Seminole State College

Associate in Applied Science in Nursing

Self Study

For the Purpose of
Continuing Accreditation from the
National League for Nursing Accreditation Commission

September 19-21, 2011
Table of Contents

SECTION I: EXECUTIVE SUMMARY ............................................................................................................... 2
  General Information ............................................................................................................................. 3
  Introduction .......................................................................................................................................... 4
  History of the Nursing Education Unit ............................................................................................... 5
  Summary of Standards and Criteria ...................................................................................................... 6
  Analysis and Summary of Strengths and Challenges and Future Plans .............................................. 11

SECTION II: STANDARDS AND CRITERIA................................................................. 15
  STANDARD I: Mission & Administrative Capacity .............................................................................. 16
  STANDARD II: Faculty and Staff ......................................................................................................... 29
  STANDARD III: Students ..................................................................................................................... 37
  STANDARD IV: Curriculum ................................................................................................................. 51
  STANDARD V: Resources .................................................................................................................... 87

SECTION III: OUTCOMES ............................................................................................................................. 91
  STANDARD VI: Outcomes ................................................................................................................... 92

SECTION IV: APPENDICES .......................................................................................................................... 103
  OBN Clinical Facility Report .............................................................................................................. 106
  STANDARDS FOR ADMISSION ........................................................................................................... 113
  Evaluation and Progression Policy .................................................................................................... 120
  Departmental Learner Outcomes ....................................................................................................... 124
  Program Outcomes ........................................................................................................................... 126
  Graduation Questionnaire ............................................................................................................... 128
  Employer Survey .............................................................................................................................. 132

SYSTEMATIC PROGRAM EVALUATION (SEP) ................................................................. 135

EXHIBITS ................................................................................................................................................ 193
SECTION I:
EXECUTIVE SUMMARY
1. **Contact information for the governing organization:**
   Address: Seminole State College  
   2701 Boren Blvd.  
   P. O. Box 351  
   Seminole, Oklahoma 74868  
   Telephone: 405-382-9950  
   Nursing and Health Sciences Division Telephone: 405-382-9205

2. **Regional Accrediting Body:**
   The Higher Learning Commission

3. **Date of Most Recent Regional Accreditation:**
   Last Comprehensive Visit: Evaluation Visit - February 2009  
   Most Recent Action: Full 10 year accreditation  
   Next Comprehensive Evaluation: 2019

4. **Name, Title of Chief Administrative Officer**
   James W. Utterback, Ph.D., President

5. **Name, Title of Administrator of the Unit in Nursing**
   Donna Chambers MS RN  
   Nursing and Health Sciences Division Chair  
   405-382-9287 Phone  405-382-9586 Fax  
   d.chambers@sscok.edu

6. **Program Type with Approval and Accreditation Information**
   Associate Degree in Applied Science in Nursing  
   Continuing Approval – Oklahoma Board of Nursing  
   Continuing Accreditation – National League for Nursing Accrediting Commission  
   Date of visit: September 19-21 2011

7. **Year Nursing Program was established:**
   1972

8. **Length of Program; Total Credits Required:**
   Two academic years or 5 semesters; 70-72 Credit Hours

9. **Number of ADN Faculty including administrator(s) of program:**
   Full-time Faculty: 6

10. **Current Student Enrollment (Spring 2011)**
    First year: 36  
    Second year: 26

11. **Name of State Board of Nursing and Approval Status:**
    Oklahoma Board of Nursing  
    Last Visit: February 2008  
    Next Visit: 2013  
    Approval Status: Full Approval

12. **Standards and Criteria Used to Prepare the Report**
    Oklahoma Board of Nursing Rules – 2002  
    National League for Nursing Accrediting Commission 2008 Criteria
Introduction

Seminole State College, established in 1931 as Seminole Junior College, is located in the east central portion of Oklahoma in Seminole which is a designated “All-American City” with a population of approximately 8000.

The College was originally organized as an extension of the local high school. Classes were held at Seminole High School and taught by high school faculty until 1969. In that year, the Oklahoma State Regents for Higher Education recommended the development of a state-supported junior college, which would be separate from the local high school. With the support of the community, the first College facility, the Administration Building, now named Tanner Hall, was completed in the summer of 1971.

Since that time the campus has continued to expand and grow. There are now ten modern buildings on the campus, with one of the newer additions being the Enoch Kelly Haney Center (EKHC) which opened in August 2002. The Office of the President, the Nursing Program, and Business and Industry Training department are located in the EKHC.

In the spring of 1996, the Seminole Junior College Board of Regents passed a resolution requesting that the Oklahoma legislature and the Governor change the name of the institution to better reflect its institutional mission. The Oklahoma legislature and Governor Frank Keating approved the change of name to Seminole State College (SSC) in May, 1996.

Seminole State College is part of the Oklahoma State System of Higher Education and functions under the authority of the College President and the Seminole State College Board of Regents. The coordinating board for the Oklahoma State System of Higher Education is the Oklahoma State Regents for Higher Education. The nine members of the State Regents are appointed by the Governor, with the confirmation of the Oklahoma Senate, to staggered terms. The State Regents’ responsibilities include determining the functions and courses of study for each institution, establishing standards for education, submitting budget requests for state colleges and universities to the Oklahoma legislature, and allocating state-appropriated funds to each institution. The Chancellor is the chief administrative officer of the State Regents.

The seven members of the Seminole State College Board of Regents is the specific governing body for the College. The College President is the principal administrative officer and is directly responsible to the Board of Regents.
Seminole State College has regional accreditation from the Higher Learning Commission (HLC) and is a member of the North Central Association of Colleges and Schools. SSC is a state-assisted, public two-year college serving five Oklahoma counties including, but not limited to, Seminole, Pottawatomie, Hughes, Lincoln, and Okfuskee counties. There are two residential learning centers on campus but the majority of students are commuters, which are currently at capacity with 230 students. The student headcount has grown from the original 36 in 1931 to 1806 in fall 2011. Campus wide there are 46 full-time faculty and 55 part-time faculty.

The College confers Associate in Applied Science, Associate in Art, and Associate in Science degrees. Additionally, a variety of certificate programs, general education courses, and remedial courses are offered.

According to the 2009 Institutional self study report for the HLC accreditation visit, there are 48% male comprising the student body, which is an increase from 34% in 2002. According to the Institutional Statistics Report of 2002, eighty-six percent of the students are from the College’s surrounding service area. Twenty-eight percent are minority, including African-American, Hispanic, Native American, Asian/Pacific Islander, international, and non-resident aliens. The largest of these groups is the Native American at 22%. Approximately, fifty-three percent of the student body attends classes full-time and forty-seven percent attend part-time. The age range is from 17 to over 50 with an average age of 30, which mirrors the average age of the nursing student at 30.5. Sixty-six percent of the student population at SSC is between the ages of 17 and 29.

**History of the Nursing Education Unit**

The Seminole State College Nursing Program admitted its first class in the fall 1972. Initial accreditation by the National League for Nursing occurred in 1980. Fourteen students comprised the first graduating class in 1974. Since the Program began there have been 698 graduates as of May 2011.

Students are admitted to the Program in August of each year. There are 70-72 credit hours in the degree requirements for the Associate in Applied Science degree with a Nursing major at Seminole State College. The SSC Nursing Program has no satellite sites or distance education offerings.

The state of Oklahoma has established a state-wide articulation agreement between all levels of nursing education. Cooperative Agreements allow Career Mobility students (Licensed Practical Nurses) to enter the SSC Nursing Program by awarding advanced standing credit for prior learning through either direct articulation or by performance on challenge examinations. The Program has long-standing
relationships with area Technology Centers’ practical nursing (PN) programs. Cooperative Agreements include a co-enrollment option that allows students in PN programs to earn SSC course credit when certain components of the practical nursing curriculum have been successfully completed. The PN programs with which SSC has these Cooperative Agreements meet a set of standards identified by the Oklahoma Department of Career and Technology Education.

The Program has graduated an average of 25 students per year over the last five years. The average NCLEX pass rate success over the past five years is 86.1 percent. The nursing student population is predominantly female; currently (as of spring 2011) the male nursing student body comprises 6% of the spring 2011 class. The nursing faculty consists of six full-time instructors and the Division Chair of Nursing and Health Sciences. The average age of the nursing faculty is 54 years old, one of which is male.

SUMMARY OF STANDARDS AND CRITERIA

STANDARD I: MISSION AND ADMINISTRATIVE CAPACITY

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

The Seminole State College (SSC) Mission provides focus and direction for all academic endeavors of the College. The Mission and the seven College Functions have been approved by the Oklahoma State Regents for Higher Education (OSRHE), an oversight body whose responsibility is to ensure that SSC meets the criteria to operate as a two-year public college in the state of Oklahoma.

The Nursing Program Philosophy provides the framework from which all nursing curriculum components are derived. The Philosophy is evaluated annually to determine whether it continues to address the current role expectations of the Registered Nurse.

The SSC Mission and the Nursing Program Philosophy are congruent. No differences are noted between the two. Specifically, the Nursing Program addresses four of the seven College Functions (1, 2, 4, and 7).

Nursing Faculty and nursing students participate in College organizations (the SSC Faculty Senate and the SSC Student Government Association) which provide these groups opportunities to have a role
in the College governance. Nursing students play a role in the governance of the Nursing Program through active membership in curriculum, team meetings, and advisory committees.

The nurse administrator is licensed as a Registered Nurse in the state of Oklahoma and holds the requirements for administrator outlined by the Oklahoma Board of Nursing (OBN) and the College. The nursing administrator is responsible for continued development and implementation of the Nursing Program and reports to the Vice-President for Academic Affairs.

Congruency between Nursing policies and College policies exists. Nursing faculty are required to meet all requirements of Seminole State College and additionally, must meet criteria established by the Oklahoma Board of Nursing (OBN) and the health and safety requirements of clinical agencies. The SSC faculty teaching load policy is flexible, allowing the Program to meet the requirements outlined by the National League for Nursing Accrediting Commission (NLNAC) and the OBN.

STANDARD II: FACULTY AND STAFF

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

The entire nursing faculty at Seminole State College is licensed as a Registered Nurse in the state of Oklahoma has the necessary credentials required by the OBN and the NLNAC to teach in the nursing program. The education and cumulative experience of the nursing faculty enhance the quality of the nursing education experience at Seminole State College.

All faculty who, are full-time, are given both lecture and clinical assignments. Nursing faculty members have individualized areas of expertise that have been acquired through formal education programs, on-the-job experience, and scholarly activities.

The nursing faculty is comprised of six members and the administrator. This number is sufficient to meet the Program purposes. The clinical ratio ranges from 1:6 to 1:10. Faculty who are assigned 1:6 ratio will supervise two clinical groups for a total of 12 students. As of the spring 2011, the Program has 61 students with six full-time and one part-time faculty for a faculty-student ratio of 1:8-9.

Nursing faculty are formally evaluated annually, and informally on an on-going basis, by the nurse administrator. Self-evaluation by the nursing faculty is a component of the formal evaluation process. Nursing students have an opportunity to evaluate faculty in the fall of each academic year.

The nursing faculty of SSC demonstrates scholarship by seeking out new knowledge, synthesizing and problem-solving with the newly attained knowledge, and sharing the knowledge with faculty and students.
STANDARD III: STUDENTS

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

Seminole State College provides a learning environment which enhances the students’ abilities to achieve success. The College and the Nursing Program are “student-oriented.” The nursing faculty makes arrangements to tutor or counsel students in timeframes which are mutually agreeable.

The policies of the College are consistently applied to all students, including nursing students. Nursing policies which differ are published in the SSC Student Nurse Handbook and reviewed with the nursing students in orientation and again at the beginning of each semester.

Nursing students have equal access to all support services offered by the College. These services are provided by qualified individuals. Educational and financial records are maintained by the College and the Program and this process is described in this standard.

STANDARD IV: CURRICULUM

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

The curriculum of the Nursing Program at Seminole State College is derived from the Program’s Philosophy. The Curriculum Framework illustrates the relationship that exists with the Philosophy. All classroom and clinical laboratory experiences in the curriculum are designed to progress students toward the Departmental Learner (Terminal) Outcomes of the Program at graduation. These Outcomes were developed using a variety of associate degree competency resources which are delineated in the self-study. As new trends in health care are developed, curriculum modifications are addressed to enable the Program to prepare the graduate for registered nurse practice.

The predominant components of the nursing curriculum at Seminole State College include Mankind, Health Continuum, and Nursing. The curriculum was designed by the faculty and is evaluated through an on-going Curriculum Committee process. Faculty suggestions for nursing curriculum modifications are required to go through clinical teams and then be presented to the Curriculum Committee for final decisions as a group.

The degree requirements for the Associate in Applied Science in Nursing include a balance of nursing and non-nursing credit hours. The non-nursing credits are building blocks for the nursing curriculum. The total number of credit hours required for the degree falls within NLNAC standards and the total number of semesters required to complete the degree meets the OBN “Rules.” The ratio of
one credit hour for three hours of clinical/laboratory is maintained by the Program. The degree requirements for students entering the Program in 2004 have recently been revised and approved by the SSC Curriculum Committee, the SSC Board of Regents, the Oklahoma Board of Nursing, and the Oklahoma State Regents for Higher Education.

All practice learning environments are evaluated by the nursing faculty and nursing students. The environments are selected by the nursing faculty and must provide opportunities for students to achieve the clinical objectives for any given clinical rotation. “Affiliation Agreements” or contracts are maintained for all agencies used for clinical experiences. These agreements/contracts delineate the responsibilities of the agency, the nursing faculty, and the nursing students.

STANDARD V: RESOURCES

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

The resources of Seminole State College have enabled the Program to fulfill its goal of educating students to become registered nurses. The nursing education unit receives approximately 14% of the College’s total Instruction Budget. At the same time, the nursing education unit has the smallest percentage of overall Student Credit Hours when compared to other academic units of the College. The College appropriations from the state legislature have been decreased the last four years (2009-2012) and all divisions across campus, including nursing, have been decreased to reflect this trend.

The administration of SSC provides a strong support base for the Program and serves as a resource for program. The SSC Board of Regents, the Office of the President, and the College Vice-Presidents are committed to the success of the Program.

The learning resources of the Program and the College are evaluated annually. Nursing faculty and students provide input regarding learning resources and make proposals for acquisition of new resources.

The Learning Resources Center (LRC) consists of the Library and computer lab. The LRC Director routinely solicits suggestions for the addition of and/or removal of nursing materials in the Library to ensure holdings are sufficient and current.

The Nursing Program moved into a new facility in August 2002. The classrooms and campus laboratory are equipped satisfactorily so that the objectives of the Program can be achieved. The nursing faculty enjoy offices which are well equipped with furniture and computers. Students have access to the Nursing Computer Lab and the Nursing Library, which also serves as a student lounge.
STANDARD VI: OUTCOMES

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

The nursing education unit has utilized the Systematic Evaluation Plan for many years as an organized method to assess mission, governance, students, faculty, resources, curriculum and outcomes. The Systematic Evaluation Plan (SEP), developed and implemented by the faculty provides a comprehensive systematic evaluation plan that ensures a linkage of assessment and evaluation to program planning and program improvement. The SEP includes all standards and criteria established by the National League for Nursing Accrediting Commission (NLNAC) and the Oklahoma Board of Nursing (OBN).

Faculty and the Division Chair work together to appraise student learning outcomes through a variety of assessments: HESI exit exam, graduate survey, employer survey, formative/summative instruments, and NCLEX-RN performance reports. The SEP includes expected level of achievement, frequency of assessment, methods, data collection results, analysis of data, and actions taken. Areas in which the level of achievement is not met are discussed in the Nursing Subcommittee meetings for determining strategies for program improvement and positive outcomes of student learning. SEP is the instrument that initiates actions for program improvement.

The Nursing Program assesses the competencies and the perceptions of the graduates by surveying graduates and employers and by analyzing standardized testing and licensure examination pass rates (NCLEX results). Over the past six years, SSC graduates of the have met or exceeded state and national benchmarks for first-time writers of the NCLEX-RN, with the exception of two years. Completion rates have not met the benchmark, set by faculty, of 70% or better since 2004, except for in 2009.

Evaluation findings are shared with communities of interest by formal verbal Communication. The self study review process identified a program with many strengths and a process of continual assessment for improved program outcome. SSC strives to provide a quality education for our nursing students in compliance with the NLNAC standards.
Analysis and Summary of Strengths and Challenges and Future Plans

The Nursing Program has identified strengths, areas needing development, and future plans as part of the process of writing the Self Study Report for the National League for Nursing Accrediting Commission.

Program Strengths:

The strength of the program is the nursing faculty and the support of administration. The Program has a dedicated faculty with diverse areas of expertise who are committed to scholarship and life-long learning. The faculty are all masters prepared or above and have over 70 cumulative years of nursing education experience. The faculty are actively involved in committees across the College which provides opportunity for interdisciplinary exchange of ideas.

Administrative support is evidenced through the commitment of financial resources for the Program. The Program is located in the newest facility on campus. The classrooms, computer laboratory, student library, nursing offices are continuously updated with current technology. Additionally, administration allows for sufficient faculty so that an acceptable clinical ratio between faculty and students can be maintained.

The community of Seminole is a strong support base for the College and the Nursing Program. The Program’s reputation is appreciated not only in the College service area, but in metropolitan Oklahoma City and Tulsa as well. Agencies from Oklahoma City, Tulsa, and local health care facilities actively seek out SSC graduates for employment. Several community individuals and groups offer scholarships specifically for nursing students.

The nursing curriculum is presented in a nursing model format. Using an integrated approach, concepts are leveled throughout the four nursing semesters. The life span content is covered in all courses rather than separating content into adult, pediatrics, geriatrics, etc. The Learning Activities, including clinical rotations, are of sufficient quantity and quality in each semester to prepare the student to progress to the next semester. The faculty use a variety of technology and teaching methods in presentation of concepts. The syllabi are detailed, enabling students to come to class prepared, facilitating learning.

Another positive aspect of the SSC nursing curriculum is the requirement for students admitted to the Program to complete a Long Term Care/home health aide course and become certified before beginning the Program. This has allowed basic nursing skills to be removed from the curriculum,
increasing time allowed for more advanced skills, and increased focus on the “manager of care” skills e.g. time management, delegation, supervision. All technical skills are presented in the first semester. This allows students more opportunity to perform technical skills prior to graduation.

The Program has a sound systematic evaluation plan (SEP) in place which was developed by the faculty. The SEP is implemented each year by the entire faculty.

Add partnerships as a strength

Unity health center
Gordon Cooper TECH
Seminole Health Dept – Flu Clinic
Seminole Med Center
Red Cross
Workforce Developement

Program Challenges:

While the Seminole State College NCLEX pass rate does not indicate an immediate issue of intense concern, there is data that suggests a need for further evaluation and possible consideration of intervention strategies. The ten year (2000-2010) pass rate average for SSC is 86%. While not as high as desired, it is slightly above the 85% pass rate for Oklahoma and the same as the National ten year pass rate average for the same time period; which still meets the expected level of achievement for pass rate set by the faculty on the Systematic Evaluation Plan. However, overall, pass rates calculated over the last five years, shows a slight trend downward. The five year pass rate for Oklahoma averaged 86% and the National average over the last five years was 87%. During this same five year period, SSC drifted slightly downward from the ten year 86% to 85% average over the last five years.

The difficulty determining when and how to intervene is mostly a result of the fluctuations in the numbers from year to year. While the pattern appears to be establishing over time, the year to year pattern fluctuates much more, as evidenced by the 92% pass rate in 2009 followed by the 80% pass rate in 2010. During five of the last ten years, the SSC pass rate was above the national pass rate average. The years that are below the National average are interspersed throughout the ten year period with no obvious pattern discerned. This makes decisions on a course of action difficult. At no time has the SSC
NCLEX pass rate reached the “below 10% of the state or national average” benchmark set by the Oklahoma Board of Nursing. Careful monitoring is warranted.

The biggest challenge identified by the faculty and administration is the decline in the retention rate over the past few years. This may be due, in part, to a smaller, less qualified applicant pool. We are accepting most, if not all, of the applicants who meet our qualifications. The lack of the ability to be selective has had a negative impact on retention. The retention rate for nursing students continues to remain lower than acceptable. The retention rate for the last ten years is 72.7% and the five year retention rate is 67% which is down from 72%. Each year, new strategies prove ineffective. There is a strong commitment from the faculty and administration to address this issue.

The budget cuts originating from the state legislature continue to be a challenge for all divisions at SSC, including nursing. These shortfalls will limit budgetary allowances for Nursing. The most obvious negative impact is lack of ability to travel for continued staff development and the restrictions on lab upgrades to simulation manikins. However, with the partnership we have developed with the local technology center to share simulation lab space; the simulation opportunity may be adequate to meet the needs of our students. This will also allow a unique opportunity for evaluation of the equipment and the benefit to our students. Faculty have been very resourceful and aggressive at seeking out more cost effective development opportunities and are able to keep updated concerning current practice issues and trends.

Past program review and evaluations have revealed a concern for the adequacy of library holdings. The current policy for culling old items annually has dramatically reduced or eliminated the “old” items from library shelves. The upgrade of the CINAHL to electronic CINAHL PLUS with full text articles and the recent acquisition of the “e-book” subscription for health related titles have hopefully eliminated this concern. The current student population has no issues accessing appropriate, up-to-date data and resource material in today’s digital age. At one time, library holdings were the major, if not the only, source for research materials. Today, most of students do not take advantage of the hard copy resources available in the campus library, preferring instead to access digital information from home or other distance sites. While not complete, it is hoped we will have the funds to add additional titles each year and eliminate this concern.

In summary, while there are challenges and issues that require attention and diligent monitoring, the biggest challenge by far and the focus of our activities is on improving retention/completion rates.

Program Development and Future Plans
As discussed in the previous section, the SSC nursing program will need to continue to develop strategies to improve the completion rates of students in the program. One strategy being considered is the feasibility of a part time program. This option would benefit the student who lacks the support needed (financially, socially, or emotionally) to be successful in a full-time program.

A nursing “discovery” class is being considered to allow pre-nursing students an opportunity to decide if nursing is a good fit for them before committing to this rigorous program of study. Hopefully, this may attract a more qualified applicant. Conversely, it may also discourage the less qualified applicants, who may realize they do not have the support needed to be successful.

The nursing faculty have also indicated an increased commitment to the Testing Committee and would like to scrutinize the current test bank and consider if current test items are at the appropriate content or level of difficulty. A formative evaluation of the new curriculum change will be a priority in the near future. The 2011 graduates were the first to complete the program under the new curriculum standards. Data will need to collected and analyzed. Toward this end, the Nursing Division is currently in the process of inputting the program evaluation data into an ACCESS data-base for easier sorting and retrieval, and review.
SECTION II:

STANDARDS AND CRITERIA
STANDARD I: Mission & Administrative Capacity

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

CRITERION 1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.

SEMINOLE STATE COLLEGE MISSION STATEMENT (revised 2010):
“Seminole State College empowers people for academic success, person development, and lifelong learning”

SEMINOLE STATE COLLEGE NURSING PHILOSOPHY:

MANKIND
We embrace a holistic view of mankind, i.e., that mankind has certain innate needs by virtue of his humanity and that these needs can be categorized as physiological, safety and security, love and belonging, esteem and self-actualization (Maslow, 1970). This holistic orientation views the nature of mankind from the multifaceted perspectives of human dimensions: physical, social, emotional, cognitive and spiritual.
We believe man is a dynamic individual who interacts within a rapidly changing and mobile society, an individual with needs which are uniquely affected by normal growth and development throughout his life.

HEALTH CONTINUUM
The nursing faculty of Seminole State College believe that mankind adapts in order to maintain or obtain fulfillment of human needs. Adaptation is achieved through preventing loss and maintaining or restoring man’s ability to meet his needs. When mankind is successful in meeting his needs, wellness results, if unsuccessful, illness results. Since this is a dynamic process, health occurs on a continuum from wellness to illness.

NURSING
The faculty believe nursing to be a science and an art with its own unique spirit. Nursing’s goal is to assist mankind to achieve optimal health.
The science of nursing applies research-based disciplined reasoning to systematically problem solve. Critical thinking principles are used to evaluate thinking throughout this process. Providing creative, realistic and flexible individualized care at a changing bedside is the art of nursing. The spirit of nursing embodies respect, caring, compassion, empathy, and advocacy for all mankind.

ROLE OF THE ASSOCIATE DEGREE NURSE
We believe that Associate Degree nursing encompasses three roles which are dynamic and responsive to the changing face of health care. The three roles are provider of care, manager of care, and professional member within the discipline.
We believe the Associate Degree nurse is prepared to provide safe, direct care to patients utilizing communication skills and clinical interventions that include technical skills and patient teaching. The Associate Degree nurse functions as a team member who provides this direct care in various settings where policies and procedures are established and where the resource of a more experienced nurse is available.

The Associate Degree nurse is accountable for ensuring the provision of organized patient care delivery. The role of manager of care is characterized by prioritization, coordination, delegation, and supervision of tasks to be completed by other members of the team. In order for the nurse to be effective, time management skills are essential. Additionally, as manager of care it is often the responsibility of the Associate Degree nurse to provide education to other team members so that safe care may be delivered.

As a professional member, the Associate Degree nurse functions as an interactive member of the multidisciplinary team. The Associate Degree nurse is committed to life-long learning including continuing education and knowledge of health care changes and new technology. The Associate Degree nurse is responsible and accountable for all actions that require a strong ethical and legal base. In order for professional growth to continue it is necessary for the Associate Degree nurse to be self-evaluative. We believe that the application of the principles of critical thinking is essential to this self-evaluative process.

**NURSING EDUCATION**

We believe the academic setting is most appropriate for nursing education. Associate degree nursing education in the community college setting is enhanced by integration into the total educational program providing the same rights, privileges, and responsibilities for all students in collegiate education. We are committed to cultural, racial and ethnic diversity of the SSC community at large and seek to recruit and foster success of nursing students who reflect this diversity.

Seminole State College has a primary responsibility to provide access to education for rural adult learners in the communities of the greater Seminole area. The faculty of nursing concurs with this philosophy. Nursing education in the community college setting fosters an alliance with the community, facilitating the retention of graduates in the area as well as promoting community understanding and support of the nurse’s role in the system of health care.

We recognize adult learners have previous educational, life and work experience which can be used as a foundation for continued learning. This foundation allows adult learners to receive individualized learning experiences based upon their own particular needs. The career mobility pathway for licensed practical nurses exemplifies this belief.

Nursing education involves cognitive, psychomotor and affective competencies. We believe these competencies are best learned experientially. As adult learners, students maintain responsibility for their learning; nursing faculty mentor and guide this learning process.

While nursing education has a responsibility to the student to provide an environment where learning can occur, there is an ultimate responsibility to the public to ensure that students and graduates of the nursing program are safe and competent practitioners.

This nursing philosophy demonstrates the SSC Nursing Program’s purpose is to provide a quality education that prepares individuals for employment within a highly technical and rapidly changing health care environment. The Nursing Program’s philosophy is consistent with the mission of Seminole
State College (SSC) in that it includes the belief that it has responsibility “to empower people for academic success”

The original purpose for the development of the Program was to provide nursing manpower in this rural area of Oklahoma. Many of the citizens of the College service area who graduate from the Program continue to be employed in health service agencies within the five-county service area. This educational opportunity is available to the traditional nursing student as well as the career mobility (LPN) student, as stated in the Program philosophy this “allows adult learners to receive individualized learning experiences based upon their own particular needs”. This is further evidence of the consistency of the Program’s philosophy with the College’s stated mission, “to empower people for personal development” and to allow “individuals to achieve their goals for personal development by providing quality learning experiences and services that respond to diverse individual and community needs…”

The Program Outcomes that provide the organizational framework for the Nursing Program are congruent with the philosophy statement. A diagram, demonstrating the Program purpose, was created to clearly depict the relationship between every component of the objectives/outcomes (see the Curriculum Process diagram on the following page). The SSC faculty spent many hours carefully mapping the Program from Philosophy, to the Departmental Learner (Terminal) Outcomes, to the clinical course outcomes, to the clinical and learning outcomes, to the clinical evaluation tools, etc. The entire curriculum developmental process was carefully orchestrated to assure that all pieces of the Program Outcomes arise from the Nursing Program philosophy. The Program Outcomes are clearly stated, and are published in the Student Nurse Handbook and the Nursing Faculty Handbook. The Program Outcomes are available to the public upon request. The Curriculum Framework, Program Outcomes, and Departmental Learner (Terminal) Outcomes are included in the Appendix A, pages 140-144.

The current philosophy of the Program was originally written, in 1990, by the nursing faculty to be congruent with the National League for Nursing Council of Associate Degree Programs statement as identified in Educational Outcomes of Associate Degree Nursing Programs: Roles and Competencies, (NLN, 1990). The nursing faculty believe that the Program’s philosophy is not a stagnant, rigid document. A review of the philosophy is done annually, and faculty have revised it several times to be consistent with contemporary beliefs, terminology, and trends.
Curriculum Process Diagram

- Philosophy
- Curriculum Framework
- Program Outcomes
  - 6 Month Competencies
  - Departmental Learner (Terminal) Outcomes
  - Graduation Competencies
  - Expected Learner (Course) Outcomes
    - Enabling Objectives
    - Clinical Objectives
      - Teaching Methodology
      - Evaluation
        - Objectives Tests
        - Clinical Evaluation
        - Case Study
The Program Outcomes (6 month competencies) describe the role and competencies of the Associate Degree Nurse as defined by the Oklahoma Board of Nursing and the National League for Nursing. The standards used to develop the nursing curriculum include:

**American Nurses Association Standards of Care and Standards of Professional Performance**

**The Oklahoma Nurse Practice Act**

**Educational Outcomes of Associate Degree Nursing Programs: Roles and Competencies, (NLN, 1990).**

In addition, the nursing faculty have compared a variety of documents to the SSC Nursing philosophy and the Departmental Learner (Terminal) Outcomes to assure that the Program objectives are consistent with contemporary beliefs of the profession. These documents include:

**Oklahoma Associate Degree Nurse Educators’: Position Statement on Associate Degree Nursing**

**The Council of Associate Degree Nursing Task Forces of the NLN’s report: The Educational Competencies for Graduates of Associate Degree Programs**

**The Oklahoma Nursing Education Consortium’s: Essential Competencies of Oklahoma Graduates**

The curriculum is appropriate to legal requirements of the practice of nursing, reflects appropriate scope of practice, and is consistent with contemporary belief of the profession.
CRITERION 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

Seminole State College has a formal organizational structure appropriate for the governance of the College, as well as the nursing education unit. The Oklahoma State Regents for Higher Education (OSRHE) is the policy-making body whose purpose is coordination of and control of higher education in the state of Oklahoma. A seven-member Board of Regents appointed by the governor presides over Seminole State College. The SSC Organizational Chart is located in Appendix A on page 103.

The President of the College, Dr. James Utterback, serves as the Chief Executive Officer responsible for general supervision and execution of the policies and directives of the SSC Board of Regents. The President chairs the Administrative Council, a standing committee created to address college-wide issues and innovation on a weekly basis. The members of this committee are:

- Dr. Paul Gasparro, Vice-President of Academic Affairs (VPAA)
- Dr. Brad Walck, Vice-President of Student Affairs (VPSA)
- Ms. Katherine Benton, Vice-President of Fiscal Affairs (VPFA)
- Ms. Lana Reynolds, Vice-President of Institutional Advancement (VPIA)
- Mr. Jack Whisennand, Director of Management and Information Systems
- Dr Steve Bolin-Faculty Representative/Current Faculty Senate President

The Nursing Department is organized in accordance with the structural plan of the parent institution and has comparable status with other educational units of the College.

The Vice President for Academic Affairs (VPAA) has primary responsibility for all academic programs of the College, including nursing. The VPAA is the chair of the “Division Chair Council” of which all Divisions Chairs are members. The Nursing and Health Sciences Division is one of six divisions within the College structure that reports directly to the VPAA. Through participation in the Division Chair Council meetings, formal communication between the college administration and other divisions is facilitated. This Council meets at least monthly during the academic year and provides a mechanism for direct, rapid, continuous inter-divisional communications and plays a key role in creating an environment conducive to open discussion, cooperation, and the exchange of ideas between divisions and administration.

The VPAA delegates the responsibilities of the nursing unit to the Division Chair of Nursing and Health Sciences, who has the authority to develop and carry out the policies of the Division.
There has always been a close and supportive relationship between college administration and the nursing department. The day-to-day function of the administrative structure allows for easy access to administration by the Division Chair of Nursing and Health Sciences to discuss both academic and administrative problems uniquely related to the nursing faculty, the student nurses, the nursing curriculum and the Nursing Program. Numerous opportunities also exist for informal communications between administrators, division chairs and faculty.

Nursing faculty are involved in governance of the College and the division. All nursing faculty are members of the campus-wide faculty organization known as the “Faculty Senate”. Faculty view this organization as a channel to express ideas, increase awareness of campus activities and achievements, and participate in the decisions of the College. The Faculty Senate meets monthly to address issues concerning the College at large. All nursing faculty serve on and have frequently chaired the standing committees of the Faculty Senate. These committees include: Faculty Welfare, Scholarship, Social Committee, Faculty Development and Academic Issues. (See documentation in individual faculty Professional Portfolios.)

There are other committees within the College structure not related to Faculty Senate where nursing faculty frequently serve. Examples of some of the most recent committees have been the Assessment of Student Learning Committee, the Grievance Committee, and the In-service Committee.

All faculty members belong to the Seminole Chamber of Commerce and, when possible, attend the monthly meetings or the informal “Business After Hours” gatherings to exchange ideas and give support to the local businesses. The monthly “forum” meeting of all community clubs/organizations (Lions, Kiwanis, Rotary, etc) is held on the SSC campus and is regularly attended by the Division Chair and is open to all faculty.

The Department of Nursing is organized into teaching teams responsible for teaching the four clinical courses. Each team is coordinated by a team leader who is responsible for developing the course calendar, coordinating student clinical assignments, initiating communications with clinical facilities, maintaining course records, and submitting end-of-course evaluations.

The nursing faculty, as a whole, function as the Nursing Curriculum Committee. This formalized committee meets regularly and as needed to review the overall curriculum, update syllabi, and implement changes that enhance the curriculum plan. The nursing faculty, under the guidance and leadership of the Program Director, are responsible for the effectiveness of the curriculum, its planning, implementation and evaluation. There are several nursing committees on which the faculty serves. All nursing faculty are members of the Curriculum Committee, the Nursing Faculty Committee, and the Retention Committee.

The nature of the small College setting fosters frequent College faculty contact and a variety of informal interactions often arise between faculty members in the various divisions. The interchange of ideas occurring in these interactions provides the opportunity to interpret the unique nursing curriculum
needs to other college faculty and has assisted the nursing faculty to understand course-scheduling problems that confront the faculty at large. For example, scheduling of classes is often done in cooperation with faculty and Division Chairs from other academic disciplines in order to assure that students have the opportunity to enroll in all classes they require to pursue their curriculum plan. This is especially true for the psychology and science instructors, who interact with nursing instructors on a regular basis regarding coordination of learning content and clarification of goals.

Nursing students participate in college governance and are represented on college and nursing committees/organizations. Nursing students are involved in college governance through membership on committees and organizations. The Student Government Association (SGA) is the main college-wide student organization on the SSC campus. The SGA is the “student voice” in the governance of the parent institution. Each student club, including SNA, elects a student representative for the SGA governing board. SSC has an active Phi Theta Kappa chapter and many nursing students are members of this organization, as well as many other activities.

Nursing students are represented on several nursing committee. Students either volunteer or are elected by peers to participate, depending on the committee. The major nursing committee that facilitates student input in the governance and curriculum of the nursing education unit is the Nursing Curriculum committee, and the team committee. The Nursing Curriculum Committee meets at least once a semester with at least three student representatives from each class. Academic and clinical issues are discussed and explained and in these meetings. New ideas for curricular changes are explored or created in these meetings as well. This committee is the primary vehicle for students to express ideas or suggestions to benefit their education. This committee helps students practice professional problem-solving and change theory with accountability. All items presented by students in Curriculum Committee meeting are considered by faculty and many times have led to program modifications and changes in curriculum. Curriculum Committee minutes will be made available to visitors.

CRITERION 1.3 Communities of interest have input into program processes and decision-making.

Seminole State College Nursing Program has the advantage of strong ties to the community and institutions that have a connection to the nursing program. There is a formal advisory meeting held annually in the spring that allows for discussion and creative input into the nursing program curriculum. This meeting is attended by alumni, hospital representatives, and current students (both traditional and career mobility). We are able to gain valuable insight into trends in current practice as well as issues affecting student experiences in the facilities.

CRITERION 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.

Multiple partnerships have been developed between the nursing program and community entities. These are listed below:
Red Cross- Shawnee/Seminole Chapter has supplied the program with a guest lecturer for disaster preparedness training in an effort cultivated student interest in becoming Red Cross nurses and increased spirit of volunteerism upon graduation. The students have volunteered to help staff the temporary disaster shelters set up during the ice storm and other crises.

Seminole Medical Center (SMC) - while we are not able to continue to use this local hospital as a clinical facility due to low census, we continue to maintain a relationship with this facility that is a positive benefit to the nursing program. SMC has agreed to supply TB skin tests at cost (3.00) for our students. They also have agreed to dispose of our sharps from the lab for free. When we ordered IV catheters for the lab through them they did not charge the program. We feel this community support is invaluable.

Seminole County Health Department (HD) - The health department facilitates the students ability to obtain flu immunizations each year. This is a new immunization requirement of the clinical settings before students are allowed to attend. In return for free flu shots, the students help staff Health Department sponsored flu immunization clinics in the community. The students gain much appreciated confidence in injection administration and the HD is able to mass immunize the citizens of Seminole County much more efficiently.

Unity Health Center (UHC) - Although located in Shawnee (15 miles away), UHC is considered a local hospital, and is part of our 5 county service area. This hospital is used for clinical and has been a supporter of our program as well. We have been allowed to order some skills lab supplies at cost through their purchasing department. We also are in the negotiations and planning phase of a project that would allow our skills lab to become an offsite computer training center for our students. This would allow remote access to the hospital electronic medical record (test patients only) and the students would have a “real life” experience with the EMR at the “bedside” in the skills lab. This would be identical to the system they would see in the actual clinical setting and hopefully facilitate orientation, comfort level, and improve safety issues. Unity Health Center has donated to the student pinning reception costs in the past as well. The students are given free lunches while at clinical. This facility hires many of our graduates each year. SSC nursing students are available for Mass Disaster Training for the community through UHC.

Gordon Cooper Technology Center (GCTC) - This local technology center in Shawnee has been a long time partner with SSC nursing program. The LPN program coordinator Lisa Morlan has a passion for facilitating the process of transitioning the graduates from GCTC to SSC. The SSC bridging course for LPNs is scheduled after consultation with GCTC regarding the PN schedule to encourage immediate transition to the SSC program. GCTC has also been awarded a grant to build a high fidelity simulation lab to open fall 2011 and has offered SSC nursing program the opportunity to schedule the lab for student use. The potential for GCTC LPN and Paramedic students collaborating with SSC RN students in mock emergency module simulations is being explored. This would allow an interdisciplinary dimension to the simulation experience.
Community Scholarships - There is several community partners that show support and facilitate student success by providing nursing specific scholarships:

Seminole Medical Center Auxiliary

Eloise Wright Scholarship

Jasmine and Melvin Moran provide four scholarships for our division (three nursing and one Medical Laboratory Technologist-MLT)

40-8 Veterans organization provide four scholarships

Tiffany Tiffin Memorial Scholarship

CRITERION 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

The Seminole State College nursing education unit is administered by Donna Chambers who holds a Master’s of Science degree with a major in Nursing, awarded in 1995 from the University of Oklahoma. She has been a licensed Registered Nurse in Oklahoma since 1979. See supporting transcripts in professional portfolio.

CRITERION 1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

The Division Chair of Nursing and Health Sciences has authority and responsibilities comparable to other academic division chairs at Seminole State College (APPENDIX D, pages 150-151: Division Chair Job Description). These responsibilities include, but are not limited to, management of the departmental operations; the development and administration of the budget; assignment and evaluation of nursing faculty; Program evaluation and quality improvement; oversight of the curriculum development; screening and recommending candidates for nursing faculty positions; and participation in the campus-wide Assessment of Student Learning Committee, the SSC Curriculum Committee, and the Division Chair Council.

Nursing and Medical Laboratory Technology (MLT) form the Division of Nursing and Health Sciences at Seminole State College. The Division Chair of Nursing and Health Sciences is a full-time, ten-month appointed, administrative position with limited teaching responsibilities and supervising one clinical group in mental health rotation. The Chair is the program director and instructor for the summer Long Term Care/Home Health Aid program. The Nursing and Health Science Division is organized similarly to the five other autonomous divisions within the College. The Division Chair serves the dual role as the Director of the Nursing Program. This arrangement provides a direct line of communication between the Nursing Program and the central administration (Refer to SSC and Nursing and Health Sciences Division Organizational Charts, Appendix A, pages 107-149.)
To assist with administrative functions within the Nursing Program there is an Assistant Division Chair who is a member of the nursing faculty, appointed by the Chair. The job description of the Assistant Chair includes special assignments. The Assistant Chair assists in administrative duties as necessary, such as budget preparation, departmental minutes, policy research, and development, etc. (See Appendix D, page 152, for Assistant Division Chair Job Description.) This position is currently held by Susan McLaughlin, who has been employed at SSC for since 1994.

In addition, there is a full-time Program Director/Instructor of the Medical Laboratory Technology Program (MLT). The MLT Program Director functions autonomously in most departmental activities including clinical course scheduling, separate budget preparation and management, and supervision of a part-time instructor. The MLT Director is responsible for developing, implementing, and managing the MLT program. The MLT Director reports to the Division Chair of Nursing and Health Sciences.

By sharing administrative responsibilities, undertaking minimal teaching responsibilities and participating in a well coordinated College organization, there is adequate time to accomplish the responsibilities of Division Chair of Nursing and Health Sciences.

**CRITERION 1.7** With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.

The Nurse Administrator prepares and submits a budget request before each fiscal year. This request is considered by Ms. Katherine Benton (VPFA) along with the other five division budgets on the SSC campus. Final budget approval is given as soon as state funding notification is received by the state legislature. The nurse administrator receives monthly budget reports and is given authority to make decisions for allocation of budgeted funds within the parameters of the cost center guidelines.

The faculty are required to submit requests for classroom and skills lab technology and supplies each year and these requests are prioritized with faculty input. The state colleges of Oklahoma have continued to experience budget cuts each year for the last several years. As a result, the nursing division is not able to invest in the very expensive high fidelity simulation lab equipment. Each year purchases are made to increase and maintain the skills lab equipment. While not abundant, the supplies and equipment are adequate for instruction. The new high fidelity simulation lab built at the local technology center in Shawnee is generously offered for SSC use beginning fall 2011, and will be a cost effective way to augment the skills lab experience in multiple semesters.

The nurse administrator has successfully advocated for budget issues throughout the years. The SSC President in collaboration with the Vice President of fiscal affairs have demonstrated on numerous occasions their support for the nursing program. While concessions and cuts have been made, this has been fairly distributed throughout the campus to all divisions.
CRITERION 1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

Policies affecting nursing faculty and staff are congruent with those of Seminole State College. All policies regarding non-discrimination; faculty appointment; academic rank; grievance procedures; promotion; salary and benefits; tenure; rights and responsibilities; termination; and workload are published in the SSC Policy Manual and apply to all faculty employed by the institution. The SSC Policy Manual is available to view online at http://sscok.edu/P&Pfrst.html.

Differences exist in the policy for calculating nursing faculty teaching load. At SSC, a full-time instructor’s annual assignment consists of 15 credit-hours per semester.

Nursing faculty teaching load is distinct in that nursing faculty “team-teach” the nursing courses and are required to supervise students in a clinical setting. The teaching load policy is flexible and adjustments have been made to address team-teaching responsibilities and to ensure a safe faculty-to-student ratio in the clinical setting. Appendix, pages 104-112.

Nursing faculty assignments are made by the Division Chair based on the following criteria:

a. department need

b. faculty clinical expertise

c. faculty teaching experience

* d. comparable workload between faculty

e. faculty interest

* Though it is a high priority to achieve equity in assignments, teaching loads may vary depending on particular circumstances for any given school year.

All College faculty are required to maintain a minimum of ten office hours per week and fulfill any other responsibilities, such as team and committee assignments, designated by the Division Chair

Accessibility of nursing education policies

The Seminole State College Policy Manual contains all policies pertaining to faculty. These policies are reviewed by the SSC Regents and the President annually. Each SSC division is provided a Seminole State College Policy Manual. This manual is updated each year or more often, as needed. Copies of any new or modified policies are distributed to each division for the purpose of updating the Policy Manual.
Rationale for policies that differ from governing organization.

The only policies that differ for nursing faculty other than the teaching load policy are those related to meeting the contractual agreements with clinical facilities. Nursing faculty are required to be licensed as a Registered Nurse in the state of Oklahoma, required to submit American Heart Association CPR certificates biannually, and required to submit proof of mandatory health immunizations for clinical facilities. Faculty must have a onetime background check and urine drug screen.

CRITERION 1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

There are few formal complaints or grievances filed against the Nursing division. All complaints are sent to the Vice President of Academic affairs and are handled at the lowest level possible. The grievance policy for the college is found in the SSC catalog and the formal SSC nursing grievance policy is found in the Student Nurse Handbook (Exhibit One). There have been no complaints related to nursing policy or unfair treatment of students by faculty or administration. The complaints on file (less than one per year) in the nursing office are related to grade protest and request for special consideration from the policy. All complaints are resolved according to policy. No unresolved policies remain on file.

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

There is no distance education or “off-site” programs offered currently at SSC.
STANDARD II: Faculty and Staff

Qualified faculty and Staff provide leadership and support necessary to attain the goal of the nursing education unit.

CRITERION 2.1 Full-time faculty members are credentialed with a minimum of a master’s degree with a major in nursing and maintain expertise in their areas of responsibility.

All nursing faculty, the Division Chair and the six full-time members, have a master’s degree with a major in nursing. One nursing faculty holds a Doctoral degree.

Nursing faculty are capable, dedicated individuals with diversified expertise in both nursing education and clinical practice. All faculty members are responsible for student instruction in classroom, clinical and on-campus laboratory (practice laboratory) settings. The following is a list of faculty, educational preparation, clinical area of expertise, and course assignments:

FULL-TIME FACULTY SUMMARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. McKay, MS</td>
<td>Obstetrical, Pediatric Nursing</td>
<td>N1616, N2529</td>
</tr>
<tr>
<td>A. Busby, MS</td>
<td>Obstetrical, Medical-Surgical Nursing</td>
<td>N1528, N2519</td>
</tr>
<tr>
<td>J. Jordan, MS</td>
<td>Medical-Surgical, Critical Care Nursing</td>
<td>N1616, N2529</td>
</tr>
<tr>
<td>S. McLaughlin, MS</td>
<td>Obstetrical, Medical-Surgical Nursing</td>
<td>N2519, N2529</td>
</tr>
<tr>
<td>J. Neuhaus, PhD</td>
<td>Psychiatric, Medical-Surgical Nursing</td>
<td>N1528, N2519</td>
</tr>
<tr>
<td>T. Kiker, MS</td>
<td>Medical-Surgical, Critical Care Nursing</td>
<td>N1616, N1528</td>
</tr>
</tbody>
</table>

Detailed information on academic and experimental preparation may be found in nursing faculty Professional Portfolios. These portfolios will be available for review during the site visit.
CRITERION 2.1.1 The majority of part-time faculty are credentialed with minimum of a master’s degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

Both part-time faculty and adjunct faculty must meet the requirements of the governing organization and the Oklahoma Board of Nursing. When employed, part-time faculty participates in team meetings, as well as other standing committees, and teaches in both the clinical and classroom settings. In addition, each of the faculty must have a minimum of two years full time equivalent practice as a Registered Nurse in an acute clinical setting. As of spring 2011, there are no part-time faculty members that have a lecture and clinical load. There are five adjunct clinical faculty that supervise students in the clinical setting. All adjunct faculty hold a minimum of a baccalaureate degree with a major in nursing. Two of the five currently hold a master’s degree with a major in nursing. Of the three adjunct/part-time faculty, two are pursuing a Masters in Nursing and are anticipating graduation by September 2011.

PART-TIME FACULTY SUMMARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Office</th>
<th>Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy Buchanan</td>
<td>Obstetrical, Medical-Surgical Nursing</td>
<td>N1616</td>
<td>MS prepared</td>
</tr>
<tr>
<td>Crystal Bray</td>
<td>Medical-Surgical, Critical Care Nursing</td>
<td>N2519</td>
<td>MS complete 9.2011</td>
</tr>
<tr>
<td>Mary Gwartney</td>
<td>Medical-Surgical, Critical Care Nursing</td>
<td>N2519</td>
<td>MS complete 9.2011</td>
</tr>
<tr>
<td>Bridget Pekah</td>
<td>Medical- Surgical</td>
<td>N1528</td>
<td>MS prepared</td>
</tr>
<tr>
<td>Carolyn Hansen</td>
<td>Medical-Surgical</td>
<td>N2519</td>
<td>BSN</td>
</tr>
</tbody>
</table>

CRITERION 2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.

All adjunct faculty at Seminole State College with the exception of one, who do not hold a master’s degree in nursing are enrolled in a Master of Nursing Program and are currently working toward the degree. By the end of the fall semester 2011, only one adjunct faculty will remain BSN prepared.

All nursing faculty members meet the requirements for faculty employment at Seminole State College and the Oklahoma Board of Nursing. All hold a valid license to practice as a Registered Nurse in
the state of Oklahoma. In addition, each of the faculty has a minimum of two years full-time equivalent practice as a Registered Nurse in a clinical setting.

**CRITERION 2.2 Faculty (full- and part-time) credentials meet governing organization and state requirements**

The Oklahoma Board of Nursing requires all full-time faculty to have a Masters in Nursing or a Bachelors in Nursing with completion of at least 6 hours per year toward the Masters, and all clinical instructors to have a minimum of a Bachelors in Nursing. By this definition, the program meets all OBN requirements for faculty, both full- and part-time.

**CRITERION 2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibilities**

The full-time, masters prepared faculty are responsible for all activities in the practice laboratory.

**CRITERION 2.4 The number and utilization of faculty (full and part-time) ensure that the program outcomes are achieved.**

The number of faculty is sufficient to fulfill the educational purposes of the nursing department at Seminole State College. The nursing faculty maintains a high level of supervisory contact with students in the clinical areas.

Currently, the nursing unit consists of seven full-time faculty members, including the program administrator. The Division Chair assumes a position of administrator/faculty. The number of instructors is adequate to meet the needs of the students in various laboratory, classroom and clinical settings.

For several years the freshman class size was limited to thirty students. In the fall of 2007 the Program admitted 42 freshmen students in an effort to increase the total enrollment of nursing students admitted to the Program. This increase was made in response to the College’s goal of increasing enrollment. The number of full-time faculty has not increased. The increase in admissions makes the faculty-student-ratio 1:6-10. This will continue to be monitored as class sizes increase.
All nursing theory courses are assigned to faculty teams. There is shared responsibility for content presentation. The teaching teams are sufficient to ensure quality classroom learning experiences. First semester nursing students are assigned to small clinical groups of six-seven to enable faculty opportunity for careful monitoring and more one-on-one supervision and evaluation of the beginning level student. As students become more independent, the faculty-student ratios rise accordingly. Students in the sophomore year are assigned independent community and preceptor experiences that reduce the actual number of students needing direct faculty supervision (refer to the annual report to the Oklahoma Board of Nursing for faculty-student ratios for each nursing course). In the last semester there are Preceptorship assignments for clinical practice. These independent clinical experiences are arranged by the faculty so appropriate mentors can be secured. During the time frames that students are present, faculty visit the sites of each of the independent Preceptorship to evaluate student performance and clinical experiences.

CRITERION 2.5 Faculty (full and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.

The nursing faculty of Seminole State College, using Boyer’s *Scholarship Revisited* (1990) as a resource, defines scholarship as “the pursuit of knowledge, synthesizing new knowledge and using it to problem-solve, and sharing the new knowledge with faculty and students”. The nursing faculty of SSC demonstrates scholarship by seeking out new knowledge, synthesizing and problem-solving with the newly attained knowledge, and sharing the knowledge with faculty and students. Faculty have developed evidence-based knowledge in specific areas of interest and have gained expertise through teaching, scholarship, service, and practice.

The nursing faculty at Seminole State College engages in regular pursuit of knowledge. Continuing education is a high priority for the faculty. The faculty routinely participates in formal and informal educational opportunities. Examples include attending conferences and workshops, reading current nursing literature, and formal education. Faculty members actively seek new knowledge in
areas of teaching responsibilities. This commitment enriches the learning experience of students enrolled in the Program. New evidence-based knowledge is shared with other members of the nursing faculty. When new trends in health care are discovered the Curriculum Committee can determine whether additions, deletions, or modifications to the curriculum are warranted.

All nursing faculty belong to one or more professional organizations, either at the local or national level. These organizations include Oklahoma Nurses Association, American Nurses Association, and National League for Nursing, Oklahoma League for Nursing, Sigma Theta Tau, and various others. Membership in these organizations enables the faculty to keep current with the latest trends in healthcare.

The SSC nursing faculty believes in seeking and applying evidence-based clinical practice. Several faculty members possess clinical expertise gained from experience in sub-specialty areas including emergency nursing, critical care nursing, medical surgical nursing, maternal child nursing, and nursing management. Several faculty members choose to enhance clinical expertise through summer and weekend employment in various health care settings in the area. This allows for updating their knowledge of current trends as well as refining their skills and networking with area health care facilities. Faculty portfolios containing specific data of educational and experiential qualifications are used to document faculty development and scholarship activities. Individual nursing faculty Professional Portfolios will be available for review during the site visit.

Reading current nursing literature and journals is an on-going activity for all members. Also, the faculty members have the opportunity to pursue continuing education interests through the College’s Professional Development Plan (http://sscok.edu/P&Pfrst.html).

Annual funding of the Nursing Program’s travel budget provides the financial support for faculty members to attend conferences and workshops not only to enhance knowledge in areas of clinical teaching assignments but also for personal enrichment. During the past few years one of the continuing
education priorities for the faculty has been in the area of new technology. Several faculty members have attended at least one conference that addressed distance learning, computer-generated testing, and/or computerized patient data documentation.

A variety of teaching methods is used by the nursing faculty to present curriculum content in the classroom and clinical settings. Faculty are equally enthusiastic about seeking and exploring new evidenced-based teaching methods. These methods include lecture, but are not limited to, power-point, holding seminars, group discussion and group exercises, reinforcement through questioning and exploring, use of models and simulations, and laboratory scenarios.

Nursing faculty records of scholarship activities may be found in individual faculty folders in the Test File room and the faculty’s Professional Portfolios.

CRITERION 2.6 The number, utilization, and credentials of non-nursing faculty and staff are sufficient to achieve the program goals and outcomes.

Currently the nursing unit has one full-time secretary. Her services adequately support the Nursing Program and are a necessity for efficient operation of the unit. The secretary performs various functions that assist with the implementation of the nursing units services. Office clerical duties comprise the majority of the secretary’s functions. Additionally, the secretary provides prospective students with information regarding standards for admission and a description of the Program’s degree requirements. The secretary refers prospective students to the Division Chair and faculty for counseling and initiation of the admission process. The secretary has many other duties as well. The nursing secretary’s job description will be available for review during the site visit.

The nursing unit is allotted a work-study student/student worker for 15 hours per week during the fall and spring semesters. The work-study student is able to assist the unit’s secretary with clerical duties and allows for physical coverage of the nursing unit office when the secretary is performing other responsibilities required outside the office. The unit has had difficulty finding a qualified work-study
student and maintaining the work-study student throughout the semester. It is a goal of this unit to recruit and maintain efficient work-study students.

**CRITERION 2.7 Faculty (full and part-time) are oriented and mentored in their areas of responsibility.**

The nursing program has a formalized orientation process for new faculty. The Division Chair spends time reviewing and discussing all nursing policies.

There is a close relationship between new faculty/adjunct and experienced faculty. Team leaders schedule a formal orientation to present the curriculum, course objectives, and clinical expectations. Many times experienced faculty members are present in the same facility as new instructors to assure consistency in grading, evaluation, and feedback to students. New faculty and adjunct instructors are assigned for two semesters to an experienced full-time faculty member for mentoring and support. Close supervision and assistance is provided until the instructor and the mentor feel confident in their abilities. Faculty Mentors provide input into adjunct evaluation and recommendation for rehire. Group grading sessions are required during the first several weeks of the semester for new faculty.

**CRITERION 2.8 Systematic assessment of faculty (full and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.**

Faculty performance is evaluated annually by the Division Chair to assure ongoing development and competence. Evaluation techniques include classroom visits, student evaluations and the completion of the formal Seminole State College Faculty Performance Evaluation tool.

Faculty evaluation is in accordance with the criteria established by the governing institution, Seminole State College. Faculty members provide information on continuing education, scholarly activities, community service, and professional practice. Additionally, nursing faculty members identify personal strengths and weakness and set goals for the next year as part of this formal evaluation. The
Seminole State College nursing faculty members continue to meet or exceed the Level of Expected Achievement by scoring high on the tool’s (Faculty Performance Evaluation) Liekert Scale.

Appointments of nursing faculty are congruent with the College’s policies as stated in the SSC Policy Manual. Full-time faculty are on a tenure track and have 9-month appointments. The Assistant Division Chair is on a 10 month appointment. Full-time faculty members participate in an annual evaluation process. The Faculty Performance Evaluation tool will be available for review during the site visit.

CRITERION 2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

Policies, including performance review, for staff positions are consistent throughout the governing organization. The nursing secretary is evaluated by the Division Chair annually using the Seminole State College Staff evaluation form.

CRITERION 2.10 Faculty (full- and part-time) engages in ongoing development and receives support in distance education modalities including instructional methods and evaluation

Seminole State College Nursing Program does not currently have distance educational offerings.
STANDARD III: Students

CRITERION 3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.

Institutional policies that govern students at Seminole State College are found in the Seminole State College Student Handbook (SSCSH, Exhibit Two) and the Seminole State College Catalog (SSCC, Exhibit Three). The Seminole State College Catalog and Student Handbook are publicly accessible and are available to students online at the SSC website http://www.sscok.edu/.

Nursing students are accountable to the policies of SSC and also to the policies of the SSC Nursing Program. The Nursing Program policies that apply specifically to nursing students are found in the Seminole State College Student Nurse Handbook (SNH, Exhibit One). Newly admitted students are required to purchase the SNH. Orientation to the contents of the Student Nurse Handbook (SNH) takes place on the first day of each nursing classes. The Evaluation and Progression Policy, located in the SNH, is reviewed at the beginning of every clinical course. Reference is made to the SNH policies in each syllabus within the Evaluation Procedures (Course Requirements). Copies of the SNH are distributed to all nursing faculty and selected administrative personnel. Copies of the SNH are kept on file in the Nursing Office for interested parties. The Student Nurse Handbook (SNH) was reviewed and revised in May 2010. Students are advised to be familiar with all policies and procedures of the college and nursing department. Any changes in such policies are communicated with the use of campus announcements or memos distributed via the campus email system. The SNH will be available for review during the site visit.

Nursing faculty concur that SSC student policies are consistently applied. There have been no formal grievances or complaints by nursing students concerning inconsistent application of student policies.

Rationale for policies that differ from the governing organization policies:

Nursing student policies that differ from the general student population include policies related to: admission/readmission, progression (sequential courses), grading, dismissal, graduation requirements, and clinical facility requirements. It is the belief of the nursing faculty that these policies determined as “different” from the general student policies are justified due to the nature of the nursing profession, educational challenges of the Nursing Program, and requirements of clinical facilities.
Selection/Admission

Seminole State College accepts all students who comply with College admission requirements. In order to assure quality clinical learning experiences and safe student/instructor ratios, admission to the Nursing Program is limited. A mechanism for nursing candidate prioritization based on an objective point system was developed through an ad hoc committee of the Nursing Admission Committee. This point-awarding criterion is provided to all students during the time of initial advisement and may be found in the Standards for Admission, Readmission, Transfer of Academic Credit and Graduation Requirements. Appendix pages 113-119. For candidate selection, all applicants are assigned points and ranked in order of priority of points achieved. Therefore, it is possible that applicants that are qualified to enter the Nursing Program by meeting all admission requirements may not be accepted into the Program on first application.

Students applying for admission to the Nursing Program must meet the general admission requirements of the College and in addition must submit evidence of the following Nursing Program admission requirements:

1. **GPA:**
   - College GPA of 3.0 in 12 or more hours applicable to the nursing degree, or a High School GPA of 3.0 (if 11 hours or less college credit applicable to the nursing degree).

2. **COMPOSITE SCORE:**
   - ACT composite of 19 with a subset score of 16 in math. (Score must be within the last 5 years).
   - The ACT score composite/math requirements may be met by the following:
   - TEAS 4.0 score of 74 with math subset score of 68; or
   - TEAS 5.0 score of 59 with math subset score of 62; or
   - NET score of 62 with math subset score of 56.

2. **READING SCORE:**
   - Nelson-Denny Reading Test score of 15. (Score must be within the last 5 years.) The Nelson-Denny Reading Test score may be met by the following:
   - TEAS 4.0 Reading Test score of 87 or
   - TEAS 5.0 Reading Test score of 70 or
   - NET Reading Test score of 72.

Students are advised of SSC nursing department admission requirements and expectations during initial contact and during further advisement needs by both the Student Service counselors and nursing department faculty.

Please note that the admitting GPA was changed. The admitting GPA was increased from a 2.5 to 3.0 for the academic year 2009. Rationale for this is discussed in Standard Six.
Academic Progression

Sequential Courses/Progression: A student must have a cumulative GPA of 3.0 in 12 or more hours applicable to the degree to be admitted to the Program and must maintain an overall GPA of 2.0 to meet Graduation Requirements. A grade of “C” or higher is required in all courses (nursing and non-nursing) required for the degree. There are specified non-nursing courses that must be completed prior to or concurrently with each nursing course. Nursing courses must be taken in sequence. While the content of each course is different, the content progresses and is built upon previously presented course material.

Grading

Grade requirements are published in each nursing course syllabus. The nursing faculty has agreed upon a grading scale that is uniform throughout all nursing courses. The nursing department grading scale is more stringent than the rest of Seminole State campus. The minimal testing level which nursing students must achieve in each nursing course is 78% to progress to the next sequential nursing course. A passing grade of 78% has shown over the years to more likely predict success on NCLEX-RN.

Readmission/Retention

The nursing faculty has found that students who repeat nursing courses are at high risk for failure in the Program or on NCLEX. Therefore, students who have failed to achieve a C level grade may repeat a nursing course one time only. The readmission policy was changed in 2010. The deliberation of this decision can be found in Standard six. In order to repeat the course, the student must submit an Application for Readmission and be readmitted by the Nursing Admission Committee. In determining eligibility for readmission, the Nursing Admission Committee will consider the following factors: a) student rationale for failure to successfully complete the course the first time; b) length of interim since last enrollment in nursing with primary consideration for changes in the Nursing Program, and the interim not to exceed the maximum of one year; c) educational and work experiences during the interim; d) number of students currently enrolled in the course; and e) faculty input. If the student’s failure in the course was a result of unsafe clinical practice, the Nursing Admission Committee reserves the right to deny readmission.
Dismissal

Nursing students may be dismissed from the Nursing Program for reasons other than academic. Students may receive an unsatisfactory for poor clinical performance. Behaviors that constitute unsatisfactory clinical performance are outlined in each course syllabus and located in the Student Nurse Handbook, Evaluation and Progression Policy. Appendix pages 120-124. Three unsatisfactory clinical weeks in a clinical course constitutes clinical failure. A student is notified of unsatisfactory clinical behavior with weekly performance evaluations and is given specific feedback on what needs to be done to achieve satisfactory performance during the next clinical week. Additionally, a student may receive an “Unsafe” for behaviors that could result in psychosocial or physical injury to patients. “Unsafe” evaluations are cumulative throughout the Program. The third “unsafe” will result in dismissal from the Program. There may be an incident or behavior severe enough which could result in immediate dismissal.

Graduation Requirements

In order to graduate from Seminole State College with an Associate in Applied Science in Nursing degree, the student must have an overall grade point average of 2.0 and all courses required for the degree must be completed with a grade of “C” or better. Graduation requirement for the College include a minimum grade point average of 2.0.

Grievance/complaints

A formal grievance procedure is outlined in the SSC Student Handbook and applies to all students at Seminole State College. If a student fails a course, they are strongly encouraged to have an exit interview with the Division Chair. During the interview, the student is informed of his/her right for a formal grievance, the procedure, and assisted with the process by the Division Chair, if the student chooses to grieve.

Other mechanisms for nursing students to express grievances/complaints are available. Student representatives are a part of the SSC Curriculum Committee. Students meet with the Committee at least once a semester. This committee is frequently used to handle academic issues such as written requirements and class schedules. During student evaluations there is an opportunity for any student who has a concern and wishes to handle it in private to do so. The Division Chair also maintains an open-door policy for all students.
Clinical Facility Requirements

Nursing students have clinical requirements which differ from the requirements of the traditional college student. Clinical Affiliation Agreements with local health care agencies determine the requirements of nursing students. These requirements address not only health specific needs of the facilities, but character requirements as well. Nursing students are required to clear an extensive background check, drug screen testing, and health status checks prior to clinical experiences. The “Health and Safety Requirements for Student Participation in Clinical Agency Experiences” as well as policy and procedures for the background check and drug testing are located in the Student Nurse Handbook which will be available for review during the site visit.

Validation of Prior Learning/Articulation

Seminole State College has a Career Mobility Program that enables licensed practical nurses who have graduated from a State Board of Nursing approved School of Practical Nursing to receive advanced standing credit for the first year of nursing courses (N1616, N1552, N1528, and N1421). Candidates seeking advanced standing credit may be admitted into the Nursing Program after completion of the following criteria:

To be eligible for the Career Mobility Program of the Seminole State College Nursing Department, the candidate must have graduated from a State Board of Nursing approved School of Practical Nursing and be licensed by a State Board of Nursing.

To be eligible for enrollment into the second semester, LPN applicants must meet one of the following criteria (Option I)

Graduated from a School of Practical Nursing which has a Cooperative Alliance (Gordon Cooper Technology Center and Wes Watkins Technology Center) with Seminole State College Nursing Program and who were co-enrolled in NURS 1616 and NURS 1552 or if graduated from an NLNAC accredited program may be admitted through direct articulation into the second semester of the Nursing Program.

If graduated from a School of Practical Nursing that is not NLNAC approved or not a cooperative alliance, must satisfactorily pass the following challenge exam: Competency Exam I (NURS 1616, Survey of Human Dimensions and NURS 1552, Skills and Clinical Intervention Laboratory) with a minimum HESI score of 800. The HESI competency exams may be retaken one time (total of two times) no less than 30 days apart.
NOTE: **Applicants may petition for the Competency Exam I to be waived based on work history at the discretion of the Division Chair. Documentation must be submitted with the application describing the last five years work history in order to be considered.

To be eligible for enrollment into the third semester, applicants must meet one of the following criteria (Option II):

Graduated from a School of Practical Nursing which has a Cooperative Alliance (Gordon Cooper Technology Center and Wes Watkins Technology Center) with Seminole State College Nursing Program and who were co-enrolled in NURS 1616 and NURS 1552 (first semester of the program). Additionally, the candidate must pass the Competency II Exam with a minimum HESI score of 800, or must have graduated from an NLNAC accredited School of Practical Nursing and successfully pass the Competency II Exam with a minimum HESI score of 800.

If graduated from a School of Practical Nursing that is not NLNAC approved, or not a cooperative alliance, applicants may be awarded advanced standing credit granted by the Division Chair for courses by: successfully passing the Competency Exam I (NURS 1616, Survey of Human Dimensions and NURS 1552 and Skills and Clinical Interventions Laboratory) NOTE: Applicants may petition for the Competency Exam I to be waived based on work history at the discretion of the Division Chair. Documentation must be submitted with the application describing the last five years work history in order to be considered.

Successfully passing the Competency Exam II (NURS 1528, Nursing Across the Lifespan and NURS 1421, Health Deviations I NOTE: Competency exams may be repeated one time (for a total of two times). If not graduated from an NLNAC accredited program, the candidate must achieve a HESI score of 800 on both Competency Exams in order to be considered for entry into the 3rd semester of the Program.

Another option to the HESI exam is the Excelsior Health Sciences challenge examinations (all three required): Nursing Concepts 1 (Associate Level), Nursing Concepts 2 (Associate Level), Maternal and Child Nursing (Associate Level)

Eligible applicants are required to enroll in and pass the bridging course", NURS 1513, Introduction to Associate Degree Nursing, which includes scoring a 90% or higher on the dosage calculation examination. This three-hour course is designed to familiarize the advanced standing candidate with the major themes and philosophy of the SSC curriculum with primary emphasis on
application of the nursing process. This course is taught by the nursing faculty in the summer prior to the student's enrollment in nursing courses. This course enables the faculty to assess and determine best placement in the appropriate Program option.

**Option 1:** Granted advanced standing for 1st **semester** nursing courses.

**Option 2:** Granted advanced standing for 1st **year** nursing courses.

Advanced standing credits are placed on the student’s transcript only after a minimum of twelve semester hours have been earned in other courses taken at Seminole State College. The Standards for Admission for Career Mobility Students will be available for review during the site visit.

Cooperative agreements with area technology centers allow practical nursing students to co-enroll at Seminole State College and receive college credit after certain components of the practical nursing curriculum have been successfully completed. The practical nursing programs with which SSC has these Cooperative Agreements meet a set of standards identified by the Oklahoma Department of Career and Technology Education.
The following table lists the location of, or area responsible for, specific policies that affect students:

<table>
<thead>
<tr>
<th>SPECIFIC POLICIES</th>
<th>Location and Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Discrimination</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 20</td>
</tr>
<tr>
<td></td>
<td>pg 6, 17, 40-41</td>
</tr>
<tr>
<td></td>
<td>pg 73</td>
</tr>
<tr>
<td>*Selection and Admission</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 8-12, 53-55</td>
</tr>
<tr>
<td></td>
<td>pg 5</td>
</tr>
<tr>
<td></td>
<td>pg 5</td>
</tr>
<tr>
<td>*Academic Progression</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 23-27</td>
</tr>
<tr>
<td></td>
<td>pg 12-14</td>
</tr>
<tr>
<td></td>
<td>pg 13 17</td>
</tr>
<tr>
<td>*Grading</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 26</td>
</tr>
<tr>
<td></td>
<td>pg 13-15</td>
</tr>
<tr>
<td></td>
<td>pg 13</td>
</tr>
<tr>
<td>*Retention</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 17 26</td>
</tr>
<tr>
<td></td>
<td>pg 12,14-15,</td>
</tr>
<tr>
<td></td>
<td>pg 13-17</td>
</tr>
<tr>
<td>*Withdrawal/Dismissal</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>(Evaluation and Progression Policy)</td>
</tr>
<tr>
<td></td>
<td>pg 15,24, 27</td>
</tr>
<tr>
<td></td>
<td>pg 14</td>
</tr>
<tr>
<td></td>
<td>pg 15-17</td>
</tr>
<tr>
<td>*Graduation Requirements</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 28-55</td>
</tr>
<tr>
<td></td>
<td>pg 13</td>
</tr>
<tr>
<td></td>
<td>pg 16-17</td>
</tr>
<tr>
<td>*Grievance/Complaints</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>(Evaluation and Progression Policy)</td>
</tr>
<tr>
<td></td>
<td>pg 27</td>
</tr>
<tr>
<td></td>
<td>pg 6, 25-26,</td>
</tr>
<tr>
<td></td>
<td>41-43</td>
</tr>
<tr>
<td></td>
<td>pg13-17</td>
</tr>
<tr>
<td>Grade Appeal Procedures</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 24-25</td>
</tr>
<tr>
<td></td>
<td>pg 14</td>
</tr>
<tr>
<td></td>
<td>pg 66</td>
</tr>
<tr>
<td>Transfer of Credit</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>pg 26 28-29</td>
</tr>
<tr>
<td></td>
<td>pg 18</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>pg 5, 20</td>
</tr>
<tr>
<td>*Health</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Seminole State College Student Handbook</td>
</tr>
<tr>
<td></td>
<td>Student Nurse Handbook</td>
</tr>
<tr>
<td></td>
<td>Standards for Admissions</td>
</tr>
<tr>
<td></td>
<td>pg 16,17</td>
</tr>
<tr>
<td></td>
<td>pg 15, 17,19</td>
</tr>
<tr>
<td></td>
<td>pg 21</td>
</tr>
<tr>
<td>*Validation of Prior Learning/Articulation</td>
<td>Seminole State College Catalog</td>
</tr>
<tr>
<td></td>
<td>Standards for Admission</td>
</tr>
<tr>
<td></td>
<td>Standards for Admission for Career Mobility Students</td>
</tr>
</tbody>
</table>
CRITERION 3.2 Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.

Seminole State College provides a variety of services to all students. Each semester nursing students complete an SSC Nursing Program Course Evaluation tool where they are asked to evaluate both nursing and college experiences. Results of this tool indicate that nursing students agree or strongly agree that support services are available to them outside clinical and classroom time. The results compiled from administration of this tool will be available for review during the site visit.

Health

Seminole State College does not have campus-based health services available for students. An aerobics center is available for students and employees who are interested in developing healthy lifestyles that contribute to wellness. College students and employees may use the weight room, racquetball courts, Olympic size indoor swimming pool, and A sauna-Steam room. Individuals in the community may also join the Wellness Center and use the facilities.

Non-emergent health situations are handled by the campus Security Office. Integris Seminole Medical Center emergency medical technicians are called to the scene for emergent care. All employees are oriented to emergency response procedures during faculty orientation each fall. A copy of the SSC Emergency Response Procedures will be available for review during the site visit.

Counseling

SSC students have access to academic counseling through the College’s Trio program. Trio is part of the Student Support Services available at SSC. This area of Student Support Services is funded by the U.S. Department of Education. They provide qualified participating students with quality services to foster academic, career, and personal development. Trio Student Support Services project is dedicated to helping students stay in college, graduate, and transfer to a four-year college.

The goal of Trio is to increase retention and graduation rates, facilitate transfer from SSC to a four-year college, and to foster an institutional climate supportive of SSC student's academic and personal success. The following services are offered the Trio, Student Support Services: academic advisement, career counseling, extensive tutorial assistance, financial aid information, cultural events, college transfer assistance, advocacy and workshops.
Academic Advisement

Initial College admission requirements are handled in the College Office of Admissions. Meetings take place between SSC academic advisors/counselors and nursing faculty to ensure accurate information is being disseminated to students interested in the Nursing Program. This communication facilitates the student’s academic progression to achieve his/her educational goals. Students who express interest in the Nursing Program are assigned a “Health-Related” major and are then referred to the Nursing Department for advisement. Nursing faculty provide enrollment counseling and academic advisement for students enrolled in the Program, as well as for students who are interested in applying to the Nursing Program.

Nursing faculty provide academic and clinical counseling to students in the Program. Students are required to attend a minimum of two counseling sessions per semester with their clinical instructor, one at mid-term and one at semester end, to discuss student progression. These sessions aid the student in setting realistic goals regarding academic standing and clinical performance. Faculty schedule a minimum of ten office hours per week to provide assistance to students who request or require more individualized help or remediation. Additional remediation or study sessions can be scheduled outside the standard office hour times by appointment.

Career Placement

Securing post graduation employment has not been a problem for graduates of the Nursing Program. Job seeking skills such as portfolio presentation and interviewing are presented in class. Students are required to develop a Professional Portfolio that is updated throughout the Program. The portfolio can be used to assist graduates in securing employment. Many health care facilities request access to the nursing student population for the purpose of employment recruiting. Potential employers are given the opportunity to meet with students outside of class time during the spring semester to discuss employment opportunities.

Financial Aid

To help students achieve their goals, financial assistance is available in the forms of scholarships, grants, loans, and part-time employment. Nursing students indicate on the SSC Overall Program Evaluation that they have access to Financial Aid. If a nursing student makes a complaint concerning Financial Aid, he/she is encouraged to take the concern to the Director of Enrollment Management.
The Office of Financial Aid maintains and disseminates information concerning financial aid to students, including scholarship programs for nurses sponsored by individuals and agencies. The Nursing faculty has been instrumental in securing sources for student scholarships. A list of scholarships can be found on page 22-23 of this document, under the heading CRITERION 1.4 Community Scholarships. All of the individuals who are in positions of supervision and management of student support services at SSC have met the posted qualifications for their positions. The credentials of these employees can be accessed in the Human Resources Office. Seminole State College does not have a distance education Nursing Program at this time.

CRITERION 3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

Seminole State College has written policies for maintaining student educational and financial records. Educational records are maintained and are in compliance with the requirements set forth by the Oklahoma State Regents for Higher Education. The Office of the Registrar maintains all of the official educational records for any student admitted to Seminole State College. Information pertaining to the student’s academic work is entered into a network database. The database records are kept indefinitely.

The Nursing Program maintains advising records for students who have applied to or have been accepted to the Nursing Program. These files are maintained in the Nursing Office. All tests, Clinical Evaluation Tools, other performance evaluations, and advisement records are kept on current students. The records of graduated students who complete the Program are kept until the graduates successfully pass NCLEX and are then destroyed.

Historically, the following procedure has been followed for securing the maintenance of nursing student records.

All test files are maintained by three locks.
Graduate test and personal files are maintained by three locks.
Inactive student files are maintained by three locks.
Student health records are maintained by a single lock.
All student records are shredded after successful completion of NCLEX.
NCLEX failures records are maintained for five years.
“Stop-outs” of three or fewer years (for academic failure or personal reasons) are moved to inactive status.
CRITERION 3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements are maintained.

The Financial Aid Office maintains all of the records related to students who apply for and receive financial aid. The records that are maintained are in compliance with federal law and the recommendations of the United States Department of Education (USDE). Financial records are maintained for at least three years after a student leaves SSC. The Director of Enrollment Management is assigned this responsibility.

CRITERION 3.4.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

The financial aid office reports the College is in compliance with all regulations addressing student loan repayment. The financial aid office gives written information to all students upon entrance and when exiting the loan program.

CRITERION 3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.

Seminole State College addresses student obligations regarding financial assistance repayment in the Seminole State College Catalog (SSCC) and in the Seminole State College Student Handbook (SSCSH). Expectations are reinforced during enrollment periods. Students are not allowed to receive federal funds until their financial aid file is complete. The Financial Aid processes loans with any lender that participates in the Stafford Loan Program. They are required to provide loan entrance and exit counseling for each student borrower. They use www.studentloans.gov to provide these services.

Student responsibility concerning financial aid is found in the SSCSH, SSCC, and discussed with the student during financial aid counseling. Ethical responsibility and behavior is also reinforced to the nursing student throughout the nursing program. A more detailed procedure concerning loan repayment may be found in the Financial Aid department manual.

In fiscal year 2010, the default rate for all students was 9.8%. Default rates do not exceed the threshold set by legislation, regulation, and policies. Loan default status is not tied to program of study, so there is no way of knowing whether nursing students are defaulting in greater numbers than other students. The Financial Aid Office must also keep track of enrollment status changes. These are monitored on a regular schedule and reports are sent to the National Student Clearinghouse.
CRITERION 3.5 Integrity and consistency exist for all information intended to inform the public, including the program’s accreditation status and NLNAC contact information.

SSC’s nursing program is approved by the Oklahoma Board of Nursing and is fully accredited by NLNAC. This information, as well as contact information for NLNAC, is included in the college catalog (Exhibit Three), the college website

http://www.sscok.edu/Cat9-11degrees/occup/nursing/Nursing.html and in the Student Nurse Handbook (Exhibit One).

NLNAC information is also maintained in the SSC Nursing Department syllabi and office. It should be noted that NLNAC accreditation status and OBN approval status is available for all state nursing programs via their respective websites. Maintaining consistency and currency in written publications, website and course information is a continuing challenge. To meet this challenge, all college publications are reviewed annually and as needed. Oversight of program information is the responsibility of each faculty member and the Division Chair. When revisions are made, the nursing secretary contacts the Coordinator of Web Services to make the necessary changes.

CRITERION 3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

The SSC Student Nurse Handbook is revised and updated annually by the Nursing Faculty. Changes are made according to suggestions or recommendations submitted by nursing faculty, by the various nursing committees, or in response to institutional changes. Nursing policy changes may also be made in response to new/revised information from the Oklahoma Board of Nursing (OBN) and the National League for Nursing Accrediting Commission (NLNAC). All changes (excluding minor revisions and editorial corrections) in the policies are approved by the nursing faculty. Generally, changes go into effect the following academic year. Students are held accountable to the policies and standards under which they were admitted. The Student Nurse Handbook is printed annually and contains any revised policies.

If a policy change should go into effect during the academic year, it is printed, distributed to students, and verbally explained. The policy change is also posted via campus email and in course announcements on line. All faculty may propose policy changes by submitting suggestions to the appropriate committee. Committees will discuss, revise, and edit proposals and then submit a formal document to the curriculum or admissions committee for final approval.
CRITERION 3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

All Seminole State College students have access to campus individual email accounts, class schedules, and on-line grade viewing. Current email and course content is with the Campus Cruiser network. Secure grade content is via Campus Connect. SSC students have wireless computer access in class room environments as well as computer labs available in the David Boren Library and resident halls. SSC nursing students have another computer lab available next to the nursing office for course content and internet usage. Campus Cruiser provides tutorial videos to facilitate student usage.

Nursing students are exposed to electronic medical records and site specific technological requirements during clinical opportunities. Students receive orientation to these requirements prior to clinical site utilization from faculty or facility personnel. Resources are available at the facilities for further questions of faculty and students.

Nursing students receive information concerning class technology and online resources during nursing orientation prior to nursing course start dates. Nursing students have the option of accessing research data bases from home with use of a proxy server. Student Resources are also available to assist students with questions concerning technological needs. Seminole State College does have an Information Technology department available as a resource if addition assistance is needed for faculty or students.

CRITERION 3.8 SSC nursing program does not offer distance education courses.
STANDARD IV: Curriculum

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

The Nursing Program curriculum of Seminole State College has undergone a revision since the program’s last reaccreditation by the National League for Nursing Accrediting Commission (NLNAC) in 2002. The implementation of the revised curriculum began with the class entering August 2009. Standard 4 will be discussed from the perspective of both curricula (previous and revised) as necessary to present a complete and accurate representation of the SSC Nursing Program Curriculum for this Self Study.

The nursing Curriculum is developed, evaluated, and modified by members of the nursing faculty. The faculty plan learning experiences that are varied and consistent with the program mission, philosophy, organizing framework, educational outcomes, and health care trends.

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

There are nine major courses in the nursing program, each having Expected Learner Outcomes that are leveled according to the course content. Not only does the content become increasingly difficult, but the skill performance expectation for the students becomes higher as well. The Expected Learner Outcomes reflect the competencies addressed the Terminal or Departmental Outcomes. (Appendix page 124-127). These outcomes describe the skills and competencies that a student should have mastered at the completion of the SSC nursing program. In addition to Course (Expected Learner) Outcomes and Terminal Outcome (Exhibit One, pg 8) s, there are Program outcomes (6 month competencies) (Exhibit One, pg. 10). The Program Outcomes are based on the Educational Outcomes of Associate Degree Nursing Programs: Roles and Competencies published by the National League for Nursing Council of Associate Degree Programs and are the standard that is expected of a graduate six months after matriculation. The Program Outcomes as well as the Terminal Outcomes are found in the Student Nurse Handbook. Each student is required to purchase the Nursing handbook and it is discussed during the first class of the students nursing curriculum. The student learning outcomes (Terminal or Departmental) reflect the Program outcomes as well as the SSC nursing philosophy. The Seminole State College Nursing Philosophy is found in the Student Nurse Handbook (Exhibit One, Pg. 4). The Terminal or Departmental Learner Outcomes are also listed in the syllabi for each nursing course, as well as the Student Nurse Handbook. Appendix Pages 124-127. In addition, each nursing syllabi reflects the Expected Learner Outcomes (course objectives) that the student is expected to achieve for successful
completion of that course. The Expected Learner Outcomes are derived from the Terminal Objectives. The Terminal Objective that the Expected Learner Outcome satisfies is listed numerically after that specific course objective in each syllabus (Example: Exhibit Seven).

The SSC Nursing curriculum, both previous and revised, provides a program design that: complies with State academic standard, is congruent with the mission statement of the College and is designed to meet identified program goals and outcomes as described in Standard 1. The curriculum is based upon professional standards, contemporary guidelines and competencies as well.

The Oklahoma State Regents for Higher Education prescribe academic standards of higher education, determine functions and courses of study at state colleges and universities, grant degrees, and approve each public college's and university's allocations. The Oklahoma State Regents for Higher Education (OSRHE) authorizes SSC to provide specific learning experiences called functions that further outline the College's mission. These are found on 2011-2012 Seminole State College Catalog http://www.sscok.edu/Cat1’12-aboutSSC/Affil.html. Four of the seven functions contain statements relating directly to the Nursing Program.

These functions and how they relate to the Nursing Program at SSC are discussed as follows:

**Function #1:**

To provide “general education and other university-parallel coursework.”

“We believe the academic setting is most appropriate for nursing education” This statement from the nursing philosophy is firmly held by the faculty as a fundamental belief. General education courses contribute to a firm foundation for students to build upon. These courses help to prepare students to meet the expectations of advanced theoretical nursing knowledge.

**Function #2:**

To provide “one and two-year programs of collegiate-level technical-occupational education to prepare individuals to enter the workforce.”

Associate degree nursing education at Seminole State College is consistent with the College’s stated function of providing terminal technical programs to prepare students to enter the workforce as registered nurses after successful completion of the National Council Licensure Examination (NCLEX).

**Function #4**

To provide “formal and informal programs of study especially designed to serve community needs for continuing education.”
The career mobility pathway provides a unique opportunity for the licensed practical nurse in the community to improve both intellectual and economic potential. Recognition and validation of the career mobility student’s existing knowledge and skills allows the student to be admitted with advanced standing to the Nursing Program in order to build on existing knowledge and skills. This is consistent with the stated function of providing “both formal and informal programs of study especially designed to serve the community with continuing education” opportunities for adult learners in the communities of the greater Seminole area.

Function #7:

To provide “programs of economic development, in conjunction with area colleges and universities which serve the community needs of our service area.”

In order to provide a program of economic development to serve the needs of our graduates the Nursing Program has developed articulation agreements with Oklahoma Baptist University, East Central University and the University of Oklahoma. These agreements facilitate the SSC graduates’ opportunities to continue their education, work toward a BSN, at an accelerated rate.

All SSC courses for credit have explicit and measurable Learning Objectives that are interrelated with the College Mission Statement (http://sscok.edu/About_SSC_Pg.html). SSC’s General Education Outcomes are the specific goals for student learning at the College. These outcomes are the academic standards for a well-rounded general education, and they show we meet the general education demands of our sister universities as called for by our transfer matrices to those universities. The SSC General Education outcomes can be found on the college’s website, as well as in the SSC College Catalog. The General Education outcomes are based on the College Mission Statement by their purpose of preparing students for transfer to a four-year institution, for encouraging students to continue a life of learning, and training students for careers or other educational opportunities in order to help them become successful, productive citizens. Table 4.0 depicts which General Education Outcome are addressed by each course required for an Associate Degree in Applied Science in Nursing at SSC.

**General Education Outcomes**

1. Demonstrate college level communication skills
2. Demonstrate an understanding and application of scientific principles
3. Demonstrate knowledge related to functioning in society
4. Demonstrate an understanding of the roles of history, culture, and the arts within civilization.
General Education Outcome(s) addressed by required course for an Associate and Applied Science Degree in Nursing are marked with the letter "X."

**TABLE 4.1 General Education Outcomes**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
<th>General Education Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANAT</td>
<td>2114</td>
<td>Human Anatomy</td>
<td>X</td>
</tr>
<tr>
<td>ANAT</td>
<td>2311</td>
<td>Lab Techniques in Anatomy</td>
<td>X</td>
</tr>
<tr>
<td>BIOL</td>
<td>1214</td>
<td>Principles of Biology</td>
<td>X</td>
</tr>
<tr>
<td>BIOL</td>
<td>2211</td>
<td>Laboratory Techniques in Physiology</td>
<td>X</td>
</tr>
<tr>
<td>BIOL</td>
<td>2212</td>
<td>Laboratory Techniques in Biology</td>
<td>X</td>
</tr>
<tr>
<td>BIOL</td>
<td>2214</td>
<td>Physiology</td>
<td>X</td>
</tr>
<tr>
<td>ENG</td>
<td>1113</td>
<td>Principles of English Composition I</td>
<td>X</td>
</tr>
<tr>
<td>ENG</td>
<td>1213</td>
<td>Principles of English Composition II</td>
<td>X</td>
</tr>
<tr>
<td>GOV</td>
<td>1113</td>
<td>American National Government</td>
<td></td>
</tr>
<tr>
<td>HIST</td>
<td>1483</td>
<td>American History from 1492 to 1865</td>
<td></td>
</tr>
<tr>
<td>HIST</td>
<td>1493</td>
<td>American History from 1895 – Present</td>
<td></td>
</tr>
<tr>
<td>MICR</td>
<td>2224</td>
<td>Microbiology</td>
<td>X</td>
</tr>
<tr>
<td>MICR</td>
<td>2211</td>
<td>Laboratory Techniques in Microbiology</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>0116</td>
<td>CNA: Long Term Care/Home Health Aide</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>1222</td>
<td>Applications of Clinical Microbiology</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>1421</td>
<td>Health Deviations I</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>1513</td>
<td>Introduction to Associate Degree in Nursing</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>1616</td>
<td>Introduction to Human Dimensions</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>1528</td>
<td>Nursing Across the Life Span</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>1552</td>
<td>Skills and Clinical Interventions</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>2433</td>
<td>Basic Pharmacology</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>2519</td>
<td>Nursing Care in Health Disruptions</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>2521</td>
<td>Health Deviations II</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>2529</td>
<td>Nursing Care for Health Main and Promotion</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>2531</td>
<td>Health Deviations III</td>
<td>X</td>
</tr>
<tr>
<td>NURS</td>
<td>2623</td>
<td>Capstone Nursing</td>
<td>X</td>
</tr>
<tr>
<td>PSY</td>
<td>1103</td>
<td>Child Psychology</td>
<td>X</td>
</tr>
<tr>
<td>PSY</td>
<td>1113</td>
<td>General Psychology</td>
<td>X</td>
</tr>
<tr>
<td>SOC</td>
<td>1113</td>
<td>Introduction to Sociology</td>
<td>X</td>
</tr>
</tbody>
</table>

In response to an antidotal note by the Higher Learning Commission 2007 regarding the length of the SSC mission statement, the college chose to revisit the mission statement. Approximately forty five college staff, professional and classified met to revise the SSC college statement during the Winter Summit of 2009. Two of the nursing faculty were involved with this process. The college mission statement was revised to the current mission statement, "Seminole State College empowers people for academic success, personal development, and lifelong learning." The core values for SSC were identified as; compassion, opportunity, respect and compassion. During the 2010 SEP, faculty examined the
nursing program philosophy, Course and Terminal outcomes and determined that they continued to strongly reflect the college mission statement.

The nursing curriculum also reflects the professional nursing standards of the ANA (Exhibit Eight), The NLN Educational Competencies for Graduates of Associate Degree Nursing Programs (Exhibit Nine), the Quality and Safety Education for Nursing (Exhibit Ten), and adheres to the Administrative Rules and Regulations of the Oklahoma Board of Nursing (Exhibit Eleven). The combination of these standards directs the development of professional values and competencies that a nurse must possess.

Diagram 4.1 illustrates the flow of SSC Curriculum from OSHRE Education functions to the SSC College Mission Statement and ultimately to SSC nursing philosophy. The Diagram also depicts the strong influences of National, State, Institutional and guidelines, Professional standards and competencies and SSC general education outcomes. Table 4.2 demonstrates the influence of the NLN competences, QSEN and National Patient Safety goals on the program outcomes and selected course outcomes. It is clear the influence of these national guidelines is reflected in program and course outcomes at SSC.
<table>
<thead>
<tr>
<th>NLN-ADN Competencies</th>
<th>National Patient Safety Goals/QSEN</th>
<th>Terminal Outcomes</th>
<th>Selected Course Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Patient Centered Care</td>
<td>1. Assess the patient’s health care needs at any point in the life cycle from the holistic perspective of the five Human Dimensions and identifies any changes in health status. Physical Social Emotional Cognitive Spiritual</td>
<td>1616 - 1528 – Discuss how health disruption effects the family functioning. 2519 – Discuss the value of a psychological assessment to planning nursing care for any patient</td>
</tr>
<tr>
<td>Clinical Decision Making</td>
<td>Evidence-Based Practice</td>
<td>1. Administer cost-effective nursing care in various settings to individual patients with common, well-defined acute and chronic health deviations. 2. Use the principles of critical thinking in providing nursing care. 3. Utilize disciplined reasoning to administer nursing care including assessment, analysis for the determination of nursing diagnoses, planning, implementation and evaluation. 3. Identify nursing diagnoses through analysis and interpretation of assessment data.</td>
<td>2623 – Describe the nurse’s role in EBP 2623 Identify methods of incorporating critical thinking into daily nursing practice 1616 Discuss how data is clustered together to validate the diagnosis 1528 Differentiate between dependent, interdependent and independent nursing interventions. 1616 – Summarize the areas of assessment during the initial prenatal visit</td>
</tr>
<tr>
<td>Caring Interventions</td>
<td>Patient Centered Care, Safety, Informatics</td>
<td>1. Demonstrate caring, compassion, empathy and advocacy in providing patient care. 2. Implement individualized plans of care to promote, maintain or restore the patient’s basic health needs or assist the patient’s ability to meet these needs him/herself. 3. Set priorities and plan nursing care utilizing the science of nursing as well as principles of the physical, biological, and behavioral sciences. 4. Provide for continuity of care through the development of individualized care plans to meet the holistic health needs of the patient.</td>
<td>2519 - Explain why critical thinking is important to the evaluation process 2519 – Contract empathy and sympathy</td>
</tr>
<tr>
<td>Teaching and Learning</td>
<td>Team Work and Collaboration</td>
<td>Provide for physical and psychological safety of the patient using communication skills and clinical interventions which include technical skills and patient teaching.</td>
<td>2519 – Discuss the use of silence as a communication technique 2519 - Compare and contrast adult learning and the learning of children</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Team Work and Collaboration</td>
<td>1. Function as a team member providing direct care where the resource of a more experienced nurse is available 2. Evaluate the effectiveness of nursing intervention, revise care plans according to patient outcomes and reprioritize nursing diagnoses as warranted with the participation of the patient, family, significant others and other health personnel.</td>
<td>2519 – Describe the importance of Evaluation to nursing care 2519 - Discuss the importance of rapid care plan revision.</td>
</tr>
<tr>
<td>Managing Care</td>
<td>Quality Improvement, Team Work and Collaboration</td>
<td>1. Ensure the provision of multi-disciplinary organized patient care delivery. 2. Demonstrate the ability to prioritize, coordinate, delegate, supervise and educate other team members.</td>
<td>2623 Describe nurses role in quality and performance improvement. Identify the barriers and facilitators to effective delegation. 1528 – Discuss the importance of prioritizing the needs for each patient</td>
</tr>
</tbody>
</table>

Diagram 4.2 Flow of SSC Curriculum from National, State and Quality Guidelines
<table>
<thead>
<tr>
<th>NLN-ADN Competencies</th>
<th>National Patient Safety Goals/QSEN</th>
<th>Terminal Outcomes</th>
<th>Selected Course Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Safety, Informatics</td>
<td>Establish and maintain effective communication with the patient, family, significant others, and health team members.</td>
<td>2623 - Define nursing informatics 2623 - Discuss the positive and negative impact that the following information technology has had on nursing practice 2519 – Discuss appropriate and inappropriate communication techniques.</td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td>Safety, Evidenced Based Practice</td>
<td>1. Assume accountability for one's nursing practice within the profession's ethical and legal guidelines. 2. Engage in professional growth through self-development and self-evaluation.</td>
<td>2623 – Discuss strategies for self care</td>
</tr>
</tbody>
</table>

Table 4.3 Terminal Outcomes Crosswalk with NLN competencies and Safety Standards
The following is a description of the degree requirement and course descriptions prior to the curriculum revision that was implemented in August of 2009.

**NURS 1515 INTRODUCTION TO HUMAN DIMENSIONS**

A five credit hour course designed to introduce the five dimensions of mankind. The course contains heavy emphasis on gathering assessment data which forms the basis for identifying human responses in each of the five dimensions. The course includes an introduction to man: human needs, human dimensions, the life cycle, communication, nutrition, culture and assessment skills necessary to nursing. The student will gain knowledge and practice in assessment across the life cycle. Basic technical skills will be practiced in the course including medication administration and dosage calculation. The Nursing Process and the Role of the Nurse will be included.

**NURS 1552 SKILL COMPETENCY AND INTERVENTION LABORATORY**

A two credit-hour laboratory course offered in the fall semester of each year. Students will be introduced to technical nursing interventions that require psychomotor skills. In this course the student will be required to attend all instructor demonstrations of skills, practice these skills in the clinical on-campus lab, and demonstrate competency in performance of selected skills. Off-campus laboratories are included to allow students to apply newly learned skills in an actual patient care setting. The student will be required to pass written exams, dosage calculation tests, and a skill competency test to successfully complete the course.

**NURS 1528 NURSING ACROSS THE LIFE SPAN**

An eight credit hour course offered in the spring semester of each year. Nursing diagnoses are introduced which are important to the care of people in various stages of life. The course includes an introduction of nursing of children, maternal/child nursing, and nursing of adults in various settings. Human dimensions emphasized in this course include physical and social. Students begin the practice of independent planning and implementation of nursing care for individuals across the life span. Pharmacology is emphasized in this course.
NURS 1421 HEALTH DEVIATIONS I

Health Deviations is the study of how normal physiological processes are altered by disease. Organization of material by body systems will be used in this course. Emphasis is placed on the most common and/or the most predominant diseases. Brief introduction/review of anatomy and physiology, identifying symptoms, associated laboratory tests, and implications for other body systems shall be included. In some units, usual treatment modalities will also be covered.

A systems approach is used to introduce the study of human diseases. Inclusion of course content is based on morbidity and mortality statistics reflecting prevalence of disease in the state. Content is coordinated with N1528.

NURS 2519 NURSING CARE IN HEALTH DISRUPTION

A nine credit hour course offered in the fall semester of each year. Students are introduced to complex diagnoses from the nursing diagnosis taxonomy. Clinical experiences are primarily in the acute care hospital, where the student practices, in collaboration with the clinical instructor, planning, implementation and evaluation of nursing care for both adults and children. Human dimensions emphasized in this course are emotional and cognitive. The student practices the management of care for multiple patients. Clinical experiences in acute mental illness are included.

NURS 2521 HEALTH DEVIATIONS II

A one credit hour course offered in the fall semester of each year, continuation of NURS 1421. This course uses a systems approach. Knowledge of human diseases forms an important part of the knowledge base for nursing care. Content is coordinated with NURS 2519.

NURS 2529 NURSING CARE IN HEALTH MAINTENANCE AND PROMOTION

A nine credit hour course offered in the spring semester of each year. Students continue to practice nursing care, including assessment, planning, implementation, and evaluation, based on accepted nursing diagnoses. All Human Dimensions are addressed in this course with emphasis placed on the Spiritual Dimension. Health maintenance and promotion are also emphasized.

Opportunities for students to master advanced problem solving are provided throughout this course. Students continue to practice management skills, delegation and supervision. There is an additional emphasis on the attributes of the professional nurse.
NURS 2531 HEALTH DEVIATIONS III

A one credit hour course offered in the spring semester of each year. A continuation of NURS 2521, this course uses a systems approach. Knowledge of human diseases forms an important part of the knowledge base for nursing care. Content is coordinated with NURS 2529.

NURS 1513 INTRODUCTION TO ASSOCIATE DEGREE NURSING

A three credit-hour course designed to facilitate the career mobility student’s advanced entrance into the Nursing Program. It includes extensive instruction and practice in the use of the nursing process. Additional focus is on philosophy and outcomes of the Nursing Program and role transition from L.P.N. to R.N.

The Career Mobility Program has two options a student may take. In Option One, the student enters in the second semester (1528 and 1421) and progresses through three semesters. Option Two allows students to enter in the third semester (2519 and 2521) and progresses and graduates after two semesters.

NURS 1222 APPLICATIONS OF CLINICAL MICROBIOLOGY

This is a two-credit hour non-laboratory course. This course is a study of microorganisms of significance to man. Emphasis will be placed on infectious disease issues facing nurses in today’s health care environment. Major concepts to be included are aseptic technique; cycle of infection; drug resistance; appropriate specimen collection and handling; and diagnostic testing and immunizations.

It should be noted that the faculty has identified several important concepts that have been threaded across the clinical courses although these are not formally delineated in the curriculum framework. Many of these concepts are treated initially as a separate unit in one course. Some are incorporated within a unit. However all have been given important status. The faculty stresses these concepts in both the clinical setting and the classroom. These are: Communication, Critical Thinking, Safety, Ethics, Pharmacology, and Nutrition. These themes were selected based on the NCLEX summary.

Each clinical nursing course has a didactic component that addressed the legal and professional roles of the nurse. This content has previously been leveled throughout the program. The Curriculum Committee has proposed a Degree Requirement change, that would include a three hour Nursing Capstone course to strengthen students comprehension and application of these concepts.
The general education courses required for the Associate in Applied Science (AAS) degree with a nursing major provide students with a knowledge base upon which the nursing curriculum builds. The nursing faculty believe that knowledge gleaned from the physical, biological, and psychosocial sciences enable students to better grasp concepts presented in nursing. The general education courses of the degree requirements are part of the Oklahoma State Regents for Higher Education State Transfer Initiative which means that these courses may be transferred to any other state institution in Oklahoma to meet degree requirements.

The general education requirements include English Composition I and II, American History, American Government, General Psychology, a three-credit hour Psychology or Sociology elective, Principles of Biology, Human Anatomy, Human Physiology, and a one to three-credit hour “Guided Elective” (which must be approved by the Division Chair). Students who do not take Applications of Clinical Microbiology may meet this requirement by taking General Microbiology.

Curriculum Revisions Beginning 2009:

After a detailed program evaluation and assessment from student feedback from program and course evaluations, the faculty proposed the following changes in the degree requirements for the Associate in Applied Science degree with a Nursing Major. (See Curriculum minute 2008 - 2009).

1. Add an additional credit hour to NURS 1515, Introduction to Human Dimensions (currently 1616). The course content includes assessment across the life span in all five human dimensions. The focus in this course is Physical Dimension assessment. Previously, NURS 1515 has 3.5 lecture hours and 4.5 laboratory hours each week. With the addition of a credit hour, lecture increased to 4 hours and laboratory increased to 6 hours per week. Specifically, campus laboratory increased by 12 hours/semester and clinical laboratory increased by 12 hours/semester. The rationale for this change was the result of the assessment and evaluation of several factors. National Council Licensure Examination (NCLEX) Summary Profile results for 2006 and 2007 demonstrated that our students had a weakness in Assessment. Assessment is the first step of the Nursing Process and the basis of all decision making regarding patient care. Our graduates performed at the 35th (2006) and 50th (2007) percentile of graduates from our jurisdiction (Oklahoma) in the area of Assessment. While students also struggled with the other areas of Nursing Process, it was believed that stronger assessment skills would enhance graduate performance on NCLEX in all areas of nursing process. The additional lecture time allows for
student questions to be answered regarding didactic content on assessment. The additional campus lab and clinical hours provide for individualized time for students to receive feedback from the instructor, allow for the instructor to role model assessment of patients, provide additional time for the instructor to critique documentation of assessment data by students, and provide more time for post-conference. Post-conference allows the instructor time to answer questions which have arisen during the clinical experience and allows time for students to share their experiences of the day with regard to the obstacles encountered in collecting assessment data. Together the group can problem solve regarding how to avoid or overcome these difficulties in the future.

2. Change lecture and laboratory hours for NURS 2529, Nursing Care in Health Maintenance and Promotion Across the Lifespan. Previously, students spent 3 hours in lecture each week and 18 hours in the campus or clinical laboratory setting. With the current curriculum, students spend 4 clock hours in lecture and 15 clock hours in the laboratory setting. Course Evaluations by students and faculty identified that there was insufficient lecture time for presentation of course content, in 2529. The additional clock hour for presentation of didactic content addressed this concern. While the proposal will decrease campus and clinical laboratory hours in NURS 2529 by 48, these hours (as well as the addition of other clinical hours) were incorporated into the new Nursing Capstone course.

3. A “Nursing Capstone” course was added to the final semester of the Program. This is a 3 credit hour course (NURS 2623). One credit hour is devoted to lecture and two credit hours are devoted to the laboratory setting. Two credit hours of laboratory time equals 96 clock hours (3:1 clock to credit hour ratio). This course includes activities such as a two week Preceptorship (72-80 clock hours), Team Leadership and NCLEX prep, some of which was previously covered in NURS 2529. While our Program’s performance on the NCLEX has been near the national and state averages, in 2007 our graduate performance level dropped. The nursing faculty believed we could do better.
### Table 4.3 Ten year NCLEX statistics

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NATIONAL</th>
<th>OKLAHOMA</th>
<th>SEMINOLE STATE COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>85.53</td>
<td>84.92</td>
<td>100</td>
</tr>
<tr>
<td>2002</td>
<td>86.66</td>
<td>83.92</td>
<td>77.78</td>
</tr>
<tr>
<td>2003</td>
<td>87.01</td>
<td>86.36</td>
<td>84.21</td>
</tr>
<tr>
<td>2004</td>
<td>85.26</td>
<td>83.68</td>
<td>88.00</td>
</tr>
<tr>
<td>2005</td>
<td>87.29</td>
<td>86.59</td>
<td>85.71</td>
</tr>
<tr>
<td>2006</td>
<td>88.11</td>
<td>88.88</td>
<td>90.48</td>
</tr>
<tr>
<td>2007</td>
<td>85.47</td>
<td>82.07</td>
<td>76.19</td>
</tr>
<tr>
<td>2008</td>
<td>86.73</td>
<td>85.65</td>
<td>87.50</td>
</tr>
<tr>
<td>2009</td>
<td>88.42</td>
<td>86.67</td>
<td>92.00</td>
</tr>
<tr>
<td>2010</td>
<td>87.42</td>
<td>86.77</td>
<td>80.00</td>
</tr>
</tbody>
</table>

The faculty believed the addition of this new course would enable students to pull together the principles of nursing presented throughout the Program. The didactic and campus laboratory component will incorporate case studies where students focus on client needs and how to best address these needs. There is an increase in clinical laboratory hours for the “preceptorship” experience that will be removed from NURS 2529. Additionally, the course will incorporate a “leadership/team leading” experience in the clinical setting. These clinical experiences will help prepare our graduates for the role competencies required of the associate degree registered nurse and increase the likelihood of successful completion of NCLEX on their first attempt. The addition of the Nursing Capstone course also allows time for content to be presented that reflected current trends and priorities in the health care setting. For example, additional Advanced Organizers were added to this course; Nursing Informatics, Nursing’s Role in Quality Patient Care and Evidenced Based Nursing. The faculty noted that on the NCLEX predictor test 2007-2009 and on the actual NCLEX, students scored low on health promotion (Table 4.2). The curriculum change allowed us to add six hours devoted to health promotion through the life span in 2529.

In addition, diabetes content was previously presented in the fourth semester. Under the revised curriculum diabetes content is presented in the second semester. This move will allow the students to be better prepared to care for diabetic patients, seen frequently in the clinical setting. Simple therapeutic communication was also moved to second semester from third semester. The intent
was to help the students with communication skills, thus improving assessments. The first class to graduate under the revised curriculum will be in May, 2011. During the SEP 2012, faculty will be evaluating course, program evaluations and NCLEX results.

Table 4.4 Comparison of HESI results with NCLEX pass rate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURSING PROCESS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>792</td>
<td>700</td>
<td>35%/42%</td>
</tr>
<tr>
<td>Analysis</td>
<td>753</td>
<td>731</td>
<td>55%/57%</td>
</tr>
<tr>
<td>Planning</td>
<td>696</td>
<td>767</td>
<td>35%/52%</td>
</tr>
<tr>
<td>Implementation</td>
<td>840</td>
<td>721</td>
<td>37%/51%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>872</td>
<td>926</td>
<td>41%/59%</td>
</tr>
<tr>
<td><strong>CLIENT NEEDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe and effective care environment</td>
<td>781</td>
<td>689</td>
<td></td>
</tr>
<tr>
<td>Manger of Care</td>
<td>743</td>
<td>648</td>
<td>33%/52%</td>
</tr>
<tr>
<td>Safety and Infection</td>
<td>830</td>
<td>761</td>
<td>35%/70%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td><strong>691</strong></td>
<td><strong>670</strong></td>
<td>42%/27%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>810</td>
<td>672</td>
<td>42%/33%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td>795</td>
<td>792</td>
<td>41%/48%</td>
</tr>
<tr>
<td>Basic Care/Comfort</td>
<td>774</td>
<td>827</td>
<td>56%/55%</td>
</tr>
<tr>
<td>Pharm &amp; Parenteral Tx</td>
<td>862</td>
<td>790</td>
<td>44%/49%</td>
</tr>
<tr>
<td>Reduce Risk Potential</td>
<td>744</td>
<td>815</td>
<td>23%/77%</td>
</tr>
<tr>
<td>Physiologic Adaptation</td>
<td>744</td>
<td>754</td>
<td>41%/48%</td>
</tr>
</tbody>
</table>

Yellow highlighted data indicates scores prompted curriculum discussion and review
Red numbers are scores which fell below recommended standards
CRITERION 4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

Curriculum evaluation is continuous. Evaluation data comes from sources such as evaluation of admission requirements, NCLEX pass rates, student and faculty surveys and current trends, issues and needs of the nursing profession. Since the program’s inception, nursing faculty have been responsible for the development and revision of the curriculum. Documentation of those deliberations can be found in the Curriculum minutes book (Exhibit Four) and in the Program Evaluation book (Exhibit Five). The nursing faculty, as a whole, function as the Curriculum Committee. This formalized committee meets regularly and as needed to review the overall curriculum, update syllabi, and implement changes that enhance the curriculum plan. The nursing faculty, under the guidance and leadership of the Program Director, are responsible for the effectiveness of the curriculum, its planning, implementation and evaluation. This committee meets frequently, when deemed necessary, to evaluate the overall curriculum as well as the quality and appropriateness of course content for each course. Team leaders submit an end of semester report to the Curriculum Committee that identifies overall course strengths and weaknesses, makes recommendations for improvements or suggests possible modification. The end of semester report includes a detailed evaluation of the course, as well as an evaluation of the course objectives by the students. Additionally, graduating students complete a program evaluation. During the annual SEP meeting in May the faculty systematically review the program and curriculum. Feedback from students, team meetings, course and facility evaluations are evaluated at this time. Decisions regarding changes in the curriculum are often formulated during this systematic review and sent back to curriculum to work out the details and implementation.

Team meeting times are made available to students at least twice a semester. Students are encouraged to participate in the team meeting giving feedback on clinical experiences, learning activities, curriculum issues and other items related to student learning. Student feedback has been valuable in making improvements and modifications to learning experiences. (See Team Minutes) In the past, each semester, student representatives from each class participate in a Liaison meeting. Previously, this has been a time that students were able to bring program concerns to the faculty. During the September 2009, faculty discussed ways to increase student feedback regarding curriculum. The decision was made to change the title and format of the Liaison meeting to a Curriculum meeting. Student representatives from each class as well as new graduates were invited to attend. The agenda was published before the meeting. Items were placed on the agenda that had surfaced from course and program evaluations, as well as team meetings. See page 125 in the Faculty Handbook for the Revised Policy and Procedure for the Curriculum Committee (Exhibit Twenty Four).
Faculty work closely together during weekly Team meetings to do informal summative evaluations of the course and students performance. Curricular changes are often suggested during these meetings. All revisions are brought to the Curriculum committee. Ordinarily, revisions proposed during the academic year are refined and finalized during the May work week. This timing enables faculty to integrate minor changes in the upcoming academic year. Major curricular changes must first be approved by the college’s Curriculum Committee, followed by approval from the State Board of Nursing. Nursing faculty are keenly aware of those restrictions and plan from approval of major changes to coincide with the committee timelines. Additions and deletions of content in the curriculum are based on faculty review of available up-to date text books, peer reviewed nursing journals, reports from the Oklahoma Board of Nursing and current practice updates from clinical sites. An example of this process can be found beginning in the 2529 minutes book for spring 2009. During review of HESI scores and NCLEX scores and current curriculum it was noted that students scored low in Health Promotion on standardized test. (Table 4.5) It was also noted that we had only four hours dedicated to Health Promotion and Maintenance, in the Health Promotion semester. The decision was made to increase the number of didactic hours spent on Health Promotion. Statistical data and deliberation of this decision can be found in the 2529 minutes and in the Curriculum minutes book. The 2529 team will analyze and compare the HESI and NCLEX results of students testing in 2011, to previous test results in order to evaluate the curriculum change.

Another method used to evaluate rigor is through test analysis. Each team is responsible to review each test before it is given. The test is then reviewed again after students take the test. PAR SCORE and PAR TEST provide statistical information for each question including item analysis, response frequency, discrimination levels and degrees of difficulty. The faculty are responsible of labeling each question with respect to; AO, objective the question covers and component of the nursing process, level of difficulty according to Blooms taxonomy and NCLEX test plan. All faculty are members of the Testing Committee. It is the job of the Testing Committee to periodically review statistical information on test questions to ensure that questions gradually progress in difficulty throughout the program and that a majority of the test questions in the last year of the program are at the application and analysis level. The standard set by the testing committee was to review all test questions with the following: <30 on reliability, a negative Item Discriminator (point biserial), an Item Discriminator of .50 or greater and if the total group % is < 55. It is the goal of faculty to have a majority of test questions at the application and analysis level. In August 2011, a majority of the faculty attended a NCLEX Regional Workshop for Educators presented by the Oklahoma Board of Nursing to help faculty understand test construction, testing current practice
analysis, NCLEX Item Development process and testing at the passing standard. The Testing Committee will be working during the 2011-2012 academic year to review test parameters and test question format. It is the desire on the Testing Committee to rewrite test questions as needed, to be more in line with NCLEX question format. Additionally, all teams will be working to insure parameters are on all test questions and all test items that fall into the above parameters will be reviewed. Teams will also report to the testing committee the total number of knowledge/comprehension questions versus analysis/application question they are using per semester. It is the belief of the faculty that in the last year of the program, a majority test questions should be at or above the application/analysis level.

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

The nursing program curriculum is guided by the nursing philosophy, the nursing profession, teaching and learning principles, curriculum design, course progression, and Terminal Outcomes. The Nursing Curriculum Committee, which includes all members of the nursing faculty, strongly believe that a sound nursing curriculum can only be achieved when the Program has a strong philosophy which is congruent with the parent institution, and when all elements of the curriculum flow in a logical progression toward the Departmental Learner (Terminal) Outcomes (SNH Exhibit Two and each course syllabi). This demonstrates this progression is evident in our curriculum. (See Diagram 4.1)

SSC nursing course content is developed directly from the Program philosophy which includes the three major constructs: Mankind, Health Continuum and Nursing. These three constructs form the major headings of each clinical Course Outline. SSC’s nursing curriculum is integrated. The life span of Mankind, how unmet needs affect where mankind falls on the Health Continuum, and how nursing can impact mankind’s health, are part of each semester. Our curriculum’s Nursing Diagnosis approach enables us to address the life span in each course, rather than separate out content, such as pediatrics or maternity nursing. The Course Outcomes in all courses are designed to progress the student toward achievement of the Departmental Learner (Terminal) Outcomes and the Program Outcomes (6 month competencies, SNH, Exhibit 4).

The nursing curriculum is organized so that content is leveled. The progression is from simple to complex, with each clinical course building upon the previous course. In each clinical course the science, art, and spirit of nursing are built upon, as well as the roles of provider, manager, and professional member. With the curriculum revision, content in the Role of the Nurse AOs was condensed, leveling only content needed to progress student in the clinical setting. A majority of the Role of the Nurse Manager and Professional Member was moved to the Capstone 2623 course. Additional content was
added to this course after reviewing the NCLEX test plan and QSEN competencies. All Course Outcomes are designed to move the student toward achievement of the Departmental Learner (Terminal) Outcomes and Program Outcomes (6 month competencies).

The SSC Nursing Philosophy Framework (Exhibit One, pg.2) reflects Program outcomes and depicts the progression of complexity throughout the program. Nursing courses are organized around Program outcomes. They are measured by specific nursing behaviors and knowledge to be achieved within an identified time frame. This provides for continuity and ensures transition to higher levels of performance as the student progresses from each semester. Successful completion of a course is required for progression to the next semester.

Satisfactory completion of all clinical components and a cumulative grade of 78% or higher is considered successful completion. This assures the seamless integration of key concepts or threads throughout the nursing curriculum. The course outcomes also provide useful guidelines for sorting content into levels of complexity and for planning appropriate learning activities for that level of complexity. Each Advanced Organizer reflects specific learning objectives that enable the student to meet the course outcomes. The clinical evaluation tool reflects nursing behaviors and competencies that the student must achieve to successfully meet the Course Objectives. These outcome statements serve as valid tools for assessing competencies attained thereby providing a benchmark against which individual progress can be measured.

The courses are arranged in a logical sequence, from basic to complex, requiring a higher standard of functioning for successful completion of each consecutive course and expanding on the knowledge base built on previous courses. The progression of both nursing and non-nursing courses is designed to guide the student through related content and disciplines that lead to fulfilling the requirements for the associate degree in nursing while producing an entry level graduate with a balanced academic and clinical experience. Table 4.4 depicts the delivery methods, learning activities and evaluation related to each Terminal Outcome.
Table 4.5 Delivery Methods, Learning Activities and Evaluation as guided by the Nursing Division Terminal Outcomes

<table>
<thead>
<tr>
<th>Student Learning Outcomes (Terminal Outcomes)</th>
<th>Delivery Method</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer cost-effective nursing care in various settings to individual patients with common, well-defined acute and chronic health deviations.</td>
<td>Lecture</td>
<td>Learning Scenarios</td>
<td>Clinical Evaluation Tool</td>
</tr>
</tbody>
</table>

Variety of clinical experiences acute and community based through the lifespan

| Establish and maintain members effective communication with the patient, family, significant others, and health team | Lecture | Class room role play | 78% on case studies |

“Sleepless in Seattle” TIR (Therapeutic Interaction Recording) lab

CAI videos (Computer Assisted Instruction)

On campus lab experiences

| Use the principles of critical thinking in providing nursing care. | In class Learning Scenarios | Emergency modules | Case Studies |

Lecture |

Reading Assignments |

| Assess the patient’s health care needs at any point in the life cycle from the holistic perspective of the five Human Dimensions and identifies any changes in health status. Physical Social Emotional Cognitive Spiritual | Lecture | Class Discussions | Weekly Clinical Evaluation using Satisfactory/Unsatisfactory Grading |

Audio-visual Aids & Computer Programs Simulation Lab Emergency Modules Role play |

| Identify nursing diagnoses through analysis and interpretation of assessment data. | Lecture | Weekly care planning | Case Studies |

On campus planning sessions |

| Set priorities and plan nursing care utilizing the science of nursing as well as principles of the physical, biological, and behavioral sciences. | Lecture | Weekly Prioritization | Case Studies |

Instructor feedback regarding prioritization of nursing dx. List Reading Assignments |

| Participate with the patient, family, significant others, and members of the health care team to establish creative, realistic and flexible individualized care plans directed toward preventing loss and maintaining or restoring the health of the patient. | Clinical instructor feedback Preceptors | Weekly care planning | Case Studies |

Clinical instructor feedback Preceptors |

| Provide for continuity of care | Lecture | Patient teaching plan |

<p>|</p>
<table>
<thead>
<tr>
<th>Through the development of individualized care plans to meet the holistic health needs of the patient.</th>
<th>Clinical instructor feedback</th>
<th>Weekly Clinical Assignments</th>
<th>Clinical Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement individualized plans of care to promote, maintain or restore the patient’s basic health needs or assist the patient’s ability to meet these needs him/herself.</td>
<td>Lecture On campus labs Skills lab CAI’s Clinical instructor feedback Staff RN</td>
<td>Emergency Modules Learning Scenarios</td>
<td>Case Studies Clinical Evaluation Tool Instructor generated test</td>
</tr>
<tr>
<td>Provide for physical and psychological safety of the patient using communication skills and clinical interventions which include technical skills and patient teaching.</td>
<td>Lecture Reading Assignments CAI Skills lab demos</td>
<td>Skills lab practice</td>
<td>Skills lab test out Dosage Calc exams Patient Teaching plan</td>
</tr>
<tr>
<td>Function as a team member providing direct care where the resource of a more experienced nurse is available</td>
<td>Lecture Reading Assignments</td>
<td>On Campus Labs</td>
<td>Preceptor Evaluations Clinical Evaluation Tool</td>
</tr>
<tr>
<td>Demonstrate caring, compassion, empathy and advocacy in providing patient care.</td>
<td>Lecture Role Modeling TIRs Team Leading Experiences Discharge Planning</td>
<td>Clinical Evaluation Tool</td>
<td></td>
</tr>
<tr>
<td>Evaluate the effectiveness of nursing intervention, revise care plans according to patient outcomes and reprioritize nursing diagnoses as warranted with the participation of the patient, family, significant others and other health personnel.</td>
<td>Class discussion Instructor feedback regarding clinical performance and paperwork</td>
<td>On Campus Labs Weekly Care Planning</td>
<td>Weekly Care Planning S/U Case Studies 78% or better</td>
</tr>
<tr>
<td>Ensure the provision of multi-disciplinary organized patient care delivery.</td>
<td>Clinical Feedback from Instructor</td>
<td>Progression from one to four patients in clinical assignments throughout program</td>
<td>Clinical Evaluation Tool</td>
</tr>
<tr>
<td>Demonstrate the ability to prioritize, coordinate, delegate, supervise and educate other team members.</td>
<td>Clinical assignments Lecture NCLEX prep modules</td>
<td>Team Leading Modules NCLEX prep Modules</td>
<td>Team Leading Experiences Instructor Generated Exams</td>
</tr>
<tr>
<td>Utilize disciplined reasoning to administer nursing care including assessment, analysis for the determination of nursing diagnoses, planning, implementation and evaluation</td>
<td>Clinical assignments Reading Assignments</td>
<td>Learning Scenarios</td>
<td>Case Studies 78% or better Weekly Care Planning S/U</td>
</tr>
<tr>
<td>Assume accountability for one’s nursing practice within the profession’s ethical and legal guidelines.</td>
<td>Clinical assignments Lecture Resume/cover letter</td>
<td>Visit to OBN Pre and Post clinical Conference Class scenarios Preceptorship Objectives Ethical Dilemma Paper</td>
<td>Clinical Evaluation Weekly clinical evaluation records S/U grades</td>
</tr>
</tbody>
</table>
CRITERION 4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives

The geographic location of SSC provides clinical access to urban, suburban and rural clinical environments. This is very beneficial as students are exposed to multi-racial and multi-ethnic individuals and communities. Refer to Criterion 4.8 for discussion of the diversity in clinical agencies. Students must provide a culture assessment on every case study patient. Additionally, each semester take a cultural competency test required by clinical agencies. Course objectives include those which focus on cultural and socially diverse concepts and students are tested on these concepts as well.

SSC campus wide has degree-seeking students varying in ethnicities of White, Black, Hispanic, Asian/Pacific Islander, American Indian/Alaskan Native, and International students. With all this variety, SSC nursing students learn in all mediums, from the classroom to personal interaction and networks. A wide range of participant ethnicity and culture provides SSC nursing students with an interesting base for education. The College promotes multiculturalism and diversity through clubs and groups specifically designed to reach all its students including the Native American Student Association and the International Student Association. SSC is proud of the diversity of its students and reflects that through art, names of buildings, and a multitude of cultural activities.

SSC nursing faculty appreciate and foster the diversity of their students. One of the ways this is illustrated is through their participation in professional development. For example, faculty have participated in workshops such as “Coping with People in a Diverse World,” “The Native American Student,” “Understanding Economic Diversity,” and “Survive and Thrive in a Multicultural Society” during the past five years.

Although the College student population is 22% Native American, the College has also recruited international students. Students from Australia, United Kingdom, Czechoslovakia, Spain, Canada, France, Poland, Puerto Rico, Bahamas, , Costa Rica, Russia, Brazil, Netherlands, Switzerland, Israel, South Africa, Sweden, Thailand, Chile, , and have attended or are attending SSC at sometime during the past eight years. Nursing students have been in General Education classes with these international students. Their
campus presence adds diversity and the opportunity for international understanding among all College constituencies.

In April of 2009, Seminole State College’s Native American Student Association (NASA) hosted a spring powwow on the SSC campus. Over 400 community members, students and dancers joined together for the event. Supporters from Oklahoma, several surrounding states and as far as South Dakota were in attendance.

In February of 2010, SSC’s All-Nations Student Development Center hosted its first Symposium: “Through My Eyes: The Native American Education Experience: Discussing Strategies for College and Life Success,” with Native American speakers. Enoch Kelly Haney, Chief of the Seminole Nation, spoke to the crowd prior to a traditional Native American cedar cleansing ceremony and blessing on the new student residents hall. In October of 2010, students and faculty had the opportunity to listen to Sister Rosemary, who runs an orphanage in Africa, describe the health care needs of these children and nursing mission opportunities through Pros for Africa.

SSC recognizes that diverse learners have diverse needs, so the College offers Globalization efforts continued including expanding the Summer International Studies Program to Mexico, France, England and Italy. International educational outreach efforts have taken students, community members, faculty and administrators to China, Greece, Italy, London, Africa, Scotland, France, Ireland, St. Kitt’s, Turkey and Mexico. These programs have brought people from around the world to Seminole. During the summer of 2011, a nursing faculty member participated in the 2011 Summer International Studies Program to Europe.

The college’s commitment to cultural and ethnic diversity, global and international perspectives and experiences give nursing faculty and students many opportunities of which they can take advantage.
The table below depicts some of the methods that are used to present diversity in the SSC nursing curriculum.

### Table 4.6 Presentation of Diversity in Nursing Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 1616 Introduction to Human Dimensions</td>
<td>Cultural Presentations</td>
</tr>
<tr>
<td></td>
<td>Culture AO</td>
</tr>
<tr>
<td></td>
<td>Pain Assessment Guide</td>
</tr>
<tr>
<td>NURS 1528 Nursing Across the Life Span</td>
<td>Pain Assessment Guide</td>
</tr>
<tr>
<td></td>
<td>Pain AO</td>
</tr>
<tr>
<td></td>
<td>Social Assessment AO</td>
</tr>
<tr>
<td></td>
<td>Cultural Assessment</td>
</tr>
<tr>
<td></td>
<td>Home Health Visits</td>
</tr>
<tr>
<td></td>
<td>Grief AO</td>
</tr>
<tr>
<td></td>
<td>Child Bearing Family AO</td>
</tr>
<tr>
<td>NURS 2519 Nursing Care In Health Disruptions</td>
<td>Personal Identity Disturbance AO</td>
</tr>
<tr>
<td>NURS 2529 NURS 2623 Nursing Care for Health</td>
<td>Alternative Health Care AO</td>
</tr>
<tr>
<td>Maintenance and Promotion and Capstone</td>
<td>Community Teach</td>
</tr>
<tr>
<td>Nursing</td>
<td>Patient Advocacy AO</td>
</tr>
<tr>
<td></td>
<td>Legal and Ethical Issues in Nursing</td>
</tr>
</tbody>
</table>

**CRITERION 4.5** Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

The Nursing Division at SSC as well as the college as a whole, use a variety of direct and indirect evaluation methodologies to evaluate student learning and the achievement of Program outcomes. The faculty has designed clinical evaluation tools and grading procedures giving special attention to the clarity of the process. These procedures are in each course syllabus. In order to pass a nursing course the student must:

1. Complete the course with a minimum score of 78%
2. Achieve satisfactory clinical performance in all objectives
3. Achieve a 78% or greater on clinical case study
4. Successfully complete dosage calculation testing within three attempts, at a score of 90% or greater
5. Successful return demonstration/check-off of each skill throughout the semester and successfully complete skills testing within three attempts in the skills course. In the classroom, a final grade average of 78 percent is required. Examinations comprise the major component of the classroom grade. The didactic evaluation tools consist primarily of multiple-choice and essay exams, which are guided by the NCLEX test plan.
Faculty use criteria based on Bloom’s cognitive levels and the nursing process in order to ensure measurement at the appropriate cognitive level for each course and to address each component of the nursing process. Exams are given at various times during the semester, and students are given feedback on their performance by the next class period. Students who do not achieve a passing score or whose score places them in jeopardy are placed on an “At Risk” status. If a student receives an “At Risk” form they are asked to meet with a faculty member. During this meeting the student and faculty review the test, evaluate questions missed using the Remediation Test Analysis Tool (Exhibit Twelve), review study habits and develop a plan of action for improved performance on next test. Other projects may also be included in the grade. For example, in NURS 2519 (Nursing Care Through Health Disruptions), a Patient Teaching Plan and in NURS 2623 (Capstone), an Evidence Based Practice paper, resume, Ethics reflection paper and Critical Thinking exercise are part of the grade. The student’s final course grade is determined by the classroom average, provided they have satisfactory clinical performance.

Through the assessment of academic achievement, the faculty are able to determine the extent to which it meets the needs of students. Students are assessed in nursing classes through a variety of methods, including quizzes, tests, journals, papers, projects, laboratory/clinical assignments, presentations, portfolio and instructor observations.

Clinical performance is evaluated weekly. Every week students are rated “satisfactory” or “unsatisfactory” for their work and clinical performance. Additionally, they are given written feedback weekly on Student Performance Notes. The students are expected to implement weekly feedback. Satisfactory as well as unsatisfactory clinical behaviors are listed and described in the Student Nurse Handbook and each clinical nursing course. These behaviors are reviewed in detail during each course orientation. In most cases, faculty observes a repeated behavior(s), after feedback has been given before an unsatisfactory is given. The third clinical unsatisfactory week results in clinical failure. Clinical failure results in academic failure as well.

Students are evaluated at mid-term and at the end of the semester using the Clinical Evaluation Tool (CET, Exhibit Thirteen). The same tool is used in every semester and demonstrates progression in each area. The tool reflects the SSC nursing philosophy. The students are evaluated in the following areas: the Science, Art and Spirit of nursing and the Role of the Nurse Provider, Manager and Professional Member. The student is ranked at a beginner, intermediate, advanced level, non-progression or unsatisfactory. Under each area specific behaviors and competencies are listed. Students bring a clinical and academic self evaluation to this mid-term and final evaluation with their clinical
instructor. A student must receive a beginning level or higher in every area on the CET to pass the course clinically. (Exhibit Thirteen)

Students are required to compile evidence documenting the attainment of various skills and knowledge while in the program. A student portfolio is started during the students first semester in nursing and built upon each semester. The components of the student portfolio are: Student Profile, Skills check off, Learn, Assessment, Professional Learning Goals and Awards. Each semester the student is responsible for updating their skills check off list, Learn and their Professional Learning Goals. Students bring their portfolio to their midterm and final evaluation. During Capstone nursing students add a resume and cover letter to their portfolio and are helped to modify their portfolio, making it a work that will be appropriate to take with them to employment interviews.

Students are also tested in the area of dosage calculation. Dosage calculation is presented during the skills course first semester. Content is progressed throughout the semester. Dosage calculation test in the skills course are averaged into the students' academic grade for that course. In addition, each semester the student must pass a dosage calculation test in order to be able to pass medications in the clinical setting. Students must pass with a 90% within three tries or it would result in clinical failure. If the student has not passed the test by the time the clinical rotation begins, they would receive an unsatisfactory each week until the test is passed. To ensure that students are competent and safe practitioners in the clinical setting, they are tested on clinical skills in the laboratory setting. Skills and Clinical Intervention Laboratory, is a 2 credit hour laboratory course that provides the student with instruction, demonstration and practice opportunities for nursing skills, medication administration and dosage calculation. Students meet six hours a week for this course. Additionally, students may request additional time to practice skills in the lab. Prior to entering the Program, students are required to have LTC/HHA certification. This allows clinical courses to focus on more advanced nursing skills. Most skills are taught in the first semester, giving students the opportunity to practice skills during all four semesters of the program.

Students are required to take a Clinical Skills Checklist with them to all clinical experiences. This allows them to document skills they have and have not had the opportunity to perform. Students are encouraged to collaborate with their clinical instructor for opportunities to complete the skills checklist. A student must be checked off on a skill before being allowed to perform the skill in the clinical setting.
Following skill demonstration by lab faculty, students practice and check off with lab instructors on a particular skill. At the end of the skills course semester, the student must test out on a medication skill and “sterile” skill as part of their final for that course. Not accomplishing these skill competencies by the third time would result in a failing grade for the course.

The final direct measure of student learning is the evaluation of SSC student performance on the NCLEX. The faculty have set the achievement level of a passing rate at or above the national average for Associate Degree Program.

The following Table 4.6 depicts SSC’s nursing student’s performance on NCLEX for years 2004 – 2009.

<table>
<thead>
<tr>
<th>Year</th>
<th>SSC Pass Rate Percent</th>
<th>National Pass Rate Percent</th>
<th>Oklahoma Pass Rate Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2004</td>
<td>88%</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>May 2005</td>
<td>86%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>May 2006</td>
<td>90%</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>May 2007</td>
<td>76%</td>
<td>85%</td>
<td>82%</td>
</tr>
<tr>
<td>May 2008</td>
<td>88%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>May 2009</td>
<td>92%</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

The Graduate Questionnaire, Appendix Page 128 – 131, Employer Surveys Appendix Page 132 – 134, and Advisory meetings are all indirect measures of student learning. The Graduate Questionnaire is an indirect measure of student learning, which address’s the Departmental Learner (Terminal) Outcomes is sent out six months following completion of the Program. Graduates have the opportunity to evaluate whether they were prepared/competent to enter the workforce.

Employer Surveys are sent out to agencies employing our graduates. This survey focuses on the Program Outcomes which address the expected competencies of a nurse six months after completing the formal Program of Learning.

Our Advisory Committee meets annually. Information is solicited from members of this committee regarding strengths and weaknesses of our graduates and the competencies they identify as
essential for a new registered nurse. The information gained from the committee is later discussed by faculty to determine if the curriculum is effective or modifications are needed.

All of this information and data is addressed and evaluated yearly during the Systematic Evaluation Plan. Results from both the Graduate Questionnaire, Employer Survey and student NCLEX performance are reviewed and curriculum modifications are considered if necessary. (Exhibit Five, Program Evaluation Book)

SSC’s Assessment of Student Learning also provides evidence at the institutional level. At this level, the College’s four encompassing General Education Outcomes are evaluated campus-wide; this data is gleaned from the Course-Embedded Assessment Reports and Degree Program Assessments.

This Evaluation of General Education is demonstrated by the following example (CHART 3.B):

<table>
<thead>
<tr>
<th>Number Assessed</th>
<th>Outcome Assessed</th>
<th>Pre</th>
<th>Post</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>26599</td>
<td>Outcome 1</td>
<td>22.6%</td>
<td>67.8%</td>
<td>45.2%</td>
</tr>
<tr>
<td>13453</td>
<td>Outcome 2</td>
<td>28.8%</td>
<td>66.6%</td>
<td>37.8%</td>
</tr>
<tr>
<td>16424</td>
<td>Outcome 3</td>
<td>17.1%</td>
<td>64.6%</td>
<td>47.5%</td>
</tr>
<tr>
<td>4210</td>
<td>Outcome 4</td>
<td>31.2%</td>
<td>77.8%</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

It should be noted that the numbers in the Number Assessed column are large because one division counts each question related to the outcome. Percentage increases range from 37.8% to 47.5%.

Post-assessment results range from 64.6% to 77.8%.

The ACT CAAP Test is another direct measure of student learning campus wide. This test is a nationally recognized academic test designed to measure general education foundational skills typically attained in the first two years of college. Each fall the College uses five objective test modules of the CAAP Test—Writing Skills, Mathematics, Reading, Critical Thinking, and Science—to assess students with 45 or more credit hours.
Student Feedback on Classroom Instruction is one indirect measure of student learning that is annually conducted during the fall semester. Random classes are selected for every instructor for each course for the purposes of evaluation. Students in online classes are included in this process with an online form. All forms are completed anonymously and returned in a sealed envelope by a responsible student to the Vice President for Academic Affairs. In the following semester, each instructor receives a copy of the results from their respective Division Chair. The Division Chair reviews the results with each instructor individually, and part of the information is used to complete the Faculty Performance Evaluation Form.

SSC also uses a Graduate Opinion Survey, which is conducted annually through the office of the Vice President for Academic Affairs. It is used to monitor how the College is doing in regard to providing a quality educational experience for its students. The online survey is aimed at the most recent SSC graduates—students who graduated with an Associate Degree at the completion of the fall, spring, May, or summer term of the previous academic year. Respondents provide information regarding major areas of study, financial aid status, enrollment status, and employment status while attending SSC. In addition, the student’s current employment and income status are addressed. Further, graduates who are continuing educational programs provide information about their transfer institution, major, and degree expectations. This survey provides students an opportunity to make observations and suggestions they believe will help the College in its mission. Once all data has been collected and analyzed, the Assessment of Student Learning Coordinator prepares the Executive Summary Report of the Graduate Opinion Survey for campus distribution.

CRITERION 4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

The faculty has selected the placement of nursing and general education courses to allow for the progressive development of knowledge and skills by students. Congruent with educational theories, and accepted practices, the curriculum plan progresses from simple to complex. All clinical courses must be taken in sequence. The general education courses have been coordinated to allow students to meet pre/co-requisites, integrate learning from previous courses and successfully manage the academic requirements in any one semester.

Faculty make significant effort to remain current in educational theory. Several faculty members have recently completed additional course work addressing teaching and theory. Beginning in the 2011-
2012 academic year, a different faculty member will be responsible for sharing new and current information with the rest of the faculty. This is in an effort to insure that all faculty are aware of new research and best practice standards.

Research suggests the educational paradigm is shifting from traditional teacher-focus to a learner-focus. For example, from teaching facts and a plethora of objectives to teaching concepts by which the learner organizes the information into mental constructs (Doyle, 2008 & Erickson, 2007). Much of the Nursing education literature reflects supports this theory of a paradigm shift. Giddens (2007) supports conceptual pedagogy in order to move from the content saturated nursing curriculum. Conceptual teaching and learning fosters critical thinking and a deeper understanding through the connections with past learning (Erikson, 2007 & Giddens, 2008). Conceptual teaching requires an active learner-centered approach. The approach identifies learner outcomes and actively engages the student in the learning process (Doyle, 2008).

Faculty continue to move from teaching content to providing learning experiences that move the student from a more passive to a more active role in the learning process. For example, some clinical assignments now include concept mapping instead of traditional care planning, learning scenarios are presented in the classroom by the student, emergency modules are now included in two semesters. In several semesters, student’s research and present information on several topics such as culture, blood administration or community teaches. The nursing division hopes to have clickers for classroom use in the very near future. The goal of the faculty is to move from the traditionally lecture format, to a learning environment where students are involved and responsible for their own learning.

The students are introduced to evidenced-based practice (EBP) very early in the nursing curriculum. Nursing process and EBP are recognized as the foundation for appropriate decision making. Examples of learning activities within the curriculum related to EBP are: the Capstone EBP paper, utilization of reliable sources and retrieval of EBP articles for case studies. Access to EBP articles continues to be a challenge for students. The nursing faculty are working closely with the Learning Resource Director to facilitate this process.

There are many learning resources in the Nursing Department accessible to faculty and students. This includes a nursing computer lab, CDROM’s, computer-assisted instruction, software, videos, and wireless internet access in classrooms, offices and labs. Additionally, there is a nursing student library/study lounge equipped with supplemental texts and resources.
There are several mechanisms used by faculty to acquire additional learning resources. One means is through faculty input on prioritization of budget expenditures. Faculty are encouraged to give input and rationale for potential budgeted expenditures for any equipment, supplies, or technology that would assist in meeting the goals of the nursing division. Currently, instructional resources in the nursing unit include computers, ELMO projectors, televisions, DVD/VCR players, Smart Boards and internet access in classrooms and computer and skills labs. The Division has just purchased Student Response Clicker’s to be used in the classroom beginning fall 2011. This will allow immediate assessment of student knowledge gained from the concepts under discussion.

**CRITERION 4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.**

In 2009, the Oklahoma Board of Nursing approved a curriculum revision increasing the total program credit hours from 68 to 72. This curriculum revision, described above has been in effect for one year. Nursing courses total 40 credit hours with a clinical ratio of 1:3 and comprise 55.55% of the total program credits of 72 hours. Non-nursing courses total 32 credits and 44.44% of the total program credits of 72 hours. Table 4.9 illustrates this distribution.
Table 4.9 Current Nursing Curriculum plan beginning 2009

<table>
<thead>
<tr>
<th>First Year - Summer Semester Courses</th>
<th>Class Hrs</th>
<th>Clinical Hrs</th>
<th>Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 1214 Principles of Biology *</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>ENG 1113 English Comp I</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>PSY 1113 General Psychology</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Summer Hours 10</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Year - Fall Semester Courses</th>
<th>Class Hrs</th>
<th>Clinical Hrs</th>
<th>Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 1616 Survey of Human Dimensions</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>NURS 1552 Skills &amp; Clinical Intervention Lab</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>NURS 1222 Applications of Clinical Microbiology##</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>BIOL 2214 Physiology**+</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Fall Hours 14</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Year - Spring Semester Courses</th>
<th>Class Hrs</th>
<th>Clinical Hrs</th>
<th>Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 1528 Nursing Across the Lifespan</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>NURS 1421 Health Deviations I</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ANAT 2114 Human Anatomy****+</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>---3 Psychology or Sociology Elective#</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Spring Hours 16</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Year - Fall Semester Courses</th>
<th>Class Hrs</th>
<th>Clinical Hrs</th>
<th>Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 2519 Nursing Care in Health Disruption</td>
<td>5</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>NURS 2521 Health Deviations II</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>GOV 1113 American Government</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENG 1213 English Comp II</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Fall Hours 16</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Year - Spring Semester Courses</th>
<th>Class Hrs</th>
<th>Clinical Hrs</th>
<th>Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 2529 Nursing Care in Health, Maint. and Promotion</td>
<td>4</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>NURS 2531 Health Deviations III</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HIST 1483 American History Survey to 1877 or</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>HIST 1493 American History Survey since 1877</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 2623 Nursing Capstone</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Spring Hours 16</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Program Hours 72               |           |              |            |

Once students are admitted to the nursing program, the program can be completed in two years. Students can complete nursing and non nursing courses in two years and a summer semester. Most students, however, choose to spend one or two years completing non-nursing courses prior to acceptance into the nursing program. Once a student is admitted to the program, they must complete the program within three years. A student is only allowed to repeat any one nursing course one time.
This decision was made after noting a high rate of NCLEX failure in students who were allowed to retake different nursing courses. (See Admission Committee minute, Exhibit Fourteens)

**CRITERION 4.6** Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.

The SSC Nursing Program is fortunate in that we are able to provide a wide variety of clinical experiences for our students. Rural colleges often times have difficulty securing enough varied clinical experiences for their students. This is not the case for SSC’s Nursing Program. There are several quality clinical sites in Seminole and even more in the near surrounding area. Being a member of Nursing Education and Service Administration (NESA) allows us to travel to Oklahoma City (40 miles) and Norman (35 miles) for the experiences we may be unable to attain in our local community. Being a long standing member of NESA ensures that we are able to provide students pediatric, maternal/child, mental health and general medical surgical clinical experiences. SSC provides its nursing students with a variety of clinical experiences necessary for prepare the student for the role of the associate degree nursing. See appendix for Clinical Facility Report.

The Criteria for Selection of Agencies for Clinical Laboratory Experiences (Exhibit Thirteen pg 61) is used to evaluate potential clinical sites. Briefly, the criteria these facilities must meet include:

1. Appropriate licensing and/or accreditation.
2. Clinical experiences to meet clinical learning objectives.
3. Allowance of academic freedom, consistent with legal requirements.
5. Provision of adequate space for clinical experiences.

All facilities used for clinical experiences are evaluated each semester for appropriateness and ability of students to meet specific clinical objectives. Faculty, as well as students, evaluates the facilities and this information is reviewed to determine whether clinical experiences should continue at a particular facility. The Nursing Program is now using the Nursing Education and Service Administration (NESA) tool for evaluating clinical facilities and experiences. NESA is a collaborative group of hospitals and nursing school programs whose purpose is coordinating clinical experiences for all nursing programs using a particular facility. This venue ensures that student populations on any given unit are conducive to meeting the clinical objectives. This benefits the nursing students, the facility nursing staff, and most
importantly, the patients. For consistency, SSC has adopted the NESA evaluation tool for all facilities used by SSC, regardless of their NESA membership. This enables faculty and students to evaluate all facilities using the same set of criteria.

SSC has an Affiliation Agreement (contract) with each clinical facility where students practice. Some clinical agencies choose to provide their own agreement/contract. The responsibilities and expectations for all parties are delineated in the agreements/contracts. Prior to students attending any clinical experience, an agreement/contract must be in place and signed by the appropriate individuals. Copies of all the agreements/contracts are maintained in the Test File Room in the Nursing Office and will be available for review.

A yearly report is submitted to the Oklahoma Board of Nursing which indicates facilities utilized by the nursing program, the type of student experience and faculty/student ratio for all clinical experiences for Board approval. See Appendix pg. 103.

The maximum of faculty to student ratio in clinical areas involving direct care of patient is ten to one. This ratio was established by the faculty. Most direct care clinical ratios range from 6-8 student to one faculty ratio. The faculty reviews the safety of the faculty to student ratio annually to consider safety issues as changes occur in the clinical environments and as class size increases. The nursing faculty maintains a high level of supervisory contact with students in the clinical areas. The Clinical Facility Report summarizes this data.

Only 72-80 hours of the total 526 - 532 clinical contact hours are preceptorship hours. In addition to the precepted hours, there are 6 observational hours in the program with the rest being faculty supervised. The precepted and observational experiences occur in the last semester of the program, following the guidelines established by the Oklahoma Board of Nursing. A preceptor must be a registered nurse and have had at least two years of experience. An orientation pamphlet was developed for preceptors in the spring 2010.

CRITERION 4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

The nursing curriculum also reflects the professional nursing standards of the National League of Nursing- Associate Degree in Nursing Educational Core Components and Competencies. Faculty believes proficiency in these competencies is essential for entry level professional nurses. While the roles of manager of care, provider of care and member within the discipline are not emphasized by the NLN in
Educational Competencies of Associate Degree Nursing Programs (2000), the nursing faculty at SSC believe these roles are valuable in helping student envision and organize the competencies and the curriculum. The SSC curriculum also meets the standards of the Oklahoma Board of Nursing (OBN) as demonstrated by continual, long standing approval of the previous and revised SSC curriculum. The faculty has also made a concerted effort in the revised curriculum to include measurements of learner outcomes that reflect the influence of Quality and Safety in Nursing Education (QSEN). Although many of the learner outcomes in the new course, Capstone 2623, reflect the QSEN quality and safety competencies for nursing, the nursing faculty see the need to review the learner and course outcomes for the entire program to ensure that they reflect not only the knowledge but the skill and attitudes necessary to continuously improve the quality and safety of the health care systems in which students, graduates and faculty will work. Skills and behaviors associated with the National Patient Safety Goals are incorporated throughout the program. Additionally, each time a student is oriented to a clinical facility, they receive additional education pertaining to how that facility complies with these goals and the expectation of the students regarding compliance. The combination of these standards directs the development of professional values and competencies that nurses must possess.

Students meet the goals of the clinical facilities through orientation to individual facility patient safety goals and the National Patient Safety Goals. Examples of best practices included in clinical experiences are: completion of fall risk scales, assessment using the Braden scale, adherence to medication safety guidelines, exposure to rapid response teams, ensuring accuracy of patient identification, and practicing infection control recommendations. Students are expected to utilize the informatics systems available at clinical sites to retrieve data and document care. Students are to provide patient centered care and work as part of the interdisciplinary team during clinical experiences.

A goal for the near future involves incorporation of the Quality and Safety Education for Nurses (QSEN) goals throughout the curriculum. Faculties believe that delineation of the pre-licensure competencies into the knowledge, skills, and attitudes may be a valuable component of student learning.

Although not all clinical sites support the SBAR (situation, background, assessment, recommendation) method as a communication tool to facilitate safe patient report, the SBAR method is consistently utilized during the simulation lab. This facilitates appreciation of the significance of safe patient reporting practices and ensures that all students are exposed to the SBAR method. A sample of a facility’s patient safety goals can be found on site in the document room (Exhibit Fifteen).
Each clinical experience is coordinated with course content appropriate for the learning needs of the student. Faculty ensures that clinical sites utilized provide a safe environment for the learning needs of the students. Faculty communicates closely with the nursing staff at each facility ensuring that clinical objectives, level of student experience and student needs are understood. For a clinical facility to be considered a safe and appropriate facility for student learning, the faculty has set the standard of a 3 or greater rating on the clinical evaluation tool in all areas, by, faculty as well as students. Students and faculty have consistently rated all facilities in use with a three or better in all areas (Exhibit Sixteen).
STANDARD V: Resources

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

CRITERION 5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.

The Nursing and Health Science Division consists of the Nursing Program and the Medical Laboratory Technology Program. In fiscal year 2010 the Nursing and Health Sciences Division budget was approximately 18% of the total College budget with the Nursing Program’s portion being 14% and the Medical Laboratory Technology Program’s portion being 4%. This percentage is one of the largest percentages among education divisions of the College, particularly when total student nursing credit hours are considered.

The financial resources of the Program are sufficient to meet the needs of the nursing unit at this time. However, the state of Oklahoma is having a continued financial crisis. As a result, all state-run educational facilities have encountered major monetary reductions. At this time the Nursing Department has the fiscal resources to run effectively. Fortunately, the nursing unit has been able to decrease costs without decreasing staff or critical supplies.

All divisions across campus have been asked to minimize travel costs as much as possible. The Nursing Program has had to limit continuing education opportunities and workshop attendance when significant registration fees or travel expenses are required. However, creative alternatives for securing funds for workshop attendance and searching for free learning opportunities are actively explored. The entire nursing faculty had the opportunity to attend continuing education venues this past academic year.

Financial resources necessary to support instruction have been available although somewhat limited as a result of the state budget crisis.

Despite the budget cutbacks, in the summer of 2011 the Program was able to purchase a new catheter manikin for the skills laboratory and a student response “clicker” system for three classrooms. The actual budget for 2009 and 2010 are outlined in the table below.
<table>
<thead>
<tr>
<th>COST CENTER</th>
<th>BUDGET ALLOWANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Faculty Salaries Contracted</td>
<td>327,371.52</td>
</tr>
<tr>
<td>Faculty Salaries - summer</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Classified Salaries, full-time</td>
<td>24,756.79</td>
</tr>
<tr>
<td>Student Wages</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>165,270.24</td>
</tr>
<tr>
<td><strong>Total Personnel Expenses</strong></td>
<td>523,898.55</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>10,500.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Bookstore</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Contractual Service</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Equipment/Section 13</td>
<td>3,000.00</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>26,500.00</td>
</tr>
<tr>
<td><strong>TOTAL NURSING BUDGET</strong></td>
<td></td>
</tr>
<tr>
<td>Personnel Expenses</td>
<td></td>
</tr>
<tr>
<td>Faculty Salaries Contracted</td>
<td>329,415.31</td>
</tr>
<tr>
<td>Faculty Salaries - summer</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Classified Salaries, full-time</td>
<td>25,000.00</td>
</tr>
<tr>
<td>Student Wages</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>178,759.87</td>
</tr>
<tr>
<td><strong>Total Personnel Expenses</strong></td>
<td>539,675.18</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>10,500.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Bookstore</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4,500.00</td>
</tr>
<tr>
<td>Contractual Service</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Equipment / Section 13</td>
<td>3,000.00</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>24,000.00</td>
</tr>
<tr>
<td><strong>TOTAL NURSING BUDGET</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 5.1 Nursing Operating Budget 2009 and 2010
CRITERION 5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

The classrooms have a variety of technology available for instructor use. Each classroom has “smart-board” technology, ELMO document projector, instructor computers, plasma TV’s, and a projection system. DVD, VHS, and CD players are also available in every class.

The technical skills laboratory area is equipped with six hospital beds and simulates a clinical setting. The resources/learning aids are adequate for instruction but the manikins and models are aging. The number of manikins is sufficient but requires creative scheduling of practice times and lab demos. The lab is open every day and is available for students to practice technical skills. The technical skills lab is supplied with all needed materials/supplies for technical skills demonstrations by the nursing faculty. The faculty has identified a desire for more skills manikins and manikins which allow for simulation. The local technology center (Gordon Cooper Tech Center) has completed a building project the summer of 2011, which includes a high fidelity simulation lab. The director of the PN program has offered a partnership with SSC nursing program, allowing SSC to utilize their lab in Shawnee for no cost. There are plans to include some interdisciplinary emergency modules where the RN, PN, and Paramedic students have experiences together. This opportunity will allow SSC students to have improved learning opportunities at a time the budget will not provide for such expensive equipment.

Nursing faculty offices are adequately furnished and all have computer access in each individual office. There is adequate ability for privacy when counseling students in the office.

CRITERION 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

There are many learning resources in the Nursing Department accessible to faculty and students including a nursing computer lab, CDROM’s, computer-assisted instruction software, videos, internet access in classrooms, offices and labs. Additionally, there is a nursing student library/study lounge equipped with supplemental texts and resources.

There are several mechanisms used by faculty to acquire additional learning resources. As faculty find new resources they are encouraged to share rationale for acquisition of the resource and request budgetary allowances.

The SSC Learning Resource Center (LRC) is located in the Boren Library, on the north end of the campus. The LRC consists of computer labs and an actual and virtual library. The hours of operation for
the Library, the Student Success Center, and the Testing Center are published and posted each semester across the campus.

The Boren Library offers SSC students access to 3824 full text periodicals and journals via the internet through three databases including: EBSCO, SIRS, Medline or NEWSBANK. Of these 3824 journals, 2926 are peer-reviewed. Of the 3824, 145 or 4% are full-text catalogued under Nursing. Another 389, or 10%, are full-text catalogued under Medical Science. To improve this collection, the library subscription for CINAHL has been upgraded to CINAHL Plus for better access to full text articles. Students can access the online journals from computers on campus that are connected to the internet and from home if the student has internet access. The Library has a collection of 300 hard copy journal/periodicals of which 22, or 7%, are directly related to nursing. Nine of the journals subscriptions that directly relate to Nursing Education are housed in the Enoch-Kelly Haney Center in the Nursing Faculty Conference Room. The Library includes a total of 540 nursing-related books and references, 18 of which were purchased in the past six years. Students and faculty have access to other learning materials through Interlibrary Loan.

Ultimately the library staff has the responsibility of purchasing new materials and deleting outdated materials. However, the Library director has solicited the nursing division for input and opinion regarding current and potential acquisitions. A nursing representative is allowed/encouraged to review the current holdings and make recommendations for purchases of new materials as well as which documents to “cull” due to age. This has now been done for the last several years on an annual basis.

The library budget at the end of the 2010 fiscal year allowed for a purchase of a variety of e-books. To supplement the “basic” package, the library was also able to purchase a number of e-books specifically beneficial for nursing and allied health students. It is hoped this latest purchase will eliminate past concerns regarding library resources.

**CRITERION 5.4 For nursing education units engaged in distance education, the additional criterion is applicable:** Fiscal, physical, technological and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes

The Seminole State College Nursing Program does not offer distance education.
STANDARD VI: Outcomes

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

CRITERION 6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.

The Seminole State College (SSC) Department of Nursing faculty are committed to continual quality improvement and thereby utilize a systematic plan for program evaluation which will be referred to as the SEP throughout this chapter. The current plan was developed and used by the faculty in accordance with the NLNAC standards. The NLNAC guidelines for systematic evaluation are used to meet the changing needs of the program. The SEP found at the conclusion of Standard Six; 100% NLNAC standards and criteria are included in the SEP. The SEP is a dynamic document that is updated annually. Refer to Table 6.1 for a summary of the SEP standard 6. The SSC Department of Nursing utilizes the curriculum committee and the retention committee to evaluate educational effectiveness concurrently during the school year. These committees meet at a minimum of one per semester as well as ad hoc if an issue arises that requires all faculty input. There is 100% faculty participation on these committees. Please see Table 6.1.2 for a summary of changes implemented from these committees.
Table 6.2

<table>
<thead>
<tr>
<th>Program Changes</th>
<th>Assessment Data Source</th>
<th>Documentation</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption of Pathophysiology Text</td>
<td>Course Evals 2529</td>
<td>Curriculum Minutes November 2010</td>
<td>To be implemented Spring 2012</td>
</tr>
<tr>
<td></td>
<td>HESI scores 592, 692</td>
<td></td>
<td>Eval HESI and NCLEX Scores summer 2014</td>
</tr>
<tr>
<td>Increase number of Health Promotion Lecture hours from four to eight.</td>
<td>HESI scores 691,670 NCLEX 42%/27%</td>
<td>Curriculum Minutes April 2010</td>
<td>Implemented Spring 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Evaluate HESI and NCLEX scores fall 2012</td>
</tr>
<tr>
<td>Introduction of Interrelated dx, ER modules to third semester</td>
<td>Student comments on course evals, Instructor comments</td>
<td>Course evals 2010 End of semester team meeting fall 2010</td>
<td>Spring 2011 Course evals 2012</td>
</tr>
<tr>
<td>Increasing number of course hours 1515 to 1616</td>
<td>HESI score on Assessment 792,700 NCLEX 35% 42% Faculty imput</td>
<td>End of semester course evals 2008 (1515) Curriculum minutes</td>
<td>Implemented fall 2009 Eval. HESI, NCLEX scores Fall 2011 Course eval.</td>
</tr>
<tr>
<td>Adding Capstone Course to Curriculum</td>
<td>HESI scores on Mangement 743, 648 NCLEX scores 33%, 52% Increase of management of NCLEX text plan Identification of current trends (QSEN, National Patient Safety goals not adequately addressed in curriculum</td>
<td>Curriculum minutes</td>
<td>Implemented fall 2009 Eval. HESI, NCLEX scores Fall 2011 Course eval.</td>
</tr>
</tbody>
</table>
The evaluation process for the SSC Department of Nursing includes both didactic and clinical portions of each course. The program evaluation tools are customized to each nursing course. The nursing department utilizes “at risk’ forms to track students who are not performing satisfactorily in the theory portion of the program. The faculty utilize weekly evaluation forms for the clinical aspect of the program that includes a column for satisfactory as well as one for unsatisfactory work.

There are three faculty assigned to each semester of instruction. This team of instructors meets regularly throughout the semester to evaluation the progress of the students and the success of the curriculum. The students are included in a minimum of two meetings each semester, giving them the opportunity to address any issues or concerns with class progress or curriculum. Team minutes indicate that curricular issues are regularly discussed and reflect proposed revisions to the nursing program, which in turn is discussed during curriculum committee.

CRITERION 6.2 Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.

Each course is evaluated by the students and faculty. The students complete a course evaluation at the conclusion of each course or clinical experience. The faculty compiles the results of student evaluations, and these results are presented in the team meetings as well as during both the curriculum and retention committee. The following are evaluation tools currently utilized by the SSC department of nursing:

**Student Evaluation Tools:**

**Student Feedback on Classroom Instruction** - A college generated course/instructor evaluation is completed by students enrolled in courses taught by full-time faculty. The course name, number and semester of evaluation are included. This is the same tool that is used throughout the campus and the results of this questionnaire are compiled by the Vice President of Academic Affairs office and dispersed to the individual departments within the college. The Division Chair also receives a copy of this evaluation and includes data in faculty yearly evaluations.(Exhibit Seventeen)

**Course Evaluation** - A course evaluation form is generated by the department of nursing and is completed by the students for each theory based course taught by the nursing faculty. The course name, number and semester of evaluation are included on the form. The students rate each item on a scale of 1-3; (1) Did not meet my needs,
(2) Met my needs, (3) More than met my needs. The course evaluation form allows students to evaluate the specific activities, clinical experiences assignments of that course. The results of this questionnaire are compiled by the individual team leaders; findings are presented in the team meetings as well as during curriculum committee.

(Exhibit Eighteen)

**Course Outcome Evaluation** - A course outcome evaluation form is also generated by the department of nursing and is completed by the students for each theory based course taught by the nursing faculty. The course name, number and semester of evaluation are included on the form. The students rate each course outcome on a scale of; (U) Uncertain, (1) Poorly prepared, (2) Moderately prepared and (3) Well prepared. The course outcome evaluation form gives students the opportunity to evaluate how prepared they feel they are to meet the course outcomes. The course outcomes are found in each course syllabi and the students are made of these outcomes during the first day of class. The results of this questionnaire are compiled by the individual team leaders; findings are presented in the team meetings as well as during curriculum committee. (Exhibit Nineteen)

**Facility Evaluation (NESA)** - The organization Nurse Educator, Service Administrator (NESA) which governs the distribution of clinical education slots in the major metropolitan area generates an evaluation form to be completed by the students and Instructors at the end of each clinical experience. The results of this survey are compiled by the each team leader and presented during team meetings as well as curriculum committee. The Team leader is responsible for sending a copy of this evaluation back to the facilities. (Exhibit Twenty)

**Faculty Self Evaluation, Professional Development and Service Report** – A campus wide evaluation form is generated and filled out by each faculty member yearly. This form tracks faculty teaching load, institutional, civic and professional service, and professional development, both internal and external to SSC. The self evaluation summary requires the faculty to set short and long term goals, evaluate previous set goals and describe strengths and weaknesses. This self evaluation is used by the Division chair to complete yearly faculty evaluations. (Exhibit Twenty One)
**Student Evaluations of Clinical Faculty** - A nursing faculty clinical evaluation form is generated by the department of nursing and is completed by the students for each clinical nursing faculty. The course name, faculty name and semester of evaluation are included on the form. The students rate each item on a scale of 0-5; (0) Does not Describe or Don’t know, (1) Almost never describes, (2) Rarely Describes, (3) Sometimes Describes. This evaluation form includes the evaluation of adjunct clinical faculty. The results of this questionnaire are compiled by the individual team leaders; findings are presented in the individual team member and then passed on to the Division Chair (Exhibit Twenty Two).

A self evaluation form and Faculty Evaluation form (by Division Chair) was create to aide in the evaluation of adjunct faculty. The Division Chair is responsible for the evaluation of adjunct faculty each semester.

**Faculty Evaluation Tools**: A weekly evaluation tool is completed in narrative format for each student by clinical faculty. The student’s name, course, date and assignment are included. The evaluation form is divided into two columns; one for satisfactory work and the other for areas needing to improve. The students receive a copy of this form weekly with graded paperwork and the faculty keeps a copy for the student’s record. (Exhibit Twenty Three)

An annual graduate survey and employer survey is conducted by the faculty and is addressed below; see standard 6.4. At the conclusion of the fourth semester students take a NCLEX preparation examination. The results of this exam are analyzed by the team leader presented to the faculty annually to determine the need for adjustments to the curriculum and evaluate overall program effectiveness.

The above data is tallied and summarized by the Team Leaders. The team then discusses results during the end of the semester team meeting. The deliberation of these finding and aggregated data can be found in the Team Minutes book for each semester. It is the goal of the nursing faculty to trend the average of each response on evaluation forms for the past three years during the 2011-2012 academic years.

In summary, the evaluation process that occurs in each course by students and faculty contribute to ongoing revision and improvement of the curriculum. Instructor/course evaluations are utilized to determine how well instructors are achieving teaching/learning outcomes. The results of this
continuous evaluation process are clearly reflected in curricular changes and are compiled in the annual SEP report.

**CRITERION 6.3 Evaluation findings are shared with communities of interest.**

Each year Seminole State College invites all local agencies that participate in the educational process, or have a vested interest in the nursing students, to a round table discussion. This is the annual Nursing Advisory Committee. All curricular changes are presented and discussed at this time. Feedback is taken into consideration before changes are implemented. All suggestions for future changes are reflected in the minutes and presented during the curriculum meeting.

**CRITERION 6.4 Graduates demonstrates achievement of competencies appropriate to role preparation.**

The nursing department employs two post course evaluation tools. The first is a Graduate Questionnaire which is sent out six months post graduation. This questionnaire asks the graduate to identify whether he/she was well prepared, moderately prepared, or poorly prepared to meet each of the Departmental Learner (Terminal) Outcomes at the time of graduation. There is an additional open-ended question that asks for comments on whether the graduate felt his/her nursing education prepared him/her for nursing practice.

The Employer Survey is designed to determine whether business and industry report our graduates are able to achieve the Program Outcomes (six month competencies) six months after graduation. Employers rank SSC graduates on each of the Program Outcomes by identifying whether they “strongly agree” to “strongly disagree” that the graduate has attained each of the Program Outcomes. See appendix pg 135.
CRITERION 6.5 The program demonstrates evidence of achievement in meeting the following program outcomes:

- Performance on licensure exam
- Program completion
- Program satisfaction
- Job Placement

CRITERION 6.5.1 The licensure exam pass rates will be at or above the national mean.

Seminole State College Nursing Program has met or exceeded the national average on the NCLEX-RN licensure exam, with the exception of 2005 and 2007 (refer to table below). The Program began a partnership with the International University of Nursing (IUON) during the summer of 2006. This IUON allowed international students to join classes concurrently and established fall graduation dates; which are unusual for this program. As the program incorporated a group of students with a relatively unknown academic background it is believed this accounts for the unusual dip in the NCLEX success rate in 2007 for Seminole State College.

<table>
<thead>
<tr>
<th>Year</th>
<th>SSC Pass Rate Percent</th>
<th>National Pass Rate Percent</th>
<th>Oklahoma Pass Rate Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2004</td>
<td>88%</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>May 2005</td>
<td>86%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>May 2006</td>
<td>90%</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>May 2007</td>
<td>76%</td>
<td>85%</td>
<td>82%</td>
</tr>
<tr>
<td>May 2008</td>
<td>88%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>May 2009</td>
<td>92%</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Table 6.0 NCLEX pass rates 2004-2009

In the past the nursing division utilized Mosby’s Assess Test to identify student who were at “high risk” of NCLEX failure. Students who were identified as high risk were required to complete an individualized “Plan for Remediation”, commit to additional on-campus review time, and submit individualized homework assignments at the beginning of each campus lab class. In 2005-2006, the Mosby Assess test was no longer available. In 2007, the SSC pass rate dropped. Faculty started looking
for other types of assessment test. In 2009, we began utilizing the HESI RN EXIT exam. Aggregated data was used to make curriculum decisions based on identified weak areas. Faculty is currently discussing the use of content specific standardized exams throughout the program. In the academic year 2011-2012, the faculty have agreed to focus on the analysis of faculty generated test. The testing committee will meet and educate new faculty on areas of NCLEX examination, cognitive levels of test questions, parameter indicators that identify poor and good test questions. Faculty will be sent to workshops to improve test writing skills and to learn to write test questions in the NCLEX format. The faculty believe that close attention needs

Currently Seminole State College offers a pre NCLEX exam during the last half of the fourth semester. Remediation is developed for each student based on the results of this exam. The students that score critically low on this exam are expected to do additional remediation and take a follow up exam to insure they are prepared to sit for the NCLEX-RN exam. At the start of the spring semester of 2010 a capstone course began which included an organized NCLEX review and remediation in order to better prepare students.

**CRITERION 6.5.2 Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.**

Seminole State College Nursing Program has adopted a standard for the expected graduation rate at 65% or better. The time-frame currently set for completing graduation requirements must be accomplished within 7 semesters. The following table illustrates the actual level of achievement.

<table>
<thead>
<tr>
<th>Table 6.1 Nursing Graduation and Completion data</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATA</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Number graduates</td>
</tr>
<tr>
<td>Completion rates</td>
</tr>
<tr>
<td>Number failed</td>
</tr>
<tr>
<td>Number Enrolled</td>
</tr>
<tr>
<td>Number failed</td>
</tr>
<tr>
<td>Number admitted</td>
</tr>
</tbody>
</table>

In order to address the Program’s retention rates a variety of strategies have been employed. The college obtained a grant for two full time advisory positions for the Health Science department. The Advisor will be responsible for assisting with the identification and selection of participants, assessing individual participant needs, and developing an Education Action Plan (EAP). The goal for this program is to develop directional pathways to insure student success. This program began October 2010 and has been funded to continue for five years.
A freshman orientation program has been developed and is offered to the new students prior to beginning the program. This orientation offers an overview of the nursing program and expectations as well as providing a question and answer period with upperclassman for study tips, stress reduction and time management skills.

Remediation measures have also been instituted to increase the student success rate. Some of the remediation methods include, but are not limited to, making students aware of their cumulative grade after each test. An “at risk” policy was developed to identify and evaluate students who have demonstrated high risk behaviors (frequent absences, inappropriate behavior, below average test scores). All students are required to meet individually with an instructor to review their academic and clinical progress at mid-term and end of semester.

One of the SSC faculty did a five year retrospective study of our program. The purpose of this study was to examine if selected variables can predict whether or not the student will graduate from an associate degree nursing program and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) on the first attempt. The independent variables were: Grade Point Average (GPA), American College Testing (ACT) score, and Reading Comprehension score. The dependent variables were graduation and NCLEX-RN first attempt success. The population was n=168, 68 of the students graduated, 58 of the graduates were successful on his or her first attempt on the NCLEX-RN. The results of the study indicated that reading comprehension scores were significant to graduation, and that GPA scores were significant to first attempt success of the NCLEX-RN.

This information was compiled during the academic year 2010 and will be utilized by the admissions committee meeting to determine if higher admission standards should be adopted.

CRITERION 6.5.3 Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

An end of program evaluation is completed by each graduating class in which the students are given the opportunity to rate the nursing program in following areas:

1. Learning Environment
2. Support Services
3. Student Policies
4. Curriculum and Instruction
5. Open Ended Questions
The questions are ranked by “more than met my needs”, “met my needs”, and “did not meet my needs”. Historically, the responses have been at the met my needs level or higher.

The nursing department employs two post course evaluation tools. The first is a Graduate Questionnaire which asks the graduate to identify whether he/she was well prepared, moderately prepared, or poorly prepared to meet each of the Departmental Learner (Terminal) Outcomes at the time of graduation. There is an additional open-ended question that asks for comments on whether the graduate felt his/her nursing education prepared him/her for nursing practice.

Historically there has been small return of the Graduate Questionnaire, refer to table below.

Table 6.2 Graduate Survey

<table>
<thead>
<tr>
<th>Graduate Survey</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% respondents</td>
<td>64%</td>
<td>50%</td>
<td>38%</td>
<td>55%</td>
<td>22.60%</td>
<td>7%</td>
<td>26%</td>
</tr>
<tr>
<td>Moderately prepared</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Well Prepared</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>

In order to accurately evaluate the graduates; the low response rate must be addressed. Seminole State College is pursuing a web based survey system to encourage a higher response rate.

The Employer Survey is designed to determine whether business and industry report our graduates are able to achieve the Program Outcomes (six month competencies) six months after graduation. Employers rank SSC graduates on each of the Program Outcomes by identifying whether they “strongly agree” to “strongly disagree” that the graduate has attained each of the Program Outcomes. Refer to table below.
For several years results from both the Graduate Questionnaires and the Employer Surveys have been very positive, however a downward trend is developing. It is hoped that a new web based program will result in a more accurate reflection and response rate of those surveyed. Data collected from both tools will be available for review during the site visit.

CRITERION 6.5.4 Job placement rates are addressed through quantified measures that reflect program demographics and history.

In order to facilitate graduates ability to achieve success in the job market, students are offered instruction on resume building, interview techniques, etc. Area agencies are invited to the campus during the spring semester to recruit graduates. The graduate survey includes a question regarding employment.

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

Currently the only nursing course offered online is Microbiology for Nurses which can be taken in lieu of Microbiology.

<table>
<thead>
<tr>
<th>Employer Survey</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Respondents</td>
<td>44%</td>
<td>40%</td>
<td>38%</td>
<td>41%</td>
<td>16%</td>
<td>15%</td>
<td>23%</td>
</tr>
<tr>
<td>% Strongly Satisfied</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>% Moderately Satisfied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20%</td>
<td>40%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>% Poorly Satisfied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
OBN Clinical Facility Report  
Report Period: 2010-2011

**Semester/Level: 1st semester**

<table>
<thead>
<tr>
<th>TYPE OF EXPERIENCE</th>
<th>FACULTY SUPERVISED (S), OBSERVATIONAL (O), OR PRECEPTED (P)</th>
<th># HOURS PROVIDED FOR EACH STUDENT</th>
<th>FAC:STUDENT RATIO*</th>
<th>NAME OF FACILITY/IES USED FOR EXPERIENCE</th>
<th>TYPE OF FACILITY/UNIT</th>
<th>LOCATION OF FACILITY</th>
<th>RN STAFFING PROVIDED AT FACILITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED/SURG</td>
<td>S</td>
<td>30</td>
<td>1:6</td>
<td>Midwest Regional Medical Center</td>
<td>Acute Care Hospital</td>
<td>Midwest City</td>
<td>YES</td>
</tr>
<tr>
<td>ACUTE CARE</td>
<td></td>
<td></td>
<td></td>
<td>Valley View Regional Hospital</td>
<td>Acute Care Hospital</td>
<td>Ada</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unity Health Center</td>
<td>Acute Care Hospital</td>
<td>Shawnee</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Norman Regional Hospital</td>
<td>Acute Care Hospital</td>
<td>Norman</td>
<td>YES</td>
</tr>
<tr>
<td>Aging</td>
<td>S</td>
<td>18</td>
<td>1:12</td>
<td>Sunset Estates</td>
<td>Long Term Care</td>
<td>Tecumseh</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sunset Estates</td>
<td>Long Term Care</td>
<td>Seminole</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rose Manor</td>
<td>Long Term Care</td>
<td>Shawnee</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Total Hours Level I: Hours of Clinical Experience**:  
___48___ # hours of faculty-supervised experience  
___0___ # hours of observational experience
# hours of preceptor experience

## OBN Clinical Facility Report

Report Period: 2010-2011

**Semester/Level:** 2nd semester

<table>
<thead>
<tr>
<th>TYPE OF EXPERIENCE</th>
<th>FACULTY SUPERVISED (S), OBSERVATIONAL (O), OR PRECEPTED (P)</th>
<th># HOURS PROVIDED FOR EACH STUDENT</th>
<th>FAC:STUDENT RATIO*</th>
<th>NAME OF FACILITY/IES USED FOR EXPERIENCE</th>
<th>TYPE OF FACILITY/UNIT</th>
<th>LOCATION OF FACILITY</th>
<th>RN STAFFING PROVIDED AT FACILITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDIATRIC</td>
<td>S</td>
<td>27</td>
<td>1:5-7</td>
<td>Childrens Hospital</td>
<td>Acute Care</td>
<td>OKC</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OU Health Sciences Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGING</td>
<td>S</td>
<td>9</td>
<td>1:7-8</td>
<td>Meeker Nursing Home</td>
<td>LTC</td>
<td>Meeker</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Seminole Estates Nursing Home</td>
<td>LTC</td>
<td>Seminole</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tecumseh Sunset Estates Nursing Home</td>
<td>LTC</td>
<td>Tecumseh</td>
<td>YES</td>
</tr>
<tr>
<td>HOME HEALTH</td>
<td>S</td>
<td>9</td>
<td>1:7-8</td>
<td>Health Back Home Health</td>
<td>Home Health</td>
<td>Seminole</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shawnee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Holdenville</td>
<td></td>
</tr>
<tr>
<td>HOME HEALTH (cont)</td>
<td>Victory Home Health</td>
<td>Home Health</td>
<td>Ada</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------</td>
<td>-------------</td>
<td>-----</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holdenville Home Health</td>
<td>Home Health</td>
<td>Holdenville</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED-SURG ACUTE CARE</td>
<td>5</td>
<td>63</td>
<td>1:5-6</td>
<td>Norman Regional Hospital</td>
<td>Acute Care Hospital</td>
<td>Norman</td>
<td>YES</td>
</tr>
<tr>
<td>Valley View Hosp.</td>
<td>Acute Care Hospital</td>
<td>Ada</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwest Regional Medical Center</td>
<td>Acute Care Hospital</td>
<td>Midwest City</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours Level II Hours of Clinical Experience**: #Hours listed in table must correlate with hours listed in totals

- **108** #hours of faculty-supervised experience
- **0** #hours of observational experience
- **0** #hours of precepted experience
- **108** Total hours of clinical experience.
## OBN Clinical Facility Report
Report Period: 2010-2011

**Semester/Level:** 3rd semester

<table>
<thead>
<tr>
<th>TYPE OF EXPERIENCE</th>
<th>FACULTY SUPERVISED (S), OBSERVATIONAL (O), OR PRECEPTED (P)</th>
<th># HOURS PROVIDED FOR EACH STUDENT</th>
<th>FAC:STUDENT RATIO*</th>
<th>NAME OF FACILITY/IES USED FOR EXPERIENCE</th>
<th>TYPE OF FACILITY/UNIT</th>
<th>LOCATION OF FACILITY</th>
<th>RN STAFFING PROVIDED AT FACILITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED/SURG ACUTE CARE</td>
<td>S</td>
<td>84</td>
<td>1:8-9</td>
<td>Midwest Regional Medical Center</td>
<td>Acute Care Hospital</td>
<td>Midwest City</td>
<td>YES</td>
</tr>
<tr>
<td>Health Disruption Across the Lifespan</td>
<td></td>
<td></td>
<td></td>
<td>Norman Regional Hospital</td>
<td>Acute Care Hospital</td>
<td>Norman</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unity Health Center</td>
<td>Acute Care Hospital</td>
<td>Shawnee</td>
<td>YES</td>
</tr>
<tr>
<td>Mental Health</td>
<td>S</td>
<td>36</td>
<td>1:6-8</td>
<td>St Anthony Hospital</td>
<td>Acute Inpatient Psych</td>
<td>OKC</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rolling Hills Psych Hospital</td>
<td>Acute Inpatient Psych</td>
<td>Ada</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Henryetta Hospital</td>
<td>Acute Inpatient Psych</td>
<td>Henryetta</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unity House</td>
<td>Acute Outpatient Psych</td>
<td>Edmond</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Griffin Psych Hospital</td>
<td>Acute Inpatient Psych</td>
<td>Norman</td>
<td>YES</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>O</td>
<td>6</td>
<td>1:8</td>
<td>AA/NA group sessions</td>
<td>Community</td>
<td>Shawnee Ada</td>
<td>Seminole</td>
</tr>
<tr>
<td>---------------------</td>
<td>---</td>
<td>---</td>
<td>-----</td>
<td>----------------------</td>
<td>-----------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Peer Assistance</td>
<td>OBN – speaker</td>
<td>SSC</td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours Level III:**

**Hours of Clinical Experience*:**

- **120** # hours of faculty-supervised experience
- **0** hours of preceptor experience
- **6** # hours of observational experience
- **126** Total hours of clinical experience

#Hours listed in table must correlate with hours listed in totals.
**OBN Clinical Facility Report**

Report Period: 2010-2011

**Semester/Level: 4th semester**

<table>
<thead>
<tr>
<th>TYPE OF EXPERIENCE</th>
<th>FACULTY SUPERVISED (S), OBSERVATIONAL (O), OR PRECEPTED (P)</th>
<th># HOURS PROVIDED FOR EACH STUDENT</th>
<th>FAC:STUDENT RATIO*</th>
<th>NAME OF FACILITIES USED FOR EXPERIENCE</th>
<th>TYPE OF FACILITY/UNIT</th>
<th>LOCATION OF FACILITY</th>
<th>RN STAFFING PROVIDED AT FACILITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED/SURG ACUTE CARE</td>
<td>S</td>
<td>148</td>
<td>1:9</td>
<td>Midwest Regional Medical Center</td>
<td>Acute Care Hospital</td>
<td>Midwest City</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Norman Regional Hospital</td>
<td>Acute Care Hospital</td>
<td>Norman</td>
<td>YES</td>
</tr>
<tr>
<td>COMMUNITY HEALTH</td>
<td>S</td>
<td>8</td>
<td>1:9</td>
<td>Seminole Co</td>
<td>Health Dept</td>
<td>Seminole</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pottawatomie Co.</td>
<td>Health Dept</td>
<td>Shawnee</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pontotoc Co</td>
<td>Health Dept</td>
<td>Ada</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hughes Co.</td>
<td>Health Dept</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lincoln Co.</td>
<td>Health Dept</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>REHAB</td>
<td>S</td>
<td>16</td>
<td>1:9</td>
<td>JD McCarty Children’s Center</td>
<td>Rehab and Skilled Nursing facility</td>
<td>Norman</td>
<td>YES</td>
</tr>
<tr>
<td>Preceptorship</td>
<td>P</td>
<td>72-78</td>
<td>1:9</td>
<td>Valley View</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>---</td>
<td>-------</td>
<td>-----</td>
<td>-------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Norman</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OUMEDICAL</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CENTER</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unity Health</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Center Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Henryetta</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Midwest City</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health-Back</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospice</td>
<td>Acute Care Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Seminole Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Center</td>
<td>Hospice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours Level IV: Hours of Clinical Experience**:  

- **172** # hours of faculty-supervised experience  
- **0** # hours of observational experience  
- **72-78** # hours of preceptor experience  
- **244-250** Total hours of clinical experience  

**Total Hours of Clinical Experience for entire program**:  

- **448** # hours of faculty-supervised experience  
- **6** # hours of observational experience  
- **72-78** # hours of preceptor experience  
- **526-532** Total hours of clinical experience  

*Hours listed in table must correlate with hours listed in totals.*
Applicants are responsible for requesting “Standards for Admission” for desired year of entrance into the Nursing Program.

I. ADMISSION REQUIREMENTS:

a. **College GPA of 3.0 in twelve or more hours applicable to the Nursing Degree.** (Eleven hours college credit or less applicable to the Nursing Degree: must use high school GPA of 3.0).

b. **Composite: Met by one of the following:** (Score must be within the last 5 years.)
   - ACT Composite score of 19*, or
   - TEAS 4.0* Composite score of 74, or
   - TEAS 5.0* Composite score 59, or
   - NET Composite score of 62

c. **Math: Met by one of the following:** (Score must be within the last 5 years.)
   - ACT Math Subset score of 16, or
   - TEAS 4.0* Math Subset score of 68, or
   - TEAS 5.0* Math Subset score is 62, or
   - NET Math Subset score of 56

d. **Reading: Met by one of the following:** (Score must be within the last 5 years.)
   - Nelson-Denny** Reading Test score of 15, or
   - TEAS 4.0* Reading Test score of 87, or
   - TEAS 5.0* Reading Test score is 70, or
   - NET Reading Test score of 72.

Information on the Nelson Denny, TEAS, and ACT testing is available online at SSCOK.EDU by clicking on SSC Testing Center link.

*Note: TEAS 4.0 and TEAS 5.0 may be taken only twice and must be at least 30 days apart.

**Note: Nelson-Denny may be taken only twice in a semester, for a total of four attempts.
II. ADMISSION PROCEDURE:

The applicant completes the application procedure by submitting to the nursing office by March 31, 2012, the following:

a. verification of acceptance to Seminole State College
b. application for Admission to the Nursing Program
c. copy of updated college transcript(s)
d. copy of composite and math test scores from the ACT, TEAS, or NET test
e. copy of reading test score from the Nelson Denny, TEAS, or NET test.

The Admission Committee will meet in April to select the members of the fall nursing class. Each applicant will be notified of his/her admission status in writing by the Nursing and Health Sciences Division Chair. Any applicant not selected for admission is encouraged to meet with the Division Chair and/or nursing faculty for advisement and continued planning for possible future admission to the Program. In the event the admissions quota is not met after the stated deadline, there may be additional admissions meetings following the end of the spring semester. All active applications currently on file in the nursing office at the time of the admissions meeting will be reprioritized using the most current data available. Applicants will be notified of their acceptance to the program in writing via the address on file in the SSC Nursing office. Students are encouraged to keep the information in their file current.

Applicants admitted to the Program must complete the student health screening form prior to entering the Program. Nursing faculty reserve the right to deny admissions to clinical nursing courses, should the student’s health impinge on the safety of the student and/or patients. Such a decision would be a joint deliberation of college administration, the nursing faculty, the student involved, and the student’s health care provider.

Career Mobility applicants (LPNs) have a different admission procedure and should request information from the Nursing Office.

III. ADMISSION POLICY:

Applicants who have filed an application form by the deadline date, who meet admission requirements and who have submitted all requisite information will be considered for admission by the Admission Committee.

The Admission Committee is comprised of the Nursing Division Chair, the Associate Chair, nursing faculty, as well as three additional college members.
If admitted to the Program, applicants will be required to complete Long Term Care (LTC)/Home Health Aide (HHA) and CPR Certification (American Heart Association: Basic Life Support for Healthcare Providers) courses and provide verification of certification prior to entering N1616 (Survey of Human Dimensions). NOTE: Annual CPR recertification is required. Contact the Nursing Office for information regarding where certification may be obtained. These certifications are not a requirement to be considered for admission, but must be completed prior to entering the Nursing Program. American Red Cross certification will not be accepted.

NOTE: Applicants who are not accepted into the Program but wish to be reconsidered for the following year’s class must complete an "Application Renewal Form" and submit it by the designated date on the form.

IV. ACADEMIC PROFILE AND RANKING: (Total points possible 118)

Since class size is limited to assure quality clinical learning experiences for students who are admitted to the Program, applicants are ranked based on the following academic profile:

a. GPA:
Applicants with twelve or more hours of College credit applicable to Nursing Degree must use college GPA (Refer to pg. 1, section I-a). Only courses from the Degree Requirements will be included to calculate GPA. Applicants with eleven hours or less of college credit applicable to Nursing Degree must use high school GPA. (Points are not given for both college and high school GPAs; one or the other will be used based on the above-stated criteria).

<table>
<thead>
<tr>
<th>High School GPA</th>
<th>College GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6 – 4.0</td>
<td>3.6 – 4.0</td>
</tr>
<tr>
<td>3.3 – 3.5</td>
<td>3.3 – 3.5</td>
</tr>
<tr>
<td>3.0 – 3.2</td>
<td>3.0 – 3.2</td>
</tr>
</tbody>
</table>

b. Composite Score: (Scores must be within last 5 years from one of the following)

<table>
<thead>
<tr>
<th>ACT – min req 19</th>
<th>NET – min req 62</th>
<th>TEAS 4.0 – min req 74</th>
<th>TEAS 5.0 – min req 59</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 or above</td>
<td>77 or above</td>
<td>86 or above</td>
<td>75 or above</td>
</tr>
<tr>
<td>22-24</td>
<td>70 – 76</td>
<td>81 – 85</td>
<td>67 – 74</td>
</tr>
<tr>
<td>20-21</td>
<td>63 – 69</td>
<td>75 – 80</td>
<td>60 – 66</td>
</tr>
<tr>
<td>19</td>
<td>62</td>
<td>74</td>
<td>59</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACT – min req 16</th>
<th>Score 19+</th>
<th>10 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET – min req 56</td>
<td>Score 66+</td>
<td>10 pts</td>
</tr>
<tr>
<td>TEAS 4.0 – min req 68</td>
<td>Score 75+</td>
<td>10 pts</td>
</tr>
<tr>
<td>TEAS 5.0 – min req 62</td>
<td>Score 69+</td>
<td>10 pts</td>
</tr>
</tbody>
</table>

d. Reading Score: (Scores must be within the last 5 years from one of the following)
e. **Grade Achievement**

<table>
<thead>
<tr>
<th>Test</th>
<th>Minimum Requirement</th>
<th>Score Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>NELSON-DENNY – min req 15</td>
<td></td>
<td>Score 15</td>
<td>5 pts</td>
</tr>
<tr>
<td>NET – min req 72</td>
<td></td>
<td>Score 72</td>
<td>5 pts</td>
</tr>
<tr>
<td>TEAS 4.0 – min req 87</td>
<td></td>
<td>Score 87 – 89</td>
<td>5 pts</td>
</tr>
<tr>
<td>TEAS 5.0 – min req 70</td>
<td></td>
<td>Score 70 – 79</td>
<td>5 pts</td>
</tr>
</tbody>
</table>

\[\begin{array}{|l|c|c|}
\hline
\text{Test} & \text{Minimum Requirement} & \text{Score Range} & \text{Points} \\
\hline
\text{NELSON-DENNY} & \text{min req 15} & \text{Score 15} & \text{5 pts} \\
\text{NET} & \text{min req 72} & \text{Score 72} & \text{5 pts} \\
\text{TEAS 4.0} & \text{min req 87} & \text{Score 87 – 89} & \text{5 pts} \\
\text{TEAS 5.0} & \text{min req 70} & \text{Score 70 – 79} & \text{5 pts} \\
\end{array}\]

f. **Long Term Care (LTC) with Home Health Aide (HHA) Certification** = 3pts

The procedure to be used to prioritize between students with equal total possible points is as follows:

1. Composite Score: ACT or TEAS 4.0 or TEAS 5.0 or NET.
2. Reading Test Score: Nelson Denny, or TEAS 4.0 or TEAS 5.0 or NET.
3. Grade Point Average (GPA) calculation of science courses.
4. Math Subset Score: ACT or TEAS 4.0 or TEAS 5.0 or NET.
5. Overall GPA in support courses.
6. Long Term Care (LTC) with Home Health Aide (HHA) Certification.

V. **RE-ADMISSION:**

a. **Policy:**

In determining eligibility for readmission, the Admission Committee will consider the following factors:

1. number of students currently enrolled in the course
2. rationale for failure to successfully complete the course the first time
3. compliance with the plan developed during the Exit Interview
4. educational and work experiences during the interim
5. input from admission committee members
6. length of interim since last enrollment in nursing with primary consideration for changes in the Nursing Program and the interim not to exceed one year

b. **Procedure:**

1. The applicant seeking readmission will complete and file with the Nursing Office an "Application for Readmission” by the established deadline.
2. The application will be considered and acted upon by the Admission Committee.
3. The applicant will be notified in writing by the Nursing and Health Sciences Division Chair of the Committee's decision. Should the application for readmission be denied, a written statement of the rationale for the decision will be included in the letter.

VI. TRANSFER OF ACADEMIC CREDIT:

a. Transfer students must comply with the Standards for Admission to the Nursing Program.

b. Transfer of Non-Nursing Credits:
Credit for non-nursing courses will be transferred if the grades and course description are comparable to the criteria established by Seminole State College and the Nursing Division. A grade of 'C' or higher must be achieved in all courses required for the degree.

Note:

1. First semester transfer applicants must have completed Principles of Biology (or its equivalent). If the applicant has not completed Physiology and microbiology prior to transfer, must be co-enrolled during the first semester.

2. Second semester transfer applicants must have completed Principles of Biology (or its equivalent), Physiology, and be co-enrolled in Anatomy (if not already completed).

3. Third and forth semester transfer applicants must have completed Principles of Biology (or its equivalent), Physiology, Anatomy and Microbiology.

c. Transfer of Nursing Credit:
1. Total number of nursing credit hours that can be transferred from another nursing school is determined by the Seminole State College Nursing Division Chair.
   a. a grade of 'C' or higher must be achieved in the nursing course.

b. evidence must be demonstrated that the nursing courses being transferred is comparable to the SSC nursing courses. The course syllabus and College Catalog current to the time the course was taken and samples of completed assignments, i.e. Nursing Care Plans, Case Studies, or other scholarly works are to be submitted for evaluation by the Nursing Division Chair.

c. a nursing course taken prior to the last two years is non-transferable.

d. it is the decision of the SSC Nursing Division Chair to transfer or not to transfer credit for a nursing course.

e. verification that the student is in good standing from the Director/Chair of the transferring nursing program is required.

2. Application for transfer of nursing courses will be considered on an individual basis. Factors considered will include comparability of course content and availability of space
in the course for which the student is making admission application.

3. All state and college policies regarding transfer of credit as outlined in the college catalog also apply.

VI. GRADUATION REQUIREMENTS:

In order to graduate from Seminole State College with an Associate in Applied Science in Nursing degree, and therefore be eligible to take the National Council Licensing Examination for Registered Nursing (NCLEX-RN), the student must meet the following graduation requirements:

a. All financial obligations to the College must be paid.

b. The student's overall grade point average must be 2.0.

c. All courses in the entire nursing curriculum must be completed with at least a “C” grade, which also requires passing clinical labs with a satisfactory grade (See Degree Requirements: Associate in Applied Science in Nursing).

d. Students are responsible for applying for degrees and licensing examinations within the deadlines set by the College and Oklahoma State Board of Nursing.

e. The student must meet any other requirements for graduation set by the College. (See SSC Catalog).

NOTE:

1. SSC is a National League for Nursing Accrediting Commission (NLNAC) School. NLNAC may be contacted at:
   3343 Peachtree Road NE, Suite 850
   Atlanta, GA  30326
   404-975-5000

2. The SSC Nursing Program is approved by the Oklahoma Board of Nursing. Graduates of this state-approved program are eligible to apply to write the National Council Licensure Examination (NCLEX) for registered nurses. Applicants for Oklahoma licensure must meet all state and federal requirements to hold an Oklahoma license to practice nursing. In addition to completing a state-approved nursing education program that meets educational requirements and successfully passing the licensure examination, requirements include submission of an application for licensure, a criminal history records search, and evidence of citizenship or qualified alien status. Applicants for practical nurse licensure must also hold a high school diploma or a graduate equivalency degree (G.E.D.) [59 O.S. §567.5 & 567.6]. To be granted a license, an applicant must have the legal right to be in the United States (United States Code Chapter 8, Section 1621). In addition, Oklahoma law only allows a license to be issued to U.S. citizens, U.S. nationals, and legal permanent resident aliens. Other qualified aliens may be issued a temporary license that is valid until the expiration of their visa status, or if there is no expiration date, for one year.
Applicants who are qualified aliens must present, in person, valid documentary evidence of:

a. a valid, unexpired immigrant or nonimmigrant visa status for admission into the United States
b. a pending or approved application for asylum in the United States
c. Admission into the United States in refugee status
d. a pending or approved application for temporary protected status in the United States;
e. approved deferred action status; or
6. a pending application for adjustment of status to legal permanent residence status or conditional resident status.

The Board has the right to deny a license to an individual with a history of criminal background, disciplinary action on another health-related license or certification, or judicial declaration of mental incompetence [59 O.S. §567.8]. These cases are considered on an individual basis at the time application for licensure is made, with the exception of felony charges. An individual with a felony conviction cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received [59 O.S. §567.5 & 567.6].

3. Applicants who are admitted to the program will be required to submit a background check that meets the specific requirements of the healthcare agencies where clinical learning experiences occur.
4. Applicants who are admitted to the program will be required to submit to a drug screen that meets the specific requirements of the healthcare agencies where clinical learning experiences occur.
5. Physiology must be completed prior to or concurrent with NURS 1616 Survey of Human Dimensions.
6. Applications of Clinical Microbiology should be taken prior to or concurrent with NURS 1616, Survey of Human Dimensions.
7. Anatomy should be taken prior to or concurrent with NURS 1528 Nursing Across the Life Span.
8. Electives are defined as related courses according to the "Standards for the Associate Degree in Programs of Technical-Occupational Education" and must be approved by the Nursing and Health Sciences Division Chair.
9. There are 72 semester credit hours required for the Associate in Applied Science in Nursing Degree.
10. Three clock hours per week of clinical laboratory is equal to one credit hour. The number of clinical laboratory credit hours required varies each semester. (See Division Chair for clarification).
SEMINOLE STATE COLLEGE- NURSING PROGRAM

EVALUATION AND PROGRESSION POLICY

I. GRADING

The student’s grade is based upon a percentage of total points obtained from written tests.

Grade equivalents used in clinical nursing courses are as follows:

A: 90-100%     B: 83-89%     C: 78-82%     D: 70-77.99%     F: <70%.

II. CLINICAL EVALUATION

A. Campus Laboratory:

1. Satisfactory performance of technical skills is defined as the ability to safely perform each of the critical elements set for each technical skill.
2. Each technical skill will be demonstrated by faculty in the campus laboratory. The student must then practice the skill in a supervised simulated laboratory.
3. The student will independently practice in the campus laboratory each week until the skills test is satisfactorily completed.
4. The student is expected to skills test with the faculty during the designated timeframe. The student should have completed sufficient practice to be prepared to skills test. In the event that the student is unsuccessful on the initial skills test, the student will be required to remediate and schedule retesting with the faculty.
5. Technical skills must be successfully demonstrated in the campus lab prior to performance in the clinical (hospital) setting.
6. Attendance is mandatory for all on-campus labs. The student is expected to come prepared and participate in all on-campus labs.

B. Clinical Laboratory:

Performance in the clinical laboratory is evaluated on a satisfactory/unsatisfactory basis. Different levels of ability for satisfactory are described as:

   a. Beginning level- minimally meets clinical objectives and requires close supervision and guidance.
   b. Intermediate level- consistently meets clinical objectives but seeks continued guidance and validation from instructor.
   c. Advanced level- consistently meets clinical objectives and demonstrates a desire to increase knowledge base. Performs at independent level.
   d. Any student who receives a satisfactory grade in clinical will receive the letter grade for the course which he/she earns from written tests. Any student who receives an unsatisfactory in clinical performance will receive a "D" grade for the nursing course in which he/she is currently enrolled, provided the academic average is at least a "C" grade.
1. Satisfactory clinical performance is characterized by:
   a. safe performance of the critical elements of nursing care.
   b. completion of clinical objectives, as defined in the course syllabus for each nursing course.
   c. safe performance of clinical objectives, including those which have been previously mastered.

2. Unsatisfactory clinical performance that will result in clinical failure is characterized by three of any or all of the following:
   a. failure to complete the critical elements of nursing care outlined in the clinical objectives.
   b. failure to complete the clinical objectives for each course. (Student must demonstrate progression in the ability to perform clinical objectives which were units of study in previous semesters as well as demonstrate progression throughout the semester in units currently under study).
   c. breach of patient safety through failure to perform the critical elements of nursing care outlined in the clinical objectives. Incidences of breach of patient safety are cumulative throughout the Program.
   d. work submitted late and/or incomplete.

3. Unsatisfactory clinical performance is characterized by excessive absences from clinical laboratory experiences as defined in the Course Requirements for each nursing course.

Procedure for Clinical Evaluation:

1. The student must bring the clinical objectives to clinical lab each week.

2. Clinical objectives are discussed in pre-conference. If the student has questions concerning clinical objectives applicable to a learning experience, he/she should ask them during pre-conference.

3. The student should each week submit written assignments based on clinical objectives.

4. The student must be supervised on his/her first performance in the clinical setting of any technical skill. Examples of these skills include medication administration, starting an intravenous infusion and insertion of a urinary catheter. After the first performance of the skill in a patient care situation the amount of faculty supervision necessary for performance of the skill should be determined jointly by the faculty and the student. Students are encouraged to actively seek out technical learning experiences.

5. The clinical instructor will record appropriate comments concerning progress toward attainment of clinical objectives, and return comments to the student weekly.

6. At least twice within the semester, the student schedules a clinical consultation with his/her clinical instructor to discuss strengths and weaknesses of his/her clinical performance utilizing the Clinical Evaluation Tool.
7. The instructor provides the student with both verbal and written feedback concerning strengths and weaknesses of overall clinical performance.

8. If the student demonstrates consistent unsatisfactory clinical performance as determined through the above procedure, a conference is scheduled by the instructor with the student, the teaching team, and the nursing chairperson.

9. If the unsatisfactory performance is validated in this conference, the student is given notice of the failing performance in the course. Students failing the course due to unsafe practice will be denied the right to return to the clinical laboratory. **NOTE:** Repeated unsafe practice is defined as three incidents where a patient has been placed at risk. On the third incident of unsafe practice the student will be dismissed from the Program. However, there may be an incident or behavior severe enough which could result in immediate dismissal.

10. If the student demonstrates unsafe clinical performance or has difficulty completing clinical objectives, he/she is referred to the course team leader for additional individual instruction and remediation.

11. A student failing the course due to unsatisfactory clinical performance may opt to protest this decision. Within three days of the notification of failure the student must submit an appeal in writing to the Division Chair. A student contesting a clinical failure through grievance may attend assigned clinicals (this does not include dismissal for unsafe practice) until a decision is reached following the “Student Academic Grievance Procedure” (see SSC Student Handbook). Clinical assignments will be modified to protect patients.

12. The student has the right to attend theory and all non-clinical courses both during and after the grievance procedure. Non-clinical courses such as Health Deviations may be completed and a grade awarded. A student has the right to attend theory classes in the clinical courses they have failed. However, the student will not be allowed to take any examinations nor will a passing grade for the clinical course be awarded.

III. PROGRESSION

A. Clinical Nursing Courses:

1. Clinical nursing courses must be taken in sequence, i.e. first semester Nursing 1616 and 1552; second semester Nursing 1421 and 1528; third semester Nursing 2521 and 2519; and fourth semester Nursing 2531 and 2529. Health Deviations courses must be taken concurrently with the coordinating clinical course. A student who is unsuccessful at completing any nursing courses within a semester may not progress to subsequent courses and must apply for readmission to Nursing. Three clock hours per week of campus and clinical laboratory are equal to one credit hour.

2. A grade level of C (78%) in any course must be achieved in order to progress to the next sequential nursing course.

3. Students who have failed to achieve a C level grade may repeat a nursing course **one** time only. In order to repeat the course, the student must submit an Application for Readmission, and be readmitted by the Nursing Admission Committee. If the student's failure in the course was a result
of unsafe clinical practice, the Admission Committee reserves the right to deny readmission due to the potential threat to patient safety.

B. Non-Nursing Courses:

1. A minimal grade of 'C' must be achieved in all cognate courses, i.e., Principles of Biology, Physiology, Anatomy, Microbiology, General Psychology, and Psychology/Sociology elective.

2. Physiology must be completed prior to the second semester of nursing courses.

3. Anatomy and Microbiology must be completed prior to enrollment in second year nursing courses. MICR2224 Microbiology or NURS1222 Applications of Clinical Microbiology should be taken prior to or concurrent with NURS1616, Introduction to Human Dimensions. Anatomy should be taken prior to or concurrent with NURS1528 Nursing Across the Lifespan.

4. Career Mobility students may request permission from the Division Chair to complete Anatomy and/or Microbiology within a different time frame.

C. Student progression to graduation:

1. Students are responsible for all graduation requirements listed in the College Catalog for all students of the College.

2. Students are responsible to update their plans each semester for completing the nursing program, and counsel with their academic advisor when problems arise. Revision must be complete before registration for the next semester.

3. Students are responsible for checking the required curriculum in relation to their progress toward completion of the Program. Faculty consultation should be sought at any point when questions arise.

4. A student who is denied access to clinical facilities due to findings on the required background check may be unable to complete clinical course objectives. This may prevent the student from successfully passing the course and progressing to the next semester.
Upon graduation with an Associate in Applied Science degree, the graduate will demonstrate the following competencies and be eligible to sit for the NCLEX-RN.

1. Administer cost-effective nursing care in various settings to individual patients with common, well-defined acute and chronic health deviations.
2. Establish and maintain effective communication with the patient, family, significant others, and health team members.
3. Use the principles of critical thinking in providing nursing care.
4. Utilize disciplined reasoning to administer nursing care including assessment, analysis for the determination of nursing diagnoses, planning, implementation and evaluation.
5. Assess the patient’s health care needs at any point in the life cycle from the holistic perspective of the five Human Dimensions and identifies any changes in health status.
   - Physical
   - Social
   - Emotional
   - Cognitive
   - Spiritual
6. Identify nursing diagnoses through analysis and interpretation of assessment data.
7. Set priorities and plan nursing care utilizing the science of nursing as well as principles of the physical, biological, and behavioral sciences.
8. Participate with the patient, family, significant others, and members of the health care team to establish creative, realistic and flexible individualized care plans directed toward preventing loss and maintaining or restoring the health of the patient.
9. Provide for continuity of care through the development of individualized care plans to meet the holistic health needs of the patient.
10. Implement individualized plans of care to promote, maintain or restore the patient's basic health needs or assist the patient's ability to meet these needs him/herself.
11. Provide for physical and psychological safety of the patient using communication skills and clinical interventions which include technical skills and patient teaching.
12. Function as a team member providing direct care where the resource of a more experienced nurse is available.
13. Demonstrate caring, compassion, empathy and advocacy in providing patient care.
14. Evaluate the effectiveness of nursing intervention, revise care plans according to patient outcomes and reprioritize nursing diagnoses as warranted with the participation of the patient, family, significant others and other health personnel.

15. Ensure the provision of multi-disciplinary organized patient care delivery.

16. Demonstrate the ability to prioritize, coordinate, delegate, supervise and educate other team members.

17. Assume accountability for one's nursing practice within the profession's ethical and legal guidelines.

SEMINOLE STATE COLLEGE - NURSING DIVISION

PROGRAM OUTCOMES

(6 month competencies)

Following six months of practice as a registered nurse the Seminole State College graduate will demonstrate the following competencies.*1

1. Use systematic problem solving as a basis for decision making.

2. Develop, implement, and evaluate individualized plans of care.

3. Establish and maintain effective communication with patients, families, significant others, and health team members.

4. Promote participation by the patient, family, significant others, and members of the health care team in the plan of care.

5. Demonstrate clinical competence providing safe patient care.

6. Develop and implement individualized patient teaching plans.

7. Practice patient advocacy.

8. Demonstrate the Spirit of Nursing by providing respect, compassion and empathy in patient care.

9. Comply with the policies and procedures of the employing institution.

10. Seek assistance when the situation encountered is beyond the nurse's knowledge and experience.

11. Practice within the ethical and legal framework of nursing.

12. Manage care for a group of patients in a timely and cost-effective manner.

13. Promote effective relationships, including conflict resolution, in both nursing and multi-disciplinary teams.

14. Prioritize, coordinate and provide direction, including education, to other health care workers.

15. Supervise and is accountable for performance of nursing activities delegated to other workers.

16. Promote continuity of patient care by utilizing appropriate multi-disciplinary channels internal and external to the organization.

17. Utilize appropriate channels of communication within the organizational structure.

18. Role model high standards of nursing practice.
19. Construct a course of action when confronted with ethical dilemmas in practice.

20. Seek assistance for colleagues whose behaviors indicate a potential impairment.

21. Participate in committees and conferences of the employing institution.

22. Participate in professional organizations.

23. Participate in research conducted at the employing institution.


SEMINOLE STATE COLLEGE - NURSING DIVISION
GRADUATE QUESTIONNAIRE

Name _______________________________ (Optional)

In an effort to continually upgrade our nursing program, we are seeking information regarding your current clinical practice and how well your nursing education prepared you for it.

Please complete the questionnaire and return it in the stamped, self-addressed envelope provided.

Are you currently employed? Yes______ No______ Year Graduated___________

Name of employing agency _______________________________________________

Name of Supervisor _____________________________________________________

Address ______________________________________________________________

Street Town Zip

Title of present position: Team Leader _____ Staff Nurse _____ Head Nurse _____

Other _________________________________________________________________

Type of unit ____________________________________________________________

Shift 7-3 ________ 3-11 ________ 11-7 ________ Other ________________

Number of patients for whom you are usually responsible ______

Salary: ____________ per hour or ______________ per year.

Have you earned advanced university credit toward a BSN degree?

Yes ____________ No ____________ Hours ________________

Have you obtained any certification? _______ If so, describe.

Are you a member of any professional organization? ___ If so, which one? _____________

What type of orientation program did your employer provide?

Since graduating, have you attended conferences and workshops that provide CEU credits?
Directions: Following are the terminal outcomes. Please indicate:

a. How well you were prepared to meet these outcomes upon entry into practice.

Circle the appropriate response in each column.

- W = Well Prepared
- M = Moderately Prepared
- P = Poorly Prepared

b. The frequency with which you apply the outcomes in your current clinical practice.

Circle the appropriate response in each column.

- 1 = Always
- 2 = Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never

1. Administer direct nursing care to individual patients with common, well-defined acute and chronic health deviations.  

2. Establish and maintain effective communication with the patient, family, significant others, and health team members.

3. Utilize the process of nursing to administer nursing care including assessment, analysis for the determination of nursing diagnoses, planning, implementation and evaluation.

4. Assess the patients health care needs at any point in the life cycle from the holistic perspective of the five Human Dimensions and identify any changes in health status.

Physical

Emotional

Social

Cognitive

Spiritual
5. Identify nursing diagnoses on the basis of analysis and interpretation of assessment data.

6. Set priorities and plan nursing care in accord with basic principles of the physical, biological and behavioral sciences utilizing Nursing Diagnoses.

7. Participate with the patient, family, significant others, and members of the health care team to establish patient centered goals and develop individualized care plans directed toward promotion and restoration of health, prevention of illness and promotion of rehabilitative potentials of the patient.

8. Provide for continuity of care through the development of individualized care plans including independent, dependent, and interdependent interventions to meet the health needs of the patient, promoting achievement of physical, emotional, cognitive, social, spiritual, cultural and developmental needs.

9. Implement individualized plans of care to promote, maintain or restore the patient's basic health needs and/or the patient's ability to meet these needs him/herself.

10. Provide for physical and psychological safety of the patient utilizing competent nursing skills and current technology in a cost-effective manner.

11. Demonstrate caring behavior in providing nursing care.

12. Collaborate with other health care workers in development and implementation of individualized teaching plans that include health counseling and discharge planning.

14. Evaluate the effectiveness of nursing intervention, revise care plans according to patient outcomes and reprioritize nursing diagnoses as warranted with the participation of the patient, family, significant others and other health personnel. W M P 1 2 3 4 5

15. Manage and be accountable for the care of a small number of patients including: setting of priorities, role modeling, delegating care, and supporting other workers given, adequate guidance from a more experienced registered nurse. W M P 1 2 3 4 5

16. Assume accountability for one's nursing practice within the profession's ethical and legal guidelines including:
   a. maintaining current licensure to practice as a registered nurse. W M P 1 2 3 4 5
   b. updating knowledge and skills by reading current literature and actively participating in workshops and seminars. W M P 1 2 3 4 5
   c. participating in nursing research through accurate data collection. W M P 1 2 3 4 5

17. Engage in activities which promote continuous learning and self-development as a nursing professional. W M P 1 2 3 4 5

List three requirements of your career for which you were best prepared.

List three requirements of your career for which you feel you were least prepared for practice.

Overall, how well do you feel your nursing education prepared you for nursing practice?

Well prepared  _________
Moderately prepared  _________
Poorly prepared _________
SEMINOLE STATE COLLEGE - NURSING DIVISION
EMPLOYER SURVEY

Name of Graduate: __________________________________________ (Optional)

Name of Employer ______________________________________________________________

An important part of program evaluation includes employer evaluation of the graduate. Please complete the following questionnaire and return it in the stamped self-addressed envelope provided.

The following are anticipated competencies following six months of practice as a registered nurse.*1 Please circle the response which most accurately describes the degree to which the Seminole State College graduate meets these outcomes.

Following six months of practice as a registered nurse the Seminole State College graduate:

Circle the appropriate response in each column.

1 = Strongly Agree
2 = Agree
3 = Uncertain
4 = Disagree
5 = Strongly Disagree

1. Develops, implements, and evaluates individualized plans of care. 1 2 3 4 5 NA
2. Uses the nursing process as a basis for decision making. 1 2 3 4 5 NA
3. Establishes and maintains effective communication with patients, families, significant others, and health team members. 1 2 3 4 5 NA
4. Promotes participation by the patient, family, significant others, and members of the health care team in the plan of care. 1 2 3 4 5 NA
5. Demonstrates increasing clinical competence providing patient care since initial employment. 1 2 3 4 5 NA
6. Develops and implements individualized patient teaching plans. 1 2 3 4 5 NA
7. Makes decisions and takes actions that are consistent with standards for nursing practice and licensing laws. 1 2 3 4 5 NA
8. Manages an environment that promotes patients' self-esteem, dignity, safety, and comfort.  
   1 2 3 4 5 NA

9. Manages care for a group of patients in a timely and cost-effective manner.  
   1 2 3 4 5 NA

10. Follows the policies and procedures of the employing institution.  
    1 2 3 4 5 NA

11. Promotes effective team relationships.  
    1 2 3 4 5 NA

12. Provides direction and guidance to other health care workers.  
    1 2 3 4 5 NA

13. Is accountable for performance of nursing activities delegated to other workers.  
    1 2 3 4 5 NA

14. Seeks assistance when the situation encountered is beyond the nurse’s knowledge and experience.  
    1 2 3 4 5 NA

15. Utilizes appropriate channels of communication within the organizational structure.  
    1 2 3 4 5 NA

16. Promotes continuity of patient care by utilizing appropriate channels of communication external to the organization.  
    1 2 3 4 5 NA

17. Participates in evaluation of the patient care delivery system.  
    1 2 3 4 5 NA

18. Practices within the ethical and legal framework of nursing.  
    1 2 3 4 5 NA

    1 2 3 4 5 NA

20. Participates in learning activities to maintain safe practice.  
    1 2 3 4 5 NA

21. Constructs a course of action when confronted with ethical dilemmas in practice.  
    1 2 3 4 5 NA

22. Seeks assistance for colleagues whose behaviors indicate a potential impairment.  
    1 2 3 4 5 NA

23. Participates in self-evaluation and peer review.  
    1 2 3 4 5 NA

24. Participates in committees and conferences of the employing institution.  
    1 2 3 4 5 NA
25. Participates in professional organizations. 1 2 3 4 5 NA
26. Participates in research conducted at the employing institution. 1 2 3 4 5 NA

List the top five attributes which you believe to be most critical in a new graduate.

Are our graduates performing at a level equal to other new graduates?

Identify the general strengths and weaknesses of our new graduates.

Please note any differences you identified.

Overall, how satisfied are you with the six-month performance of the SSC graduate?

Strongly Satisfied
Moderately Satisfied
Poorly Satisfied

*1 National League for Nursing Council of Associate Degree Programs. 1990.
Educational Outcomes of Associate Degree Nursing Programs: Roles and Competencies.
SYSTEMATIC PROGRAM EVALUATION  
(SEP)
**STANDARD I: Mission & Administrative Capacity** - The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

**OUTCOME CRITERIA: 1.1** Mission and/or philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.

**Expected Level of Achievement:**

- 100% of the accrediting bodies concur that the nursing program’s philosophy is congruent with SSC’s mission and functions of SSC and that any differences are justified.
- 100% of an established ad hoc committee will concur that the nursing program’s philosophy is congruent with SSC’s mission and functions and that any differences are justified.

**Operational Definition(s):** The nursing program’s philosophy is consistent with the mission and functions of Seminole State College.

**Actual Level of Achievement:**

NLNAC and OBN concurred in the last accreditation/approval report that the SSC Nursing Program philosophy is congruent with SSC’s mission and functions. This, however, was a comparison of the old SSC mission statement. Unable to use this measure until next site visit by NLNAC in fall 2011.

100% of the nursing committee agrees the mission and philosophy of the nursing division and the College is congruent with no differences identified.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Philosophy</td>
<td>Comparative Review: College Philosophy, Nursing Philosophy and Curriculum Framework</td>
<td>Nursing Faculty</td>
<td>Every 5-8 years in conjunction with accreditation visits and prn when changes in Program or SSC mission/philosophy occur</td>
<td>Nursing Faculty Committee Minutes</td>
<td>No changes have been made to the SSC college mission statement since fall 2009 (adopted by the SSC Board of Regents May 2010); the nursing division philosophy has remained unchanged—no action required. This is no identified conflict/disagreement between the nursing division philosophy and College mission statement. Will continue to assess as changes in either document develops.</td>
</tr>
</tbody>
</table>
mission and philosophy of the college & the nursing program.
NLNAC and OBN represent external assessment that has state and national recognition for trustworthiness and credibility.

Needs to be addressed two consecutive years 2010 and 2011 because last year there was a change in the SSC mission statement and this year there is a NLNAC accreditation visit.
STANDARD I: Mission & Administrative Capacity: The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

OUTCOME CRITERIA: 1.2
The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

Expected Level of Achievement:
100% of the full time nursing faculty are members of the Faculty Senate and participate in one or more college committees annually. The faculty senate President represents the Senate by serving on the Administrative Council to the President.

The Division Chair and 100% of full time nursing faculty participate in nursing committees annually.

Nursing students are represented in nursing and college committees/organizations as determined by committee policies and bylaws.

Operational Definition (s): Participation in college governance is demonstrated through membership and/or leadership in college committees and organizations.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Document</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Actual Level of Achievement:
All nursing faculty are Faculty Senate members and have served on one or more committees during 2010-2011.

The Division Chair and 100% of full-time nursing faculty are members of the Curriculum, Testing, Retention, Advisory, and Program Evaluation Committees. The Division Chair and all nursing faculty serve on the Admission Committees. See portfolios for documentation of membership. See committee minutes for verification of attendance at meetings.

Student participation: At least three freshman and three sophomore representatives were designated to sit on the Curriculum Committee at least once each semester since fall 2009.

These students solicit concerns and questions for discussion, as well as faculty soliciting students opinion regarding issues.

Student also participated in at least 2 team curriculum meetings throughout the semester. Input was reflected in the team minutes. This is open to all students in the course.

Nursing students have served on the, Advisory, Curriculum and individual Course Curriculum Team meetings. Student input into the curriculum is through these
Faculty have determined that nursing students are adequately represented and involved in governance.

Committees on which faculty serve are documented in individual portfolios.

Students participated in course team meetings and curriculum meetings several times throughout the semester. Input was reflected in the team minutes.
Nursing Students

- SGA
- Nursing unit committees

<table>
<thead>
<tr>
<th>Nursing Students</th>
<th>attendance in SGA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review attendance</td>
</tr>
</tbody>
</table>

**Rationale:**

gathers the necessary data to determine student participation in campus and department activities

<table>
<thead>
<tr>
<th>SGA student advisor</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty and Chair</td>
<td>Annual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SGA meeting minutes</th>
</tr>
</thead>
</table>

| Nursing unit committee minutes |
**STANDARD I: Mission & Administrative Capacity** - The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

**OUTCOME CRITERIA: 1.3**
Communities of Interest have input into program processes and decision making.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Committee Member list</td>
<td>Calculate the percentage of members that attended Data is advisory committee meeting minutes</td>
<td>Division Chair</td>
<td>Annually after spring Advisory Committee meeting</td>
<td>Advisory meeting minute book</td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**
75% of identified communities of interest will attend advisory committee meetings.

**Operational Definition[s]:**
Communities of Interest are defined as any institution or group of individuals who impact or are impacted by the nursing program:

Local community Hospitals, clinical agency affiliations, students, faculty, other schools of nursing who have articulation with SSC nursing program, other academic divisions on campus who serve to meet the general education requirements of nursing students.

**Actual Level of Achievement:**
83%

Entities represented: Ada Valley View (2), Unity Health Center (2), and NRH, Seminole Medical Center, GCVT, Alumni, Current Students (freshman, sophomore and career mobility) and all faculty.

Absent from the meeting: Children’s Hospital, and MWC

**Actions for Program development, maintenance, or revision:**
The methods instituted this year have resulted in an increase in participation to above the targeted level of achievement for the first time (60% last year) and will continue with some modifications next year:

1. Invitations will be sent out two months (instead of one month) prior via mail to “save the date”.
2. Email reminders of meeting will be sent out one week and one day before meeting.
3. Individuals were contacted by phone for confirmation.
4. Faculty feel this increase is a result of continued efforts at relationship building and has the potential for benefits to students as well (externships/employment after graduation, scholarships)

Other potential communities of interest were identified and will be added to the list for spring 2012:
Psych: Rolling Hills;
Boyce Manor; Unity House;
St Anthony;
Rehab;
STANDARD I: Mission & Administrative Capacity: The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

OUTCOME CRITERIA: 1.4

Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.

Expected Level of Achievement:
100% of faculty agree that the existing partnerships are sufficient and benefit SSC nursing education and the community

Operational Definition(s):
Partnerships are in place with Gordon Cooper Technology Center, Wes Watkins Technology Center and Pontotoc County Technology Center LPN programs for transitioning students from LPN to RN.
Fast-track LPN to RN partnership with GCTC
Workforce Development partnership to facilitate CNA for non-nursing majors
Hospital partnerships exist as a coalition through NESA and individually.

Actual Level of Achievement:
100% of the faculty agrees that the existing partnerships are sufficient and benefit SSC nursing education and the community.

Component Assessment

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership affiliations agreements</td>
<td>Faculty vote</td>
<td>SEP committee</td>
<td>Annually and as needed</td>
<td>Various sources: NESA book, facility communication book, Advisory meeting minutes.</td>
</tr>
</tbody>
</table>

Actions for Program development, maintenance, or revision:

The following partnerships continue:

- Seminole Co. Health Department: students help with community flu clinics
- Workforce development: CNA student slots for disadvantaged SSC students
- Gordon Cooper Technology Center: Fast-Track students (2-4 qualified applicants that failed to gain admission to the SSC program) will return as career mobility students after graduating from the PN program.
- Unity Health Center
- American Red Cross- provides Mass Care and Disaster Nurse training for free and students volunteer to help staff temporary crisis shelters during the power outages caused by the ice storm, tornados etc.
- Seminole Medical Center administer TB skin tests at cost (3.00)
New partnerships being developed:

- Investigating the potential partnership with Unity Hospital late fall 2011 for becoming an offsite computer training lab. This would allow SSC students access to the “test/training” side of the hospital computer system. Students would be able to have a computer experience in the lab that mimics exactly the hospital records, including e-mar and order entry, lab, radiology, etc.

- Gordon Cooper Technology Center (GCTC) has offered to share their new high fidelity Simulation Lab with SSC. It has been completed spring 2011. Training is scheduled for June (date yet to be determined). GCTC is offering SSC faculty training, use of the lab and use of the NLNAC Sim lab software at no cost. SSC will be looking at ways to maximize the potential of this offer.
**STANDARD I: Mission & Administrative Capacity:** The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

**OUTCOME CRITERIA: 1.5**
Nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Chair Qualifications</td>
<td>Review of: Curriculum Vitae Rationale: The VPAA has the authority to recommend a candidate for hire or rehire based on credentials.</td>
<td>Vice President of Academic Affairs</td>
<td>Upon hire and if changes in education or experience occur</td>
<td>Portfolio Personnel Files OBN Annual Report Performance Evaluation</td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**
The Division Chair has a Master’s Degree or higher in nursing from an accredited institution. The Division Chair meets the expectations and qualifications of the College’s Division Chair Job Description.

**Actual Level of Achievement:**
The Division Chair meets the criteria established in the job description.

**Actions for Program development, maintenance, or revision:**
The current Division Chair was appointed in August 2008. No change in required credentials for the position. There have also been no changes or updates in the credentials for the chair. Continue annual evaluation.
**STANDARD I: Mission & Administrative Capacity** - The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

**OUTCOME CRITERIA: 1.6**

The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

**Expected Level of Achievement:**

The Division Chair has direct responsibility of the nursing program as illustrated in the Organizational Chart in the Nursing Faculty Handbook.

**Operational Definition(s):**

The development and administration of the nursing program is under the direction of the Division Chair.

**Actual Level of Achievement:**

Division Chair has the requisite authority and responsibility for the Nursing Program.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Chair Responsibility</td>
<td>Review Job Description</td>
<td>Faculty and Vice President of Academic Affairs</td>
<td>When changes are made to the job description</td>
<td>Chair Personnel File</td>
<td>Continual annual evaluation</td>
</tr>
<tr>
<td>Job Description</td>
<td>Rationale: The VPAA has the authority to interpret the job description of the Chair.</td>
<td></td>
<td></td>
<td>VPAA Office</td>
<td></td>
</tr>
<tr>
<td>Chair Evaluations (VPAA and faculty)</td>
<td>Nursing Faculty Evaluation of Division Chair performance</td>
<td></td>
<td></td>
<td>Human Resources Office</td>
<td></td>
</tr>
</tbody>
</table>

**Component Assessment**

**Method and Source of Data with Rationale**

**Person(s) Responsible for Evaluation of Data**

**Time-Frame**

**Location of Documentation**
**STANDARD I: Mission & Administrative Capacity** - The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

**OUTCOME CRITERIA: 1.7**  
With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual/Fiscal Budget</td>
<td>Budget preparation and submission, to evaluate division needs-</td>
<td>Division Chair</td>
<td>May for report of budget proposals for next fiscal year. and previous fiscal year for (July 1st to July 1st of the previous year)</td>
<td>Budget Book VPAA’s office</td>
<td>actions for program development, maintenance, or revision:</td>
<td>The ELA was changed from “100% of faculty agree they have input into the budget, and the Chair has authority to administer the budget” when faculty identified they had no way of knowing if the chair had authority to administer the budget. The current ELA more accurately reflects the Team leaders submit identified needs for the following year and the Division Chair prepares the budget The nursing budget allowance has been decreased in most cost centers this year, and one cost center was increased (supplies). The adjustment will not create a change in procedures. Specific information reflecting the distribution of funds by division to demonstrate equity between divisions has been requested but has not been supplied to date. Verbal reports from the VPFA validate the nursing division budget represents equity and, in fact, receive a larger portion of funds than many divisions. Historically, administrative support for the nursing division has been high; there is no evidence other divisions are being awarded a disproportionate share of the budget to the detriment of the nursing budget.</td>
<td></td>
</tr>
</tbody>
</table>
STANDARD I:  Mission & Administrative Capacity - The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

OUTCOME CRITERIA: #1.8
Policies of the nursing education unit are comprehensive, provide for the welfare of the faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

Expected Level of Achievement:
Nursing faculty adhere to the policies in the SSC Policy Manual and the Nursing Faculty Handbook.
Discrepancies are justified by the purposes of the nursing education unit.

STANDARD I: Mission & Governance - Operational Definition (s): Nursing faculty and staff policies are congruent with policies approved by the SSC Board of Reagents. Where the nursing policies differ from the SSC policy manual, differences are clearly defined and justified by the purpose of the nursing unit.

Actual Level of Achievement:
Evaluation is ongoing to assure that policies of the SSC Policy Manual and the Nursing Faculty Handbook are congruent and being adhered to. An SSC subcommittee continues working with the VPAA on further development of the SSC Faculty Handbook. Additions and modifications to the SSC Faculty Handbook are disseminated as they are made.
The area where policies currently differ is teaching load. See Nursing Faculty Teaching Load Policy in the Nursing Faculty Handbook and compare with Teaching Load Policy in the SSC Policy Manual.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Faculty Policies</td>
<td>Comparative Review of: SSC Policy Manual and Nursing Faculty Handbook Rationale: SSC policies should apply to all employees. When discrepancies in the SSC policies and Nursing Faculty policies are identified the differences should be studied to determine justification for the differences. Calculation of: Faculty hours by the Division Chair Rationale: The Chair is responsible for faculty teaching assignments and understands the coordination of the requirements for clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Committee</td>
<td>Annually</td>
<td>SSC Policy Manual</td>
<td></td>
<td>Both manuals are located in the Nursing office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nursing Faculty Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both manuals are located in the Nursing office</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Actions for Program development, maintenance, or revision:
The Nursing Faculty Teaching Load Policy was used to determine overload for the 2010-2011 academic year. This policy is being used each semester to calculate teaching load.
Continual comparison of the SSC Policy Manual, the SSC Faculty Handbook, and the Nursing Faculty Handbook is ongoing as new SSC and nursing policies are established.
Review the 5 year strategic plan with the division’s goals and objectives for incongruencies.
<table>
<thead>
<tr>
<th>SSC Policies</th>
<th>Division Goals and Objectives</th>
<th>instruction</th>
<th>Division Chair</th>
<th>Every semester</th>
<th>3-5 Year Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparative review Presidents Annual Report</td>
<td></td>
<td></td>
<td>Division Chair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**STANDARD I: Mission & Administrative Capacity** - The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

**OUTCOME CRITERIA: 1.9**
Records reflect that program complaints and grievances receive due process and include evidence of resolution.

**Operational Definition (s):** All formal written complaints regarding the Nursing Program received from prospective students, current students, employers, or interested parties are addressed, documented, and available for review.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method &amp; Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Written Complaints</td>
<td>Review of complaints involving the Nursing Program to determine need for action.</td>
<td>Review of complaints involving the Nursing Program to determine need for action.</td>
<td>Formal Written Complaints</td>
<td>Review of SSC Grievance Policy in the SSC Student Handbook.</td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**
100% of all complaints regarding the nursing program will be addressed, documented, and available for review.

**Actual Level of Achievement:**
There have been no formal written grievances for this academic year.

Actions for Program development, maintenance or revision:
- Review of complaints involving the Nursing Program to determine need for action.
- Review of SSC Grievance Policy in the SSC Student Handbook.

The Grievance policy was under review and scheduled to be revised this year, but has not changed to date. Will continue to monitor.
STANDARD II: FACULTY AND STAFF – Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing unit.

**OUTCOME CRITERIA:**

2.1 Full-time faculty are credentialed with a minimum of a master’s degree with a major in nursing and maintains their expertise in their areas of responsibility.

2.1.1 The majority of part-time faculty are credentialed with a minimum of a master’s degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.

**Operational Definition(s):** A full-time faculty member will hold a current OK RN license, be prepared at the graduate level of nursing (or actively pursuing an M.S. in nursing), and have a minimum of 2 years full-time practice in clinical nursing.

A part-time or adjunct faculty member will hold a current OK RN license, be prepared at the BSN or greater level of nursing education, and have a minimum of 2 years full-time practice in clinical nursing.

Nursing faculty will maintain expertise by participation in workshops and in-services, through professional journal CEU’s, internet offerings, college courses, nursing employment, and/or volunteer nursing service.

**Expected Level of Achievement:**

2.1 100% of full-time faculty have a minimum of 2 years clinical experience and hold a Master’s degree in Nursing. 100% of full-time faculty maintains expertise in the areas of their assigned teaching responsibilities.

2.1.1 The majority of part-time faculty are credentialed with a minimum of a master’s degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

2.1.2 100% of full time nursing faculty who do not have a masters degree or higher will provide evidence of participation in continuing education or current clinical experience.

**Actual Level of Achievement:**

2.1 100% of full-time faculty have a Master’s degree or higher in nursing and 100% have a minimum of 2 years of clinical experience. 100% of full time nursing faculty are participating in continuing education or nursing service annually. Proof may be found in individual portfolios and on the Faculty Development Self Evaluation form submitted annually to the VPAA. 100% of full-time faculty maintain expertise in areas of teaching responsibilities by attending local and national conferences/seminars, study, or scholarship activities.

2.1.1 During the 2010-2011 academic year, 2 of the 5 part-time adjunct faculty employed had a Masters in Nursing. Of the 3 BSN prepared part-time faculty, 2 were slated to graduate with their masters within the next nine months. One BSN faculty is not pursuing a Masters.

2.1.2 All full and part-time faculty will be masters prepared by summer 2011 with the exception of one part-time faculty. This will exceed the requirements of the institution and accrediting bodies.

**Actions for Program development, maintenance, or revision:**

The number of masters prepared faculty are improving each year. Multiple new Masters Programs have opened recently. It is predicted in the near future, this will not be the issue it has been in the past.

All part-time faculty are encouraged to continue their progress toward their advanced degree.
| Maintenance of Expertise | Faculty Portfolios | Each faculty | Annually in May | Faculty Portfolios | When hiring faculty, preference will be given to the Masters Prepared candidate- "Masters Preferred" will be added to all position announcements
Nursing faculty continue to seek out local opportunities to maintain teaching expertise. |
|-------------------------|--------------------|--------------|----------------|--------------------|------------------------------------------------------------------|

**PART-TIME:**
Cathy B (MS);
Carolyn H (BSN);
Mary G (MS in summer 2011).
Bridget P (MS);
Crystal B (MS in summer 2011)

**FULL-TIME 2010-2011 ACADEMIC YEAR:**
Jorge (PhD);
Susan (MS);
Terrie (MS);
Lorain (MS);
Jeff (MS);
Aggie (MS)
## STANDARD II: FACULTY AND STAFF – Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing unit.

### OUTCOME CRITERIA: 2.2

Faculty (full- and part-time) credentials meet governing organization and state requirements.

### Expected Level of Achievement:

SSC faculty are required to meet the requirements of the State of Oklahoma and accrediting requirements:

**OBN requirements:**
- All full-time faculty must have a minimum of a Masters degree in Nursing, or a BSN with evidence of progress toward a masters in nursing at a rate of 6 credit hours annually and a majority of the part-time faculty must have a minimum of BSN.

**NLNAC requirements:**
- All full-time must have a masters in nursing and a majority of the part-time faculty will have a masters in nursing and the remaining will have a minimum of a BSN.

### Operational Definition(s):

The Oklahoma Board of Nursing is the governing organization as mandated by the State of Oklahoma.

The OBN requires full-time faculty a minimum of a BSN while actively pursuing a Masters in Nursing at a rate of 6 credit hours annually.

The OBN requires all nursing faculty to hold a current Oklahoma RN license.

### Actual Level of Achievement:

100% of full-time faculty are Masters Prepared

2 of the 5 part-time adjunct faculty employed had a Masters in Nursing. Of the 3 BSN prepared part-time faculty, 2 were slated to graduate with their masters within the next nine months. One BSN faculty is not pursuing a Masters.

### Component Assessment

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing License</td>
<td>Online Verification</td>
<td>Chair</td>
<td>Bi-annually, on the even years when all Okla. RN’s must renew on their Birthday Month</td>
<td>Faculty Files OBN Faculty Report Portfolio</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No action necessary, all but one faculty (both full- and part-time) will be masters prepared by the fall 2011.</td>
</tr>
<tr>
<td>Masters Degree or 6 hours toward the degree each year</td>
<td>Resume Transcripts</td>
<td>Chair</td>
<td>Annually for BSN faculty pursuing a Masters</td>
<td>Faculty files: -transcripts -OBN faculty Report</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>--------------------</td>
<td>-------</td>
<td>-------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
STANDARD II: FACULTY AND STAFF – Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing unit.

OUTCOME CRITERIA: 2.3

Credentials of practice laboratory personnel are commensurate with their level of responsibilities.

Expected Level of Achievement:
Division Chair will report 100% of practice lab personnel have credentials commensurate with their level of responsibilities.

Operational Definition(s):
Practice laboratory personnel are those persons who assist or instruct in the on campus skills lab

Actual Level of Achievement:
The on campus skills lab is currently staffed by full-time masters prepared nursing faculty

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills lab personnel</td>
<td>Resume, Transcripts</td>
<td>Chair</td>
<td>At the time of change in laboratory personnel</td>
<td>Faculty file, Portfolio</td>
<td>No action required. The criterion is met.</td>
</tr>
</tbody>
</table>
**STANDARD II: FACULTY** — The program has qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

**OUTCOME CRITERIA:** : #2.4
Number and utilization of full- and part-time faculty ensure that program outcomes are achieved.

**Expected Level of Achievement:**
80% of the nursing faculty agree the faculty/student ratio is acceptable to meet the educational needs of the SSC nursing unit.

**Operational Definition(s):** The number of nursing faculty is determined by class size. Student/faculty ratio is determined by clinical objectives and OBN recommendation.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Student Ratio</td>
<td># of students</td>
<td>Division Chair and Nursing faculty</td>
<td>Biannually as faculty assignments are made for the next semester</td>
<td>Team Minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Student Ratio</td>
<td># of faculty</td>
<td>Analysis of the following reports by Chair Semester summaries • Team assignments • Class size</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rationale: Though the Chair is responsible for faculty teaching assignments, the faculty understands the rigors of the clinical assignments. This makes faculty equally able to evaluate the manpower needs for the clinical experiences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Actual Level of Achievement:**
0% of the nursing faculty agree that faculty/student ratio is currently acceptable.

**Actions for Program development, maintenance, or revision:**
We were able to fill the faculty vacancy fall 2009, with a masters prepared faculty. We are now at full capacity.

Number of Admissions to the Program will be determined by resources available at the time the Admission Comm. meets. (Number of clinical facility slots available and the number of full- and part-time faculty available)

The current priority will be to find and keep appropriately credentialed adjunct clinical faculty.

The nursing faculty believe the ideal clinical group size for level one 1616 freshman students is 6-7. For more advanced levels, 7-8 students in each clinical group are ideal with no more than 10 as a max. in groups that have “spin-out” experiences with the acute care portion of clinical being reduced to 5-6 students.

It was noted there were no negative comments from students regarding clinical group size, or instructor availability or supervision on the student clinical evaluation tools, or on the end of semester evaluation tools.
OUTCOME CRITERIA: 2.5
Faculty (full and part-time) performance reflects scholarship and evidence-based teaching and clinical practices

Expected Level of Achievement:
100% of faculty will provide evidence of continued pursuit of Scholarly activities and evidence-based teaching and clinical practice

Operational Definition(s):
SSC nursing faculty have chosen Boyer’s *Scholarship Revisited* (1990) as a resource to define scholarship as “the pursuit of knowledge, synthesizing new knowledge and using it to problem-solve, and sharing the new knowledge with faculty and students”.

Actual Level of Achievement:
Division Chair Reports 100% of the faculty have attended continuing education offerings both internally (SSC) and externally (off campus)

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship</td>
<td>Continuing Education Internal Staff Development</td>
<td>Division Chair</td>
<td>Annually-during performance valuations During Faculty meetings</td>
<td>Portfolio Faculty Meeting minutes</td>
<td>As the budget allows, faculty will take advantage of off campus continuing education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Division Chair</td>
<td></td>
<td></td>
<td>The Division Chair has been offering staff development updates during faculty meetings starting Spring 2011. These offerings are concerning clinical and education practice. The following are topics covered 2010-2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- QUSEN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- TB Gold Test</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- NG placement and Bariatric clients- New OBN update</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This is now being formalized and will be an assignment of the faculty to take turns presenting a topic of choice, beginning 2011-2012 academic year.</td>
</tr>
</tbody>
</table>
STANDARD II: FACULTY AND STAFF – Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing unit.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA: 2.6</th>
<th>Expected Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.</td>
<td>100% of the nursing faculty agrees non-nurse faculty and staff (administrative, secretarial/clerical, MIS, environmental and security services) are sufficient to achieve the program goals and outcomes.</td>
</tr>
</tbody>
</table>

Operational Definition(s): Support services essential to the operation of the nursing education unit include: administrative, secretarial/clerical, MIS, environmental and housekeeping, and security services.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Services</td>
<td>Data will be informally collected by the faculty throughout the year. Any problem areas will be brought to the Nursing Faculty committee as they arise. Rationale: Evaluation of support services is best done as an ongoing effort by all faculty as problems arise throughout the</td>
<td>Nursing Faculty Committee</td>
<td>Annually in May and ongoing</td>
<td>Nursing Faculty Meeting minutes and SEP review.</td>
<td>STUDENT WORKER: The Chair will continue to advocate for a student worker, which is considered essential to maintain adequate clerical/secretarial services. While still budgeted for 20 hours for student worker, the hours were cut in 2010-2011 from 20 to 15 due to the difficulty in finding a student who was able/willing to commit to 20 hours.</td>
</tr>
</tbody>
</table>

DIVISION SECRETARY: The Division Secretary submitted resignation in January 3, 2011. The position was not approved for filling until May 2011. The learning curve is such that it continues to have an impact of the division efficiency for some time to come. The newly hired secretary has extensive skills in EXCEL and other Microsoft office software and has the potential to help organize the evaluation data collected in a more organized system. There is an increase in more complicated clinical agency contracts, background checks, drug screens, and immunization requirements. The secretarial services would be adequate if this position was relieved of all counseling duties.

MIS: While this department is more than qualified, there is insufficient help to meet campus needs, including nursing. There is lag time in response an little time for communication of work order status. The nursing faculty are “denied access” on their work computers to download software with “administrative approval”. It is believed this is an effort to control computer viruses, copyright issues, and items of a personal
year. nature (games, etc). However, this severely limits faculty ability to investigate new
texts, software and other technology to improve classroom and clinical experiences.
The MIS department director is approachable and willing to help expedite some of the
most critical issues faced by the nursing division.

ENVIRONMENTAL SERVICES: the housekeeping department is becoming more
understaffed as the SSC campus grows with additional buildings and students. The
housekeepers work hard to maintain the building when here, but the number of days
between cleaning, vacuuming, dusting is becoming further apart.

The Division Chair will approach each of the departments involved and investigate
potential strategies for improvement.
STANDARD II: FACULTY AND STAFF – Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing unit.

**OUTCOME CRITERIA: 2.7**

Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.

<table>
<thead>
<tr>
<th>Expected Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of newly hired full and part-time faculty will indicate to the division chair they have been adequately mentored, oriented, and supervised in their areas of responsibilities.</td>
</tr>
<tr>
<td>100% of newly hired full and part-time faculty will complete all required paperwork, student feedback and evaluations in a timely manner</td>
</tr>
</tbody>
</table>

**Operational Definition(s):**

All faculty will be supported with an assigned faculty mentor, and individualized instruction and regarding curriculum and clinical objectives.

<table>
<thead>
<tr>
<th>Actual Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of new hires report to the Chair, adequate orientation.</td>
</tr>
<tr>
<td>Student formal and informal surveys indicate no dissatisfaction with part-time faculty performance; especially concerning</td>
</tr>
<tr>
<td>delays in returning assignments by part-time instructors</td>
</tr>
<tr>
<td>faculty ability to articulate clinical objectives</td>
</tr>
<tr>
<td>level of clinical expertise</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Process</td>
<td>Faculty evaluations</td>
<td>Division Chair</td>
<td>At the end of the first year</td>
<td>On the faculty evaluation</td>
<td>Each newly hired instructor will be assigned a mentor and given orientation to the facility and SSC curriculum.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Each new faculty (full- and part-time) will have a mentor assigned to attend clinical with them the first 3 weeks and more if either mentor or mentee feel it is warranted.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There will be required attendance at group grading sessions the first semester of employment. A full-time faculty will be assigned the responsibility for student feedback on written weekly work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New faculty orientation manual will be implemented fall 2011</td>
</tr>
</tbody>
</table>
STANDARD II: FACULTY- There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

OUTCOME CRITERIA: #2.8

Systematic assessment of faculty (full and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

Expected Level of Achievement:

100% of the nursing faculty are evaluated annually by the Division Chair using the Faculty Performance Evaluation tool.

100% of nursing faculty complete a self-evaluation annually.

Operational Definition(s):

All nursing faculty are evaluated annually using the SSC Faculty Performance Evaluation tool.

Actual Level of Achievement:

Both ELAs were achieved at 100% for full time faculty and 75% for part-time faculty.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty performance</td>
<td>SSC Faculty Performance Evaluation tool</td>
<td>Division chair</td>
<td>Annually</td>
<td>Employment File</td>
</tr>
<tr>
<td></td>
<td>Faculty Self-Evaluation</td>
<td>Each faculty member</td>
<td>Annually</td>
<td></td>
</tr>
</tbody>
</table>

Rationale: This method of evaluation has been used since 1969. The tools are dynamic in that they can be revised. The method is an established one.

Actions for Program development, maintenance, or revision:

Faculty will continue annual self-evaluations.

Division Chair will continue to evaluate the faculty annually.

It is difficult to schedule Part-time faculty for evaluations. A strategy for addressing this issue will be to set a date for evaluations when discussing responsibilities of the position upon hiring.

The one faculty not evaluated has indicated she has taken a position at another institution, and it is difficult to get a commitment for an evaluation time.
**STANDARD II: FACULTY** - There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

### OUTCOME CRITERIA: 2.9

Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance evaluation</td>
<td>SSC performance evaluation tool</td>
<td>Division Chair</td>
<td>Annually</td>
<td>Staff files</td>
</tr>
</tbody>
</table>

#### Expected Level of Achievement:
100% of non-nursing faculty are evaluated.

#### Operational Definition(s):
Non-nurse faculty and staff is the division secretary; there is one.

#### Actual Level of Achievement:
100% of all non-nursing faculty were evaluated.

#### Actions for Program development, maintenance, or revision:
Division chair will continue to evaluate all non-nursing personnel on an annual basis.
STANDARD III: Students – Student policies, development, and services support the goals and outcomes of the nursing education unit.

OUTCOME CRITERIA: 3.1

Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.

Expected Level of Achievement:
100% of the accrediting bodies conclude that the nursing program’s policies are congruent with SSC’s policies and that any differences are justified by the purposes of the nursing education unit.

Operational Definition(s): Nursing students are subject to policies listed in the Seminole State College Student Handbook. Policies that differ for the Nursing Program are clearly identified and publicly accessible in the Student Nurse Handbook.

Actual Level of Achievement:
NLNAC & OBN concur that 100% of policies governing nursing students are equally and consistently applied without discrimination. Every student is drug tested and is required to have a criminal background check.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies that govern students</td>
<td>Comparative review of the Student Nurse Handbook and the SSC Student Handbook for policies that are inconsistent. Any inconsistencies are discussed and the justifications for the differences are documented in the Faculty Minutes. Review Student Participation Curriculum minutes regarding student concerns and complaints about the application of policies.</td>
<td>Nursing Faculty</td>
<td>Every five years and as needed for policy changes</td>
<td>SSC Student Handbook, Student Nurse Handbook</td>
</tr>
</tbody>
</table>

Actions for Program development, maintenance, or revision:
Drug screen tests began in fall 07 in response to a requirement of our clinical agencies. This policy was reviewed by the college President and SSC attorney. The President approved the policy for the nursing program. T
A new deadline for background checks has been established in order to allow for review by the prior to start of the Program.

The Traditional and Career Mobility applications for admission forms will be changed to reflect a Statement of Understanding that the results of the Drug Screen and/or Background check may result in inability to attend clinical learning experiences and this will prevent successful completion of the Nursing Program. This information also will be included in the updated 2008-2010 SSC college catalog.

No new policies were initiated the year; remain in compliance with this criterion concerning nursing policies.
<table>
<thead>
<tr>
<th>Task Description</th>
<th>Committee Chair</th>
<th>Frequency</th>
<th>Meeting Minutes Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review any grievance actions taken against the nursing education unit concerning the application of policies</td>
<td>Curriculum Committee Chair</td>
<td>Semiannually</td>
<td>Curriculum Committee Minutes</td>
</tr>
<tr>
<td>Review Nursing Admission Committee minutes regarding policies that effect admission, readmission, and transfer.</td>
<td>Vice President of Student Affairs</td>
<td>As needed</td>
<td>VPAA office</td>
</tr>
<tr>
<td></td>
<td>Nursing Faculty</td>
<td>Annually</td>
<td>Nursing Admission Committee Minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Faculty Minutes</td>
</tr>
</tbody>
</table>
**STANDARD III: Students** – Student policies, development, and services support the goals and outcomes of the nursing education unit.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA: 3.2</th>
<th>Expected Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student services are commensurate with the needs of students pursing or completing the associate program, including those receiving instruction using alternative methods of delivery.</td>
<td>100% of nursing students will have access to student support services.</td>
</tr>
<tr>
<td>3.2</td>
<td>80% of nursing program evaluations demonstrates students feel the student services a sufficient to meet the needs of the nursing student.</td>
</tr>
</tbody>
</table>

**Operational Definition(s):** Student support services include academic advisement and placement, academic success support, emergency response services, and financial aid. The administrators of student support services will assure that individuals rendering services are qualified.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of student support services</td>
<td>Review of SSC Student Opinion Survey Report for complaints of access to support services.</td>
<td>Nursing Faculty VP for Academic Affairs</td>
<td>Annually</td>
<td>Office of Academic Affairs and College Assessment Office</td>
</tr>
<tr>
<td></td>
<td>End of Program evaluation in 2529.</td>
<td>2529 Team Leader</td>
<td></td>
<td>2529 Team Minutes book Curriculum book</td>
</tr>
</tbody>
</table>

**Actual Level of Achievement:**

100% of nursing students have access to student support services offered at SSC.

85% of nursing program evaluations demonstrates students feel the student services a sufficient to meet the needs of the nursing student. 52% reported “more than met my needs”

**Actions for Program development, maintenance, or revision:**

Counselors/advisors are provided the current Standards for Admission on an annual basis so that they may more effectively advise interested students regarding degree requirements and admission standards for nursing majors.

When questions arise, counselors/advisors are advised to contact the Nursing Office.
STANDARD III: Students - The teaching and learning environment is conducive to student academic achievement.

**OUTCOME CRITERIA:** #3.3

Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

**Operational Definition(s):** SSC’s policy is to maintain financial records for three years and educational records indefinitely. Current nursing students’ educational records are kept in the Nursing Office.

**Expected Level of Achievement:**

100% of students have academic and financial records maintained in the Administration building.

100% of the current nursing students have educational records maintained in the Nursing Office.

**Actual Level of Achievement:**

100% of student academic and financial records are maintained in the Administration building.

100% of current nursing student records are maintained in the Nursing Office.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance of academic and financial records</td>
<td>Review of Admissions and Financial Aid maintenance policies</td>
<td>Registrar, Director of Financial Aid</td>
<td>Prior to each accrediting visit</td>
<td>Minutes of the SEP report</td>
</tr>
<tr>
<td>Maintenance of current nursing student records</td>
<td>Records of current students are maintained in the Nursing Office</td>
<td>Division Chair</td>
<td>Ongoing</td>
<td>Office of Admissions</td>
</tr>
<tr>
<td></td>
<td>Records of graduates are maintained in the Nursing Office until successful completion of NCLEX.</td>
<td>Division Chair</td>
<td>Annually</td>
<td>Office of Financial Aid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Division Chair</td>
<td></td>
<td>Nursing Office</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

No action needed at this time.
**STANDARD III: Students** – Student policies, development, and services support the goals and outcomes of the nursing education unit.

**OUTCOME CRITERIA: 3.4**

Compliance with the Higher Education Reauthorization Act Title IV Eligibility and certification requirements is maintained.

3.4.1
A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

3.4.2
Students are informed of their ethical responsibilities regarding financial assistance.

**Expected Level of Achievement:**

3.4 The Financial Aid Officer will report SSC is in compliance with all state and federal regulations (including Title IV)

3.4.1 The Financial Aid Officer will report there is written, comprehensive student loan repayment information, counseling, monitoring and cooperation with lenders

3.4.2 The Financial Aid Officer will report students are informed of their ethical responsibilities regarding financial assistance

**Operational Definition[s]:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with Higher Education Reauthorization Act Title IV Eligibility and certification requirements</td>
<td>Verbal Confirmation from Financial Aid Officer</td>
<td>Division Chair</td>
<td>Annually</td>
<td>Verbal Report</td>
</tr>
<tr>
<td>A written, comprehensive student loan repayment program</td>
<td></td>
<td>Financial Aid Website on SSC homepage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Actual Level of Achievement:**

The Financial Aid Officer was interviewed by the Division Chair and indicated compliance with all the above criteria

**Actions for Program development, maintenance, or revision:**

Students borrowers are required to comply with loan entrance and exit requirements. They use [www.studentloans.gov](http://www.studentloans.gov) to provide these services.

In fiscal year 2010, the default rate for all students was 9.8%. Default rates do not exceed the threshold set by legislation, regulation, and policies. Loan default status is not tied to program of study, so there is no way of knowing whether nursing students are defaulting in greater numbers than other students.
Students are informed of their ethical responsibilities regarding financial assistance.

| Students are informed of their ethical responsibilities regarding financial assistance. | Financial Aid distributed information | Division Chair | Annually | Financial Aid Website on SSC homepage |
**STANDARD III: Students** – Student policies, development, and services support the goals and outcomes of the nursing education unit.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA: 3.5</th>
<th>Expected Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity and consistency exist for all information intended to inform the public including the program’s accreditation status and NLNAC contact information.</td>
<td>100% of all information distributed is congruent (both written and electronic)</td>
</tr>
<tr>
<td><strong>Operational Definition(s):</strong></td>
<td>NLNAC contact information is on all standards for admission, the SSC catalog, the website</td>
</tr>
<tr>
<td>All disseminated information is congruent.</td>
<td>Actual Level of Achievement:</td>
</tr>
<tr>
<td>NLNAC contact information is included on all standards for admission, the SSC catalog, and on the website.</td>
<td>No incongruence’s have been identified.</td>
</tr>
<tr>
<td>The NLNAC contact information has been updated to the new address and is on all admission standards, the SSC catalog. The website still has the old address.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent information</td>
<td>Comparison of all materials (both written and electronic)</td>
<td>Division Chair</td>
<td>After the March 31st deadline application deadline and anytime policy change indicates a need for updates When new documents are prepared</td>
<td>Website, Standards for admission, SSC catalog</td>
<td>Website has been updated to reflect all current admission standards. Will continue to monitor as new information needs to be disseminated. Will also investigate all reports of inconsistencies.</td>
</tr>
<tr>
<td>NLNAC accreditation status and contact information</td>
<td>Comparison of all materials (both written and electronic)</td>
<td>Division Chair</td>
<td></td>
<td>Website, Standards for admission, SSC catalog</td>
<td>NLNAC contact information- will be added to the new Nursing Face book page by fall 2011.</td>
</tr>
</tbody>
</table>
**STANDARD III: Students** – Student policies, development, and services support the goals and outcomes of the nursing education unit.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Complaints /grievances</td>
<td>Review complaint file for issues regarding communication of expectation</td>
<td>Division Chair</td>
<td>Annually with SEP</td>
<td>Office of the Division Chair</td>
</tr>
<tr>
<td></td>
<td>Course evaluations</td>
<td>Team leader</td>
<td>Annually with SEP</td>
<td>Course evaluation summary in team minute book</td>
</tr>
</tbody>
</table>

**OUTCOME CRITERIA: 3.6**

Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

**Expected Level of Achievement:**

No formal written complaints regarding miscommunication.

**Operational Definition(s):**

All information regarding policies, procedures, and program information are in written format and are communicated in advance of implementation.

**Actual Level of Achievement:**

No complaints to date.

**Actions for Program development, maintenance, or revision:**

- Cruiser communication has allowed rapid and frequent communication with students.
- Keeping up to date information available to students is facilitated by the ability to communicate electronically.
- It is the intent of the nursing program to delay implementation of new policies until the beginning of the semester or program when possible. There has been no need for “emergency” policy implementation mid-semester for the last several years. Policies are reviewed on the first day of every semester during the course orientation.
STANDARD III: **Students** – Student policies, development, and services support the goals and outcomes of the nursing education unit.

**OUTCOME CRITERIA: 3.7**

Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

**Expected Level of Achievement:**
100% of the faculty agree the students are oriented to the technology available

**Operational Definition(s):**
Orientation for technology for SSC Nursing students includes computer lab, online resources, and skills lab

**Actual Level of Achievement:**
100% of the faculty agree the students are oriented to the technology available

Assessment Method and Source of Data with Rationale

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student orientation</td>
<td>Orientation evaluation</td>
<td>Student orientation</td>
<td>Orientation evaluation</td>
<td>Student orientation</td>
</tr>
<tr>
<td></td>
<td>Course evaluations</td>
<td></td>
<td>Course evaluations</td>
<td>Orientation evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Course evaluations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student orientation</td>
<td>Orientation evaluation</td>
<td>Student orientation</td>
<td>Orientation evaluation</td>
<td>Student orientation</td>
</tr>
<tr>
<td></td>
<td>Course evaluations</td>
<td></td>
<td>Course evaluations</td>
<td>Orientation evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Course evaluations</td>
</tr>
</tbody>
</table>
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

### OUTCOME CRITERIA: #4.1

Program design provides opportunity for students to achieve program objectives and acquire knowledge, skills, values, and competencies necessary for nursing practice.

### Expected Level of Achievement:

*100% of the nursing faculty agree that the Program design provides opportunities for students to acquire competencies necessary for nursing practice [Departmental Learner (Terminal) Outcomes].

**The length of the Nursing Program falls within the parameters for AD nursing delineated by the OSRHE, OBN and the NLNAC. *

*Graduates complete 36-38 nursing and 30-34 non-nursing hours with a grade of C or better.

***80% of the faculty agree that the length of the Nursing Program and the ratio of nursing to non-nursing hours is adequate to enable students to achieve the Departmental Learner (Terminal) Outcomes.

Clinical courses incorporate a 3:1 clock/credit hour ratio.

### Operational Definition(s):)

The length of the SSC Nursing Program includes a sufficient ratio of nursing to non-nursing hours and clinical clock hours necessary to ensure graduates have the skills, values, and competencies required for delivery of health care. The actual number of college hours required for the SSC Nursing degree is determined by the Nursing Curriculum Committee using Departmental Learner (Terminal) Outcomes.

### Actual Level of Achievement:

*The nursing faculty feel the new curriculum has just completed one cycle ending with the graduation class of 2011; not enough data has been accumulated to accurately assess the new program design.

**The length of the Program falls within acceptable parameters for all accrediting agencies.

Beginning May 2011 graduates of the Program complete 72 credit hours with a grade of “C” or better within five semesters. Nursing hours will be 40-42 (36-38 previously) and non-nursing hours will be 30-34 (unchanged).

***100% of the faculty agree that the length of the Program and the ratio of nursing/non-nursing courses enables students to achieve the Program Outcomes.

Clinical courses incorporate a 3:1 clock/credit hour ratio for clinical.

---

### Component Assessment

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Nursing Degree Requirements:

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing courses/hours</td>
<td>Compare current degree requirements with those of OSRHE, OBN, &amp; NLNAC to determine compatibility. Review number of and specific non-nursing courses for degree requirements to determine if they support nursing courses and enable students to achieve Nursing Departmental Learner (Terminal) Outcomes. Course Calendars are evaluated to determine if the 3:1 clinical clock ratio to credit hour is being adhered to. <strong>Rationale:</strong> to maintain accreditation we must meet these agencies' requirements/standards. A strong knowledge base in areas of science, social science and language are building blocks which enhance student ability to complete the Program and achieve the Departmental Learner (Terminal) Outcomes.</td>
</tr>
<tr>
<td>Non-nursing courses/ hours</td>
<td></td>
</tr>
<tr>
<td>OSRHE, OBN, &amp; NLNAC parameters for degree</td>
<td></td>
</tr>
<tr>
<td>Clock/Credit Hour Ratio</td>
<td></td>
</tr>
</tbody>
</table>

### Actions for Program development, maintenance, or revision:

Will need to monitor changes closely. Data will be collected as time evolves.
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

**OUTCOME CRITERIA: 4.2**
The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

**Expected Level of Achievement:**
- 100% of the faculty will agree the curriculum is developed by the faculty
- The curriculum is reviewed annually with the SEP meetings and at least twice each semester

**Operational Definition(s):**
- Rigor is the level of difficulty of the program and individualized courses
- Currency is based on “best practice policies”, evidence based practice, and adherence to current standards and guidelines of OBN rules and regulations regarding scope of practice issues

**Actual Level of Achievement:**
- 100% of faculty agree the curriculum is developed by the faculty
- The curriculum is reviewed, evaluated or revised during curriculum meetings each semester

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Developed curriculum</td>
<td>Curriculum meetings</td>
<td>Chair of Curriculum committee</td>
<td>Annually during Program Evaluation meeting and during curriculum meetings</td>
<td>Curriculum committee meeting minutes</td>
</tr>
<tr>
<td>Reviewed for Rigor and currency</td>
<td>Curriculum meetings</td>
<td>Chair of curriculum committee</td>
<td>During curriculum committee meetings</td>
<td>Curriculum committee minutes</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**
- Need to continue to increase faculty knowledge base regarding curricular issues by providing staff development- all faculty who are available, will attend the NCSBN sponsored conference on test item writing.
- Cont to assess areas of curriculum strength and weakness, using current evidence, results of “standardized testing, NCLEX results, and student evaluations.
- Currently, the HESI predictor test is used for NCLEX prediction, but need to Consider options for standardized testing to measure and aggregate data to evaluate the program rigor and currency.
- The addition of the new Capstone Course in the sp 2011 allowed more reinforcement of QUSEN Competencies and National Patient Safety Goals. Other courses will explore ways to improve safety concepts.
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

### OUTCOME CRITERIA: 4.3

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

### Expected Level of Achievement:

100% of the faculty agrees learning outcomes are used to create AO’s (Advanced Organizers- lecture outlines) including learning objectives and classroom activities and evaluate progress

### Operational Definition(s):

Student Learning Outcomes (Expected Learner Outcomes) are derived from the Program (departmental) or Terminal outcomes.

### Actual Level of Achievement:

100 % of the faculty agrees learning outcomes are used to create AO’s and learning activities and evaluate progress

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course outcomes</td>
<td>End of course evaluations</td>
<td>Team leaders for each semester</td>
<td>End of semester</td>
<td>Team minutes – end of semester evaluation summary</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

Look at streamlining the evaluation process. It is possible the data being collected is not as meaningful as it could be due to number of surveys and evaluations done at one time.
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

### OUTCOME CRITERIA: 4.4

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>Review of Syllabi Scenarios&lt;br&gt;Learning activities&lt;br&gt;- assessment guides&lt;br&gt;- cultural assignment&lt;br&gt;- culture assessments&lt;br&gt;- culture presentation</td>
<td>Team members&lt;br&gt;Annually and PRN changes in course content</td>
<td>Revision Syllabi</td>
<td>Actions for Program development, maintenance, or revision:&lt;br&gt;Each faculty is to explore opportunities to increase the concepts of culture, ethnic diversity, and socially diverse concepts in each content area being taught, as appropriate.</td>
</tr>
</tbody>
</table>
STANDARD IV: Curriculum: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

**OUTCOME CRITERIA: 4.5**

Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

**Expected Level of Achievement:**

OBN and NLNAC evaluations reflect SSC evaluation methodologies are varied, reflect established professional and practice competencies and measure the achievement of student learning and program outcomes.

**Operational Definition(s):**

Evaluation methodologies include employer and graduate surveys, self evaluation through portfolios, program evaluations and clinical evaluations.

**Actual Level of Achievement:**

Both OBN and NLNAC evaluations reflect SSC evaluation methodologies are varied, reflect established professional and practice competencies and measure the achievement of student learning and program outcomes.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Data:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer surveys</td>
<td>Examine complied data from all three surveys</td>
<td>Division Chair</td>
<td>Annually</td>
<td>Evaluation Data Book</td>
</tr>
<tr>
<td>Graduate surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Evaluations by students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

Less employer surveys returned this year after electronic requests sent- despite advice from last year. There was a better turn out for the advisory committee meeting after electronic invitation sent.

The employers at the Advisory Committee meeting suggested a list of graduate names be sent to them in order to determine which employees were SSC graduates. This will be implemented fall 2011.
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA: 4.6</th>
<th>Expected Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.</td>
<td>100% of faculty agrees instructional process allow for best practice and innovation in response to changes in industry standards.</td>
</tr>
</tbody>
</table>

**Operational Definition(s):**

Technology in classroom and skills lab are used to augment instruction

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actual Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional processes</td>
<td>Curriculum committee changes are discussed and voted as a committee</td>
<td>Curriculum Chair</td>
<td>Every semester</td>
<td>Curriculum minute book</td>
<td>100 % of faculty agrees instructional process allow for best practice and innovation in response to changes in industry standards.</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

- High Fidelity Simulation manikins are still out of budget range. Gordon Cooper Technology Center (local PN program) received a grant to build a sim lab and purchased all the NLNAC scenarios for the lab. They have offered to allow us to use the lab- the 1552 team will explore this option and report in the 2012 SEP.

- Unity hospital is making progress in the feasibility study for making our skills lab a remote training site for the test system and will give SSC the advantage of real life like electronic medical records. This will be discussed in an October meeting.

- Division Chair will continue to advocate for student response “clicker” technology

- Faculty are encouraged to add more scenarios to their lecture format, increased use of multi-media technology.

- The Division Chair reports the SSC nursing program has applied for a grant from the Oklahoma Dept. of Higher Ed. that would provide I-Pad’s for all the nursing students. This will be reported in the next SEP meeting.
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

**OUTCOME CRITERIA: 4.7**

Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards and best practices.

**Expected Level of Achievement:**

Accrediting and approving bodies will agree the program length is consistent with appropriate standards and regulations.

**Operational Definition(s):**

- Program length must be no more than 5 semesters by OBN criteria
- NLNAC requires program length is congruent with attainment of program outcomes and consistent with OBN, SSC, state and national standards and best practices

**Actual Level of Achievement:**

All accreditation and approval visits from OBN, NLNAC and HLC have indicated no issues or concerns with program length.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
<th>Actions for Program development, maintenance, or revision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Length</td>
<td>Plan of Study</td>
<td>Curriculum committee Chair Division Chair</td>
<td>Before accreditation visits, and after curriculum revisions Annually</td>
<td>Curriculum Committee Minute Book SSC 2011 catalog OBN report Book NLNAC report book</td>
<td>The new catalog is not due out until August 2011, and this new catalog will reflect the last curriculum revision. The old curriculum is in the 2010 hard copy catalog at present. However, the electronic catalog is correct on the SSC website.</td>
</tr>
</tbody>
</table>
**STANDARD IV: Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA:</th>
<th>#4.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice learning environments are selected and monitored by faculty and provide opportunities for a variety of learning options appropriate for contemporary nursing.</td>
<td></td>
</tr>
</tbody>
</table>

**4.8.1**

**Student clinical experiences reflect current best practices and nationally established patient health and safety goals**

<table>
<thead>
<tr>
<th>Expected Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8</td>
</tr>
<tr>
<td>Faculty evaluates 100% of the practice learning environments.</td>
</tr>
<tr>
<td>80% of the faculty agrees that the practice learning environments are appropriate settings to meet the Course Outcomes.</td>
</tr>
<tr>
<td>80% of the faculty evaluate each acute care clinical site with an overall average score of ≥3 on the NESA Clinical Evaluation Tool.</td>
</tr>
<tr>
<td>80% of students evaluate each acute care clinical site with an overall average score of ≥3 on the NESA Clinical Evaluation Tool (4 point scale, with 4 being Strongly Agree).</td>
</tr>
<tr>
<td>80% of faculty agrees student clinical experiences reflect current best practices and nationally established patient health and safety goals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational Definition(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice learning environments include simulated campus laboratory, computer-assisted instruction, community sites, and various clinical settings where patient care is provided. Learning environments are selected and evaluated by the nursing faculty.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual Level of Achievement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8</td>
</tr>
<tr>
<td>100% of practice learning environments are evaluated by faculty.</td>
</tr>
<tr>
<td>100% of faculty agrees that learning environments are appropriate settings for students to meet Course Outcomes.</td>
</tr>
<tr>
<td>100% of the faculty rated all acute care clinical sites with an overall average score of ≥3.</td>
</tr>
<tr>
<td>100% of students rated all acute care clinical sites with an overall average score of ≥3.</td>
</tr>
<tr>
<td>4.8.1</td>
</tr>
<tr>
<td>83% of faculty agrees student clinical experiences reflect current best practices and nationally established patient health and safety goals</td>
</tr>
<tr>
<td>Components</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>4.8 Practice Learning Environments:</td>
</tr>
<tr>
<td>-Skills Lab</td>
</tr>
<tr>
<td>-Computer Lab</td>
</tr>
<tr>
<td>-Community Sites</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

Acute Care & community clinical sites will continue to be evaluated each semester by both faculty and students to determine if they assist the student to meet the course outcomes.

While the practice learning environments are meeting the needs of the students and the facilities are providing appropriate clinical experiences, there is an increasing challenge every year to make adjustments required by the facilities. This year the only large state run Psychiatric facility (Griffin Memorial Hospital) has opted to deny access to all nursing students across the state, citing budget cuts from the State. This has required schools to struggle to find additional Psych experiences. We have been able to find additional sites.

Multiple hospitals have limited or eliminated students from certain areas. Almost all areas have decreased the numbers of students allowed, while others are limiting to BSN schools, or have affiliated with only one school.

These problems are compounded by the limitations currently in place by the OBN, which does not allow practice simulation lab experiences to count in clinical hours. An OBN task force is current reviewing this policy.

To date, these issues have not dramatically impacted our ability to provide clinical experiences, but it is a disturbing trend that needs to be monitored and may impact the number of students allowed to be admitted into the program.
4.8.1
Best practices
National Patient Safety Goals

<table>
<thead>
<tr>
<th></th>
<th>Faculty Evaluation of Clinical Experience</th>
<th>All clinical faculty members</th>
<th>End of each clinical rotation</th>
<th>Team minute book- end of semester summaries</th>
</tr>
</thead>
</table>

4.8.1 the curriculum committee will review the National Patient Safety Goals each year beginning fall 2011 to make sure the program curriculum addresses the latest goals.
Will evaluate ways to more extensively infuse QUSEN standards into all courses.
STANDARD V: Resources: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

OUTCOME CRITERIA: #5.1
Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.

Expected Level of Achievement:
Nursing faculty salaries are commensurate to non-nursing faculty salaries at SSC.
The SSC Nursing Program’s budget is sufficient to support the nursing unit outcomes and is commensurate with the resources of the governing organization.

Operational Definition (s): SSC financial resources are allocated according to the needs and purposes of each department. Financial resources are adequate to support the Nursing Program goals and outcomes. Available resources are allocated by the Division Chair with input from the nursing faculty.

Actual Level of Achievement:
Nursing faculty salaries are commensurate to non-nursing faculty salaries according to the SSC Policy Manual.
The Nursing Program budget comprises 18% of the SSC budget, according to VPFA K. Benton.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Salaries</td>
<td>Review of faculty salary schedule</td>
<td>Vice President for Academic Affairs</td>
<td>At the time of employee hiring</td>
<td>SSC Policy Manual and Office of Human Resources</td>
</tr>
<tr>
<td>Nursing Program Budget and Non-nursing program budgets</td>
<td>Rationale: The VPAA is responsible for recommending new faculty salaries according to the SSC Employee Salary Schedule Policy. Comparative Review:nursing budget to non-nursing budgets</td>
<td>Vice President for Fiscal Affairs</td>
<td>Annually</td>
<td>Office of Fiscal Affairs</td>
</tr>
</tbody>
</table>

Actions for Program development, maintenance, or revision:
State of Oklahoma funding dictates the financial resources available to the College. The SSC Nursing Program budget has consistently received an equitable share of the college funding.

Annual evaluation will determine whether fiscal resources are sufficient to support the nursing education unit purposes and remain commensurate with the resources of the governing organization.

Faculty salaries need to increase to be more commensurate with business and industry in order to retain and attract faculty. This is a concern shared by administration.
### Standard V: Resources

Resources are sufficient to accomplish the nursing education unit purposes.

#### Outcome Criteria: #5.2

Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

#### Operational Definition(s):

Physical facilities include classrooms, computer labs, skills lab, offices, storage, conference rooms, student library, and faculty lounge.

#### Expected Level of Achievement:

85% of nursing faculty agree the physical facilities are appropriate to support the purposes of the nursing education unit.

#### Actual Level of Achievement:

100% of the nursing faculty agree the physical facilities are sufficient.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Facilities</td>
<td>Evaluation of physical facilities: Nursing faculty have the opportunity to provide suggestions for improvement to physical facilities each year during the preparation of the Goals and Objectives. Recommendations for improving physical facilities are included in the Goals and Objectives for the upcoming academic year.</td>
<td>Nursing Faculty and Division Chair</td>
<td>Annually in May</td>
<td>SEP meeting minutes Goals and Objectives Notebook</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

- Continued upgrades for lab and classroom are needed to keep the program efficient:
  - The anticipated computer software upgrade needed is Office 2010; the MIS department anticipates this for the next academic year.
  - Wireless access is in the classroom, but is inconsistently available.
  - The classroom space is at maximum capacity.
  - New V-Brick capture technology has been added to classroom 122, need continued training and in-service on ways to use.
STANDARD V: Resources- Resources are sufficient to accomplish the nursing education unit purposes.

OUTCOME CRITERIA: : #5.3
Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

**Expected Level of Achievement:**
85% of the nursing faculty agrees the learning resources are comprehensive, current, developed with faculty input, and accessible to faculty and students.

**Operational Definition(s):** Learning resources are defined as hardware/software, multi-media, computer labs, skills lab equipment, library resources, and on-line resources.

**Actual Level of Achievement:**
0% of the nursing faculty agrees that the learning resources are sufficient.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Resources</td>
<td>Each year nursing faculty provide input into Nursing Program goals. At that time, learning resources needs are determined and a prioritized list of needs is compiled. The requests are submitted to the Division Chair. When the Division Chair is notified of budget monies available to the Nursing Program by the Office of Fiscal Affairs, decisions are made for allocation of funding for</td>
<td>Nursing Faculty and Division Chair.</td>
<td>Annually and as needs are identified</td>
<td>Team, Curriculum and Faculty Committee minutes. Goals and Objectives Notebook located in the Nursing Test File Room</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**
- Purging and purchasing of nursing books in the Learning Resource Center continues to take place. Faculty and students have access to EBSCO host which includes CINAHL and nursing search capabilities.
- Resources will be evaluated annually and updated as the budget allows.
- The Learning Resources Director is not able to facilitate the access of full text articles through the purchased CINAHL plus subscription. Students find it difficult or impossible to access this resource.
Rationale: SSC policy allows faculty from each division to give input through setting goals and submitting a list of learning resource needs to the Division Chair. The Office of Fiscal Affairs allocates funds to meet campus-wide needs.

<table>
<thead>
<tr>
<th>Learning resources.</th>
</tr>
</thead>
</table>

While the faculty agrees the facilities are sufficient, the skills lab equipment is aging. At the end of the skills lab team the following equipment was ordered:

- 2 intradermal injection arms
- 1 Trach and NG manikin
- 1 male catheter manikin.

Division Chair will submit request for Student Response clicker system

Division Chair will explore the option of E-texts with the Learning Resource Director.
**STANDARD VI: Outcomes** – Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

**OUTCOME CRITERIA: #6.1**

The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.

**Operational Definition(s):**

A plan for evaluation of the Nursing Program is in place known as the SEP (Systematic Evaluation Plan)

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Eval of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP</td>
<td>Faculty meet and review each item listed in the SEP and discuss data collected during the academic year. At that time faculty make recommendations to improve any identified areas of weakness. Rationale: The SEP review involving all nursing faculty helps them to see the big picture and allows input into decisions concerning the Nursing Program.</td>
<td>Nursing Faculty</td>
<td>Annually in May</td>
<td>SEP Document</td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**

100% of all NLNAC Standards and Criteria are addressed in the program evaluation plan.

**Actual Level of Achievement:**

All NLNAC Standards and Criteria are addressed in the SSC Nursing Program Evaluation Plan

**Actions for Program development, maintenance, or revision:**

Will continue to monitor for updates and changes in the NLNAC standards and make changes in the SEP as needed

No changes are required this year
STANDARD VI: Outcomes – Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA: 6.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.</td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**

100% of the faculty agree aggregated data is used to validate and inspire curriculum changes

**Operational Definition(s):**

Data evaluation is compiled and presented in an aggregated format for better interpretation of data

**Actual Level of Achievement:**

100% of the faculty agree aggregated data is used to validate and inspire curriculum changes

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Summary</td>
<td>Analysis of trended data by Course</td>
<td>Team Leader</td>
<td>Every semester</td>
<td>Team Minute book</td>
</tr>
</tbody>
</table>

**Actions for Program development, maintenance, or revision:**

Have enrolled the Division Secretary in an ACCESS software class summer 2011 to allow training in data management systems

Will create a form and process for better data aggregation.

Faculty have been aggregating data for several years now, and is an assessment tool
<table>
<thead>
<tr>
<th>Aggregated Data</th>
<th>Analysis of data assessment tools (NLCLEX, HESI) and demographic data (retention rates)</th>
<th>Curriculum committee Chair</th>
<th>Annually</th>
<th>Curriculum Minute Book Evaluation Data Book Team minute summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>NESA Evaluations</td>
<td>Evaluation of Clinical component</td>
<td>Team Leader</td>
<td>End of each semester</td>
<td>used to guide decisions. However, there is a need for a more formal mechanism to track this data and link to the associated decisions/changes.</td>
</tr>
</tbody>
</table>

Will explore options for increased assistance for this process.
**STANDARD VI: Outcomes** – Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

**OUTCOME CRITERIA: 6.3**

Evaluation findings are shared with communities of interest.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared findings</td>
<td>Advisory meeting</td>
<td>Division Chair</td>
<td>Annually</td>
<td>Advisory minutes</td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**

100% of faculty agree program information is shared with communities of interest

**Operational Definition(s):**

Communities of interest (including students) meet annually during the advisory meeting where program information is shared

**Actual Level of Achievement:**

100% of faculty agree program information is shared with communities of interest

**Actions for Program development, maintenance, or revision:**

- Need to add information from employer and graduate surveys to advisory meeting agenda.
STANDARD VI: Outcomes – Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

**OUTCOME CRITERIA: 6.4**

Graduates demonstrate achievement of competencies appropriate to role preparation.

<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method and Source of Data with Rationale</th>
<th>Person(s) Responsible for Evaluation of Data</th>
<th>Time-Frame</th>
<th>Location of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Annually in November</td>
<td>Evaluation Data Book</td>
</tr>
<tr>
<td>Terminal Objectives</td>
<td>Graduate Survey</td>
<td>Division Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer Survey</td>
<td>Division Chair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expected Level of Achievement:**

80% of graduates returning surveys will report they felt “well prepared” with each of the competencies being evaluated

80% of graduates employer surveys will report they felt the student was “well prepared” with each of the competencies being evaluated.

**Operational Definition(s):**

Graduate competencies will be evaluated 6 months after graduation

**Actual Level of Achievement:**

80% of graduates returning surveys will report they felt “well prepared” with each of the competencies being evaluated; none indicated “poorly prepared”

87% of graduates employer surveys will report they felt the student was “well prepared” with each of the competencies being evaluated.

**Actions for Program development, maintenance, or revision:**

Will record personal email addresses of graduates before graduation, and use electronic reminders/survey.

Consider “survey monkey”?

Graduate surveys for the current class graduating May 2011 are not mailed out until November 2011, waiting for the 6 month time frame to elapse. The above results are from 2010.
STANDARD VI: Outcomes – Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

<table>
<thead>
<tr>
<th>OUTCOME CRITERIA: #6.5</th>
<th>Expected Level of Achievement: Student achievement is maintained at or above the following levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completion rates at or above 65%</td>
</tr>
<tr>
<td></td>
<td>NCLEX pass rate at or above the national average</td>
</tr>
<tr>
<td></td>
<td>Job placement rate @ 100% for graduates seeking employment</td>
</tr>
<tr>
<td></td>
<td>90% of graduates who respond will indicate they were “well prepared” on the Graduate Questionnaire</td>
</tr>
<tr>
<td></td>
<td>90% of employers who respond will indicate that they are “strongly satisfied” with the six month performance of the SSC graduate. (six month competencies)</td>
</tr>
</tbody>
</table>

6.5.1
The licensure exam pass rates will be at or above the national mean.

6.5.2
Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

6.5.3
Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

6.5.4
Job placement rates are addressed through quantified measures that reflect program demographics and history.

Operational Definition(s):
Student achievement is evaluated by completion rates, NCLEX pass rate, job placement and the perception of graduates that they were well-prepared at completion of the Nursing Program to enter the work force.

Completion Rates: Percentage of students who complete the Nursing Education Unit within three calendar years (seven semesters).

Actual Level of Achievement: This data reflects the class graduating May 2010. The current class has not had enough time elapse to acquire the data:

Completion rate for the 2009-2010 academic year was 58%
NCLEX pass rate was 80%. The national average was 87% State was 86%
2010 graduates indicated 100% job placement rate for those seeking employment.
## Student Achievement:
- Graduation Rate
- Completion Rate
- NCLEX Pass Rate
- Job Placement Rate
- Graduate Questionnaire
- Employer Survey

### Faculty meet to analyze student achievement and identify strengths and weaknesses of the Nursing Program and curriculum. Recommendations are made and voted on by faculty.

**Rationale:** Data collection from several sources are brought together and analyzed to assist faculty in seeing the big picture and all faculty have input into curriculum recommendations.

### Actions for Program development, maintenance, or revision:

The NCLEX pass rate dropped below the National and State averages for the graduating class of 2010 - this was preceded by 2 years of pass rates above the National and State averages. There seems to be no predictable pattern.

Will consider policy changes related to requirements for NCLEX review and possible addition of standardized testing requirements.
Exhibits

Exhibit One – SSC Student Nurse Handbook
Exhibit Two – SSC Student Handbook
Exhibit Three – SSC College Catalog
Exhibit Four – Curriculum Minutes Book
Exhibit Five – Program Evaluation Book
Exhibit Six – Nursing Faculty Handbook
Exhibit Seven – Course Syllabi
Exhibit Eight – ANA Professional Nursing Standards
Exhibit Nine – NLN Competencies for graduates of Associate Degree Programs
Exhibit Ten – Quality and Safety for Nursing Education (QSEN)
Exhibit Eleven – Rules and Regulation of the Oklahoma Board of Nursing
Exhibit Twelve – Remediation Test Analysis Tool
Exhibit Thirteen – CET Course Evaluation Tool
Exhibit Fourteen – Admission Committee Minutes
Exhibit Fifteen – Facilities Patient Safety Goals
Exhibit Sixteen – Team Minutes Book
Exhibit Seventeen – Student Feedback on Classroom Instruction
Exhibit Eighteen – Course Evaluation
Exhibit Nineteen – Course Outcome Evaluation
Exhibit Twenty – Facility Evaluation (NESA)
Exhibit Twenty One – Faculty Self Evaluation, Professional Development and Service Report
Exhibit Twenty Two – Student Evaluations of Clinical Faculty
Exhibit Twenty Three – Faculty Evaluation Tools
Exhibit Twenty Four – Nursing Faculty Handbook