could arise for Freddy in that he prefers to have one of his family or friends translate for him if he were sick. This can cause miscommunications as family members are not trained in medical translation. This could also pose a problem for any Kenyan who visited here and needed medical care. Every effort should be made to use trained medical translation services to communicate with the Kenyan client.

Some concerns when treating someone from Kenya would be the expected large amount of family and friends that may wish to visit the client. A separate area should be designated for such visitations so as not to disturb other clients in the healthcare setting and to allow privacy for the Kenyan client.

Additional concerns are whether the Kenyan client had attempted to treat his illness with non-traditional medicine such as herbal medicine. Some herbal remedies can interfere with or cause reactions when taken in conjunction with Western medicines. The Kenyan client should be thoroughly questioned about all non-traditional remedies in use.

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Kenyan clients should be allowed to have their spiritual and religious needs met. Whether they require a leader from the Christina religion, Muslim religion, or a tribal elder, every attempt should be made to provide such services to the client.

Because food is valued in Kenyan society, the Kenyan client should have their food preferences ascertained and the preferred nutrition provided whenever possible.

Due to the patriarchal nature of Kenyan society, information regarding healthcare should be directed to the eldest male except in the case of pregnancy when information would be directed at the mother-in-law or eldest female relative. In addition, care should be taken in the event of an HIV/AIDS diagnosis. Since Kenyans feel that HIV/AIDS is a taboo disease, discussion about a patient's diagnosis of this disease should be kept at a minimum and the Kenyan client's preferences about disclosure should be strictly enforced. Because Kenyan men and women do not talk about sex with the opposite gender, every attempt should be made to provide a same sex healthcare provider to discuss this topic with the Kenyan client. In addition, healthcare providers should be aware that some Kenyan women are circumcised and, thus, assessment of genitalia should be done with that fact in mind to avoid surprises and/or questions which may embarrass the client.

Lastly, because the Kenyan client does not view time in the traditional sense, follow up appointments might be tricky to schedule and the Kenyan client might find it difficult to show up at the allotted time. Frequent reminders by a case manager and/or e-mail/text reminders should be considered for the Kenyan client.

### **Non-verbal and verbal communication**

Freddy is an extremely talkative, demonstrative, loud, and warm person. He maintains eye contact when speaking. He often smiles as a greeting and finds humor in most situations.

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He is very willing to help and is patient although he likes to go off on tangents and needs to be brought back to the topic at hand. When interviewing him I leaned in and expressed interest in his stories as I was very interested. However, I was also aware of time constraints as I had to get back to my family in time for dinner. It was very evident that our concepts of time were different. Whereas, I value punctuality and timeliness, Freddy was perfectly willing to continue regaling me with his stories well into the next day.

### **Part III: Personal Reflections**

Conscious awareness of one's belief systems enables nurses to identify their unconscious biases against certain groups of people. This conscious awareness can then lead to actions which change biased behavior against our patients.

#### **Personal biases**

Unfortunately, unconscious bias has permeated my nursing practice. Because I grew up in a white, lower-middle class family, I have unconscious bias toward Black and Latino patients. Specifically, when a Latino or Black patient and a white patient are sharing a room and the Latino or Black patient's large family comes to visit, we tend to ask the Latino or Black family to not have too many visitors in the room so as not to disturb the white patient. Instead of trying to find a separate area for the entire family to be able to visit, we limit the number of family members causing stress for Latino or Black patients who enjoy having their entire family in the room. Likewise, we could simply ask the white patient if they would like to go to a different area while the Latino or Black patient's family is visiting or we could attempt to find a private room for the Latino or Black family. However, all too often, we seem to respect the privacy of the white patient over the comfort of the Latino or Black patient. As a white, middle class female, I did not grow up with a large family and we were taught to be reserved in showing our

## CULTURAL DIVERSITY PORTFOLIO PROJECT

emotions. It is easier for me to recognize the need for privacy of my white patients than to recognize the need for Latinos and Blacks to have family at bedside. In the future, I will be more cognizant of the fact that Latinos, Blacks, and whites have equal right to have their healthcare needs met in the way that they deem comfortable whether that is with a large family or in a quiet space.

In addition to unconscious bias towards certain races, oftentimes there are biases towards other groups, like the homeless, which manifest in lack of compassion from healthcare staff. This lack of compassion then leads to diminished quality of care for the patient. There have been instances where a homeless patient is not given the same amount of information regarding community resources because of the belief that they will not take advantage of such resources. In addition, homeless people are thought to be less intelligent and, therefore, are not educated on unhealthy behaviors and prevention strategies in the belief that they will not understand the education proffered. Unfortunately, because the homeless population does not receive proper education, they are forever stuck in a cycle of unhealthy behaviors leading to frequent re-admissions to hospitals and other care facilities.

Another group of patients that we often see in the hospital setting are obese patients. Biases toward the obese manifest in healthcare workers' belief that obese patients are "unsuccessful, overindulgent, and lazy" (Waller, Lampman, & Lupfer-Johnson, 2012, p. 3506). These biases lead to healthcare workers delivering substandard care to this population. For example, healthcare workers may not educate obese patients on diet and exercise believing that they would be non-compliant and it would be a waste of time to deliver such education. Such actions by healthcare workers are reprehensible and contrary to nursing philosophy.

## CULTURAL DIVERSITY PORTFOLIO PROJECT

### **Advocate for social justice**

In order to combat the above biases as well as others, the healthcare workforce should be educated on delivering culturally competent care. In order to accomplish the foregoing in the local setting, nurses should intervene when they see biases displayed by their co-workers. Nurses can educate their co-workers on unconscious biases and what they can do to prevent such biases from affecting their nursing care. In addition, nurses can get involved in their communities by joining committees which focus on social justice and culturally competent healthcare.

At the national level, nurses should advocate for all nurses to obtain higher degrees in nursing where social justice, cultural competency, and leadership skills are introduced and honed so that nurses can effectively speak on these issues with people in a position to make changes that positively affect healthcare delivered to underserved populations. Becoming involved in political action committees which emphasize equality in healthcare allows nurses to bring social justice ideas to the attention of decision makers who can institute legislation that mandates social justice in healthcare.

Globally, nurses can participate in research projects which focus on inequality and biases towards underserved populations. These research projects are then published for future generations of nursing students across the globe to utilize and make positive changes in their own nursing practices in whatever country they reside.

## CULTURAL DIVERSITY PORTFOLIO PROJECT

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**GREAT BASIN COLLEGE**

**RN-BSN Program**

**NURS 437**

**Sick Around the World Position Paper**

***Student Learning Outcome Competencies***

- a. Discuss legal, political, and regulatory processes related to health care that impact care of underserved populations.
- b. Apply the nurse's role as an advocate for social justice to underserved populations demonstrating the commitment to the elimination of health disparities locally, nationally, and globally.

Sick Around the World Position Paper					
Criteria	Ratings				Pts
Critical Thinking	Organizational structure establishes relationship between/among ideas/events. 15 pts	Organizational structure establishes relationships between ideas/events, although minor lapses may be present. 12 pts	Organizational structure establish some relationship between/among some of the ideas/events. The structure is minimally complete. 8 pts	Organizational structure does not establish connection between/among ideas/events. The overall structure is incomplete or confusing. 0 pts	15 pts
Style - Vocabulary	Exhibits skillful use of vocabulary that is precise and purposeful. 15 pts	Exhibits reasonable use of vocabulary that is precise and purposeful. 12 pts	Exhibits minimal use of vocabulary that is precise and purposeful. 8 pts	Lacks use of vocabulary that is precise and purposeful. 0 pts	15 pts
Summary Discussion Items	All assertions are well supported by either expert opinions in the documentary or outside research. 15 pts		Most assertions are supported by expert opinions in the documentary or outside research. 12 pts	Assertions are minimally supported 8 pts	No support for assertions present 3 pts 15 pts
APA Format	Adheres to APA format. 10 pts	Mostly in APA format with minimal errors. 6 pts		Not in APA format. 0 pts	10 pts
Regulatory Processes view longer description threshold: 3 pts	Exceeds Expectations 5 pts		Meets Expectations 3 pts	Does Not Meet Expectations 0 pts	5 pts
Total Points: 60					

### Assignment

After viewing the documentary, *Sick Around the World*, you will be responsible for writing a position paper. You are required to succinctly present your personal stance on the issue highlighted in the film and support your assertions with expert opinions drawn from the film and, if you choose, outside research. Your position paper must also be posted in the designated discussion thread for the benefit of the entire class. You will then post a substantive secondary comment in relationship to one of your other classmate's posting.

This paper should be no more than two pages, double spaced. You do not need an abstract or levels of headings, however APA formatting for citations and references is required.

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Sick around the World: Position Paper

Karissa A. Hughey

Great Basin College

## SICK AROUND THE WORLD: POSITION PAPER

### Sick around the World: Position Paper

Our task this week is to write a position paper after viewing the documentary *Sick around the World*. According to Xavier University (2014), a position paper describes a position on an issue, the rationale for that position, and supporting facts. After viewing the documentary *Sick around the World*, I can easily take a position on the issue of improving the health of our nation. We need to make an improvement. The documentary aired in 2008 and stated facts, such as our national ranking as 37<sup>th</sup> in healthcare according to the World Health Organization (2000). Unfortunately, not much has changed. According to a recent international comparison, the United States health care system is still the most expensive, consistently underperforms, and has not had an improvement in health outcomes (Davis, Stremikis, Schoen, and Squires, 2014).

So, what's the answer? Is it a system that accepts everyone? A system that mandates insurance coverage? A system that fixes prices? The truth is, even after viewing the different systems by leading nations portrayed in the video, I'm still not sure. I believe Sorell (2012) stated the nurse's role best:

“Through our practice, education, and interactions with diverse segments of society, we can gain a unique perspective of what constitutes injustice in health care and which individuals and groups are especially disadvantaged. Through understanding how certain human contexts and conditions erect and maintain barriers to the improvement of well-being, nurses and other health professionals can make important differences in helping to provide the human good of health to both individuals and societies.”

Through my practice as a nurse I can see the strides we are making to improve not just the health of our nation but the way in which healthcare is delivered in our nation. Over the past decade, a transition has been made to focus less on treating illness and more on preventing

## SICK AROUND THE WORLD: POSITION PAPER

illness. This shift can easily be visualized by looking at the goals of our First Lady. Her *Let's Move* initiative ignited a fire for change and has led to increased education on nutrition and physical activity, increased access to healthy food choices, and mandates increasing physical education in schools. All strategies to help us prevent illnesses, such as diabetes and heart disease.

Another shift in the delivery method is a focus on quality. Our health care system is moving towards a performance based model versus a fee for service model. This model is forcing providers of healthcare services to improve health outcomes in order to survive. The difficulty is improving quality while reducing costs. Another strategy portrayed in the video and that our nation has adopted is to coordinate patient care. According to Kennedy (2009) the American Recovery and Reinvestment Act, will improve health care quality and coordination through the adoption of modern information technology. I can stand behind a movement that strives to improve the quality of care through coordination and technology. In a patient centered medical home, the patient will not have repeat services and costs will be reduced.

Another method to improve the health of our nation is to increase access. According to Kennedy (2009), lack of insurance coverage results in poorer health, shorter life expectancy, significant medical debt, and financial stress. The Affordable Care Acts intent was to increase coverage. However, many contradicting views exist on the Affordable Care Acts long term effect on the health of our nation.

Again, my stance is that nurses will play a vital role in improving the health of our nation. We can help make great strides by focusing on preventative strategies, improving the quality of care we deliver, and increasing access to healthcare services. Every day I gain more understanding of our healthcare system through continuing my education, interactions with

## SICK AROUND THE WORLD: POSITION PAPER

patients in my practice, and involvement in local, state, and national organizations. As I gain understanding and perspective, I am continually motivated to be an integral part in our nations rise from the bottom. I hope you are too.



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## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
NURS 437 Diversity and Healthcare Policy in Rural Environments
2. Year / Semester: 2015 Spring
3. Course Faculty (include any adjunct faculty utilized  
Tami Mette

## COURSE STATISTICS

4. Theory Ratio 20:1 Practicum Ratio NA  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 100
  - b. Percent Failed: 0
  - c. Range of Scores: 85.3-99.8
6. Final Practicum Outcomes:
  - a. Percent Satisfactory: NA
  - b. Percent Unsatisfactory: NA
7. Course Attrition:
  - a. Beginning number of students: 20
  - b. Withdrawals: 0
  - c. Incompletes (with expected date of completion): 0

## THEORY EVALUATION

8. Textbooks used and evaluation of each:  
Diversity and Cultural Competence in Health Care: A Systems Approach by Dreachslin et al was a very appropriate book for this course. Its content could be well applied to the rural setting and it provided wonderful application exercises at the end of each chapter. This text really aided in developing this course to be offered for the first time.
9. Weekly content:  
See syllabus
10. Special Experiences related to student learning outcomes and competencies:  
There were some fun activities included in the class that provided opportunity self-

reflection on the part of the students. This enabled them to determine what would be required of them as an individual to become culturally competent. Those activities included the "Project Implicit Activity" as well as Part 3 of the Cultural Diversity Portfolio Project.

11. Teaching Methods:

This course consists of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied.

## **PRACTICUM EVALUATION**

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards

(Please list strengths and/or limitations specific to each site)

NA

13. Briefly describe any concern(s) regarding practicum site(s) used.

NA

14. Practicum changes and reason(s):

NA

15. Special Experiences related to student learning outcomes and competencies:

NA

16. Teaching Methods

NA

## **FULL COURSE OVERVIEW**

17. What worked well and reason(s):

Amazingly, all of the activities that were used for this course evidenced met outcomes and fantastic student work. The activities were diverse in their focus and allowed students to see the many aspects of cultural diversity and health care policy.

18. Anticipated Changes

I do plan to change the amount of points for the Health Care Initiative Memorandum. Currently is worth the same amount as the 3 part Cultural Diversity Project but requires a fraction of the effort by the students. Decreasing the memorandum points to 25 is the plan for next year. I plan to continue to research further resources for the students for this course as well, and add them as I find them

19. Changes to weekly content and reason(s):

None

20. Changes to point allocation and reason(s):

See #18

21. Other changes and reason(s):

Would like to wait to make any further decisions until after I have seen the students' evaluations.

22. Administrative:

- |   |                                     |
|---|-------------------------------------|
| a. Syllabus has been saved to file.   | <input checked="" type="checkbox"/> |
| b. The course was backed up on WebCampus.   | <input checked="" type="checkbox"/> |
| c. Grades have been entered.  | <input checked="" type="checkbox"/> |
| d. Grade book has been saved to file.   | <input checked="" type="checkbox"/> |
| e. Student work samples have been filed in student file.                              | <input checked="" type="checkbox"/> |
| f. Curriculum map has been updated with all changes made and filed.                   | <input checked="" type="checkbox"/> |
| g. Integrated Concepts Illustration has been updated with all changes made and filed. | <input checked="" type="checkbox"/> |

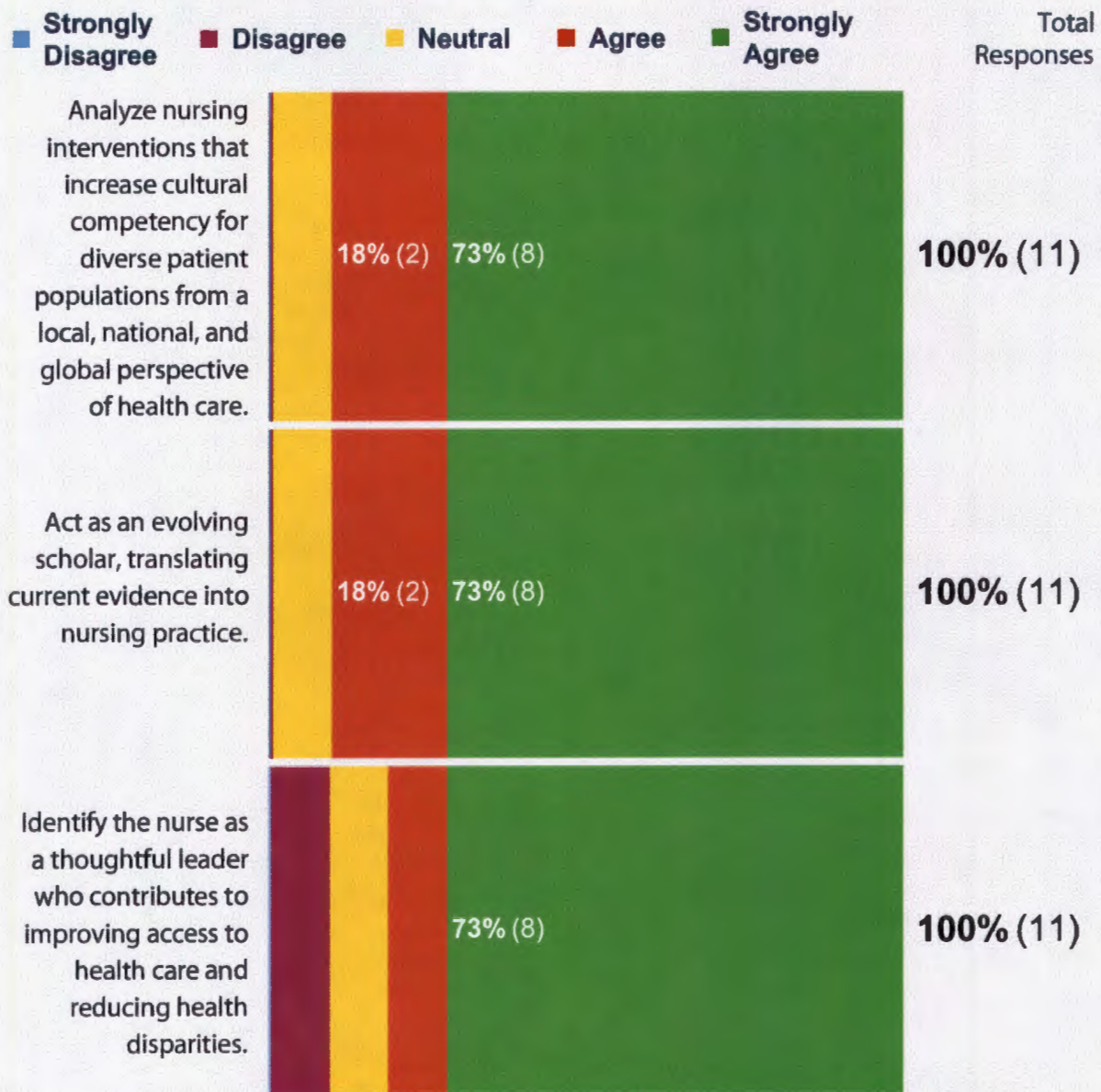
**Faculty Signature(s):** *Tami Mette*

**Date:** 4/29/15

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.

## Student Learning Outcomes - NURS 437 - Spring 2015

As a result of this class, I am able to:



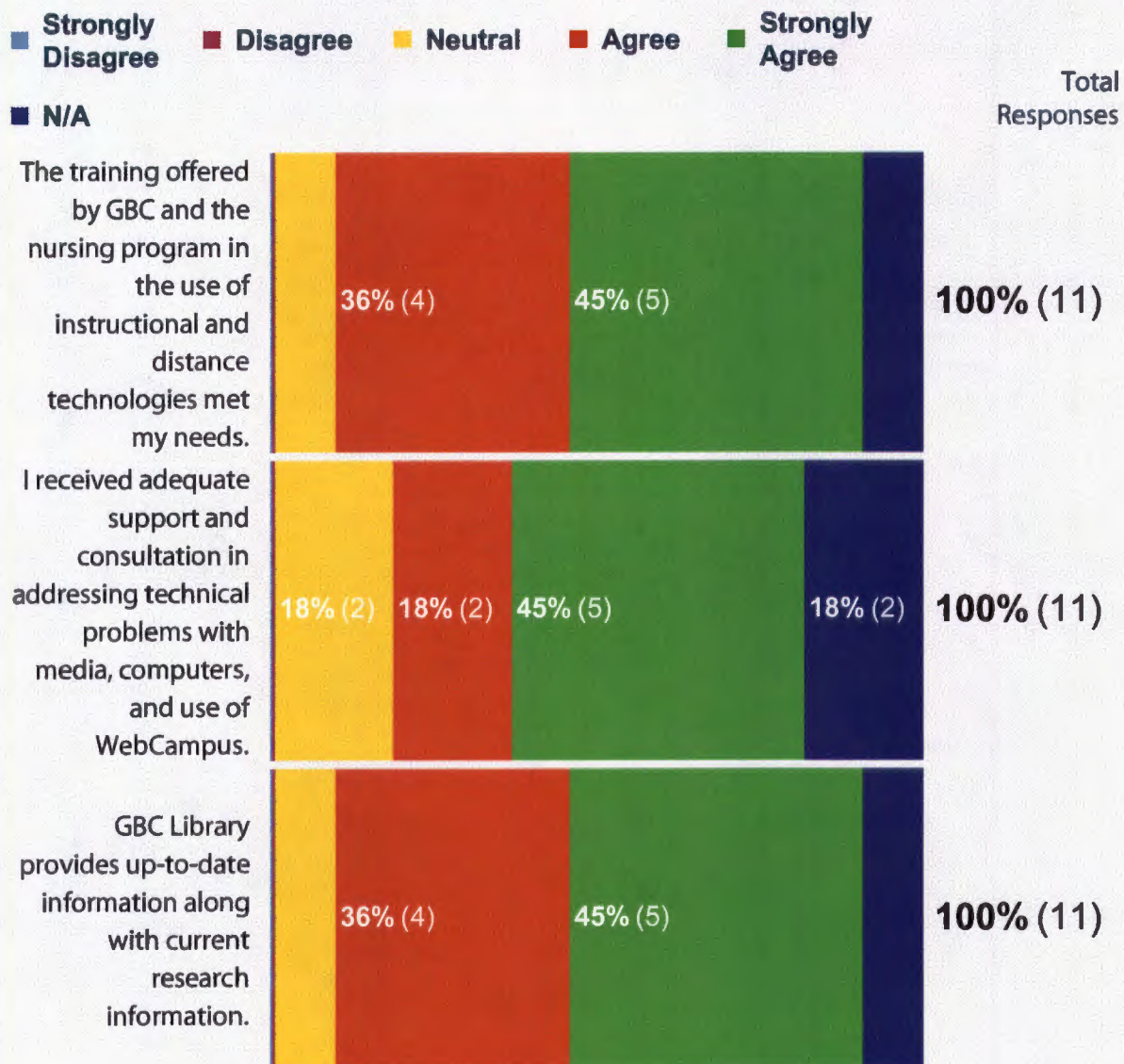
### Additional comments:

THIS CLASS HAD A GREAT DEAL OF NEW INFORMATION.  
 IT IS DIFFICULT TO HAVE BIG PAPERS DUE IN THE MIDDLE OF THE WORK WEEK.  
 OVERALL I LEARNED A GREAT DEAL BY ACCESSING INFORMATION ON THE INTERNET SUCH AS JOURNAL ARTICLES.  
 THE SICK AROUND THE WORLD ARTICLE WOULD HAVE BEEN MORE BENEFICIAL IF IT WAS ONE OF THE FIRST ASSIGNMENTS AS THERE WAS A GREAT DEAL OF INFORMATION THAT WAS BENEFICIAL FOR THE REST OF THE ASSIGNMENTS.

I enjoyed this course.



## GBC Services Evaluation



NURS 312

Health Assessment  
And Health Promotion





**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 312: Health Assessment and Health Promotion**

**3 CREDITS THEORY (45 contact hours)**

**Spring 2015**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory Instructor:

Heidi Johnston, RN, MSN

753-2000 (Office)

397-3808 (Cell)

[heidi.johnston@gbcnv.edu](mailto:heidi.johnston@gbcnv.edu)

2. Office and Hours:

Heidi Johnston

Health Sciences Room 120

Monday: 0900-1200

Wednesday: 1300-1600

Also by appointment

*Faculty are available by email Monday through Friday and you can expect a response within 24-48 hours (not including weekends and holidays).*

**B. COURSE INFORMATION:**

Course Description: Explores assessment of the healthcare needs of diverse and underserved populations. The importance of the nurse in identifying health promotion and disease prevention issues for individuals and communities is explored. Refines and expands the nurse's perspective on health assessment through integration of an

expanded knowledge base in ethnic and cultural variations, risk behaviors, and common health deviations of populations.

Three credits theory. Offered spring semester only. Prerequisites: Must have registered nurse license and approval from nursing program director.

1. Schedule:

Theory:

Online and self-directed learning

Dates: April 6, 2015 – May 17, 2015

**COURSE OUTCOMES:**

<b>COURSE OUTCOMES</b>	<b>MEASUREMENTS</b>
1. Apply safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	Health Assessment and Promotion Paper Discussion Questions Group Power Point Presentation Healthy People Portfolio Assignment
2. Demonstrate translating current evidence into nursing practice.	Discussion Questions Chronic Disease Paper
3. Apply leadership principles and theories when assessing the health of patient populations.	Discussion Questions Healthy People Portfolio Assignment

**METHOD OF INSTRUCTION:**

This course will be taught asynchronously using WebCampus, the GBC learning platform for online learning. This course will consist of weekly required reading assignments, weekly assessment, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

**STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem. Evaluation of student progress will be the successful completion of the course outcomes. Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a group project. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY May 10, 2015.**

#### **REQUIRED MATERIALS:**

- ❖ Pender, N., Murdaugh, C., & Parsons, M.A. (2015). *Health Promotion in Nursing Practice*. 7<sup>th</sup> ed. New Jersey: Pearson. ISBN 978-0-13-310876-7
- ❖ VandenBos, G. R. (Ed.). (2010). *Publication manual of the American psychological association*. (6th ed.) Washington, DC: American Psychological Association. ISBN- 978-1-4338-0561-5

#### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =C (needed to pass)
93.99-90.00 =	A-	75.99-70.00 = C-
89.99-87.00 =	B+	69.99-67.00 = D+
86.99-84.00 =	B	66.99-64.00 = D
83.99-80.00 =	B-	63.99-60.00 = D-
79.99-77.00 =	C+	Below 60.00 = F

A grade of “B-” or better is required in ALL nursing courses applicable to the Bachelor of Science in nursing degree.

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

**Faculty will make all attempts to have work graded and returned to student within 7 working days from submission date. Please allow more time for larger papers or projects.**



<b>Assessment:</b>	<b>Total Points:</b>
Healthy People Portfolio Assignment	100 points
Discussion Questions (60 points x5)	300 points
Group PowerPoint Presentation	100 points
Health Assessment & Promotion Paper	75 points
Chronic Disease Paper	75 points
<b>Total points for course</b>	<b>650 points total</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

#### **ATTENDANCE POLICY:**

Students are expected log-on to the Web-Campus and Evolve site to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of "F". The last day to drop this course is April 19, 2015.** See Student Handbook for further information concerning the attendance policy.

#### **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.

#### **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

#### **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.

#### **CAMPUS SECURITY:**

GBC is committed to the safety of our students and has a duty to promote awareness and prevention programs for violence on campus under the Jeanne Clery Act as well as the Campus SaVE (Sexual Violence Elimination Act) and VAWA (Violence Against Women Act), which are amendments to Clery. Acts of violence include, but are not

limited to, sexual assault, domestic violence, dating violence, and stalking. Acts of violence can occur on the physical campus or centers of GBC in addition to field placement sites, clinical practice settings, and other places where college or class activities occur. As well, the online environment at GBC is considered a GBC site. If you experience any incidence where your safety has been threatened or violated, or if you feel threatened or harassed, immediately report this to me, any center director, faculty, or staff member, or directly to the Director of Environmental Health, Safety & Security(775.753.2115) or the Vice President for Student Services(775.753.2282).

See theory schedule below:



DATE	READING ASSIGNMENT	ASSIGNMENT DUE DATES
March 16-22	<b><u>Module 1:</u></b> <b>Introduction</b> pages 1-5 <b>Chapter 1</b> "Toward a Definition of Health" <b>Chapter 12</b> "Health Promotion in Vulnerable Populations"	<i>Discussion Question primary due by Wednesday and response to another student due by Friday</i> <i>Health Assessment and Promotion Paper due March 26th</i> <i>Meet in chat rooms with your group to start determining how you will approach your group assignment</i>
March 23-28	<b><u>Spring Break</u></b>	
Week Two March 29- April 4	<b><u>Module 2:</u></b> <b>Chapter 4</b> "Assessing Health and Health Behaviors" <b>Chapter 5</b> "Developing a Health Promotion-Prevention Plan"	<i>Chronic Disease Paper due by April 4<sup>th</sup> at 11:30 PM</i>
Week Three April 5- April 11	<b><u>Module 3:</u></b> Read article "Paying for Prevention: Critical Opportunity for Public Health"	<i>Discussion Question primary due by Tuesday and response to another student due by Friday</i>
Week Four April 12-April 18	<b><u>Module 4:</u></b> <b>Chapters 6-9-</b> you and a partner will be assigned a chapter to read and summarize as your second discussion question.	<i>Discussion Question primary due by Wednesday and response to another student due by Friday</i>



<b>Week Five</b> <b>April 19-April 25</b>	<b><u>Module 5:</u></b>  <b>Chapter 13</b> “Health Promotion in Community Settings”	<b><i>Group PowerPoint Presentation due by April 25<sup>th</sup> at 11:30 PM, respond to another teams PP by April 29<sup>th</sup> at 11:30 PM</i></b>
<b>Week Six</b> <b>April 26-May 2</b>	<b><u>Module 6:</u></b>	<b><i>Discussion Question primary due by Wednesday and response to another student due by Friday</i></b>
<b>Week Seven</b> <b>May 3- May 9</b>	<b><u>Module 7:</u></b>	<b><i>Healthy People Portfolio Assignment due May 9<sup>th</sup> by 11:30 PM</i></b>
<b>Week Eight</b> <b>May 10-May 15</b>	<b><u>Module 8:</u></b>  <b>Chapter 14</b> “Promoting Health Through Social and Environmental Change”	<b><i>Discussion Question primary due by Wednesday and response to another student due by Friday</i></b>

## Nursing Elective

### NURS 312 Health Assessment and Health Promotion

**Credits: 3 Theory (45 hours)**

Explores assessment of the healthcare needs of diverse and underserved populations. The importance of the nurse in identifying health promotion and disease prevention issues for individuals and communities is explored. Refines and expands the nurse's perspective on health assessment through integration of an expanded knowledge base in ethnic and cultural variations, risk behaviors, and common health deviations of populations.

Course Outcomes	Competencies	Activity	Evaluation
1. Apply safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	<p>a. Apply health risk assessment data to a plan for wellness and health promotion for underserved populations.</p> <p>b. Demonstrate how cultural, ethnic, and social backgrounds function as sources of values and information collected when planning care for underserved populations.</p> <p>c. Analyze health assessment data of a population of patients for risk behaviors and common health deviations.</p> <p>d. Apply an approach to health assessment of a select population related to established guidelines for risk behaviors and common health deviations. (NOTE: Here you could use Healthy People 2020.)</p>	<p>1. Healthy People Assignment: student will choose one underserved population and identify related HP 2020 objectives based on established guidelines for risk behaviors and common health deviations. Student will create plan to promote health and wellness within population.</p> <p>2. Health Assessment &amp; Promotion Paper: Students complete chapter learning activity, address culture, ethnic, and</p>	<p>1. Portfolio Assignment written assignment graded with rubric..</p> <p>2. Submission with grading rubric.</p>

		<p>social values when planning care, and create understanding of various terms related to vulnerable populations.</p>	
		<p>3. Student teams create PP focusing on rural vs. urban communities. PP will address improving healthcare delivery to underserved population, special needs of populations, better preparation for rural nursing.</p>	<p>3. PP presentation on discussion board with peer response. PP grading rubric with peer response points.</p>
		<p>4. Chronic Disease paper: Analyze health assessment data from selected resources addressing risk factors and primary prevention strategies related to underserved population.</p>	<p>4. Submission with grading rubric.</p>
		<p>5. DQ: Discuss how primary prevention extends beyond</p>	<p>5. Discussion Question with peer response grading rubric.</p>

		individual by improving health outcomes of the community	
		6. DQ: Summary of health promotion, teams paired with assigned chapter	6. Discussion Question with peer response grading rubric.
2. Demonstrate translating current evidence into nursing practice.	a. Identify resources related to assessment of underserved populations.  b. Use theory and research-based knowledge when interpreting assessment data for underserved populations.	1. DQ addressing assessment of underserved populations and locating resources on state and national levels to meet identified needs based on best practice guidelines.  2. DQ: Examining partnerships with peer reviewed articles	1. Discussion Question with peer response grading rubric.  2. Discussion Question with peer response grading rubric.
3. Apply leadership principles and theories	a. Discuss ethical considerations (including biases) that apply when assessing an underserved population.	1. Healthy People Assignment addressing	1. Written submission, grading rubric.

when assessing the health of patient populations.	<p>b. Apply professional standards to guide practice when planning care for an underserved population.</p> <p>c. Demonstrate an awareness of social justice, including a commitment to the health of underserved populations and the elimination of health disparities.</p>	<p>professional standards when creating a plan to promote health and wellness within specified population.</p> <p>2. Health Assessment &amp; Promotion Paper: Students complete chapter learning activity, address culture, ethnic, and social values when planning care, and create understanding of various terms related to vulnerable populations.</p>	2. Submission with grading rubric.
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## **GREAT BASIN COLLEGE**

### **RN-BSN Program**

### **NURS 312**

### **Group PowerPoint Presentation**

#### ***Student Learning Outcome Competencies***

- a. Demonstrate how cultural, ethnic, and social backgrounds function as sources of values and information collected when planning care for underserved populations.
- b. Use theory and research-based knowledge when interpreting assessment data for underserved populations.
- c. Apply an approach to health assessment of a select population related to established guidelines for risk behaviors and common health deviations.
- d. Identify resources related to assessment of underserved populations.

#### ***Assignment***

- a. Discuss similarities and differences between rural and urban communities in relation to health care delivery.
- b. Discuss what it means to be an underserved community and why do underserved communities have problems retaining providers?
- c. Identify one vulnerable population of interest to your group and discuss identified risk behaviors and common health deviations.
- d. How would culture, ethnic, or social backgrounds affect how you plan care for your population?



- e. Discuss barriers to care this particular population may encounter within an underserved community. Identify resources that could help this population.
- f. Analyze how nurses can help improve health care delivery to underserved populations within communities.

While using your text and suggested websites is appropriate please bring in additional resources when completing your paper.

Your power point should be 12-15 slides excluding the title page and reference page. 10 points will be deducted if the page limit is not followed. Refer to grading rubric.

One member of your group will submit the PowerPoint to the assignments link for grading and also to the discussion group for other students to view and comment on. You are required, individually, to respond to another team's PP presentation within four days after submission, please refer to the theory schedule for exact date and time of required response.

Group PP Presentation

Criteria	Ratings				Pts
Critical Thinking	Organizational structure establishes relationship between/among ideas/events. 25 pts	Organizational structure establishes relationships between ideas/events, although minor lapses may be present. 20 pts	Organizational structure establish some relationship between/among some of the ideas/events. The structure is minimally complete. 13 pts	Organizational structure does not establish connection between/among ideas/events. The overall structure is incomplete or confusing. 0 pts	25 pts
Style - Vocabulary	Exhibits skillful use of vocabulary that is precise and purposeful. 20 pts	Exhibits reasonable use of vocabulary that is precise and purposeful. 16 pts	Exhibits minimal use of vocabulary that is precise and purposeful. 11 pts	Lacks use of vocabulary that is precise and purposeful. 0 pts	20 pts
Summary Discussion Items	Addresses all information required for summary. 25 pts	Addresses most of the information required for summary. 15 pts	Addresses less than half of the required information. 0 pts		25 pts
APA Format	Adheres to APA format. 10 pts	Mostly in APA format with minimal errors. 6 pts		Not in APA format. 0 pts	10 pts



<p><b>Cultural, ethnic, and social backgrounds</b></p> <p><a href="#">view longer description</a></p> <p>threshold: 3 pts</p>	<p><b>Exceeds Expectations</b> 5 pts</p>	<p><b>Meets Expectations</b> 3 pts</p>	<p><b>Does Not Meet Expectations</b> 0 pts</p>	5 pts
<p>■ <b>Theory and research-based knowledge</b></p> <p><a href="#">view longer description</a></p> <p>threshold: 3 pts</p>	<p><b>Exceeds Expectations</b> 5 pts</p>	<p><b>Meets Expectations</b> 3 pts</p>	<p><b>Does Not Meet Expectations</b> 0 pts</p>	5 pts
<p>■ <b>Established guidelines for risk behaviors and common health deviations.</b></p> <p><a href="#">view longer description</a></p> <p>threshold: 3 pts</p>	<p><b>Exceeds Expectations</b> 5 pts</p>	<p><b>Meets Expectations</b> 3 pts</p>	<p><b>Does Not Meet Expectations</b> 0 pts</p>	5 pts
<p>■ <b>Identify resources</b></p> <p><a href="#">view longer description</a></p> <p>threshold: 3 pts</p>	<p><b>Exceeds Expectations</b> 5 pts</p>	<p><b>Meets Expectations</b> 3 pts</p>	<p><b>Does Not Meet Expectations</b> 0 pts</p>	5 pts
Total Points: 100				

*UNDERSERVED  
POPULATIONS &  
THOSE WITH  
MENTAL ILLNESS*

# *Rural vs. Urban Communities in Health Care Delivery*

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- 10% of physicians practice in rural America despite the fact that nearly 1/4 of the population lives in these areas.
- 1/3 of motor vehicle accidents occur in rural areas and 2/3 of deaths attributed to motor vehicle accidents occur on rural roads.
- Death and serious injury accidents account for 60% of total rural accidents versus 48% in urban areas.
- Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years.

352-G

# *Rural Barriers: According to the Rural Access Center*

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- Workforce shortages
- Health insurance status
- Distance
- Transportation
- Poor health literacy
- Privacy issues
- Poverty
- Resources
- Disparities
  - Many of which are the same barriers facing healthcare access in Urban America.





# *Underserved Communities*



- The United States Department of Health view medically underserved areas and medically underserved populations as those that have limited access to primary care services and populations that have a low population to provider ratio. These ratios are then used to qualify for state/local and federal programs aimed at increasing health services to underserved areas and populations.
- According to the National Rural Health Association, the quality and functionality of a health care delivery system depend on the availability of medical personnel and infrastructure to provide needed services. Rural communities generally have fewer physicians, nurses, and specialists. The loss or shortage of an individual provider could have far reaching impacts on the health of the underserved community.

# *Disadvantages for Rural Americans*

## *Rural Americans tend to be*

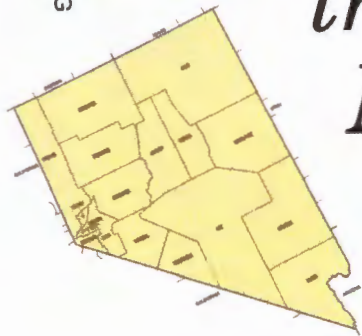
- Older
  - Less well insured
  - Chronic disease
  - Increased infant and maternal morbidity
  - Mental illness
  - Environmental and occupational injuries
  - Increased obesity.
- 

## *Rural Communities are*

- Poorer than urban communities
- Lower wages
- Higher unemployment
- Remote areas
- Small population
- Unstable economic infrastructures



# *Mental Health Care: Bad & Getting worse in Rural Nevada*



## **Mental Health Patients in Elko County are a vulnerable population**

- US guidelines recommend at least 1:4500 for mental health providers serving the population group and 1:15,000 psychiatrists ratio
- Elko County is considered severely underserved with only 12 mental health providers for a population of 48,818 and NO psychiatrists.
- Nevada cut 28% of the general funds mental health care budget between the years 2009-2012
- There are only 12 mental health care providers in Elko County, serving a population of 50,000 people. There are no psychiatrists



# *Risk Behaviors of the Mentally Ill*



- More likely to binge drink, smoke and use illicit drugs as a coping mechanism
- Rarely participate in moderate physical activity
- Often times have unsafe sex practices
- Can be at risk for self harm, victimization or exploitation

# *Culturally Competent Care*



357-G

- Mental health and substance use research has too often excluded diverse populations, which has created an even wider gap between research and practice for racial and ethnic minorities, different groups based on age, gender and sexual orientation.
- Cultural competence must be integrated into all evidence-based practices and at all stages of implementation.

# *Culturally Competent Care Continued*



- Research should be designed and developed by and with input and participation from members of specific cultural and ethnic populations.
- Practices should be adapted, whenever appropriate, to the cultural and linguistic groups being served.
- Outcomes of evidence-based practices should be evaluated in terms of culture-specific and culturally relevant outcomes.

# *Plan of Care for Mental Health Patients*

- Identify the patient's support group, if they do not have one give them information on local support groups
- Assist uninsured individuals with getting insurance through CMS programs
- Refer patients to mental health care providers in rural northern Nevada





# *Barriers for Mental Health Patients*



- **Accessibility** - rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and less likely to recognize the illness
- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to live in urban centers
- **Acceptability** – the stigma of needing or receiving mental healthcare and the fewer choices of trained professionals who work in rural areas create barriers to care

# *Resources for those with Mental Health Illness*



One in four people has a **mental illness**.  
You can be the **one** that helps.

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- Medicaid and Medicare, food assistance, & prescription drug programs through the Division of Health and Welfare
- FISH
- Churches
- Northern Nevada Adult Mental Health Services- Sparks, NV
- Unfortunately, resources in Elko and the surrounding areas are highly limited. Outpatient services are available by appointment and with insurance
- Sources are scarce throughout Nevada
- One option rural Nevada should consider is expanding the use of telemental health services

# *How WE Can Improve Health Care Delivery*

362-G



- Assess every needs of patients
- Gather data on past medical history
- Determine if the patient needs assistance that is not being met
- Find resources for patients
- Give effective, appropriate teaching



# References

- Health Care Workforce Distribution and Shortage Issues in ... (2012). Retrieved April 23, 2015, from <http://www.ruralhealthweb.org/index.cfm?objectid=3D776162-3048-651A-FEA70F1F09670BoD>
- Medically Underserved Areas - Populations. (2014). Retrieved April 23, 2015, from <http://doh.dc.gov/service/medically-underserved-areas-populations>
- Pender, N., Murdaugh, C., & Parsons, M. (2015). *Health promotion in nursing practice* (Seventh ed.). Boston, MA: Pearson.
- What's the Difference About Rural Health Care? (2013.). Retrieved April 23, 2015, from



**GREAT BASIN COLLEGE**

**RN-BSN Program**

**NURS 312**

**Chronic Disease Paper**

***Student Learning Outcome Competencies***

- a. Apply health risk assessment data to a plan for wellness and health promotion for underserved populations.
- b. Analyze health assessment data of a population of patients for risk behaviors and common health deviations.

***Assignment***

Explore the CDC database to research your state's chronic disease burden and answer the following questions: <http://www.cdc.gov/chronicdisease/states/index.htm>

- a. What is the burden of chronic disease in your state?
- b. How do the leading causes of death in your state compare to national figures?
- c. Identify 5 important risk factors that need to be targeted in your state.
- d. Identify vulnerable groups for whom targeted services need to be provided.

While using your text and suggested websites is appropriate please bring in additional resources when completing your paper.

This is a scholarly paper, written in APA format, and should be 3-4 pages in length, excluding the title page and reference page. 10 points will be deducted if the page limit is not followed.

Chronic Disease Paper					
Criteria	Ratings				Pts
Critical Thinking	Organizational structure establishes relationship between/among ideas/events. 25 pts	Organizational structure establishes relationships between ideas/events, although minor lapses may be present. 15 pts	Organizational structure establish some relationship between/among some of the ideas/events. The structure is minimally complete. 10 pts	Organizational structure does not establish connection between/among ideas/events. The overall structure is incomplete or confusing. 0 pts	25 pts
Style - Vocabulary	Exhibits skillful use of vocabulary that is precise and purposeful. 10 pts	Exhibits reasonable use of vocabulary that is precise and purposeful. 8 pts	Exhibits minimal use of vocabulary that is precise and purposeful. 5 pts	Lacks use of vocabulary that is precise and purposeful. 0 pts	10 pts
Summary Discussion Items	Addresses all information required for summary. 20 pts		Addresses most of the information required for summary. 8 pts	Addresses less than half of the required information. 0 pts	20 pts
APA Format	Adheres to APA format. 10 pts	Mostly in APA format with minimal errors. 6 pts		Not in APA format. 0 pts	10 pts
<div> <div></div> <div>Risk assessment data</div> <div> <a href="#">view longer description</a> </div> </div> <div>threshold: 3 pts</div>	<div> <div>Exceeds Expectations</div> <div>Meets Expectations</div> <div>Does Not Meet Expectations</div> </div> <div> <div>5 pts</div> <div>3 pts</div> <div>0 pts</div> </div>				5 pts



## Impact of Chronic Disease in Nevada

Great Basin College

### Impact of Chronic Disease in Nevada

Every corner of the world is affected by chronic disease. The United States is no different. The U.S. is a wealthy country, booming with industry but continues to be sub-par in medical care. There are several causes for this, all driven by money, including health insurance rates, access to healthcare, education of the population, poor food selection, cost of healthy food, continuity of care and the impact of pharmaceutical and health related business. To increase the health and decrease morbidity and mortality, the U.S. needs to focus on decreasing the rate of chronic disease by addressing modifiable risk factors and helping at risk populations. Nevada needs to take part in this goal as well to decrease the burden of chronic disease on the state.

Nevada is ranked 42<sup>nd</sup> healthiest state in the U.S. (CDC, 2012). This is a terrible statistic for Nevada. The reason why Nevada is ranked so low is because we have high numbers of health disparities, high rates of uninsured population and is very culturally diverse. Nevada is ranked 47<sup>th</sup> in the U.S. for health care coverage. Racial and ethnic minorities often face barriers to care and receive poorer quality of care (Nevada Department of Health, 2013). Several statistics show that the modifiable risk factors for Nevada are poorly met by the population in accordance with Healthy People 2020.

Chronic diseases are prolonged conditions that often do not improve and are rarely cured completely. They are also the leading causes of death and disability in the United States. These diseases account for 7 of every 10 deaths and affect the quality of life of 90 million Americans (CDC, 2012). The burden of chronic disease for Nevada refers to multiple things. It is associated with direct cost of the illness/disease and secondary, or indirect cost related to unemployment and living expenses for the chronically ill. These expenses cost the State of Nevada over 20 billion dollars. 4 billion being direct costs and 16 billion as indirect costs (Nevada Department of



## CHRONIC DISEASE IN NEVADA

Health, 2014). It also incorporates death rates and morbidity rates. The largest burden of chronic disease in Nevada is heart disease which accounts for about 4,860 deaths and 25% of the total death rate for Nevada (Nevada Department of Health, 2013). Cancer comes in at a close second with 4,428 deaths and 23% of the total death rate, chronic lower respiratory disease caused 1209 deaths and makes up 6% and stroke 859 deaths and 5% of the total death rate (CDC, 2012). Diabetes and arthritis make up a large percentage of the health care costs although they do not contribute to a high number of deaths. The great news is, all of these diseases are largely preventable with early detection, education and intervention.

The National burden of chronic disease is slightly different in the specific types of chronic illness that affect the largest percentage of the population. The implications of chronic disease are magnified on the National level meaning cost and number of deaths is much higher. The leading cause of death, like Nevada, is disease of the heart which accounts for approximately 611,105 deaths per year (CDC, 2012). This is followed by cancer (584,881 deaths) chronic lower respiratory diseases (149,205), and stroke (128,978) (CDC, 2012). Chronic disease costs the United States as a whole over 1.3 trillion dollars every year, with an additional 1.1 trillion in lost productivity and \$277 billion for treatment, the country is losing money very quickly to the burden of chronic disease. (Nevada Department of Health, 2013).

Important risk factors that need to be targeted in Nevada include smoking, obesity, and exercise, alcohol consumption and physical activity. Smoking is terrible for one's health. It plays a huge role in the high level of heart disease, cancer and lung diseases. Everyone knows that smoking is bad for one's health but people still smoke. This is taking a huge toll on the health of the country and the chronic disease rates. Rates of tobacco use have steadily decreased over the last decade but Nevada is still above the national average for tobacco use. Tobacco use includes

## CHRONIC DISEASE IN NEVADA

cigarettes, chewing tobacco, cigars and snuff. More deaths are caused each year by tobacco than from HIV, drug use, car accidents, suicides and murders combined (CDC, 2012).

Physical activity and healthy eating go hand-in-hand. These two factors alone influence the obesity epidemic and several chronic diseases. Over 60% of Nevada's population is overweight or obese and only 48% of adults get the proper exercise the recommended 30-60 minutes a day (Nevada Department of Health, 2013). Good nutrition is a primary determinant of good health (Pender, Murdaugh, & Parsons, 2015). Increasing physical activity, increasing good nutrition and decreasing obesity would decrease the amount of chronic disease in Nevada. It would decrease the amount of people with arthritis, cancer, heart disease and quite possibly stroke victims. Decreasing body fat and improving the diet undoubtedly decreases the risk of acquiring type 2 diabetes and several other preventable diseases. Alcohol consumption continues to be a huge problem and culprit for chronic disease. Excessive alcohol use can also be a leading factor in the development of many chronic diseases such as stroke, cancer kidney disease, and gastrointestinal problems such as pancreatitis and gastritis (Nevada Department of Health, 2013).

Vulnerable groups in Nevada include Hispanics, Blacks, and Native Americans. Being culturally competent and aware of the certain risk factors and behaviors associated with the different cultures is helpful in caring for them. Wellness services should be provided to these populations as they are more at risk for developing chronic disease and the best medicine for chronic disease is prevention. These populations are also the least insured and have a lower income than the white population. Focusing time and culturally sensitive care on Hispanics alone could dramatically improve the statistics for Nevada and the U.S. Some services that could be provided are better health insurance coverage and better health education that encompasses a

## CHRONIC DISEASE IN NEVADA

cultural approach to healthcare. Incentives for improving health and eliminating risk factors such as tax write offs or monetary rewards may be something that could be implemented to improve chronic illness. A fraction of the cost spent on direct and indirect costs of the once unhealthy person could be rewarded to the population for eliminating risk factors. Incentive has a huge influence on the actions of Americans. Of course this would take a lot of time and a huge government program would have to be put in place but it could definitely impact the burden of chronic illness in Nevada.

## CHRONIC DISEASE IN NEVADA

### References

CDC. (2012). Heart disease: signs and symptoms. Atlanta, GA: Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Pender, N., Murdaugh, C. & Parsons, M, A. (2015). Health Promotion in Nursing Practice. Boston: Pearson.

Nevada Department of Health (2013). The Burden of Chronic Disease. Retrieved from [http://www.health.nv.gov/PUBLICATIONS/CD/2013\\_BurdenOfChronicDiseaseInNevadaReport.pdf](http://www.health.nv.gov/PUBLICATIONS/CD/2013_BurdenOfChronicDiseaseInNevadaReport.pdf).



## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
Nursing 312: Health Assessment and Health Promotion
2. Year / Semester: 2015 Spring
3. Course Faculty (include any adjunct faculty utilized)  
Heidi Johnston, MSN, RN, CNE

### COURSE STATISTICS

4. Theory Ratio 11:1 Practicum Ratio 5:1:1  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 100
  - b. Percent Failed: 0
  - c. Range of Scores: A
6. Final Practicum Outcomes:
  - a. Percent Satisfactory: NA
  - b. Percent Unsatisfactory: NA
7. Course Attrition:
  - a. Beginning number of students: 11
  - b. Withdrawals: 0
  - c. Incompletes (with expected date of completion): 0

### THEORY EVALUATION

8. Textbooks used and evaluation of each:
  1. Pender, N., Murdaugh, C., & Parsons, M.A. (2015). Health Promotion in Nursing Practice. 7th ed. New Jersey: Pearson. ISBN 978-0-13-310876-7
  2. VandenBos, G. R. (Ed.). (2010). Publication manual of the American psychological association. (6th ed.) Washington, DC: American Psychological Association. ISBN- 978-1-4338-0561-5The Pender text was a good book to use but several students it was very dry reading material, although very informative. I am currently reviewing other texts at this time that may be relevant and provide better reading for next Spring when the course runs again.  
This APA manual will still be a requirement for class as students are required to write in APA format and this is a must have resource for students.

9. Weekly content:

See attached syllabus

10. Special Experiences related to student learning outcomes and competencies:

NA

11. Teaching Methods:

This course was taught asynchronously using WebCampus, the GBC learning platform for online learning. This course consisted of weekly required reading assignments, weekly assessments, supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through the Internet that relate to the topics being studied. Students had a total of eight weeks to complete eight learning modules and corresponding learning activities. Individual and group activities were required through the course. Online discussion and peer interactions within discussion, video resources, assigned text readings, assigned internet resources were also required.

## **PRACTICUM EVALUATION**

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards  
(Please list strengths and/or limitations specific to each site)

NA

13. Briefly describe any concern(s) regarding practicum site(s) used.

NA

14. Practicum changes and reason(s):

NA

15. Special Experiences related to student learning outcomes and competencies:

NA

16. Teaching Methods

NA

## **FULL COURSE OVERVIEW**

17. What worked well and reason(s):

This was the first time this course has ran under the newly revised RN-BSN curriculum. This course has also been submitted to Lisa Frazier for Quality Matters and is on track to be reviewed. All students successfully passed this course. Evaluations of student learning outcomes completed by students were categorized as agree or strongly agree. All course objectives and competencies were addressed within the assignments and each assignment built on the previous weeks learning objectives. Having discussion questions helps to promote student engagement and interaction among their peers. This also allows the instructor to see if students are understanding concepts that are focused on that week.



18. Anticipated Changes

While the text required for the class was good, there were minimal resources for the book and I plan to continue reviewing books that would be applicable for this particular course.

19. Changes to weekly content and reason(s):

I plan to use the same theory schedule as this semester as all the assignments completed by the student built upon each other with the final assignment a blend of all learning and resources for their portfolio assignment.

20. Changes to point allocation and reason(s):

I do not plan to change the point allocations for any assignments or discussion questions at this time.

21. Other changes and reason(s):

None at this time. Would like to run the course for a second time prior to making significant changes.

22. Administrative:

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| a. Syllabus has been saved to file.   | <input checked="" type="checkbox"/> |                                     |
| b. The course was backed up on WebCampus.   |                                     | <input checked="" type="checkbox"/> |
| c. Grades have been entered.  | <input checked="" type="checkbox"/> |                                     |
| d. Grade book has been saved to file.   |                                     | <input checked="" type="checkbox"/> |
| e. Student work samples have been filed in student file.                              | <input checked="" type="checkbox"/> |                                     |
| f. Curriculum map has been updated with all changes made and filed.                   |                                     | <input checked="" type="checkbox"/> |
| g. Integrated Concepts Illustration has been updated with all changes made and filed. | <input checked="" type="checkbox"/> |                                     |

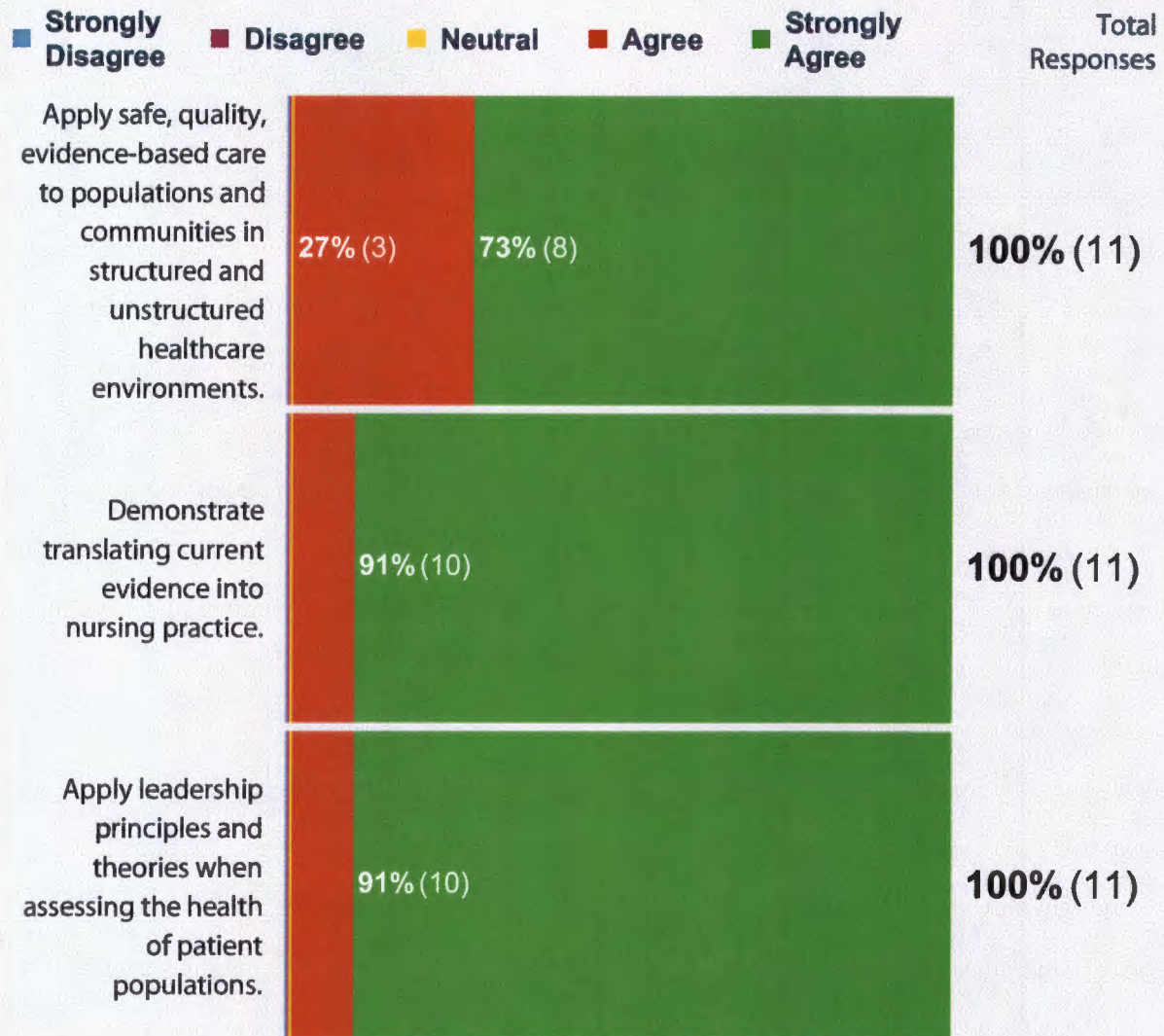
**Faculty Signature(s):** Heidi Johnston

**Date:** 5-15-15

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.

## Student Learning Outcomes - NUR 312 - Spring 2015

As a result of this class, I am able to:

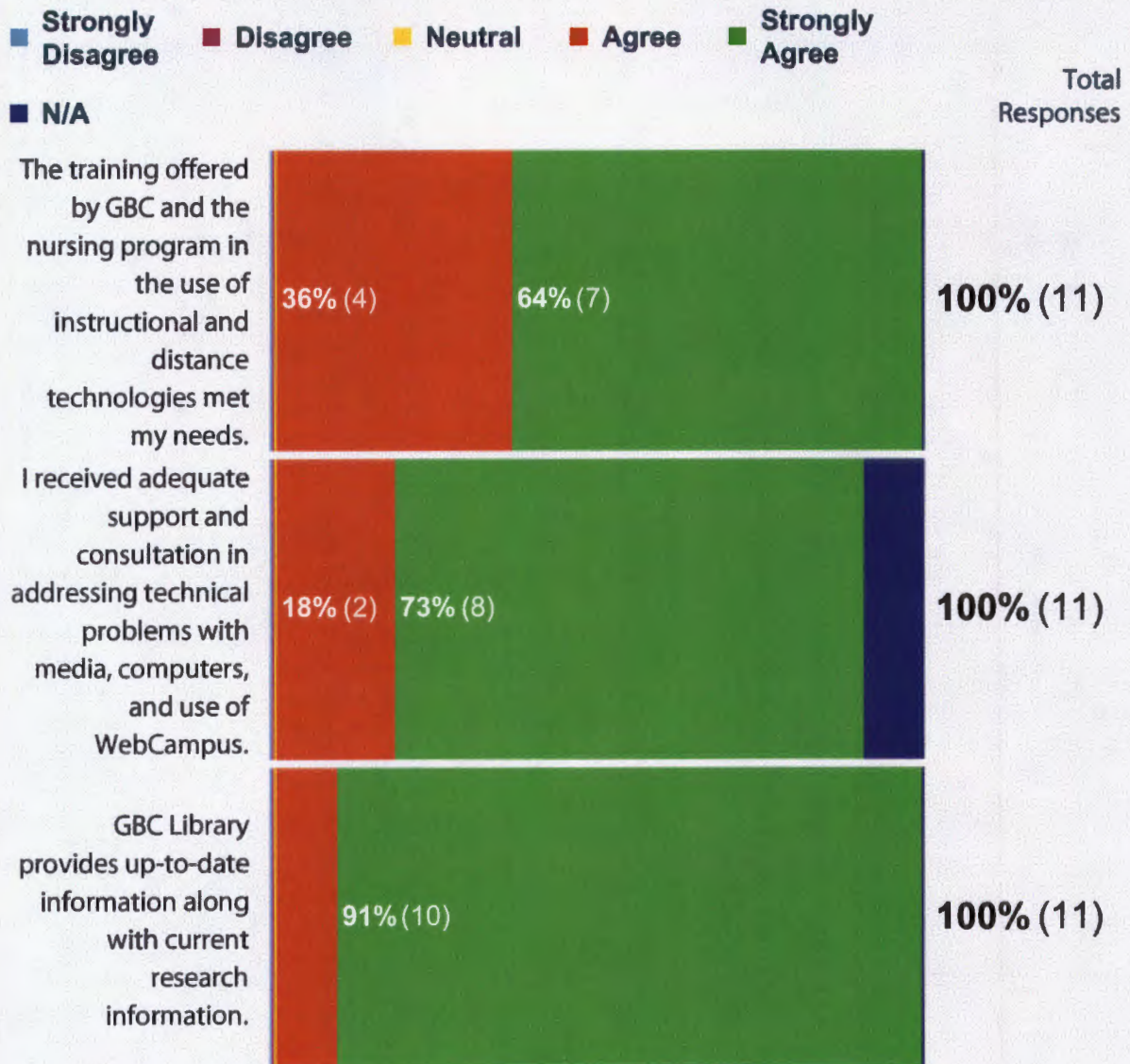


### Additional comments:

Heidi is an AWESOME and OUTSTANDING instructor!!!!

I really enjoyed this course. It was interesting and a great addition to use while in the ADN program. I felt that the workload was perfect while being in the ADN program, it wasn't an overwhelming addition. Heidi, thank you for a wonderful class.

## GBC Services Evaluation



NURS 337

Pathophysiology





**ASSOCIATE OF APPLIED SCIENCE NURSING PROGRAM  
COURSE SYLLABUS**

**NURS 337: Pathophysiology**

**3 CREDITS THEORY (45 contact hours)**

**Fall 2014**

**GENERAL INFORMATION**

**A. INSTRUCTOR INFORMATION:**

1. Theory Instructor:

Sharon Sutherland MSN, RN

753-2017 (Office)

934-2336 (Cell)

[sharon.sutherland@gbcnv.edu](mailto:sharon.sutherland@gbcnv.edu)

2. Office and Hours:

Sharon Sutherland  
Health Sciences Room 117  
TBA  
Also by appointment

***Note: Please use Web Campus mailbox to communicate with me.  
I will respond to your e-mails within 24 hours except on weekends. I will  
only check my e-mail one day out of the weekend. If it is an emergency  
text me or call me on my cell phone.***

**B. COURSE INFORMATION:**

Course Description Explores the pathophysiologic processes associated with common chronic and acute health problems across the lifespan. Incorporates the influence of age, ethnicity, and cultural patterns on illness development and resolution. The evidence base supporting current knowledge of disease processes and common health problems is explored.

Three credits theory. Offered fall semester only. Prerequisites: Must have registered nurse license and approval from nursing program director.

1. Schedule:

Theory:

Online and self-directed learning

Dates: 10/20/14-12/12/14

**COURSE OUTCOMES:**

<b>COURSE OUTCOMES</b>	<b>MEASUREMENTS</b>
Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	Online Pathophysiology modules exams points Discussion questions following pathophysiology modules Case Study Power Point Assignments Genetics Paper
Examine current evidence in nursing practice related to various pathophysiological processes.	Discussion based on a literature review Analysis of clinical practice guidelines Genetics Paper Discussion based on genetic testing and research Discussion based on the National Patient Safety Standards Case Study Power Point Assignments

**METHOD OF INSTRUCTION:**

This course will be taught asynchronously using Web Campus, the GBC learning platform for online learning and the Evolve site. You will be expected to log into the Evolve site for every module. Your weekly points will be calculated on the time spent on the Evolve site. This course will consist of weekly required reading assignments, discussions, case studies, a paper, power points, tests and supplementary material available directly through the course, learning resources available through Great Basin College's library services, as well as the virtually unlimited resources available through



the Internet that relate to the topics being studied. Students will have a total of eight weeks to complete eight learning modules and corresponding learning activities.

### **STUDENT EVALUATION:**

All Learning Module assignments must be completed as scheduled. Please keep in mind that this class consists largely of self-directed learning. In the event of Internet related problems, please contact the instructor via phone (leave a message if you need to) and arrangements will be made that are mutually acceptable to rectify the problem. Evaluation of student progress will be the successful completion of the course outcomes. Outcomes will be evaluated based on scheduled written assignments, discussion postings, and a time spent in the Evolve site. All assignments will be graded by a rubric. **ALL ASSIGNMENTS MUST BE COMPLETED BY December 10, 2014.**

### **REQUIRED MATERIALS:**

- ❖ Huether, S. & McCance, K. (2013). *Understanding pathophysiology* (5<sup>th</sup> ed.). St. Louis, Missouri: Elsevier Mosby ISBN- 978-0-3230-7891-7
- ❖ VandenBos, G. R. (Ed.). (2010). *Publication manual of the American psychological association*. (6th ed.) Washington, DC: American Psychological Association. ISBN- 978-1-4338-0561-5

### **GRADING POLICY AND CRITERIA:**

Course grade will be based on a **percentage** of the total possible points of theory and clinical assignments according to the following scale:

100 - 94.00 =	A	76.00 =C (needed to pass)
93.99-90.00 =	A-	75.99-70.00 = C-
89.99-87.00 =	B+	69.99-67.00 = D+
86.99-84.00 =	B	66.99-64.00 = D
83.99-80.00 =	B-	63.99-60.00 = D-
79.99-77.00 =	C+	Below 60.00 = F

A grade of "B-" or better is required in ALL nursing courses applicable to the Bachelor of Science in Nursing degree.

Students must maintain an overall GPA of at least 2.7 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.7 after one semester on probation will be dismissed from the nursing program.

**Late assignments will be worth 50% of the actual grade. If an assignment is more than one week late, a zero will be given for the assignment but submission of the assignment is still required.**

<b>Assessment:</b>	<b>Total Points:</b>
Discussion Questions (25 points x 4)	100 points
Genetics Paper	100 points
Oncology Case Study	50 points
Health and Disease Power Point	50 points
Group Disease Power Point	50 points
Evolve Site Interaction (10 points/wk)	80
<b>Total points for course</b>	<b>430 points total</b>

All attempts will be made to maintain the posted theory schedule. However, please note that in the event of an unforeseen emergency or circumstances beyond our control, faculty may schedule theory on other days as a means to ensure every opportunity for students to successfully complete the course. The faculty also may make changes to the syllabus at any time throughout the semester. All attempts will be made to inform the students of any changes in a timely manner when possible.

#### **ATTENDANCE POLICY:**

Students are expected log-on to the Web-Campus and Evolve site to access the course at least two times a week. **If you do not complete the course and do not formally withdraw by the drop deadline, your instructor will automatically assign you a grade of "F". The last day to drop this course is 11/19, 2014.** See Student Handbook for further information concerning the attendance policy.

#### **ACADEMIC AND PROFESSIONAL DISHONESTY:**

Academic dishonesty involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College Nursing Program and, in some cases, dismissal from Great Basin College. GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed.



## **STUDENT CONDUCT:**

Great Basin College (GBC) is a System institution of the Nevada System of Higher Education (NSHE) and encourages all students to pursue academic studies and other college sponsored activities that promote intellectual growth and personal development. Students are responsible for complying with NSHE and college guidelines and meeting the appropriate college requirements. In joining the academic community, the student enjoys the right of freedom to learn and shares responsibility in exercising that freedom. A student is expected to conduct him or herself in accordance with college standards.

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing students are also responsible for additional standards of conduct for nursing professionals as noted in the Bachelor of Science Nursing Program student handbook (see Appendices Section).

The BSN Program is committed to open, frank, and insightful dialogue between and among students and faculty. Diversity has many manifestations including diversity of thought, opinion and values. Students are encouraged to be respectful of that diversity and to refrain from inappropriate commentary. Should such inappropriate comments occur, the instructor will intervene as they monitor student discussions throughout the course. Conduct within courses should be guided by common sense and basic etiquette. Never post, transmit, promote, or distribute content that is known to be illegal. Avoid overtly harassing, threatening, or embarrassing fellow students. If you disagree with someone, respond to the subject, not the person. Refrain from transmitting or distributing content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or otherwise.

Students are strongly encouraged to print a copy of their written work.

## **ADA STATEMENT:**

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Director of Services for Students with Disabilities (Julie G. Byrnes) will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids and services. For more information or further assistance, please call 775.753.2271.

## **OUTLINE**



<b>DATE</b>	<b>Module</b>	<b>READING ASSIGNMENT</b>	<b>Discussions</b>	<b>ASSIGNMENT Due DATES</b>
<b>Week 1</b> <b>October 20–</b> <b>October 26</b>	<b>1</b>	Evolve Module 4: Fluids and Electrolytes, Acids and Bases	<b>Initial Posting</b> <b>October 23</b> <b>Posting to another</b> <b>student</b> <b>October 26</b>	<b>Discussion Week 1</b> <b>October 26</b>
<b>Week 2:</b> <b>October 27 –</b> <b>November 2</b>	<b>2</b>	Evolve Module 2: Genes and Genetic Diseases		<b>Genetics</b> <b>November 2</b>
<b>Week 3:</b> <b>November 3–</b> <b>November 9</b>	<b>3</b>	Evolve Module 20: Alterations of Hematologic Function	<b>Initial Posting</b> <b>November 6–</b> <b>Posting to another</b> <b>student</b> <b>November 9</b>	<b>Discussion Week 3</b> <b>November 9</b>
<b>Week 4:</b> <b>November</b> <b>10–</b> <b>November 16</b>	<b>4</b>	Evolve Module 9: Biology, clinical Manifestations, and Treatment of Cancer Module 10: Cancer Epidemiology		<b>Oncology Case Study</b> <b>November 16</b>
<b>Week 5:</b> <b>November 17</b> <b>– November</b> <b>23</b>	<b>5</b>	Evolve Module 23: Alterations of Cardiovascular Function		<b>Health and Disease</b> <b>Power Point</b> <b>November 23</b>
<b>Week 6:</b> <b>November 24</b> <b>– December 1</b>	<b>6</b>	Evolve Module 26: Alterations of Pulmonary Function	<b>Initial Posting</b> <b>November 27</b> <b>Posting to another</b> <b>student</b> <b>November 30</b>	<b>Discussion Week 6</b> <b>October 26</b>
<b>Week 7:</b> <b>December 2–</b> <b>December 7</b>	<b>7</b>	Evolve Module 29: Alterations of Renal and Urinary Tract Function		<b>Group Disease Power</b> <b>Point</b> <b>December 7</b>
<b>Week 8:</b> <b>December 8–</b> <b>December 10</b>	<b>8</b>	Evolve Module 34: Alterations of Digestive Function	<b>Initial Posting</b> <b>December 8</b> <b>Posting to another</b> <b>student</b> <b>December 10</b>	<b>Discussion Week 8</b> <b>December 10</b>

## Fall Elective

### Nursing 337: Pathophysiology

#### Credits: 3 Theory (45 hours)

Explores the pathophysiologic processes associated with common chronic and acute health problems across the lifespan. Incorporates the influence of age, ethnicity, and cultural patterns on illness development and resolution. The evidence base supporting current knowledge of disease processes and common health problems is explored.

Course Outcomes	Competencies	Activity	Evaluation
1. Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.	<ol style="list-style-type: none"><li>Describe alterations in physiological systems that alter the health of an individual.</li><li>Examine developmental and cultural factors that affect an individual's adaptation to alterations in health.</li><li>Relate characteristics of special populations that increase the risk for disease.</li></ol>	<ol style="list-style-type: none"><li>Weekly online pathophysiology modules.</li><li>Group creation of PP educating other professional nurses of specific disease process including incidence, prevalence, developmental, spiritual, and cultural factors and the impact on nursing care. Will share with class.</li><li>Student developed oncology case study with in-depth discussion of the pathophysiology of the selected cancer to the cellular level. The student will also discuss a holistic plan of care including any genetic/genomic,</li></ol>	<ol style="list-style-type: none"><li>Points awarded for completion of online modules.</li><li>Submission of PP with grading rubric.</li><li>Written submission with grading rubric.</li><li>Discussion Question with peer response grading rubric.</li><li>Written submission graded via rubric.</li><li>Discussion Question with peer response grading rubric</li></ol>

		<p>counseling/testing, patient education, and physical, psychosocial, spiritual, developmental and cultural care.</p> <p>4. DQ addressing how developmental and cultural factors influences an individual's ability to adapt to health alterations.</p> <p>5. As part of the genome project paper students will examine characteristics of special populations that are more at risk for selected disease process.</p> <p>6. DQ analyzing how some common predisposing factors increase susceptibility to disease.</p> <p>7. DQ addressing implications of cultural, social, economic, legal, and historical contexts for patient care.</p>	7. Discussion Question with peer response grading rubric
2. Examine current evidence in nursing practice related to	a. Interpret research related to nursing care for patients with various pathologies.	1. Health and Disease Management presentation focusing on student chosen	1. Submission of PP presentation, graded via rubric.



<p>various pathophysiological processes.</p>	<p>b. Apply research-based knowledge to the study of pathophysiology.</p>	<p>disease process incorporating clinical practice guidelines and nursing care.</p> <p>2. Reviewing Genome project students will identify certain patient populations that are at higher risk gaining a better understanding of genetic testing.</p> <p>3. DQ based on genetic testing and research and how it relates to the dynamics that impact individuals and families. Will include ethical discussion.</p> <p>4. DQ exploring the relationship between research and patient disease specific outcomes.</p>	<p>2. Written submission graded via rubric. .</p> <p>3. Discussion Question with peer response . grading rubric.</p> <p>4. Discussion Question with peer response grading rubric.</p>
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GREAT BASIN COLLEGE

RN-BSN Program

NURS 337

**Genetics**

***Student Learning Outcome Competencies***

- a. Interpret research related to nursing care for patients with various pathologies.
- b. Relate characteristics of special populations that increase the risk for disease.
- c. Describe alterations in physiological systems that alter the health of an individual.
- d. Apply research-based knowledge to the study of pathophysiology.

***Assignment***

Genetic testing now makes it possible for individuals to capture a look into their future. However, having a gene does not guarantee that a disease will occur; it only identifies a "predisposition" and that there is a "risk" that the disease will occur.

For example, one of the diseases in which genetic testing is available is **Huntington chorea**. This is an autosomal dominant inherited disorder that results in severe cognitive decline and movement disorders, but it does not manifest itself until the person is an adult. There is no real treatment and no cure. There is no way to tell if a child of an affected parent will develop the disease unless genetic testing is performed.

Choosing whether or not to be tested for the gene is not an easy decision because the results may have dramatic effects on the individual and family. While some believe that testing has a positive affect as it will provide the opportunity for the individual to make informed choices about their future and that of their offspring, others think that it can be emotionally draining and a burden for both the individual and family.

Answer the following questions and submit as indicated on theory schedule and following APA format. There is no word count, I am looking at quality, not quantity.

1. Discuss genetic testing and benefits of having this available for patients and families for specific diseases. Discuss drawbacks to having genetic testing available.

2. How would you counsel clients?
3. What would you do if faced with the decision?
4. How might it affect family function?
5. What about insurance and employment issues—could there be ramifications?
6. Examine characteristics of special populations that are more at risk for select disease processes.  
Discuss in-depth one population that is more prone to a disease process with genetic links.

Genetics Rubric					
Criteria	Ratings				Pts
Analysis	Data is clearly analyzed and thoughtfully synthesized so that the reader can easily see the connections 20 pts	Data is somewhat clearly analyzed and synthesized; the reader may see the connections 18 pts	Data is vaguely analyzed and synthesized; the reader has difficulty seeing the connections 16 pts	Data is not analyzed or synthesized; no connections are made 14 pts	20 pts
Supporting Evidence	Provides a well-developed examination of the evidence and questions its accuracy, relevance, and completeness. Clearly distinguishes between fact and opinion 20 pts	Examines evidence and questions the quality. Distinguishes between fact and opinion 18 pts	Merely repeats information provided. Does not justify position or distinguish between fact and opinion 16 pts	Does not identify or summarize the problem/question accurately if at all 14 pts	20 pts
Answers to Questions	Answers are well supported with details from several sources 30 pts	Some details are missing, there could be more supporting evidence 28 pts	Answers are missing or not answered clearly and is lacking evidence 26 pts	Answers are missing or not clear and there is minimal evidence 24 pts	30 pts
Effort	Exceeds the requirements of the assignment and have put care and effort into the process 20 pts	Fulfills all of the assignment 18 pts	Fulfills some of the requirements of the assignment 16 pts	Fulfill few of the requirements of the assignment 14 pts	20 pts
APA format, spelling, and grammar	0 APA format, grammar, and spelling 10 pts	1-2 APA format, grammar, and spelling 8 pts	3-4 APA format, grammar, and spelling 6 pts	>4 APA format, grammar, and spelling 0 pts	10 pts
Total Points: 100					

#### Genetics Rubric

## Genetics Testing- A Nursing Perspective

Colleen Mitchell-Medina

Great Basin College

## GENETICS TESTING-A NURSING PERSPECTIVE

### Genetics Testing-A Nursing Perspective

In 2003, two years before its projected due date, the long-anticipated Human Genome Project was finally completed. Forged by the National Institute of Health and the U.S. Dept of Energy, the Human Genome Project was a multi-international, collaborative effort with contributors from Japan, Europe, China, and the UK (National Library of Medicine, 2014, Para 2). The significance of this discovery was touted as one synonymous as landing on the moon, referring to its inception as the “era of the genome” (“Human Genome Project”, 2014, para 2-3). The revelation of the Human Genome Project has been perceived as revolutionary, holding “the key” to the potential for people to live healthier lives (National Library of Medicine, 2014, para 2). The Human Genome Project entailed breaking the genetic code or blueprint instruction manual to also known as DNA (deoxyribonucleic acid), which “directs the synthesis of all the body’s proteins” (Jorde, 2008) to the anatomical and physiological makeup of the human being. Having this information is like receiving the secret code that helps unlock each person’s unique genetic library or personal DNA (deoxyribonucleic acid). Most importantly, now that we have access to the code, scientists now have the ability to identify aberrancies, alterations or mutations in a person’s DNA. There are over 6000 genetic disorders that can be passed down through the generations (Genetic Disease Foundation, 2010). Here in lies the question. Once a person has this coveted information, what does one do with it? For now, the best we can do for those who have a genetic disorder is to confirm they indeed have the gene for a specific disorder in which they have had symptoms, or to inform them that they have the genetic propensity in developing a genetic condition at a later date. Here in lies the question. Is this information really helpful? For some, it may be, the idea



## GENETICS TESTING-A NURSING PERSPECTIVE

that “knowledge is power”, may indeed provide answers that would help a patient or family make informed health decisions. Yet for others, the results from genetic testing may only confirm one’s deepest fears that they indeed have a dreaded health condition that is not only debilitating, but also, infuriatingly incurable. In this sense, is it better for the patient to be informed of this news? Is it possible that the patient would better off to live an “ignorance is bliss” state, allowing the answer to reveal itself in its own time, naturally?

The purpose of this paper is to explore this question and give an overview of the fundamentals of genetics testing with emphasis of the nursing perspective of the special patient population focuses on the patients and/or family engaged in genetics testing, with emphasis of the special patient population, the Hispanic adolescent with Cystic Fibrosis. An appropriate patient-centered plan of care and counsel for this patient profile will address not only this patient’s genetic condition, but will give answers as to topics such as genetic testing specific to Cystic Fibrosis, how to interpret results, and genetic counseling. Other health factors, socioeconomic and cultural status will also be considered. Finally, the author’s personal views on genetic testing will also be explored.

### **Genetics Testing Overview**

According to the National Human Genome Research Institute’s Overview of Genetic Testing (2014), “genetic testing covers an array of techniques including analysis of human DNA, RNA, or protein” (para, 1). Used as a tool, genetic tests identify gene variants related to certain conditions and diseases that help not only determine a cause, but may confirm a suspected disease, or help predict a future illness and foretell if someone would likely pass a mutated gene to future generations. Additionally, genetic



tests can be utilized for the unborn fetus or a newborn baby in detecting birth defects. Some genetic diseases do not reveal themselves until later in the adult life, such as Huntington's disease or certain types of breast cancer. However, Down Syndrome, cleft palates and Phenylketonuria would be examples of birth defects that can be detected through genetics testing via amniocentesis, a method that involves retracting some amniotic fluid while the fetus is still in utero during the 15<sup>th</sup> and 18<sup>th</sup> weeks of pregnancy. Recently, a newer field of genetics testing is called pharmacogenomics has surfaced, which considers the mutation of genes and their response to certain medications ("What is Pharmacogenomics?" para 1).

When genetic testing first began, chromosome abnormalities were the common uses of genetics testing for detection of disorders such as Cystic Fibrosis. However, advances have been made that allow a more complex distinction and expanded analysis of genes that include the ability to identify certain risks for chronic diseases like cancer and heart disease (National Human Genome Research Institute (NHGRI), 2014). A future goal in genetics testing is the ability to analyze a person's entire exome (all genes) and their individual genetic code to detect some of these diseases. There are also many tests to predict the effectiveness of therapeutics and guide their administration. Furthermore, NHGRI is pursuing research to enable the clinical use of multi-gene panels, whole exome sequencing (analysis of all a patient's genes), and whole genome sequencing (analysis of a patient's entire genetic code), to detect, for instance, the cause of an undiagnosed disease or a cancerous tumor (National Human Genome Research Institute, 2014).

### **Benefits and Drawbacks of Genetic Testing-Interpreting the Results**

## GENETICS TESTING-A NURSING PERSPECTIVE

There are various pros and cons if one is considering genetic testing. For example, in a recently much-publicized event, the actress Angelina Jolie made what some considered, a very drastic choice in choosing to have a double mastectomy to prevent breast cancer. However, other perspectives considered what she did to be a very brave and intelligent choice. Ms. Jolie utilized the information she received from genetic testing to make an informed health decision. The fact is that there are some who carry the rare genetic mutation of the genes BRCA-1 and BRCA2 that show a direct relationship to a deadly type of breast cancer. Angelina's mother died of a deadly form ovarian cancer, which also increased her chances of developing this deadly form of cancer. (www.5.komen.org, 2014).

This example highlights a positive component that genetic testing gives a person options. However, it also highlights the glaring fact that people need counseling about genetic testing in general. The fact is that most women are not at a high risk for breast cancer (www.5.komen.org, 2014). Yet reading this story could lead a woman to fear that because someone in her family had breast cancer, that she needs to have genetic testing and have an invasive surgical procedure. Another fact is that just because a woman does carry a mutated gene does not guarantee that they will develop the deadly form of cancer (www.5.komen.org, 2014). This is the case for many results found from genetic testing and why genetics counseling is so important. One of the downsides of genetic testing is that a person can receive negative results, yet this does not guarantee that a person will not develop a certain disease. According to Genetic Home Reference from the National Library of Medicine (2014), "an uninformative result cannot confirm or rule out a specific diagnosis, and it cannot indicate whether a person has an increased risk of

## GENETICS TESTING-A NURSING PERSPECTIVE

developing a disorder". Having a negative result can affect a person adversely for several reasons. One is that the person may have "survivor's guilt" for not contracting the same deadly illness as their loved one. Also, a person may become even more disturbed at the fact they had a negative or inconclusive result does not completely rule out they will get a disease. Not all genetic tests are the same for every disease or condition. The implications here are that genetic testing should go hand in hand with professional, genetic counseling. For this to happen, genetics testing needs to be more regulated. For instance there are companies and businesses that selling "direct to consumer" genetics testing. Yet, according to the National Human Genome Research Institute (2014), many of the scrutinized tests are seen as "medically unproven and meaningless" and misleading for consumers. In 2010, the FDA announced that it was setting up better ways of regulating genetic testing, but still had not been accomplished since July 2014. The implication here is that genetics testing is still a fairly new venture with many kinks to be worked out. The best counsel to give in this respect is to get professional genetics counseling before spending money.

Another concern or perceived downside to genetics testing is the concern whether a patient could be discriminated against based on their genetics results. This fear may hinder a person from undergoing genetic testing. In 2008, the Genetic Information Nondiscrimination Act (GINA) was passed into law that protects Americans from discrimination based on their genetic information. This law was set in motion to prohibit health insurers from engaging in genetic discrimination (genome.gov, 2014).

### **Patient & Family Considerations for the Nurse**

### **& Special Patient Population-Cystic Fibrosis**

Some considerations will be explored for the RN caring for a patient and family affected by Cystic Fibrosis. Cystic Fibrosis (CF) is an autosomal recessive inherited disease, which means for a person to have CF; they must acquire two copies of the abnormal gene, one from each parent, during neonatal development. (Heuther, 2008). The genetic mutation results in defective epithelial chloride ion transport. The average human has chloride channels found on the surface of many epithelial cells in various locations such as bile ducts, airways, and sweat ducts (Heuther, 2008). CF consists of defective regulation of chloride channels of the epithelial cells in these areas, as well as an increased number and size of mucus-secreting or goblet type cells. Over time, a person affected with CF makes constant mucus, mainly in the lungs, which thickens due to defective chloride secretion and excessive sodium absorption (Heuther, 2008). A vicious cycle of chronic inflammation & infection usually begins within the 1<sup>st</sup> year of life, with a life expectancy of 37 years on average (Heuther, 2008). To test if someone presently has CF, they are diagnosed with the “gold standard” sweat test, which will reveal a sweat concentration of chloride in excess of 60 mEq/L. Genetic testing used for confirming CF in a patient is available, but can fail in 10 % of cases due to the inability to screen for over 1000 associated CF strains. Many expectant mothers and fathers can get a genetic test to see if they carry one of the CF mutations. Carrier testing can be used to tell if a person carries a mutation of the CF gene. The test looks at a person’s DNA (genetic material), which is taken from cells in a blood sample or from cells that are gently scraped from inside the mouth. Caucasians have the highest prevalence of CF, with second in line being the Hispanic population. Current genetic testing for CF looks for the

## GENETICS TESTING-A NURSING PERSPECTIVE

most common disease causing mutations. It is important that the patient know that just because they have been told they have a CF mutation does not mean they will carry the disease. Mutations screened will be in accordance with a person's race or group.

When considering the plan of care for families considering genetics testing the nurse will need to consider the following tenets of this type of care. According to Lea, D. 2008, it is important for the nurse to understand their own ethical standpoint on genetic testing; Knowing that the choice to have genetics testing is a personal one and not everyone agrees upon its use. For instance one spouse may wish to know they carry a gene and yet the other may not want to have testing either because they are too anxious to know the truth or they do not agree with the rationale of having testing. It is important as an RN to remain neutral, but an informative source to the patient. To start, educating the patient and their family on the disease process of the Cystic Fibrosis will be important. A young Hispanic couple may have just learned that their child may have CF is a highly anxious time or perhaps the newly married couple who know that the disease has manifested in some of their family members throughout the years. The nurse must assess for readiness to learn about the disease and treatment options available.

As always it is important for the nurse to protect and advocate for the patient and family. Genetic testing is no exception to this rule. With the advent of genetic testing, there have been increased concerns that the information attained through testing will somehow be used as discrimination against a person through their employer or insurance. As mentioned before, the GINA (Genetic Information Nondiscrimination Act) should be understood by the nurse for purposes of educating the family and to alleviate some of



## GENETICS TESTING-A NURSING PERSPECTIVE

these anxieties mentioned. Family members should understand that the GINA act “prohibits employers from using a person’s genetic information to make decisions about hiring, job placement, promotion, or firing decisions” (Lea, 2008). “When these protections are enacted, Americans will be free to use genetic and genomic information in medical care without the fear of misuse.” Informed decision-making is only as good as the information and education given by the nurse. The RN should educate patients and families on the nature of genetics tests, their risks and benefits and above all gives consent without coercion by the nurse or physician. Throughout this process it will important to consider what type of cultural background is involved. For the Hispanic adult, there may be language barriers involved. It would be important for the nurse to arrange a translator for education and informed consent purposes especially. With this cultural group there may be additional tendencies towards suspicion of western medicine. Older family members may be in the room in addition to the parents. Many times this culture faces moments of uncertainty as a larger family unit. Practicing patience and therapeutic communication is important to this group. It is important the RN takes a genuine interest in the family unit and be willing to answer various questions. Socioeconomically this patient and family may be distraught at perhaps seeing a patient with this disease suffer. It is important for the family to be educated that CF has a higher chance of developing if the disease has been seen in other family members.

### Personal Considerations

The author of this paper had the opportunity to care for a Hispanic family with a young, adolescent female with Cystic Fibrosis. There was lots of family in the room at all times praying over their niece or daughter and granddaughter with this disease. She



## GENETICS TESTING-A NURSING PERSPECTIVE

had to be intubated because she became so respiratory-compromised. There were conversations during rounding with physicians that there was nothing more to do and that the parents had 2 other children with Cystic Fibrosis still left to care for. My personal feeling in this situation is individual for this situation. For myself, if I had a propensity for CF somewhere in my family I would immediately have the testing. I would also do the same thing the Angelina Jolie would do regarding her mastectomy and deadly BRCA-1 gene. However, though I never asked them, after caring for the Hispanic family I cared for, their culture tells me that they would not even consider having the testing, because they love their children and care for them in spite of their illness and cannot imagine their lives without them. As for other genetics testing available, I am sure that there are people like myself who find they weighing both sides of the genetics seesaw. It would be so much easier to be distinctly to one side or the other, and yet I am not. I can see both sides, the pros and the cons mentioned and I personally do not know that even if I wrote for one side or the other that would not change my mind 5 seconds later.

### Conclusion

Genetics testing is one of the newest courses of healthcare that will take nursing down many roads in the future. There are many controversial and ethical elements for the nurse to consider surrounding this newer component of healthcare. The most important implication is to remember that genetics testing is and should always remain a very personal choice and that the nurse's ultimate responsibility is to advocate for the patient and their family in this choice.

## GENETICS TESTING-A NURSING PERSPECTIVE

Tomorrow gives a beckoning hand--

I turn my face away;

I'll not invite her to my home--

I only love Today.

ARDELIA COTTON BARTON, "Today"

## GENETICS TESTING-A NURSING PERSPECTIVE

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## GENETICS TESTING-A NURSING PERSPECTIVE

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Preventive surgery for women at high risk of breast cancer: The “Angelina Jolie” effect.

(n.d.). In *ww5.komen.org*. Retrieved November 2, 2014, from [http://ww5.komen.org/Komen Perspectives/Preventive-Surgery-for-Women-at-High-Risk-of-Breast-Cancer--The-Angelina-JolieEffect.html#sthash.LsQcv8Vw.dpuf](http://ww5.komen.org/Komen%20Perspectives/Preventive-Surgery-for-Women-at-High-Risk-of-Breast-Cancer--The-Angelina-JolieEffect.html#sthash.LsQcv8Vw.dpuf)



GREAT BASIN COLLEGE

RN-BSN Program

NURS 337

**Health and Disease Presentation Power Point**

***Student Learning Outcome Competencies***

- a. Interpret research related to nursing care for patients with various pathologies.
- b. Apply research-based knowledge to the study of pathophysiology
- c. Describe alterations in physiological systems that alter the health of an individual.

***Assignment***

Select a cardiac, pulmonary, oncology, renal, hematologic or gastrointestinal disease and prepare a 10 – 12-slide Microsoft® PowerPoint® presentation with speaker notes. Content should include:

- a. Primary cause of disease
- b. Tests used to identify disease
- c. Pathophysiology
- d. Incidence
- e. Economic impact (dollars and lost wages)
- f. Target population
- g. Prevention and health promotion strategies
- h. Research findings or advances in this disease which may alter prevention or health promotion strategies for the future. Include clinical practice guidelines
- i. Include six references (only one can be the text) and submit the references with the presentation. Please review rubric.



### Power Point Grading Rubric

Criteria	Ratings				Pts
Organization	Exceptional - All pieces are present, Pre-planning is evident. Information is organized and presented in a logical manner. The overall power and impact of the project is well represented. 15 pts	Accomplished - All pieces are present, but some information is missing. The missing information does not hinder the overall understanding of the presentation. Information could be better organized and planned. 14 pts	Meet Expectations - The project may be missing a few pieces information is more organized but critical parts are still not present. The project lacks pre-planning and organization. 13 pts	Needs Improvement - The project is missing pieces, information is missing and scattered. No sign of pre-planning. Overall project message is missed. 12 pts	15 pts
Shows student understanding of material presented	Exceptional - The presentation goes above and beyond the requirements. More than adequate information is presented Student provide insightful perspective. 20 pts	Accomplished - The presentation has an adequate amount of support. There is evidence of some student insight. Information is organized well. 19 pts	Meet Expectations - The presentation shows signs of background support, but fails to incorporate all elements. Minimal insight. 18 pts	Needs Improvement - Lacks enough support for each piece of work. Student work reflects little, if any insight. 17 pts	20 pts
Technical Aspects	Exceptional - There are few, if any, technical problems. The technical error do not distract from the meaning or presentation of information. 5 pts	Accomplished - There are some technical errors. A few distract from the meaning of the information. Overall errors are kept to a minimum. 4 pts	Meet Expectations - There are many technical errors. A few distract from the meaning of the information. 3 pts	Needs Improvement - There are many technical errors. These errors distract from the meaning and presentation of materials. 0 pts	5 pts
Citation of Sources	Exceptional - All resources and information is present and cited correctly. 5 pts	Accomplished - A few resources are incorrectly cited or missing. 4 pts	Meet Expectations - Several resources are incorrectly cited or missing. 3 pts	Needs Improvement - Many resources are incorrectly cited or missing. 0 pts	5 pts
Reveiw of Classmate Presentation	Exceptional - Fully incorporates new knowledge 5 pts	Accomplished - Somewhat incorporates new knowledge 1 pts	Meet Expectations - Poor incorporates new knowledge 0 pts	Needs Improvement - No Response 0 pts	5 pts
Total Points: 50					



# **Crohn's Disease**

## **Colleen Mitchell-Medina**

### **Great Basin College**

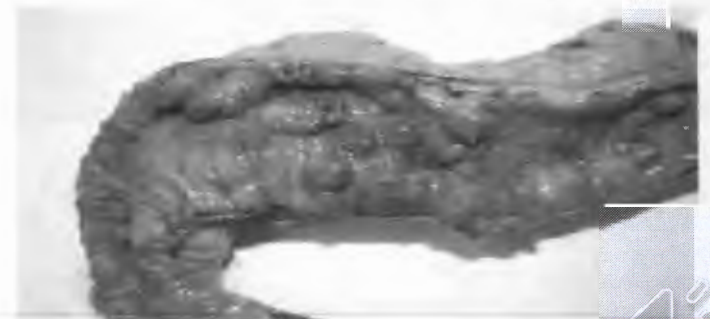


(Jullian & Pullen, 2012)



# Crohn's Disease Defined

- **One of Two Inflammatory Bowel Diseases (IBD):**
  - Similar to another IBD: Ulcerative Colitis
    - Ulcerative Colitis (UC) Distinctions
      - UC affects large bowel and surface layer only
- **Crohn's Disease Characteristics:**
  - Affects **both** small & large intestine
  - Is known to affect **all** layers of the intestine
  - Has “**Skip lesions**” (normal areas in between diseased)
  - **Cobblestone** appearance
  - Crohn's is Chronic
    - Periods of remission & flare-ups



(Heuther, 2008)

<https://www.bing.com/images/search?q=images%20of%20skip%20lesions%20in%20crohn%27s&q&form=QBIR&pg=images%20of%20skip%20lesions%20in%20crohn%27s&sc=0-26&sp=-1&sk=&ajf=10>

# Crohn's

## CAUSES & RISK FACTORS

- **MANY THEORIES FOR CAUSES**
  - None proven
- **PROBABLE CAUSES**
  - Immune, Genetic, & Environmental
- **RISK FACTORS**
  - 10-20% have family history
  - Ashkenazai ancestry
  - Susceptibility genes
  - Cigarette Smoker
  - Psychological Stress



<https://www.bing.com/images/search?q=image%20cigarette%20smoking&q=n&form=QBIRMH&pq=image%20cigarette%20smoking&sc=1-21&sp=-1&sk=>



# Clinical Manifestations

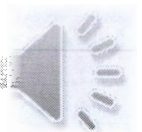
## Most Common Symptoms:

- Persistent diarrhea with periods of constipation
- Rectal bleeding (at times)
- Urgent need to move bowels
- Abdominal cramps & pain
- Sensation of incomplete evacuation

## General Symptoms

- Loss of appetite & Weight loss.
- Fever
- Night sweats
- Loss of normal menstrual cycle
- Can affect the joints, eyes, skin, and liver.
- Fatigue
- Anemia & Malabsorption of vitamin B & D, & Folic Acid

(Crohn's & Colitis Foundation of America, 2014)





# Complications & Triggers

## Complications:

- **Blockage of the intestine** due to swelling and scar tissue.
  - Symptoms of blockage include cramping pain, vomiting, and bloating.
- **Intestinal sores or ulcers** turn into tracts—called fistulas.
- **Increased risk of colon cancer**

## Triggers that lead to flare-ups include:

- Medicines
- Smoking
- Infections
- Hormonal changes
- Lifestyle changes

(Crohn's disease health center: What causes crohn's disease?, 2012)



# Diagnostics/Labs

- **Standard Assessment:**

- Interview, Assessment of diet, family history and environment.

- **Lab Tests:**

- Blood & Stool
  - Endoscopy & Colonoscopy:
    - Barium contrast
    - Biopsy



<https://www.bing.com/images/search?q=image+of+occult+stool&q=n&form=QBIR&pq=image+of+occult+stool&sc=0-14&sp=-1&sk=>

- **Chromoendoscopy**

- Small camera pill: Visualizes small changes in intestine

- **Small Intestinal Imaging**

- CT scan or MRI with contrast: Enteroclysis contrast





# Pathophysiology

## Begins in Intestinal Submucosa

- **Neutrophils & Macrophages activated**
  - Promote inflammation & cause tissue injury

## Continues outward to Mucosa and Serosa

- **Inflammation will move or skip to other areas:**  
**“skip lesions.”**
- **Ulcerations or Lesions extend into lymphoid tissue**
- **Lesions are called Granulomas**
  - Macrophages differentiate & phagocytize or engulf large bacteria  
Forming the center of granuloma
  - Surrounded by toughened capsule of collagen



# Pathophysiology continued...

- **Cobblestone appearance:**
  - Projections of inflamed tissue surrounded by ulceration.
- **Fistulae formation:**
  - Perianal area between loops of intestine
  - Extend into bladder
- **Strictures:**
  - Caused by continued inflammation
  - Narrowing of intestine-leading to obstruction.

412-H



# Incidence & Target Population

## Incidence:

- U.S.- approximately 700,000 people
- Runs in families

## Peak Age:

- 15-30 yrs
- 1 out of 10 younger than 18

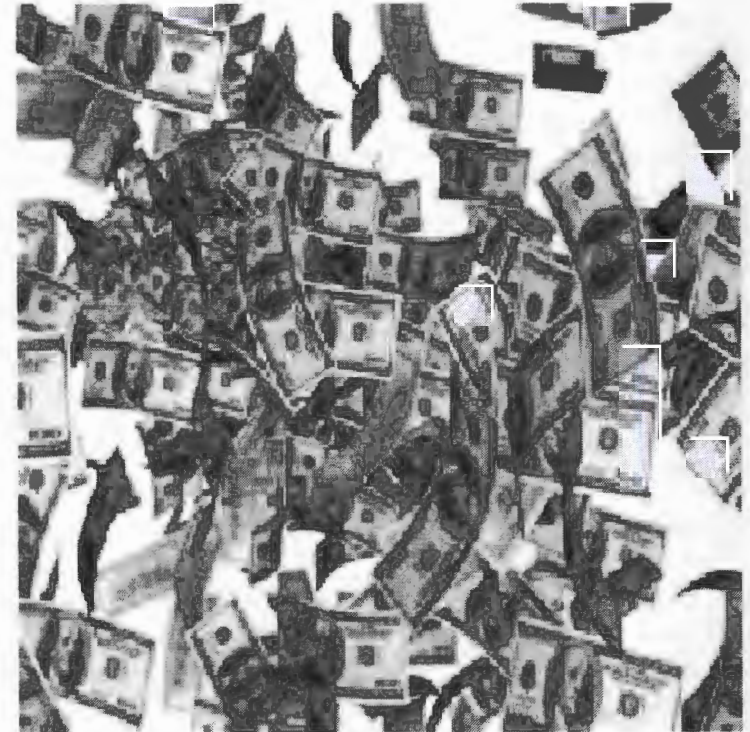
## Most common:

- |                |                             |                        |
|----------------|-----------------------------|------------------------|
| <b>Gender:</b> | <b>Ethnicity:</b>           | <b>Geographics:</b>    |
| – Women        | - Caucasian, Ashkenazic Jew | -Urban Areas           |
|                |                             | -Westernization Theory |
|                |                             | Altered Diet/Smoking   |



# Economic Impact

- **Yearly Medical Costs:**
  - Estimated: \$18,022–18,932
- **Average hospitalization costs:**
  - Estimated: \$35,378
- **Surgical Hospitalization costs:**
  - Estimated: \$46,353,
- **Medical Hospitalization costs:**
  - Estimated: \$20,744
  - 1/3 IBD hospital costs d/t inpatient disease management
  - Cost reduction occurs through better disease maintenance



<https://www.bing.com/images/search?q=picture+of+money&qs=n&form=QBIR&pq=picture+of+money&sc=8-16&sp=-1&sk=>



# Crohn's

## Treatment, Prevention & Health Promotion

RN DRIVES PATIENT EDUCATION WITH IMPORTANT CONCEPTS SPECIFIC TO AGE

*-Many Crohn's patients are teens*

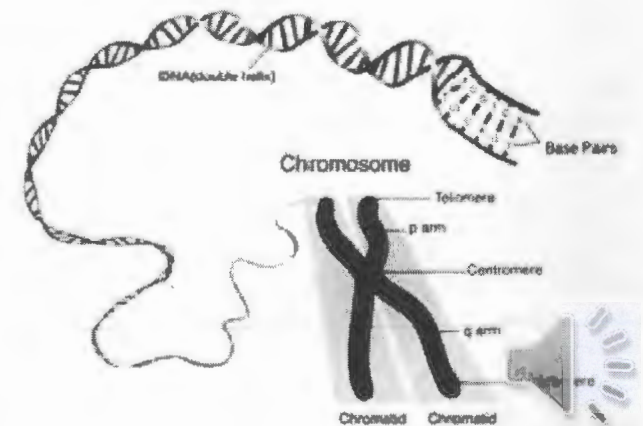
- **Proper nutrition:**
  - **Oral Replacement of lost fluids, Low-residue, High-protein, High-calorie diet:** *Avoid trigger-foods: nuts, whole grains cereals, leafy veggies, and high fat foods and carbonated drinks*
  - **Vitamin therapy, iron and probiotics**
- **Medications:**
  - **Antiinflammatories: aminosalicylates, corticosteroids,**  
*caution: nonsteroidal antiinflammatories can cause bleeding (example: Ibuprofen)*
  - **Antidarrhals & Antiperistalsics & Sedatives**
  - **Immunomodulators:** (Azathioprine) modulate immune system ↓inflammatory
  - **Antibiotics & Biologic Modifiers:** (Infliximab): Produces antibody TNF and cytokine
- **Surgery:**
  - **Not a cure; Palliative,**
  - **Colectomy**
- **Encourage Hope and Coping:**
  - **Journal to communicate feelings & Exercise: Walking and Yoga**
  - **Avoid alcohol and cigarettes**

(Jullian & Pullen, 2012)



# Crohn's Genetic Research

- **100 genes identified:**
  - Show increase risk of Crohn's,
  - Functions of these genes still unknown
- **Confirms strong genetic component**
- **2006 American/Canadian Research study**
  - 6000 people: ½ with Crohn's; ½ without
  - Findings: Genetics combined with Environment (smoking, poor diet...) involved
- **More research needed to pinpoint exact genes**
  - Better disease management and more remission
  - Perhaps a Cure?
- **IBD financial campaign**
  - Hope to raise \$ 6-10 million for IBD research
  - Over next 5 years



(Crohn's & Colitis Foundation of America, 2014)



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## RN to Bachelor of Science in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
Nurs 337 Pathophysiology
2. Year / Semester: 2014 Fall
3. Course Faculty (include any adjunct faculty utilized  
Sharon Sutherland MSN, RN

## COURSE STATISTICS

4. Theory Ratio 2/1 Practicum Ratio N/A  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 100
  - b. Percent Failed: 0
  - c. Range of Scores: 93-95
6. Final Practicum Outcomes:
  - a. Percent Satisfactory: NA
  - b. Percent Unsatisfactory: NA
7. Course Attrition:
  - a. Beginning number of students: 2
  - b. Withdrawals: 0
  - c. Incompletes (with expected date of completion): 0

## THEORY EVALUATION

8. Textbooks used and evaluation of each:

Huether, S. & McCance, K. (2013). Understanding pathophysiology (5th ed.). St. Louis, Missouri: Elsevier Mosby ISBN- 978-0-3230-7891-7

I will use this textbook again. The textbook augments the Modules in the Evolve site and I like the Quick Check boxes that have critical thinking questions throughout the chapter. I have this class now set up in Evolve for next year. In each of the Modules in Evolve there is the following sections:

1-Lessons- reading assignment in the textbook with corresponding questions to think about as the students are reading

2- Activities

3- Pre-test and Post-test-there are not tests given in this class but this gives the student the ability to check their comprehension of the material

4-Resources- This sections shows different links to other textbooks on Evolve and Web links

5- Case study

6- Discussion section

VandenBos, G. R. (Ed.). (2010). Publication manual of the American psychological association. (6th ed.) Washington, DC: American Psychological Association. ISBN- 978-1-4338-0561-5

This book will still be a requirement as the students are required to write all assignments in correct APA format.

9. Weekly content:

See the attached syllabus

10. Special Experiences related to student learning outcomes and competencies:

NA

11. Teaching Methods:

This class was supposed to be set up for the students to use the Evolve platform for the modules and have their book supplement the class. Evolve did not get the class set up for the students to access until October so the students were not able to access the class on Evolve and had to rely on their book and the student resources in Evolve for the book. Through Web Campus the students had discussions, a case study, a paper, and two point points.

## PRACTICUM EVALUATION

12. Practicum Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards  
(Please list strengths and/or limitations specific to each site)

NA

13. Briefly describe any concern(s) regarding practicum site(s) used.

NA

14. Practicum changes and reason(s):

NA

15. Special Experiences related to student learning outcomes and competencies:

NA

16. Teaching Methods

NA

## FULL COURSE OVERVIEW

17. What worked well and reason(s):

The course schedule worked well with alternating written assignments with discussions. The main paper was due early in the semester which worked well. The last assignment was a discussion that worked well for both the students and myself. The learning should increase next year when the students can access the Evolve course. I only had two students so there was not as much exchange of ideas for the discussions.

18. Anticipated Changes

I am in the process of changing the course into a Quality Matters course and will then it will be submitting for review. I will be adding a description for each module and will have specific resources for the students to access. Specific GBC resources were added into the course such as tech support, library, and academic success center which are required for QM.

19. Changes to weekly content and reason(s):

As I mentioned earlier, next year the students will be able to access the course on line through Evolve and will be able to complete the weekly pathophysiology module.

20. Changes to point allocation and reason(s):

Since the student's couldn't access the Evolve class, I had to remove the weekly points (10points/week) for the 8 weeks. Next year I will add the points back into the class.

21. Other changes and reason(s):

[Click here to enter text.](#)

22. Administrative:

- |   |                                     |
|---|-------------------------------------|
| a. Syllabus has been saved to file.   | <input checked="" type="checkbox"/> |
| b. The course was backed up on WebCampus.   | <input checked="" type="checkbox"/> |
| c. Grades have been entered.  | <input checked="" type="checkbox"/> |
| d. Grade book has been saved to file.   | <input checked="" type="checkbox"/> |
| e. Student work samples have been filed in student file.                              | <input checked="" type="checkbox"/> |
| f. Curriculum map has been updated with all changes made and filed.                   | <input checked="" type="checkbox"/> |
| g. Integrated Concepts Illustration has been updated with all changes made and filed. | <input checked="" type="checkbox"/> |

**Faculty Signature(s):** Sharon Sutherland

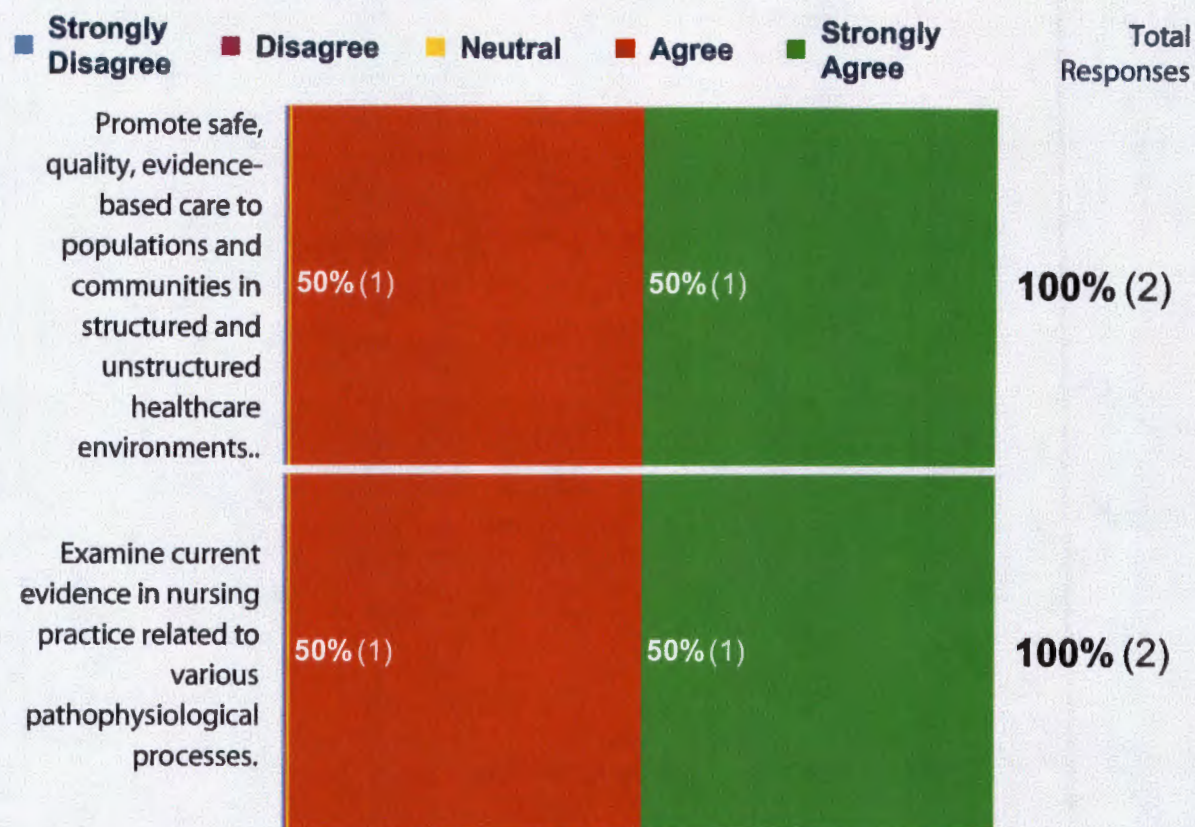
**Date:** Dec 19, 2014

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, grade book, curriculum map, and integrated concepts illustration.



## Student Learning Outcomes - NURS 337 - Fall 2014

As a result of this class, I am able to:



COMMENTS: The course was well-structured, provided me as a student with everything I needed to enhance my knowledge of pathophysiology. It was a pleasure to have Ms. Sutherland as my instructor.

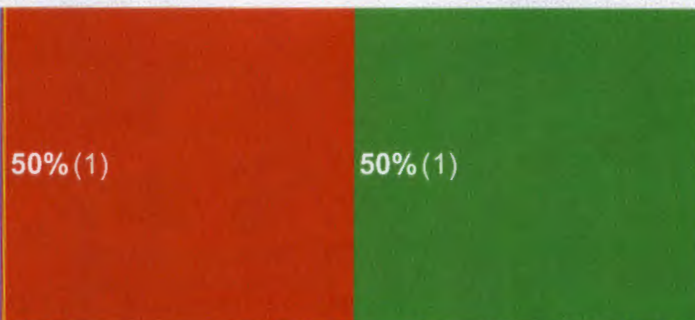
## GBC Services Evaluation

■ Strongly Disagree   
 ■ Disagree   
 ■ Neutral   
 ■ Agree   
 ■ Strongly Agree

■ N/A

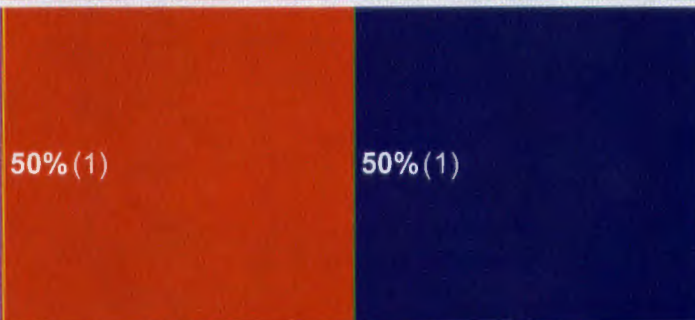
Total  
Responses

The training offered by GBC and the nursing program in the use of instructional and distance technologies met my needs.



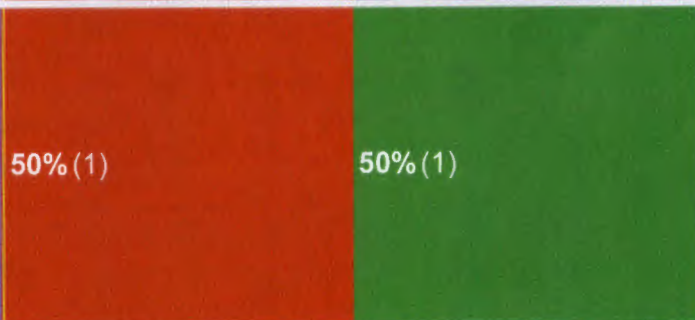
**100% (2)**

I received adequate support and consultation in addressing technical problems with media, computers, and use of WebCampus.



**100% (2)**

GBC Library provides up-to-date information along with current research information.



**100% (2)**



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

March 7, 2014, 0900  
GTA 124 (IAV with Winnemucca)

**CALL TO ORDER**

The meeting was called to order by A. Donnelly at 0900.

**PRESENT**

A. Donnelly  
H. Johnson  
T. Gailey-Mette  
D. Volkert (via IAV from Winnemucca)  
K. Miller  
D. Byers  
Lisa Frazier, Guest Presenter

**PRESENTATION**

L. Frazier handed out information about Quality Matters courses. She explained that the objective of the classification is to align objectives with outcomes and outcomes aligned with competencies. The designation is based on best practices for enhanced and web-based courses. There is a template to help instructors get set up. She can also build a specific template just for nursing courses. She provided examples of how Canvas and Quality Matters can be linked to learner outcomes and competencies and the data that can be collected. Faculty agreed that this was something they wanted to research and pursue for RN-BSN courses, at least to begin with.

**MINUTES**

Minutes from the February 21, 2014, meeting were reviewed. There being no corrections, H. Johnston moved to approve the minutes. T. Mette seconded the motion and they were approved unanimously.

**ANNOUNCEMENTS**

None

**OLD BUSINESS**

- a. Faculty and Student Surveys: A. Donnelly reported that she had only received suggestions from P. Drussel. She asked that everyone look at Standards 4 and 6 in the 2-Year Report to ACEN to see what is already collected and to offer suggestions on what can be combined. This item will be tabled until the next meeting for further discussion.

- b. Ways to Improve Survey Data: This item will come back at the next meeting too along with information about an alumni organization. T. Mette will visit with other department chairs to see what they are doing and what works to keep in contact with alumni.

## NEW BUSINESS

- a. New Fall Course Group Work: A. Donnelly asked who was working together on Fall courses:
  - OB: T. Mette and H. Johnston
  - Peds: H. Johnston
  - 257: H. Johnston, S. Sutherland and S. Warnert
  - 315: H. Johnston and D. Volkert
  - 429: H. Johnston and D. Volkert
  - 436: H. Johnston and D. Volkert
  - Pharm: P. Drussel and S. Sutherland
  - 135: P. Drussel and T. Mette

A. Donnelly suggested that faculty start with OB for Quality Matters since this is a shorter class. NURS 436, 437 and Pharm were other suggested courses for Quality Matters.

- b. Textbook Change: H. Johnston, S. Sutherland, and S. Warnert have reviewed the med surg book and have agreed that Lewis will be used next year rather than Iggy. Lewis has better coverage, better test bank and editing in Lewis is less time intensive than Iggy. Iggy is also weak in meds and diagnosis.

**DECISION:** All faculty supported the change of textbook to Lewis for NURS 158, 257, and 258.

- c. Fall Course Planning: A. Donnelly asked faculty to double check that all textbook orders were entered prior to the deadline of March 14. She reminded faculty that if there is no text for their course, they still needed to so indicate "no text" in the order form.
- d. Potential Adjunct for Fall Clinicals: A. Donnelly asked all faculty to be on the look-out for more adjuncts. J. Grant, S. Lino and two other possibilities will be used for OB. K. Miller reminded everyone that there were special requirements for the Board of Nursing if the adjunct is only Bachelor prepared.
- e. Quality Matters for the RN-BSN Program: Faculty will review information supplied from L. Frazier and look at their courses for implementation. K. Miller recommended consultation with another nursing/healthcare school as translation is sometimes more difficult than with non-nursing courses.

**SYSTEMATIC PLAN OF EVALUATION:** None

**OTHER:** None

**ADJOURNMENT:** The meeting was adjourned at 1010.

**NEXT MEETING:** The next Nursing Curriculum meeting is scheduled for March 21, 2014.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

April 11, 2014, 0930  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by A. Donnelly at 0930.

**PRESENT**

S. Warnert  
H. Johnston  
A. Donnelly  
P. Drussel  
T. Mette  
S. Sutherland  
K. Miller  
D. Byers

**MINUTES**

Minutes from the March 7, 2014, meeting were reviewed. S. Sutherland requested a correction: New Business, Textbook Change, Decision: "All faculty supported the change of textbook to Lewis for NURS 158, 257, and 258". H. Johnston moved to approve the minutes as corrected. K. Miller seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

K. Miller asked that the Grievance Policy be added to New Business.

**ANNOUNCEMENTS**

None

**OLD BUSINESS**

- a. Faculty Surveys: IDEA forms have been distributed and should be completed between April 14-25. Students will evaluate adjunct clinical instructors on-line with the new Adobe survey.
- b. Student Surveys: The surveys created in Adobe will be distributed for review. Please give feedback to Amber or Heidi before the next meeting (May 2).
- c. Quality Matters: This item was tabled until L. Frazier returned to work.

**NEW BUSINESS**

- a. Faculty Testing Policy: T. Mette explained that in the past, second and fourth semester students took HESI exams. Students took the Pharm test twice so it could be reviewed

and identify trends. She asked faculty if they wanted to use the tests available at this time or did they want to purchase a new exam. There are some test options with learning systems. T. Mette suggested that this be a subject to discuss with ATI at the conference call on April 17<sup>th</sup> and discuss again at the next curriculum meeting on May 2.

- b. Third party presence during meetings with students: A. Donnelly advised that there is usually a third party present when meeting with a student. Is this something that faculty would like to have written in policy and procedure? S. Sutherland and D. Volkert have been meeting with students using the Blue Button in WebCampus and this has worked well so they could both meet with a student. K. Miller advised that she thought it would be good to have a written policy for instructor, Dean or VPAA meetings also. Sometimes the discussion details are inconsistent when discussed later. It was also suggested that when there are team instructors, a lead instructor be identified so that there was one person ultimately responsible for that class.

**DECISION:** It was agreed unanimously that a policy for student meetings will be drafted by the handbook committee along with a policy establishing a lead instructor for team-taught classes. It will then be brought back to the committee for further discussion.

- c. ATI Discussion: It was noted that ATI will be meeting with faculty on a workday in May. K. Miller advised that she will be visiting with the ATI representative on the phone on April 17<sup>th</sup>. She asked what areas faculty wanted covered at the workday. H. Johnston would like to have a discussion about curriculum alignment. T. Mette asked to have ATI explain how to utilize the learning systems (practice tests). They were currently being used for remediation. S. Sutherland added that blueprints were not giving them the information needed and would like to discuss customizing tests. K. Miller also wanted to include an overview of statistics for TEAS testing and program testing. K. Miller invited anyone to be present when she talked to the ATI representative on the phone next week.
- d. Review of ATI Curriculum Alignment: This will be a topic of discussion at the May workday.
- e. Simulation: S. Warnert reported that simulations were finished for 159, 252 and 253. The simulation tool used was only for primary and secondary. If the student does not get at least a 76%, there is nothing in place. There was a discussion about how to determine pass/fail. It was then agreed that the instructor would lead remediation for any fail based on the tool. There was also a discussion about how students were chosen for simulation groups and primary/secondary leads. Faculty discussed how they used student strengths or weaknesses for groups and leads.

**DECISION:** It was agreed unanimously that faculty would make group/lead selections. S. Warnert volunteered to work on a policy/procedure for using the simulation tool and remediation guidelines.

- f. Conference information (Sharon): S. Sutherland reported that she had attended a SUN (Simulation Users Network) conference in San Diego. The pre-conference sessions were very worthwhile and she was very excited to have gotten so much hands-on experience programming different scenarios.
- g. Grievance Policy: K. Miller advised that she discovered that there is no specified time frame for students to request the VPAA to review a grievance after meeting with the

Dean. She asked that this policy be referred to the Admission and Progression Committee for further clarification.

**DECISION:** It was unanimously agreed to refer this to the A&P Committee.

**SYSTEMATIC PLAN OF EVALUATION:** None

**OTHER:** None

**ADJOURNMENT:** The meeting was adjourned at 1055.

**NEXT MEETING:** The next Nursing Curriculum meeting is scheduled for May 2, 2014, in HSCI 110.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

May 2, 2014, 1000  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 1000.

**PRESENT**

S. Warnert  
H. Johnston  
P. Drussel  
S. Sutherland  
D. Volkert  
K. Miller  
D. Byers

**MINUTES**

Minutes from the April 11, 2014, meeting were reviewed. S. Warnert moved to approve the minutes. P. Drussel seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

P. Drussell advised that in previous meetings faculty had agreed to drop the library assignment but they did it anyway in NURS 135 with Evidence Based Practice

**OLD BUSINESS**

- a. Faculty Surveys: IDEA forms have been distributed and should be completed between April 14-25. Students will evaluate adjunct clinical instructors on-line with the new Adobe survey.
- b. Student Surveys: The surveys created in Adobe will be distributed for review. Please give feedback to Amber or Heidi before the next meeting (May 2).
- c. Quality Matters: This item was tabled until L. Frazier returned to work.

**NEW BUSINESS**

- a. Faculty Testing Policy: T. Mette explained that in the past, second and fourth semester students took HESI exams. Students took the Pharm test twice so it could be reviewed and identify trends. She asked faculty if they wanted to use the tests available at this time or did they want to purchase a new exam. There are some test options with



learning systems. T. Mette suggested that this be a subject to discuss with ATI at the conference call on April 17<sup>th</sup> and discuss again at the next curriculum meeting on May 2.

- b. Third party presence during meetings with students: A. Donnelly advised that there is usually a third party present when meeting with a student. Is this something that faculty would like to have written in policy and procedure? S. Sutherland and D. Volkert have been meeting with students using the Blue Button in WebCampus and this has worked well so they could both meet with a student. K. Miller advised that she thought it would be good to have a written policy for instructor, Dean or VPAA meetings also. Sometimes the discussion details are inconsistent when discussed later. It was also suggested that when there are team instructors, a lead instructor be identified so that there was one person ultimately responsible for that class.

**DECISION:** It was agreed unanimously that a policy for student meetings will be drafted by the handbook committee along with a policy establishing a lead instructor for team-taught classes. It will then be brought back to the committee for further discussion.

- c. ATI Discussion: It was noted that ATI will be meeting with faculty on a workday in May. K. Miller advised that she will be visiting with the ATI representative on the phone on April 17<sup>th</sup>. She asked what areas faculty wanted covered at the workday. H. Johnston would like to have a discussion about curriculum alignment. T. Mette asked to have ATI explain how to utilize the learning systems (practice tests). They were currently being used for remediation. S. Sutherland added that blueprints were not giving them the information needed and would like to discuss customizing tests. K. Miller also wanted to include an overview of statistics for TEAS testing and program testing. K. Miller invited anyone to be present when she talked to the ATI representative on the phone next week.
- d. Review of ATI Curriculum Alignment: This will be a topic of discussion at the May workday.
- e. Simulation: S. Warnert reported that simulations were finished for 159, 252 and 253. The simulation tool used was only for primary and secondary. If the student does not get at least a 76%, there is nothing in place. There was a discussion about how to determine pass/fail. It was then agreed that the instructor would lead remediation for any fail based on the tool. There was also a discussion about how students were chosen for simulation groups and primary/secondary leads. Faculty discussed how they used student strengths or weaknesses for groups and leads.

**DECISION:** It was agreed unanimously that faculty would make group/lead selections. S. Warnert volunteered to work on a policy/procedure for using the simulation tool and remediation guidelines.

- f. Conference information (Sharon): S. Sutherland reported that she had attended a SUN (Simulation Users Network) conference in San Diego. The pre-conference sessions were very worthwhile and she was very excited to have gotten so much hands-on experience programming different scenarios.
- g. Grievance Policy: K. Miller advised that she discovered that there is no specified time frame for students to request the VPAA to review a grievance after meeting with the Dean. She asked that this policy be referred to the Admission and Progression Committee for further clarification.

**DECISION:** It was unanimously agreed to refer this to the A&P Committee.

**SYSTEMATIC PLAN OF EVALUATION:** None

**OTHER:** None

**ADJOURNMENT:** The meeting was adjourned at 1055.

**NEXT MEETING:** The next Nursing Curriculum meeting is scheduled for May 2, 2014, in HSCI 110.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

August 19, 2014, 1:00 p.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 1:00 p.m.

**PRESENT**

S. Lino  
D. Volkert  
H. Johnston  
T. Mette  
A. Donnelli  
S. Warnert  
P. Drussel  
S. Sutherland  
D. Byers

**MINUTES**

Minutes from the May 14, 2014, meeting were reviewed. Changes were suggested by S. Warnert and S. Sutherland. S. Sutherland moved to approve the minutes with changes. The motion was seconded by S. Warnert and the minutes were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

A. Donnelli presented the Annual Report for 2013-2014. As the faculty reviewed the report, suggestions were made. T. Mette moved to accept the revised report. P. Drussel seconded the motion and it was approved unanimously.

Syllabi and clinical schedules for Fall 2014 classes: Submit to D. Byers as soon as possible. If an instructor is going to allow two failed exams before issuing a Notification of Unsatisfactory Progress, this needs to be stated clearly in the syllabus and discussed with students.

**OLD BUSINESS**

- a. Faculty Chooses Primary and Secondary lead students in simulation: There was discussion whether a policy was needed for this item or not. After discussion, faculty felt that a policy was not needed as long as students understood that the instructor would select these.
- b. Accudose at NNRH – Student access: H. Johnston advised that she felt more comfortable with students not being trained. A. Donnelli explained that the hospital wanted students to be trained. S. Sutherland indicated that the director liked that



students did not have access to Accudose. The nurse then pulls the medications with students. A. Donnelly suggested that faculty have the director check with D. Townsend and give our feedback about how it went last year and share how we would like to do it. We can meet again if they want to discuss further. Faculty should be accessing Accudose only when the nurse is extremely busy. It was noted that we want the nurse more involved and it defeats the purpose when they give medications to faculty to supervise. It was also noted that there will be an EMR template that faculty can verify drug info given rather than a form for each one. D. Volkert asked about how it should be done in Winnemucca. It was noted that Winnemucca wants students to be trained.

- c. Policy for two faculty members present when meeting with students: This policy would apply when meeting with students for mid-term evaluations, unsatisfactory notification, or other similar circumstances. It was noted that the handbook does state that when discussing student performance, there may be more than one faculty member present. It was determined that a policy was not needed.

## NEW BUSINESS

- a. EMR Student Training: T. Mette noted that the hospital in Winnemucca uses the same EMR as Elko. All students can, therefore, be trained in Elko. It was noted that possibly second year students could attend a voluntary refresher course. P. Drussel indicated that students can use the training room any time at NNRH as long as the room was not busy. A. Donnelly suggested that specific dates and times be given to students so they could go in if they wanted. A. Donnelly suggested that until that was set up, faculty watch how students do without the extra practice. P. Drussel also noted that the nurses will always help.
- b. Scheduling computer rooms for testing: A. Donnelly noted that the Diesel Program has installed some software on many of the computers in HTC. Because of this, some lab computers are quite slow and access to those labs is more difficult. H. Johnston suggested that those needing proctored exams along with finals, need to schedule the labs now. T. Mette will also contact the new director of the Testing Center to get her set up as an ATI proctor.
- c. Medication templates versus medication cards: P. Drussel advised that ATI recommends using templates. A lot of prototypes are the same as used at the hospital. She suggested that the med cards could very easily be replaced with the ATI templates. Then when it comes time for NCLEX, the template booklet can be used for review. As new medications come on, the booklets can be updated. It was also noted that the templates can be used for several courses rather than doing the cards over and over.  
**DECISION**: S. Sutherland made a motion to use medication templates from ATI in place of medication cards. T. Mette seconded the motion and it was approved unanimously.
- d. Testing blueprints: S. Sutherland discussed differences in blueprints that she is seeing. ATI uses different terms which makes them unique. The format will be the same categories for NCLEX. If there are more than two categories underneath, abc will address the categories. Nursing process will be used in the categories.

## COURSE REVIEWS

- a. Class Updates:



1. NURS 135 (T.Mette): Added ATI transcript ticketing to the class. HIPPA confidentiality using the templates. Using assessment to see what type of learner students are. Orientation has models for using ATI system and are available at any time for students. Faculty will conduct the first orientation. Using Achieve study skills test taking for class and curriculum. General starter for nurse logic and for ESL on Tuesday when in the lab together. Currently have two students that have not purchased ATI yet. If they don't pay before classes start, not sure how they will function.
2. NURS 154 (P.Drussel): Spent time with ATI and have looked at other programs. ATI recommends that classes be conducted in a computer lab so students can access ATI during class. Student will have drills and quizzes on a weekly basis. Also will be doing case studies. There have been major revisions for the class. Most of the class is online with ATI. There will be 6 modules covered with a mid-term and final.
3. NURS 257 (H. Johnston): More pharm is being integrated based on ATI results. Using medication templates in classroom and clinicals.
4. NURS 252 (T. Mette): Concerns about covering all content during a short time. Will be watching for adjustment. Faculty tried to collaborate on testing between maternal courses running during semester.
5. NURS 253 (H. Johnston): Working on it and should be ready to go.
6. NURS 326 (H. Johnston): Considering starting with Quality Matters. M. Doucette will be starting HMS 200 using Quality Matters this semester.
7. NURS 420 (A. Donnelly): Designing. Have framework.
8. NURS 337 (S. Sutherland): All set
9. NURS 429 (D. Volkert): Already hearing from students! Many have emailed and are working on assignments.
10. NURS 436 (D. Volkert): Basically new, but aligned to all outcomes.

## ATI

- a. ATI Reports: All areas are being addressed with recommendations. Faculty will review scores for any changes next semester. It was noted that ATI reports on more areas than we have on our course report form. T. Mette will give additions to D. Byers so template in the course report can be changed. ATI Longevity Report: These reports are from the class that graduated and second year students. Looking at upcoming class. Going down in physiological. Need to reinforce. Critical thinking: Progress by end of semester. Nursing process: prioritize, QSEN. Also shows different leveling. Discussion. Has some good information for changes in this semester's classes.

It was also noted that proctored testing labels have changed from A,B,C... to 1,2,3...

Integration of LS and TMS questions into Fundamentals and Med/Surg: NURS 135 will be using LS and NURS 257, 252, will be using TMS. Students breakdown questions: what is the question asking, reflective thought, what knowledge they need to know to answer the question. This allows students to become better test takers. Number of questions may differ in each course. For example, NURS 257 has a total of 5 TMS assignments due while NURS 252 requires weekly TMS submission. This will be evaluated at the end of semester as this is the first time used. These are completed in order to sit for the proctor exam.

Policy/procedure for level of student performance on final proctored exams: At present there is no policy. If students score Level 1 on a retake, what is the course of action? There was discussion about points, remediation, and retakes.

**DECISION:** It was decided that if a student scored below Level 2 on the exam, they would do remediation and then retake. If the student scored below Level 2 on the retake, they would meet with faculty and receive an Unsatisfactory notice. Faculty will add this procedure to the syllabus prior to class starting so that all students are aware of the procedures.

**PRACTICE LAB**

Coordinated schedules have been distributed.

**SIMULATION**

- a. NEEHR Perfect and New Tool: S. Warnert and S. Lino showed new tool for EMR. 2<sup>nd</sup> year students will continue to use Neehr Perfect this year. The new Excel tool will only be used for scanning meds.  
All faculty agreed.

**STANDARD 4 UPDATES**

- a. Course Student Learning Outcomes: Must go to the evaluation link before they are allowed to go on to a new module. If training was missed, contact Lisa Frazier to find out how to do this.
- b. Mountain Measurement Reports: Reports were reviewed (this is all from old curriculum). Make sure that low areas have been integrated and covered.

**OTHER**

Continuous assessment of gaps. Faculty were reminded to make sure they updated curriculum maps as course changes are made.

**ADJOURNMENT:** The meeting was adjourned at 3:40 p.m.

**NEXT MEETING:** September 26, 2014, at 9:00 a.m. in HSCI 110.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

September 26, 2014, 9:00 a.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 9:00 a.m.

**PRESENT**

P. Drussel  
S. Warnert  
D. Volkert  
H. Johnston  
S. Lino  
T. Mette  
S. Sutherland  
D. Byers

**MINUTES**

Minutes from the August 19, 2014, meeting were reviewed. Some clarifications were made. T. Mette moved to approve the revised minutes. D. Volkert seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

T. Mette informed faculty that she had learned that Becky Jones had been named interim CNO at the NNRH.

**OLD BUSINESS**

- a. **Quality Matters**: H. Johnston reported that she has been working on NURS 326 and is almost ready for the internal review process. When that is complete, it will go to an external review for approval. Faculty working on new courses will need to incorporate Quality Matters in those courses too.
- b. **Follow up: Faculty choosing primary and secondary lead students in simulation.** Faculty reported that all was working well. No problems.
- c. **Follow up: NNRH Accudose.** It was reported that the Med/Surg floor has left it to faculty to determine if students should be trained on the system or not.  
**DECISION**: After some discussion, it was decided by consensus that students would not be trained on the Accudose system. The nurse must access Accudose and the student can administer with nurse or faculty assistance.



- d. **Chance to review the Mountain Measurement Report (NCLEX) and the ATI longitudinal reports:** H. Johnston asked if everyone had reviewed the reports. P. Drussel commented that it was very interesting to see where students were strong and where they were not. She found it very helpful in looking at her classes. There were no further questions or comments about the reports.

## NEW BUSINESS

- a. **Interest in teaching spring courses:** H. Johnston advised that if there was a particular course anyone wanted to teach, to please let A. Donnelly know. She is starting workload for Spring 2015 and this information is needed to begin. H. Johnston also reminded faculty that if it was a new RN-BSN course, they would need to incorporate Quality Matters at the same time. Live instruction for the ADN program may also need to be modified so IAV can be offered or lecture capture. There will be further discussion about this at a later date.
- b. **General Education requirements for RN-BSN Program:** H. Johnston reported that ACEN has requested a monitoring report in June for the RN-BSN program. Our credits are still higher than other programs. We were up to 128 credits. In dropping ENG 102 (counted in the ADN program), we were able to drop 3 credits. We are suggesting that ADN students be required to take Fine Arts. RN-BSN students would then complete the humanities INT class and satisfy the upper course credit requirement along with the humanities requirement, thereby dropping another 3 credits. Students coming in from another college would need a fine arts. The Gen Ed committee is looking at the suggestion and A. Donnelly would like feedback from faculty.
- c. **Revised ADN and RN-BSN End of Semester Course Reports:** H. Johnston asked faculty to review the revised course report form. Nothing new has been added it has just been revised to improve the flow of the form and information re-arranged. She also noted that in the directions at the end of the form, several forms must be completed and filed in the Dropbox folder with the completed course report (revised curriculum map, integrated concepts illustration, syllabus, etc.). She also noted that the course reports for fall needed to be completed and filed before faculty return for the spring semester. Reports for the spring need to be completed and filed by the end of May.  
**DECISION:** After brief discussion, it was decided unanimously to approve the revised form, necessary attachments, and deadlines for fall and spring reports.
- d. **Student skills book:** H. Johnston reminded faculty that they should not allow graduating students to take completed skills books at the end of the year. The student should keep a copy of the skills book as many potential employers ask for documentation of their acquired skills. She also noted that the skills book cannot be checked off at work when working as an apprentice. These books must be completed by nursing faculty. T. Mette also advised that she gives students one warning if they have forgotten their skills book at a skills lab and also one warning at the first clinical. She advised that she will not sign off on the skill after the warning, they must redo the skill.  
**DECISION:** After discussion, it was agreed by consensus that this procedure would be consistent with all faculty.
- e. **Open Advisement:** D. Byers reviewed the Open Advisement survey and asked for any comments or changes. It was noted that clarification in the interest area would help and to allow additional space for comments.



**COURSE REVIEWS****a. Class Updates:**

1. **NURS 135:** P. Drussel advised that students seem to be doing OK. There are a few low students, but they are working hard. There was an issue about civility in class and they had a discussion in class about behavior. It has improved and everything has been good with a great turn-around. She advised that 4-5 students failed the last paper because they did not follow EBP directions. One has pulled their grade back up to a B but doesn't follow directions well. They have had good cooperative discussions and they are using the critical thinking models with ATI. She encouraged faculty to use these modules as they were very good. They are included in all modules and help prioritizing and intervention building as well.
2. **NURS 154:** P. Drussel advised that ATI has been a mess with this class. It is going better now, however. Units were suppose to have a practice test and then another test at the end of the unit. Both tests have been the same. Modules are good and templates are wonderful but tests are a mess. She is collecting data on questions that should not be there. Students are compiling templates which will go with them throughout the program. She noted that it is taking students longer than what ATI is telling them. Might have to look at credits.
3. **NURS 257:** Going well. They have taken the first test and all passed. One student challenged two questions and instructor did approve one. When they are finished with the test, the program gave them the rational and basically tells them if they passed or not passed. During collaborative all students were getting 100% until realized what was happening with the test results! Therefore, don't check anything in the test parameters area. The student packet is making them think rather than just putting in down on paper. This will be reviewed at the end of the year.
4. **NURS 252:** T. Mette This has been a challenge. With the shorter class time it is becoming apparent that more power points will need to be used rather than discussion. Looking at the Peds class as that will be different too.
5. **NURS 253:** H. Johnston and P. Drussel This is a late semester class. They have set up a diabetes seminar and are very excited. The class is ready to go.
6. **NURS 326:** H. Johnston This class is just about to end. The course report will be done immediately so this can be used as an example for the new course report form and procedure. Students will also have to complete SLO surveys before they can go on to the next module.
7. **NURS 420:** D. Volkert This class is ready to go. She has incorporated a lot of group work. She did group projects in NURS 429 and the students didn't like it. She received some advice from colleagues at the NLN conference on how to let students group themselves. She will also give one grade for the group and then a grade for individual participation. She anticipates that it will work better.



8. **NURS 337:** S. Sutherland No enrollment as of this date. It doesn't appear that the class will run. Most of the students have already taken NURS 312 and so those from the ADN program already have their elective.
9. **NURS 429:** D. Volkert A theme Word-Cloud project was incorporated as an assignment. It was done totally on line. Students could choose to do the Word-Cloud project or write a paper. Most students chose the paper, but those that did the Word-Cloud project really like it. She will make posters from the Word-Cloud projects.
10. **NURS 436:** D. Volkert Class is ready to go.

#### ATI

- a. **Follow up: Integration of LS and TMS questions.** Going well. Some students have issues with journaling but put up an example and seem to be doing better. In Canvas, save direction notes as a PDF document and then they will show up.

#### PRACTICE LAB

P. Drussel noted that S. Lino has done a great job. The lab is currently all set for Monday Medication Madness!

#### SIMULATION

- a. **Follow up: Neehr Perfect and New Tool.** S. Sutherland reported that they have done one simulation but had a problem with Neehr Perfect. They will still use Neehr Perfect for pre-simulation information but in the future, they are going to use the new system. She reported that it is taking too much time with Neehr Perfect and it cuts into debriefing time. D. Volkert is using pre-briefing with critical thinking skills. P. Drussel felt this was a good idea for first year students.
- b. **Follow up: Simulation Evaluation Tool.** This has been working fine. It was noted that there needs to be "N/A" on items too. There was one student last time that failed medication. Remediation was recommended and the student passed.

#### STANDARD 4 UPDATES

- a. **Volunteer information/community service faculty and students:** H. Johnston advised that information is needed from students and faculty about volunteer and special services throughout the year. Since there is a new process for faculty evaluation, the older forms that provided this information are no longer being used.  
**DECISION:** Faculty agreed that the forms could be modified for what was needed and could be completed at the end of each semester or year. For student information, it was suggested that it be gathered through the SLO survey form at the end of each semester.

#### OTHER

- a. D. Volkert reported on her recent attendance to the NLN conference in Phoenix, Arizona. She attended several workshops that had some great ideas. She has received the power points on two presentations and will share with any faculty that would like them. (Report attached)
- b. S. Sutherland reported that she has only received one scholarship application. She asked if faculty would remind students that the deadline is September 30.

**ADJOURNMENT:** The meeting was adjourned at 11:10 a.m.

**NEXT MEETING:** October 24, 2014, at 9:00 a.m. in HSCI 110.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

October 24, 2014, 9:00 a.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 9:00 a.m.

**PRESENT**

A. Donnelli  
S. Warnert  
D. Volkert  
H. Johnston  
S. Lino  
T. Mette  
S. Sutherland  
D. Byers

**MINUTES**

Minutes from the September 26, 2014, meeting were reviewed. Some clarifications were made. A. Donnelli moved to approve the revised minutes. S. Warnert seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

D. Byers advised that non-semester live/enhanced classes had to be entered with class dates corresponding to meeting days. There was a discussion of problems this causes for finals.

**DECISION:** It was decided to include final exam date in the meeting patterns of those classes to allow sufficient time for remediation and retakes.

**OLD BUSINESS**

- a. **Quality Matters:** H. Johnston reported that NURS 326 is ready for the internal review process.

**NEW BUSINESS**

- a. **Syllabus-Return of graded coursework to students and email:** H. Johnston advised that in order to meet Quality Matters' standards, the syllabus must include a statement about returning emails/phone calls and when course work is returned. There was a discussion that all expectations should be within work day schedules. H. Johnston will write a statement and email for suggestions/approval.



- b. **Webinar subscriptions:** List of webinar topics available through NurseTim and NLN were reviewed. It was noted that the cost varied, NurseTim being more expensive (\$299 and NLN \$69-\$89). A. Donnelly indicated she would encourage each faculty to attend one to two webinars for professional development in various topics: Assessment, evaluation, flip classrooms, best practices in simulation, etc. L. Frazier will be our expert in pedagogy and can offer some good tips on room design and effective teaching strategies. A. Donnelly advised that at the next meeting we will look at continuing education modalities to increase teaching effectiveness and brainstorming changes needed for IAV delivery.
- c. **Midterm and final clinical evaluations:** S. Sutherland expressed concerns that she has seen some students only once or twice at clinicals or in the lab and finds it difficult to complete a med-term with limited dealings with the students. T. Mette indicated that any instructor that has watched the student in clinical or simulation needs to be a part of the mid-term reviewing only their exposure, but it is up to the primary instructors to meet with students and review the mid-term evaluation. There was also more discussion about if the item on the mid-term had not yet been covered.
- DECISION:** After several suggestions, it was decided that IP (in progress) would indicate that it would be evaluated at a later time. S. Lino volunteered to draft a definition and present at the next meeting. It was also agreed that an additional column would be added for the additional designation.
- d. **Course Reports update:** H. Johnston advised that she is done with all changes and end of semester reports for NURS 326. Everything has been filed in the Dropbox folder if anyone wanted to look at the documentation.

## COURSE REVIEWS

### a. **Class Updates:**

1. **NURS 135:** T. Mette advised that it worked well with P. Drussel taking charge of the class for the first 8-weeks while she taught 252. She did discover that the old clinical care packet had been posted, but she found the revised form as approved last year and has replaced it.
2. **NURS 154:** P. Drussel is stilling have some exam issues with ATI. They have advised her that they are working on a fix, but in the meantime, she is having to create an exam (current ATI exams are the same as the practice exams).
3. **NURS 257:** H. Johnston reported that the class is going well. There is one more simulation next week and they are going well. Simulations have worked very well having S. Lino's help and using the scanner and Excel (rather than Neehr Perfect). A student just reported a problem with the home health and that will need to be addressed.
4. **NURS 252:** T. Mette advised that the students did really well on the final. There were no retakes. This class changed to an 8-week class and it was hectic. She is thinking of doing some lecture capture and team-based learning for next year. She also thought some changes with the pre-natal classes would be necessary, especially with the two other sites.



5. **NURS 253:** H. Johnston advised that this class just got started. They are having a diabetic presentation today from children, physicians. The clinicals at the school district are going well.
6. **NURS 326:** H. Johnston reported that this class ended last week and grades are done. The Quality Matters internal review is being scheduled.
7. **NURS 420:** D. Volkert reported that this class just started. They will do several group projects. She tried the introduction module and let students form their own groups. She reported that it worked very well.
8. **NURS 337:** S. Sutherland advised that there are only two students in this class and it is being held as an Independent Study. There have been some issues with the Evolve site and she is not able to use it this time.
9. **NURS 429:** D. Volkert has just finished this class and grades were posted last week.
10. **NURS 436:** D. Volkert reported that students were confused and overwhelmed at the start of this class. She has met with most of the students and explained the assignment and scope of the class. She will adjust some of the assignments to align with class credits.

## **7. Distanced Education**

- a. **TAACCCT Grant:** A. Donnelly advised that there will be a monthly discussion about what changes are to be made for IAV delivery, ideas from webinars/conferences attended/lecture capture, etc. We will also have some training from B.Hannu (IAV equipment) and L.Fazier (IAV presentation/pedagogy expert).

## **ATI**

T. Mette advised that journaling has really benefitted students in OB and felt that is why they did so well on the final. Journaling is also being used in 257 and 252. S. Sutherland advised she is using Real Life also. T. Mette also reminded faculty that the Real Life manual is really good and has a lot of useful information.

## **PRACTICE LAB**

S. Lino reported that everything is going well. She is getting information together for ordering for the two new sites. Students have been re-sealing supplies and that seems to be working well. It was noted that students should be opening new supplies for check-off.

## **SIMULATION**

T. Mette advised that OB simulation was hectic with only one person. It was good to have one or two others in there. It was suggested that the new sites try to find a theater/student worker/community volunteer to help. S. Sutherland also suggested that a tripod and camera be used to record the simulation. She felt that would be a great help in evaluating after the simulation is done. A. Donnelly reminded that the experiences might be different at each location, but the main objective is meeting the outcomes.

## **STANDARD 4 UPDATES**

A. Donnelly asked faculty to review Standard 6 to keep track of information that will be required. Focus on evaluations, the decision-making process, and community information and evaluation. She advised that she will be getting some data together to indicate number of

students declaring nursing majors throughout the college sites. She also advised that she has scheduled an informational meeting in Pahrump with the healthcare providers along with an Open Advisement meeting for students at the Pahrump site. The same meetings will be scheduled in Winnemucca later in the year.

#### OTHER

- a. **Curriculum workday:** A. Donnelly advised faculty that curriculum workdays scheduled on Fridays were to be used for curriculum work. They are not to be used for clinicals or simulations. If an one is scheduling anything on a day that is set aside as curriculum work day, it needs her approval before scheduling. She also advised that one Friday per month would be left open for other needs.
- b. A. Donnelly also asked faculty if they had any ideas for the community advisory meeting schedule on November 5<sup>th</sup>. She did not want the meeting to consist of verbal reports. She was hoping for a more interactive meeting. She would like to have more discussion with the attending members. Some suggestions: Have you employed new graduates (ADN/BSN)? Have any of your nurses gone into our BSN program? Any clinical ideas for Pahrump/Winnemucca areas? Partnerships? A. Donnelly also advised that future meetings will need to be conducted IAV connecting the other sites.

**ADJOURNMENT:** The meeting was adjourned at 11:25 a.m.

**NEXT MEETING:** November 7, 2014, at 10:00 a.m. in HSCI 110.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

November 7, 2014, 10:00 a.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 10:00 a.m.

**PRESENT**

A. Donnelly  
S. Warnert  
D. Volkert  
H. Johnston  
S. Lino  
T. Mette  
S. Sutherland  
D. Byers

**MINUTES**

Minutes from October 24, 2014, meeting were reviewed. Minor changes were suggested. S. Sutherland moved to approve the minutes with changes. D. Volkert seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

No announcements

**OLD BUSINESS**

- a. **Syllabus-Return of graded coursework to students and email** A draft statement to be used in syllabi was presented by D. Volkert. An additional change from "I" to "faculty" was suggested.

**DECISION:** T. Mette moved to accept the revised wording for syllabi as follows:

"Instructor will make all attempts to have work graded and returned to student within 7 working days from submission date. Please allow more time for larger papers or projects. Faculty will be available by email anytime Monday through Friday and you can expect a response within 24-48 hours (not including weekends and holidays.)"

It was seconded by S. Warnert and approved unanimously.



- b. **Webinar subscriptions** A. Donnelly and S. Warnert watched EMS Webinar on simulation and interprofessional collaboration. A. Donnelly encouraged everyone to look at webinars offered at Nurse Tim and others from lists discussed at last meeting. Decide which ones might be worth watching and purchasing will be reviewed. Suggestions will be gathered at next meeting.
- c. **Clinical Evaluations (IP)** S. Lino proposed adding "IP" (for In Progress) on clinical evaluations mid-term column for NURS 135, 158, 257, and 258. This would be used for any skill that had not yet been covered in the course curriculum.

**DECISION:** T. Metter moved to use "IP" on clinical evaluations. D. Volkert seconded the motion and it was approved unanimously.

## NEW BUSINESS

- a. **Unsatisfactory Notification update** A. Donnelly reminded faculty to follow the notification policy and issue notifications if student progress was suffering. After some discussion, it was noted that collaborative testing was not as appropriate for second year students as it was for first year students.
- b. **SLO Clarification** Johnston reminded faculty to use only what is on the curriculum map. Look at competencies for a particular assignment. Look at an assignment and determine what competencies were targeted. Review assignment and make sure there are no hidden curriculum items. Objectives could be used as rubric.
- c. **Student Outcome Evaluations:** Should Facility Orientation be added? After discussion it was determined that it would not make a difference. This semester has been difficult because the orientations were not very helpful for our students.
- d. **Simulation evaluation.** Sutherland reported that she completed an evaluation for the first time the other day for NURS 135. She reported that she had a difficult time using the evaluation to evaluate all students. It seemed more specific to primary and secondary, not all students. Mette suggested using the first simulation as an orientation as this would be their first experience. It was noted that all simulations are pass/fail. This is to experience what simulation will be like for the next three semesters. Sutherland also reported that it took a lot more time because of explanations. She did have a debriefing. Donnelly added that faculty needs to create a simulation to fit the evaluation and objectives.

## COURSE REVIEWS

### a. **Class Updates:**

1. NURS 135: Mette reported that students have started rotations. Everything is going well. There have been no packets yet. She did note that there is a new director on MS. Test #3 is the last in-class exam and then the final. She noted that she had discovered a new website for ABGs and will send the url to everyone.
2. NURS 154: P. Drussel provided a written report of the advantages and struggles with ATI and Pharmacology. (attached)
3. NURS 257: Students are on their third exam and then the final. There is a scheduled simulation next week. All students doing well.



4. NURS 253: Johnston advised that the class was going well. Simulation went well. PALS certification will be held next week. L. Bingaman will help this year. Mid term is coming up.
5. NURS 420: Going well. One student in a group got off track but has had counseling and is back participating in the group.
6. NURS 337: Sutherland reported that the class has two students and is moving along. She met with Lisa Frazier for Quality Matters and has started working on that.
7. NURS 436: Going well.

#### **DISTANCE EDUCATION - TAACCCT Grant**

Donnelli reminded faculty to look at first classes to run IAV. Changes need to be made now rather than waiting. Substantive change report will require documentation of what changes are made for distance education. She also reminded that any demonstrations will need to be arranged beforehand so there is a person on the other end to help. She also advised that the equipment and supply orders will be put together soon and will be discussed at future meetings. She will be leaving Sunday to go to Pahrump. Monday morning she will meet with healthcare facilities and in the afternoon will have an open advisement meeting for students.

#### **ATI**

ATI has announced a new product, the Pulse. The program tracks students and takes into account anything they do through proctor exams. It will then evaluate which students are at risk. Donnelli will visit with ATI to determine if this would be of benefit to our program and report at the next meeting.

#### **PRACTICE LAB**

Lino reported that all was going well. There is only one skills lab left for semester. Donnelli indicated that there seemed to be a lot of open lab scheduled. She suggested that specific days be assigned to specific students to make the best use of time in the lab. This will alleviate all students coming in at the last minute for practice. She also reminded faculty that only clinical days can be used for open lab.

#### **SIMULATION**

Going well. From NURS 158 to 257 seeing great growth.

#### **STANDARD 4 UPDATES**

Donnelli advised that she will be working on the master plan and other tools that will help collect data. She advised that she had notified advisory board members that evaluations would be coming out shortly. Surveys will also go to graduates too. Due to recent research, we may be sending out a one-year survey too as entry-level practice is now one year not 6 months. We can review data in December.

#### **OTHER**

- a. **Curriculum workday**: Curriculum workday has been set for December 11. Also, spring meetings have been entered on the calendar. Dates for Dept. Chair, Faculty Senate have been estimated since that schedule has not been released yet.

**ADJOURNMENT:** The meeting was adjourned at 12:05 a.m.

**NEXT MEETING:** December 5, 2014, at 9:00 a.m. in HSCI 110.





**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

December 5, 2014, 9:00 a.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 9:00 a.m.

**PRESENT**

A. Donnelli  
S. Warnert  
D. Volkert  
H. Johnston  
S. Lino  
S. Sutherland  
D. Byers  
T. Mette  
P. Drussel

**MINUTES**

Minutes from November 7, 2014, meeting were reviewed. A minor change was suggested. S. Sutherland moved to approve the minutes with the change. S. Lino seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

A. Donnelli advised that the trip to Winnemucca went well yesterday. She and S. Warnert met with several of the clinical facilities there and also toured the hospital and the EMS department. She advised that they had visited with a facility that will work wonderfully for Mental Health clinicals. The Open Advisement with students went very well. Fourteen very excited students attended and they had some good questions.

**OLD BUSINESS**

- a. **Webinar subscriptions** H. Johnston provided information about Nurse Tim webinar topics. A. Donnelli asked faculty to keep their focus on curriculum topics and advised that she did have funds for the cost of the webinars.

**NEW BUSINESS**

- a. **Online Skills Books** P. Drussel advised that students were having a difficult time this year keeping track of their skills books. She suggested that the skills books be kept on line or require that students keep them in their boxes rather than allowing them to go home where they seem to get lost or destroyed. The tablets were suggested as a

means to record skills, but faculty advised that the tablets still did not work properly. D. Byers will check with IT to find out why they were not working. After some discussion, it was the general consensus that keeping them in their student boxes would be a better choice. This would mean even more students in the hallway and A. Donnelly reminded faculty that they should close their office doors when meeting with students.

- b. **Creating Social Presence Article** The *Innovation Center* article was discussed as an excellent idea for the RN-BSN instructors. D. Volkert advised that she had invited her students to call her to discuss the practicum project. Half the students did and they were doing better on the project than those she did not talk to.

**DECISION:** After discussion, faculty agreed by consensus that the Call Tracker would be utilized by faculty especially in NURS 326 and 436 during the first two weeks of class. It was also suggested that a call be made to graduating students in March to make sure they were on track for graduation.

- c. **Peer Review of Courses** Faculty reported that it was helpful to have another faculty review the course and offer recommendations or suggestions. This should be done before the end of the semester so they can get into the course and review.
- d. **Maternal and Child Coalition** A letter from the NV Statewide Maternal and Child Health Coalition announcing screenings and symposiums to be held in 2015. H. Johnston indicated that a class of interest will be held September 16 and would be beneficial for OB and Peds. It was noted that students could be encouraged to attend but not required. It was suggested that we ask if it could be recorded so that it could be shown at a more appropriate time for these two classes. D. Byers will contact the agency and inquire about video recordings.

## COURSE REVIEWS

### a. **Class Updates:**

1. NURS 135: T. Mette reports that there is one weak student but remainder are strong. She paired the student with a more confident student and this has worked well.
2. NURS 154: P. Drussel reported that she has still experienced problems with ATI. It recently froze five times and will be looking at other testing options for next fall. It was noted, however, that if Pulse is used, it will be necessary to test students in ATI so that tracking is accomplished across curriculum. This program will track students throughout the program. The cost (\$75) for the first year will be assumed by lab fees, but future costs may be passed to students if approved and if it proves beneficial.
3. NURS 257: Finals are on Monday. Students did well on practice tests. There are a few areas of the curriculum that will be revised. The clinical packet was great and made students think, anticipate, and plan. Learning was good along with feedback from students.
4. NURS 253: There are some areas that will be addressed for next semester as some gaps were found. Health and vision screenings will be arranged earlier along with moving up some deadlines. These will also be reviewed for similar experiences at other sites for next year.
5. NURS 420: As semester went on, group work did better.
6. NURS 337: Evolve has finally loaded the course. It is now in place for next year. Students are doing fine. Instructor is moving forward with Quality Matters submission.



7. NURS 436: Practicum project is due this week.

### **DISTANCE EDUCATION - TAACCCT Grant**

A. Donnelly advised that a qualified candidate was found for the program assistant position. The other faculty search committees will not be able to interview until January so new faculty will not come on board until February. When teaching faculty is hired, they are hired on the first of the month, not the middle of the month. If the positions are not filled, another search will be conducted which has to be advertised for 30 days. This could delay hiring even further.

A. Donnelly advised that a quote had been received from Laerdal for 2 SimMan 3G's and 2 ALS manikins totaling \$178,778.08, one each for the Winnemucca and Pahrump nursing labs.

**DECISION:** D. Volkert moved to approve the purchase. P. Drussel seconded the motion and it was approved unanimously.

A. Donnelly also advised faculty that she will arrange for L. Frazier and R. Hannu to provide in-service training next semester for IAV instruction. She also asked that faculty review all in-service trainings offer when they return from semester break in the event there will be beneficial trainings for IAV instruction.

**ATI** ATI Pulse – tabled for next meeting

**PRACTICE LAB** No report

### **SIMULATION**

Simulation evaluation tool: There was a safety issue during the last simulation. The simulation evaluation tool scored 88%. However, the way the policy is written there is no safety fail. There was discussion about whether a safety issue or medication issue should result in failing a simulation. S. Warnert advised that she did not recall seeing any wording in other tools that would address those issues. After further discussion, faculty were reminded that simulation is an experience that allows a safe place to make mistakes and learn from them. If an issue is encountered, a remediation could be required without failing the whole simulation. Faculty will review other tools used along with wording in the curriculum map and semester expectations to offer suggestions for revised wording in the evaluation tool.

### **STANDARD 4 UPDATES**

Tabled for Curriculum work day

### **OTHER**

- a. S. Sutherland asked that the advisement form for the RN-BSN be revised to reflect the INT 339 requirement.
- b. It was also noted that there were some changes not reflected in the ATI map. T. Mette will review and asked faculty to bring changes they have found to the next meeting and she will try to update.
- c. A. Donnelly asked faculty to be especially diligent with RN-BSN course reports as these will be submitted with the upcoming monitoring report.

**ADJOURNMENT:** The meeting was adjourned at 10:55 a.m.

**NEXT MEETING:** December 11, 2014, at 10:00 a.m. in HSCI 110.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

January 9, 2015, 1:00 p.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 1:20 p.m.

**PRESENT**

H. Johnston  
D. Volkert  
S. Sutherland  
A. Donnelly  
P. Drussel  
S. Lino  
S. Warnert  
T. Mette  
D. Byers  
T. Allred

**MINUTES**

Minutes from December 5, 2014, meeting were reviewed. A minor change was suggested. T. Mette moved to approve the minutes with the change. D. Volkert seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

A. Donnelly extended congratulations from Roseann Colosimo from the Nevada State Board of Nursing on our 100% NCLEX pass rate. She also noted that we were the only program in Nevada that has had 100% for two years in a row. She thanked faculty for their dedication.

**OLD BUSINESS**

- a. Using competencies as assignment objectives: H. Johnston reminded instructors to use student learning outcomes as assignment objectives. If there are gaps identified, then changes need to be discussed and addressed in the test plan.

**NEW BUSINESS**

- a. Fall course reports completed and in Dropbox: Just a reminder that all course reports need to be completed and filed in Dropbox.
- b. NURS 158: CCP medication template: P. Drussel worked over the break and matched assignments to map. She indicated the following changes: 1) having students do drug templates in ATI, so she has removed the box to list medications from care plan. 2.) on end of care packet, added a place to discuss what teaching they did with the patient.



Directions will note that they should be prepared to teach their patient. 3.) Assignment will be hand-written and due the next day. She noted that with the extended day, they will have plenty of time to complete the packet.

## COURSE REVIEWS

### a. Class Updates:

- b. NURS 155: (Drussel) Will allow typed drug templates this year, but cannot cut and paste. Want them to learn about drugs. Also studied drugs to make sure all were needed. Each group is going to do a presentation for that drug classification. Rest is ATI.
- c. NURS 159 (Mette) D.Volkert is working with her and they are on target. IAV will be a learning experience but it will be good trial run. Still planning to use team based learning with IAV. Did meet with hospital over break. Won't use BHU this semester. Going to Vitality Center two days and will use Elko Mental Health Clinic too. Need video camera at each site so the goal is to add video. Will use simulation for Mental Health. There are not the same resources at other two locations, so need to review those options and we can use Amy Chaffin as a resource.
- d. NURS 158 (Drussel) Good to go, very few changes. Going to incorporate journaling. Everything else will stay the same. Decrease hours with hospital dietician. Using Winnemucca for almost all clinical sites. Will use Public Health in Battle Mountain instead of Indian Health. Changed cultural assignment to fit both populations. Removed one Golden Health assignment and added a wellness assignment. N158 completely matches up in Winnemucca this semester. Will make sure hitting all NCLEX test plan areas.
- e. NURS 273 (Mette) New edition for text. Talked to rep and bookstore. Going to change to 8<sup>th</sup> edition. We can't help the students who purchased outside of bookstore, but if they purchased through bookstore, she will exchange, even digital. Note: If instructors don't want to use the newest book edition, it will impact those using financial aid. Financial aid will only buy the newest edition for text.
- f. NURS 280 (Warnert) Evidence best practice course. Clinical grade based on evidence-based project. Students can use the book as a guide too. Basically checking clinical care areas, interview, research. Looking at best evidence about the issue and how to find evidence. Then develop suggested evidence to follow and protocol. Presentation at the end. Simulation for medication and Pyxis. Follows nursing process.
- g. NURS 258 (Johnston) Took out delegation and added to N273. Incorporated community emergency response certificate. Course ready to go. Added more simulations with high fidelity. Incorporated journaling questions. Doing ACLS at end. Increase in numbers of exams and daily quizzes. No collaborative testing. Three students doing ER time in Winnemucca at the end. Looking at the role of students in ER. Sharon is going to ACLS instructor training on January 26.
- h. NURS 312 (Johnston) Second half of semester. Will get ready to submit for Quality Matters (no word back on status of Quality Matters internal review on NURS 326).
- i. NURS 416 (Donnelli) A. Chaffin will be teaching this class. She was a nursing instructor here 2006-2008. She will be a wonderful resource. She is currently retired from NSC and has her PhD in Informatics. We will also use her for the leadership class to allow flexibility on ADN side. She has had to change the class from a 6-week class to an 8-week class. She is implementing a research project. She will introduce students to the master's program.



- j. NURS 429 (Volkert) Changes were made last semester so very few changes. It completely meets up with new curriculum. It really guides students to flow through practicum class.
- k. NURS 436 (Volkert) Will interview someone from public community agency and they will have to sign a form to return to instructor.
- l. NURS 437 (Mette) Very good book for cultural diversity. Has the Quality Matters shell. Will have a portfolio assignment. Students will have to assess themselves and what they believe about other cultures. Has great self-reflections. Working on activities and assignments. Takes all health care into account.
- m. NURS 440 (Donnelli) Working on it. No changes yet but have to go to 8-week from 6-week class.

#### **DISTANCE EDUCATION - TAACCCT Grant**

- a. TAACCCT Grant update Pahrump position has not been filled yet. T. Allred has a friend in Beatty that might be interested. P. Drussel did great job for the Winnemucca position search committee. Hopeful that that position will be filled next week. D. Byers has accepted the program assistant position. Hoping to interview for an administrative assistant by January 23. S. Sutherland will take on simulation and H. Johnston will be doing the curriculum coordination. Substantive Change Report is due April 23. NSBN will visit the Winnemucca and Pahrump labs in March. Anything not there will have a written plan.
- b. High fidelity manikins did finally get grant approval.

#### **ATI**

Second year students will have access to Green Light. Let students know as Hearst has been scheduled and they could decide which to attend, or choose both. This will be the first year with Green Light. Instructors will discuss in N273. If it's not beneficial, we won't want to do again for students next year. Green Light has a guarantee for passing NCLEX along with remediation. It offers a one-on-one if they don't pass.

**PRACTICE LAB** All good. S. Lino will be able to help the two new sites organize labs.

#### **SIMULATION**

- a. NCSBN Study: Maternity, Mental Health, Peds, and community: Students doing up to 50% simulation did as well or better.
- b. Reporting adverse events in simulation (article): Schools are creating their own forms. Good de-briefing tool.

#### **STANDARD 4 UPDATES**

A. Donnelli asked that all faculty attend the IAV training with L. Frazier and R. Hannu so 100% attendance can be reported in the upcoming reports. Spring IAV classes will be a great learning process.

#### **OTHER**

A. Donnelli requested that all faculty prepare a list of conferences or webinars they attended last semester along with a synopsis of what was covered and what they learned.

**ADJOURNMENT:** The meeting was adjourned at 3:15 p.m.

**NEXT MEETING:** February 13, 2015, at 10:00 a.m. in HSCI 107.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

February 13, 2015, 10:00 a.m.  
HSCI 107

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 10:10 a.m.

**PRESENT**

S.Lino  
P.Drussel  
S.Sutherland  
H.Johnston  
S.Warnert  
A.Donnelli  
D.Byers  
T.Mette  
S.Rust (IAV from Winnemucca)

**MINUTES**

Minutes from January 9, 2015, meeting were reviewed. Faculty made several clarification changes. P.Drussel moved to approve with changes and S.Sutherland seconded the motion. The revised minutes were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

A.Donnelli extended congratulations from Roseann Colosimo from the Nevada State Board of Nursing on our 100% NCLEX pass rate. She also noted that we were the only program in Nevada that has had 100% for two years in a row. She thanked faculty for their dedication.

**OLD BUSINESS**

- a. Revised Simulation Evaluation Tool: S. Lino presented faculty with a revised evaluation tool for simulation. Some weighting has been changed and an area of safety has been added to include any sentinel event that might be observed. It was also discussed that if a student fails, they will receive remediation. If the student fails remediation, they will receive an Unsatisfactory Progress Notification.

**DECISION:** After discussion of how the form would need to be changed for each nursing class, S. Sutherland moved to accept the changes made to the Evaluation Tool. S. Warnert seconded the motion and it was approved unanimously. It was noted that these changes would be discussed in each nursing class. The revision would also be sent to the Admission and Progression Committee to be incorporated in the Unsatisfactory Progress Policy.



**NEW BUSINESS**

None

**COURSE REVIEWS****a. Class Updates:**

- b. NURS 155: P.Drussel advised the class is going well. Students are making presentations on drug classifications. Students were divided into five groups and received a rubric with objectives, etc. Students have been more responsive this semester than last. One student failed last exam and three received 100%, so they did very well. ATI is also doing much better.
- c. NURS 158: P.Drussel Students have asked why we were not doing TBL. Did have four students fail first exam and all received Unsatisfactory notices. Chapter objective worksheets were provided to students so they are aware of what to focus on as they read. Students reported that the worksheets were helpful.
- d. NURS 159: T.Mette Class is going well even though one clinical site was lost before class started. But have re-organized and do have another clinical opportunity for students at Vitality Center but with a different scope: one with RN and one with client. D.Volkert and T.Mette discussed simulation for next year and have gathered a lot of ideas and will implement next spring. Students started with B.Andreozzi today and had orientation at Vitality Center also.
- e. NURS 273: T.Mette Still working on the class. Can only weigh final at 10% and will be taking in early April so can be up-loaded into Green Light by end of April. Also having NNA training for bullying (3 hours). It fits outcomes and is in curriculum map. Faculty then discussed Green Light and when to give the exam. It was suggested that the exam could not be given until all information was presented to the class. Therefore, access to Green Light will have to wait until after the exit exam. It was also noted that there is no connection between ATI and NCLEX.
- f. NURS 258: H.Johnston Students are doing well. They have done the first few simulations and have started ER and ICU rotation. Everyone has been successful so far. Did have one student that will receive an Unsatisfactory notice for the last test. The student did submit a test query but it was refused.
- g. NURS 280: S.Warnert Overall going well. Students are starting projects. They had some initial guidance and should have some good projects at end of course. A few students had late submissions but don't expect any problems now. Students will have a simulation next week.
- h. NURS 312: H.Johnston This is a late start class. It is ready to go.
- i. NURS 416: A.Donnelli Amy Chaffin is doing well. There was an issue with the book store as a new edition came out right before class started. Bookstore exchanged those that purchased through them. But the instructor had to run two different versions because some students could not exchange their older edition. The bookstore is supposed to let us know if they are advised of an update. Instructors should watch that carefully.



- j. NURS 429: D.Volkert No report
- k. NURS 437: T.Mette This is a new course and it is going well. Now starting the 4<sup>th</sup> week and students are doing really well, even surprising themselves! There was an activity on bias which was really interesting. They are starting their portfolio projects. She is looking forward to these as there are some very diverse groups.
- l. NURS 440: A.Chaffin This is a late starting class and it will be the last offering of this old curriculum class.

#### **DISTANCE EDUCATION - TAACCCT Grant**

TAACCCT Grant update A.Donnelli reported that plans are moving along. There are three strong candidates for the instructor position in Pahrump. The search committee will be meeting Tuesday and then schedule interviews. Stacy Rust was introduced and welcomed to the nursing faculty. Stacy fills the instructor position in Winnemucca.

S.Rust, S. Sutherland, and D.Byers will go to Pahrump at the end of month and start cleaning the lab. NSBN will be coming to Pahrump on Thursday, February 26 for a site visit and will schedule a visit to Winnemucca for late March. GBC is on the March 25-26 agenda for Board approval.

A.Donnelli is working on scheduling the 20 days for fall preparation. She would like to block the 20 days and asked that faculty work with their course partners. She noted that what is working well will need to be tracked.

A.Donnelli also noted that the TAACCCT grant will also provide \$70,000 for curriculum development. We could contact L. Caputi to see if she is available. Is there anyone else faculty might suggest for providing some clinical expertise. Funds will also be available next year, so consideration should be given for that too.

TAACCCT Grant Purchases It was noted that a bed donated to the Winnemucca lab by Humboldt General Hospital needs a mattress. Since there is an extra mattress in Pahrump, this will be donated to Winnemucca. A list of beds, lights, and headwalls was reviewed with faculty. All agreed that the list was complete and that the purchasing process be initiated.

#### **ATI**

P. Drussel reported that ATI was working well this semester. Biggest problem seemed to be that computers were not being updated.

#### **PRACTICE LAB**

- A. Lab sign in sheet S.Lino reported that there will be no more skills check-offs this semester. The new form will be used next semester for all centers, documenting who was using the lab and the amount of time spent in the lab.

#### **SIMULATION**

- a. S. Lino reported that we did receive the Pyxis. There are some challenges without the \$15,000 console. It will be useable, but the console is something we will need to request from Budget/Facilities for next year.



**STANDARD 4 UPDATES**

A.Donnelli reported that the report is being written now and hopefully it will be ready at the next meeting for a first read.

**OTHER**

Boot Camp: P.Drussel reported that getting students through skills lab has been difficult and very time consuming. She has researched how other schools run their skills lab and suggested a Boot Camp prior to the fall semester. The program she liked best allocated three days of instruction and two days for skills. At the end of the last day students would bring their families so they would be aware of what is expected during the nursing program. It was noted that it sounded like a great idea, but it must be tied to credits. At least 1.5 credits would have to be taken out of the current curriculum. This cannot be done for next fall as it would have to go through Curriculum and Articulation and also a substantive change would need to be documented. Concern was expressed about taking credit out of the curriculum but it would not alleviate time needed for skills check offs. It was also discussed how this would work at the two new centers (Pahrump and Winnemucca). Further discussion will follow at a later meeting.

Performing Skills after/before check-off: Another concern expressed was students doing a skill then months later using it in clinical. They then need to re-learn the skill. S. Warnert advised that students in NURS 158 are telling instructors that they signed off in lab and could do it on their own in clinical. This is a concern especially for invasive procedures and medications. Amber suggested that students can do these skills on their own if signed off in lab, however, due to instructor concern about the time between learning and using skills, perhaps students can report when they are going to do a skill. The instructor then has the opportunity to question and verbally walk the student through the skill. Students should not be doing anything without the instructor and/or facility nurse's knowledge.

In-Service Training: H.Johnston asked faculty what training they would like Lisa Frazier to present. She noted that the training provided at early in-service days went well regarding Google Docs and Blue Button. She suggested that R.Hannu also could provide IAV training. She asked for suggestions so that she could schedule trainings for future meetings

**ADJOURNMENT:** The meeting was adjourned at 12:10 p.m.

**NEXT MEETING:** March 13, 2015, at 10:00 a.m. in HSCI 107.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

March 13, 2015, 10:00 a.m.  
HSCI 107, W124

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 10:00 a.m.

**PRESENT**

S. Lino  
P. Drussel  
S. Sutherland  
H. Johnston  
S. Warnert  
A. Donnelly  
D. Byers  
T. Mette  
S. Rust (IAV from Winnemucca)  
D. Volkert (IAV from Winnemucca)

**MINUTES**

Minutes from February 13, 2015, meeting were reviewed. Faculty made several clarification changes. S. Sutherland moved to approve with changes and P. Drussel seconded the motion. The revised minutes were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

A. Donnelly announced that the Pahrump position has been filled. Tomonica Clark has accepted the position and will be relocating to Pahrump from Montana. Her start date has not been set, yet. It could possibly be April 15<sup>th</sup> or the first part of May.

**OLD BUSINESS**

- a. INT and Fine Arts clarification for RN-BSN advisement:

**DECISION:** This will begin in the fall. Students who will benefit from this change will have their catalog year changed.

- b. Simulation evaluation forms:

New simulation evaluation tool is now in Dropbox. Since this is a tool for simulation, it needs to only be discussed with students in class. S. Warnert reported that she used



the tool for the last simulation, for NURS 158, and it worked well. She also received positive feedback from the students on the SimScreens.

## NEW BUSINESS

- a. **First year ADN cohesive student survey.** D. Byers spoke about an article from Texas A & M, relating to distance education and how classes would remain cohesive. A. Donnelly and D. Byers reviewed the method and selected applicable questions for a student survey at the end of their first year. A. Donnelly asked the group to let Dianna know if there are any changes they would like.
- b. **Creating semester expectations document for clinical facilities.** Should a document be created? A form has been created for Med. Surg. The document should include the skills that the students have. If the student is working in the community and not applying their skills, a form wouldn't be necessary. In the past, letters have been sent to facilities detailing the training students have. Confidentiality Statements were discussed. Some facilities don't accept the GBC form and the student must sign a separate form.
- c. **Subject Matter Expert.** A. Donnelly advised that Linda Caputi had been suggested. She asked for other suggestions for unique strategies to be used for clinicals or simulations for OB, mental health or peds.

A. Donnelly reminded everyone that she needs the days that they will not be available for summer curriculum work. She needs these dates no later than the week of the 18<sup>th</sup>. There will be four-day blocks and she will not schedule before or after a holiday. These additional days will be for IAV setup and designing distance education classes.

- d. **Fundraiser for the NOA nursing scholarships:** There was discussion about donating a basket to help raise scholarship funds for NOA. P. Drussel volunteered to put the basket together. It was suggested that items from our service be included in the basket. The event is scheduled for the first Friday in May, at the Nugget, in Reno. The cost is \$50/person. A. Donnelly will need to know who would like to attend. Peggy, Staci W. and Delene stated they would like to attend. Please let Amber know by Monday, March 16, 2015.

## COURSE REVIEWS

### Class Updates:

- a. **NURS 155:** P. Drussel advised the class is going well. Grades are running 88% - 97%. Students are doing the templates in groups and working together to understand the information.
- b. **NURS 158:** P. Drussel. There are two students that will be going to A & P, today, and two next week. Two students failing Med Surg: one student by 1%, the other by 2.1%. Peggy has eliminated the collaborative testing due to fighting over points and wanting more points than earned or because of elimination of questions on tests. It was suggested to try giving 80 – 100 questions on the test, providing study guides and objective worksheets to use while reading the chapters.
- c. **NURS 159:** T. Mette The class is going well and cinema projects are going well. There was a clinical site hiccup with the clinical provider not showing up,



this is the second time and Tami needs to reschedule students for mental health clinicals. She would like to pursue other areas in the area of simulation. T.Mette is planning on attending the Health Fair this weekend to see if she can find another possible site. She asked Sharon to check with BYU about clinical ratio time. A good, solid simulation needs to be developed.

- d. NURS 273: T. Mette The class starts Monday. This is a 2 credit, non-clinical, non-core class. The students seem to be very apprehensive about the class.
- e. NURS 258: H. Johnston reported that ICU clinicals have had to be rescheduled twice due to no patients. Sharon suggested focusing more on ER and use simulation for ICU. The students are doing well in ER and the application of pharmacology. Students have just taken their mid-term.
- f. NURS 280: S. Warnert The class ended Wednesday and went well. Projects and presentations were good. The students met the course outcomes. The course will need some minor adjustments. Staci liked the course but stated it could be changed to a one credit course. Simulation went well.
- g. NURS 312: H. Johnston This course starts next week and has been sent to Quality Matters. There are nine Associate Degree students and three others equaling a total of twelve students.
- h. NURS 416: A.Donnelli reported that Amy Chaffin is teaching this course and feedback has been great. Amy is very involved and committed. She will also be teaching 440.
- i. NURS 429: D.Volkert. The class is finishing up. Students are turning in their projects. Two students had recent deaths in their family. This class was a top performing class.
- j. NURS 436: D. Volkert. This class is just getting started and she is implementing phone appointments to discuss projects. Students have already started scheduling appointments and seem really excited to talk about their projects.
- k. NURS 437: T.Mette. This course will be done this week. The students did well on their portfolios. The students are walking away with a better idea of diversity and social competence. Students seemed to enjoy the course and were high performers. T. Mette felt the students learned a lot about themselves through self-reflection and introspection assignments.
- l. NURS 440: A.Donnelli reported that A.Chaffin is teaching this large class of 30. This is the capstone class with 12-page papers due. Chaffin did add an extra piece in the class about graduate studies.

## **DISTANCE EDUCATION - TAACCCT Grant**

**TAACCCT Grant update** A. Donnelli reported that plans are moving along. The substantive change will be finished next week. Please review the report for anything that might be missing. Dianna will be organizing the documentation. The report is due on April 23<sup>rd</sup>.

IAV recordings were discussed. All IAV classes are recorded and normally retained for 3 – 4 days before being reused. These recordings are mainly used in the event of a technical problem with one of the Centers. The recordings could also be used if there is a problem with a student. If this is the case, the instructor is to notify the IAV department as soon as possible to save the recording. A suggestion was made to ask students to sit in view of the screen so the instructor can see all of the students. Student mailboxes were discussed for the Winnemucca and Pahrump Centers. These boxes need to be in a secure location.

**TAACCCT Grant Purchases** D. Byers has submitted an RX for the additional NLN simulation licenses for Pahrump and Winnemucca. Almost all of the furniture has been received at both centers, except the beds. Other supplies will be ordered soon and will match items supplied in Elko. B & G is scheduling time to install headwalls and lights. If there are special supplies needed for a course, please let Dianna know.

### **ATI**

T. Mette spoke with Julie Byrnes about becoming an ATI proctor for students with accommodations. Please keep Tami updated if you are aware that accommodations need to be changed. T. Mette also spoke with the State Board regarding NCLEX accommodations. They stated that, with documentation, the time can be doubled if the student needs more time. This will be re-assessed every semester. One other item, calculators cannot be used unless the website tells the student they can use one. This must be a simple calculator only.

### **PRACTICE LAB NO REPORT**

### **SIMULATION**

- a. S. Lino reported simulation is going well.

### **OTHER**

**Standard 4 (Curriculum)** A. Donnelli stated next fall the committee will look at a transition of 1 credit from 280 to 273. She also noted that surveys are being collected. The Substantive Change report shows that we are doing everything we said we would do.

**ADJOURNMENT:** The meeting was adjourned at 11:35 p.m.

**NEXT MEETING:** April 10, 2015, at 10:00 a.m. in HSCI 107, W124, P115.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

April 10, 2015, 10:00 a.m.  
HSCI 107, W124

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 10:00 a.m.

**PRESENT**

S. Lino  
P. Drussel  
S. Sutherland  
H. Johnston  
S. Warnert  
D. Byers  
T. Mette  
S. Rust (IAV from Winnemucca)  
D. Volkert  
G. Terras

**MINUTES**

Minutes from March 13, 2015, meeting were reviewed. Faculty made several clarification changes. S. Warnert moved to approve with changes and D. Volkert seconded the motion. The revised minutes were approved unanimously.

**CHANGES TO THE AGENDA**

No changes.

**ANNOUNCEMENTS**

H. Johnston announced that applications for the AAS program have closed and we received a total of 34 applications; 24 from Elko, 10 from Winnemucca and 4 from Pahrump. The number of applications received from Pahrump was a little disappointing but the group felt that some students weren't ready to apply and that our new faculty is not in place, yet. We look forward to having more applications, from Pahrump, next year.

**OLD BUSINESS**

- a. First year ADN cohesive student survey:

**DECISION:** Dianna made some changes on the survey. The third statement read; Positive interactions were fostered between people of different racial and ethnic backgrounds. This was changed to read; Positive interactions were fostered between locations. The sixth statement read; My concerns were heard and appropriately addressed by the administration. This was changed to include instructors and/or administration. The eleventh statement was removed. The fourteenth statement read;

Access to recorded lectures. This was changed to read; Access to lecture and course materials. The fifteenth statement read; Classroom technology (audio, video, audience, response system). This was changed to read; Classroom technologies, including IAV. The sixteenth statement was removed. The last statement read; WebCampus support system. It was changed to read WebCampus and student technology support system. This survey will start next year. S. Sutherland questioned the 7<sup>th</sup> statement regarding campus assignment. She felt it should read campus location. Student lounge space was discussed. Winnemucca and Pahrump don't really have a specified student lounge area. Winnemucca students use the student learning area. P. Drussel made a motion to accept the changes to the survey. D. Volkert seconded the motion, motion passes.

## NEW BUSINESS

- a. **Test percentages in courses (theory and clinical breakdown).** Discussion was held regarding the theory breakdown between exams and assignments to determine where students are struggling. A determination needs to be made about how exams will be weighted. This will need to be discussed for next semester so that everyone is consistent. The group discussed that if a student fails theory they fail the class. The student handbook needs to be looked at to make sure that the policy/standard is in the handbook. Clarifications can be made to the handbook, if necessary.
- b. **Fine Arts/Humanities in ADN with the other in the BSN.** The 3 credit lower division Fine Arts and the 3 credit upper division Humanities did not pass Faculty Senate. Students will take either Fine Arts or Humanities in the ADN program and will take the other in the BSN program. BSN students will also need to take either INT 339 or INT 349 along with the 3 credits of Fine Arts/Humanities. Advisement forms will need to be changed to reflect the correct information.
- c. **INT 339/349.** Students will be required to take either course in the BSN program.
- d. **PULSE (ATI).** T. Mette did a small presentation on PULSE, which is an ATI product. This product tracks students from their TEAS exam to their exit exam. This would allow a student to see their potential for passing the NCLEX exam. With PULSE, the student gets a percentage for passing the NCLEX. This will also show faculty students at risk for not passing and would allow the instructor to start remediation with the student. Leveling does not show the potential for the student to pass the exam. PULSE will also show student usage and the amount of time a student has spent using prep materials. An Instructor is able to view information as a class or on an individual student. This product will show a trend for a student, if they are getting closer to their goal, maintaining or declining. Green Light will not be eliminated. If we were to purchase this product now, it would benefit the faculty. For the class of 2016, faculty and students would see information from the last two semesters. For the class of 2017, faculty and students would see all semesters. For proctored exams, students can look at scores and, if they need remediation, they can click on a link that will take them to a place for remediation. The prices are included in the curriculum meeting packet, for your review. A decision should be made soon. The main concern voiced is the cost to the student. It was suggested that we look at what products we already have in ATI, before making a decision. Tami informed the group that there is a training video, under How-to, that is about 9 min. long, for more



information. Another suggestion was to consider buying the product for this year's students and try it out. Tami will contact ATI to see if there is a deadline for purchasing. She will also find out the cost without the dose calculator test and with our current package. This product could be used to collect data for accreditation and the TAACCCT Grant. If you have any questions, please let Tami know.

- e. **Math pilot courses.** The new pilot program was discussed. The courses are 8 weeks long and will be offered online for the 15-16 academic year. The pilot program was presented as having to enroll in a combination of 95/96, 96/126, 95/120 or 120/152. H. Johnston also handed out a flyer for the summer College Math Prep course. She also reminded the group to remind students to enroll in the 6 week STAT 152 course, summer 2015.
- f. **IAV Handbooks (faculty and student).** A suggestion was made to add the IAV handbook to both the Student and Faculty Handbook. It appears that the IAV Handbook has not been kept up-to-date. D. Volkert serves on the Distance Education Committee and will let the committee know it should be kept current. D. Byers asked everyone to please review the Student and Faculty handbooks and let her know of any changes or updates that need to be made. Please review the handbooks prior to the next Curriculum meeting.
- g. **Faculty course report technology addition.** A motion was made by P. Drussel and seconded by D. Volkert to add: Address technology used in the classroom, including IAV, and brief summary of how it was used, what worked well, and any adjustments that need to be made, to section f of the faculty course report.
- h. **TEAS testing and Open Advisement dates.** A list of the dates and times were handed out for everyone to review.
- i. **ADN application essay review – need volunteers.** The essays for the new batch of applicants are ready to be reviewed. Peggy, Sarah and Staci Warnert volunteered to review them.

## COURSE REVIEWS

### Class Updates:

- a. **NURS 155:** P. Drussel reported that everyone is passing, right now.
- b. **NURS 158:** P. Drussel reported that there are four students below 76% in theory and one at 72%. She will be meeting with the student at 72% to determine if accommodations are needed and will let the student know that if they fail theory, they will not pass the class. Peggy has determined a pattern with some students going downhill after a holiday or a break. These students wait until the last minute to turn work in or their work is sloppy. T. Mette stated that first year students don't understand the time commitment of the program. Students will continue to be reminded of Admissions and Progression so they are aware of the consequences. Another thing to remember is to keep track of students with accommodations and be aware if those students are not using them. P. Drussel and S. Warnert feel a need to shift back to a 3 credit theory because there is not



enough time to cover everything in theory. P. Drussel feels rushed when teaching and feels that the change may help with test scores. She was reminded that courses need to run for two years before making changes. P. Drussel has attempted to use the tablets in the classroom but they would not stay connected to the internet. D. Byers will do a work order to see if the tablets can be fixed.

- c. NURS 159: T. Mette advised that things are going fine. There have been some issues with clinicals and she is hoping to find other sites to work with. There is a possibility of working with a site currently working out of the Family Resource Center. Tami is in the process of researching this site.
- d. NURS 273: T. Mette advised that things are going well and this is a fun course. She will be impressing upon students the importance of the course and that the ATI leadership test is a delegation test. T. Mette reported that she has had some issues with students doing homework in class for other classes. She has been doing quizzes before class and students have not been doing very well. She does not want this to be a testing class and is not sure what to do. H. Johnston stated she is having the same problem in N 258 with students emailing other instructors during class time. H. Johnston stated that there is no excuse to do poorly in any class. T. Mette stated that the 2 year method of learning is discussion. Students know this is an important class and should be taking it seriously. One possibility would be to increase the point value on quizzes and see if that makes a difference in the student's attitude.
- e. NURS 258: H. Johnston reported that the CERT will be removed for next year because the content is too basic. All students are passing but one student will be going to A & P. Notifications for quizzes have been working well for this class.
- f. NURS 280: S. Warnert Class has concluded
- g. NURS 312: H. Johnston reported that they are finishing the second week of class and all are doing well. There is one student that she has not heard from and she has not received any response from the alerts.
- h. NURS 416: T. Mette reported that she evaluated the course and it went well.
- i. NURS 429: D.Volkert. Class has concluded.
- j. NURS 436: D. Volkert advised that two students have withdrawn, one student had a death in the family and another student has a sick child. Everyone else is doing well. The phone appointments were implemented effectively in weeks 1 & 2 of this class.
- k. NURS 437: T.Mette. Course has concluded.
- l. NURS 440: No report.

**TAACCCT Grant update.** The substantive change is complete and Amber would like everyone to review the document and send any comments back to her. When reviewing the document, focus on the content.

**TAACCCT Grant Purchases** D. Byers is getting ready to order supplies. Please let her know if there are any items that you need. T. Mette inquired about the video cameras for mental health. She needs a video camera and tripod at each site to record conversations and playback. The cameras won't be needed until next year and D. Byers will work on getting them.

**ATI**

No Report

**PRACTICE LAB**

- a. S. Lino announced that she will be ordering supplies for the Elko lab. Please let her know if there is anything you need.

**SIMULATION**

S. Lino announced that simulation is going well.

**OTHER**

P. Drussel brought forward the proposed marketing poster for review. The group felt that the poster was too busy with all of the birds and they did not like the yellow background. A suggestion was made to have the graphic design students design a poster. H. Johnston will speak with Kathy Schwandt about creating a new poster.

The group had more discussion on credit changes and talked about the fact that a course needs to run for two years in order to get good information and to not rush into a decision. A decision needs to be made regarding student outcomes and it would be wise to make all changes at once. Test scores are showing that students are not learning the content in courses. It may be worthwhile to add a student assessment to the course to see what the students have learned in the class. ATI custom exams are no longer being used.

**ADJOURNMENT:** The meeting was adjourned at 12:19 p.m.

**NEXT MEETING:** May 1, 2015, at 10:00 a.m. in HSCI 107, W124, P115.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

May 11, 2015, 10:00 a.m.  
HSCI 107, P 115, W115

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 10:00 a.m.

**PRESENT**

S. Lino  
P. Drussel  
A. Donnelly  
S. Sutherland  
H. Johnston  
S. Warnert  
D. Byers  
T. Mette  
S. Rust  
D. Volkert  
B. Conton (Via IAV)  
G. Terras

**MINUTES**

Minutes from April 10, 2015, meeting were reviewed. Faculty made several clarification changes. S. Warnert moved to approve with changes and P. Drussel seconded the motion. The revised minutes were approved unanimously.

**CHANGES TO THE AGENDA**

None

**ANNOUNCEMENTS**

- a. Subject Matter Expert, Dr. Robin Beeman, will be coming to campus on May 27 and 28 to work with faculty. B. Conton will travel to Elko to attend, as will D. Volkert and S. Rust.
- b. A. Donnelly has kept the original 20 day TAACCCT summer work schedule. Faculty will get paid in July but she is unsure if payment will be in a lump sum or how payment will be made.

**GUEST**

- a. Eric Walsh was scheduled to attend today's meeting but was unable to attend. He did send a memo regarding the reason for his visit. There was discussion about resources in the library that the nursing program pays for but does not use. Walsh is looking for

more money for the resources or to remove resources that are not used. Gale Health and Wellness Resource is no longer used and could be removed from the library.

**DECISION:** T. Mette made a motion to remove the Gale Health and Wellness Resource from the library. D. Volkert seconded the motion, all were in favor, and motion passes. T. Mette will notify Walsh to remove the resource. T. Mette also reminded the group to complete the survey that Walsh sent in the email. There was more discussion about library resources and it was agreed that the college does not need a medical librarian. A student has also made a comment that the resources in the library are out of date. It was pointed out that Cinahl and Ebsco are current.

## OLD BUSINESS

### a. Evaluation of revised simulation evaluation tool:

S. Warnert commented that the tool is working well although some students have had to remediate. Emphasis needs to be placed on medical safety and other important areas that need to be focused on. H. Johnston and S. Sutherland stated that it has worked well for them, as well. They also stated that remediation has been good for the students.

### b. Boot Camp: P. Drussel has put this on hold for now. She would like to add more on testing for NCLEX and being prepared for APA refresher. It was mentioned that students tend to skip steps when giving medication. It appears that the student just wants to give the patient the meds and not check for allergies. This could be a training issue at the clinical site. It was brought up that clinical site nurses will log in with their own ID and complete the steps for giving medication and the student would give the meds. This could also be an issue with the traveler's, too. The sites and the traveler's may not be aware of how we train our students.

## NEW BUSINESS

### a. Spring semester reports completed in dropbox. The reports will be going with the monitoring report. Reports are due before leaving on break. D. Byers mentioned that the evaluation surveys will be located in the dropbox under SPE/Course SLO Evaluations.

### b. ATI Pulse. T. Mette handed out information and pricing for Pulse. Since we participated in the demo, students have access to Pulse, however; we will have to pay the fee to get the data. A. Donnelly will need the data for her reporting. ATI is not able to remove any products from our current package in exchange for Pulse. To add Nurses Touch would be an additional \$70. T. Mette has not had a chance to look at Nurses Touch but may be able to look at it this summer. Pulse was reviewed again as far as student benefits. It has a recommended amount of time that a student should be studying and the actual time the student has studied. This should encourage students to use the product to help them learn and think critically. It will also show if a student is at risk, needs work or is on track for passing NCLEX. The information only comes from proctored tests. This makes students more accountable for their own success. The product is cumulative, over time. If the student is at risk, this is one more piece of evidence for releasing a student. The information will also be more specific for our program. One suggestion was to purchase the product and then survey the



students to see how it is working. Nurses Touch would need to be part of clinical and could be used in 273 or 280.

**DECISION:** The options were discussed. T. Mette motioned to change the packaging price for upcoming 2015 students to include Pulse and Nurses Touch. S. Sutherland seconded the motion. All were in favor, motion passes. A second motion was made by A. Donnelly to pay \$50 per student, for Pulse, for 2015 exiting students, for data collection services this year. T. Mette seconded the motion, motion passes. T. Mette will speak with second year students about their options and purchasing it individually. We will have to pay for students that don't pay for it. T. Mette will discuss Pulse with returning fall students and give them the option to purchase.

- c. **IAV Handbook.** D. Volkert reported that the Distance Education committee has not had a meeting to discuss the IAV handbook and that the handbook has been removed from the website. IAV policies may need to be added to the nursing handbooks so that students are aware of the policies. A. Donnelly will speak with VPAA McFarlane regarding the IAV handbook. S. Rust will request to be placed on the Distance Education committee to stay in the loop of the IAV handbook.
- d. **New Med/Surg master list.** The master list is located in the dropbox and H. Johnston asked everyone to review the list.
- e. **Suggested civility statement on syllabus.** The committee discussed the addition of a civility statement to the syllabus. This is not a requirement, only an option. The suggested statement and the statement in our student handbooks only pertain to the classroom. T. Mette feels that the statement should include outside of the classroom and online courses, and that we may want to create our own statement.

**DECISION:** T. Mette agreed to create a statement to add to the handbook. T. Mette will forward the completed statement to H. Johnston for review. H. Johnston will then forward the statement out to the committee for a vote. The approved statement will be added to the ADN and BSN handbooks and will be reviewed at orientation.

## COURSE REVIEWS

### Class Updates:

- a. **NURS 155:** P. Drussel reported that the class is complete and she will be completing the final report. Two students have been given unsats. She is proud of the students for following ATI recommendations. This course is a lot of work for the students and the course work is difficult. The template group work did not work for all participants. There were 38 templates to be completed in this course and there wasn't any group work done. A. Donnelly suggested selecting the most common templates and removing the group work. Another suggestion was to come up with the 36 most common meds. Drussel feels like that can be done. The prototypes are for a whole group of drugs that would require a computer lab for each class. Drussel will contact ATI to see what other schools are doing. One of the students came up with a template that is working well and makes it easier to follow through. H. Johnston mentioned that she has a list of commonly used drugs that she will share. Donnelly suggested cutting out uncommon meds



to reduce the number. Drussel was reminded to be sure and close the assessment to get the final results. Drussel talked about the curriculum map and would like to revise the wording between 154 and 155.

- b. NURS 158: P. Drussel reported that the students are taking their final exam and she has not looked at any scores. She mentioned that, at a recently attended conference, she learned not to lecture and she will begin to back off on lecturing. A. Donnelly suggested having an activity tied to a learning outcome. If you do a flip, you can do a lecture and then flip it. Drussel stated that there is a lot to cover at the beginning. She felt that the course was good because the students would get information on pharm. meds and then they would have simulation. Also, consider how content will be given and you have to have your activities well planned out. Donnelly suggested doing 15 minutes of content and then doing an activity. T. Mette suggested creating a database where activities could be stored and that everyone could access. Donnelly cautioned about using the same game but encouraged sharing ideas.
- c. NURS 159: T. Mette reported that the students are taking the ATI final and they did well on the practice assessment. P. Drussel attended the Mental Health First Aid course, on Friday, and it was a great course. She enjoyed all of the activities and the discussion about our community needs and the resources given. Mette mentioned that there are mental health first aid trainers in Winnemucca and Pahrump and we are looking at using them at the Centers. Mette has not been able to get in contact with our current clinical site but will continue trying.
- d. NURS 273: T. Mette advised that the class is almost done. The comprehensive exit will be on Wednesday. ATI recommends starting the exit earlier so once the student is done they can register for Green Light. Mette reported that the students completed long and short term goals. The short term goals were generally the same with graduating and getting a job!
- e. NURS 258: H. Johnston reported on ATI medical surgical exam and that there was one retake.  
She was pleased that 12 students scored a 3. CERT will be removed for next year. ACLS went well and she feels the semester ended very strong.
- f. NURS 280: No report.
- g. NURS 312: H. Johnston reported that the class finished this week. Portfolios were done last week and all students will pass. This is the first time this class has been presented and students were happy with the class and Johnston received positive feedback.
- h. NURS 416: No report.
- i. NURS 429: No report.
- j. NURS 436: D. Volkert reported that students will be turning in their practicum this week and she anticipates the projects will be well done.
- k. NURS 437: No report.

- I. NURS 440: A. Donnelly reported for A. Chaffin. The class is going well and the posters turned out good. Ten posters will be put up in the hallway in Elko and a few will be sent to Pahrump and Winnemucca for display. Donnelly noted that students seem to be used to full time faculty and tend to push part time faculty as far as they can to see what they can get away with.

## **DISTANCE EDUCATION - TAACCCT Grant**

**TAACCCT Grant update.** Nothing to report.

**TAACCCT Grant Purchases** D. Byers is in the process of ordering supplies. A. Donnelly is looking at ordering supplies for the long term while we still have funds. The video cameras have arrived for all three locations. Elko and Winnemucca will be getting maternity beds for the new maternal mannequin. We have not received notification of when the mannequins will arrive. A bed will be needed for third semester. There was a suggestion of purchasing a refurbished bed.

## **ATI**

No Report

## **PRACTICE LAB**

A. Donnelly announced that S. Lino will be leaving at the end of June and a search committee will be put together to find a replacement. This will be done over the summer. Please let T. Mette know if you would be interested in serving on the committee. D. Byers volunteered to serve on the committee. S. Sutherland reported that the Pahrump SimMan has had to be returned for repairs. After all testing was run on the mannequin, his nose wouldn't run. The company is not sure if this will be a quick fix. The mannequin will need to be retested when he is returned to Pahrump. When SimMan returns, NLN scenarios can be allocated and converted. The scenarios are located in the dropbox. Please be sure to document how mannequins are being used. A. Donnelly stated that Intro to Simulation would be a good idea, as this was done in 135.

## **SIMULATION**

For the CNA course, an application of CNA simulation needs to be added. This is the only way to use the maintenance fee funds. All three locations need to be doing the simulation. You do not have to do the same simulation that is done in nursing.

**ADJOURNMENT:** The meeting was adjourned at 2:00 p.m.

**NEXT MEETING:** The next meeting will be in the fall. Next Tuesday's meeting will be for data review. H. Johnston will put up the agenda items from last semester.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Curriculum Meeting Minutes**

May 26, 2015, 9:00 a.m.  
HSCI 110

**CALL TO ORDER**

The meeting was called to order by H. Johnston at 9:19 a.m.

**PRESENT**

P. Drussel  
A. Donnelly  
S. Sutherland  
H. Johnston  
S. Warnert  
D. Byers  
T. Mette  
G. Terras

**MINUTES**

Minutes from May 11, 2015, meeting were reviewed. Faculty made several clarification changes. T. Mette moved to approve with changes and S. Warnert seconded the motion. The revised minutes were approved unanimously.

**CHANGES TO THE AGENDA**

None

**ANNOUNCEMENTS**

- a. D. Byers reported that SimMan is back in Pahrump.

**OLD BUSINESS**

- a. H. Johnston informed everyone that she has put the Annual 2014-2015 Curriculum report in the DropBox. She asked that everyone review the report to make sure she hasn't forgotten anything.
- b. H. Johnston reminded the group that Dr. Beeman will be here tomorrow and Thursday. She and A. Donnelly will be taking Dr. Beeman on a tour of the hospital in the morning. Johnston asked everyone to please bring a syllabus to work on during the afternoon meeting. An agenda has been created, for both days, and there are items that faculty will need to complete. This information will be documented for the TAACCCT grant.

**NEW BUSINESS**

- a. NCLEX Mountain Measurements. H. Johnston reviewed the report and noted that this reports shows how strong our program is. Our program is in the top ranking in our jurisdiction. It also shows that our graduates rank high in our jurisdiction. Johnston will also place this report in the DropBox in the Curriculum folder. The areas that our program scored low in are: Safety and infection control, basic care and comfort,

nutrition, health maintenance and life span. In the area of body systems, the low areas are: the endocrine system, neuro and reproduction. Over all, the report was great.

- b. Students with ADA: A. Donnelly reminded the group to be sure and comply with any accommodations that students have and not to go outside of the ADA plan. If an accommodation is checked on the list, the student needs to comply. Accommodations will be given to instructors this fall, to make sure that the accommodations are being met. Accommodations are good for two years and Julie Byrnes normally reviews them each semester. Please keep in mind that you cannot recommend an accommodation for a student or suggest that a student see Byrnes.

Students testing with accommodations was discussed. If proctored tests are not set up correctly, students need to stop taking the test. Students are also accountable for checking the test time before beginning the test.

Turnitin was discussed. A. Donnelly will speak with Lisa Frazier about adding it to WebCampus for the BSN program. This could be used in 280 and 312.

## **COURSE REVIEWS**

### **Class Updates:**

- a. NURS 155: P. Drussel reviewed the SLO and reported that there were no disagrees. She received one comment that was favorable feedback. Pharm. compared this year's second year students with this year's first year students and the scores were very comparable. The overall score was 74.7%. Drussel noted that she needs to hone in on narcotics.
- b. NURS 158: S. Warnert reported that there were no comments and all answers were strongly agree or agree.

It was discussed that benchmarks need to be set in ATI each year. T. Mette and A. Donnelly will set the benchmark each year and they will remain with the students through two cycles.

Nutrition was discussed as one of the lowest scores. Students can be referred to their ATI book or nutrition could be divided into five groups. TPN also showed as a weak area. Simulation is a good idea for nutrition. Mette feels there needs to be other things to focus on besides Kangaroo. Donnelly recommended adding as an assignment for TPN. Another good place to add simulation would be 258.

- c. NURS 159: T. Mette reported that one student scored everything low due to clinical. Everyone else agrees or strongly agrees. Mette feels that the course was weak in quality control and low in ATI mental health physiological adaptation. Students did well overall and there were no retakes.
- d. NURS 273: T. Mette reported that there were two SLO's. Some of the comments received did not pertain to the course. Mette noted that it is difficult to measure the SLO's because the students are not practicing as a professional nurse. Scores were reviewed. The exit showed that 90% have a predictability of passing the NCLEX exam. This percentage is above last year. Mette would like to add more content and fun things to the course. The group also discussed starting Green Light earlier and it was noted that three students will be taking the NCLEX next week.



- e. NURS 258: H. Johnston reported that students agree or strongly agree. General comments were that the students felt they wanted more clinical hours. Clinical evaluations for ER and ICU were good. ICU was lower than ER due to less patients in ICU. Students commented that they like to be able to use their skills in the ER. Johnston felt at a disadvantage because students weren't able to do a lot of clinicals. This group liked lecture and out performed last year's group. Johnston reviewed the scores. Fourth semester overall was good.
- f. NURS 280: S. Warnert reported that she only received 14 responses and there were two SLO's. All students agree or strongly agree. The only negative feedback was in simulation. Pyxis was an issue but will improve as some of the bugs have been worked out.
- g. NURS 312: H. Johnston reported this is the first time the class has run. Students agree or strongly agree. Johnston felt she received good feedback and the students felt that taking the class was still an appropriate workload even with their other ADN 4<sup>th</sup> semester classes. She asked that everyone please share with advisees in the fall.
- h. NURS 440: H. Johnston reported that students agree or strongly agree. A comment was made about outdated resources in the library. In the future, this will be a new course.

**ADJOURNMENT:** The meeting was adjourned at 11:55 a.m.

**NEXT MEETING:** The next meeting will be in the fall.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

March 10, 2014, 3:30 p.m.  
MCML 114

**CALL TO ORDER:** The meeting was called to order by K. Miller at 3:30 p.m.

**PRESENT:** T. Mette  
K. Miller  
P. Drussel  
H. Johnston  
D. Volkert (IAV)  
A. Donnelly  
S. Warnert  
S. Lino  
D. Byers  
S. Gage, 2<sup>nd</sup> year student  
B. Dankowski, 1<sup>st</sup> year student

**MINUTES:** Minutes from January 9 and January 13, 2014, work days were reviewed. T. Mette moved to approve the minutes. A. Donnelly seconded the motion and they were approved unanimously.

**ANNOUNCEMENTS:**

K. Miller welcomes the student representatives.

S. Warnert reported that the Health Fair was well attended and they had a lot of interest in CNA and EMT courses. Students had good interaction with the public and they handed out a lot of flyers and information cards.

P. Drussel will be making an order for t-shirts, a fundraiser for anti-child abuse. Contact her if you would like to order one.

**OLD BUSINESS:**

- a. Practice Lab: S. Warnert reported that the drug tags ordered from the Equipment/Facilities Grant were not compatible with our SimMan. She has contacted Laerdal to return them and they will waive restocking fees. We were given inaccurate information when they were ordered.
- b. Group Advisement: D. Byers updated the status of arrangements. Flyers have been sent to Ely and Winnemucca and are being posted in Elko. If faculty have any information or questions that would be good to include on a FAQ sheet, please forward them to her.



- c. Search Process: A. Donnelly reported that the committee is in the process of scheduling times for interviews. K. Miller advised that the Dean's position has been advertised and will close on April 7<sup>th</sup>.

**NEW BUSINESS:**

- a. Scheduling Work Days: K. Miller asked if there were any preferences for spring work days. Faculty expressed preference for early in the week so they could finish end of semester course details. K. Miller asked faculty to send her suggestions and she would then set date.
- b. Pinning Planning: T. Mette indicated she would be meeting with SNO on March 11<sup>th</sup>. There is currently a dress code questionnaire being distributed to students and they are preparing to get quotes for food. She will have more information after that meeting. She asked faculty to think about possible speaker suggestions. K. Miller reported that she had send letters soliciting funds from employers of some of our BSN graduates. S. Gage, student representative, advised faculty that SNO has asked SGA for \$200 and if SGA agrees, this \$200 will be spent on the BSN ceremony.

**OTHER BUSINESS:**

K. Miller asked if the student representatives had any concerns. S. Gage advised that approximately two-thirds of the students had indicated they would be going on to the RN-BSN program, either in Elko or Reno. B. Dankowski asked about preceptorships for the current 1<sup>st</sup> year students next year. T. Mette advised him to look at the catalog where courses were described. If they still had questions about the new courses, to come discuss with faculty. She reminded him that they should not expect the same courses or procedures as the 2<sup>nd</sup> year students were doing now. The first year students have a whole different curriculum. B. Dankowski also suggested having Andre more often (guest speaker previously used). He worked well with S. Sutherland and the students liked the interaction. He also expressed a concern that Pharm was only one credit and the course required a great deal of work. He estimated that it took about 8 hours per week, every other week. Just going through the ATI modules took at least 6 hours. Faculty appreciated the feedback for further review. Faculty did note that the Pharm class for the 1<sup>st</sup> year students focuses on drug groups, not necessarily specific drugs.

**ADJOURNMENT:** There being no further business, the meeting was adjourned at 4:05 p.m.

**NEXT MEETING:** Next Curriculum meeting is scheduled for Friday, March 21, 2014, at 10:30 a.m. in HSCI 107.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

April 14, 2014, 3:30 p.m.  
MCML 114

**CALL TO ORDER:** The meeting was called to order by K. Miller at 3:30 p.m.

**PRESENT:** S. Lino  
P. Drussel  
T. Mette  
S. Sutherland  
A. Donnelly  
H. Johnston  
S. Warnert  
K. Miller  
D. Volkert (IAV)  
D. Byers  
S. Gage, 2<sup>nd</sup> year student  
B. Dankowski, 1<sup>st</sup> year student

**MINUTES:** Minutes from March 10, 2014, meeting were reviewed. S. Sutherland clarified that prototype drugs were discussed with first year students. S. Warnert moved to approve the minutes. P. Drussel seconded the motion and they were approved unanimously.

**CHANGES TO THE AGENDA:**

NCLEX Review was added to New Business.

Clinical Adjunct Evaluation was added to New Business.

**ANNOUNCEMENTS:**

D. Byers advised nursing and radiology faculty that consent was being given to students not able to register online for classes. A change was being processed which will correct the PeopleSoft problem.

**OLD BUSINESS:**

- a. Finalization of end of semester meeting schedule: K. Miller advised faculty that end of semester work days were scheduled for Tuesday and Wednesday, May 13-14. ATI will present on one of those days. The final department meeting will be held on May 12 and the annual report should be ready and posted on the shared drive for approval.
- b. Pinning Update: ADN: Carrie Powers has agreed to be the speaker. SNO is in the process of getting food quotes. Colors for the ceremony will be turquoise, white and black. First year students are making cookies for the reception. BSN: Debra Scott will be asked to speak. D. Byers is working on getting food quotes. Battle Mountain Hospital sent a \$200 donation for the event. K. Miller will write a thank you and

acknowledge them at the ceremony. It was noted that SGA has not responded yet regarding the request made for \$200. A. Donnelly reminded student representatives that the majority of the graduating BSN students were graduates of the ADN program and participated in SNO.

- c. Practice Lab: S. Warnert advised faculty that she had returned the drug tags purchased with Equipment Grant funds for SimMan. They were for the wrong SimMan model and would not work with ours. There are no drug tags available for our SimMan. The refund has been sent to GBC. S. Warnert and S. Sutherland will follow up with Clint at Laerdal regarding the software we purchased earlier this year that will enable them to change vital signs from another room.
- d. Group advisement report: T. Mette reported that the group advisement meeting was successful. Two students attended in Winnemucca. Staff only attended in Battle Mountain, Ely, and Lund. Only six students attended in Elko. Attendance was a little disappointing, but she felt attendance would improve once the meetings were established. It was suggested that advertisement be done on WebCampus along with "Save the Date" cards for fall GBC Orientation (INT 100).
- e. Status of searches: All positions have closed and search committees are conducting meetings.

#### **NEW BUSINESS:**

- a. Student Supplies and uniforms for next year: D. Byers reported that SmartScrubs will allow GBC to issue gift cards to new ADN students. The gift cards will have a dollar limit and the student will order their own scrubs, polo and jacket from a website set up for GBC. This would mean, however, that scrub tops would not have a stripe on the sleeve.

**DECISION:** It was agreed by consensus that gift cards be given to new ADN students with a dollar limit equal to 2 sets of scrubs, 1 polo and 1 lab jacket.

D. Byers also reported that patches will have to be ordered as there are not enough to cover uniforms for Fall 2014. T. Mette will research cost and designs for review at the next meeting.

S. Warnert then asked about providing nursing kits to students or using supplies from the lab. She reported that students did very well using supplies from the lab last year. They were very conscientious and tried to be conservative. S. Sutherland reflected that in the past when bags were issued to students, they would sometimes come to the lab without their bags. Also we did store bags but now there is no room in the lab for such storage. S. Warnert recommended that students use supplies from the lab.

**DECISION:** After some discussion, it was agreed by consensus that S. Warnert would order supplies and give students the supplies they needed for practice or check-off.

- b. Student Representative Issues: S. Gage relayed concerns from a student regarding semester changes for Mental Health and OB in the new curriculum. Faculty advised that adjustments are made in the course for the student's current knowledge. Questions and instruction are adjusted to the student's learning level. A student concern regarding preceptors was also shared with faculty. The student felt that the experience gained



was invaluable. Faculty reminded them that experience does not necessarily help pass NCLEX. It does help put the pieces together and can help with NCLEX questions, but there are other pieces added to the curriculum that will help students pass NCLEX. K. Miller also noted that it was also very important to give students a good experience, not just experience. P. Drussel reminded students that Golden Health and the Manor both take apprentice nurses and that can offer the same experiences. It was also noted that during the end of the last semester, it is very important for students to be studying and preparing for the NCLEX. Working with a preceptor may be interrupting this important study time. Faculty did assure the students that data will be collected on the new curriculum so that any future changes can be based on evidence gathered.

- c. Conference Information (Sharon): S. Sutherland reported that the hands-on experience at the SUN (Simulation User Network) Conference was great. They spent three hours learning about some basic programming. It is a lot of work up front entering everything but it can be saved to our library and wouldn't have to be redone each time. She also handed out a debriefing tool she had used at the last simulation. B. Dankowski added that the debriefing tool made it very effective. S. Sutherland was excited to do more research at the next workshop in Boise later this month.
- d. NCLEX Review: Faculty asked the students if students were enrolling in NCLEX review classes. S. Gage reported that they were talking with Hearst. Hearst wants 20 students and they had 15 right now. There was a discussion about the programs available and how companies make the students do the advertising and meet minimum registrations in order to have a session locally. Kaplan works the same way. It was noted that 1<sup>st</sup> year students were not signing up as has happened in the past because they have an NCLEX review course in their ATI package.
- e. Adjunct Clinical Evaluations: It was noted that the IDEA rating was not the best evaluation for adjunct clinicals. Survey monkey has been used in the past for adjuncts. There was some question about how to handle clinical faculty as it was difficult to keep track of what questions are used each time for the extra questions on the IDEA forms. H. Johnston will work on adjunct clinical evaluations (for Sarah Lino and Jennifer Grant).

#### **OTHER BUSINESS:**

There was no other business.

#### **ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:50 p.m.

#### **NEXT MEETING:**

Next Faculty meeting is scheduled for Monday, May 12, 2014, at 9:00 a.m. in HSCI 110.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

August 19, 2014, 3:30 p.m.  
HSCI 110

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 3:30 p.m.

**PRESENT:** S. Lino  
D. Volkert  
H. Johnston  
T. Mette  
A. Donnelly  
S. Warnert  
P. Drussel  
S. Sutherland  
D. Byers

**MINUTES:** Minutes from the previous meeting were tabled.

**CHANGES TO THE AGENDA:**

No changes to the agenda.

**ANNOUNCEMENTS:**

A. Donnelly announced that ACEN has given both programs full approval until 2019. Additional discussions will take place regarding areas of improvement.

Agenda format will change. Responsibilities have been given for each standard and a report on that standard will be given at each Faculty meeting.

Congratulations to D. Volkert for passing her CNE exam.

**OLD BUSINESS:**

- a. Follow up on policy for students meeting with faculty: Curriculum committee determined that a policy is not needed as it is in the student handbook that one or more instructors will meet with students.
- b. Policy for Lead Instructor in team-taught classes: This item was tabled to the next meeting. At that meeting, a first reading will be offered with a vote at the subsequent meeting.

**NEW BUSINESS:**

- a. Facebook for nursing alumni: T. Mette suggested that cards be distributed to graduates with a link for the new Facebook page. The site will be a good place for program news, faculty news, student news, etc. She will continue to develop site.



- b. Nursing Alumni: (See a. above)
- c. Unsats in courses: A. Donnelly advised faculty that one failed exam will result in a notification of unsatisfactory progress. She encouraged faculty to be very clear in their syllabus if they were going to allow a "throw-out" exam and how that would affect unsats.
- d. First day of class student orientation: H. Johnston distributed the schedule. It was also noted that S. Lino will attend.
- e. Semester training: Previously discussed.
- f. Considerations for IAV: A. Donnelly asked faculty to consider what classes could be done IAV or what would need to be done to accommodate IAV delivery. She also asked them to note number of patients at the hospitals, what types of patients, and census. If the TACCT grant is awarded, it will provide funds to set up satellite locations in Winnemucca and Pahrump, including full labs. The satellite programs would have to be self-supporting after four years. It was noted that Pharm could be done in both places and D. Volkert could teach IAV from Winnemucca too.
- g. WebCampus: Several trainings are offered and faculty were encouraged to attend.

#### **SPE Review**

- a. Standard 1 (Amber)
- b. Standard 2 (Peggy)
- c. Standard 3 (Sharon)
- d. Standard 4 (Heidi/Tami)
- e. Standard 5 (Staci)
- f. Standard 6 (Tami/Delene)

A. Donnelly handed out folders for each Standard with information about each (what was included in the self-study report and 2-year report). She advised that each year a report will be prepared. These annual reports will then be used for the self-study report due in 2019. She also noted that we will also have a report due for the college accreditation in 2017. At the next meeting, a review of each standard and questions will be addressed.

#### **OTHER BUSINESS:**

Advisement assignments have been realigned and distributed to faculty. Students will be notified of their advisor. It was noted that S. Warnert and P. Drussel will take walk-ins. H. Johnston will work with S. Warnert. D. Volkert will take over Winnemucca/Battle Mountain/Reno area students. It was also noted that H. Johnston and A. Donnelly have updated RN-BSN student advisement forms over the summer and all are current. A. Donnelly also asked faculty to be consistent and make sure advisement form looked professional.

#### **ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:50 p.m.

#### **NEXT MEETING:**

Next Faculty meeting is scheduled for Monday, September 22, 2014, at 3:30 p.m. in HSCI 107 and Winnemucca 124.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

October 3, 2014, 9:30 a.m.  
HSCI 110

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 9:30 a.m.

**PRESENT:** A. Donnelly  
S. Lino  
H. Johnston  
P. Drussel  
S. Warnert  
S. Sutherland  
D. Byers

**NEW BUSINESS:**

**TAACCCT Grant:** A. Donnelly reported that we were awarded the TAACCCT #4 Grant Monday afternoon. Our portion is just under \$2 million.

This grant was written and submitted in July 2014. This has always been in the strategic plan but never had the money to offer the ADN program to rural sites. With these funds, we will be able to start the program, but the program must be self-supporting at each location after three years. Season Riley is the program director. She is the program director for the TAACCCT #3 grant (welding, etc.) and will also assume responsibility for #4 too

The grant provides funding for:

- Two nursing instructor positions: one for Winnemucca and one for Pahrump. VA will assist in marketing.
- Adjunct funding for years two and three. If there is a need to hire an adjunct for clinicals to allow more time in planning, that might be possible.
- Lab Coordinator: \$20,000 per year within the grant for partial salary support for a lab coordinator.
- CNA Coordinator/Instructor: \$24,000 per year for partial salary support for a CNA Coordinator/Instructor.
- Program Assistant: Funded for grant and program data collection and reports.
- Travel: \$17,000 per year to get Winnemucca and Pahrump set up.
- Full labs at both sites including SimMan, ALS manikin, furniture, equipment and supplies.
- Curriculum Review: Funding for the first two years to modify classes from live to IAV. Faculty will need to visit with H. Johnston and let her know what is needed for each course. Then she can put it all together so we can determine what is needed for the program at each site. First year classes need to be developed as soon as possible for the necessary substantive change report. There will be funding for additional days during the spring and summer for development.
- There is also funding for a subject matter expert: \$5,000 per year. Perhaps a simulation expert can be sent to one or two locations?

All nursing classes will be sent from Elko via IAV to Winnemucca and Pahrump. Money from the grant will equip the Winnemucca and Pahrump sites with IAV equipment. Also, with the addition of the several new positions, search committees will be needed. Contact T. Mette if you are willing to serve on a committee.

P.Drussel asked if this will increase the total number of nursing students. A. Donnelly explained she anticipated 4-5 students in Winnemucca, 4-5 students in Pahrump and 20 in Elko.

A.Donnelly felt the biggest challenge would be clinical experience in Pahrump. She will be traveling to Pahrump to see what facilities can offer students there.

A.Donnelly reviewed the criteria that necessitated a substantial change report to ACEN. She advised that the report must be submitted to ACEN 4 months prior to the change (end of March 2015). She reminded faculty how important it was to have a plan for the changes, documented decisions, and workload. It will be very important to keep up on all documentation.

Even with the major work involved, faculty overall were excited that we had been awarded such an extensive grant. They understood the work that was needed but felt the expansion of the program certainly tied into the college mission and themes. S. Sutherland indicated she would be willing to help get the labs set up and would be willing to travel to Winnemucca and Pahrump. A. Donnelly also noted that she would need a list of clinical sites used for all classes and asked instructors to give that information to H. Johnston along with clinical hours for 4-5 students for workload.

**NCLEX Workshops:** NSBN is offering NCLEX workshops in February and March 2015.

A.Donnelly expressed a desire to send everyone that wanted to go. She had gone to one in the past and felt they were very worthwhile.

#### **OTHER BUSINESS:**

There was no other business.

#### **ADJOURNMENT:**

There being no further business, the meeting was adjourned at 10:10 a.m.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

October 20, 2014, 3:30 p.m.  
HSCI 107

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 3:30 p.m.

**PRESENT:** A. Donnelly  
S. Lino  
H. Johnston  
P. Drussel  
S. Warnert  
S. Sutherland  
T. Mette  
D. Byers

**APPROVAL OF MINUTES:** Minutes from the October 3, 2014, meeting will be distributed and approved by email.

**ANNOUNCEMENTS:** A. Donnelly advised that TMCC has changed their program to an associate of Science degree and will conduct BIOL 224 during the first 8 weeks of the nursing program. This enables them to cut their program to 5 semesters. IF the students do not pass BIOL 224, they don't go on. BIOL 223 and 251 are still required for admission. These new provisions will start Fall 2015.

A. Donnelly also advised that Nevada only allows a graduate to take the NCLEX 4 times with remediation in between each test. California allows graduates to take the NCLEX 35 times! She also noted Nevada requires that ESL students take an English proficiency test before taking the NCLEX. California, however, does not.

**OLD BUSINESS**

- a. Policy for Lead Instructor in team-taught classes (Tabled to next meeting)

**NEW BUSINESS:**

- a. Facebook (T. Mette): The site is up and running. She has posted the picture from the national magazine which shows our GBC student. It is getting hits every day! Also, Summit has asked if they could advertise for an APN as they are having a hard time finding someone. Our student worker will help search for graduates and invite them to the site.
- b. Alumni (P. Drussel, H. Johnston): Have not met.
- c. Unsats in Courses: Students are doing well.
- d. First Day of Class Student Orientation: Orientation went well. It was noted that some adjustments may have to be done for next year with the addition of Winnemucca and Pahrump. If there are activities, how would that work at the other sites? Etc.
- e. Semester Testing: A. Donnelly encouraged faculty to schedule their final exams as soon as possible and contact P. Wang for proctoring.



- f. Considerations for IAV: More discussion will take place at the next curriculum meeting, however, A. Donnelly asked faculty to think about what they are teaching now and how that might need to change for IAV. She also advised that she anticipates giving everyone 20 days to work during the summer on content and changes needed for IAV. There will be some activities that won't work for the other sites (such as the library assignment) so think about how it could be changed.
- g. WebCampus: A. Donnelly asked if there were any issues? Everyone agreed that it was going better.
- h. TAACCCT Grant: A. Donnelly advised that the grant will provide funds for a full-time instructor in Winnemucca and one in Pahrump along with adjunct help at those locations in years two and three. Some of the grant money will be used to partially fund S. Lino as lab manager. H. Johnston will be working on curriculum development and she will also use it as part of her DNP project. It will also fund a lab coordinator and a program assistant. Full labs will be furnished at both sites. L. Frazier will be very helpful for lecture capture, flip classrooms and other ideas for IAV. There is funding for a curriculum expert and maybe we might be able to bring L. Caputi back. She has some great ideas for clinicals, but we need to see if there are any gaps first. There was some discussion about video simulations but it was noted that the equipment for this might not be available.
- i. Graduate and Employer Surveys: Surveys will be sent out in November. Last year the returns were very poor but improved greatly after a personal follow up by faculty. We will use that method this year too.
- j. Plan for GBC Operational Department Assessment: A. Donnelly asked faculty to review and offer any suggestions.
- k. Practical Strategies for Nursing Education Program Evaluation: A. Donnelly asked all faculty to take time to read as it has come great information.

## **SPE REVIEW**

A. Donnelly asked faculty to become very familiar with their standard. She asked them to review the substantive change requirements and how the additional sites would relate to their standard and what information would be required. She noted that the curriculum was no concern as it was very tight. She asked them to review evaluation methods. Can they still work with the additional sites or will they need to be adjusted. Application process: What is our minimum score? We will not take student unless they are qualified and ready.

A more indepth review of each standard and the substantive report implications will be discussed at the next meeting. She asked all faculty to be prepared.

## **OTHER BUSINESS:**

A. Donnelly also advised that she will be making a trip to Winnemucca in December for meetings regarding the expansion of the program to that site. However, the Pahrump visit on November 10 will take priority for right now. She asked D. Volkert to look for Mental Health clinical facilities in Winnemucca.

A. Donnelly also asked faculty to recruit a first year and a second year student representative for the faculty meetings. She also requested that a SNO report be submitted. Minutes from their meeting would be sufficient.

**NEXT MEETING:** November 24, 2014

**ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:45 p.m.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

November 24, 2014, 3:30 p.m.  
GTA 118

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 3:25 p.m.

**PRESENT:** H. Johnston  
D. Volkert  
S. Warnert  
S. Sutherland  
P. Drussel  
S. Lino  
T. Mette  
A. Donnelly  
D. Byers  
Nora Lusk, 2<sup>nd</sup> Year ADN Student  
Christina Ruby, 1<sup>st</sup> Year ADN Student

**APPROVAL OF MINUTES:** Minutes from the October 3, 2014, were approved via email and the vote results were shared with faculty: 6 "aye" votes, 2 no response. Minutes were approved. Minutes from the October 20, 2014, meeting were reviewed. Corrections were noted by D. Volkert, S. Sutherland, and S. Warnert. S. Sutherland moved to approve the minutes with changes. H. Johnston seconded the motion and they were approved unanimously.

**ANNOUNCEMENTS:** None

**SNO REPORT** SNO is working on a tree and a wreath for the Festival of Trees. At least four students will be going to a NSNA Conference in Phoenix, AZ, April 8-12, 2015. SNO is considering offering financial support (registration) for those going. They have closed their off-site bank account. They are participating in the SGA Food Drive and will meet again in February.

A. Donnelly advised that any student considering national office would need a letter from her and she will certainly help if needed. Students also indicated they have contacted Hurst Review and will need 25 students to have them come to Elko. They are talking to first year students. Faculty asked the students to give them feedback on Green Light and Hurst Review.

Concerns from 2<sup>nd</sup> year students: Students are wondering why preceptors are not being used this year. Faculty advised that the course will focus on evidence-based practice. Also, NURS 258 will be a 16-week course and there will be clinicals all semester. Faculty has been working on these changes for two years aligning curriculum to what students need to pass NCLEX.

Concerns from 1<sup>st</sup> year students: They are advising that pharmacology has been difficult. Some cohorts had suggested putting it online. Faculty advised that pharmacology is always a tough class and that there must be evidence to make such a change. The course used to be a two credit class and from evidence collected, the class was split into two one-credit classes. P.



Drussel indicated that ATI is basic pharmacology and other sources are used to meet outcomes for the courses. She did indicate that the textbook used had too much information for this first class and would be modified for next year. ATI problems have been addressed and should be better from this point forward.

### OLD BUSINESS

- a. Vote on Policy for Lead Instructor in team-taught classes – Tabled to next meeting
- b. Facebook: T. Mette asked faculty that if they had something of interest to please share with her and she would post it on the page. The site is gathering more “likes” every day.
- c. Nursing Alumni: Faculty felt it was important to contact new graduates to become members of the Alumni.
- d. Considerations for IAV: T. Mette and D. Volkert will discuss IAV for next semester so students are actively engaged in lectures. They will establish guidelines for students. Planning this class for next semester will give the opportunity to see what worked well and what did not for next fall with three locations.
- e. TAACCCT Grant update: A. Donnelly advised that grant funds have not been received yet but expected soon. All high fidelity manikins are in the approval process now. Lower cost equipment items (beds, pumps, headwalls, etc.) will be quoted soon along with supplies.
- f. Graduate and Employer Surveys: Surveys will be sent out Monday. Members of the Community Advisory Committee were advised so they could be watching for them. A list of non-responding employer and students will be provided to faculty at the December work day for personal calls.

### NEW BUSINESS:

- a. Revised Testing Policy: Admission and Progression Committee minutes were reviewed regarding their approval of a revised testing policy. The policy states that all test question queries are to be submitted at one time and within 72 hours of the test. It was also noted that there are no points given for submitting a query. The revised testing policy needs to be reviewed with students and included in upcoming syllabi.

DECISION: Revised testing policy: “Students who disagree with the correct answer may complete a Student Test Query Form (see Appendix H-3 from ADN Student handbook) to explain their rationale for their chosen answer. These forms will be submitted to the faculty within 72 hours of the test taking date. All test queries from a student must be submitted at the same time.”

T. Mette moved to accept the revised testing policy. P. Drussel seconded the motion. There was no discussion and the motion was passed unanimously.

### SPE REVIEW

- a. **Standard 1**: A. Donnelly advised that waivers had been submitted to the NSBN for clinical adjuncts along with renewing waivers submitted for S. Lino and J. Grant in September. E-notify has been completed with NSBN for license expiration notification.
- b. **Standard 2**: P. Drussel has some questions and will discuss those with A. Donnelly after the meeting.
- c. **Standard 3**: S. Sutherland will meet with GBC financial aid and others for current information.
- d. **Standard 4**: H. Johnston and T. Metti have completed peer review and will discuss at the next curriculum meeting.

- e. **Standard 5:** S. Warnert is locating information with help from D. Byers. Funding will be substantial in the substantive change report.
- f. **Standard 6:** T. Mette and D. Volkert are finding it difficult to meet and to gather information for this standard.

A.Donnelli advised that she will start writing the substantive change in January.

**OTHER BUSINESS:**

**NEXT MEETING:** December 11, 2014 (Work day)

**ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:40 p.m.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

December 11, 2014, p.m.  
GTA 118

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 3:25 p.m.

**PRESENT:** T. Mette  
P. Drussel  
S. Lino  
S. Warnert  
S. Sutherland  
H. Johnston  
D. Volkert  
A. Donnelly  
D. Byers

**APPROVAL OF MINUTES:** S. Warnert moved to approve the minutes from the November 24, 2014, meeting. H. Johnston seconded the motion and they were approved unanimously.

**ANNOUNCEMENTS:**

A. Donnelly advised that she had been in Winnemucca yesterday and had visited the Golden Valley Clinic. The manager is there five days a week and she welcomed students any time. Also met with Davita Dialysis. They currently have 22 patients and are open on Monday, Wednesday and Friday. They are very busy and are excited to help nursing program. Pahrump has the same resource there too. This clinical can be added back into 257. Agreement will be sent for Davita and Golden Valley agreement is current.

A. Donnelly advised faculty that a 1<sup>st</sup> year student was dismissed. She advised that a final grade will be needed for NURS 135 and NURS 154.

With the recent dismissal, BB from the Elko cohort will finish clinicals in Winnemucca for Spring. D. Volkert will contact the student so training at HGH can be completed so she is ready when clinicals resume.

**SNO REPORT** T. Mette reported that she did not know what the final amount was on the SNO tree at Festival of Trees. A. Donnelly advised it was \$185 last time she saw it. T. Mette reported that students are signing up now for the NSNA convention. SNO is waiting to see how many students indicate they are interested in attending before determining how they can help financially. There was some discussion about SNO end-of-year donations when much of their account is from donations.

**OLD BUSINESS**

- a. Vote on Policy for Lead Instructor in team-taught classes – A. Donnelly reported that she had a policy but she had reservations about using it for our department. She asked if a

formal policy was needed? As it is now, a lead is identified for a course and decides clinicals, adjuncts, and delegates responsibilities (syllabus, course reports, etc.). Faculty currently has great communication.

**DECISION:** A. Donnelly recommended that we leave as is and re-evaluate when the TAACCCT grant is implemented. Faculty agreed unanimously.

- b. Facebook: T. Mette reported that she will share survey data, Festival of Trees results when available. She noted that C. Kralich posted that she has accepted a job in Denver and will be moving shortly. If anyone hears any other news, please share with her so she can post.
- c. Nursing Alumni: A. Donnelly suggested that this topic be changed to marketing. Alumni is so closely related to the Facebook item. We currently have some fund through the TAACCCT grant for advertising. She suggested that we consider advertising at the movie theaters since we cannot use the funds for newspapers, TV or radio ads. She also noted that the science department has indicated that student numbers in biology classes are down. She suggested that we go to the high schools and do presentations in the health classes. H. Johnston will stop in Owyhee on a trip to Boise to visit with students.
- d. Considerations for IAV: At the next meeting, T. Mette and D. Volkert will report how they are planning their IAV class. This will give everyone the opportunity to be part of what the challenges are, what is going well and get insight for future classes.
- e. TAACCCT Grant update: A. Donnelly noted that the Program Assistant position was offered to D. Byers and she has accepted. Winnemucca instructor position has 3 candidates and interviews are being scheduled. The candidate that applied for the Pahump position has withdrawn their application which will require opening the position again. S. Warnert is going to UNLV and will take some flyers with her for advertising the opening.
- f. Graduate and Employer Surveys: A. Donnelly advised that surveys are being emailed and faculty will need to follow up on those with no responses.

#### **NEW BUSINESS:**

- a. General Education Requirements: Allowing INT 339 to satisfy the humanities requirement has gone to Faculty Senate.

#### **SPE REVIEW**

A. Donnelly advised that she hopes to start the substantive change report during the winter break.

**OTHER BUSINESS:** None

**NEXT MEETING:** January 13, 2015 at 10:30 a.m.

#### **ADJOURNMENT:**

There being no further business, the meeting was adjourned at 10:30 a.m.



**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

January 13, 2015, 11:00 a.m.  
HSCI 107, Pahrump 109, Winnemucca 115

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 11:00 a.m.

**PRESENT:** T. Mette  
P. Drussel  
S. Lino  
S. Warnert  
S. Sutherland  
H. Johnston  
A. Donnelly  
D. Byers  
D. Volkert (IAV)

**APPROVAL OF MINUTES:** H. Johnston moved to approve the minutes from the December 11, 2014, meeting. T. Mette seconded the motion and they were approved unanimously.

**ANNOUNCEMENTS:** None

**OLD BUSINESS**

- a. Marketing – H. Johnston handed out several marketing ideas she had collected. It was also suggested that we contact HOSA at the area high schools. There will also be a marketing in-service session in March (deBraga and Bailey).

**NEW BUSINESS:**

- a. NCLEX Regional Workshop: A. Donnelly advised that travel request forms are being submitted for the workshop in Las Vegas to be held February 27. All faculty will attend with two people staying in one room for two nights.

**SPE REVIEW**

A. Donnelly handed out the ACEN guidelines for a substantive report. Johnston, Byers and Donnelly will meet every Monday morning to work on the report and to gather necessary information. The report is to be done by April 17.

**OTHER BUSINESS:**

Pyxis will be delivered January 29 with training held the week of February 2.

AACN has partnered with Kahn Academy. Can be a resource.

Differential fees: With the addition of two new labs, warranties will triple. WNC was just approved for differential fees. A. Donnelly suggested that we match what WNC submitted. She asked faculty to review information about differential fees with further discussion at the next meeting.

**NEXT MEETING:** February 23, 2015, at 3:30 p.m. (HSCI 107, Pahrump 109, Wmca 115)

**ADJOURNMENT:**

There being no further business, the meeting was adjourned at 11:45 a.m.

**Great Basin College  
Department of Health Sciences and Human Services**

**Nursing Faculty Meeting Minutes**

May 11, 2015, 2:12 p.m.  
HSCI 107, Pahrump 109, Winnemucca 115

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 2:12 p.m.

**PRESENT:** T. Mette  
P. Drussel  
S. Warnert  
S. Sutherland  
H. Johnston  
A. Donnelly  
D. Byers  
D. Volkert  
S. Rust  
B. Conton (IAV)  
G. Terras

**APPROVAL OF MINUTES:** The minutes from the meeting held on February 23, 2015, were reviewed. There were no changes suggested. S. Sutherland moved to approve the minutes. S. Warnert seconded the motion and they were approved unanimously.

**ANNOUNCEMENTS:**

None

**OLD BUSINESS**

None

**NEW BUSINESS**

- a. Proposed Distance Education Student Handbook. The faculty reviewed the distance education information that was in the dropbox, for information pertaining to the nursing program.  
**DECISION:** It was noted that under IAV, sites needs to be changed to centers. The internet (WebCampus) information could be removed from the ADN handbook, as well as adding WebCampus/Big Button to the Internet-Enhanced paragraph. For the BSN handbook, the last sentence could be removed from the internet (WebCampus) paragraph.
- b. Uniform Information. The estimated cost of uniforms was discussed and the possibility of reducing the amount given to students. SNO has reduced the amount of their contribution to the Trescartes fund from \$1500 to \$1000. Last year, the students were



given gift cards to purchase their scrubs and stethoscopes. The gift cards were handed out at orientation in June.

**DECISION:** The decision was made to provide students with their scrubs and not their stethoscopes, but to offer students the information to purchase the stethoscopes at the same place they will be purchasing their scrubs.

- c. Unsatisfactory Student Progress Policy. A. Donnelly brought forward the Unsatisfactory Student Progress Policy change. Under letter b., safety, or conduct was added to the verbiage.

**DECISION:** H. Johnston made a motion to approve the addition of the verbiage to the Unsatisfactory Student Progress Policy. P. Drussel seconded the motion. H. Johnston asked about adding quizzes to this part of the policy. T. Mette mentioned that this should be specified in the syllabus and this could define what performance standards mean. All were in favor, motion passes.

The Unsatisfactory Progress Procedure. A third bullet point was added to the procedure. A. Donnelly asked if a student scrapes by with 5 or 6 unsats, and they come back to A & P next semester, do they get another 3 tries. In the event a student passes the first exam and not the second exam, should the student be dismissed? H. Johnston feels the student should be held to the same standards as former students that were dismissed. Currently, there isn't a policy on the total number of unsats. If the student cannot maintain their study plan, they should be out. Policy needs to be reviewed more thoroughly with the students. Right now, a warning letter is sent to the student when they have reached the unsat limit noted in the policy. The unsat reports need to contain the exam scores and the specific reason for the unsat. Under recommendations, talk with the student about their plan and make sure they understand. Suggest to the student that they review what was recommended in previous unsat or warning letter. Also, make sure the student understands the suggestions and ideas. Only give 5 or 6 suggestions and ask the student for their suggestions. Keep personal reflection out of the recommendation. Faculty or students could also visit with Julie Byrnes about suggestions. Students often have good suggestions, too.

**DECISION:** This agenda item has passed through the A & P committee and through the department and will now become policy.

- d. Faculty concerns or questions. A. Donnelly talked about always having another faculty member present when meeting with a student. Normally, this should be the department chair or you could ask the student if they are comfortable with having a certain faculty member present. You should document the events of the meeting and both faculty members should sign the document agreeing to what was discussed. There have been some challenges with the first year students. There was discussion regarding civility with students and how students should address faculty in order to maintain professionalism. Faculty will decide how they would like the students to address them and this change will begin in the fall. The group also discussed removing cell phone numbers from their syllabi and who students should notify in the event they are not able to attend a clinical. It was discussed to give a master list of phone numbers for faculty members to the clinical sites. This will need to be discussed with the clinical sites. In orientation, faculty will speak about civility and formally addressing faculty. New name badges can also be purchased.

**DECISION:** The group agreed that now is the time to make the change on how the students address them. Faculty will inform the students at orientation. The decision was made to remove cell phone numbers from the syllabus. If a student is unable to attend a

clinical, the student is to notify the clinical site and follow up with the faculty with an email or by calling the instructor's work phone.

Another issue discussed is the faculty open door policy. It has been an issue that students come in to the office, head to a faculty member's office and stand outside of the office while the faculty has another person in their office or mingle around the student mailboxes.

**DECISION:** A decision was made to re-arrange Gaye's office so that students will have to go through Gaye before going in to the faculty office area. Student mailboxes will also be moved to the reception area so that students can pick up their mail quickly and will not be mingling in the faculty office area, as well.

#### **SPE REVIEW**

Standards 4 & 6 have been updated.

**OTHER BUSINESS:** TEAS testing will be available at all Centers, next year. A. Donnelly stated that this year has gone really well and next year should be better. She also announced that we won't be moving to the BSN for 3 – 4 years. She wants to make sure everything is solid before moving to the BSN.

**NEXT MEETING:** Fall

#### **ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:00 p.m.



**GREAT BASIN COLLEGE**  
**RN - BSN PROGRAM All Required Courses**

**General Education Curriculum**

COM 101	Oral Communication, or	
THTR 102	Introduction to Stage Voice, <u>or</u>	
THTR 221	Oral Interpretation	3 Credits
INT 339	Integrative Humanities Seminar, <u>or</u>	
INT 349	Integrative Social Science Seminar	3 Credits
Humanities and Fine Arts		3 Credits
(Depending upon course taken as part of AAS degree)		

**Total Credits**

**9**

**Program Requirements**

CHEM 100	Molecules and Life in the Modern World	3 Credits
STAT 152	Introduction to Statistics	3 Credits

**Total Credits**

**6**

**Nursing Curriculum**

NURS 326	Transition to Professional Nursing (8 week class)	5 Credits
NURS 420	Evidence-Based Practice and Research in Nursing (8 week class)	3 Credits
NURS 429	Population Focused Community Health Theory (8 week class)	4 Credits
NURS 436	Population Focused Community Health Practicum (8 week class)	4 Credits
NURS 437	Diversity and Healthcare Policy in Rural Environments (8 week class)	3 Credits
NURS 443	Nursing Leadership and Management Theory (8 week class)	4 Credits
NURS 417	Information Systems and Quality Management (8 week class)	4 Credits
NURS 449	Nursing Leadership and Management Practicum (8 week class)	4 Credits
NURS 456	Senior Synthesis Seminar (8 week class)	5 Credits
NURS 312	Health Assessment and Health Promotion (8 week class), OR	
NURS 337	Pathophysiology (8 week class), OR	
NURS 490	Special Topics	3 Credits

**Total Credits**

**39**

Minimum credits required for a bachelor's degree at GBC is 120 credits. A student who graduates from the GBC ADN program may have up to 70 credits. With the completion of the RN-BSN program, total credits completed is 124.

(Note: All RN-BSN students must satisfy the U.S. and Nevada Constitution requirement and the ENG 102 requirement. If it was not completed in their AAS degree program, they must be completed before graduation from the RN to BSN Program.

# RN-BSN PROGRAM

## Four-Semester Program Course Sequencing

First Semester		Credits	Third Semester		Credits
STAT 152	Introduction to Statistics	3	COM 101 THTR 102 THTR 221	Oral Communication, OR Introduction to Stage Voice, OR Oral Interpretation	3
Fine Arts or Humanities	ART 100, 101 or 107 MUS 101 or THTR 105	3	NURS 417	Information Systems and Quality Management	4
NURS 326	Transition to Professional Nursing	5	NURS 443	Nursing Leadership and Management Theory	4
NURS 420	Evidence-Based Practice and Research in Nursing	3			
Second Semester		Credits	Fourth Semester		Credits
INT 339 OR INT 349	Integrative Humanities Seminar, OR Integrative Social Science Seminar	3	CHEM 100	Molecules and Life in the Modern World	3
NURS 429	Population Focused Community Health Theory	4	NURS 449	Nursing Leadership and Management Practicum*	4
NURS 436	Population Focused Community Health Practicum*	4	NURS 456	Senior Synthesis Seminar	5
NURS 437	Diversity and Healthcare Policy in Rural Environments	3			
ONE ELECTIVE COURSE REQUIRED		Credits			
NURS 312	Health Assessment & Health Promotion	3	Offered Spring		
NURS 337	Pathophysiology	3	Offered Fall		
NURS 490	Special Topics	3			

**Total Credits: 54**

**\* GBC Definition of Practica, Internships, Work Co-ops:**

These types of courses do not take place in a classroom or laboratory setting as a principal portion of the class. They are generally related in some way to practical experience in a work setting or to some other manner of independent work or production. The students will often work under the supervision of a supervisor not part of the college, but may at times be working on independent projects supervised by a college faculty member.

See sample syllabus and curriculum map for NURS 436 Population-Focused Community Health Practicum for an example.



## **Revised RN-BSN General Education Common Courses Fall 2014 Curriculum**

### **Communication**

**THTR 102** (Introduction to Stage Voice) fulfills communication skills component through student application of Standard American speech to all oral presentations. Students gain a working knowledge of the International Phonetic Alphabet, and work on their writing skills through a personal growth journal. This component directly impacts the health care needs of culturally diverse populations, as Standard American speech eliminates regionalisms in speech, which can lead to misunderstandings. Additionally, the International Phonetic Alphabet is a tool nurses can use to ensure they are pronouncing difficult medication names correctly. Critical thinking skills are addressed through self-analysis of vocal regionalisms and tendencies. Students work to recognize and inhibit poor vocal habits they may have. Relates to SLO 1 and 2.

**Com 101** (Oral Communication) this course introduces student to public speaking and the development of vocal and intellectual skills needed for effective and powerful speaking in conversation and before an audience. Communication is complicated process, and the process of sending or receiving incorrect messages frequently exists. It is essential that nurses understand key components of the communication process, how to improve skills, and the potential problems that exist with errors in communication. Relates to SLO 1, 2, and 4.

**Theater 221** (Introduction to Oral Interpretation) Theater focuses on the vocal and performance dynamics of performing literary and dramatic works. Using the principals of literary analysis combined with the physical and vocal dynamics of speech, the class transports great works of literature from page to stage. Nurses are required to communicate frequently with patients and other members of the healthcare team. In addition, nurses need a strong foundation in communication and effective speaking in order to advocate for patients and create change within the healthcare system. Relates to SLO 1, 2, and 4.

### **Mathematics**

**STAT 152** (Introduction to Statistics)\_Course includes descriptive statistics, probability modes, random variables, statistical estimates and hypothesis testing, linear regression analysis. Having a basic understanding of statistics allows you to read and analyze nursing literature intelligently and how ethical, unbiased research should be conducted. Many graduate courses also require a stats class and so promoting furthering your education (Future of Nursing) this class is appropriate to our RN-BSN program. Relates to SLO 2, 3, and 6.

### **Integrative Seminar Humanities or Social Science**

**INT 339** (Integrative Humanities Seminar) or **INT 349** (Integrative Social Science Seminar) Objectives include viewing various scholarly works, develop rhetorical skills and skills in argument development, and addresses cultural issues in literature and art. Topics do vary by semesters to address needs and interests of various programs at GBC.



Nurses must address culturally diverse needs of patients or populations that nurses care for and analyze the influence of culture on healthcare. Relates to SLO 1, 2, and 4.

### **Fine Arts/Humanities**

**MUS 101**(Music Fundamentals) Communication skills are stressed through reading and interpreting musical signs and symbols. Critical thinking skills are taught as students build on musical patterns throughout the term, making connections between disparate musical symbols to create a whole. While these skills may seem at odds with a nursing curriculum, the music course fully emphasizes pattern recognition and making connections between seemingly unrelated concepts, which provides practice for synthesizing evidence. Relates to SLO 1, 2, and 5.

### **Art 100 (Visual Foundations) Art 101 (Beginning Drawing) Art 107 (Design Fundamentals)**

Key concepts within these courses include observations, communication, critical thinking, culture, and use of technology. Nurses must have strong communication skills and critical thinking abilities in order to provide care to patients, families, and populations that is culturally diverse. Students must also utilize current technology to access health information or patient information appropriately. Relates to SLO 1, 3, and 6.

**THTR 105** (Introduction to Acting) This course contains strong communication skills as students are required to exhibit truthful behavior in monologues without having the performance look staged. This is achieved through empathizing with the character, which feeds directly into the empathy a nurse needs to help patients act in their own best interests. Critical thinking skills are also emphasized in the course. While working on a character, students discover that characters, like people, have goals. The characters meet obstacles to those goals and implement tactics to overcome the obstacle and reach the goal. The ability to think in these terms in life enables students to identify goals and create successful strategies for reaching those goals, and allows them to create collaboration strategies and promote informed decision- making. There is also a strong cultural awareness component as students learn how all behavior affects others' actions and reactions, enabling students to monitor their behavior and ultimately foster an environment of empathy and cultural sensitivity. Relates to SLO 1, 3, and 5.

**PHIL 102 Critical Thinking and Reasoning** this course is designed to develop critical thinking skill through writing, reading, and speaking. This course guides nursing students to develop their intellectual capacities and skills so they start down the path of critical thinking. Nurses need critical thinking for clinical reasoning to ensure safe nursing practice and quality care. Relates to SLO 1, 2, 3, 4, and 5.

Faculty Member	Continuing Education Event	Date
Peggy Drussel	<ul style="list-style-type: none"> <li>• FERPA Training</li> <li>• Behavioral Concerns In and Outside the Classroom</li> <li>• What's New, Cool, Improved, and New and Annoying in WebCampus</li> <li>• Use in Dementia Patients, Percussion Therapy and Postural Drainage, and PICC Lines</li> <li>• Community Forum on Suicide Prevention</li> <li>• PEARS Certification</li> <li>• PALS Instructor Training and certification</li> <li>• Ready to Move Beyond Power Points: Prezi Presentations</li> <li>• Campus Security Authorities &amp; Joan Cleary Act</li> <li>• Library Resources</li> <li>• Using Open Education Resources</li> <li>• Sexual Harassment</li> <li>• Interactive Video Faculty Training</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	<p>Fall 2014</p> <p>Spring 2015</p>
Staci Warnert	<ul style="list-style-type: none"> <li>• Humanities Grant Presentation</li> <li>• Lecture Capture Training/ In-service</li> <li>• Safety Behaviors/ Behavior intervention team</li> <li>• In-service, suicide awareness/ prevention</li> <li>• Webcampus and Google Calendar/ Google Docs</li> <li>• Wow Your Students Webinar</li> <li>• Thinking Like a Nurse: Engaging in Clinical Reasoning</li> <li>• Simulation-enhanced Interprofessional Education</li> <li>• Campus Security &amp; Joan Clery Act</li> <li>• Webcampus/ Canvas tips and updates and Active learning strategies for formative learning in both the classroom and online.</li> <li>• Using Open Education Resources</li> <li>• Beyond PowerPoint: Prezi Presentations</li> <li>• Interactive Audio Visual Training</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	<p>Fall 2014</p> <p>Spring 2015</p>
Heidi Johnston	<ul style="list-style-type: none"> <li>• IAV/ Lecture Capture Training/ In-service</li> <li>• Safety Behaviors/ Behavior intervention team</li> <li>• In-service, suicide awareness/ prevention</li> <li>• Webcampus and Google Calendar/ Google Docs In-service</li> <li>• Wow Your Students</li> </ul>	Fall 2014



	<ul style="list-style-type: none"> <li>• PALS Instructor Training and certification</li> <li>• Elsevier 2015 Faculty Development Conference</li> <li>• Campus Security In-service -&amp; Joan Clery Act</li> <li>• Webcampus/ Canvas tips and updates and Active learning strategies for formative learning in both the classroom and online.</li> <li>• GBC Virtual Humanities Roundtable</li> <li>• Beyond PP: Prezi</li> <li>• Interactive Audio Visual Training</li> <li>• NCLEX Review</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	Spring 2015
Tami Mette	<ul style="list-style-type: none"> <li>• What's New, Cool, Improved, and New and Annoying in WebCampus</li> <li>• Engaging Presentations</li> <li>• WebCampus Changes / Module Building Training</li> <li>• Campus Security Authorities</li> <li>• Beyond PowerPoint: Prezi Presentations</li> <li>• Title 9 Regs/Updates &amp; Sexual Harassment Awareness</li> <li>• IAV Faculty Training</li> <li>• ATI Annual Summit</li> <li>• Video Policy Considerations: Education, Assessment and Research in Simulation</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	Fall 2014  Spring 2015
Sharon Sutherland	<ul style="list-style-type: none"> <li>• Lecture Capture and IAV tips</li> <li>• Safety Behavioral Assist Training-suicide prevention</li> <li>• Web Campus changes- Google docs and calendar</li> <li>• Zaption</li> <li>• Wow Your Student's- Teaching Secrets</li> <li>• Thinking Like a Nurse: Engaging in Clinical Reasoning</li> <li>• 7 Reasons for Flipping the classroom</li> <li>• Video Simulation-CAE</li> <li>• Campus Security Authority</li> <li>• Web Campus Changes</li> <li>• Using Open Educational Resources</li> <li>• Prezi Presentation</li> <li>• Program Assessment</li> <li>• IAV Training</li> </ul>	Fall 2014  Spring 2015

	<ul style="list-style-type: none"> <li>• Library Resources</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	
Delene Volkert	<ul style="list-style-type: none"> <li>• Evaluation Process in-service</li> <li>• WebCampus Training in-service</li> <li>• Engaging Presentations in-service</li> <li>• NLN Education Summit</li> <li>• Plagiarism in the Classroom Webinar</li> <li>• Using Open Education Resources GBC in-service</li> <li>• PowerPoint: Prezi</li> <li>• Interactive Audio Visual Faculty Training</li> <li>• Royal College of Surgeons of Ireland Annual International Nursing &amp; Midwifery Research and Education conference - Podium Presenter at this Conference</li> <li>• Western Institute of Nursing: Nursing Research, Practice, &amp; Education Conference - Poster Presenter at this conference</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	<p>Fall 2014</p> <p>Spring 2015</p>
Sarah Lino	<ul style="list-style-type: none"> <li>• Adjunct Faculty Workshop</li> <li>• ACLS &amp; PALS</li> <li>• Teaching the millennial learner</li> <li>• Web Campus Training</li> <li>• Quality Matters</li> <li>• Beyond PP: Prezi</li> <li>• IAV in-service</li> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	<p>Fall 2014</p> <p>Spring 2015</p>
Stacy Rust	<ul style="list-style-type: none"> <li>• Best practices for teaching distance education and Big Blue Button Training</li> </ul>	Spring 2015





## **RN-BSN Student Progression**

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### **Procedure: Student Progression**

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**Objective:** Provide information, guidance, and support for student decision making in achieving their educational and career goals.

### **Timelines**

Upon admission to the program, each student must meet with an advisor to develop an individualized curriculum plan for program completion. Any changes in the curriculum plan must be discussed and agreed upon by the student and their advisor before any enrollment changes are made.

All requirements for the BSN degree must be completed within six consecutive calendar years from the date of first enrollment in courses after admission to the RN to BSN program.

A written request for extension of this time limitation may be submitted by the student and approved by the departmental Admission and Progression Committee. Students granted an extension may be required to take additional coursework, meet current program requirements, or demonstrate currency in nursing standards of practice.

Students who cannot continue their curriculum plan sequence for academic reasons must petition for readmission to the RN to BSN program if they want to reenter the program.

Students who have not enrolled in nursing or general education courses as outlined in their curriculum plan for two consecutive semesters will be dropped from the program and may only return by applying for readmission to the program.

A student applying for readmission to the program is not guaranteed a place in the program. A student who is readmitted is accountable for the degree requirements in effect at the time of readmission.

A leave of absence may be granted for up to two semesters. Students must request a leave of absence prior to the enrollment deadline for the first semester in which the leave may be granted. Leave request must be accompanied by a letter providing an explanation for the leave of absence request and the anticipated return date. At least 30 days prior to returning to school, the student must meet with their academic advisor so that a revised curriculum plan can be developed.

### **Academic Requirements**

A grade of "B-" or better is required in ALL courses applicable to the Bachelor of Science in Nursing degree.

Students must repeat with a B- or better any required nursing course or any required pre- or co-requisite non-nursing course in which a grade of C+, C, C-, D, F, or W has been received. Any such course may be repeated only once.

Only one nursing course may be repeated throughout the curriculum.

Students who repeat a nursing course or any required pre- or co-requisite non-nursing course and earn a grade of C+, C, C-, D, F, or W will be dismissed from the nursing program.

Students must maintain an overall GPA of at least 2.0 throughout the nursing program. Students who do not maintain the GPA will be placed on probation for one semester. Students who do not raise their overall GPA to 2.0 after one semester on probation will be dismissed from the nursing program.

In nursing courses with both a theory and clinical component, students must achieve a passing grade in each component to pass the course.

### **Other**

Students are required to maintain current Nevada Registered Nurse licensure while enrolled in nursing courses. It is the student's responsibility to notify the program director immediately, in writing, of any changes in licensure status.



**Great Basin College  
Department of Health Sciences and Human Services**

**Health Science and Human Services Community Advisory Group Meeting**

November 5, 2014, 0800  
Leonard Student Life Center Solarium

**CHAIR:** A. Donnelly

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 0800.

**PRESENT:** Amber Donnelly, Dean, GBC Health Science and Human Services Department  
Mike McFarlane, GBC VPAA  
Dianna Byers, GBC HSHS Administrative Assistant  
Mary Doucette, GBC Radiology Program Coordinator  
Darius Cooper, GBC Human Services Coordinator  
Sarah Lino, GBC CNA Coordinator  
Brandy Dankowski, Radiology Student  
Brian Dankowski, Nursing Students  
Joleen Porter, Highland Manor  
Becky Jones, NNRH

A. Donnelly welcomed participants and asked that they introduce themselves.

**DEAN'S REPORT AND PROGRAM UPDATES** (see attached reports):

A. Donnelly referred to program reports mailed to members. Program coordinators presented highlights of their programs.

**Nursing:** A. Donnelly advised the group that the Nursing Department had been awarded approximately \$2 million through the Department of Labor TAACCCT grant. This will allow GBC to expand the ADN program to Winnemucca and Pahrump. All nursing courses will be taught via IAV to both sites from the Elko campus. GBC currently has over 90 courses offered via IAV so the delivery is not new, but will be new to the nursing department. Each site will be staffed with one nursing faculty. Five students at each location will be admitted with a full lab for skills and simulations. At the current time, students from Winnemucca are traveling to Elko four times each week. Room availability is very tight at the Winnemucca site, but Pahrump will be able to have a room for lecture and a separate lab for nursing and CNA. This semester some clinicals are being done in Winnemucca and it is working well. Clinical experiences will be different in each location, but outcomes will still be met. Clinical sites for Pahrump students are currently being researched.

Donnelly also reported that there were some faculty changes in the nursing department. S. Warnert has joined the nursing faculty from the practice lab position and S. Lino's responsibilities now include CNA Coordinator and Practice Lab Manager. H. Johnston has started a DNP program at Boise State University. D. Volkert and S. Lino are enrolled in DNP programs at UNLV and UNR, respectively. Doctorate degrees are needed for accreditation for the BSN program. She also reported that a grant had been submitted for tuition funding for faculty seeking these higher degrees. Marian Groff (Elko Women's Health Center) asked about funding and Donnelly replied that the grant would be announced later in the year and we were very hopeful.



Donnelli advised members that surveys would be sent out shortly to employers of recent graduates from the ADN and BSN programs. She stressed how important it was to complete those surveys and asked that they be watching for them.

We have received confirmation from ACEN that both nursing programs have been approved for accreditation until 2019. A substantive change report will be submitted in spring 2015 because of the expansion to Winnemucca and Pahrump.

Recent research has revealed that transition to practice for new graduates has been expanded from 6 months to 12 months. This may change timing for future surveys and also for facility transition practices.

There are currently 58 students in the RN-BSN program. Of the 21 students admitted in Fall 2014, 14 were students coming right from the ADN program. The program is becoming very popular and we anticipate 20-25 graduating in Spring 2015, the largest graduating class to-date. Donnelli discussed the newly revised RN-BSN program. The data collected from the first course NURS 326 was shared with advisory board members. Data reflected the students highly agreed that student outcomes were met. All student's successfully completed the first course and are currently enrolled in NURS 420. We are currently working with UNR to get two or three courses approved that will count towards a graduate degree in five different fields. This will put students 2-3 classes closer to finishing a graduate program.

There are currently 39 ADN students with 19 on track to graduate in May. 100% of graduates are currently employed and the program has had a 100% pass rate for two years in a row.

The William N. Pennington Foundation has provided a \$2,000 scholarship to ten rural Nevada ADN students, and we are hoping they will continue this program next year.

**Radiology:** M. Doucette reported that five students will graduate in spring. Second year students are currently at clinical sites throughout our service area. The JCERT accreditation site visit has been scheduled for January 29-30, 2015. Their program has changed their graduate surveys from 6 months to 12 months based on new research for transition to practice. Higher degrees are important for Radiology program accreditation too. C. Jaques is seeking her masters degree and M. Doucette has applied to a doctorate program.

Doucette has been instrumental in re-establishing the Nevada Institute Society for Information in State Technology in Nevada. Besides the chapter in Elko, Las Vegas, and Reno are coming on board. Networking and communication between northern Nevada and southern Nevada has been very helpful for all programs. Doucette noted that there are changes coming in looking at an AS degree.

**CNA:** S. Lino reported that there have been over 200 students in the GBC CNA programs. GBC will be starting a class in Lovelock and will offer testing in Ely. She is hopeful that testing can be done at the Pahrump and Winnemucca sites with the additional faculty in the near future. Judy Andreson (Family Resource Center) noted that they were providing some programs in Lovelock and could possibly take flyers around with them for the upcoming CNA class to help advertise.

**Human Services:** D. Cooper reported that there are approximately 85 active students in the programs. Because of the rural locations and student backgrounds, it is hard to get some students into practicums. He is looking at offering classes to help increase real life experiences. He is also educating students about different requirements every state has for counselors and therapy licensing. Program requirements are also being reviewed and looking at general education changes (adding English requirements). M. McFarlane added that GBC is increasing their "google" visibility to target awareness of our online programs.

Andreson (Family Resource Center) advised that students had done practicums at the Center in the past, but she would welcome students as she has many programs that would offer



students opportunities to work with clients in many fields. They are also providing services to teens in Battle Mountain.

**EMS:** A. Donnelly reported that we are currently seeking an EMS Coordinator. An EMT Basic class is running this fall and we are hoping to offer an EMT Advanced class in the spring.

Donnelly also advised that there is currently a discussion for submitting a competitive grant for a paramedical program housed in Winnemucca. The grant would be a collaborative effort between GBC, Humboldt General Hospital, Pershing County Hospital, and Lander County Hospital. More information will be shared at the spring meeting.

#### **COMMENTS AND RECOMMENDATIONS FROM ADVISORY COMMITTEE MEMBERS:**

Becky Jones, interim CNO at NNRH, advised that the hospital is always looking for CNAs. She asked Lino if there were surveys showing where students were employed after they had completed the class. Lino indicated that students were not surveyed after completion but a survey could possibly be started. She also suggested that perhaps students could meet with Human Resources to become more familiar with the application process. Jones and Joleen Porter (Highland Manor) indicated that this was a good idea and both would be happy to participate.

Donnelly also advised the group that GBC nursing has established a Facebook page. It is a good site for job listings and catching up with previous students. Many graduates have joined, sharing their current positions and achievements. She encouraged members to "like" us!

Marian Groff suggested that GBC take advantage of the school insert section of the newspaper's Wednesday edition. Human Services and CNA could benefit from the free advertising. The expanding nursing program could benefit from the exposure too. Donnelly noted that the average age of recent nursing students is younger than in the past. Working with high schools will be an important part of targeting students. The nursing and radiology programs currently conduct two Open Advisements (September and February) to initiate students to the requirements for both programs. Targeting the high school for these meetings will be important for future enrollment.

B. Jones also mentioned that NNRH has a school to work program which works well for some students, depending on the person and their maturity. She also noted that NNRH offers a tuition assistance program for their employees.

Donnelly thanked the group for their suggestions and continued support. She expressed her appreciation for their participation in the HSHS advisory committee and welcomed comments, discussions or suggestions at any time during the year.

**ADJOURNMENT:** Meeting was adjourned at 0850.

#### **Attachments:**

Program Reports

**Great Basin College  
Department of Health Sciences and Human Services**

**Health Science and Human Services Community Advisory Group Meeting**

April 27, 2015, 8:00 am  
Berg Hall Conference Room, Elko  
Room 122, Pahrump  
Room 108, Winnemucca

**CHAIR:** A. Donnelly

**CALL TO ORDER:** The meeting was called to order by A. Donnelly at 8:03 am.

**PRESENT:** Amber Donnelly, Dean, GBC Health Science and Human Services Department  
Mike McFarlane, GBC VPAA  
Mark Curtis, GBC President  
Tami Mette, GBC Health Science Department Chair  
Gaye Terras, GBC HSHS Administrative Assistant  
Mary Doucette, GBC Radiology Program Coordinator  
Darius Cooper, GBC Human Services Coordinator  
Danielle Henderson, Radiology Student  
Samantha Brown, Nursing Students  
Joleen Porter, Highland Manor  
Hether Hardy, Highland Manor Nursing  
Alice Allen, NNRH  
David Hogle, Elko Clinic  
Lori Gilbert, community member  
Christa Secord, community member  
Cathy McAdoo, PACE Coalition  
Jacob Park, GBC Veteran's Resource Center  
Darlene Bryan, Humboldt General Hospital (via IAV in Winnemucca)  
Stacy Rust, GBC Nursing Instructor (via IAV in Winnemucca)  
Dianna Byers, GBC TAACCCT grant Program Assistant (via IAV in Pahrump)  
Barbara Conton, GBC Nursing Instructor (via IAV in Pahrump)

1. **WELCOME:** A. Donnelly welcomed participants and asked that they introduce themselves.
2. **DEAN'S REPORT AND PROGRAM UPDATES:**
  - A. **Nursing:** A. Donnelly announced that there is a lot happening within the nursing department. The substantive change report has been submitted to ACEN and we are awaiting their blessing on the report. In the meantime, lab equipment has been received in Pahrump and Winnemucca, purchased through the TAACCCT grant.



With the expansion of the nursing program, five students each will be accepted in to the program in Winnemucca and Pahrump. This will increase our number of admitted students from 20 to 30 and will put more students in rural healthcare areas. The attrition rate is 2 – 3 students by the end of the program. Currently, we have 58 students in the RN-BSN program. Students are usually employed before they graduate and normally, experience a 100% employment rate.

With the setup of the new labs in Pahrump and Winnemucca, theory classes will be taught via Interactive Video. The Advisory board members were able to see how Interactive Video works and how students can interact with other students and instructors at the other Centers. The matchup will be good for tracking data, as we have three years to show that the expansion of the program is a success.

Donnelli announced that the department has received \$189,000 from the William N. Pennington Foundation to purchase two maternal simulators. This gives the college the opportunity to partner with the hospitals to do fetal simulation. Simulations offered in Elko and Winnemucca will also be offered in Pahrump. The William N. Pennington Foundation has also provided a \$2,000 scholarship to ten rural Nevada ADN students and we are hoping they will continue the program next year.

Graduation is quickly approaching. We will have 15 RN-BSN graduates and 19 ADN graduates.

Donnelli reported that the RN-BSN program is currently in its second semester with the revised curriculum. The faculty course reports and student surveys continue to support that students are meeting the SLO's of each course successfully. Donnelli noted that the course design and changes made this first year reflect the most current evidence based nursing practices.

T. Mette spoke about some challenges that the ADN program is having with scheduling mental health visits. She is looking for some new sites to work with and asked for any suggestions.

T. Mette reported that students from the Student Nursing Organization recently attended the National Student Nurses' Association meeting in Phoenix, AZ and reported it was a great conference and they learned a lot.

SNO will be having their annual 5k run. The theme for this year is Super Hero's. The money raised will go towards their spring graduation expenses.



T. Mette reported that a mandatory suicide prevention training will be coming through the legislature and this will be through continuing education. She also mentioned a bill regarding nursing education that is up for a vote in the legislature. This would be teaching nurses how to refuse an assignment.

A Facebook page has been created called Great Basin College Nursing Community. Valuable information is posted on the page.

- B. **Radiology:** M. Doucette reported that there will be four students graduating in May. One student will be going on to Weber State College to work towards their Bachelor's degree.

Doucette also reported that she has started the Ruby Mountain Chapter of Nevada Society of Radiology Technologists. Danielle Henderson, a radiology student, reported that she attended the State chapter meeting and also the Association of Collegiate Educators in Radiologic Technology meeting and learned some valuable information.

Doucette informed the committee that the RAD Group will be holding their 2<sup>nd</sup> annual fundraiser to raise funds for travel expenses to attend two conferences. A flyer was sent with the agenda.

In February, the Radiology program underwent a site visit from accreditors. The visit went well.

Doucette spoke about the Nevada Institute Society for Information in State Technology in Nevada. This has allowed GBC to work closely with UNLV. Networking and communication between northern Nevada and southern Nevada is continuing to get better.

C. McAdoo mentioned to M. Doucette that Dr. Grove and Dr. Selznik have a cone scan and they may be a good resource for the program.

- C. **CNA:** We have been offering a lot of the CNA classes. This is a prerequisite course for students applying to the nursing program. Our first CNA course was offered in Lovelock and was a success with 9 students. JOIN has sponsored some of those students. There have been approximately 19 students in Pahrump. These classes have helped the hospital and Highland Manor interact with the students and let them know about available jobs.

- D. **Human Services:** D. Cooper reported that he will have 4 graduates from his program with a possibility of 1 or 2 more. He is looking at the possibility of a Bachelor's degree in Human Services with a specialization in Substance Abuse/Addiction. This is tentatively planned for August 2016 or January 2017. He is also considering changing the Certificate in Substance Abuse name to Behavioral Health Substance Abuse/Addiction Paraprofessional. D. Cooper stated that the students are having problems becoming certified counselors because they only have a certificate.



- E. **EMS:** A. Donnelly explained that the program was originally approved in 2009-2010 but was put on hold due to budgetary issues. Recently, Donnelly was able to secure Perkins funding for two faculty positions, a coordinator and an instructor. These positions will be housed in Winnemucca and Humboldt General Hospital will also be helping to support the program. Donnelly has also put in for a competitive grant to secure more funding for the program. Courses will be offered via Interactive Video to other centers. The program is a two year program. A benefit to this program is being able to place more health care providers within our rural service area. We are hoping to receive accreditation soon and be able to begin the program in the fall.

**3. COMMENTS AND RECOMMENDATIONS FROM ADVISORY COMMITTEE MEMBERS:**

A. Donnelly asked the committee members for any suggestions or comments.

J. Porter, from Highland Manor, commented that the patients at the Manor love the students and the patients feel like they get more one on one attention.

L. Gilbert shared that she was treated at the hospital by one of our Radiology students and has seen another student working within the community. She is happy to see these students staying in the community. She also spoke to D. Cooper about how important the Human Services program is. L. Gilbert reported that between alcohol abuse and drug abuse, local law enforcement has opened 70 drug cases. This is a significant number. VPAA McFarlane asked Ms. Gilbert for any data that she has in this area. C. McAdoo stated that she has 13 years of data that she could share. C. Secord stated that there is a long wait for mental health counseling and there is a great need for it.

J. Park stated that the student nurses go to the VA clinic to give injections to veterans and that the VA clinic could be used for clinicals in mental health. May is Mental Health Month and there will be a presentation each Monday, with the exception of Memorial Day, on different mental health topics. The Veteran's Resource Center also has added a Facebook page that provides information to veterans. J. Park asked about the GI Bill and the CNA courses. The GI Bill won't pay for these classes and he asked if this could be changed. In order for this to be possible, accreditation would have to be changed. CNA courses are not included in the nursing program.

C. McAdoo informed the members that PACE has two trained trainers to teach the mental health first aid course. This is an eight hour course, the fee is \$15 and this charge covers the book. PACE has trained 67 people in less than a year. These classes are on demand and they prefer 6 – 8 students but no more than 15. A. Donnelly suggested presenting the class via IAV since there are 12 coalitions throughout the state and Pahrump and Winnemucca also have trained trainers. C. McAdoo also mentioned that if anyone is interested in attending the Governor's conference on prescription drugs, there are still slots available.

Vice President McFarlane asked Dr. Hogle about his thoughts regarding GBC students. Dr. Hogle responded that they are excellent and he has had a positive interaction with

them. He is concerned with mental health services and mentioned that Horizon Hospice could be used for grief counseling.

A. Donnelly announced that ANA will be coming to present horizontal violence. H. Johnston serves on this board and was a big part of getting this presentation at GBC.

S. Brown, a nursing student, lives in Battle Mountain and drives to Winnemucca for class and clinicals. She feels that IAV is a big help to her living in Battle Mountain. She also mentioned that with the addition of the nursing program to Winnemucca, students will be able to stay in Winnemucca for all of their training and not have to travel to Elko. This will be a cost savings to the students.

D. Bryan stated that she appreciates the students and the patients love the students. Bryan mentioned that the preceptor program is no longer done due to a change in curriculum. She has been questioned as to why it is no longer offered and she stated that students don't always go to hospitals and it is not the nursing programs responsibility for orienting students to each facility. She will keep an eye on pass rates for the future.

Students will be in the med/surg area for another 45 hours. Anytime changes are made is huge and time consuming. Other programs are adding extra credit hours in med/surg and acute care. A survey will be sent out for feedback on preceptors and the information will be shared at the next Advisory board meeting.

S. Rust is the new nursing instructor in Winnemucca. She expressed her enthusiasm for the addition of the program to Winnemucca and Pahrump.

B. Conton will be the nursing instructor for Pahrump. She is just taking it all in, at this time.

The committee will meet again in October.

The meeting adjourned at 8:44 am.



2016 GBC BSN Graduate Satisfaction Survey

**Q1 While enrolled in the BSN Program, did you work as a registered nurse?**

Answer Choices	Responses
Full-time	
Part-time	
Didn't work	
Other	
<b>Total</b>	

**Q2 During the majority of time you were enrolled in the BSN Program, what was your employment position?**

Answer Choices	Responses
Staff nurse	
Nurse manager	
Nursing administrator	
Adjunct faculty	
Not employed	
<b>Total</b>	

#	Other (please specify)	Date
1	Case Manager	

**Q3 At the completion of the BSN program, did your position assignment change?**

Answer Choices	Responses
Yes	
No	
<b>Total</b>	

#	If yes (please specify position change)	Date
	There are no responses.	

2016 GBC BSN Graduate Satisfaction Survey

**Q4 Please rate your level of agreement with the following statement: The GBC BSN Program adequately prepared me for enhanced professional opportunities. <sup>1</sup>**

Answer Choices	Responses
Strongly agree	
Agree	
Neither agree nor disagree	
Disagree	
Strongly disagree	
Unable to evaluate	
<b>Total</b>	

**Q5 Please rate your level of agreement with the following statement: GBC's BSN Program resources and physical facilities are current, comprehensive and available.**

	Strongly agree	Agree	Disagree	Strongly disagree	Unable to evaluate	Total
Textbooks						
Software						
Library						

**Q6 Overall, how would you rate your satisfaction with the BSN Program at GBC?**

Answer Choices	Responses
Strongly agree	
Agree	
Neither agree nor disagree	
Disagree	
Strongly disagree	



## 2016 GBC BSN Graduate Satisfaction Survey

Unable to evaluate	
<b>Total</b>	

**Q7 Within the next 2 years, how likely are you to seek further education in nursing?**

Answer Choices	Responses
Very likely	
Somewhat likely	
Neutral	
Somewhat unlikely	
Very unlikely	
Don't know	
<b>Total</b>	

**Q8 Please identify how satisfied you are with the following statements about your skills upon completion of the program.**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments.						
Analyze quality improvement measures used in both structured and unstructured healthcare environments.						
Act as an evolving scholar, translating current evidence into nursing practice.						
Evaluate collaboration techniques used in various healthcare environments.						
Apply leadership principles and theories to both the practice and the profession of nursing						
Apply information management principles, techniques, and systems to manage knowledge, mitigate error, and support decision-making.						

**Q9 Do you have any comments/suggestions about the BSN Program?**



## 2016 GBC BSN Graduate Satisfaction Survey

#	Responses	Date
	There are no responses.	

2016 GBC BSN Employer Survey

**Q1 How satisfied are you that GBC's 2016 graduates in the RN-BSN Program, promote safe, quality, evidence-based care to populations and communities in structured and unstructured healthcare environments?**

Answer Choices	Responses
Very satisfied	
Satisfied	
Somewhat satisfied	
Less than satisfied	
Not at all satisfied	
Total	

**Q2 How satisfied are you that GBC's RN-BSN graduates analyze quality improvement measures used in both structured and unstructured healthcare environments?**

Answer Choices	Responses
Very satisfied	
Satisfied	
Somewhat satisfied	
Less than satisfied	
Not at all satisfied	
Total	

**Q3 How satisfied are you that GBC's RN-BSN graduates act as an evolving scholar, translating current evidence into nursing practice?**

## 2016 GBC BSN Employer Survey

Answer Choices	Responses
Very satisfied	
Satisfied	
Somewhat satisfied	
Less than satisfied	
Not at all satisfied	
<b>Total</b>	

**Q4 How satisfied are you that GBC's  
RN-BSN graduates evaluate  
collaboration techniques used in  
various healthcare environments?**

Answer Choices	Responses
Very satisfied	
Satisfied	
Somewhat satisfied	
Less than satisfied	
Not at all satisfied	
<b>Total</b>	

**Q5 How satisfied are you that GBC's RN-  
BSN graduates apply leadership  
principles and theories to both the  
practice and the profession of nursing?**

Answer Choices	Responses
Very satisfied	
Satisfied	
Somewhat satisfied	
Less than satisfied	
Not at all satisfied	
<b>Total</b>	



**Q6 How satisfied are you that GBC's  
RN-BSN graduates apply  
information management principles,  
techniques, and systems to manage  
knowledge, mitigate error, and  
support decision-making?**

Answer Choices	Responses
Very satisfied	
Satisfied	
Somewhat satisfied	
Less than satisfied	
Not at all satisfied	
<b>Total</b>	

2016 GBC BSN Employer Survey

**Q6 Please provide an overall rating for  
GBC's RN-BSN graduates in comparison to  
graduates of other programs:**

Answer Choices	Responses
Stronger	
About equal	
Weaker	
<b>Total</b>	

**Q7 What are the most positive aspects of  
employing graduates of GBC's RN-BSN  
Program?**

#	Responses	Date

**Q8 What aspects of GBC's RN-BSN  
Program would you like to see  
strengthened?**

#	Responses	Date





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Education Leadership Consultant  
Harris Beach, PLLC  
Buffalo, New York

May 14, 2014

Kris Miller, PhD, RN  
Dean, Health Sciences and Human Resources  
RN-BSN Program  
Great Basin College  
1500 College Parkway  
Elko, NV 89801

Dear Dr. Miller:

Thank you for submitting the substantive change report to the Accreditation Commission for Education in Nursing (ACEN) for the baccalaureate nursing program at Great Basin College. The report is related to planned curriculum revisions, which will be implemented in Fall 2014.

According to the documentation, the faculty members worked with a consultant to revise the curriculum for the RN-to-BSN program option, which is the only option currently offered for the baccalaureate program. The stated rationale for the change was to update the curriculum to reflect current and evolving nursing practices.

You have indicated that the faculty members incorporated guidelines and competencies including the Quality and Safety Education for Nurses (QSEN) Competencies; Institute of Medicine Report; the American Association of Colleges of Nursing (AACN) Essential Elements of Baccalaureate Education for Professional Nursing Practice; Nursing Pathways for Patient Safety By National Council of State Boards of Nursing (NCSBN); the NLN Competencies for Baccalaureate Graduates; and the American Nurses Association's Nursing Scope and Standards of Practice into the revised curriculum. As stated, the revised curriculum has six (6) student learning outcomes; these have been designed to provide a seamless transition for the graduates of the associate nursing program at the College.

# ACEN

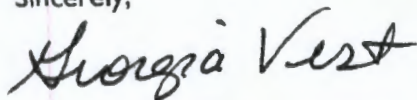
Kris Miller, PhD, RN  
PAGE 2

As described in your 2013 Annual Report to the ACEN, the associate nursing program requires seventy (70) credits and six (6) semesters for program completion. The program of study for the RN-to-BSN program indicates that an additional sixty (60) credits and four (4) semesters are required for the baccalaureate degree. Therefore, the students in the RN-to-BSN program option are required to complete 130 credits and ten (10) semesters for program completion. As presented, this program length is not congruent with national standards and best practices for a baccalaureate nursing program. The faculty are encouraged to review the requirement of ten (10) semesters for completion of the program.

Thank you for verifying faculty involvement in the decision-making process and approval through the internal governance process. The report also included the teach-out plan for the implementation of the revised curriculum and addressed the impact of the revised curriculum on the program's compliance with the ACEN Accreditation Standards. Your report indicated that approval from the Nevada State Board of Nursing is not required for post-licensure programs.

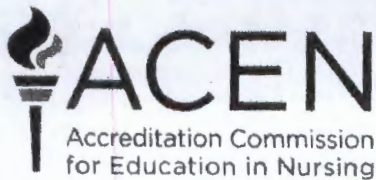
Please note that a substantive change involving curriculum revisions for the baccalaureate nursing program requires review by the ACEN Board of Commissioners. Following its review, the Board will make a recommendation for additional follow-up actions. Please feel free to contact me if you have questions or I can be of assistance in any way. Best wishes to you and the faculty for a great summer!

Sincerely,



Georgia Vest, DNP, RN, CNE  
Associate Director





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Director of Membership and Program Development  
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Washington, District of Columbia

HOWARD S. SMITH, EDD  
Education Leadership Consultant  
Harris Beach, PLLC  
Buffalo, New York

August 1, 2014

Mark A. Curtis, PhD  
President  
Great Basin College  
1500 College Parkway  
Elko, NV 89801

Dear Dr. Curtis:

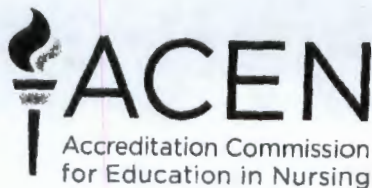
This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) at its meeting on July 10-11, 2014. The Board of Commissioners received, reviewed, and accepted the Follow-Up Reports of the baccalaureate and associate nursing programs and affirmed the next evaluation visit for Fall 2019. The details of the decision put forth by the Board of Commissioners have been sent to the programs' nurse administrator.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about ACEN policies and procedures, please contact me.

Sincerely,

Sharon J. Tanner, EdD, MSN, RN  
Chief Executive Officer

524-P



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Washington, District of Columbia

HOWARD S. SMITH, EDD  
Education Leadership Consultant  
Harris Beach, PLLC  
Buffalo, New York

August 27, 2014

Kris Miller, PhD, RN  
Dean, Health Sciences and Human Resources  
Great Basin College  
1500 College Parkway  
Elko, NV 89801

Dear Dr. Miller:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) Board of Commissioners Subcommittee on Substantive Changes at its meeting on August 18, 2014. The Subcommittee reviewed the substantive change report for the baccalaureate nursing program at Great Basin College related to the implementation of a revised curriculum.

In order to complete the review of the planned substantive change, the Subcommittee determined that the ACEN will continue to monitor the baccalaureate nursing program for compliance with the ACEN Accreditation Standards, and it will be necessary to submit a monitoring report for Standard 4 Curriculum and Standard 6 Outcomes by June 15, 2015. Based on the review of the report, you will be informed of additional follow-up actions, including the requirement of a Focused Visit in accordance with ACEN Policy.

Dr. Georgia Vest is the professional staff member who works with programs submitting monitoring reports. Let me encourage you to contact Dr. Vest by phone at (404) 975-5003 or by e-mail at [gvest@acenursing.org](mailto:gvest@acenursing.org) for information related to the preparation and submission of the monitoring report.

I look forward to receiving the monitoring report by June 15, 2015. Please contact me if you have any questions or if we can be of assistance at any time.

Sincerely,

Sharon J. Tanner, EdD, MSN, RN  
Chief Executive Officer