DESCRIPTION OF PROGRAM/UNIT

The Maxine S. Jacobs Nursing Program operates within the Division of Sciences and grants an Associate of Applied Science in Nursing. There are approximately 120 students in the nursing program. The program currently admits 32 students each fall and spring and the current nursing course of study is completed in four semesters. Currently the program employs ten full-time faculty members. Six of the faculty members are tenured and four are temporary one-year hires. There are currently four open positions for which searches are scheduled to begin in Fall 2013. The faculty work together to maintain a rigorous curriculum to prepare students to practice in diverse healthcare settings after they successfully pass a national licensing examination. Assessment of our courses is robust as we are not only regulated by the college, but also the Nevada State Board of Nursing for our state approval and the Accreditation Commission for Education in Nursing, Inc. (ACEN) for our national accreditation.

Mission Statement

“Provide high quality associate degree nursing education in order to positively influence the health and well-being of the community and the clients our students serve. Valuing social and cultural differences, the faculty believes that students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals. Student success is encouraged by providing a thorough welcome and orientation to the nursing program and access to essential services, college resources and community mentors for the duration that the student is enrolled in the TMCC nursing program. The importance of lifelong learning for the graduate is emphasized.”

Degrees, Certificates, and/or Non-Credit Courses offered

Associate of Applied Science, Nursing Degree.

Associate of Science, Nursing Degree to begin in Fall 2015.

Primary Goals and Objectives

The primary goal of the nursing unit is preparation of safe, competent, beginning level practitioners who possess the knowledge, skills and professionalism required of the registered nurse. The nursing education obtained by the graduate of the TMCC Maxine S. Jacobs Nursing Program serves as the starting point for continued development and education as an accountable and responsible member of the nursing profession.

Factors Expected to Affect Future

The nursing program expects nursing applicant numbers to increase with the downturn in the economy and the need for nurses due to the aging population. Many current students are coming into the nursing program wanting a second
chance at a career after being displaced or finally being able to realize their dream of becoming a nurse. A large number of current nursing students are attending nursing school while trying to maintain full-time employment or managing families and children. Due to the rigor of the program, it is not always possible to manage the workload and discussions have begun regarding the initiation of a part-time nursing program. This would require resources and faculty though, that are currently not available.

It is estimated that approximately 495,000 nurses will retire between now and 2020. Experts suggest that approximately 1.2 million new nurses will need to enter the workforce (Bureau of Labor Statistics Employment Projections 2010-2020).

In addition to the nursing shortage, the Institute of Medicine produced a report entitled, The Future of Nursing: Leading Change, Advancing Health, in 2010. Recommendations were offered to support and improve the health of the United States population with the contribution of nursing.

One of the recommendations is nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The Truckee Meadows Community College Nursing program has a longstanding history of providing high quality nursing graduates to our community. With market changes and evidence based practice, it has been apparent that clinical facilities within the community are changing their hiring practices to preferentially hire baccalaureate prepared nurses. Because of these market-driven changes, the nursing program is working towards offering an Associate of Science in nursing to better prepare our graduates to matriculate to the university setting to complete their bachelor of science in nursing.

Due to the extensive reports surrounding the shortage of nurses in the future and the education requirements by the facilities, nursing programs within the community have recently doubled their enrollment which drastically impacts the clinical space in all facilities within the community. With decreased clinical space and limited hours with which to complete the program clinical requirements, increased simulation may be required. Currently, the nursing program has three high-fidelity simulation mannequins, including two adult and one child. The two adult mannequins are located at different campuses, making it difficult at times due to the need for transportation of supplies back and forth. In addition, the mannequins are not from the same generation and each performs differently with regard to simulation capability. One of the mannequins has much higher simulation functioning and is more appropriate for the more advanced nursing students, but due to scheduling of other classes and programs, it is often difficult to schedule the students in the lab where this mannequin is housed.
CURRICULUM

Program/Unit Review Assessment Reports

<table>
<thead>
<tr>
<th>Title(s) of past Program/Unit Reviews; include programs (degrees, emphases, and certificates) and disciplines.</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
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<td>Discipline/Program: Nursing</td>
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</tbody>
</table>

The Nursing Department’s last Program/Unit Review (PUR) took place in the 2008-2009 academic year. Recommendations (from then Vice President Carreon) that resulted from this review were to (1) realign the nursing program mission to fit the college’s mission and goals, (2) adjust the self-study to address the concerns regarding the clarity and presentation of the document, (3) create a plan to address efforts to recruit under-served populations, (4) carefully monitor the implementation of the new concept-based curriculum that was implemented in Fall 2008, (5) explore the need for one or more lead faculty positions to increase communication between full and part-time faculty members, and (6) create a “back up” plan to ensure that students can connect with at least one live voice in case the faculty member is not readily accessible.

The nursing program mission was re-written during the curriculum revision and approved by all the faculty. The new curriculum was created to align with our mission. It is as follows:

“Provide high quality associate degree nursing education in order to positively influence the health and well-being of the community and the clients our students serve. Valuing social and cultural differences, the faculty believes that students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals. Student success is encouraged by providing a thorough welcome and orientation to the nursing program and access to essential services, college resources and community mentors for the duration that the student is enrolled in the TMCC Maxine S. Jacobs Nursing Program. The importance of lifelong learning for the graduate is emphasized.”

The concerns regarding clarity and presentation of the original program review document will not be addressed as there is no documentation to support this.

Faculty are continually involved in community health related events to recruit under-served populations including Operation Health Care Bound, HOSA, community health fairs, and middle and high school presentations. The director is involved in speaking with EPY classes at the college to inform these students of the opportunities within nursing.

The curriculum was implemented in Fall 2008 and the program’s systematic evaluation plan continues to be in full effect which evaluates all aspects of the program. The evaluation plan was reviewed by the national accrediting agency and found to be adequate. The curriculum is evaluated annually by evaluating each course and the student outcomes as well as the program outcomes and through the nursing graduate survey that is distributed six months after the students matriculate from the program. The nursing program also invites community and college stakeholders to bi-annual advisory board meetings where information is shared with each other and
suggestions are received from the community to initiate improvement within the program. Comments have been positive and find our graduates to be productive members of the nursing profession within our community.

Additional assignments were posted through the college and two clinical coordinator positions were assigned as well as a lead faculty position. A first and second year clinical coordinator was assigned and this faculty is responsible for maintaining communication and consistency within each year. A lead faculty position was assigned but it was noted that the responsibilities of this position were better suited to each of the clinical coordinators and additionally the position was removed from the NFA contract.

Each of the students continues to receive very clear written instructions at the beginning of each clinical rotation. The instructions are given to the student for each clinical and theory course and the students very clearly understand how they are to contact their faculty or part-time clinical instructor. If the student is unable to contact their faculty via phone or pager they are all instructed on alternate methods or instructed to phone the nursing administrative assistant who has a master calendar and can find any of the full or part-time faculty as needed. There have been no student complaints with this process.

Course Assessment Report (CAR) Summaries

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
<th>Most Recent Date of Approved CAR</th>
<th>Established CAR Assessment Cycle Date(s)</th>
<th>Course Modifications (if course was revised as a result of assessment, provide a brief summary of the results and the modifications)</th>
<th>SLO Review (The date listed is the last recorded update to learning outcomes and measures. Please review the ones in bold and submit update to CAP)</th>
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<tr>
<td>NURS</td>
<td>102</td>
<td>Professional Behaviors</td>
<td>2010-11</td>
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<td>Nursing Assistant</td>
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<td>NURS</td>
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<td>Nursing Care I</td>
<td>2009-10</td>
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<td>NURS</td>
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<td>10/27/2010</td>
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**Course Assessment Report (CAR) Summaries:**

<table>
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<td>Professional Behaviors</td>
<td>2010 – 11</td>
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<td>F'11, S'12, F'12, S'13, F'13, S'14, F'14, S'15, F'15, S'16</td>
<td>See below</td>
</tr>
</tbody>
</table>

**Summary of Results and Modifications:**

Fall 2008 starts the implementation of the concept-based approach across the lifespan to deliver the nursing curriculum. This first-semester program course provides the student with an understanding of the professional nurse’s role within the health care system with emphasis on ethics, professional obligations, values, expectations of the profession and accountability for lifelong learning. Student
learning outcomes make a purposeful link to program outcomes. The CAR submitted for 2009-2010 and 2010-2011 demonstrated students are meeting the originally established standards and measures. Nursing faculty continue to revise the learning outcomes to reflect the priority for the course. In Spring 2011, the decision was made for the NURS 102 course to solely concentrate on professional behaviors and move “Outcome measure # 3 – Students will be able to develop an individualized plan of care using the steps of the nursing process,” to NURS 138, a course which has a clinical component, starting in Fall 2011. The faculty believes that this will enhance student learning and understanding of the nursing care management as applied to an actual patient in the clinical setting.

The CAR submitted for Spring 2013 evaluated four outcome measures. Students are evaluated using a number of assessment methods including an outside vendor (HESI – Elsevier) computerized comprehensive final exam instead of a faculty-generated written exam. This comprehensive final exam provides data on how TMCC program students compare to other nursing students across the country. There were 32 students enrolled at the start of the semester; 1 student withdrew during the semester for personal reasons; 31 students completed the HESI-based final exam; 2 students have an overall course grade below 75% with ≥ 75% considered passing for progression; and 29 students out 32 enrolled-students (93.55%) successfully completed NURS 102. Based on the reviewed CARs submitted in Fall 2011, Spring 2012, and Spring 2013, the course assessment process has been established and no new recommendations were made for this course.

<table>
<thead>
<tr>
<th>NURS</th>
<th>130</th>
<th>Nursing Assistant</th>
<th>2010 - 11</th>
<th>F'11, S'12, F'12, S'13, F'13, S'14, F'14, S'15, F'15, S'16</th>
<th>See below</th>
<th>10/27/2010</th>
</tr>
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</table>

**Summary of Results and Modifications**

Approved CAR submitted in Fall 2011 evaluated three outcome measures: 1) successfully passing the comprehensive final exam with a grade of ≥ 80%; 2) demonstration of skills according to the standards of practice; and 3) student retention at ≥ 80% for all sections offered. Results indicated achievement of the expected level of measures. No new recommendations have been made for this course.

This course is no longer in the Nursing Department reporting structure. The Certified Nursing Assistant course coordinator and faculty now directly report to the Dean of the School of Sciences – Dean Ted Plaggemeyer.

<table>
<thead>
<tr>
<th>NURS</th>
<th>138</th>
<th>Nursing Care 1</th>
<th>2009-10</th>
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<th>See below</th>
<th>11/7/2011</th>
</tr>
</thead>
</table>

**Summary of Results and Modifications**

This course was first taught in Fall 2008 with the implementation of the concept-based, across the lifespan approach of delivering nursing contents that will provide graduates with conceptual thinking skills in the hope of managing excessive curricular content while fostering critical thinking. This is a first-semester nursing care course with a clinical component that provides students with the foundations of the art and science of nursing focusing on acquiring proficiency to carry out basic independent and interdependent nursing actions that assist clients across the lifespan in meeting their health care needs while emphasizing assessment, teaching and learning, and communication of health and wellness. Student learning outcomes are purposefully linked to the program outcomes. The clinical component is graded on a Pass/Fail using a predetermined clinical performance evaluation tool (CPET). The CPET
makes purposeful links to the nursing program concepts featured in the theory component of the course. Expected levels of performance for each behavior defined in the CPET were predetermined by the faculty according to student acquisition of knowledge, skills, and abilities.

The approved CAR submitted in 2009-2010 validated the importance of continued revision of student learning outcome reflecting the priority for this first-semester nursing program course. As part of the curriculum development process, revisions to the original outcomes, concepts and exemplars on which to build upper division courses and base contents were made and approved in Fall 2010 for implementation for Fall 2011.

The CAR submitted to the Program Director for Spring 2013 evaluated three outcome measures. Students are evaluated using a variety of assessment methods that include published skills checklist; CPET; multiple-choice exams; written assignment evaluated using a faculty-created published grading rubric; and a computerized, comprehensive final exam generated by an outside vendor (HESI-Elsevier). 33 students were enrolled at the start of the semester and 28 students passed the course (84.84% completion rate).

Based on the reviewed CARs submitted in Fall 2011, Spring 2012, and Spring 2013, the assessment process for this course has been established and no new recommendations were made for this course.

<table>
<thead>
<tr>
<th>NURS 140 Medical Terminology</th>
<th>F'11, S'12, F'12, S'13, F'13, S'14, F'14, S'15, F'15, S'16</th>
<th>See below</th>
<th>11/7/2011</th>
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</table>

Summary of Results and Recommendations:

This course has been reviewed annually. The course is taught both as a traditional course and pure online version. Medical Terminology is generally taught by part-time faculty although there have been two instances where full-time faculty were assigned to the course.

The approved CAR submitted to the Program Director in Fall 2012 evaluated three outcomes reflecting the student’s ability to identify common diseases and review medical information and treatments utilizing their knowledge of medical terminology. Students were evaluated using multiple choice exam questions. 85% of the online students were successful in the class while 88% of the traditional classroom students were successful in the course. 77% of the online students were successful at identifying common medical treatments with disease while 88% of the traditional students were successful at this outcome. Based on the data, no changes were made to the existing course.

The assessment process continues with this course and it will be reviewed on an annual basis utilizing data from both methods of instruction.

<table>
<thead>
<tr>
<th>NURS 152 Foundations of Pharmacology in Nursing I</th>
<th>F'13</th>
<th>See below</th>
<th>11/7/2011</th>
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</table>

Summary of Results and Recommendations:

This course was first taught in Fall 2012. Prior to that, pharmacologic content(s) specific to the exemplar diseases are covered in each of the nursing care courses with a clinical component (NURS 138, NURS 170, NURS 202, and NURS 274). In Fall 2010 Curriculum Revision meeting, the decision to bring back
Pharmacology as a separate nursing course was made by all faculty present. Two one-credit Pharmacology courses, NURS 152 and NURS 153 were created.

The CAR submitted to the Program Director in Fall 2012 evaluated three outcome measures reflecting the student’s ability to plan and safely care for clients receiving medications. Students were evaluated using exams and quizzes; and a concept map written assignment evaluated using a faculty-created, predetermined, published, grading rubric, demonstrating their ability to integrate knowledge to specific patient/client scenarios. 30 students successfully completed NURS 152; 96.77% achieved a cumulative grade of 75% or greater required for progression. Faculty recommendation to streamline and reorganize content appropriate for a one-credit course was made.

Reorganization of curriculum content led to the faculty decision to review the previously taught two-credit pharmacology course, NURS 142 as a substitute for NURS 152 and NURS 153. The decision was made at the May 2013 Curriculum Meeting.

NURS 142 course was resubmitted to the CAP Committee this Fall 2013 and approved.

<table>
<thead>
<tr>
<th>NURS 152</th>
<th>Foundations of Pharmacology in Nursing II</th>
<th>S'14</th>
<th>See below</th>
<th>11/7/2011</th>
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</table>

Summary of Results and Recommendations:

This course was first taught in Spring 2013. Prior to that, pharmacologic content(s) specific to the exemplar diseases are covered in each of the nursing care courses with a clinical component (NURS 138, NURS 170, NURS 202, and NURS 274). In Fall 2010 Curriculum Revision meeting, the decision to bring back Pharmacology as a separate nursing course was made by all faculty present. Two one-credit Pharmacology courses, NURS 152 and NURS 153 were created.

The CAR submitted to the Program Director in Spring 2013 evaluated two outcome measures demonstrating the student’s ability to assess and evaluate changes in condition of clients receiving medications. Students were evaluated using exams and quizzes demonstrating their ability to integrate knowledge. 100% of students achieved a cumulative grade of 75% or greater required for progression. No new recommendation was made by the teaching faculty.

Reorganization of curriculum content led to the faculty decision to review the previously taught two-credit pharmacology course, NURS 142 as a substitute for NURS 152 and NURS 153. The decision was made at the May 2013 Curriculum Meeting.

NURS 142 was resubmitted to the CAP Committee this Fall 2013 and approved.

<table>
<thead>
<tr>
<th>NURS 170</th>
<th>Nursing Care 2</th>
<th>S'11</th>
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<th>See below</th>
<th>11/7/2011</th>
</tr>
</thead>
</table>

Summary of Results and Modifications

This course was first taught in Spring 2009 with the implementation of the concept-based, across the lifespan approach of delivering nursing contents that will provide graduates with conceptual thinking.
skills in the hope of managing excessive curricular content while fostering critical thinking. This is a second-semester nursing course with a clinical component focusing on the nursing care and management of the individual across the health-wellness-illness continuum using the nursing process. Students are expected to integrate the knowledge of the diverse and holistic of the individual clients, applying and implementing communication strategies through collaboration and teaching and learning.

The lab/clinical/simulation component of this course is graded on a Pass/Fail using a predetermined clinical performance evaluation tool (CPET). The CPET makes purposeful links to the nursing program concepts featured in the theory component of the course as well as to the terminal objectives and outcomes of the program. Expected levels of performance for each behavior defined in the CPET were predetermined by the faculty according to student acquisition of knowledge, skills, and abilities.

The approved CAR submitted in 2009-2010 validated the importance of continued revision of student learning outcome reflecting the priority for this second-semester nursing program course. As part of the curriculum development process, revisions to the original outcomes, concepts and exemplars on which to build upper division courses and base contents were made and approved in Fall 2010 for implementation for Fall 2011.

The CAR submitted to the Program Director in Spring 2012 evaluated three outcome measures. Students are evaluated using the published CPET, multiple-choice exams, and a computerized, comprehensive final exam generated by an outside vendor (HESI-Elsevier). All 35 students enrolled at the start of the semester were successful in passing the course.

Based on the reviewed CARs submitted in Spring 2011, Fall 2011, and Spring 2012, the assessment process for this course has been established and no new recommendations were made for this course.

### Summary of Results and Modifications

This course was first taught in Fall 2009 following the course progression schedule set by the faculty in accordance with the implementation of the concept-based, across the lifespan approach of delivering nursing contents. This is a third-semester course with a clinical component focusing on the continuation of the nursing care and management of patients/clients with an altered health status affecting both the individual client, the child-bearing and child-rearing families across the lifespan. The course applies the concepts of clinical pharmacology, psychopathology, pathophysiology, health maintenance, promotion and restoration to the care of clients/patients and their families. The clinical/laboratory/simulation component of this course is graded on a Pass/Fail using a predetermined clinical performance evaluation tool (CPET). The CPET makes purposeful links to the nursing program concepts featured in the theory component of the course as well as to the terminal objectives and outcomes of the program. Expected levels of performance for each behavior defined in the CPET were predetermined by the faculty according to student acquisition of knowledge, skills, and abilities.

The approved CAR submitted in Fall 2010 made no recommendations to change the outcome measures. However, during the Fall 2010 Curriculum Meeting, this course’s SLOAs were revised to reflect the priority for the course.

Students are currently evaluated using the published CPET; multiple-choice exams and quizzes; teaching
Plan written assignment evaluated using a predetermined published grading rubric; and a computerized, comprehensive final exam generated by an outside vendor (HESI-Elsevier). The Spring 2013 CAR showed 100% progression/retention rate. Based on the reviewed CARs submitted to the Program Director in Fall 2011 and Spring 2013, the assessment process for this course has been established and no new recommendations were made for this course.

### Summary of Results and Modifications

This course was first taught in Spring 2009 following the course progression schedule set by the faculty in accordance with the implementation of the concept-based, across the lifespan approach of delivering nursing contents. This is a second-semester course focusing on the concepts of physiology and pathophysiology dealing with disease caused by alteration of function across the lifespan.

Result of CAR submitted at the end of Spring 2009 showed 93% course retention rate with 28 out of 30 enrolled students progressing to the next level. Recommendation to review and revise the SLOs in Fall 2010 to reflect the priority for the course and expected student outcomes for this second-semester course was made.

Students are currently evaluated using examinations and quizzes; a pathophysiology integration concept map evaluated using a predetermined published grading rubric.

### Summary of Results and Modifications

This is an already established online course complementing the concept-based curriculum as well as meeting the diversity requirement for the Associate of Applied Science Degree in Nursing. This is a first-semester nursing program course that explores the influence of culturally diverse backgrounds within the health care system of the United States.

The approved CAR submitted in 2009-2010, 2010–2011 and subsequent CARs submitted to the Program Director in Spring 2012 and Spring 2013 evaluated the same three outcome measures. Students are evaluated using multiple-choice exams, online discussion participations using a predetermined published grading rubric, and a written professional paper evaluated using a predetermined faculty created published grading rubric. Spring 2013 assessment of retention showed 90.6% retention with 29 out of 32 students progressing. The assessment process for this course has been established and no new recommendations were made.

### Summary of Results and Recommendations:

Assessment has not been done for this course. RN Refresher is only taught when there is sufficient
interest from nurses in the community wishing to re-activate their nursing licenses. Currently there is no faculty to teach the course. Full-time nursing faculty already teach full loads and most are also teaching overload to cover all the classes within the nursing program. CAR will be conducted the next time this course is taught.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Year</th>
<th>As Taught</th>
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**Summary of Results and Recommendations:**

Assessment has not been done for this course. RN Refresher is only taught when there is sufficient interest from nurses in the community wishing to re-activate their nursing licenses. Currently there is no faculty to teach the course. Full-time nursing faculty already teach full loads and most are also teaching overload to cover all the classes within the nursing program. CAR will be conducted the next time this course is taught.

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<th>Year</th>
<th>As Taught</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 274</td>
<td>Nursing Care 4</td>
<td>2010-11</td>
<td>F'11, S'12, F'12, S'13, F'13, S'14, F'14, S'15, F'15, S'16</td>
<td>11/7/2011</td>
</tr>
</tbody>
</table>

**Summary of Results and Recommendations:**

This course was first taught in Spring 2010 following the course progression schedule set by the faculty in accordance with the implementation of the concept-based, across the lifespan approach of delivering nursing contents. This is a fourth-semester course with a clinical component focusing on the culmination of the care and management of the holistic, diverse, acutely-ill adult client emphasizing on the refinement of clinical decision making skills, achievement of clinical competence, and demonstration of professional nursing practice and integration of informatics and quality improvement activities. The clinical/laboratory/simulation component of this course is graded on a Pass/Fail using a predetermined clinical performance evaluation tool (CPET). The CPET makes purposeful links to the nursing program concepts featured in the theory component of the course as well as to the terminal objectives and outcomes of the program. Expected levels of performance for each behavior defined in the CPET were predetermined by the faculty according to student acquisition of knowledge, skills, and abilities.

The approved CAR submitted in Spring 2010 validated the importance of continued revision of student learning outcomes reflecting the priority for this fourth-semester nursing program course. Revision of the SLO in Fall 2010 was recommended.

Students are currently evaluated using the published CPET; multiple-choice exams and quizzes; and a computerized, comprehensive final exam generated by an outside vendor (HESI-Elsevier). Spring 2013 CAR showed 97% completion rate. Based on the reviewed CARs submitted to the Program Director in Fall 2011 and Spring 2013, the assessment process for this course has been established and no new recommendations were made for this course.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Year</th>
<th>As Taught</th>
<th>Date</th>
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<tr>
<td>NURS 285</td>
<td>Selected Topics in Nursing</td>
<td>2010-11</td>
<td>As Taught</td>
<td>10/27/2010</td>
</tr>
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</table>

**Summary of Results and Recommendations:**

Assessment has not been done for this course. A new assessment model will be implemented the next time the course is taught.
Assessment Driven Improvements

2008

After extensive discussion in curriculum, faculty transitioned from a disease-based to concept-based program across the lifespan in Fall 2008 to foster critical thinking and active learning for students’ preparation of contemporary clinical practice (Giddens & Brady, 2007). The nursing curriculum had not been revised in over ten years and suffered from “content saturation.” According to Giddens, Brady, Brown, Wright, Smith and Harris (2008), multiple dynamics highlight issues of “content saturation” and validate the need for nursing educational curriculum reform.

Although the existing program was successful at graduating students who could predictably pass the licensing exam, the faculty generally agreed that it did not employ current technology, teaching methodologies or pedagogies. So, the new curriculum revision included evidenced-based revision of admission requirements to promote student success. The new curriculum included an increase in hybrid and online classes within the program, a plan for inclusion of simulation in clinical courses, and the incorporation of best practices in the development of grading rubrics for all major written assignments in all courses. This redesigned curriculum received funding support from a grant from the Redfield Foundation and approval from the college, as well as accrediting and licensing agencies.

The Maxine Jacob’s Nursing Program at Truckee Meadows Community College (TMCC) adopts National trends; therefore, the addition of a cultural diversity and a pathophysiology course were made part of the graduation requirements. Nursing 212, Cultural Aspects of Nursing Care, explores the influence of culturally diverse backgrounds within the health care system of the United States. It was developed by a tenured faculty on sabbatical. It is a first semester, online course that utilizes the Joint Commission standards and competencies in the development of nursing health policy, culture and diversity to precede culturally competent care (The Joint Commission, 2013). Pathophysiology is one of the most important bridging sciences between didactic (theory) and clinical courses. According to the Li & Kenward (2006), when pathophysiology is included in curriculum students have better outcomes. Due to the increasing acuity levels, patients require more intensive and sophisticated care by nurses who must be educated to make independent and critical judgments and decisions; therefore, NURS 209 was developed by a tenured faculty on sabbatical. Both NURS 212 and NURS 209 provide education and skills to further the students’ market readiness and employability as a professional nurse. Both NURS 212 and NURS 209 reflect innovation, rigor and currency which complement concept curriculum.

With ongoing evaluation of the nursing program, NURS 170, 202, 209, 212, 274 modifications to SLO’s course descriptions were made and approved to support the changes in concept curriculum. It was also decided that informatics would be included in each course syllabi/clinical for student transparency and guidance.

In Spring 2008, a clinical performance evaluation tool (CPET) was developed and implemented by the faculty for program continuity. It evaluated the lab/clinical/simulation component of the courses. This tool linked the didactic concepts, terminal objectives and program outcomes to the clinical environment and was graded on a Pass/Fail basis.

2009

Safety and competency in nursing care is of utmost importance in nursing care, so all of the SLO’s are evaluated for the delivery of safe client care and is ongoing throughout the program. In Fall 2009, the Joint Commission Accreditation of Hospitals Organization (JCAHO) National Patient Safety Goals were implemented into the program’s nursing practicum (274P) by having the students do a safety project assignment in addition to being evaluated by the CPET.

Curriculum assessment is a process of gathering and analyzing information from the student’s syllabus in order to improve sustainable learning. The Course Assessment Report (CAR) reviews courses implemented by the nursing
program and campus-wide assessed the student learning outcomes (SLO’s). This is evaluated by how students met SLO’s for fall and spring semester courses. It determines needed changes in the courses to better student learning.

2010
Due to the increased demand for nurses and competition from other schools, the program found clinical space more difficult to obtain. Studies have shown that simulation has been found to be a safe and effective way to allow students to practice physical assessment and enhance clinical decision making skills (Jenkins, Blake & Brandy-Webb, 2011). With support of the TMCC Foundation, a simulation manikin was purchased and used to provide the students with a safe learning environment to practice patient scenarios. This increase in simulation allowed for student practice an integration of simulation into the medical-surgical hours.

2011
In Summer 2011, a new CPET for NURS 274 Practicum was developed by the Accreditation Commission for Education in Nursing (ASEN). This Pass/Fail tool specifically correlates to the overall nursing program learner outcomes and course objectives for NURS 274. It has competencies and expectations consistent with the CPET used in all other clinical courses, but the expected level of achievement reflects those expected in the final clinical course of the nursing program. The Leadership Team revised all course objectives and SLOs with measures and linked course SLOs with program SLOs. Program procedures and processes were reviewed and revised including the development of a template for each course syllabus and revision of exam development guidelines.

In August 2011 the last fast-track class was completed. No further fast-track classes were scheduled due to budget cuts.

In Fall 2011, the concept-based curriculum was implemented to match the new student learning outcomes and fit the new North Carolina, Pearson text. This text was concept based, which was a better fit with the curriculum. The Leadership team modified the program outcomes and exemplars for clarity and consistency associated with the concepts.

It was also identified that the curriculum needed additional pharmacology content, since there were inconsistencies in the previous curriculum. Faculty found that more time was being used discussing pharmacotherapeutics, pharmacokinetics and pharmacodynamics in theory and students were not adequately prepared in clinical to pass medication. So, two one-credit pharmacology courses (151 and 152) were developed and approved at the college level. NURS 151 was to be started in Fall 2012 and NURS 152 in Spring 2013.

With the success of the simulation in the program, a new simulation manikin was purchased for lab simulation by TMCC Foundation funding. This allowed simulation to be used on both the Redfield and Dandini campus for program continuity, with student and faculty convenience.

Assessing competence and safety in drug delivery is an important part of nursing. METI-eDose for practicing medication calculation online was implemented. Safety with medication administration and online learning found that METI-eDose worked for students’ ease of access and ability to practice medication calculations online and was used in all levels of the program.

The faculty found that this program was helpful for student practice of medication calculation. The online program failed for medication administration proficiency exams (MAPE), because medication principles were lacking. So, the paper and pencil MAPE was continued with students using the METI-eDose to practice calculations.
With an increase in faculty and students, a central repository for tracking information was needed. E*value, a computerized system, was implemented in place of the paper CPET to give formative and summative evaluations and for students to track procedures, diagnoses and progress. It also allowed for tracking mandatory immunizations and certifications. It was purchased through Carl D. Perkins Grant funds and was renewed yearly.

2012
The promotion of education for a nursing baccalaureate has been an ongoing discussion in the nursing community. The Institute of Medicine (IOM) recommends that registered nurses (RNs) across the nation complete their bachelor’s degree within 10 years of receiving their ADN. The Future of Nursing report released by IOM in 2010 also encourages 80 percent of nurses to become baccalaureate prepared by 2020. Dialogue ensued to provide an efficient and seamless pathway for an articulation agreement for Associate Degree in Nursing (ADN) students to also complete a Bachelor’s of Science in Nursing (BSN) program with Nevada State College (NSC). This agreement was implemented in the fall of 2013.

The ongoing success of simulation continued in the program. With changes in technology, the TMCC Foundation graciously supported the purchase of a 3G simulation manikin. This allowed the students to safely practice realistic physical skills and clinical decision-making abilities.

Faculty realized that students were lacking in medical terms and basic nursing care. It was decided that two courses be implemented and required prior to being admitted into the nursing program: CNA and Medical Terminology. This allowed faculty to focus on more advanced nursing care.

2013
Standardized testing allows students to be evaluated with other nursing students across the country. A computerized comprehensive final exam was implemented into the program with Elsevier (HESI) writing quantified test questions. This allowed objective evaluation and continuity against the course and student objectives to establish measurement of student progression.

The approved pharmacology NURS 152 was started along with the already implemented NURS 151. With difficulty in teaching time and student concerns in the one-credit pharmacology classes of NURS 151 and NURS 152, faculty decided to resurrect NURS 142 a two-credit pharmacology course to replace NURS 151 and NURS 152. NURS 142 is to be started in Fall 2014.

References


Retrieved from http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-
Evaluating Relevancy of Curriculum

**Course Content**

Since the last PUR, the creation and design of a new pedagogical approach to nursing education was implemented in the nursing program in 2008 and revised in 2011. The traditional block curriculum based on the medical model has been transformed into an integrated curriculum utilizing concepts and exemplars. All freestanding graded clinical courses were realigned as combined theory and clinical courses and the clinical component went from one that was graded to a Pass/Fail. A new Clinical Performance Evaluation Tool (CPET) was developed that is based on outcomes expected of graduates.

The curriculum has been revised and implemented and is being evaluated and adapted on an ongoing basis by all faculty. The Accreditation Commission for Education in Nursing, Inc., (ACEN) has standards for the evaluation of curriculum that are the foundation of the nursing program’s systematic evaluation plan, which is a living document that addresses all areas of the curriculum. These criterion within the standards are the mandatory areas that must be evaluated to ensure the curriculum meets their requirements and is vital to show areas needing improvement and what is working well within the nursing curriculum. These criterion guide the assessment of the program and student learning outcomes as well as compliance with ACEN standards and criteria. Three program outcomes – that graduates will achieve a passing score on the NCLEX-RN, complete the program in a timely manner, and will be employable – are part of the systematic evaluation plan and monitored through an ongoing process. These outcomes are monitored and are a mandatory component of the national accreditation.

The degree outcomes, practice professional nursing behaviors; incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning, integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process; communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team; manage care within the interdisciplinary health care team to advocate for positive individual and organizational outcomes; and incorporate informatics to formulate evidence-based clinical judgments and management decisions, are evaluated with each student in each course and then on the final clinical evaluation tool in their last semester of the program in their practicum rotation.
The nursing program student learning outcomes and program outcomes were developed based on information obtained from various areas that are relevant to the nursing profession, including QSEN, ANA Professional Standards of Practice, and the NLN Competencies for Graduates of Associate Degree programs. Joint Commission standards and competencies were also included in the development of the nursing program student learning outcomes.

The nursing program outcomes and student learning outcomes are clearly articulated throughout the curriculum. They are incorporated into each nursing program course syllabi, the Nursing Program Student Handbook and located on the nursing website. They are emphasized within each course and students are expected to practice these in the clinical and laboratory settings.

The program student learning outcomes are derived from faculty beliefs about what a student should look like at the end of the program of study. The outcomes developed by the faculty are used as a curricular foundation that guides instructional activities, content, and student learning. Course student learning outcomes were established as a stepwise method of evaluating overall program student learning outcomes. Course student learning outcomes are evaluated for each course annually as per college guidelines.

**Degree/Certificate Requirements**

Truckee Meadows Community College’s Nursing Program offers an Associate of Applied Science, Nursing degree. The department also offers a Registered Nurse Refresher program for nurses wishing to reenter practice.

The Nursing program’s primary goal is to graduate associate degree prepared nurses that successfully pass the national licensing exam and practice as professional nurses, adding to Nevada’s workforce. In order to accomplish this, the following objectives must be achieved:

1. Comply with Nevada State Board of Nursing regulations for the Registered Nurse.
2. Maintain and comply with standards from the ACEN.
3. Sustain a curriculum that prepares students to pass the NCLEX-RN exam, maintaining a passing rate at or above 80% for first time test takers as required by the Nevada State Board of Nursing.
4. Retain students who will add to the Nevada’s Registered Nurse workforce.

Since the last PUR, the nursing department underwent an evaluation by ACEN during 2011-2012. The above objectives are still the primary focus of the TMCC Nursing Department, but faculty are mandated by ACEN to decrease our number of program credits from 78 to no more than 72. Many departmental meetings have taken place, along with meetings with the Biology department in order to meet the accreditation requirements.

It has long been understood and promoted that nurses should obtain a baccalaureate degree. In order to further our students’ ability to participate in lifelong learning and to be needed within the Nevada workforce, the nursing program is working to offer an Applied Science, Nursing degree that is easier for the student to matriculate to the university to complete their Bachelor’s degree in nursing.
Methods of Instruction

The current curriculum within the nursing program reflects modern educational and learning theories. This is evidenced by the use of cognitive learning levels in all instructional design, content delivery, and student assessment activities. The nursing faculty participates in faculty development within the college and has access to a wide variety of disciplines of instruction. The use of a research basis for current curriculum, and use of nursing best practices within the curriculum such as concept mapping, simulation and exemplar model of content delivery also serve to provide evidence for current best educational practice standards.

The use of clinical sites for the nursing students in the community continues to become more of a challenge. To offset limited space in the clinical facilities, and to continue to promote real life hospital experiences, the nursing program has embraced the increasing use of simulation as a teaching tool. The nursing program is fortunate to have two state-of-the-art adult and one pediatric simulation manikins. Two of the manikins are housed at the Dandini campus and one is at Redfield. Due to their expense and continued maintenance, they are not able to move between campuses, and the adult manikin at Dandini is the higher fidelity model which provides for a much higher level of learning and interaction by the students. The manikin at Redfield is an older model and does not allow as much interaction and manipulation by the students, so laboratory time is more difficult to schedule at the Dandini lab. Laboratory time is harder to schedule at both campuses due to the sharing of the lab with the Certified Nursing Assistant program and the Clinical Laboratory courses.

All nursing care courses have a clinical and laboratory component which allows the students to apply their knowledge and skills under the supervision of a nursing faculty. An example of a nursing simulation is as follows:

**NLN Scenario #3, Doris Bowman:**

**Situation:** Patient has had an abdominal hysterectomy and is post-operative day one.

**Goal for learning for student nurse (SN):** Managing patient’s nausea while identifying and correcting the complications of hypertension (HTN) and asthma. Patient has an IV. Develops worsening HTN and respiratory distress.

**SN will be critiqued on:** Ability to demonstrate basic standard of post-op care and identify increase in HTN.

- SN demonstrates care r/t communication, safety and infection control.
- Perform focused cardiovascular assessment, lung assessment, abdominal assessment, vital signs, and appropriate care based on MD orders.
- SN prioritizes doctor’s orders; 3 checks and 7 rights of medication administration.
- SN demonstrates effective teamwork.

Each simulation is approximately 60 minutes, with the simulation itself being 30 minutes and a post debriefing for the other 30 minutes. There are three to four students for each simulation. Each student is given a role, including the primary nurse, secondary nurse, family member, and recorder. Each students rotates through all roles during each semester. The goal of the simulation is to reflect real life situations in the clinical setting but in a controlled environment, which allows the student nurse to have a safe environment in which to learn and make mistakes. The debriefing allows for feedback from the students about what went right and what went wrong and reflection and critique from the instructor.

Each nursing course has a set number of simulations that each student must participate in. The simulations are considered part of the student’s clinical performance and are reflected on each student’s CPET.
The TMCC CANVAS communication portal enables students to view the course syllabus, learning objectives, PowerPoint presentations, and other tools for learning along with posting discussions, uploading assignments, and viewing their grades. It is mandatory that each student participate in this online supplement. The web page can be found at www.tmcc.instructure.com or at the CANVAS site.

Teaching strategies for the department include both traditional, hybrid, and one online nursing courses. Instructional methods include traditional lectures; however, most faculty include active–learning pedagogies in order to create an interactive learning environment for the students. Faculty include case scenarios and studies, student driven presentations, and concept mapping to enhance class time and present the nursing content in innovative methods that will allow the students to apply the information in clinical settings.

The nursing program does not utilize distance education at this time, and if the program were to consider this it would need to be evaluated and approved by the national accrediting body.

**Faculty Qualifications**
All faculty meet governing organization and state requirements. Evidence of compliance is presented in the tables below.

Minimum requirements for full-time faculty are listed in the job posting. They are: a master’s degree in nursing or a related field, a baccalaureate degree in nursing from a regionally accredited institution, and eligibility for Nevada nursing licensure. Preferred qualifications include certification in a specialty area of nursing and experience in higher education.

Nevada State Board of Nursing regulations allow for the use of master’s prepared faculty who have their degree in a field related to nursing, but approval must be sought and granted for the candidate. Currently TMCC has no full-time faculty employed who do not have a master’s degree in nursing. There are two part-time clinical faculty who do not have master’s degrees in nursing but a one-year waiver has been received from the Nevada State Board of Nursing.

Minimum requirements for part-time faculty are listed in the job announcement. They are: a master’s degree in nursing from a regionally accredited institution, a bachelor’s degree in nursing, a Nevada nursing license, and three or more years of clinical experience. A preferred qualification is experience in education. Personnel files and institutional records of education for each faculty member are maintained in the Human Resources department.

All full-time and part-time faculty maintain current licensure with the Nevada State Board of Nursing (see table). Nursing program staff must submit quarterly verification with the NSBN. Licensure is verified initially and on expiration internally through the NSBN website. Nevada no longer issues license cards.

**Post Completion Objectives (transfer, job placement, etc.)**
The primary role of the nursing program is to graduate associate degree registered nurses who are able to successfully pass the national licensing exam and safely practice as a registered nurse in the community.

Currently TMCC offers an Associate of Applied Science, Nursing for our students, which have always been accepted as the entry to practice. With market changes and evidence based practice it has become apparent that clinical facilities within the community are changing their hiring practices to preferentially hire baccalaureate prepared nurses. With these changes in the community, faculty and administration have found that offering
students the Associate of Science, Nursing degree will allow these students to seamlessly transfer to other universities and matriculate with their baccalaureate degree in nursing while allowing the student to work in the field while pursuing their degree. TMCC will prepare nursing students not only to transition into the nursing profession, but to also seamlessly transfer to the college and university system to obtain their baccalaureate degree in nursing.

TMCC has signed an articulation agreement with Nevada State College to allow our nursing students to enroll in both colleges after successful completion of the first year of the nursing program at TMCC. This agreement will allow our students to enroll in a minimum of one university course per year to progress in a more seamless manner to completion of their baccalaureate degree after graduation from TMCC with their associate degree in nursing.

The nursing program has an agreement with UNR to allow our students to apply to enter the RN-BSN program after successful completion of their associate degree. They charge the prospective student a portfolio fee and with this, the majority of their lower division coursework, including all nursing courses, are accepted for transfer. In addition, due to the rigor of our nursing program, UNR waives other courses including Diversity, Pathophysiology, Nutrition, and Human Growth and Development.

With both agreements our graduates are able to do the majority of the course work in an online setting and work in the profession at the same time. With the changing market in the community more of our nursing graduates will need to pursue higher education in order to remain employable.

Secondary Student Preparation Efforts
The TMCC Maxine S. Jacobs Nursing Program is a two-year, full-time rigorous program of study with sequential nursing courses. Science prerequisites that include Anatomy and Physiology 1 and 2 and Microbiology courses, Completion of Certified Nursing Assistant course and Medical Terminology are required as well as a HESI-administered admission examination for consideration for acceptance into the nursing program. As such, the general education support courses may be taken as outlined prior to acceptance into the program.

Student preparation efforts are in line with the college’s efforts and expectations of all college-bound students. Nursing Program Information Sessions are conducted monthly to inform students of degree requirements, transfer credits, course sequencing for the Associate of Applied Science, and any upcoming changes in the program as well as answer general questions potential students may have. Session schedules are easily accessible at www.tmcc.edu/nursing.

Maxine S. Jacobs Nursing Program also participates at the annual High School Welcome event and other Washoe County High School Career Day events upon request.

External Review
The nursing department is subject to external approval and review by the Nevada State Board of Nursing (NSBN) and the Accreditation Commission for Education in Nursing, Inc. (ACEN). Any curriculum or operational changes must be approved by the NSBN and then ultimately by ACEN prior to implementation. The outside agency role is to ensure that changes within the nursing program meet state and national standards and are implemented with the students in mind.
Non-credit Training Offered
Currently the nursing program does not offer any non-credit training.

Curriculum Strategic Plan
The following section summarizes the findings above related to curriculum and outlines the self-study committee’s recommended targets for improvement to be implemented over the next five-year period.

Assessment Findings and Strategies
The faculty as a whole takes part in continued assessment of the curriculum. It is a requirement by ACEN, our accrediting body, that curriculum development, revision and review are done by the faculty as a whole and not solely by the director. When deficiencies are identified, they are brought before the faculty in the monthly faculty meetings to discuss findings and resolutions. If needed, special committees are instituted to streamline the process. As part of our accreditation requirements, we maintain a systematic evaluation plan, which is a comprehensive and continuous review of all aspects of the nursing program that include Mission and Administrative capacity, Faculty and Staff, Students, Curriculum, Resources, and Outcomes. Faculty members sit on these subcommittees and are responsible for monitoring and gathering data with respect to each aspect of their particular area of the plan. This is a timely, lengthy and ongoing process, but it provides the program with data to drive change and improvement. Again, it is required by our accreditation body but is vital to the maintenance of the nursing program and its rigor.

It has been recognized that part-time faculty need to be more on board with the content of the curriculum. Each new part-time faculty member is oriented by the Nursing Director and given information and documents that explain the nursing concept based curriculum, specific objectives for the clinical course they are responsible for and student expectations in general, including the nursing student handbook which contains all the policies. Each new part-time faculty is then required to attend clinical orientation and meet their students. Part-time faculty meets with the clinical coordinator to review more specific objectives for the clinical and specifics about how to run the clinical course and what they are expected to do with each student with regard to the clinical time, paperwork, medication administration and grading. Specifics must be covered because each student must receive the same clinical experience to ensure each student is exposed to what they need during each semester rotation.

Continuing to review the CAR from year-to-year is part of the ongoing assessment. With this review it has been brought to the attention of faculty members that the CAR has not been utilized to its fullest capability. Faculty have not been recording all of the changes that they routinely make to their courses including changing delivery of content, implementing new teaching strategies, so each faculty member has been asked to provide a more thorough explanation of course changes they have made and to document those. It was noticed upon further review of the course assessment reports that the Medical Terminology courses (NURS 140) were not being assessed on an annual basis. It is important to note also that these courses are not taught routinely by full-time nursing faculty, although currently the director is teaching one section due to the lack of faculty to teach the course. Because these courses have not been evaluated, the part-time faculty teaching were oriented to the CAR format, and these will be available for the 2012-2013 year and each year moving forward.

The Certified Nursing Assistant courses (NURS 130) are presently not under the supervision of the nursing department as they have their own coordinator who manages those courses. Evaluation is done with those courses but under the direction of the coordinator.
To evaluate the program as a whole will still be contingent on NCLEX passing rates. The 80% passing rate for graduated students is a benchmark put in place by the Nevada State Board of Nursing and ACEN. Currently the nursing program remains above 92% each semester. For those few students who do not pass the NCLEX the first time, all have passed on their second attempt.

<table>
<thead>
<tr>
<th>Courses to Review</th>
<th>Evaluation of Existing Outcomes</th>
<th>Timeline</th>
<th>CAR Assessment Cycle</th>
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<tbody>
<tr>
<td>NURS 140</td>
<td>Courses now being evaluated</td>
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<tr>
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<td>NURS 274</td>
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**External Resource Recommendations and Implementation Plans**

Currently the nursing program is fully approved by the Nevada State Board of Nursing and accredited by the Accreditation Commission for Nursing Education, Inc. (ACEN).

Our national accrediting body, ACEN, has recently mandated based upon the Department of Education guidelines that all associate degree nursing programs must be able to be completed in no more than five semesters and 72 credit maximum. To this end the faculty worked together to make changes to the nursing program and curriculum to meet these new standards. The revised curriculum will be implemented in Fall 2015 and meets all the new requirements. In addition, due to market changes within the nursing profession in the community, it was decided to offer a degree that would more easily articulate to the university and allow students to obtain their bachelor’s degree in nursing while working in the profession. Beginning also in Fall 2015 we will no longer offer the associate of applied science in nursing and will admit students into the associate of science, nursing which will better prepare them to further their education after graduation from TMCC. All these changes have been approved at the college level, the Board of Regents, and the Nevada State Board of Nursing. ACEN has just approved the changes as of December, 2013.

Continuous monitoring and periodic mandatory reporting to both the Nevada State Board of Nursing and the ACEN will be required and will be part of the systematic evaluation plan spoken of previously.

**Anticipated Factors Affecting Curriculum and Strategies**

Demand for the nursing program is very high and space within the program continues to be an issue related to the
number of faculty. The Nevada State Board of Nursing mandates that in the clinical setting a maximum of eight students for every one nursing faculty must be maintained. Each of the full-time nursing faculty routinely teaches a theory course and manages one or more clinical rotations. Part-time faculty are utilized within the clinical setting and usually teach in their area of expertise, but the ratio still remains one faculty per eight nursing students. Finding experienced and qualified part-time faculty has proven to be difficult. The stress of managing eight nursing students in the clinical setting caring for acutely ill patients is at times more than part-time clinical faculty realize. More concerning is the decreased amount of clinical space within the community related to the four nursing programs competing for the same days and times. Historically each program was given two clinical days in all the community facilities which continue to hold; however, now due to a proprietary school, the times on our assigned days has become even more limited. The nursing program continues to meet the needs of the current program students, but finding space and facilities for additional students will be difficult. Budget concerns will continue to affect the working of the nursing department. The nursing department has lost its year round course, but that has been replaced with offering each course each semester, which means a new group of 32 students each fall and spring semesters. Budget concerns also affect the ability to recruit qualified faculty. As it stands today, the nursing department is capped at 32 students that can be accepted into each semester due to faculty and physical space.
DEMOGRAPHICS AND ENROLLMENT

General Student Demographics

Age

<table>
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<tr>
<th></th>
<th>Under 18 yrs.</th>
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<td>47%</td>
<td>24%</td>
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The above data shows the enrollment by age of students with declared Nursing major and who were already accepted into the Nursing Program. Students accepted into the Nursing Program are between 18-49 years of age; and for each admitted cohort, 50% or greater are between the ages of 25-34 years. Compared to TMCC as.
a whole, nursing students tend to be older and this could be a result of different factors. One important thing to consider is the prerequisites required in order to apply to the nursing program. Students have several Biology courses and general education courses required and this may take considerable more time; in addition, currently English and math are required prior to a biology course that is not a requirement for the nursing program but this biology course is a prerequisite to the biology courses that are required. Due to the prerequisite courses it can take a prospective student up to three semesters to complete course work before taking the actual courses needed to apply for admission to the nursing program.

Another factor in the older population of the nursing students could be related to a percentage of students coming back for a second profession due to loss of job, family or marital changes. Through discussion with students many put off their education due to family commitments or marital changes. Many also were displaced from their old profession or job and felt nursing would be a good fit allowing stable employment and financial gain.
Nursing is the fastest growing workforce in the United States (U.S.). Historically, nursing has been a female dominated field. Even though more men are choosing nursing as a profession, they still only represent approximately 9.6% of the U.S. nursing workforce (MinorityNurse.com, 2013). In the TMCC Maxine S. Jacobs Nursing Program, the nursing cohorts on average, are comprised of 84% female and 16% male, which is clearly above the national average. The solution to lower than expected participation by males in the profession of nursing is a social issue although the TMCC nursing program continues to see a consistent though smaller number of males in each admitted class. National recruiting continues with regard to males in the profession.
and recruiting events that TMCC participates in includes discussing the high technology areas of nursing which has historically attracted males.

Ethnicity

Self-identified ethnicity of the current U.S. nursing workforce include 5.4% Black or African American (non-Hispanic), 5.5% Asian (non-Hispanic), 0.3% Native Hawaiian or Pacific Islander (non-Hispanic); 3.6% Hispanic or Latino; 0.3% American Indian or Alaskan Native (non-Hispanic); and 1.7% categorize themselves as two or more races and non-Hispanic; and about 83% White/Caucasian (MinorityNurse.com, 2013). The TMCC Maxine S. Jacobs Nursing Program displays a slightly different variation in minority racial ethnicity.

Note: Ethnicity categories were changed in Fall 2009 to align with new IPEDS and NSHE reporting requirements.
reflective of the Northern Nevada racial demographic with more Asian and Hispanic constituents: 2% African American, 8% Asian, 1% Hawaiian or Pacific Islander, 8% Hispanic, 1% Native American, 3% two or more races, and 77% White/Caucasian. Compared to TMCC as a whole, higher representations are similarly noted in the White/Caucasian, Hispanics, and Asian groups.

Recruitment activities are ongoing to draw students from different ethnic backgrounds than what is currently or nationally seen in nursing programs. The nursing program participates in community health fairs, and visits area schools to talk with students about the nursing profession. Faculty participates with the Washoe County School District in health field recruitment events including Health Occupations Students Association (HOSA) and Operation Health Care Bound. The nursing program will continue to reach out and encourage students from all ethnic backgrounds with the desire to care for members of our community in a holistic and high level manner to enter the nursing profession.
Student Status

Educational Goals

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NURS Avg  % 88%  2%  3%  5%  1%  1%  100%
TMCC Avg  % 79%  4%  2%  9%  4%  2%  100%

The TMCC Maxine S. Jacobs Nursing Program confers an Associate of Applied Science degree to all successful students. Five-year average showed 88% of the students admitted to the program received their Associate of Applied Science degree with a low of 81% in spring 2009 and a high of 96% in spring 2012.
Educational Status

The above data show the enrollment by education status which includes continuing vs. new transfer students of those with declared nursing major. The data suggest that more nursing students (98%) are continuing students than compared to the college overall (79%). This larger percentage compared to the college could be due to the persistence of students once they enter the nursing program. Students apply to the college and specifically to the nursing program with a specific goal of becoming a registered nurse and once they enter they do not typically stop if they are successful.
## Enrollment Status

### 5-year Average Headcount

![Chart showing 5-year Average Headcount](chart.png)

### Credits Attempted

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<td>18%</td>
<td>26%</td>
<td>28%</td>
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</table>

Student enrollment status within the nursing program varies depending on the semester. Typically 15 credits per semester is considered full time and encouraged but this is not the case for the nursing program due to the majority of the required degree general education courses being taken by students prior to being admitted into the program. This is related to 18 of the total degree credits being required prior to entering the nursing program as prerequisite courses. There are 27 other general education courses required for the degree but students generally take these prior to admission as well but this is usually because students want them
completed prior due to the rigor and time constraints of the program. Scheduling general education courses would be very difficult because each semester nursing students have theory courses on both Monday and Thursdays and clinical rotations every Tuesday and Wednesday. Credits within the program during semesters one, two, three and four are 14, 13, 8 and 8 respectively.

Student Recruitment Activities
The nursing faculty participates in many recruitment activities both on campus and within the community at the following events:

- TMCC yearly campus Welcome Fairs
- Local middle and high school health recruiting events
- Operation Health Care Bound
- Go Red!
- HOSA
- Community Health Fairs

The nursing program hosts a table each year at the Welcome Fair to promote the nursing program and answer the multitude of questions from students about the program and the profession. In addition, various faculty members including Joy Alverson, Deborah Bader, Becky Calhoun, Jody Covert, Deborah Skeans, and Cindy Stone participate in school district health profession recruiting events.

Underserved Student Populations
As presented in the ethnicity analysis in the demographics and enrollment section of this document, declared nursing majors at TMCC are similar in ethnicity to those represented by the college overall but display a slight variation nationally. Current U.S. nursing workforce statistics show that about 83% self-identified as White/Caucasian while at TMCC the nursing program is represented in this category at 77%.
Enrollment Patterns

Number of Sections

The data above show the number of sections of nursing courses in both fall and spring semesters. The nursing program has shown between a 12 and 17% decline since 2008 but it is important to note that class size has decreased from approximately 40 to no more than 32 due to decreased clinical space. It is important to note that
the nursing program currently admits 32 students each fall and spring. The TMCC nursing program has historically had two days each week (Tuesday and Wednesday) on which students are assigned to their clinical rotations. The clinical sites are shared between four nursing programs in the community. With the growing number of nursing students in other programs there will likely not be an increase in clinical days or space in the future. It is becoming increasingly difficult to schedule clinical rotations and one of the for-profit schools has been allowed to schedule their clinical rotations on TMCC assigned days beginning in the early evening which also decreases the flexibility we used to have on our assigned days.

The Fast Track group was put on hold related to state funding which would have increased the number of sections due to summer enrollment. This may be an option to increase enrollment in the future but historically the nursing program has had great difficulty covering theory and clinical courses in the summer and it is the opinion of the faculty that this has affected the quality and rigor at times. A solid plan for staffing will need to be designed if this is to begin. Another option for increased enrollment is a part-time nursing program. This option has been presented to several current students and is favorable. In addition, during the monthly nursing information sessions many prospective students have asked the director if this will ever be an option. Students entering into the community college are generally working full-time, managing a family and children and caring for others in addition to themselves which is in contrast to those entering the university setting. This must be taken into consideration so we can continue to meet the needs of our community. Again, a solid plan with well thought out planning will be the priority to implement either of these programs to increase enrollment yet maintain rigor.
Full Time Equivalent Enrollment

**FTE: Fall Semesters**

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<th>Spring</th>
<th>% Change</th>
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<td>6724</td>
<td>-2%</td>
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</table>

**FTE: Spring Semesters**

This table shows the full time equivalent enrollment of the nursing program students as compared to that of the Division of Science as well as the college as a whole. Full time equivalent is defined by the college as the statistical measure of the instructional workload generated by students taking courses. One FTE is equal to
registration in fifteen credit hours, when taken by one or a combination of students. This decline in FTE remains consistent with that of TMCC and the Division of Science.

The five year average for nursing for FTE has declined approximately 1%, with drops during 2010-2012. This decline was due to the classes being capped at 32 students due to shrinking clinical space within the community. Nursing student enrollment in the past was as high as 48 but has since been put to 32. This number is much more manageable and because the nursing program is so rigorous faculty is able to spend more time with individual students but again, clinical space is a limiting factor as well.

**Retention Rates**

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<td>NURS (5 year Avg)</td>
<td>277</td>
<td>263</td>
<td>95.1%</td>
</tr>
<tr>
<td>Div Science (5 year Avg)</td>
<td>100,556</td>
<td>71,689</td>
<td>71.3%</td>
</tr>
<tr>
<td>TMCC (5 year Avg)</td>
<td>339,560</td>
<td>251,979</td>
<td>74.2%</td>
</tr>
</tbody>
</table>

The above data shows the retention rate of the nursing program at 95% compared to that of the division of science and TMCC as a whole. It is significantly higher in the comparison which shows that when students are admitted into the nursing program they have great persistence. It must be specified that this 95% retention rate is calculated in a different manner than what is mandated by the nursing accrediting bodies. The nursing
program retention rate currently sits at approximately 75%. This means that 75% of the students that enter the nursing program graduate from the program within six semesters or less. This six semester length is used for those students who are unsuccessful in one course and are then readmitted. This means that a nursing student who does not receive a 75% or higher in any nursing course cannot move on to the next semester of the program which is different than the college retention rate which includes the letter grade of D. The retention rate number of 75% currently is higher than the national retention rate among other programs which is approximately 67%. The data shows a very positive percentage which must help with the overall college retention rate.
Student to Faculty Ratios

The tables above show the student to faculty ratio for nursing students in both fall and spring semesters. The nursing program admits 32 students per semester and this is the maximum presently. This number may decrease as students self-withdraw for personal reasons or are unsuccessful at maintaining the 75% grade required for nursing courses. At times this number may go above 32 if students are granted readmission to a
class that either is under the 32 student capacity or if there is clinical space to allow readmission which puts the number above the 32 maximum enrollment.

Currently eight of the ten faculty work over the fifteen credit per semester limit to meet the needs of the students. Within the community there is a shortage of qualified experienced clinical faculty, which is due to the number of nursing programs but also although nurses may obtain their master’s degree many realize the commitment to teaching nursing is far greater and different than what they expected.

**Number of Declared Degree/Emphasis Seekers**
See below.

**Student Success Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th># of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>37</td>
</tr>
<tr>
<td>2009-10</td>
<td>71</td>
</tr>
<tr>
<td>2010-11</td>
<td>80</td>
</tr>
<tr>
<td>2011-12</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>244</strong></td>
</tr>
</tbody>
</table>

The table shows the student success rate of nursing graduates. Since 2008 approximately 244 students have graduated from TMCC with an associate of applied science in nursing. This number represents about 60.3% of the students that initially enter the program. Due to the rigor and time commitment many students that enter do not realize what is involved in being successful while in the program. To this end, the nursing faculty has office hours dedicated to remediation and clarification of concepts and exemplars. Currently there are several student tutors within the different levels and classes. These nursing student tutors schedule small group tutoring sessions with interested students from the classes below them. Tutors are selected only after they apply and
they must have letters of recommendation from their faculty. Tutors are selected not only for their grades but their level of commitment and activity in the class for which they desire to tutor.

The faculty continues to assist students to achieve success in the program but also monitoring for safety of the patients we care for in the community. Although our current success rate is 60%, it should be noted that our national licensing examination pass rate is above 93%.

Transfer Status

<table>
<thead>
<tr>
<th>Transfer Students from the Nursing Program</th>
<th>Fall 08 thru Fall12**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers 28%</td>
<td></td>
</tr>
<tr>
<td>Non Transfers 72%</td>
<td></td>
</tr>
</tbody>
</table>

The above pie chart shows that approximately 72% of the nursing students do not transfer. The chart shows that of the 404 declared nursing majors, only 28% transfer from TMCC.

<table>
<thead>
<tr>
<th># Declared Majors*</th>
<th># Transfers</th>
<th>% Transferred</th>
<th>Transfers to UNR</th>
<th>To Other 4 yr Institution</th>
<th>To Other 2 yr Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>404</td>
<td>112</td>
<td>28%</td>
<td>57</td>
<td>29</td>
<td>14</td>
</tr>
</tbody>
</table>

* Declared NUR-AAS students enrolled between fall 08 and fall 12 (unduplicated).

** Transfer database (National Student Clearinghouse) goes through Spring 13 so transfer records can only be presented through Fall 12 students.
Currently the associate’s degree is an associate of applied science in nursing which is considered a terminal degree but it affords our graduates once they pass the national licensing examination, the opportunity to work in any number of acute care facilities in the community. This number may be low because at the present time our nursing graduates do not need to transfer on to obtain a higher degree; they are employable when they graduate from TMCC. The nursing program hold advisory board meetings each semester with our community stakeholders including acute care facilities, Washoe County School District, and other health care facilities and through these meetings we can share TMCC news but they also share what they expect from our students and graduates. Through these meetings it has become apparent that all acute care facilities will begin to preferentially hire BSN graduates but that they will at this time, continue to hire our graduates with the understanding they go on to obtain higher degrees within a designated time frame. Due to these market changes, our graduates realize the importance of transferring on to obtain higher degrees in order to remain employable.

The number of students who transfer will be increasing within the next year because due to market changes, the acute care facilities are reporting they will begin to hire preferentially those with a bachelors’ degree in nursing. This is a direct result of research showing that patient outcomes are generally more positive with nurses who possess higher degrees. The Institute of Medicine in their report on the “Future of Nursing” calls for increasing the number of BSN nurses to 80% by 2020. Nationally only 50% of nurses are prepared at the BSN level or higher and in Nevada this number is only 41%. Presently TMCC nursing students during their first semester are presented with these statistics and informed they will likely find employment after graduation but they will need to go on to obtain higher degrees to continue in the nursing profession.

Enrollment Strategic Plan
The following section summarizes the findings above and outlines the self-study committee’s recommended targets for enrollment improvement to be implemented over the next five year period.

Demographic Findings and Strategies
The demographic study shows that the TMCC nursing program reflects similar statistics to that of the TMCC campus and ethnicity that is diverse when compared to that of the college and the U.S. nursing workforce.

Strategies: The nursing faculty will continue to be active participants in community and college activities to recruit students from culturally diverse backgrounds to the nursing program.

While our number of sections and enrolled students appears to be lower, it remains above that of the college. Until additional clinical space is created within the community, it would be difficult to add students to the current classes. Clinical space is not available and if it was and more students were added, more qualified part-time faculty would be necessary. The part-time nursing faculty pool is depleted of qualified experience clinical faculty and currently eight of ten full-time faculty consistently teach overload each semester in order to meet the needs of the students.

Discussions are ongoing amongst faculty about the idea of starting the fast track nursing program up again but faculty would need to be willing to teach during the summer to meet those student’s needs. This is an appealing choice because currently only two other programs teach during the summer which would offer more flexibility with clinical scheduling and space issues. The other option is a part time program which is more appealing to students given the rigor and time commitment of the current program and the need to manage their other
commitments of life. These options will continue to be developed and an ultimate proposal will be developed within the next two years.

Student Status Findings and Strategies
The nursing students entering the program have the goal of graduating with their associate’s degree in nursing and finding employment within the community. Anecdotally and through the nursing graduate survey results approximately 90-100% has the desire to obtain higher degrees.

Strategies:

Beginning in fall 2015, TMCC will offer the Associate of Science in nursing which will allow our nursing graduates to more easily articulate to the university to complete their Bachelor of Science degree which is becoming the preferential degree of our acute care facilities in the area. This has been approved by TMCC committees, the Board of Regents, the Nevada State Board of Nursing and most recently our national accrediting agency the Accreditation Commission for Education in Nursing, Inc.

Continue to monitor data from nursing graduate surveys that are sent to our graduates six months after graduation. The college was sending our graduate surveys but is unable due to their workload so the nursing program began using an online source and our response rate jumped up to 60% which is a marked improvement yielding much more data. The outcomes committee within the nursing department will continue to tabulate this data using it for improvement within the program and reporting the findings to our accrediting bodies.

Enrollment Patterns and Strategies

<table>
<thead>
<tr>
<th>Program</th>
<th>Data</th>
<th>Fall 2008</th>
<th>Fall 2009</th>
<th>Fall 2010</th>
<th>Fall 2011</th>
<th>Fall 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>Sections</td>
<td>21</td>
<td>11</td>
<td>10</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Student FTE</td>
<td>96.5</td>
<td>105.0</td>
<td>109.0</td>
<td>59.0</td>
<td>76.7</td>
</tr>
<tr>
<td></td>
<td>Retention</td>
<td>95%</td>
<td>96%</td>
<td>99%</td>
<td>97%</td>
<td>93%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty and Staff FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
</tr>
<tr>
<td>7.0</td>
</tr>
</tbody>
</table>

NOTE: At TMCC we offer NURS courses (i.e. subject = NURS) which are not part of the curriculum of the Nursing Program. Likewise, we have students who are declared NUR-AAS majors, who are not officially admitted into the Nursing Program. The numbers presented in this table are for NURS courses that are included in the Nursing Program curriculum only.

The nursing program currently admits 32 students each fall and spring semester.

Strategies:

Continue to develop plans to begin a part time track and/or begin the fast track nursing program. This will require more full time experienced faculty to teach the theory as well as experienced part time faculty to meet the clinical needs. With the shortage of clinical space, creative scheduling will need to be developed on our two assigned clinical days within the community.
**Student Success Rates and Strategies**

The nursing program retention rate using the college definition sits at 95% which is amazing however it should be noted that the retention rate we report to our national accrediting body is currently 75%. This is due to the rigor of the program. The faculty will not waiver on the standards nor the rigor of the program as we feel we graduate a highly skilled nurse ready to work within the profession.

Strategies:

Continue to create a part time nursing faculty pool that is rich with qualified, experienced and committed applicants. When new part time faculty is hired they are introduced to the college and the program through a nursing orientation process that was developed by the nursing program faculty committee. They will be monitored by the clinical coordinator to ensure they are consistent with the other faculty teaching at their level and to ensure the nursing students are receiving comparable clinical rotations.

We will continue to mentor and remediate students and have witnessed great success with the student tutoring program. The student tutoring program is guided by our simulation coordinator and will continue to be offered and developed to meet the changing needs of the students.

Beginning in spring 2014 the TMCC student nurses association will hold a mixer with the incoming freshmen students and their families to make them aware of the rigor and demands of the program. This was initiated by the students and the faculty feels it will be beneficial because many students assume they can continue with their lives as usual and then simply add the nursing program to their already busy schedule. Many students drop the program because despite being told numerous times of the demands, do not believe it will affect them.

Currently all students are encouraged to meet with faculty for content that is confusing or if they perform poorly on examinations. This is currently only recommended but the faculty have discussed making this mandatory which may help.

Continue the monthly nursing information sessions run by the director to inform prospective students of any changes forthcoming to the program and the demands and rigor of the program.
RESOURCES

Faculty and Staff

Required Faculty Credentials
The Maxine S. Jacobs Nursing Program has 10 full-time faculty members and a Director of Nursing (DON). Full-time faculty members teach the theoretical courses as well as clinical and/or laboratory. Six of the 10 full-time faculty members and the DON are tenured Professors at TMCC. Part-time faculty members teach clinical and/or laboratory only. All faculty members are required to maintain a licensure as a Registered Nurse through the Nevada State Board of Nursing (NSBN). The NSBN requires each individual wishing to renew their license to complete 30 continuing education units (CEUs) every two years. Full-time faculty are required to hold a minimum of a Bachelor of Science in Nursing (BSN) with a Master’s degree in a related field or a Master’s of Science in Nursing (MSN) or higher. Part-time faculty must hold a BSN and may be in the process of completing a MSN or master’s in a related field while continuing to teach in the clinical setting. A one-time exception for part-time clinical faculty is allowed by the NSBN to allow a Registered Nurse with a BSN who is not seeking a Master’s degree to teach for a maximum of one year. The NSBN required that 80% of the full-time faculty holds a MSN or higher. The NSBN licensure and education requirements are generally consistent with requirements for nursing faculty across the country.

<table>
<thead>
<tr>
<th>Full time Faculty</th>
<th>Licensure</th>
<th>Degree</th>
<th>Tenured</th>
<th>Specialty</th>
<th>Certification(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alverson, Joy</td>
<td>RN</td>
<td>MSN</td>
<td>Yes</td>
<td>Maternal-Child</td>
<td></td>
</tr>
<tr>
<td>Bader, Debbie</td>
<td>RN</td>
<td>MSN</td>
<td>Yes</td>
<td>Perioperative</td>
<td></td>
</tr>
<tr>
<td>Calhoun, Becky</td>
<td>RN</td>
<td>MSN</td>
<td></td>
<td>Critical care Dementia</td>
<td>CCRN</td>
</tr>
<tr>
<td>Covert, Jody</td>
<td>RN</td>
<td>MSN</td>
<td>Yes</td>
<td>Pediatrics Perioperative</td>
<td></td>
</tr>
<tr>
<td>Croysdill, Connie</td>
<td>RN</td>
<td>MSN</td>
<td></td>
<td>Pediatrics High risk neonate</td>
<td>RNC-NIC</td>
</tr>
<tr>
<td>Durham-Taylor, Pat</td>
<td>RN</td>
<td>PhD</td>
<td>Yes</td>
<td>Pediatrics Psych PACU</td>
<td></td>
</tr>
<tr>
<td>House, Ellen</td>
<td>RN</td>
<td>MN, DNSc</td>
<td>Yes</td>
<td>Maternal-Child</td>
<td>RN-BC Perinatal Nursing, CNE</td>
</tr>
<tr>
<td>Rinaldi, Rosemary</td>
<td>RN</td>
<td>MSN</td>
<td>Yes</td>
<td>Critical care Adult Med/Surg</td>
<td>ACNS-BC, CNE</td>
</tr>
<tr>
<td>Shirey, Leighanne</td>
<td>RN</td>
<td>MSN</td>
<td></td>
<td>Maternal-Child</td>
<td>RNC High Risk OB</td>
</tr>
<tr>
<td>Skeans, Deb</td>
<td>RN</td>
<td>MSN</td>
<td></td>
<td>Gerontology Med/Surg Maternal-Child</td>
<td></td>
</tr>
<tr>
<td>Stone, Cindy</td>
<td>RN</td>
<td>MSN</td>
<td></td>
<td>Critical care Med/Surg Maternal-Child</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part time Faculty</th>
<th>Licensure</th>
<th>Degree</th>
<th>Specialty</th>
<th>Certification(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant, Dana</td>
<td>RN</td>
<td>BSN</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>Lemus, Theresa</td>
<td>RN/LADC</td>
<td>BSN, MBA</td>
<td>Psychiatric Program Admin.</td>
<td></td>
</tr>
<tr>
<td>Lutz, Gay</td>
<td>RN</td>
<td>MSN</td>
<td>Critical Care</td>
<td></td>
</tr>
</tbody>
</table>
In addition, the nursing unit is supported by eight (8) part-time clinical instructors, who individually increase the depth of clinical expertise offered by the program.

Since August 2010 the Program has had as many as three permanent positions that have remained unfilled. Currently there are four open positions for full-time nursing faculty including the DON position. Hiring for the faculty positions would not result in an increase in the size of the faculty since the positions are currently occupied by one-year appointments. There is also one faculty member who is an emergency one-year hire for the academic year 2013-2014.

Nursing faculty serve on a variety of departmental and college committees. Each faculty member is required to participate on one of the five sub-committees that support the Systematic Evaluation of Program as well as the nursing department curriculum committee. Additionally, most nursing faculty participates on faculty senate committees on either standing or ad hoc committees. In addition, the inability to hire full-time, permanent faculty due to the hiring freeze in 2009, 80% of the nursing faculty are on overload.

The nursing program supports additional assignments in the form of two Clinical Coordinators, one each for first and second year. The clinical coordinators represent and coordinate the clinical activities for two levels in each year which involves: clinical placements, clinical schedules, scheduling of orientations for students and part-time faculty, scheduling faculty for simulation and skills labs. Although these positions carry a release by semester, both of these faculty are also on overload.
The full-time to part-time nursing faculty ratio for the current academic year is 10 to 8. Please note that NSBN mandates that the maximum ratio of students to faculty in the clinical setting is 8 to 1 and that this ratio cannot be manipulated. The full-time to part-time faculty ratio at TMCC is 166 (FT) to 397 (PT).
Required Classified Credentials
The nursing unit is currently supported by one full-time laboratory coordinator and one full-time administrative assistant.

Classified FTE
The nursing department has a full-time Nursing Laboratory Coordinator. This is an administrative faculty position. Minimum requirements for this position include an Associate Degree in a health related field with experience as an RN, LPN or EMT. Two years of clinical experience are required. The coordinator reports directly to the Nursing Director. The current laboratory coordinator holds an Associate of Applied Science, Nursing degree and has practiced as a Registered Nurse for ten years. She is currently pursuing her BSN and MSN in nursing. She is responsible for all laboratory activities, and although she reports to the Director of Nursing, she is also responsible for managing lab duties for the Certified Nursing Assistant program and the Clinical Laboratory Specialist programs. She travels between the Dandini and Redfield campus on a daily basis to ensure all labs are prepared and stocked and ready for the faculty. Responsibilities include lab management, purchasing, supply ordering and management, budgeting with the director, scheduling and organization, laboratory safety and waste management.

The nursing department has a full-time Administrative Assistant III. No specialized credentials are required of this position. The current nursing administrative assistant has been with the college since 1985. She is a vital member of the nursing team and assists the director and the faculty immensely. She is responsible for customer service to our community and nursing students, budgeting and purchasing, coordination of all nursing student requirements and notification to all clinical facilities, maintenance and tracking of faculty clinical requirements, book ordering, nursing pinning ceremonies, and other activities as needed.

Facilities
The Maxine S. Jacobs Nursing Program is currently split between two sites, the TMCC main campus on Dandini Blvd. and the High Tech Center on the Redfield Campus. Each faculty member has assigned office space on either the Dandini or Redfield campus, but in any given semester a faculty member may be required to teach on both campuses. Travel between the two campuses is challenging, impacting time management and the ability to meet with students and hold office hours. Additional office space to accommodate faculty as they move from one campus to the other is not always available at either the Dandini or Redfield campuses. Both sites offer similar facilities including classrooms and nursing laboratory space, each equipped with high fidelity simulation manikins. The classrooms and nursing labs on both campuses are shared with the Certified Nursing Assistant (CNA) program and the Clinical Laboratory Services (CLS) Program. There are multiple space conflicts each semester especially between nursing and CNA. The CNA program has been expanded and the nursing program has an increased need for additional lab time to accommodate the inclusion of simulation labs into the curriculum. CLS often operates in the evening, but there have been issues with contaminated needles and syringes that have been improperly disposed of into linen containers, which present a huge safety hazard that has been addressed unsuccessfully in the past. These conflicts are more than simply a nuisance for the nursing program; they represent a daily challenge to delivery of instruction in a consistently safe environment in a space that is appropriately equipped. To this end there is a concerted effort to secure adequate funding to start construction of a new nursing building on the Redfield Campus.
Technology
As mentioned above, the nursing program utilizes simulation as a component of teaching learning to enhance the clinical portion of the curriculum. The program currently has two high fidelity simulation manikins - a sim-man on the Redfield campus and a sim-man 3G on the Dandini campus, housed in specially built simulation rooms in the nursing labs. At this time, parts for the older sim-man are no longer available. At some point, this necessary tool will no longer be available for use. Despite the fact that the program has two high fidelity simulation manikins in the labs, there is ongoing competition for laboratory space with the CNA and CLS programs. Room conflicts are not always resolved in our favor.

The program also owns a total of 10 low fidelity Vital-sim manikins: six adult, two pediatric and two infant. These manikins are used to help students learn normal and abnormal vital signs, breath sounds, heart sounds, and bowel sounds across the lifespan. The Vital-sim manikins also have parts that are no longer available, so it is only a matter of time until these tools will no longer be able to be used. The replacement for Vital-sim is called Sim-pad, and the program currently owns two of these devices. The cost to add six more Sim-pads to the program resources is estimated at $24,385.

In addition, due to recommendations from the site visitors in February 2012 from the National League for Nursing Accrediting Commission (NLN-AC), the program decided to give standardized final exams by computer beginning in Fall 2012. There are no computer classrooms of sufficient size to accommodate 32 students on both the Dandini and Redfield campuses. Because of this, faculty are forced to schedule exams in two computer classrooms at once or give an exam on an alternate campus.

Funding Sources
The state budget for nursing sits at $21,506.50, and the department is allocated $4,500 for travel which equates to $300 per faculty member. If at the end of the year money is left over from the travel account, faculty who did travel receives additional funds to offset their personal expenses for the trip.

The CNA operating budget which includes the train-the-trainer and CNA testing fees is no longer under the direction of the nursing director. It is now the responsibility of the CNA coordinator. The Health Science Sales account is utilized to purchase certificates for the students completing their CNA or CLS classes.

Since TMCC is part of the Nevada System of Higher Education, monies for faculty salaries, full and part-time, are state supported.

Lab fees are collected for the Nursing lab, nursing assistant lab and the LTE lab. Note that the nursing assistant lab and the LTE lab monies are no longer under the direction of the nursing director and fall to the certified nursing assistant coordinator.

Nursing lab fees are utilized to purchase expendables to run the nursing lab and currently are adequate to keep all nursing labs running smoothly. During the semester, the nursing program holds 75-100 laboratory days where students are using expendables such as needles, sterile kits of different types, demo medications, and other simulated equipment that they will be using in the actual hospital setting.

The Nursing Student Club monies are utilized for nursing pinning ceremonies which take place each fall and spring semester. The monies for this account come from donations from the community and are solicited by the nursing graduating students.
The HESI testing monies are received from those students paying for the HESI admission test that is administered in the Testing Center at TMCC. The nursing department uses the money to purchase the exams from Elsevier, the creator of the HESI examination.

**Foundation/Grants**

Currently the foundation awarded the nursing department a Carl D. Perkins Grant in the amount of $14,000 which pays the annual licensing fee for a system called E-Value, which is used by the nursing administrative assistant as well as all faculty, the director and the nursing students to track immunizations and other mandated requirements. It is also utilized for all clinical evaluations including formative and summative assessments by faculty and the creation of a comprehensive portfolio by the student. This portfolio is a compilation of all their clinical rotations and can be used by the student when applying for nursing positions after graduation. This has been very beneficial for our program and we hope to continue with this company.

**Non-credit training income**

The Workforce Development and Continuing Education (WDCE) department offers a Registered Nurse refresher course which includes both a theoretical component and clinical course. The nursing program receives 90% of each course fee paid by the student. The monies received are used to pay the faculty teaching the courses. This has not been offered for two semesters as there has been no qualified nursing faculty willing to teach the course. According to WDCE, there is a waiting list of prospective students but recruitment is underway by the director to find an instructor.

The nursing program at TMCC has received a variety of grants over the last five years. A Department of Labor grant for 1.5 million dollars in 2008 to aid in program retention. Carl D. Perkins Grant in the amount of $11,880 in FY 2013 and $15,870 in FY 2014.

The Herb and Maxine Jacobs Foundation gave the nursing program $500,000 in 2011, $400,000 of which was used to pay for two faculty positions for two years, and $100,000 to fund 100 scholarships of $1,000 each that was paid out over two years.

In addition to several endowments that are restricted for nursing scholarships, the TMCC Foundation seeks student scholarships on an ongoing basis. In FY13, the TMCC Foundation wrote a proposal and received $100,000 in funding from the William N. Pennington Foundation for full-ride scholarships for five freshmen students each semester (10 students per year) for five years.

The TMCC Foundation has funded in excess of $250,000 in equipment over the last four years. New equipment donors will continue to be researched for future proposals.

**Resource Strategic Plan**

The following section summarizes the findings above and outlines the self-study committee’s recommended targets for resource allocations to be implemented over the next five year period.

**Staffing Issues and Strategies**

At this time we have four vacant full-time faculty positions in the program. Given the current salary levels within the Nevada System of Higher Education, nursing faculty are difficult to recruit as compared with other disciplines. Nurses with Master’s degrees can have their pick of positions with better salaries in private industry.
making filling vacant nursing faculty positions a challenge. Existing vacancies do not reflect the Director of Nursing (DON) position that is currently being filled by a full-time, tenured faculty member, leaving an additional faculty position open. The DON also teaches NURS 140, Medical Terminology, a program admission requirement. The program employs part-time faculty as well as full-time faculty for clinical teaching. The NSBN requires a ratio of eight students to one faculty in the clinical setting. Given the demand for experienced nurses in our community and the NSBN degree requirements mentioned above in section A, staffing clinical sites is often a challenge and we are always looking for part-time instructors to round out our part-time faculty pool.

The nursing program recently implemented a program simulation coordinator. The position is filled by a full-time tenured faculty member who teaches only two credits of theory instruction each semester. The remainder of her credit load is in coordination of the simulations.

Nursing faculty serve on a variety of departmental and college committees. Each faculty member is required to participate on one of the five sub-committees that support the Systematic Evaluation Plan as well as the nursing department curriculum committee. Additionally, most nursing faculty participates on faculty senate committees on either standing or ad hoc committees. In addition, the inability to hire full-time, permanent faculty due to the hiring freeze, 80% of the nursing faculty are on overload.

The nursing program supports additional assignments in the form of two Clinical Coordinators, one each for first and second year. The clinical coordinators represent and coordinate the clinical activities for two levels in each year which involves clinical placements, clinical schedules, scheduling of orientations for students and part-time faculty, scheduling faculty for simulation and skills labs. Although these positions carry a release by semester, both of these faculty are also on overload.

The nursing program supports a Registered Nurse refresher program offered through TMCC’s Workforce Development and Continuing Education (WDCE) department. The nursing program provides an instructor for both theory and clinical and receive a portion of the course fee which pays the instructor. This is a difficult faculty position to fill and is currently vacant. Full-time faculty members are busy and consistently working overload due to the shortage of qualified part-time faculty and unable to assist with this position. In addition, historically the students in this refresher program have been out of the nursing workforce for many years and require quite a lot of time and remediation which, according to faculty, far exceeds the amount of compensation they receive. There are nurses who request these courses be offered, but until a faculty can be hired, it is not offered.

Facilities and Desired Capital Improvements

Fundraising is under way for a building dedicated to Nursing that includes space to accommodate all nursing program students, faculty, support personnel, and many resources. Resources include classrooms, a skills and simulation laboratory, computerized testing room, faculty offices and a central nursing office allowing improved student access to resources. Nursing faculty is often required to teach on both campuses in the same semester and frequently on the same day. Travel between campuses is time consuming and time straining. A health sciences building dedicated to nursing will allow the entire program to be together on one campus which will improve teaching effectiveness and student access to faculty.
Funding Allocations and Development Strategies

In an effort to meet the growing technology and space related needs of the nursing program, a concerted fundraising effort on behalf of nursing is underway and partially completed. The following is information courtesy of the TMCC Foundation and its Executive Director, Paula Lee Hobson.

Health Science Center, Redfield Campus

The $10 million Health Science Center project is 50% funded through private and public funds in the first three months of fundraising.

- The Nell J. Redfield Foundation has contributed $2 million.
- Herb and Maxine Jacobs Foundation has contributed $1 million.
- TMCC has invested $2 million of local the College’s Capital Improvement funds, which is collected from TMCC students in a $4.53 per credit student fee.

Project Overview

The TMCC Health Science Center is designed with a dignified collegiate appearance that both connects to and enhances TMCC’s current building at the Redfield Campus.

While the building is designed to present a dignified yet welcoming exterior, the Health Science Center will be constructed with functionality in mind. Once completed, the TMCC Health Sciences Center will make a significant contribution to the future of the Redfield Campus.

This $10 million project will include construction of the Health Science Center itself and purchase of all instructional equipment, and will be supported by renovations to the existing High Tech Center at Redfield.

TMCC Health Sciences Center

- A 16,000 square foot Health Science Center that is directly connected to the existing 25,000 square foot High Tech Center at the Redfield Campus.
- A 4,200 square foot high-tech nursing lab with four technologically advanced instructional simulation rooms and two debrief rooms for faculty-student review.
- Faculty offices and support spaces for all nursing faculty and staff.
- Two 40-person classrooms.
- Dedicated lab storage and student locker room to support the new nursing lab.

Renovations to High Tech Center

TMCC’s High Tech Center currently houses a nursing lab, general instructional spaces used by the nursing students, and a small nursing library among other classrooms and labs restricted for other TMCC programs. The High Tech Center at Redfield will be renovated to better support the nursing program’s primary presence at this site, as well as to reduce the costs of the new building by taking advantage of adjacent, existing student support spaces.

Proposed renovations:

- Convert half of the existing open computer lab into a library to meet accrediting agency requirements.
- Renovate the existing nursing library to create a quiet study zone and a microbiology prep lab. Adding microbiology capability will ensure that nursing students can take every required class on the Redfield Campus.
- Modify a general classroom to create a dedicated computer lab. Nursing students need access to a dedicated computer lab for testing, assessments and online modules.
- Upgrade the existing nursing lab to also accommodate Certified Nursing Assistant instruction, which is a required prerequisite for the nursing program.

Differential fees are currently being discussed at TMCC and were brought to the Board of Regents meeting in December 2013 where they were approved. The fees will be phased in effective Fall 2014. The increase in per credit fees will raise nursing student fees to approximately $150.00. Revenue from increased per credit fees will stay in the program. 10% of additional revenue will be set aside for scholarships. Additional student course fees will be eliminated. There is also a conversation to re-institute the fast-track program versus part-time program which will necessitate hiring of two additional faculty.
APPENDIX A

Dean’s Analysis of Funding Resources

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<th>Fund</th>
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Grants
APPENDIX B

Degree and Certificate Worksheets
Maxine S. Jacobs Nursing Program

SPECIAL ADMISSIONS PROCEDURES

PROGRAM INFORMATION - 775-673-7115

The TMCC program prepares the graduate to practice as a registered nurse. The TMCC nursing program meets the minimum degree requirements for the associate of applied science degree. The associate of applied science degree in nursing is awarded upon completion of the curriculum and the student will be eligible to apply to take the national NCLEX-RN examination leading to licensure as a Registered Nurse.

Nursing program graduates are eligible to apply for licensure in the state of their choice. Each state has specific criteria for licensure eligibility. It is the student’s responsibility to contact the state to ascertain eligibility requirements. Graduation from an accredited program is only one of the requirements and does not mean automatic licensure as a nurse. The State of Nevada licensure application contains five questions which may impact the applicant’s ability to obtain licensure. These questions have to do with conviction, denial or suspension of a license or certificate, conviction of a criminal offense, problems with drug or alcohol use, treatment for mental illness and physical disability which could impair one’s ability to practice nursing.

Nursing courses are to be taken in the sequence outlined on the following page. General education support courses may be taken as outlined or prior to acceptance into the program. However, because clinical experiences and/or theory courses may be scheduled during both day and evening hours, it is suggested that as many general education classes as possible be taken prior to acceptance into the program with the exception of required prerequisites.

Background checks are a requirement of the clinical facilities with which Truckee Meadows Community College has a contract for nursing student clinical experience. If a student declines to provide a background check or if the background is unsatisfactory to the facility, the student will not be permitted to participate in the clinical portion of the program. Prospective students are advised that they will be withdrawn from the program if clinical requirements are not able to be met for any reason. TMCC will not be responsible for obtaining background checks and will not receive the results of any background investigations.

A student’s progression in the ADN program is contingent upon attaining and maintaining a grade of “C” or better in each course in the nursing curriculum.

ADMISSION REQUIREMENTS

The pre-requisite courses, MATH 120, BIOL 223, 224, and 251 must be taken prior to application for admission to the nursing program. There are additional admission requirements. Please see the information at nursing.tmcc.edu.

ACCREDITATION AND REGULATION

The TMCC ADN program is approved by the Nevada State Board of Nursing and is accredited by the National League for Nursing Accrediting Commission (NLNAC). Students may contact the Nevada State Board of Nursing at 888-590-6726 or on the Web at nevadanursingboard.org.

NLNAC, a U.S. Department of Education recognized accrediting agency for nursing programs maintains information on TMCC’s nursing program regarding tuition, fees, and length. NLNAC’s address is 3343 Peachtree Road, NE, Suite 850, Atlanta, GA 30326. Telephone number: 404-975-5000.

PROGRAM OUTCOMES

Students completing the program will:

- Achieve a passing score on the NCLEX-RN.
- Complete the program in a timely manner.
- Be employable.
Nursing Degree
ASSOCIATE OF APPLIED SCIENCE

DEGREE OUTCOMES
Students completing the degree will:

- Practice professional nursing behaviors, incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning.
- Integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.
- Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team.
- Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes.
- Incorporate informatics to formulate evidence-based clinical judgments and management decisions.

GENERAL EDUCATION REQUIREMENTS
DIVERSITY ................................................. (3 CREDITS)
Required: NURS 212

COMMUNICATIONS/ENGLISH ....................... 6 CREDITS
Required: ENG 101 and 102 or ENG 113 and 114

FINE ARTS/HUMANITIES/
SOCIAL SCIENCE ....................................... 3 CREDITS
Required: PSY 101

HUMAN RELATIONS ....................................... 3 CREDITS
Recommended: EPY 101

QUANTITATIVE REASONING .......................... 3 CREDITS
Required: MATH 120 or higher

SCIENCE .................................................. 12 CREDITS
Required: BIOL 223, 224, 251
(BIOL 190/190L is prerequisite for BIOL 223 and BIOL 251)

U.S. AND NEVADA CONSTITUTIONS ............. 3 CREDITS
Required: PSC 101

TOTAL GENERAL EDUCATION REQUIREMENTS ...... 30 CREDITS

REQUIRED PREREQUISITE COURSES
These courses are required for the degree:

- MATH 120 Fundamentals of College Mathematics
- BIOL 222 Human Anatomy and Physiology I
- BIOL 224 Human Anatomy and Physiology II
- BIOL 251 General Microbiology
- (Meets Quantitative Reasoning).......................... (3)

REQUIRED PREREQUISITE COURSES TOTAL .......... 15 CREDITS

EMPHASIS REQUIREMENTS

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TOTAL EMPHASIS REQUIREMENTS ........ 43 CREDITS

TOTAL DEGREE REQUIREMENTS ....... 73 CREDITS

All nursing courses must be taken in the sequence listed. A grade of "C" or better is required. Other General Education courses may be taken out of sequence if allowed by college policy.

SUGGESTED COURSE SEQUENCE

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SELF STUDY REPORT FOR CONTINUING ACCREDITATION
SPRING 2012

Maxine S. Jacobs Nursing Program

TRUCKEE MEADOWS COMMUNITY COLLEGE
12/19/2011

SUBMITTED TO:

NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
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TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
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SECTION ONE

Introduction
TMCC is one of four community colleges in Nevada; governed by the Nevada System of Higher Education (NSHE). An elected Board of Regents is responsible for the governance of the institutions comprising the Nevada System of Higher Education. Elected to serve a six-year term, the 13 Regents set policies and approve budgets for Nevada's entire public system of higher education. A Chancellor is appointed by the Board to serve as the NSHE’s chief executive officer. About 98,000 students attend the degree-granting campuses within Nevada.

In 1979, the Board of Regents split Western Nevada Community College and established Truckee Meadows Community College. TMCC became the fourth community college within the Nevada System of Higher Education. In addition to expanding the Dandini Campus, the college established the IGT Applied Technology Center (March 1999), Meadowood Center (February 2003), the Nell J. Redfield Foundation Performing Arts Center (September 2003), and the TMCC High Tech Center at Redfield (September 2005).

TMCC serves over 13,000 students each semester, and grants associate degrees and certificates in more than 50 occupational and academic areas.

The Maxine S. Jacobs Nursing Program at TMCC is an associate degree program that grants an Associate in Applied Science – Nursing degree. The nursing program is organizationally a part of the School of Sciences at TMCC, reporting to the Dean, School of Sciences, Ted Plaggemeyer and the Vice President for Academic Affairs and Student Services, Dr. John Tuthill. Two associate degree programs are also located within the service area--Carrington College, Reno and Western Nevada College in Carson City. A baccalaureate degree nursing program is offered at the University of Nevada, Reno.

Student Population
Current enrollment is 89 active students. Number of students enrolled full-time is 33, and part-time is 56. Thirty-four new students are anticipated in spring, 2012 which will bring the total to 123. There will be 128 active students by fall, 2012. Returning students will bring this total to 137. The program has is currently scheduled to admit 32 students each fall and spring semester. At TMCC, there are 1261 students who have declared NUR-AAS majors.

Faculty Cohort
There are eleven full-time nursing faculty, all products of national searches, and chosen by search committees. Ten of those are full-time tenured (eight) or tenure-track (two). There are currently no open positions posted, although there is one anticipated position for academic year 2012 due to a retirement.

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All full time nursing faculty at TMCC Maxine S. Jacobs Nursing Program are credentialed with master’s degrees having a major in nursing. Two of the faculty have doctoral level degrees, one in nursing, and one in education. There are three certified nurse educators. Demographically, all faculty are female, and 90% are ethnically white, one Asian. There are sixteen part-time faculty currently employed.

**History of the Nursing Education Unit**

The Nursing Program began with the college in 1975, and originally was part of an inter-campus nursing program between the University of Nevada, Reno and the University of Nevada, Las Vegas. The four semester program grants an AAS degree consisting of a total of 75 credits, with 41 credits as emphasis credits within the nursing program. The 34 credits are general education credits, which include the program prerequisites. The sole program offered is the AAS-Nursing degree, and distance education is not offered.

In June, 1991, the TMCC Nursing Program received initial five year accreditation from the National League for Nursing in 1991, and received ongoing reaccreditation in 1996 and by the National League for Nursing Accrediting Commission in 2004.

Courses are offered at the Dandini campus and the TMCC High Tech Center at Redfield.

Washoe County, Nevada, has a population of 401,407. TMCC, with an enrollment of 12,891, serves a population that is 98% over 18 years of age and captures 27% of Washoe County Nevada High School graduates. 92% of are Nevada residents, 86% identify earning a degree as their educational goals, and 55% are female. (Source: TMCC Factbook 2011, available at: http://tinyurl.com/7bs844z)

Demographics for students admitted to the nursing program compared to Washoe County and TMCC populations are listed in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Washoe County</th>
<th>TMCC</th>
<th>MSJ Nursing Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18-24</td>
<td>11</td>
<td>53</td>
<td>17.4</td>
</tr>
<tr>
<td>Age 25-44</td>
<td>27</td>
<td>35</td>
<td>70.5</td>
</tr>
<tr>
<td>Age 45-64</td>
<td>27</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>Age 65+</td>
<td>12</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Ethnicity White</td>
<td>66</td>
<td>66.1</td>
<td>83</td>
</tr>
<tr>
<td>Ethnicity Asian</td>
<td>5.1</td>
<td>4.9</td>
<td>10.8</td>
</tr>
<tr>
<td>Ethnicity African-American</td>
<td>2.2</td>
<td>2.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Ethnicity Hispanic</td>
<td>22.2</td>
<td>18.7</td>
<td>9.0</td>
</tr>
<tr>
<td>Enrolled Part Time</td>
<td>N/A</td>
<td>89</td>
<td>35</td>
</tr>
<tr>
<td>Enrolled Full Time</td>
<td>N/A</td>
<td>11</td>
<td>65</td>
</tr>
<tr>
<td>Gender Female</td>
<td>49</td>
<td>55</td>
<td>83</td>
</tr>
<tr>
<td>Gender Male</td>
<td>51</td>
<td>45</td>
<td>17</td>
</tr>
</tbody>
</table>

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Summary of Standards and Criteria

Standard 1—Mission and Administrative Capacity

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

The vision of Truckee Meadows Community College (TMCC) is “Truckee Meadows Community College creates the future by changing lives.” The mission of TMCC states “Truckee Meadows Community College promotes student success, academic excellence and access to lifelong learning by delivering high quality education and services to our diverse communities.” (http://www.tmcc.edu/about/mission).

The values upon which Truckee Meadows Community College bases its mission and vision statements are the principles, standards and qualities the college considers worthwhile and desirable for its graduates.

The nursing program’s mission and philosophy are to: “Provide high quality associate degree nursing education in order to positively influence the health and well-being of the community and the clients our students serve. Valuing social and cultural differences, the faculty believes that students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals. Student success is encouraged by providing a thorough welcome and orientation to the nursing program and access to essential services, college resources and community mentors for the duration that the student is enrolled in the TMCC nursing program. The importance of lifelong learning for the graduate is emphasized.”

Located organizationally within the School of Sciences, the nursing program is represented by the Director of Nursing and the Dean, School of Sciences within the governance structure. Faculty serve on various key self-governance committees within the college and are represented through a school of sciences allied health faculty member on the Faculty Senate Committee. Students in the nursing program have access and input into governance through various mechanisms, both formal and informal.

The nursing program faculty use a self-governance model to manage the multitude of activities that are necessary to effectively educate students, establish admission criteria, develop and review procedures, meet accreditation and regulatory requirements, and continuously review and improve student and program outcomes. Students provide continuous feedback and input into what works and doesn’t.

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Students also participate in the grievance processes available within the structure available to ensure due process and equitable treatment.

Actively seeking input from communities of interest helps good, evidence based decisions be made on an ongoing basis. The nursing program has an Advisory Board, composed of community members who have an interest in nursing education. Membership on the board has historically been primarily clinical agencies. There have been recent efforts to expand membership, but this has been difficult in the context of the current work environment, requiring all businesses to do more with less. Other communities of interest, such as employers and community members, and current and former students are being recruited.

Partnerships exist within the community between clinical practice agencies involved in the education of nurses and the educators of nurses. These are both formal and informal. Grant opportunities have provided the ability to further both sides nursing education by assisting in the transition to practice by the graduates of the nursing program. Partnering for recruitment and support with both Renown Regional Medical Center and St. Mary’s Regional Medical Center has created opportunities to share staff and training facilities. Formal membership in several statewide clinical and practice nursing organizations on various levels allow discussion and the furthering of joint interests. The TMCC Foundation provides a clear partnership between the community and the Maxine S Jacobs Nursing Program, supporting the message of quality education and delivery of excellent nurses for the community.

The Director of Nursing for the Maxine S. Jacobs Nursing Program is qualified by education, experience and credentials for the position. She has the authority to prepare and administer the budget allocated to the program. All colleges and employees within the Nevada System of Higher Education have shared equally in budget cuts. The program has decreased enrollment in response to both budget and employment data, but is in good financial health and able to continue to serve students.

The policies and procedures of the nursing program have consistency with the college. Several separate policies exist when necessary for the educational environment. One of these is the Appeal for Clinical Withdrawal process. Students who are withdrawn from clinical due to inability to meet the clinical objectives have an appeal process that exists wholly within the nursing department. Students are provided the opportunity for due process and are heard by faculty and students who are able to provide a fair and impartial hearing. The resolution of student complaints is necessary to ensure program integrity. There are processes in place to reach resolution. Occasionally, student complaints must be escalated beyond the nursing program, and the process used within the college and administration allows for students to be heard and to understand the process and receive resolution.
Distance education is not provided by the Maxine S. Jacobs Nursing Program at Truckee Meadows Community College.

**Analysis and Summary of Strengths and Areas Needing Development**

With a very clear mission and philosophy, well-articulated values and strategic initiatives, Truckee Meadows Community College has established a firm foundation on which to build the nursing program’s congruent framework of accompanying mission, philosophy, values and outcomes.

The Director of Nursing for the Maxine S. Jacobs Nursing Program is qualified by education, experience and credentials for the position. She has the authority to prepare and administer the budget allocated to the program. The program has temporarily decreased enrollment in response to both budget and employment data, but is in good financial health and able to continue to serve students.

The nursing program has unique needs to meet professional standards that are not included in normal college student grievance processes.

**Strengths**

1. A strong leadership team is in place to direct the program and guide program activities.
2. The mission and philosophy of the nursing program is congruent with the college’s strategic initiatives.
3. A variety of funding sources has been used to provide for resources needed.
4. Leadership is provided for continued program improvement.

<table>
<thead>
<tr>
<th>Opportunities for Development</th>
<th>Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a need for a long term strategic plan that includes purchasing and maintenance of equipment and supplies, in order to guide the program in times of reduced resources.</td>
<td>With support from college governance, a strategic plan should be developed and implemented, with collaboration from the college system and other programs that are state supported.</td>
</tr>
<tr>
<td>Technological advances that further education of students and support advances in the clinical area are also lacking a clear and dependable funding source.</td>
<td>Obtain sources for long term funding of needed improvements.</td>
</tr>
<tr>
<td>The current Dean of the School of Sciences has a wide span of control, which impacts the leadership needed for a strategic plan development.</td>
<td>A current reorganization plan at the college is underway to create at least two new schools within the college.</td>
</tr>
</tbody>
</table>
Standard 2 Faculty and Staff

Overview reflecting the major findings that demonstrate program compliance with each Standard.

Eleven full-time faculty and a sufficient number of qualified part-time faculty provide for a variety of clinical and educational experience in all practice areas comprised within the curriculum. Two of the faculty and the director are Certified Nurse Educators. Most have certification and/or employment in a variety of nursing specialty fields, including Perinatal, NICU, Adult Med-Surg, and Perioperative Care. Through a combination of workshops, employment, and continuing education, faculty develop and maintain their expertise in education, nursing education, and clinical nursing practice.

Currently all part-time faculty members hold master’s degrees, although the program has used BSN prepared faculty as clinical instructors in the past. Anecdotal feedback, student evaluations, and peer evaluations by the Lead Faculty did not support their continued use. In addition, regulations allowing their use as clinical faculty by the Nevada State Board of Nursing were allowed to sunset effective December, 2011.

Faculty performance is evaluated on an ongoing basis against criteria that reflects teaching scholarship and excellent clinical practice. They develop an annual performance plan, perform a self-evaluation, and are evaluated against measurable criteria each year.

Staff consists of a Nursing Lab Coordinator and two Administrative Assistants. The Nursing Lab Coordinator position, currently filled, is not a faculty position, and there are no teaching duties assigned. The current employee coordinates the skills lab schedule, orders and obtains needed supplies, provides cost accounting for supply use, and ensures safety practices are followed by students and faculty. Originally grant funded, she is now a permanent employee. Non-nurse staff consists of Administrative Assistants assigned to the programs that are incorporated into the nursing program responsibility. They support students and instructional services to faculty. An annual performance evaluation is completed.

A Leadership Team that is comprised of two Clinical Coordinators (one for each program year) and a Lead Faculty member helps support the Director of Nursing as well as other faculty, oversee part time faculty, and assure a high quality clinical experience for the students in appropriate clinical settings. The Leadership Team provides stability and continuity, acting as support for achieving program outcomes.

Analysis and Summary of Strengths and Areas Needing Development

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing program. Hiring, orienting, mentoring, and retaining qualified and competent full and part time faculty and provides for program stability and excellence.
The combination of full and part time faculty who are dedicated to the education of today’s nurse is evidenced by excellent program outcomes. NCLEX-RN pass rates remain at 100% with third quarter reporting of results. Employment of the graduates is at 96%, and satisfaction by employers and graduates meets thresholds.

Full time and part time faculty have adequate resources to manage the program of instruction. Although the salary reduction and increase in benefits cost that has affected all Nevada state employees has not yet resulted in loss of faculty, one full-time tenured faculty member is in her final year of employment. The nursing program is not in jeopardy of losing staff or faculty due to budget issues. For this academic year, TMCC President Dr. Maria Sheehan has made a commitment to move forward with tenure track positions for faculty who have been hired on a yearly contract—the nursing program has one of those currently. In addition, there is a stable faculty of tenured professors who are gaining experience and confidence in the program of instruction.

Strong and consistent leadership is provided by a Leadership Team comprised of senior faculty. All leadership and faculty members recognize that a strong orientation to the college and coursework comprising the nursing program is essential. This process requires a coordinated effort of all members of the faculty. New employees and faculty (full and part-time) are provided orientation and/or mentoring to their responsibilities.

Mandatory furlough days and budget cuts have affected their ability to meet program demands, but also created opportunities to seek automated systems to support the programs and students. For example, using grant funds, the program recently purchased e*Value, a database management system that will automate many needed curriculum and student outcomes data.

Some of the program responsibilities have been shifted back to students, and some increased costs are now borne by students.

**Strengths**

1. A stable, competent, highly educated faculty is in place to meet program outcomes.
2. Faculty are well prepared and highly educated.
3. A Leadership Team assists with guidance and decision making, providing stable leadership.
4. A strong administrative support is provided and stable.
5. A Nursing Laboratory Coordinator has helped achieve implementation of simulation and coordination of efforts across the program.

<table>
<thead>
<tr>
<th>Opportunities for Development</th>
<th>Planning</th>
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</thead>
<tbody>
<tr>
<td>Automated systems are needed to manage student data and outcomes.</td>
<td>Ongoing funding is needed for automated systems.</td>
</tr>
</tbody>
</table>

**Opportunities for Development**

**Planning**

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
Faculty, staff and student training for any new programs is needed.

An implementation plan needs to be developed for any new automation

A local and nationwide shortage of nursing faculty is not predicted to improve in the foreseeable future. The most problematic area will be recruitment, given the current shortage and consequent competition for nursing faculty.

The use of the NLN Core Competencies for faculty self evaluation would help identify ongoing needs for professional development.

This process will be added to the faculty self-evaluation process, to be used to develop plans for ongoing faculty development.

Development and implementation of a formal faculty mentoring program with college support would improve program cohesiveness.

Develop a formal mentoring program that involves recognition and release time for faculty who mentor.

**Standard Three—Students**

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

**Overview reflecting the major findings that demonstrate program compliance with each Standard.** Student policies of the Maxine S. Jacobs nursing program are consistent with those of TMCC and developed by the faculty. College policies are established at the administrative level and approved through the President and Vice President of Academic Affairs and Student services. All policies affecting nursing students are available twenty four hours a day on the TMCC website and nursing program website.

Policies are reviewed with students on admission and any changes are reviewed with students annually. Inconsistencies are supported with rationale. Program policies may be, in some cases, more stringent than institutional policies to reflect the academic rigor necessary to ensure safety and the enhanced academic preparation required for licensure in nursing.

Support services are available at the college and within the nursing program that support the goals of the program as well as the program and student learning goals. Students have access to a wide variety of support, both technologically and on site at the college.

**Analysis and Summary of Strengths and Areas Needing Development**

Nursing program policies including those relating to admission or academic progression are periodically reviewed and revised as necessary by the faculty as a whole.

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Student support services are available to all students taking courses on campus, online or via distance education. All nursing program courses include an accompanying Angel course, the learning management system accessed through the Web College.

All student educational and financial records comply with the policies of TMCC and are in accordance with the U. S. Family Education Rights and Privacy Act of 1974 (FERPA).

Nursing program student files are maintained and kept confidential in a locked file in the nursing program office.

All nursing support staff are compliant with FERPA training and guidelines.

Standard Three—Students

1. The program is compliant with FERPA and all privacy needs.
2. The program is fully compliant with the Higher Education Reauthorization Act Title IV eligibility and certification requirements.
3. Student policy review and updates of program information are systematic and detailed, and can accommodate urgent needs.
4. Access to policies is available twenty-four hours a day for immediate needs, for example at a clinical site and at all college computer labs.
5. Orientation is provided for technology used in the program and support is available for students.
6. Technology supports learning.
7. Many resources are available to students in a time of restricted funding.
8. Accreditation and Regulatory status information is publicly available.

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<thead>
<tr>
<th>Opportunities for Development</th>
<th>Planning</th>
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</thead>
<tbody>
<tr>
<td>Student input is sought, but needs to be formalized for policy development that affects students directly.</td>
<td>Develop and implement a formal process for student input into policies that affect students.</td>
</tr>
<tr>
<td>Management of all student and program information is electronic, but support is needed for continuous, accurate updating of information.</td>
<td>Include in a strategic planning process.</td>
</tr>
</tbody>
</table>

Standard Four-Curriculum

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

The creation and design of a new pedagogical approach to nursing education was implemented at TMCC in 2008 and revised in 2011. The traditional block curriculum based on the medical model has been...
transformed into an integrated curriculum using concepts and exemplars. All freestanding graded clinical courses were realigned as combined theory and clinical courses and the clinical component became pass/fail. A new Clinical Performance Evaluation Tool (CPET) was developed that is based on outcomes expected of graduates.

The Maxine S. Jacobs Nursing Program student learning outcomes and program outcomes were developed based on information obtained from a variety of organizations. QSEN, ANA Professional Standards of Practice, and the NLN Competencies for Graduates of Associate Degree Programs were all utilized to formulate the nursing program outcomes and course student learning outcomes. Joint Commission standards and competencies were also included in the development of the nursing program student learning outcomes as well as TMCC’s Associate of Applied Science Degree Outcomes.

The nursing program outcomes and student learning outcomes are clearly articulated throughout the curriculum. They are incorporated into each nursing program course syllabi. The outcomes are also included in the Student Program Handbook, located on the Nursing Program Website.

The Program/Unit Review (PUR) is a central component of the integrated assessment/planning process at TMCC. Every program/unit in the college completes a comprehensive self-study on a five-year cycle. The self-study combines self-examination and the use of data to produce an integrated, strategic approach to ongoing instructional development and improvement. During 2007-2008 the nursing program was scheduled for review and the self-study committee members included the Nursing Program Director, six nursing faculty, one RN who was a former student in the nursing program, a nurse educator from Renown Medical Center and a biology faculty. The report was presented at a campus open forum in January 2009. The next scheduled self-study will be during the 2013-2014 academic year.

The program student learning outcomes are derived from faculty beliefs about what the student should look like at the end of the program of study. The outcomes developed by the faculty are used as a curricular foundation that guides instructional activities, content, and student learning. Course student learning outcomes were established as a step wise method of evaluating overall program student learning outcomes. Course student learning outcomes are evaluated for each course each semester.

**Analysis and Summary of and Areas Needing Development**

In order to educate nurses, nursing education and nurse educators must incorporate current education and learning theories. Those theories are embedded in instructional methods, learning activities, and assessment plans for the Maxine S. Jacobs Nursing Program at TMCC. In addition, professional standards, guidelines, and competencies are incorporated into the content and concept based curriculum.

**Strengths**

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
1. The curriculum incorporates professional standards, guidelines and competencies.
2. The curriculum has clearly articulated student learning course and program outcomes.
3. The curriculum was developed by the faculty and is regularly reviewed.
4. The concepts are used to organize the curriculum and establish learning outcomes.
5. The curriculum includes cultural, ethnic, and socially diverse concepts and content.
6. Assessment methods are varied and reflect established educational and practice standards.
7. Course assessment activities measure achievement of course learning outcomes, which collectively measure program student learning outcomes.

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<tr>
<th>Opportunities for Development</th>
<th>Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>The concept based, integrated curriculum requires a thorough understanding by faculty and students.</td>
<td>A full orientation to the curriculum needs to be planned and implemented for faculty and students.</td>
</tr>
<tr>
<td>Changes in both 2008 and 2011 have not been fully implemented. Consistency of instruction and content needs to be assured.</td>
<td>A feedback mechanism for syllabus compliance needs to be developed.</td>
</tr>
<tr>
<td>Textbooks used throughout the program do not always support concept based teaching and/or learning.</td>
<td>Continue to explore with publishers.</td>
</tr>
</tbody>
</table>

**Standard Five**

*Resources--fiscal, physical and learning resources promote the achievement of the goals and outcomes of the nursing education unit.*

Physical resources that help provide the structure for classes and learning include classrooms, laboratories and public and faculty offices. All faculty have private offices at either campus, and are able to meet with students to provide counseling and coaching in a confidential environment. Classrooms are available with appropriate technology to provide instruction and support the educational outcomes.

Two modern skills laboratories provide for simulation and an adequate skills laboratory environment. The Nursing Lab Coordinator travels between both locations to provide support and manages the supplies and equipment. She also maintains the master skills lab/classroom schedule. With the increasing use of simulation,

There are online resources that can be accessed from any computer on campus and some may be accessed from home. These include ProCalc, Evolve learning simulation system and policies and procedures for the nursing department. Recent purchase of a Meti-Edose system will replace the ProCalc software.

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Other resources are also available on the ANGEL learning management system. These include the following: library, online student support, Smart Thinking online tutoring, Web College Time Management, Student Government Association, Getting a Good Start and the TMCC calendar. There is also a specific site under Nursing Cohort Resources course content named Tutoring-Independent Learning Resources for Student. This has links to library resources. These same library resources are accessible to all nursing faculty through the department drive.

**Analysis and Summary of Strengths and Areas Needing Development**

Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization. Through various sources, fiscal resources are obtained to ensure that the nursing program maintains integrity with its mission and sustains the outcomes of the program. The nursing program has been able to provide a level of funding for program costs in the midst of an austere budget through frugal planning and efficient use of all possible resources at the program, college and system level. Additional support from the TMCC Foundation and contributions from clinical agencies has allowed the program flexibility in meeting program and student needs.

**Strengths**

1. Resources are available for student learning.
2. Simulation equipment and scenarios are available
3. Skills laboratory supplies are provided for students and are adequate
4. An electronic medication dispensing machine is available
5. Online resources are provided such as medication calculations and testing
6. Library resources and databases are available
7. A learning management system is used extensively.

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<tr>
<th>Opportunities for Development</th>
<th>Planning</th>
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<tbody>
<tr>
<td>There is a great deal of competition for use of the two skills laboratories. The Clinical Coordinators meet with the Lab Coordinator prior to each semester to settle on a mutually agreeable schedule for all scheduled lab and simulation experiences.</td>
<td>Include management of limited resources in a dynamic strategic planning process.</td>
</tr>
<tr>
<td>There are no reserved offices for part-time faculty.</td>
<td>Designate specific areas that can be reserved for part-time faculty at both Dandini and Redfield sites.</td>
</tr>
<tr>
<td>Travel funds, used to support professional development, are limited.</td>
<td>Explore other sources for funds.</td>
</tr>
</tbody>
</table>

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There is no separate budget for equipment maintenance, new equipment, or new technology. Include ongoing management of non-state funded resources in a strategic plan.

Standard Six

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.

A systematic program evaluation (SPE) guides the assessment of program and student learning outcomes as well as compliance with all NLNAC Standards and Criteria. The three main program outcomes—that graduates will achieve a passing score on the NCLEX-RN, complete the program in a timely manner, and will be employable—are part of the SPE and monitored through an ongoing process.

A combination of surveys gathers data on satisfaction with graduates of the program, graduate satisfaction, and employer satisfaction.

This first program outcome has been achieved. The TMCC first time NCLEX-RN pass rate has been 98%, 92% and 100% over the last three years. The national average was 86%, 86% and 87% for the corresponding years. We have met and exceeded this outcome.

The second program outcome is that 75% of students will complete the program in a timely manner. This outcome has not been achieved but is steadily improving through an action plan that was implemented three years ago. It is currently 71.7%, two percentage points below the national average and three percentage points below the threshold determined by faculty as part of the ongoing program evaluation.

The third program outcome states that those who complete and obtain an Associate of Applied Science: Nursing degree will be employable. This is measured through a graduate survey with results for the last three years being 100%, 96% and 96%. This demonstrates that those students who complete the program and pass the NCLEX-RN are employed thus meeting the program outcome.

Five student learning outcome (SLO) are also identified for the program. First is students will practice professional behaviors with personal responsibility, values and expectation of the profession and accountability for lifelong learning; second to integrate knowledge of diverse and holistic needs of clients; third to communicate professionally with the client and members of the health care team; fourth that students will manage care and advocate for individual and organizational outcomes; fifth that students will incorporate information to formulate evidence-based clinical judgments and management decisions. All five outcomes are evaluated periodically throughout the program and on
graduation by meeting the terminal objectives of the clinical performance evaluation tool (CPET). This CET is used at the completion of each clinical rotation and is required to pass before progressing to the next class or rotation. Thus ongoing evaluation keeps both the nursing faculty and student advised as to progress concerning the outcomes.

The student learning outcomes are also assessed at the end of each course in the program. The college uses a Course Assessment and Program/Unit Review process to ensure that all student learning outcomes are addressed for all college programs.

With an ongoing curriculum revision process, and an ongoing improvement plan, both course and program student learning outcomes have been revised over the past few years. A more sophisticated and stable process of evaluating course and program student learning outcomes has been implemented with the 2011 curriculum revision, which aligned courses with content and with concepts. All student learning outcomes are now assessed throughout the curriculum. Incorporating nursing program assessment activities becomes the basis for measuring and improving the student learning and program outcomes and to align those with organizational outcomes.

Student satisfaction with the program is measured after graduation. The threshold has not been met. A poor return rate impacts the data reliability. In addition, the measurement scale did not allow good analysis. Those that have been returned show an overall satisfaction rate of 76% (2008), 61% (2009) and 61% (2010).

Analysis and Summary of Strengths and Areas Needing Development

A systematic program evaluation focuses the attention of all program faculty and staff on achieving and maintaining program outcomes and also provides for ongoing evaluation of compliance with NLNAC Standards and Criteria. All full-time faculty participate in the evaluation and improvement process. College wide processes direct course and program student learning outcomes assessment. There is demonstrated improvement in outcomes as a result of the systematic program evaluation methodology, such as retention and student program satisfaction.

Evidence for the achievement of program outcomes that are valuable to members of the community is evidenced by the sustained high NCLEX-RN first time pass rates and employment rate.

Strengths

1. A systematic program evaluation process is in place to guide the assessment and improvement of outcomes.
2. The college wide system used provides for internal reporting of assessment activities and outcomes.

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3. Faculty are involved in the systematic program evaluation process through committee assignments.
4. Communities of interest are involved in the nursing program, providing guidance and support.

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<tr>
<th>Opportunities for Development</th>
<th>Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention rate over six semesters is improving but needs continuous monitoring for continued improvement.</td>
<td>Assess the impact of recent changes over four and six semesters.</td>
</tr>
<tr>
<td>Program satisfaction rate has been below threshold, and needs improved rate of graduate surveys and improvement.</td>
<td>Establish focus groups of students to improve return rate. Consult with measurement experts to determine improvements needed in both measurement and return rate.</td>
</tr>
<tr>
<td>Methods for sharing outcomes with communities of interest need to be formalized and more widespread.</td>
<td>Investigate methods for providing outcomes to communities of interest such as potential students, other professional organizations, legislators, and consumers.</td>
</tr>
</tbody>
</table>
SECTION TWO

STANDARDS 1-5

Standard 1 Mission and Administrative Capacity
The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

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

The vision of Truckee Meadows Community College (TMCC) is “Truckee Meadows Community College creates the future by changing lives.” The mission of TMCC states “Truckee Meadows Community College promotes student success, academic excellence and access to lifelong learning by delivering high quality education and services to our diverse communities.” (http://www.tmcc.edu/about/mission).

The values upon which Truckee Meadows Community College bases its mission and vision statements are the principles, standards and qualities the college considers worthwhile and desirable for its graduates. Truckee Meadows Community College is committed to:

- Student access and success
- Excellence in teaching and learning
- Evidence of student progress through assessment of student outcomes
- Nurturing a climate of innovative and creative thought
- Collaborative decision making
- Community development through partnerships and services
- Ethical practices and integrity
- Respect, compassion, and equality for all persons
- Responsible and sustainable use of resources
- Fostering attitudes that exemplify responsible participation in a democratic society

TMCC Strategic Initiatives

Strategic Initiative 1: Achieving Student Success
Goal: To foster a culture that ensures access to programs and services essential to students’ academic and personal achievement and demands and supports excellence in teaching and learning.

Strategic Initiative 2: Welcoming and Diverse Environment
Goal: To enhance and ensure an environment that is mutually respectful, socially supportive, accessible, safe, physically pleasing and provides opportunities for personal growth.

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
Strategic Initiative 3: Stewardship of College Resources
Goal: To achieve college goals through responsible human and resource development and management.

Strategic Initiative 4: Partnerships and Service
Goal: To expand and maintain partnerships and promote service to the community

The mission of Truckee Meadows Community College’s Nursing Program, which is congruent with the college’s mission, is to provide high quality associate degree nursing education in order to positively influence the health and well-being of the community and the clients our students serve. Valuing social and cultural differences, the faculty believes that students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals.

Student success is encouraged by providing a thorough welcome and orientation to the nursing program and access to essential services, college resources and community mentors for the duration that the student is enrolled in the TMCC nursing program. The importance of lifelong learning for the graduate is emphasized.

The philosophy of the nursing program at TMCC incorporates the eight core components and competencies for graduates of associate degree programs as identified by the National League for Nursing (NLN) in 2002. Nursing education within a state supported community college provides additional structure and support, as well as some challenges. TMCC’s nursing program embraces the nursing paradigm of person, health, environment and nursing, defined as follows:

PERSON: A unique, valued, multifaceted biopsychosocialspiritual individual seeking an optimal level of wellness that considers personal and cultural needs, choices, and motivation.

HEALTH: An individualized homeostatic state that is achieved when the person and environment interact to maximize quality of life experiences.

ENVIRONMENT: Dynamic internal and external components that impact the person in pursuit of health.

NURSING: Nursing provides an essential direct service to society. The nurse collaborates with the person across the life span to achieve health and provides caring and compassion at the end of life.

Nursing is both art and science, incorporating theories and concepts from the biological, physical, behavioral and social sciences. Evidence-based nursing practice, nursing process and standards of nursing care are combined with legal, ethical and cultural considerations to provide collaborative holistic care to individuals, families and communities.
Nursing is an evolving profession and requires dedication to lifelong learning. The core competencies of nursing include: professional behaviors, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration and managing care (Coxwell, G. & Gillerman, H. (Eds). (2002). Educational competencies for graduates of associate degree nursing programs. Sudbury, MA: Jones and Bartlett Publishers.)

ASSOCIATE DEGREE NURSING EDUCATION

We believe that the TMCC Nursing Program Learning Outcomes with Measurement Statements serve as guides for nursing education. Nursing education in an institution of higher learning incorporates knowledge gained from nursing courses and those in general education, physical, behavioral, and social sciences, as well as the study of cultural diversity.

Identification of general education courses provides a common foundation for all students in the nursing program. We recognize that individual educational and life experiences also contribute to each student’s nursing education process. A balance between general education and nursing courses, along with early introduction of technical skills and person/student interaction, facilitates development of nursing knowledge by recognizing the needs of the individual adult learner.

Nursing education must address use of the nursing process across the life span at various points along the health-illness continuum and in a variety of health care settings. Nursing education at the community college must also consider the demographic and cultural needs of the community that will serve as the nursing practice environment for the graduate of the nursing program.

Integral to the education of nursing students is providing opportunities to observe and participate in both simulated and actual patient-centered learning experiences. Laboratory and clinical courses are structured to allow application of concepts and principles learned from theory courses. Each semester of education builds upon previous learning and encourages the development of clinical decision making.

Nursing faculty are both educators and skilled practitioners of nursing, responsible for maintaining expertise and current knowledge and serving as role models for the importance of lifelong learning. Nursing faculty are responsible for identifying learning opportunities that will expose students to a variety of settings and serve as liaisons with registered nurses within those settings. Nursing faculty review and analyze current trends in nursing and health care issues that impact the role of the registered nurse.

The ultimate goal of nursing education at TMCC is to prepare a safe, competent, beginning level practitioner who possesses the knowledge, skills, and professionalism required of the registered nurse. The nursing education obtained by the graduate of the TMCC nursing program serves as the starting
point for continued development and education as an accountable and responsible member of the nursing profession.

Nursing Program and Student Outcomes and Measures

Program Outcomes and Measures

Outcome Statement 1: Students completing the Associate of Applied Science: Nursing Degree will achieve a passing score on the NCLEX-RN.
Measure: NCLEX-RN results for first time test takers will be at or above the national mean.
Outcome Statement 2: Students completing the Associate of Applied Science: Nursing Degree will complete the program in a timely manner.
Measure: Graduation within six semesters of admission will be achieved by 75% of students.

Outcome Statement 3: Students completing the Associate of Applied Science: Nursing Degree will be employable.
Measure: Within one year of graduation, 75% of graduates responding will report themselves as employed on the graduate survey.

Student Learning Outcomes and Measures

Outcome Statement 1: Students completing the Associate of Applied Science: Nursing Degree will practice professional nursing behaviors, incorporating personal responsibility, values, and expectations of the profession, and accountability for lifelong learning.

Outcome Statement 2: Students completing the Associate of Applied Science: Nursing Degree will integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.

Outcome Statement 3: Students completing the Associate of Applied Science: Nursing Degree will communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team.

Outcome Statement 4: Students completing the Associate of Applied Science: Nursing Degree will manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes.

Outcome Statement 5: Students completing the Associate of Applied Science: Nursing Degree will incorporate informatics to formulate evidence-based clinical judgments and management decisions.

Measures: All student learning outcomes for the program are measured by demonstration of competency on the final clinical evaluation tool for the program.
Community College Education
The mission of TMCC is to provide access for lifelong learning opportunities to improve quality of life for our diverse community. A variety of educational offerings and student and academic support services help individuals achieve goals and aspirations. Strategic Goals of TMCC that are of special interest to nursing are fostering academic excellence and diversity, incorporation of technology and provision of a welcoming and supportive environment.

The population utilizing TMCC as an institution of higher learning includes residents from the greater Reno-Sparks community and outlying areas of Fernley, Fallon, Dayton and Carson City. Residents of California cities and communities including Susanville, Truckee and Tahoe City also enroll as members of the TMCC educational community. Fostering flexibility and diversity through both classroom and online course offerings in addition to workforce development and continuing education courses provides a variety of learning opportunities to the community.

Learner
The adult learner in the Associate Degree Nursing Program has unique values, beliefs, needs, experiences and educational backgrounds. Each individual has personal and professional aspirations that serve as motivation to succeed. The combination of readiness, motivation, culture and life experiences of the learner will influence the learning process. It is the responsibility of the learner to take advantage of all educational opportunities, to adhere to program and course policies and requirements and to seek out academic and support services as needed.

Nurse Educator
The nurse educator facilitates learning by providing a variety of meaningful learning experiences and assisting learners in developing the core competencies of nursing. The nurse educator provides ongoing evaluation of the learner utilizing verbal and written feedback to stimulate growth. The nurse educator is a professional role model in classroom and clinical settings and participates in continuing education and professional activities including maintaining membership in professional organizations and involvement in community service.

Table 1.1 Comparison of Mission, Philosophies, Values and Outcomes

<table>
<thead>
<tr>
<th>College Mission, Values and Strategic Initiatives</th>
<th>Nursing Program Mission and Philosophy</th>
<th>Nursing Program Student Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMCC creates the future by changing lives. The mission of TMCC promotes student success, academic excellence and access to lifelong learning by delivering high quality</td>
<td>Provide high quality associate degree nursing education in order to positively influence the health and well-being of the community and the clients our students serve. Valuing social and cultural differences, the</td>
<td>Practice professional nursing behaviors, incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning.</td>
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<table>
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<tr>
<th>Education and services to our diverse communities. TMCC is committed to the values of student access and success, excellence in teaching and learning, evidence of student progress through assessment of student outcomes, ethical practice and integrity, respect, compassion, and equality for all persons.</th>
<th>Faculty believes that students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals. <strong>Student success</strong> is encouraged by providing a thorough welcome and orientation to the nursing program and access to essential services, college resources and community mentors for the duration that the student is enrolled in the TMCC nursing program. The importance of lifelong learning for the graduate is emphasized. <strong>NURSING</strong> is an evolving profession and requires dedication to lifelong learning.</th>
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</table>
| **Strategic Initiative 1: Achieving Student Success**  
Goal: To foster a culture that ensures access to programs and services essential to students' academic and personal achievement and demands and supports excellence in teaching and learning. | **Strategic Initiative 2: Welcoming and Diverse Environment**  
Goal: To enhance and ensure an environment that is mutually respectful, socially supportive, accessible, safe, physically pleasing and provides opportunities for personal growth. | Integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process. |
| **TMCC is committed to the values of nurturing a climate of innovative and creative thought, collaborative decision making, respect, compassion, and equality for all persons and fostering attitudes that exemplify responsible participation in a democratic society.**  
**Strategic Initiative 2: Welcoming and Diverse Environment**  
Goal: To enhance and ensure an environment that is mutually respectful, socially supportive, accessible, safe, physically pleasing and provides opportunities for personal growth. | **Valuing social and cultural differences, the faculty believes that students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals.**  
**PERSON** A unique, valued, multifaceted biopsychosocialspiritual individual seeking an optimal level of wellness that considers personal and cultural needs, choices and motivation.  
**HEALTH** An individualized homeostatic state that is achieved when the person and environment interact to maximize quality of life experiences. |  

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**TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.**
| **ENVIRONMENT** | Dynamic internal and external components that impact the person in pursuit of health. |
| **NURSING EDUCATION** | at the community college must also consider the demographic and cultural needs of the community that will serve as the nursing practice environment for the graduate of the nursing program. |

| TMCC is committed to the values of collaborative decision making and community development through partnerships and services | Provide high quality associate degree nursing education in order to positively influence the health and well-being of the community and the clients our students serve. |
| **Strategic Initiative 4: Partnerships and Service** | **NURSING** Evidence based nursing practice, nursing process and standards of nursing care are combined with legal, ethical and cultural considerations to provide collaborative holistic care to individuals, families and communities. |
| **Goal:** To expand and maintain partnerships and promote service to the community | Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team. |

| TMCC is committed to the values of responsible and sustainable use of resources. | **HEALTH** An individualized homeostatic state that is achieved when the person and environment interact to maximize quality of life experiences. Nursing provides an essential direct service to society. The nurse collaborates with the person across the life span to achieve health and provides caring and compassion at the end of life. |
| **Strategic Initiative 3: Stewardship of College Resources** | **NURSING** Both art and science incorporating theories and concepts from the biological, |
| **Goal:** To achieve college goals through responsible human and resource development and management. | Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes. |

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<th>physical, behavioral and social sciences. Evidence based nursing practice, nursing process and standards of nursing care are combined with legal, ethical and cultural considerations to provide collaborative holistic care to individuals, families and communities.</th>
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</thead>
<tbody>
<tr>
<td>TMCC is committed to the values of nurturing a climate of innovative and creative thought, and responsible and sustainable use of resources. <strong>Strategic Initiative 3: Stewardship of College Resources</strong> Goal: To achieve college goals through responsible human and resource development and management.</td>
<td>Students are active learners and use current nursing educational theory and practice to prepare students to be critical thinkers and competent professionals. Incorporate informatics to formulate evidence-based clinical judgments and management decisions.</td>
</tr>
</tbody>
</table>
1.2 The governing organization and nursing education unit ensure representation of students, faculty and administrators in ongoing governance activities.

At Truckee Meadows Community College all academic programs, whether degree or certificate, are organized within one of four academic divisions. The four academic divisions are (1) School of Liberal Arts (2) School of Sciences (3) School of Business and Entrepreneurship and (4) Web College and Academic Support Center. A full-time dean or associate dean heads each division and reports to the Vice President for Academic Affairs and Student Services. All deans and directors are classified as administrators and are placed on a different salary schedule than the professional faculty. Each academic division has the potential to include department chairs, coordinators and/or lead faculty who assist the dean or director with specific job responsibilities. These responsibilities are outlined in specific job descriptions, available onsite as exhibits.

The nursing program is organizationally located within the School of Sciences and is organized in the same manner as other instructional programs throughout the college. The nursing program is led by a Director of Nursing. As outlined by TMCC policy, the Director of Nursing is selected by a search committee comprised of administration, faculty and support staff. See Attachment 1 for Director of Nursing’s job description. Nursing faculty also participate in screening committees throughout the campus. Nursing faculty serve on probationary committees (tenure) for tenure track nursing faculty and also participate on non-nursing tenure committees campus wide.

The Director of Nursing participates in campus-wide governance in a variety of ways, reporting to the Dean of the School of Sciences. She serves on various search committees for selection of administrative faculty, serves on the Academic Technology committee, making recommendations for the use of student fees to support technology and innovation at the college and meets regularly with the Vice President for Academic Affairs and Student Services and the Dean of the School of Sciences. The Director participates in the Management and School of Sciences meetings at the college and is part of the TMCC Foundation fundraising effort that supports the nursing program.

The program has representation on college governance committees. The Faculty Senate Curriculum, Assessment and Programs Committee is a self-governing committee that oversees the academic functioning of the college. The nursing program has representation on this very important committee which is charged with maintaining the academic integrity of the college. The Director of Nursing was involved in developing outcomes as a subcommittee member for the Associate of Applied Science degree.

The Director of Nursing is an active member and chair of the Communication Committee of the Nevada Academy for Nursing Excellence, a statewide group of education and practice leaders who support

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collaborative efforts for nursing excellence. She is also a member of the Nursing Education Advisory Committee and the Deans and Directors Committee at the Nevada State Board of Nursing.

Faculty participate in shared-governance by serving as a Faculty Senator on the Faculty Senate, serving as a member of Faculty Senate standing committees that are identified at http://www.tmcc.edu/facultysenate/committees/, participating in the Nevada Faculty Alliance (NFA) the local collective bargaining agent, and the American Association of University Professors (AAUP), the national support organization in higher education. Participation in college governance is determined by individual faculty and specified on the annual plan which is developed based on the Faculty Evaluation Criteria located at http://tinyurl.com/7vj6mfc. Faculty Senate standing committees include: Bylaws; Curriculum, Assessment and Programs (CAPS); Library; Part-time Faculty Issues; Professional Standards; Salary, Benefits and Monetary Concerns; Recognition and Activities. Nursing faculty are encouraged to have adequate representation of the program throughout the college and tenure track nursing faculty are encouraged to serve on select Faculty Senate standing committees.

From time to time Ad Hoc Faculty Senate committees are organized to complete special projects and volunteers are requested or faculty appointed to complete the work. In spring 2011 a faculty review committee, administrative review committee and steering committee were formed to review and evaluate eight Learning Management Systems (LMS) for consideration for adoption to replace the current TMCC LMS that will no longer be used effective 2014. Each dean from the respective school identified representatives to serve on the faculty review committee. Nursing professor Dr. Ellen House was one of four faculty from the School of Science and one of ten overall TMCC faculty representing nearly 400 full and part-time faculty who teach each semester using the LMS at TMCC. Following more than thirty hours of meetings and deliberation, the faculty review committee submitted recommendations with rationale for the top four systems. One course in the nursing program is taught 100% online and all other nursing courses utilize the LMS as either a hybrid or assist component. It was therefore important to have input from nursing into the review process for the LMS.

Nursing faculty govern the nursing program by participating in faculty, curriculum and advisory board meetings. During the 2010-2011 academic year, additional assignments were posted allowing nursing faculty to apply for the position of Lead Faculty, First Year Clinical Coordinator and Second Year Clinical Coordinator. These positions were filled by Dr. Ellen House, Jody Covert and Rosemary Rinaldi respectively, all full-time, tenured faculty who are currently teaching both theory and clinical. These three faculty, along with the Director of Nursing, comprise the nursing program Leadership Team. This team works together on nursing program issues, curriculum and policies that impact faculty and students. The Leadership Team meets prior to each nursing faculty meeting and regularly throughout each semester as necessary. Faculty reapplied for the positions for the 2011-2012 academic year and were reappointed. Director Fontaine and the Leadership Team faculty worked together during summer 2011 to refine all nursing course objectives and student learning outcomes for consistency and

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congruence with nursing program student learning outcomes. Components of course syllabi were standardized and clinical performance evaluation tools reviewed and modified for consistency. The Leadership Team organized and facilitated “Curriculum and Concept Days” in fall 2010, spring 2011 and fall 2011. These day-long events help all nursing faculty understand and implement curriculum revisions and encourage faculty participation and feedback in the governance process.

Each nursing faculty also participates on a specific nursing program committee corresponding to the NLNAC Standards used for Systematic Program Evaluation (SPE). The committees meet on a regular basis to review program operations, evaluate performance, and prepare reports on the specific criterion that comprise the standards to be reviewed. These reports are presented to the nursing faculty as a whole at meetings as outlined on the annual SPE calendar. Faculty committee membership and that of the Director of the Nursing program reflecting participation in ongoing governance activities is outlined in Table 1.2 below.

**Table 1.2 Nursing Program Participation on TMCC Committees**

<table>
<thead>
<tr>
<th>Nursing Director and Faculty Member</th>
<th>TMCC Committee Membership</th>
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<tbody>
<tr>
<td>Joy Alverson</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Resource Committee;</td>
</tr>
<tr>
<td>Deborah Bader</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Outcomes Committee, Readmission Committee;</td>
</tr>
<tr>
<td>Nancy Brewster-Meredith</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Resource Committee;</td>
</tr>
<tr>
<td>Connie Croysdill</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Student Committee;</td>
</tr>
<tr>
<td>Jody Covert</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Outcomes Committee, Readmission Committee, Leadership Team; Curriculum, Assessments and Programs</td>
</tr>
<tr>
<td>Patricia Durham-Taylor</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Faculty Committee</td>
</tr>
<tr>
<td>Director Karen Fontaine</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Mission and Administrative Capacity, Leadership Team;</td>
</tr>
<tr>
<td>Ellen House</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Mission and Administrative Capacity, Leadership Team; Salary, Benefits and Monetary Concerns, Learning Management System Faculty Review Committee</td>
</tr>
<tr>
<td>Brenda Jahnke</td>
<td>Nursing Faculty, Nursing Curriculum, Nursing Advisory Board, Faculty Committee</td>
</tr>
</tbody>
</table>
Students at TMCC have several opportunities to participate in governance. TMCC has an active student organization, Associated Students of TMCC (ASTM) that provides a variety of programs and activities for students. ASTM also makes recommendations and contributes opinions and information to the college about student concerns. ASTM members are represented on college committees when student input is an important component. An example of ASTM participation was during spring semester 2011 when the Learning Management System (LMS) faculty review committee was formed and a representative from ASTM also participated in the review process.

Student representatives from each nursing cohort (usually an elected class officer or representative) are invited to participate in faculty, curriculum and nursing advisory board meetings. Confidential student issues are not a component of student participation. Historically student participation in these meetings is minimal and not all cohorts are actively involved. Students from cohorts 7 and 8 due to graduate in May 2012 have consistently attended faculty meetings and provided input and feedback. Students are informed of meeting schedules in advance and are reminded by faculty in theory courses to attend and participate.

All student cohorts meet monthly with the Director of Nursing in an open forum to discuss issues and resolve concerns. These meetings are well attended. Specific faculty who are involved in the courses also attend so that there is open communication and instant answers to questions if possible. When issues are raised that cannot be solved immediately, a feedback mechanism is established at that time, along with any expected resolution. Examples of student input that has resulted in program changes are the recent change in admission requirements to include certified nursing assistant training and medical terminology coursework.

Students also have access to the Director of Nursing to discuss problems and issues regarding the program. A chain of command process is followed, with the Dean of the School of Sciences and the Vice President of Academic Affairs and Student Services available as resources should the need arise. Students have used this process to achieve resolution of both program and college problems and complaints.
In the event that an individual student files an appeal for clinical withdrawal, a nursing student is recommended for participation by faculty as a student representative on the hearing committee. Student officers also participate in planning the pinning ceremony in conjunction with the Director of Nursing. Nursing students traditionally have limited participation in ASTM or other campus committee activities due to time constraints and the fact that several nursing students live in outlying areas 35 or more miles from campus. Currently TMCC does not have a Student Nurses Association.

All TMCC students are given the opportunity to evaluate all components of traditional and online courses. Nursing students also provide evaluations of full-time and part-time clinical faculty, clinical facilities and simulation lab instructors (see Exhibits). All evaluations are anonymous and written comments are transcribed by administrative assistants and submitted to the Director of Nursing. Evaluations are not returned to faculty until all grades are submitted after the completion of the semester. Faculty are encouraged to use feedback for self-improvement and to refine theory and clinical courses appropriately. Student feedback is also used as part of the faculty evaluation process.

Graduate surveys are sent to graduates within six months of graduation (See Exhibit). This information is reviewed by faculty members of the Outcomes Committee. The data are used for program and course assessment as well as the systematic program evaluation.

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

Truckee Meadows Community College serves an area that includes both urban and rural Northern Nevada communities and parts of Northern California. The nursing program generates continuous interest because nursing is an integral part of the healthcare system. Employers hire TMCC nursing programs graduates and they desire good employees with excellent technical and decision making skills. They are also concerned about the cost of healthcare for their employees, desiring quality nurses who are also healthy people and good employees. Healthcare organizations themselves provide clinical placements and are interested in providing a good learning opportunity, but also want to ensure that the impact of partnering with educational institutions on their existing staff and patients is positive. The public at large is desirous that the program have integrity and high standards, and that it contribute to the local economy by producing employable graduates.

Communities of interest are a source for best practices and new ideas. They are composed of individuals who present a continuous stream of news, information, research and education on the most important topics in healthcare and nursing. They can assist the nursing program with workforce planning, curriculum organization and retention of students within the program and the workforce. The communities of interest which have been identified by nursing faculty are:

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Although there are multiple methods that communities of interest have for providing input into the program and decision-making processes, the Maxine S. Jacobs Nursing Program Advisory Board members have traditionally been an active and powerful voice. In the past, members have primarily been from the clinical agencies that accept the program’s students. Recent efforts to broaden the membership have been successful. The program has reached out to the local Workforce Development agency, a community member who is also a local employer and a former nurse, and the Washoe County School District.

Although formal contracts are developed with clinical agencies for clinical placement of students, input is also provided informally through the ongoing relationships with faculty and the Director of Nursing. A very strong informal relationship also exists with all nursing programs and directors in the area, and collaborative work has been done on program policies and training that is beneficial to both faculty and students.

Employers of students provide input into the program through employer surveys. Because of limited response rates, this process has been revised by the Outcomes Committee and has resulted in improved responses. Meetings are scheduled by clinical faculty at each facility, and input is solicited regarding performance of students and graduates. In addition, faculty have many informal conversations about the program and receive input from clinical agencies that are brought to the Nursing Director and other faculty.

The Director participates and networks with statewide nursing programs and clinical agencies through the various statewide organizations interested in clinical practice and education issues. TMCC is a member of the Nevada Alliance for Nursing Excellence, attends meetings with the Nevada Hospital Association and interacts with consumers. Information is received from various sources regarding the nursing program, including the Nevada State Board of Nursing. The Director is a member of the Educational Advisory Committee, which meets quarterly to advise the Nevada State Board of Nursing on
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One of the most important relationships for sustained progress and success in tough economic times within the state of Nevada is the TMCC Foundation. The nursing program is seen as a flagship program, and funding is actively sought from the community at large. This means that success for the program results in success for the college and outcomes are scrutinized for a return on investment for donors. Those outcomes are approved by the college as a whole and supported by the Foundation.

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

Both formal and informal partnerships exist within the healthcare community in northern Nevada. Formal agreements exist that ensure students meet the objectives of the program through a variety of patient care experiences. Formal arrangements through articulation agreements mean that students coming into the program as well as those continuing their education understand their responsibilities and can meet the necessary requirements. Formal agreements help both the community and college meet the needs of the community through support for grants.

Informal and formal agreements with Workforce Development agencies help students meet their goals with support from the public agencies charged with preparing the workforce for jobs within Nevada. NevadaWorks is the agency in Northern Nevada charged with this service. A partnership with NevadaWorks on a recently-expired Department of Labor grant helped the nursing department support and retain students. Many students receive funds from the Western Interstate Commission for Higher Education.

Partnerships for clinical experiences help both the college’s school of nursing and the agency. Introducing different models of nursing care delivery to students who might be future employees allows the future employer to introduce itself to those who might be a good fit and gives students the opportunity to advocate for themselves as good candidates.

Each clinical site has a formal contract with TMCC that outlines agency and college responsibilities (see exhibits). The TMCC nursing program has contracts with the variety of clinical agencies needed to provide students with appropriate patient care opportunities. All contracts are current and reviewed on renewal or as appropriate. Nursing faculty formally evaluate each unit within all agencies which are used as a clinical site. Partnerships with clinical agencies allow students to have a wide variety of clinical experiences and encourage communication and interaction between agency staff and nursing faculty. An ongoing relationship with Renown Health has resulted in the provision of a nurse educator who is...
also used as a clinical instructor for students during their clinical experience at Renown Regional Medical Center. The nurse educator’s work as a clinical instructor is funded by Renown.

The nursing program recently partnered with St. Mary’s Regional Medical Center for a grant application submitted to US Health Resources and Services requesting funding for a new graduate retention program. TMCC signed a letter of agreement with St. Mary’s to allow recruitment of participants and curriculum sharing where appropriate.

Full time faculty members collaborate for clinical placements and experiences at all of the major acute care facilities in the region such as Northern Nevada Adult Mental Health, Willow Springs Hospital and the VA Sierra Nevada Medical Center for psychiatric inpatient experiences. These partnerships allow for an optimum experience for students who might never again see the unique patient populations cared for through these facilities. Washoe County School District and the VA Sierra Nevada Health Care System are agencies that also afford clinical placement opportunities for nursing students.

Through the Northern Nevada Nurses of Achievement (NNNA) event, TMCC participates in recognition of the area’s nurses. One of the recognition categories is nursing education. Two of TMCC’s nurse educators, Ms. Rosemary Rinaldi and Dr. Ellen House, have received an award at this event with one educator receiving the award twice. Each year, one nursing student in the second semester of the program is recommended by the faculty to receive a monetary scholarship at the NNNA Awards Dinner. Nursing faculty use established criteria to select and recommend the student to receive the NNNA scholarship.

Dialogue with the Nevada Hospital Association addresses statewide issues with acute care hospitals. TMCC’s Director of Nursing is invited to attend the Northern Nevada Chief Nursing Officer Council meetings that take place at acute care hospitals in the region, sponsored by the Nevada Hospital Association.

Individual faculty serves as liaisons with clinical agencies in a partnership to promote nursing excellence. Faculty report individual community service activities through their annual plans as outlined on the Faculty Evaluation Criteria which is located on the website for the Vice President of Academic Affairs and Student Services. This document, which may be found at http://tinyurl.com/7vj6mfc, gives faculty the option to focus on college or community service.

Students and faculty also provide services representing the college to members of the community. Examples are immunization clinics, child health screenings, blood pressure screenings at the annual Go Red for Women luncheon, provision of continuing education opportunities to community nurses, and patient education. By participating in these events, the students are able to develop competency in both communication skills and nursing skills while also providing a service to the community. Faculty actively
seek and encourage partnerships that promote and enhance the nursing program, benefit the community, and model the importance of community service for the registered nurse.

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

The current administrator of the nursing program at Truckee Meadows Community College is Karen Fontaine, RN, MSN, CNE. Her curricula vita is included as Attachment 2. She received her Master of Science, Nursing degree from California State University, Dominguez Hills in June, 1994 with an emphasis on nursing education. Prior to being offered the permanent position, she served as Interim Director of Nursing. She has an extensive background in administration and has teaching experience with both TMCC and the University of Phoenix. She is a Certified Nurse Educator and has been approved by the Nevada State Board of Nursing. Ms. Fontaine was employed by TMCC several years as a part-time and then a full-time tenure track instructor at the college prior to being selected as the Director of Nursing.

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

The nurse administrator for the TMCC nursing program has the overall responsibility to provide leadership, coordination, and direction to the nursing program. She is accountable to the college for state regulations, national accreditation and for all program outcomes. Her job description is Attachment 3. She reports to the Dean of the School of Sciences, Ted Plaggemeyer, and, through him, to the Vice President for Academic Affairs and Student Services. The Organizational Chart for TMCC for shows the accountability lines for the college. The director is allocated adequate time and resources to fulfill the role and responsibilities. Advocacy for and management of the resources needed to ensure program integrity is managed through the administrative functions at TMCC.

Together with the faculty, the Director of Nursing is responsible for the recruitment, selection, and development of faculty and staff that meet the needs of the college and its students. The Director chairs all search and screening committees for the selection of full-time faculty and staff. With input from faculty, she interviews and selects part-time faculty who serve primarily as clinical instructors. Evaluation of full-time faculty against their annual plans with a recommendation to the Dean is also a primary responsibility. Although the Lead Faculty performs evaluation of the part-time faculty, necessary follow-up of any kind is performed by the director. The director works closely with all tenure committees, providing feedback to the applicant, and assisting with any development plans needed.
Faculty teaching assignments in accordance with contractual obligations, appointment of clinical faculty, negotiation and selection of clinical placement sites, and resolving complaints about the program are also accountabilities that are assigned to the director. The recruitment and selection of staff is also within her scope. Two Administrative Assistants and a Nursing Lab Coordinator are assigned to the program. They are evaluated against their job performance standards by the Director.

Meeting regulatory and accreditation requirements is a shared obligation with the college and the nursing program faculty. This requires attention to detail and oversight by the director who files timely and complete reports to the National League for Nursing (NLN), the National League for Nursing Accrediting Commission (NLNAC), the Nevada State Board of Nursing (NSBN) and any college or Nevada System of Higher Education (NSHE) entity.

The current economic climate within Nevada requires that each public institution justify the use of public money and provide accountability of how funds are used to produce outcomes. National performance standards for producing graduates who meet the needs of the healthcare system must also be addressed. In order to meet the needs of the many interested parties, a comprehensive set of program outcomes must be in place. Although the nursing program faculty are actively involved in understanding and producing students who achieve the desired outcomes, the director is ultimately responsible for any program outcomes that are not met. The current systematic program evaluation process, including data collection tools, reports, and action plans are managed by faculty with consultation and oversight by the director. The establishment of mechanisms to continuously improve processes is also her responsibility.

The continuous improvement of program curriculum is the obligation of all nursing program faculty. The nursing program at TMCC implemented a major curriculum revision in 2008 that is still being refined. Although faculty are intimately involved in any curriculum change, the broad identification of issues and the development of an action plan for the changes falls to the director. The oversight and management of the process, along with the logistics of meetings, identification and assignment of tasks necessary to get the job done, and ensuring participation are all provided by her as well.

Managing change in difficult times is a required leadership skill. Over the past three years, budgets within the NSHE system have been reduced and then reduced again. During the last legislative session, further cuts were made. Decreasing revenues were been managed without cuts to student services until the most recent legislative session. With further cuts, those cuts became necessary. To ensure program integrity within both the nursing program and college’s mission, and to the students who desire to become registered nurses in Nevada, it became necessary to decide if and how the program would make cuts. Based on employment data from graduates, with input from clinical agencies, and public agencies, the decision was made to temporarily eliminate the Year-Round nursing program and delay the admission of one cohort of students for the traditional program. In consultation with the
faculty and clinical agencies, this change was recommended by the director to the President of TMCC and ultimately the Nevada System of Higher Education, where it was approved.

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 process within TMCC and the Nevada System of Higher Education for preparation and administration of the budget allows for the equitable generation and revision of the nursing program budget within both the college and other health science programs.

A changing economic climate statewide has created budget deficits within Nevada that have affected the state budget and the Nevada System of Higher Education. This decrease in funds has affected the budget allocation to TMCC for the past three budget cycles. See “TMCC STATE BUDGET FUNDING PER STUDENT FTE” in documents available on site. The college has taken a planned approach to remaining fiscally sound which spreads the cuts across the campus.

TMCC continues to rely on a unified, college-wide system to develop financial plans, allocate resources and track expenditures. The president and the cabinet function as the starting point from which the college's budget and financial planning decisions flow. Long-range planning documents such as the Strategic Master Plan, the Facilities Master Plan and other documents developed in each division of the college, allow for anticipation of emerging needs for personnel, equipment and support. The president is able to design a long-term budgeting plan that addresses the development, conservation, and allocation of resources commensurate with the college's current mission statement and projected institutional growth. Priorities for the current budget year are established and announced by the president to the college community.

Planning priorities at TMCC emerge from data and information on future development and program growth generated at the department and division level, and all divisions follow a similar process. Departments submit to the appropriate dean or president's cabinet member prioritized budget requests, backed by data justifying the request in terms of such variables as the ratio of part-time to full-time faculty within the department, student enrollment patterns, future growth projections and the significance of the program in fulfilling the college's academic mission. In consultation with department chairs, deans make the final decision as to the priority of budget requests in their area, and then meet with deans from the various academic areas to negotiate the final prioritized list of requests for the college as a whole. This list is forwarded to the Vice President of Academic Affairs and Student Services.
for approval. The final decision as to the number of budget requests the college will fund for the upcoming year is determined only after the legislature's budget appropriation becomes official.

Budget requests originate within departments and are processed through the deans and vice presidents for presentation, review and discussion by the president's cabinet. Cabinet members are then responsible for communicating the essence of the president's cabinet discussion, the resulting budget and final decisions with their deans, directors and department chairs. The previous description is found on TMCC’s Website, at [http://www.tmcc.edu/budget/](http://www.tmcc.edu/budget/), and shows that the budgeting process starts with the Department and then flows through the Dean to the President’s Cabinet to the Budget office and finally to open hearings and final approval. The Planning and Budget Council is a subcommittee of the President's Advisory Council. Its members are comprised of a cross section of the college community, most of who meet regularly as a part of the President's Advisory Council. As issues arise that would be appropriately addressed by the Planning and Budget Council, the members meet as a subgroup and make recommendations to the President’s Advisory Council.

The director has signature authority through the Dean of the School of Sciences for all expenditures and is charged with developing the nursing program budget and managing the expenditures. The nursing program, part of the allied health programs at the college, is a high cost program due to the required faculty-student ratio at clinical sites; the college continues to support its allied health programs because of the many benefits the programs provide to the community and value they provide to the college.

Once the budget is allocated via the process outlined above, tracking expenditures and making the day-to-day decisions about priorities is the responsibility of the director in consultation with the nursing program Leadership Team, the faculty and the dean. The major expenditures are for personnel and benefits. Other categories include department operating funds and nursing lab expenses. Although the income from student lab fees offsets expenses for soft supplies and consumables during the semester of use, capital equipment and maintenance and replacement of simulation and lab models has not been provided for.

College administrators, staff and faculty have not received cost of living adjustments and merit increases for the last three years. Full time faculty have required furlough days and a reduction of salary of at least 2.5%. Also, there is an increased cost for health insurance premiums and out of pocket expense increase which will decrease health benefits resulting in further financial loss for the employees. While travel budgets are still available for the faculty, not all can go given the limited amount available. This may increase recruitment difficulties should any arise. One faculty vacancy is currently filled on a year to year contract basis due to a hiring freeze for tenure track positions. However, part-time and full-time faculty positions have not been affected, except indirectly through decreasing numbers of students. Two positions have been vacant a number of years.

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Faculty input is solicited annually for upcoming needs and was received in October, 2010, and again in October 2011. The following requests were received, and to the extent possible (calculators, equipment, funding for Lab Coordinator) their requests were funded.

Increased money for travel
Salary increases
Increased size of computer labs
More calculators
Replacements for broken office equipment
More Plum pumps
Money for faculty mentoring
More simulation scenarios
Retain the Lab Coordinator after grant funding expires

The director took requests forward for increased computer lab sizes and it is the subject of ongoing discussion within the Academic Technology Committee. Increases in salary, funding for mentoring, and travel funding is within the self-governance system at the college, to which all faculty belong through their representatives.

The equipment and supply requests listed above have been funded through the TMCC Foundation, which has been very supportive of the needs of the nursing program and considers it to be one of their priorities for the college. Additional funds for supplies and equipment have been received and have allowed expansion of simulation equipment and increased simulation capability. The supply and equipment budget is currently funded through donations obtained by the TMCC Foundation as well as through student lab fees.

The college budgeting process allows for mid-year augmentation request, if funds are available. For the 2011 budget year, a budget augmentation request was developed and approved for a full-time Lab Coordinator, who was previously grant-funded. This position is now included in the department’s budget.

For the academic year 2011-2012, which is the budget year 2012 (July 1, 2011 to June 30, 2012), the continued changing economic climate statewide and within NSHE affected the college’s budget again. Each college program was asked how it could contribute. As a result of many factors, the nursing program, in consultation with college leadership, made the decision to reduce the number of new admissions by deferring an incoming cohort of students to spring 2012, and temporarily discontinuing the accelerated nursing program track. This decision was not based on budget alone, but on several factors, among them a decreasing demand for nurses in the greater Reno area.
Nevada has been hard hit by the economic downturn and has yet to recover. Given an austere budget, the college has reduced staff and reduced salaries for those who were retained. Although the budget provided by the legislature during the recent session was not as crippling as predicted, it was still a reduced one. In addition, students are bearing more of the cost of their education through increased fees and a temporary tuition increase. The nursing profession is still seen as a safe zone for employment, consequently there is a stable pool of applicants, if not an increase.

For the 2011-2012 academic year, TMCC President Dr. Maria Sheehan has made a commitment to move forward with tenure track positions for faculty who have been hired on a yearly contract—the nursing program has one of those currently. The program is stable at a lower student level, and funding is not in jeopardy at this time. Other areas of funding for long term needs and student support are being pursued.

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.

The Maxine S. Jacobs Nursing Program at Truckee Meadows Community College is part of the Nevada System of Higher Education. The Board of Regents is a corporate body that has ultimate legal responsibility for the college and nursing program.

The Board of Regents Handbook provides the governing documents and policies bylaws, Code and System policies for the Nevada System of Higher Education. A separate document known as the Procedures and Guidelines Manual contains institutional procedures, tuition and fees. System institutions adopt bylaws to set forth the institution’s organizational structure and personnel policies. Upon approval by the Board of Regents, the appropriate officers of the System implement policies.

The Bylaws of Truckee Meadows Community College, (TMCC), were authored in conformity with the Nevada System of Higher Education Code and are located at http://tinyurl.com/7gow8k5. The TMCC Nevada Faculty Alliance, (NFA) has been elected as the sole and exclusive representative for purposes of collective bargaining. A bargaining agreement, the TMCC-NFA Contract, is located at http://tinyurl.com/79grxmv. The agreement controls certain aspects of professional employee rights, responsibilities, compensation, and other working conditions for those faculty covered by the agreement. Full time nursing faculty are represented by NFA whether or not an individual faculty member holds active membership in the organization. Additional assignments within the college are posted by the Vice President for Academic Affairs (VPAA) on a semester or yearly basis as the need arises. Each assignment includes job responsibilities, identification of the immediate supervisor, timeline

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for the assignment, stipend (may be monetary or release time), application process and desired qualifications and the deadline for submitting the application.

Most recently the nursing program has identified a need for a Lead Faculty, First Year Clinical Coordinator and Second Year Clinical Coordinator. These three positions were posted and filled by tenured faculty as additional assignments and together with the Director of Nursing comprise the Leadership Team for the nursing program.

The TMCC Faculty Staff Handbook is located at [http://tinyurl.com/73guj5w](http://tinyurl.com/73guj5w) and contains organizational policies of the college that affect hiring internal processes, and benefits.

The TMCC Nursing Faculty Handbook was approved at the September 24, 2010 nursing faculty meeting. This document is available to all faculty and exists on the internal department server. See Exhibit 5.

Business Center North, a state-funded department which exists to support the Northern campuses of NSHE, has policies regarding the management of classified staff, who are employees of the State of Nevada as well as benefits, risk management, worker’s compensation, purchasing, and payroll for TMCC.

Listed below are faculty and staff policies that have been developed by the nursing program in response to a need related to its goals or outcomes. They have each been reviewed for consistency with the above policies and guidelines as outlined in the following table.

**Table 1.8 Comparison of Policies of the Nursing Program and Governing Institution**

<table>
<thead>
<tr>
<th>Policies Unique to Nursing</th>
<th>Congruent with College</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Checks</td>
<td>No policy at college</td>
<td>Specific to nursing faculty and students due of clinical agency requirements.</td>
</tr>
<tr>
<td>Clinical Coordination and Clinical Instruction</td>
<td>No policy at college</td>
<td>Specific to nursing faculty because of clinical requirements.</td>
</tr>
<tr>
<td>Faculty Preparation and Analysis of Exams</td>
<td>No policy at college</td>
<td>Specific to nursing faculty because of clinical requirements and the commitment to consistency as well as sequence and complexity of testing.</td>
</tr>
<tr>
<td>Faculty Work Related Injuries</td>
<td>Specific details needed at clinical sites. Congruent with College process.</td>
<td>Policy revised based on changes at college and BCN.</td>
</tr>
<tr>
<td>Faculty Workload</td>
<td>Addendum to NFA contract has been approved.</td>
<td>Nursing faculty workload required a year round schedule and compensation to meet the</td>
</tr>
</tbody>
</table>

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needs of summer sessions. With the graduation of the final year round cohort in August 2011, the nursing faculty workload will become consistent with the rest of the college effective fall 2011.

<table>
<thead>
<tr>
<th>Readmission Committee</th>
<th>No policy at college</th>
<th>The internal processes of the nursing program require a committee structure that supports its functions and goals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syllabus Archiving</td>
<td>No policy at college</td>
<td>The TMCC Controller’s Office has a Record Retention policy that calls for storage of financial records, accounting and files for a minimum of 2 years on site. The TMCC Records Department retains students’ records for perpetuity. Records are retained for nursing program for 7 years due to contract requirements.</td>
</tr>
<tr>
<td>Teaching Assignment Policy</td>
<td>No policy at college, NFA contract addresses emergency changes in scheduling.</td>
<td>The nursing faculty has developed a separate policy due to the need for year round scheduling as well as a fair process that allows for self governance. Modifications will occur in 2011-2012 to reflect the end of the year round program and return to a traditional two semester teaching assignment.</td>
</tr>
</tbody>
</table>

Policies for TMCC nursing faculty and staff have no inconsistencies with NSHE, BCN, or TMCC policies. The nursing program policies serve to amplify and identify details needed for specific operations. The nursing faculty continues to monitor the policies on a yearly basis to identify any needed changes. The current policy regarding Nursing Faculty Workload and Teaching Assignment Policies will be reviewed and modified in 2011-2012 following graduation of the final year-round cohort in August 2011. This is consistent with renewal of the contract between TMCC and the Nevada Faculty Alliance (NFA).

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

Processes are in place for resolution of the variety of complaints that the nursing program receives. Student complaints include all of the following: complaints about students, complaints about an aspect of the program, and complaints from those outside the program.

Appeals of policy or grade are also considered in the tracking system. Each complaint or appeal is logged and forwarded to the Director of Nursing. The type of complaint or appeal, the record of events, and resolution are documented for trending purposes.

The Nursing Student Complaint Policy is contained in the Nursing Program Student Handbook. Students follow the chain of command, beginning with the clinical or course faculty, and ending with the director if the issue continues unresolved. Students are able to take any unresolved complaints to the Dean of School of Sciences. If they are unresolved at that level, the Vice President for Academic Affairs and Student Services may be consulted.

TMCC has an Official Grade Appeal Policy, located at http://tinyurl.com/789nw3u. The policy consists of criteria, instructions and a form to be submitted. The appeal goes first to the instructor, and ultimately the Dean of the School of Sciences, who makes a final determination. Nursing program students use this process when they feel that the instructor’s grade does not reflect an accurate assessment of their learning. The process of resolution provides an opportunity to evaluate the instructor’s assessment methods and allows for due process for all students. Resolution is documented on the Grade Appeal itself, which is filed in the dean’s office and logged in the director’s office.

The criteria and process for appealing a clinical withdrawal are also included in the student handbook. The student is able to speak at a hearing committee, containing faculty members and a student representative. Both the clinical faculty and student are also required to submit supporting documentation. The committee has wide powers for resolving these types of appeals, and makes a final decision about resolution.

Students may also file a complaint about being a target of discrimination. Those complaints are referred to the TMCC Director of Equity and Diversity, currently the Director of Human Resources. The nursing program director is included in any plan for resolution, and the results are documented.

All data regarding complaints and appeals is logged and aggregated for analysis and action on any trends noted. This report is conducted annually as part of the Systematic Program Evaluation process.

For academic year 2010-2011 there were:
Four appeals: three grade appeals and one clinical withdrawal appeal. One grade appeal was denied, one did not fit the criteria for appeal, and one was supported and an alternate exam was given. The clinical withdrawal appeal was denied.

Five complaints: three were informal, one was resolved following communication with the faculty, one was a complaint about a facility; it was reported to the facility, and one was about a part-time clinical faculty; it was discussed with the clinical coordinator and faculty.

For academic year 2009-2010, there were:
Seven appeals--Five grade appeals; two clinical withdrawal appeals; Five were denied, 2 (clinical) were upheld, and an action plan developed. No trends were noted.
Six complaints--1-EEO, 1-Course faculty, 1-Admission Process, 1-DRC, 2- about students; All of the complaints were resolved according to policy, no further action was needed. No trends were noted regarding specific faculty or students.

The Student Complaint Process has recently been revised to allow more flexibility in tracking and trending informal complaints. In an endeavor to more fully understand the issues related to retention, the program wants to solicit student feedback using both formal and informal methods of obtaining information. Feedback allows for continuous improvement.

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.
Although all of the courses within the nursing program use the technology offered by the college’s learning management system, Angel. The TMCC nursing program has not defined this as providing distance education.

All courses, with one exception, have an extensive classroom attendance requirement that ensures students are on campus the vast majority of the time. The use of the Angel Learning Management System serves to improve communication, post and receive documents and grades, and more efficiently manage the course.

One all-online course, NURS 212 - Cultural Aspects of Nursing Care, is open to admitted students only, and is provided online for student convenience and flexibility, since they are taking 13 credits the first semester. The nursing program does not offer distance education.
Standard 2

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

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

All full time nursing faculty at TMCC Maxine S. Jacobs Nursing Program are credentialed with master’s degrees having a major in nursing. Two of the faculty have doctoral level degrees, one in nursing, and one in education. Job postings and position descriptions require that full-time faculty have master’s degrees with a major in nursing. This is also a requirement of the Nevada State Board of Nursing, which has approved TMCC’s nursing program and approves all programs in Nevada.

There are eleven full-time nursing faculty, all products of national searches and chosen by search committees. Ten of those are full-time tenured (eight) or tenure-track (two). The remainder full-time faculty member is not on a tenure track due to a college-wide hiring freeze for tenure-track faculty caused by ongoing budget uncertainty. She has a contract that is renewed annually. One of the faculty is also in the final (5th year) of a phased-in retirement. There are currently no open positions posted.

Table 2.1 Credentials of full-time faculty

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>FT/P</th>
<th>Rank</th>
<th>Baccalaureate Degree and Name of Institution</th>
<th>Master’s Degree and Name of Institution</th>
<th>Doctorate Degree and Name of Institution</th>
<th>Areas of clinical expertise</th>
<th>Academic Teaching and other Areas of Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alverson, Joy</td>
<td>FT</td>
<td>Instructor</td>
<td>BSN, California State University, Long Beach</td>
<td>MSN, University of Nevada, Reno</td>
<td>N/A</td>
<td>Obstetrics, Med-surg</td>
<td>Teaching</td>
</tr>
<tr>
<td>Bader, Debbie</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, University of Nevada, Reno</td>
<td>MSN, University of Nevada, Reno</td>
<td>N/A</td>
<td>Surgery, Med-surg</td>
<td>Teaching</td>
</tr>
<tr>
<td>Brewster-Meredith, Nancy</td>
<td>FT</td>
<td>Instructor</td>
<td>BSN, University of Phoenix</td>
<td>MSN-ED, University of Phoenix</td>
<td>N/A</td>
<td>Neonatal, Med-surg</td>
<td>Teaching</td>
</tr>
<tr>
<td>Covert, Jody</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, University of Nevada Reno</td>
<td>MSN, University of Phoenix</td>
<td>N/A</td>
<td>Pediatrics, Med-surg</td>
<td>Teaching, Clinical Coordinator</td>
</tr>
<tr>
<td>Croysdill, Connie</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, University of Nevada, Reno</td>
<td>MSN, CNS, University of Nevada, Reno</td>
<td>N/A</td>
<td>Neonatal, Med-surg</td>
<td>Teaching</td>
</tr>
<tr>
<td>Durham-Taylor, Pat</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, University of Rhode Island</td>
<td>MSN, Eds, University of Nevada, Reno</td>
<td>PhD, University of Nevada, Reno</td>
<td>Pediatrics, Med-surg, Psychiatric</td>
<td>Teaching</td>
</tr>
<tr>
<td>House, Ellen</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, University of San Diego</td>
<td>MN, CNS University of California, Los Angeles</td>
<td>DNSc University of San Diego</td>
<td>Obstetrics, Med-surg</td>
<td>Teaching, Lead Faculty</td>
</tr>
<tr>
<td>Name</td>
<td>Type</td>
<td>Title</td>
<td>BSN College</td>
<td>MSN College</td>
<td>Specialty</td>
<td>Role</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Jahnke, Brenda</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, California State University, Chico</td>
<td>MSN, University of Nevada, Reno</td>
<td>N/A</td>
<td>Psychiatric, Med-surg, Critical care</td>
<td></td>
</tr>
<tr>
<td>Rinaldi, Rosemary</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, Bradley University</td>
<td>MSN, University of Nevada, Las Vegas</td>
<td>N/A</td>
<td>Med-surg, Critical care</td>
<td></td>
</tr>
<tr>
<td>Saunders, Linda</td>
<td>FT</td>
<td>Professor</td>
<td>BSN, SUNY, Plattsburg, NY</td>
<td>MED, Kent State University</td>
<td>N/A</td>
<td>Med-surg</td>
<td></td>
</tr>
<tr>
<td>Stone, Cindy</td>
<td>FT</td>
<td>Instructor</td>
<td>BSN, University of Wyoming</td>
<td>MSN, University of Wyoming</td>
<td>N/A</td>
<td>Teaching</td>
<td></td>
</tr>
<tr>
<td>Calhoun, Wilma</td>
<td>PT</td>
<td>Instructor</td>
<td>BSN, University of Nevada, Reno</td>
<td>N/A</td>
<td>Med-Surg, Critical Care</td>
<td>Clinical instructor</td>
<td></td>
</tr>
<tr>
<td>Evans, Jason</td>
<td>PT</td>
<td>Instructor</td>
<td>BSN, University of Nevada, Reno</td>
<td>MSN, NP University of California, San Francisco</td>
<td>N/A</td>
<td>Med-Surg, Critical Care</td>
<td></td>
</tr>
<tr>
<td>Strickland, Krystal</td>
<td>PT</td>
<td>Instructor</td>
<td>BSN, University of Nevada, Reno</td>
<td>MSN, University of Nevada, Reno</td>
<td>N/A</td>
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<tr>
<td>Khan, Matthew</td>
<td>PT</td>
<td>Instructor</td>
<td>MN, FNP University of Phoenix, Sacramento</td>
<td></td>
<td>N/A</td>
<td>Med-Surg, Critical Care</td>
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<tr>
<td>Lutz, Gay</td>
<td>PT</td>
<td>Instructor</td>
<td>MN, Education, Chico State University</td>
<td>N/A</td>
<td>Med-Surg</td>
<td>Clinical Instructor</td>
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<tr>
<td>McGregor, Mary</td>
<td>PT</td>
<td>Instructor</td>
<td>BSN, Excelsior College</td>
<td>MSN, University of Utah, Salt Lake City</td>
<td>N/A</td>
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<tr>
<td>Myles, Margaret</td>
<td>PT</td>
<td>Instructor</td>
<td>BSN, University of Nevada, Reno</td>
<td>MSN, University of Nevada, Reno</td>
<td>N/A</td>
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<tr>
<td>Skeans, Deborah</td>
<td>PT</td>
<td>Instructor</td>
<td>BSN, Spring Arbor University</td>
<td>MSN, Walden University</td>
<td>N/A</td>
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<tr>
<td>Wagner, Julie</td>
<td>PT</td>
<td>Instructor</td>
<td>N/A</td>
<td>MSN, Methodist College</td>
<td>N/A</td>
<td>Med-Surg, Critical Care</td>
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</tr>
</tbody>
</table>

Faculty maintain both clinical expertise and nursing education competence in a variety of ways. All faculty maintain a current Nevada Registered Nurse license and are required by the Nevada State Board of Nursing to complete 30 hours of continuing education every two years to comply with regulations for re-licensure. They attend national and local workshops regarding nursing education pedagogy and clinical topics. Additionally, faculty attend Professional Development workshops presented at the beginning of both fall and spring semesters at TMCC on many topics related to developing teaching expertise.
In-service presentations by local clinical facilities are given as needed to the faculty as a whole. For example, a recent change in enteral tube medication administration prompted Renown Regional Medical Center to provide an update with evidence to support their change in practice. Some members of the faculty are active in teaching a national certification course, teaching critical care certification courses at local hospitals, presenting topics at national clinical or nurse educator professional development sessions, working per-diem clinical shifts in local hospitals, obtaining and/or maintaining national certification, and holding membership in national nursing organizations. The part-time clinical faculty are actively engaged in clinical practice, working in clinical settings in local hospitals.

**Table 2.1b Expertise of full-time faculty**

<table>
<thead>
<tr>
<th>Full-time Faculty Name</th>
<th>Clinical Specialty</th>
<th>Membership in National or Regional Professional Organizations, Credentialing, and Part-Time Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alverson, Joy</td>
<td>Obstetrics, Med-surg</td>
<td>Member of NLN, ANA/NNA</td>
</tr>
<tr>
<td>Bader, Debbie</td>
<td>Surgery, Med-surg</td>
<td>Member of NLN, STT, AORN CNOR, Per-diem RN at out-patient surgery center</td>
</tr>
<tr>
<td>Brewster-Meredith, Nancy</td>
<td>Neonatal, Med-surg</td>
<td>Member of NLN, ANA/NNA, RNC-NIC S.T.A.B.L.E. Instructor for Neonatal Stabilization program, Per-diem RN at St. Mary’s NICU</td>
</tr>
<tr>
<td>Covert, Jody</td>
<td>Pediatrics, Med-surg</td>
<td>Member of NLN, STT</td>
</tr>
<tr>
<td>Croysdill, Connie</td>
<td>Neonatal, Med-surg</td>
<td>Member of NLN, STT, NANN, Certification in High Risk Neonatal Intensive Care Nursing</td>
</tr>
<tr>
<td>Durham-Taylor, Pat</td>
<td>Pediatrics, Med-surg, Psychiatric</td>
<td>Member of NLN, STT, Per-diem RN at St. Mary’s PACU</td>
</tr>
<tr>
<td>House, Ellen</td>
<td>Obstetrics, Med-surg</td>
<td>Member of NLN, AWHONN, STT, ANCC Perinatal Nursing, CNE; Certification in web-based teaching and learning, NOADN</td>
</tr>
<tr>
<td>Jahnke, Brenda</td>
<td>Psychiatric, Med-surg, Critical care</td>
<td>Member of NLN, APNA, NCLEX RN Item Writer</td>
</tr>
<tr>
<td>Rinaldi, Rosemary</td>
<td>Med-surg, Critical care</td>
<td>Member of NLN, STT, AACN/HSCC, Phi Kappa Phi, AMSN, ADA, NOADN, CNE; ANCC CNS Adult Med-Surg</td>
</tr>
<tr>
<td>Saunders, Linda</td>
<td>Med-surg</td>
<td>Member of NLN, ANA/NNA, Per-diem RN at Tahoe Forest Hospital ECF</td>
</tr>
<tr>
<td>Stone, Cynthia</td>
<td>Med-surg, Critical care</td>
<td>Member of NLN, STT, Per-diem RN at Carson Tahoe Hospital ICU</td>
</tr>
</tbody>
</table>
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 in nursing.

The majority of part-time faculty members are credentialed with master’s degrees. Part-time faculty members, used primarily as clinical or laboratory instructors, are hired initially by the Director of Nursing, and sign a contract for each semester they are needed to teach. The current job description requires a baccalaureate degree in nursing, with a master’s in nursing preferred. Of twenty-eight faculty who signed contracts to teach with TMCC in the clinical or lab over the past three years, only five did not have a master’s degree. All part-time clinical faculty have a minimum baccalaureate in nursing degree.

### Table 2.1.1 Part Time Faculty Credentials

<table>
<thead>
<tr>
<th>2009-2010</th>
<th>2010-2011</th>
<th>Fall 2011</th>
<th>Last Name</th>
<th>First Name</th>
<th>Credentials</th>
<th>Specialty</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td>X</td>
<td>Abbott</td>
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<td>X</td>
<td>Bowes</td>
<td>Bobbeye</td>
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<td>Med/Surg, Gerontology</td>
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<tr>
<td>X</td>
<td>Calhoun</td>
<td>Wilma</td>
<td></td>
<td></td>
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<td>Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Coleman</td>
<td>Jami Sue</td>
<td></td>
<td></td>
<td>MSN, RN, PhD</td>
<td>Maternal Child</td>
</tr>
<tr>
<td>X</td>
<td>Doolin</td>
<td>Yvonne</td>
<td></td>
<td></td>
<td>RN, APN</td>
<td>Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Dubois</td>
<td>Sara</td>
<td></td>
<td></td>
<td>BSN, DNP</td>
<td>Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Evans</td>
<td>Jason</td>
<td></td>
<td></td>
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<td>Med/Surg</td>
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<tr>
<td>X</td>
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<td>Lynette</td>
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<td>Med/Surg</td>
</tr>
<tr>
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<td>Krystal</td>
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<td>Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Holts</td>
<td>Debra</td>
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<td>Med/Surg</td>
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<tr>
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<td>Kaltenbacher</td>
<td>Tracy</td>
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<td>Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Khan</td>
<td>Matthew</td>
<td></td>
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<td>MSN, FNP, BC</td>
<td>Resp, Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Kozik</td>
<td>Teri</td>
<td></td>
<td></td>
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<td>Cardiac Care</td>
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<tr>
<td>X</td>
<td>Love</td>
<td>Mary</td>
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<tr>
<td>X</td>
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<td>Tracy</td>
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<td>Med/Surg</td>
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<tr>
<td>X</td>
<td>McGregor</td>
<td>Mary (Joy)</td>
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<td>Med/Surg</td>
</tr>
<tr>
<td>X</td>
<td>Merchant</td>
<td>Wendy</td>
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<td>Med/Surg</td>
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<tr>
<td>X</td>
<td>Moreland</td>
<td>Cheryl</td>
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<tr>
<td>X</td>
<td>Myles</td>
<td>Margaret</td>
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<td>Med/Surg</td>
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<tr>
<td>X</td>
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<td>Psych, Crit Care</td>
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<tr>
<td>X</td>
<td>Padilla</td>
<td>Laura</td>
<td></td>
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</tr>
</tbody>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
Part-time nursing faculty are hired and retained for their current expertise in nursing practice, and their ability to help students gain the knowledge and skills needed at entry to practice. Most have full- or part-time positions in current practice areas. Some have previous nursing education experience. Part-time faculty are provided an orientation to their role by the Clinical Coordinator and the Director of Nursing, and to the college by the TMCC Part-Time Faculty Office. They are evaluated by students at the end of each clinical rotation, and provided with the feedback after final grades are submitted. The Lead Faculty does an evaluative visit during their first or second clinical experience, and at least every two years thereafter, providing both formal and informal feedback. The Clinical Coordinator provides oversight and guidance for any student or faculty concerns, assisting with student evaluations and due process issues.

The use of BSN-prepared clinical faculty has been controversial in Nevada. In 2006, legislation was passed allowing nurses with baccalaureate degrees to teach in the clinical setting in schools of nursing. The Nevada State Board of Nursing wrote regulations allowing their use. The law and regulations sunset in December, 2011. There are ongoing discussions about the shortage of nursing faculty and the role of the baccalaureate prepared nurse in schools of nursing within the NSBN and the Educational Advisory Committee. The NSBN is seeking assistance with drafting regulation that clarifies the role and ensures student and patient safety. Effective with the fall 2011 and in compliance with law and regulation, faculty members who have only the BSN preparation will no longer be used at TMCC. Future job announcements will be revised to reflect these changes.
2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.

N/A

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

All faculty meet governing organization and state requirements. Evidence of compliance is presented in the tables below.

Minimum requirements for full-time faculty are listed in the job posting. They are: a master’s degree in nursing or a related field, a baccalaureate degree in nursing from a regionally accredited institution, and eligibility for Nevada nursing licensure. Preferred qualifications include certification in a specialty area of nursing and experience in higher education.

Nevada State Board of Nursing regulations allow for the use of master’s prepared faculty who have their degree in a field related to nursing, but approval must be sought and granted for the candidate. Currently TMCC has no full-time faculty employed who do not have a master’s degree in nursing.

Minimum requirements for part-time faculty are listed in the job announcement. They are: a master’s degree in nursing from a regionally accredited institution, a bachelor’s degree in nursing, a Nevada nursing license, and three or more years of clinical experience. Preferred qualifications are experience in education. Personnel files and institutional records of education for each faculty member are maintained in the Human Resources department.

All full-time and part-time faculty maintain current licensure with the Nevada State Board of Nursing (see table). Nursing program staff must submit quarterly verification with the NSBN. Licensure is verified initially and on expiration internally through the NSBN website. Nevada no longer issues license cards.

Table 2.2 Current Part-time Faculty Qualifications (Fall, 2011)

<table>
<thead>
<tr>
<th>Fall 2011</th>
<th>Last Name</th>
<th>First Name</th>
<th>Credentials</th>
<th>Specialty</th>
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<td>Herrington</td>
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<td>Med/Surg</td>
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<td></td>
<td>McGregor</td>
<td>Mary (Joy)</td>
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<td>Med/Surg</td>
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<td>Myles</td>
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<td>Med/Surg</td>
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<tr>
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<td>Skeans</td>
<td>Debra</td>
<td>MSN, RN</td>
<td>Med/Surg</td>
</tr>
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</table>

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

The position of Nursing Lab Coordinator was originally conceived to be a faculty position, with a potential to use a baccalaureate-prepared clinical faculty in the position. The job announcement consequently did not specify the degree type. As the college did not have the funds to create a new
position, the proposal was submitted for Perkins grant funding through the Nevada Department of Education, and subsequently approved. Funding was limited, and although widely advertised, the position did not attract suitable candidates.

A candidate came forward who did not meet faculty minimum qualifications, but did have a healthcare background, materials management experience, and OSHA certification. Since the proposal allowed for creativity, the candidate was hired on a trial basis and the position has now been successfully integrated into the college system after three years of developing and solidifying the duties and responsibilities.

This non-faculty position has the following requirements: (1) maintain, organize and oversee the nursing laboratory area, (2) order, maintain and organize materials and equipment for nursing labs, and (3) supervise student workers. She is the technical expert behind simulation, supporting faculty in their development of technical skills and helping students to succeed by maintaining adequate supplies and equipment for their practice.

Her credentials include licensure as a practical nurse, certification as a Healthcare Safety Manager, a Master’s degree in Business Administration, a BS in Business Management, and an Advanced Safety Certificate. In addition, she has experience in operational budget development and management, and human resources. Her resume is contained in Exhibit 4.

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

The outcomes of the nursing program at TMCC are of interest to a wide variety of individuals and organizations. Results are reported to NLNAC, NLN, and other accrediting bodies, the Nevada State Board of Nursing, the Vice President of Academic Affairs and Student Services, the TMCC Foundation, and are publicized on the program’s website. Students select TMCC’s Maxine S. Jacobs Nursing Program because of its reputation for achieving excellent outcomes.

Program Outcomes
1: Students completing the Associate of Applied Science: Nursing Degree will achieve a passing score on the NCLEX-RN.
2: Students completing the Associate of Applied Science: Nursing Degree will complete the program in a timely manner.
3: Students completing the Associate of Applied Science: Nursing Degree will be employable.

The achievement of program outcomes is a direct reflection of faculty involvement and interaction with students every day. Well-prepared and supported students graduate on time, pass the NCLEX-RN exam, and are employable.
The number and utilization of full-time faculty is sufficient to operate the program and manage the student achievement. Eleven full-time faculty members teach all of the theory content and are involved in each of the clinical courses that are included in the program. Each theory portion of a course has one “Instructor of Record”. This faculty member, on a rotational basis, coordinates the schedule, syllabus, learning assignments, assessment activities, and grading, although all faculty take part in all activities. This is helpful for continuity of content, setting student expectations, and providing consistency of instruction and grading.

All course faculty work individually and, if necessary, intensively with students who need remediation. Each full-time faculty member has office hours and makes individual appointments with students when need for remediation arises. Faculty conduct test review sessions for students after each exam except for the final. The Angel Learning Management System ensures that students have electronic access to instructors for clarification of content and resolution of concerns. Since all courses use the hybrid model of instruction with Angel, students quickly learn to use this system effectively for any remediation. In addition, faculty post supporting documents and resources for student access in the course.

The nursing program has an infrastructure that supports three faculty positions to assist all faculty in achieving program outcomes. Two Clinical Coordinators, one for each program year level, oversee and coordinate student clinical experiences. They determine clinical placements, assign students to a rotation, ensure that clinical requirements are complete, and orient the part-time clinical faculty to the course. They also are actively involved when students are not meeting course objectives. By ensuring that students are provided with due process and adequate remediation, they help the program maintain consistency, fairness, and high standards. They also help with consistency of instruction and student expectations. The Lead Faculty position also supports faculty to achieve the program outcomes by providing evaluation of part-time faculty and feedback, participating as a member of the Leadership Team.

The three positions and the Director of Nursing comprise the program’s Leadership Team, meeting frequently to resolve issues and provide recommendations to faculty and TMCC administrative leadership. They are instrumental in providing stability and continuity of instruction through their support of both part- and full-time faculty, and through continuous feedback about the program outcomes. They make recommendations for program policy and curriculum changes and provide needed background and information to faculty and leadership about those changes.

Clinical faculty ensure that program outcomes are achieved through observing, teaching, and evaluating students in the clinical area. They are assigned eight students in a specific rotation for each course, in keeping with NSBN regulatory standards. Clinical faculty are involved with educating students at a clinical site, and may be on more than one unit in a facility, but are readily available to students by pager or cell phone. Either faculty or a reference nurse (staff nurse employee of the agency who is also
providing guidance) is responsible for directly supervising any procedure or medication administration and then documenting their oversight. Through evaluating and guiding students to complete their clinical objectives, faculty support strong clinical decision making skills in the nursing students.

All faculty in the program are responsible and accountable for socializing students to the profession of nursing as well as setting behavioral expectations for students that are in keeping with standards of practice and employer expectations. The students must comply with dress codes, attendance requirements, and conduct rules in order to pass each course. The clinical performance evaluation tool (CPET) used for each clinical course outlines the expected behaviors and level of performance for Professional Behaviors, one of the concepts of the program. Students are evaluated on these during each clinical course. The high standards expected of students makes them successful on graduation through achieving passing grades on NCLEX and being employable.

Faculty are involved in retention of students on an individual and group level. They provide all of the remediation of students for content covered in the classroom and to assist in meeting clinical objectives. Faculty also provide advice to students who are not successful that will assist them upon readmission. Recommendations to the Disability Resources Center, the Tutoring Center, the Open Skills Lab, and the Counseling Department referrals are commonplace. Since academic performance is only one of the issues affecting retention of students, these referrals can be very helpful when coming from faculty who may discern that specific non-academic help is needed.

All full-time faculty at TMCC are contracted to teach 30 credits per year, and nursing faculty meet this contract expectation. Workload is calculated on the Carnegie unit for both theory and clinical. As stated previously, clinical faculty are limited to eight students per group, and assignments reflect this ratio.

The NSBN allows a preceptor model, in which clinical facility staff can agree to precept students in certain areas where a faculty cannot be immediately available such as home health or home hospice. However, the nursing program at TMCC has not used this model primarily because agency staff are not willing to be responsible for student achievement or supervision.

Faculty workload documentation and documentation of faculty-to-student ratios in classes, labs, and clinicals is provided on site.

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

The process of planning and evaluating faculty performance reflects scholarship and evidence-based teaching and clinical practices. Faculty evaluation is the product of an annual college-wide process explicated in the contract between TMCC and the Nevada Faculty Alliance.
The criteria for planning and evaluating faculty performance are included in four broadly interrelated activities: teaching, professional development, college wide involvement, and community participation. The criteria reflect the goals as described in the college’s Mission Statement. Teaching effectiveness is demonstrated by the accomplishment of the tasks in position descriptions, the attainment of performance standards, classroom observations, and student evaluations. Evidence of professional growth and development is demonstrated by membership in professional nursing organizations, attendance at professional nursing in-services and formal classes, educational workshops, and other development activities unique to the nurse educator role. These activities are accomplished, documented, and evaluated through the use of the Annual Plan, the Self-Evaluation, and the Director’s evaluation of employees.

The annual plan sets measurable criteria by which the faculty member notifies the nursing director, the dean, and the college leadership of their professional intent for each academic year. The criteria set forth in the annual plan are the same for all TMCC faculty. Once established, annual plans may be modified by the faculty member as situations or circumstances warrant. The most current annual plan is used as the evaluative tool in the annual evaluation.

The process begins with the faculty member completing their annual plan prior to the start of each academic year. Faculty members are responsible for minimally satisfying the “satisfactory” elements of the Faculty Evaluation Criteria. The faculty member may also select the commendable and excellent elements of their annual plan from the Faculty Evaluation Criteria. The faculty member submits the annual plan to the director and the dean for approval of the criteria selected within the annual plan.

At the end of the academic year, faculty members complete a self-evaluation using the “Truckee Meadows Community College Annual Evaluation Report.” The self-evaluation completed under the section titled Summary of Annual Evaluation reflects the completion of the criteria as set forth in the annual plan. The director reviews the faculty members’ self-evaluation for accuracy and completeness and makes a recommendation to the dean whether or not to support the self-evaluation rating. The director states conclusions under the section titled Department Chair’s Comments. The dean reviews the contents of the self-evaluation written by the faculty member, the conclusions for accuracy and completeness, and the recommendation as stated by the director. The dean comments on the annual report under the section titled Dean’s Comments. The dean and director use the contents of the annual self-evaluation, student evaluations, classroom observation(s) where applicable, and elements of the faculty member’s annual plan to designate an overall rating for the faculty member under the section Overall Rating.

A classroom observation of each full-time tenured faculty member at least once every three (3) years is performed by the dean or director. This is done on a rotating basis so that one third of all the full-time tenured faculty members in the department will be observed each year. The nursing department
determines an appropriate methodology, approved by the dean. Non-tenure track faculty receive a classroom observation and evaluation of teaching effectiveness once a year. Classroom observations are also performed by tenure committee members for tenure track faculty.

Faculty are engaged in scholarship activities as part of their work with both students and as members of the nursing faculty. As committee members for evaluating the criteria contained in the Systematic Program Evaluation, they assess the effectiveness of the program itself, and are the group that determines the overall effectiveness of the program by evaluating the student learning outcomes for their courses.

Faculty use evidence-based resources to develop content and provide guidance in the clinical area. They are creative in implementing teaching strategies that fit with their own teaching style while also meeting student’s learning styles and needs. In order to be effective nurse educators, they also must have solid leadership skills that are grounded in an ethical framework mandating that they provide excellent nursing care through students in the clinical area.

Resources are available to ensure that an evidence basis is continuously updated for student learning. Faculty have access to clinical experts through their individual membership in professional organizations, the close relationships maintained with clinical agencies, and their peers. Membership in the National League for Nursing, and the National Association of Associate Degree Nursing maintained by the program assists with continuous update of information that has international, national and regional implications.

Performance in these areas is continuously assessed using the mechanisms that have been developed to ensure program excellence. Peer review of content and test questions, classroom observations, student feedback, and measurement of outcomes, both in individual classes and throughout the program, ensure that the program and its faculty are providing a quality product through instruction.

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

Two non-faculty administrative assistants and one Nursing Lab Coordinator comprise the resource staff that provide the support necessary to achieve the nursing program goals and outcomes. Their job descriptions and performance standards are included in Exhibit 3.

Administrative Assistants are responsible for student support, faculty and director support, financial data management, public information, and customer service. They ensure that faculty and students have the tools necessary to function at a high level, and they also collect and manage data necessary for program management and evaluation.
The Nursing Lab Coordinator is responsible for efficiently managing the nursing skills lab to achieve student learning outcomes and budget economies. The coordinator schedules the lab, ensures that supplies are available and that technology is functioning so that a good learning experience is available for students, and that faculty can effectively teach. Scheduling of laboratory and simulation experiences for all nursing program courses is collaboratively accomplished by the Clinical Coordinators and the Nursing Lab Coordinator.

There have been challenges and opportunities in this area during the past few years. Due to the ongoing budget shortfall in Nevada, there have been mandatory furlough days for all state of Nevada employees. This has affected everyone in the college. In order to avoid layoffs, the college has offered selective buyouts to staff. Faculty as well as support staff were included, and as a result there are many administrative (classified) staff vacancies which will not be filled. Although the nursing program has retained the allocated administrative positions and even added the lab coordinator position, resources at the college as a whole have been reduced. Many support services have now been either absorbed by the department, eliminated, performed by another department, or outsourced.

The need to evaluate each function for its necessity to our program goals and to explore alternatives has led to efficiency that helps the program maintain its core functions, and perhaps even improve performance in some areas. For example, administrative assistants used to collect, evaluate and maintain student health records that were required for attendance at clinical agencies. It was necessary for the staff to interpret these documents, maintain them in a manner that was compliant with HIPAA regulations, and implement tracking systems. The program received approval to outsource this function to a vendor who receives documents directly from students, maintains them in a database and notifies the program when the student is out of compliance. One additional benefit is that when drug screening was added as a requirement by the clinical agencies, the service was already available through the same vendor.

A second example is that calculation of admission GPA and determination of whether students had completed the required pre-application coursework was performed by the Records Department in the past. They no longer have the resources. The dean’s office and the Academic Advisors have helped with this process for the current cycle, but the burden for final decisions still rests with the Director of Nursing and program staff.

The administrative staff has learned to encourage and enable students to seek out resources for their needs and to become more self-directed and self-serving, becoming partners with the program in these tough times.

Program goals and outcomes continue to be measured with the same intensity and frequency. Resources are adequate to continue work towards meeting the program outcomes that have been
identified. Assistance has been provided when needed by other departments who support the nursing program.

2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.
Orientation and mentoring are provided for all faculty who teach in the nursing program at TMCC. Each new faculty member is scheduled for an orientation session with the director. At that time, a plan is developed to meet ongoing development needs.

For part-time faculty, once the hiring process is complete, they are oriented to the nursing program policies and procedures, including student policies in clinical, dress code, blood-borne pathogen exposure, incident reports, and the chain of command by the Director of Nursing. The Clinical Coordinator meets separately to orient them to the course syllabus, the clinical evaluation tool, student assignments, and expectations for the course. Any needed textbooks are ordered. Part-time faculty are used primarily in the clinical setting and are mentored by the Clinical Coordinator, who is available at all times for consultation regarding student progress and problems. The Clinical Coordinator can provide a second look at a student who is not meeting goals, or sit in on a counseling or coaching session with the faculty. They also ensure that the student receives due process.

The Lead Faculty schedules an evaluative observation visit during the first or second semester of teaching and then every one to two years thereafter. Interactions with students, compliance with program policies and processes, and safety are observed. At that time, a formal evaluation is completed, as well as provision of support and feedback for any problem areas that are identified.

For full-time tenure-track faculty, a formal orientation is in place that supports them through the process of understanding their teaching role within the college and the nursing program. All faculty accept responsibility for mentoring novice faculty who may also be new to the educator role. Given the complexity and intensity of the task of becoming an accomplished nursing faculty member within the nursing program, an individualized plan must be created to address each member’s needs.

The overall goal of the orientation program is to support newly hired full-time faculty to become productive and successful members of the nursing faculty and college community. The model used is one of a non-evaluative preceptorship that is performed by members of the nursing faculty and staff. The orientee develops and designs their own program of activities by using a checklist of expectations, with the guidance of the Director of Nursing. The orientation program in the nursing department is separate from, but in coordination with, the TMCC tenure committee activities. The tenure committee helps the newly hired faculty member become integrated within the college system and the Nevada System of Higher Education. The orientation program focuses on assisting the new faculty member to attain educational excellence and socialization to TMCC’s nursing program. The National League for
Nursing’s **CORE COMPETENCIES OF NURSE EDUCATORS © WITH TASK STATEMENTS (2005)** provides the framework for the TMCC Faculty Orientation Program.

Mentoring of new faculty is provided by senior faculty who co-teach with the novice. Since most new educators have not been in the educator role prior to hiring, it is essential that an experienced faculty member oversee and guide their work. Teaching students rarely comes naturally, even though the novice might have had vast experience with teaching patients and providing continuing education. A substantial portion of the new duties will be challenging and require support. Gaining an understanding of the concept-based curriculum require high-level thinking which must be translated to students. Also difficult for the novice is learning the taxonomy and writing objectives appropriate to the course that will accurately guide student learning. Developing a test plan, writing exam items, analyzing them after the test, and responding to student concerns, all take a level of understanding that is not achieved without support and mentoring.

As needs are identified through the tenure and orientation process, senior faculty who teach with the novice are responsible for guiding and directing the activities of the novice to achieve the program goals. The director is available for resources, referring the faculty member to professional development, providing external help, and guiding the faculty member in their development as a nurse educator.

Three nursing programs that are part of Nevada System of Higher Education in northern Nevada have identified the need for a coordinated effort in developing clinical faculty for the role. Many of the nurses who are clinical faculty work for more than one program. Establishing community educational partnerships to increase the pool and expertise of available clinical faculty can help ease the faculty shortage and ensure consistency of clinical education among all programs. Nurses who have clinical expertise but lack teaching skills can rapidly gain an educator’s foundational skill set through a coordinated approach.

The group purchased The Clinical Faculty Academy from The Health Alliance of MidAmerica LLC in 2011. The program consists of a two-day workshop and a half-day post-conference. The nine educational modules, consistent with National League for Nursing clinical competencies, range from pre- and post-conference planning to student evaluation. The mission of the academy is to develop qualified staff nurses for the role of clinical nurse educators to increase faculty workforce and expand enrollments in nursing schools. The stated purpose is to develop a support network for adjunct clinical nurse educators, enhance connections between clinical practice sites and academic environments, to increase knowledge and skills that are essential for becoming successful clinical adjunct faculty, and to identify and use the context necessary for curriculum development and program planning.

This program will be implemented for existing full and part-time faculty in the schools of nursing involved, and periodically scheduled when needed on an ongoing basis.
As newly hired faculty begin develop in their role as nurse educators, support as well as an orientation to the college is provided. Professional development courses are offered every semester through the college’s Professional Development department. These offerings are based on faculty input and one of the members of the nursing faculty serves on the committee. Many topics are offered that help develop teaching skills. Integration within the pedagogy of education and learning methods of instruction that have an evidence base provides grounding for both novice and experienced nursing faculty.

TMCC also provides travel funds to the department. These funds provide support for professional development for all department faculty, and can be aggregated based on the number of faculty desiring to travel. In the past, donated and grant funds have been used to sponsor NLN Educational Summit travel, Certified Nursing Educator conferences, and Boot Camp for new educators. All faculty have benefitted from the availability of support from the institution.

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

The assessment of faculty performance determines whether they possess the abilities and skills necessary for their work. Whether full or part-time, they must be able to assist the nursing program in achieving the identified goals and outcomes. Assessment includes evaluation of their performance as educators, but also includes how they function as a member of the faculty group, within the college, and at the clinical site.

The evaluation process for full-time faculty has already been described (see 2.5, Faculty performance reflects scholarship and evidence-based teaching and clinical-practices), as well as the program goals and outcomes. The competencies and criteria for performance are broadly stated in the college expectations, since they meet the needs of a variety of departments, but are translated specifically to nursing education during the assessment process.

Essential competencies for nurse educators have been defined by the National League for Nursing (2005) as facilitating and developing learning, assessing and evaluating students, functioning within an institution, continuously developing in the educator role, engaging in scholarship, participating with change, and leading. Those competencies are evaluated on an ongoing basis by the internal processes both within the department and the college as a whole.

Placing a member of the nursing faculty on each new faculty member’s tenure committee ensures that assessment of competency specific to the nursing program goals and outcomes can be made. Classroom observations made by the director serve the same purpose. Student evaluations provide excellent information to the faculty member about their performance in both facilitating and assessing learning. Peer evaluations give feedback about development in the role, functioning within the college, and engaging in scholarship.

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Faculty perform a self-assessment as they evaluate student achievement of their course student learning outcomes each semester, and are able to evaluate their contribution to the program’s student learning outcomes. They can then implement any changes needed in their course. The following program student learning outcomes define their expectations of both themselves and their students.

- Practice professional nursing behaviors, incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning.
- Integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.
- Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team.
- Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes.
- Incorporate informatics to formulate evidence-based clinical judgments and management decisions.

The measurement of progress toward those goals is performed by faculty and also provides them with personal feedback about how they are performing.

Part-time faculty provide an essential portion of the clinical instruction and are integrated into the program goals and outcomes through the orientation and assessment process. One of the key elements used to provide consistency in program goals and outcomes is the use of the Clinical Performance Evaluation Tool (CPET) throughout the program. Clinical faculty in each specialty and clinical area use the same evaluation tool and evaluative practices.

Orientation to the program goals and outcomes for part-time faculty begins with the Director of Nursing, flows through the Clinical Coordinator, and is assessed initially by the Clinical Coordinator and Lead Faculty as implemented. An evaluative visit is scheduled by the Lead Faculty as soon as needed, during the first or second semester of teaching. Assessment of the faculty’s ability to effectively teach and evaluate students is the use of the CPET. In addition, observation includes pre- and post-conferencing, interactions with students, and instruction methods. Feedback is provided to the part-time faculty member. Consistency of instruction and use of the CPET ensures that program goals are met.

The process clearly supports the achievement of program outcomes. The faculty are consistent in their expectations of students and are able to follow through with that on assessment and evaluation. The NCLEX-RN pass rate for the program has been above 90% consistently, and 100% during 2010 and in other years. The graduates of the program are employable, based on data obtained from students and employers. As the faculty have received data regarding retention rates, they have struggled with what changes needed to be made in the curriculum, admission criteria, and policy to improve student success.
They have continued to focus on teaching and learning as core values that cannot be compromised while they made the changes needed in the program to improve retention.

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

Review of the three non-nurse staff is performed according to the policies and process specified by their job classification. The administrative assistants who are assigned to the department are employees of the Nevada System of Higher Education working in positions defined in accordance with the state of Nevada classification system. They are governed by the policies, rules, and regulations established by the Nevada State Personnel Division. The policies for the ‘classified’ staff call for annual evaluation against their identified Job Performance Standards. This is done by the Director of Nursing, with a review by the Dean, School of Sciences.

The Nursing Lab Coordinator position is an Administrative Faculty position; a classification used for those employed in executive, supervisory or support positions. The Nevada System of Higher Education Board of Regents Policy and TMCC Bylaws call for annual evaluations with a rating of excellent, commendable, satisfactory or unsatisfactory. Consultation with professional and support staff should be solicited and included. The purpose of the annual evaluation is to provide constructive developmental feedback.

Evaluations have been performed and are available in the Human Resources Department.

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

Distance education is not utilized.
STANDARD 3 Student policies, development, and services support the goals and outcomes of the nursing education unit.

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

The nursing program faculty develop and implement specific policies needed for operations. TMCC policies are developed and approved by the President through the Vice President of Academic Affairs and Student Services. Students are notified of policies upon admission to the nursing program and review them annually.

Rationales for policies that differ from the governing organization policies are addressed in Table 3.1a. The non-congruence of policies of the nursing program with TMCC reflects the academic strenuousness of the nursing program courses. Additionally, the successful passing of the NCLEX examination to enter into nursing practice requires that the standards and policies be higher than those of the college. This ensures public safety, academic rigor, and academic preparedness for the licensure examination.

The table below lists the policy, where it can be located, and whether TMCC policies are congruent with the Nursing Program. An explanation is provided where difference exist. Generally, the TMCC college policies address global issues and individual department policies address student needs unique to the program.

Table 3.1a Comparison of Policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Congruency/Noncongruency Explanation</th>
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<tbody>
<tr>
<td><strong>Academic Progression</strong></td>
<td>Non-congruent</td>
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<tr>
<td>-TMCC Catalog</td>
<td>The TMCC Academic Progression Policy requires a cumulative GPA of 2.0 to remain in good standing. In the TMCC Nursing Program, “a 75% or higher is required to continue..”. Nursing courses and prerequisites are sequential, each building on previous content. In order to progress to the next nursing program course, previous content must have been mastered. The minimum passing grade required by the Nursing Program is due to the increased rigor of nursing course content and the need for students to develop NCLEX success.</td>
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<tr>
<td>-TMCC Nursing Program Handbook</td>
<td>-----------------------------------------------------------------------------------------------------</td>
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<tr>
<td>-Nursing Program Course Syllabi</td>
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<tr>
<td>-TMCC VP of Student Services Website</td>
<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Admission</strong></td>
<td>Non-congruent</td>
</tr>
<tr>
<td>- TMCC Catalog</td>
<td>Admission to TMCC is an open-door policy and encourages the entire community to be involved in the programs/courses offered at TMCC. General admission to TMCC is non-discriminatory. However, with the increased rigor of the nursing program courses and the requirement to pass the licensure exam prior to employment as a registered nurse, the Nursing Program requires</td>
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<tr>
<td>-TMCC Nursing Website</td>
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prospective students to complete prerequisite courses and meet specific criteria unique to the program of study. The TMCC Nursing Program admission criteria were implemented in order to promote academic excellence and provide an opportunity for success. All prerequisites for the program are offered at TMCC. The admission requirements are as follows: a GPA of 2.75 or higher for all lower division course work is required; 3.00 GPA for pre-requisite science courses that include BIO 223, 224, & 251 taken within the five (5) years prior; completion of MATH 120 or 126; completion of HESI Exam with a minimum score of 75% each on Biology, Anatomy & Physiology, Math; and the completion of HESI exam with a minimum average score of 75% on the English component (which includes Vocabulary, Reading Comprehension, & Grammar). The students are selected for admission utilizing a point based system calculated as: fifty percent based on the results of the HESI exam and 50% based on the GPA on all lower division course work. Students are ranked in descending order and admission offered to those ranking higher first.

The Nursing Program offers two tracks; “Traditional” and “Fast Track”, both have the same admission except the Fast Track has the added admission criteria of completion of another degree. The admission policy is consistently applied to all applicants.

<table>
<thead>
<tr>
<th>Americans with Disabilities Act</th>
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<tbody>
<tr>
<td>- TMCC Catalog</td>
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<tr>
<td>- TMCC Nursing Program Handbook</td>
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<tr>
<td>- TMCC Nursing Program Course Syllabi</td>
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<tr>
<td>Congruent</td>
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<tr>
<th>Appeals – Grade &amp; Policy</th>
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<tbody>
<tr>
<td>- TMCC Catalog</td>
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<tr>
<td>- TMCC Website</td>
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<tr>
<td>- TMCC Nursing Program Handbook</td>
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<tr>
<td>Congruent</td>
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<tr>
<td>The TMCC Catalog contains both a Grade Appeals Policy and Appeal of Policy. The TMCC Nursing Program’s grade appeal policy is congruent with the TMCC Catalog. The TMCC Nursing Program does not address a policy specific to an appeal of a policy.</td>
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<tr>
<th>Appeals-Unsafe Clinical Practice</th>
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<tbody>
<tr>
<td>- TMCC Nursing Program Handbook</td>
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<tr>
<td>Non-congruent</td>
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<tr>
<td>The TMCC Catalog does not address the specific issue of unsafe clinical practice. This policy was developed by the nursing faculty to address the safety issues that arise in the clinical arena.</td>
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<thead>
<tr>
<th>Attendance</th>
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<tr>
<td>- TMCC Catalog</td>
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<tr>
<td>- TMCC Student Handbook</td>
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<tr>
<td>- TMCC Nursing Program Handbook</td>
</tr>
<tr>
<td>- TMCC Nursing Course Syllabi</td>
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<tr>
<td>Non-congruent</td>
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<tr>
<td>The TMCC attendance policy is broad and allows for the individual course faculty to determine the course attendance policy. The TMCC Nursing Faculty believe that attendance is vital to promote the students’ success in the course.</td>
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<tr>
<th>Attrition</th>
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<tr>
<td>Non-congruent</td>
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<thead>
<tr>
<th>Topic</th>
<th>Description</th>
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<tbody>
<tr>
<td>Back Ground Checks</td>
<td>Non-congruent Health care agencies require students providing care in their facilities complete and pass a back ground check.</td>
</tr>
<tr>
<td>Campus Closure Due to Weather</td>
<td>Congruent</td>
</tr>
<tr>
<td>Complaint</td>
<td>Congruent</td>
</tr>
<tr>
<td>Dismissal/Failure</td>
<td>Non-congruent The TMCC Course Catalog allows for the student to self-withdraw from a course between the 2nd &amp; 13th weeks of a course. Students may self-withdraw from a nursing program course for personal reasons, but will not be withdrawn from the college. The reasons for dismissal from the nursing program are outlined in the Nursing Program Handbook and are not congruent with the college. The nursing program is preparing students to enter the profession of nursing which requires a high level of honesty, integrity and professional conduct.</td>
</tr>
<tr>
<td>Distribution of Final Course Grades</td>
<td>Non-congruent All nursing program courses are web-assisted utilizing the Angel Platform. Students have 24-hour online access to Angel that includes grades student receive on individual course evaluation measures including but not limited to papers, quizzes, unit and final exam scores / grades. Consequently, nursing students will have access to their individual final course grade earlier than the students in the traditional classroom courses.</td>
</tr>
<tr>
<td>Drug &amp; Alcohol Policy</td>
<td>Congruent</td>
</tr>
<tr>
<td>Exam</td>
<td>Non-congruent The TMCC Catalog does not address a policy regarding exams. The nursing program faculty developed the exam policy to provide for consistency within the nursing program courses that address the administration of exams, exam reviews, grading scale and a minimum of a mid-term and comprehensive final exam in each nursing program course.</td>
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<tr>
<td>Financial Aid</td>
<td>Congruent</td>
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<tr>
<td>Topic</td>
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<tr>
<td>Grading Scale</td>
<td>Non-congruent</td>
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<tr>
<td>Graduation</td>
<td>Congruent</td>
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<tr>
<td>Health Requirements</td>
<td>Non-congruent</td>
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<tr>
<td>Holiday</td>
<td>Non-congruent</td>
</tr>
<tr>
<td>Non-discrimination</td>
<td>Congruent</td>
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<tr>
<td>Readmission</td>
<td>Non-congruent</td>
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</tbody>
</table>

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Admission and academic progression policies are established by the nursing program faculty and the director of the program. The policies are based on the needs of the program and the profession, as well as the expectation that student success be promoted. The nursing program currently requires potential students to successfully complete the HESI A2 Admission Assessment prior to application for admission into the program. Correlation of student retention during the first semester of the program with meeting the minimum HESI passing score of 75% has been shown in several studies.

The faculty annually reviews the Maxine S. Jacobs Nursing Program Student Handbook and revises policies as needed. For example, the student Readmission Policy has been changed to reflect the current program admission cycle that also facilitates student course completion in a timely manner. Students are provided a handbook each academic year and must acknowledge receipt and reading of the contents in writing. In addition, the nursing faculty review appropriate policies with the students when necessary on an individual basis.

Truckee Meadows Community College policies are approved by the President and published in the college catalog and on the college website. Congruence with the college and nursing program policies exists, with few exceptions. The nursing program policies are either unique to the needs of the nursing student, or more stringent than the college, and a rationale is substantiated for differences.

3.2 Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternate methods of delivery

TMCC offers a variety of student support services which are available to all students taking courses on campus, online or via distance education. Distance education is easily accessible through the WebCollege at www.tmcc.edu/webcollege/. All nursing program courses include supplemental E-

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learning utilizing the Angel learning management system through the Web College. This enables the student to view the course syllabus, learning objectives, handouts, post discussions, upload assignments, and view grades.

A detailed description of available student services can be found on pages A13 – A16 of the TMCC 2011 – 2012 College Catalog. This information is also available online at the TMCC website http://tinyurl.com/84vpchf, in the Nursing Program Faculty Handbook under “Student Services,” and in various pamphlets and brochures published by the different departments at TMCC.

The Vice President of Academic Affairs and Student Services and the Associate Dean of Student Support Services are responsible for the management of the student services. Student Services staff are well qualified and documentation regarding their qualifications may be found in the Human Resource Department office.

Academic Advising services are available throughout the year to help students explore educational planning, majors, transfer procedures, class selection and other information about the college. Service and Program Counselors are also available to provide personal, career, and crisis counseling, career and educational planning, goal clarification, transfer planning, community resources, workshops, educational, career and personal development classes, and access to special programs including the college’s achievement program.

The Disability Resource Center (DRC) is available to provide equal access to all curricular and co-curricular activities to qualified students with documented disabilities. Each course syllabus contains specific information regarding DRC accommodation and services available at TMCC.

Job Placement Services assist students, alumni, and community residents in achieving their educational, career, and life goals. The services provided enhance the educational process and assist in overcoming employment obstacles and meeting critical requirements of the employment process.

TMCC's Financial Aid, Scholarships and Student Employment Office help students and their families plan for the cost of college. Financial aid is available to all students in the form of grants, loans, scholarships, veteran education assistance, student employment, or a combination of these. Students may either access the applications online or through from the Financial Aid Office, depending on the type of scholarship. Some loans and scholarships specific for nursing students include the Dorothy Button Emergency Fund, Dorothy Towne Nursing Foundation Scholarship, and the Maxine S. Jacobs Foundation Scholarship. Scholarship applications and loans have specific criteria and deadlines that students must follow. Financial aid policies and deadlines are located on their website at http://www.tmcc.edu/financialaid/. Admitted students are notified about scholarships that have specific requirements and deadlines. The TMCC Foundation Scholarship Committee reviews and evaluates all applications for their scholarships and makes recommendations to the Foundation Board.

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The TMCC Tutoring and Learning Center (TLC) supports the institution in its mission to improve the quality of life for its students. Tutoring and mentoring in many areas including accounting, biology, chemistry, mathematics and English are available to students. Students can make individual or group appointments with tutors as needed to help them become independent learners for academic success.

Nursing-specific tutoring provided by other students is funded by the TMCC Foundation. Tutors must be recommended by faculty and succeeding in their coursework. Smarthinking for Nursing has been submitted to the Academic Technology Committee for funding in fall, 2012.

The Elizabeth Sturm Library at Truckee Meadows Community College has a dedicated staff of library professionals to help students excel in their classes. They are there to help students access and evaluate the information they need quickly and efficiently.

The English as a Second Language (ESL) Resource Center and ESL tutoring are services that assist English language learners in approaching the challenges of speaking, reading, and writing in their academic classes.

The Re-Entry Center offers assistance to special populations who are returning to school and/or the workplace. This includes single parents, displaced homemakers and individuals formerly dependent upon government programs for financial support. The center, which is primarily funded by the college and grant programs, is dedicated to helping these individuals become economically self-sufficient through education, vocational training and enhanced job search skills. Persons admitted through the Re-Entry Program must be pursuing education leading to a high skill, high wage occupation, which includes nursing. Specific details may be found at the TMCC website http://www.tmcc.edu/reentry/.

The Veterans Upward Bound (VUB) Program is an educational program funded by the U.S. Department of Education. It is designed to assist veterans in preparing for success in college and other postsecondary training. Veterans Upward Bound provides a comprehensive program of support services to improve both academic and motivational skills. Services are available for college preparation and GED completion. Specific services include developmental courses to improve basic skills, tutoring, career counseling and advisement, college orientation, assistance with admissions, financial aid and referrals to other agencies. More information is available at the TMCC website http://www.tmcc.edu/veterans/upwardbound/.

The TMCC E.L.Cord Foundation Child Care Center is a tuition-based program that promotes the development of the whole child. Located on the Dandini Campus, it also serves as the Early Childhood Education Program laboratory providing opportunity for students enrolled in the early childhood education and nursing programs to observe children in the child care setting. The center offers daycare services that all students may utilize following the application and acceptance procedures.

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The TMCC Department of Public Safety (DPS) coordinates police services at all TMCC sites including the Dandini and Redfield Campuses, Meadowood Education Center, Applied Technology Center, Redfield’s Performing Arts Center, Desert Research Institute, Regional Training Center and the TMCC High School. TMCC police officers have the same training and authority as the other municipality, county or state police officers. All police officer training exceeds the standards set by the Nevada Peace Officers Standards and Training division. DPS is also staffed with community resource officers who are trained non-enforcement safety personnel.

The Welcome Center is a central area located on the Dandini Campus where all students can obtain general information about courses offered at TMCC, enrollment procedures, and various support services. The staff there help both current and future students with the steps necessary to enroll at TMCC so that they know exactly what to do and can efficiently achieve their goals.

Monthly nursing information programs are provided to students interested in obtaining information about the nursing program. The schedule is accessible through the TMCC Nursing Program website http://www.tmcc.edu/nursing/.

The TMCC Testing Center provides a stress-free testing environment for members of the college community to take a wide variety of exams including Academic placement testing (ACCUPLACER), GED, CLEP/college credit exams, TMCC department program exams such as the certified nursing assistant (CNA), HESI  A2 Admission Assessment and radiology technicians assessment, as well as proctored exams for non-TMCC classes.

Students attending TMCC or other NSHE institutions can take advantage of the new fee-based TMCC fitness center located at the V. James Eardley Student Services Center on the Dandini Campus. Trained staff are ready to assist members for fitness assessment and training that improve health and wellness.

The Student Government Association (SGA) of TMCC provides a variety of programs and activities for all students. Activities include the Fall Festival, Spring Fling, welcome BBQs, semi-annual blood drives, and the annual graduation reception. In addition, the SGA makes recommendations and contributes opinions and information to the college, the system, and the Board of Regents regarding student concerns. The SGA also provides support to the student clubs and organizations on campus.

Funded originally by a Department of Labor grant, the TMCC Nursing Program developed a Community Nurse Mentor program for its associate degree pre-licensure nursing student. Community nurse mentoring is designed to retain students while they are enrolled in the nursing program and through their first year of employment. The goal is to improve graduation and employment retention. The mentor program was designed to match experienced nurses from the community with students during their first semester through employment.

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

The Truckee Meadows Community College and the Nursing Department have policies regarding the maintenance of student educational and financial records and comply with these policies. The college catalog states the policy is in accordance with the U. S. Family Education Rights and Privacy Act of 1974 (FERPA). This policy is contained on page A11 of the 2011-2012 TMCC catalog. All student records college-wide are maintained in accordance with this policy.

The college maintains information within files and databases that is essential and appropriate to college operations and student welfare. These records include academic transcripts, demographics, major field of study, dates of attendance, status of the student, and degrees awarded. Each student’s official scholastic record is maintained by the college’s Admissions and Records department in the Dandini Campus RDMT 319. The student database, “PeopleSoft”, also contains confidential information regarding students. Access is limited to the department heads, counselors, faculty who engage in academic advisement and other college personnel who require access in the course of performing their jobs. All faculty and staff receive FERPA training prior to being authorized to access the student database. The FERPA course is offered through the Professional Development Department.

The Financial Aid department maintains records of students receiving financial aid following the FERPA guidelines. Each staff member working in the Financial Aid department receives FERPA training as well as signing an institutional confidentiality form.

Every student in the Nursing Program has an individual file that contains records such as clinical evaluation tools, medication administration proficiency exam results, contractual agreements, and acknowledgement forms for policy change and student handbook information. These files are double-locked and located in file drawers in room RDMT 417. Nursing students are also required to provide proof that they meet the health-related requirements of both the TMCC Nursing Department and the local health care agencies. Students submit their immunizations to Certifiedbackground.com. The website is identity and password protected. The Nursing Department support staffs have access to these records in the course of performing their jobs. All nursing support staff also receive FERPA training.

Student record management and maintenance is discussed and procedures are evaluated by faculty as needed. Internal procedures within the Nursing Program act to ensure the confidentiality of student information. For example, test booklet and scantron results are maintained by the faculty in their locked offices and are not given out over the phone. All nursing courses are web-assisted through the WebCollege using the Angel learning management system, which is password protected. Access to each of the nursing courses is identity and password protected accessible by enrolled students and designated faculty only. Specific information such as grade results and confidential communication between student and faculty is accessible by the individual student only. All nursing faculty receive

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FERPA training. Final course grades are available to students on the TMCC web site, the Angel communication portal, and through the Admission and Records.

3.4 Compliance with Higher Education Reauthorization Act Titles 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 are available.

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

The Financial Aid office administers the student loan program and maintains records of students receiving financial aid according to the FERPA guidelines. The college abides by the laws and regulations under the Higher Education Reauthorization Act Title IV. The Federal Loan Program requirements are distributed to the college and updated changes are implemented as needed by the Student Loan Coordinator. Financial aid information is available and accessible through the TMCC web site at http://www.tmcc.edu/financialaid/. The information presented at the site satisfies the federal requirement for dissemination and disclosure of Title IV assistance program.

Students interested in applying for a loan may go directly to the Financial Aid Office or may go online to begin the application process for student loans. The process is described on pages A7-A9 in the 2011-2012 college catalog or can be accessed at the TMCC website http://tinyurl.com/7uxs8gn. A video cast of “Applying for Financial Aid” is available at the TMCC web site. Interested students must first complete the “TMCC orientation program” as outlined in http://www.tmcc.edu/orientation/.

The first step is the submission of the Free Application for Federal Student Aid (FAFSA) which allows the student to be considered for federal and state grants, federal and state work study programs, and federal student loans. The application process is done online almost all of the time through the FAFSA.ed.gov web site. Students can also come to the Financial Aid office in RDMT 315 and use the computers to complete their application. Student workers are available to answer questions and help students needing further assistance. Students can also pick up and mail in a paper application.

Following this application, the student is required to complete the federal online entrance counseling. This is a very comprehensive tutorial that outlines the borrower rights and responsibilities and repayment information. If the student still has further questions, a loan officer is available for counseling on loan process and requirements for loan acquisition.

Once eligibility is confirmed, the loan funds are drawn down by TMCC Controller’s Office and disbursed to the student’s account by the Financial Aid Office. The funds initially pay the student’s tuition and fees and remaining amount is issued to the student via mailed check or direct deposit transaction. Students must meet specific requirements for continued eligibility which include maintaining a minimum of 2.0
cumulative GPA and complete a minimum of 67% of the classes attempted. Other requirements are outlined to the students during the application process.

The student borrower is required to complete exit counseling during the final semester of the program of study. The Financial Aid Office uses the federal government’s online version of exit counseling. This exit counseling reviews the borrower rights and responsibilities and loan repayment information. In this exit counseling, the student is also updated on the loan amount, and provided information on loan contact information, grace period, when repayment begins, and other payment options.

3.5 Integrity and consistency exist for all information intended to inform the public, including the program’s accreditation status and NLN contact information.
To accurately represent itself to the public and provide sufficient information that ensure accountability and consumer choice, the nursing faculty periodically review the nursing program web site and available documents for consistency, congruency, and accuracy of contents.

The primary document describing the Nursing Program that is available to the general public, all students and faculty members is the TMCC Catalog. The college catalog can be accessed online at the TMCC web site at www.tmcc.edu. It is revised annually.

Additional information about the program is available at the TMCC web site at www.tmcc.edu/nursing. A brochure describing the Nursing Program can be obtained in the Nursing Department at RDMT 417. This is updated as needed and is also available on the web site. Students who are interested in knowing more about the program attend a monthly orientation and information session and receive copies of the brochure at that time.

The college catalog explains the admission policy for the college. The catalog also provides information regarding tuition fees, financial aid, graduation requirements, academic policies, and academic calendar and student services. The name, address, phone number, and e-mail address of the National League for Nursing Accrediting Commission appears in both the catalog and the nursing program website. Prior to publication annually, input is requested from all college administrators including department heads.

The TMCC Nursing Program brochure explains the admission process for the Nursing Program. The brochure is reviewed and updated annually. The brochure was revised in March 2011 to reflect the revised information regarding program admission requirement that include HESI admission entrance examination and the GPA requirement. Students attending the monthly information session are instructed in the admission process and requirements. Time is provided for questions and answers since many students have unique situations not addressed in the brochure or college catalog.

The philosophy and organizing framework for the Nursing Program are found in the Maxine S. Jacobs Student Handbook. It is provided to all nursing students each year of enrollment, initially at the
mandatory orientation meeting held the week prior to the start of the semester’s class instructions. The NPSH is also accessible at the TMCC nursing program website www.tmmcc.edu/nursing and is revised annually.

Statements of accreditation status and results of accreditation reviews are available in the President’s office. The Northwest Association of Schools and Colleges accredits the College. The Nevada State Board of Nursing requires an annual report and a paper compliance report every four years. The Nursing Program submitted a paper compliance report to the Board of Nursing in Spring 2010. The Nursing Program is fully approved by the Nevada State Board of Nursing.

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

Nursing Program policies and procedures are created to ensure safety of all parties concerned as well as adherence to current professional standards and practices. The nursing faculty periodically reviews all student policies for currency.

The nursing program policy changes, additions and/or deletions are normally distributed to students at each fall semester when the current year handbook is available on the website. Changes to existing policy or new policy that need distribution prior to the annual review and update are disseminated to the students via the Angel learning management system for each cohort of students. Any immediate or urgent changes to an existing policy are also discussed by the lecturing faculty during class and may be included in the course syllabus for students to refer to at a later time. All currently enrolled nursing students also have access to a community nursing cohort website and check this site periodically for news and information about the Nursing Program.

Faculty provide students with a course information letter typically one to two weeks before classroom instruction begins. This is accomplished through mass mailing or e-mail communication using the Angel LMS community cohorts. The information letter outlines course expectations, clinical requirements, medication administration proficiency exam information, course schedule, skills to be viewed and reviewed, clinical agency computer training, and other information the faculty may deem necessary for student benefit.

3.7 Orientation to technology is provided and technological support is available to students, including those receiving instructions using alternative methods of delivery.

Technology used in nursing education includes web enhancement of the traditional classroom, on-line courses, high fidelity clinical simulation, virtual reality, and individual software that is designed for remediation. The tools to support nurse education rapidly change with new ones constantly surfacing. Faculty and students must be oriented, gain the technical skills needed and maintain awareness of what
technical possibilities are available to provide quality and consistency of the nursing program curriculum.

All nursing courses are web-assisted using the Angel Learning Management System (LMS) through TMCC's WebCollege. First-semester nursing students receive orientation to Angel during the mandatory orientation to their first semester online course; NURS 212, held the week before semester instruction begins. Information on how to get started with WebCollege is also available online at http://www.tmcc.edu/webcollege/getstarted/. Directions for Angel access are also included in specific nursing course syllabus. Navigation within the Angel platform is easy through the use of clickable links and tabs.

Clickers have been evaluated for one nursing cohort to assist with understanding of course material. Orientation to the use of clickers was provided by the teaching faculty. The teaching faculty attended the workshop on clicker use and assessment during the college’s professional development days. These are not currently being used.

Simulations and use of high-tech manikin in the skills laboratory has been implemented by the nursing program consistently in all its nursing courses that have a clinical experience requirement. Students are oriented to the Vital-Sim infant, pediatric, and adult manikins in the skills laboratory by the teaching faculty. The Nursing Lab Coordinator is available for assistance. Two high-technology SimMans are available, one for each nursing lab at the Dandini and the Redfield campuses. A simulated medication dispensing system is also available for students to practice. All nursing faculty teaching the simulation attended the specific equipment training and are knowledgeable in its use.

Health care agencies contracted with TMCC for providing the much needed clinical experience require all nursing students and faculty to attend agency specific electronic medical record (EMR) computer training. The mandatory trainings are scheduled prior to the start of the clinical rotation and arranged through the nursing program.

A planned and organized approach to the selection and use of technology within the nursing program is needed in order to fully integrate any new products with the curriculum, ensure smooth implementation and fully orient students. Combining the resources of the college and the nursing faculty will ensure adequate resources are brought to the table.
Standard 4 Curriculum
The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

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

The curriculum of the Maxine S. Jacobs Nursing Program incorporates professional standards, guidelines and competencies from a wide range of professional nursing and health care organizations and regulating entities. The nursing faculty has developed the nursing program curriculum utilizing as a foundation the standards, guidelines and competencies of the profession of nursing.

Professional standards are set by National League for Nursing (NLN), Nevada State Board of Nursing (NSBN), American Nurses Association (ANA), and National Council for State Boards of Nursing (NCSBN). NSBN and NCSBN regulations, guidelines and competencies are incorporated throughout the nursing program curriculum, so that students are aware of the Nurse Practice Act at the state and national level. This is evident in: NURS 102 Professional Behaviors, the students complete an assignment related to the Nurse Practice Act; Professional Behaviors is a core concept in the curriculum that is assessed and evaluated throughout each clinical rotation utilizing the Clinical Performance Evaluation Tool (CPET). ANA’s Code of Ethics is utilized in the presentation of Ethics which is a core concept of the curriculum. The NCSBN’s RN Practice Analysis are utilized by nursing program faculty to ensure that the nursing program curriculum incorporates practice expectations. The NCSBN’s NCLEX Test Plan is also utilized by nursing program faculty in the development and preparation of course concepts, as well as, in the development of individual course examinations.

Quality and Safety Education for Nurses (QSEN) has developed definitions and pre-licensure knowledge, skills and attitudes (KSAs) in the areas of patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics. The components of QSEN can be found in the nursing program’s core concepts of Collaboration, Safety, Management of Care, Evidence-Based Practice, Quality Improvement and Informatics.

The National Institute for Occupational Safety and Health (NIOSH) provides evidence-based guidelines, educational information and policies at the national and global level to prevent work-related illness, injury, and death. In NURS 138 lab the NIOSH “Safe Patient Handling Training for Schools of Nursing” is introduced to the students. This evidence-based training consists of didactic materials and laboratory activities providing a broader focus than the formerly used “body mechanics” presentation. The NIOSH training improves the KSAs of the students regarding safe patient handling and they apply the content in all clinical settings. Preventing self-injury as well as injury to the patient is an important outcome of this training program.

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Safe Patient Handling is an expectation in all of the clinical rotations during the care of clients. It is a component in the Clinical Performance Evaluation Tool, “Promotes a safe, physical and psychosocial environment for clients and families”, which is a clinical competency expected during all clinical rotations throughout the nursing program.

The Joint Commission standards and competencies were utilized in the development of nursing program concepts including Health Policy, Culture and Diversity. For example, in NURS 212 Cultural Aspects of Nursing Care, a first semester course, students are directed to explore the Joint Commission website and review information related to providing culturally competent care and patient safety, including the communication issues for patients who are deaf/hard of hearing or possessing limited English proficiency. National Patient Safety Goals are incorporated in theory and clinical courses throughout the nursing program and students are expected to implement standards in clinical experiences.

Data from the Institute of Medicine (IOM) were utilized to develop and revise the nursing program curriculum exemplars. Information regarding quality and patient safety is also accessed by faculty to incorporate into theory and clinical courses.

The CPET was developed prior to the implementation of the revised curriculum in fall 2008 and is based on the NLN Competencies for Graduates of the Associate Degree Graduate. While attending a national Nurse Educator Conference one of the senior nursing faculty identified the existence of a pass/fail CPET that with modification would meet the needs of the nursing program. The original author of the tool collaborated with the nursing faculty and after a final two days of group development the tool was adapted to the Maxine S. Jacobs Nursing Program. The CPET is pass/fail with passing identified as achieving 75% or better on the total points for the tool. The CPET is consistently implemented throughout all nursing program clinical rotations with increasing expected level of achievement of competencies as the student moves through each semester. In summer 2011 a new CPET for NURS 274 Practicum was developed by the Leadership Team. This pass/fail tool specifically correlates to the overall nursing program learner outcomes and course objectives for NURS 274 and has competencies and expectations consistent with the CPET used in all other clinical courses but the expected level of achievement reflects those expected in the final clinical course of the nursing program.

NURS 274 Practicum (Capstone Component) contains a student-developed client safety project. This project has been developed utilizing the National Patient Safety Goals. The student researches and formulates a written project that identifies potential or actual errors addressed in the National Patient Safety Goals. The student researches the process for reporting the error through agency channels and constructs quality controls or improvement processes to prevent future errors.

The nursing faculty are both educators and skilled practitioners of nursing, responsible for maintaining expertise and current knowledge and serve as role models for the importance of lifelong learning.

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Nursing faculty review and analyze current trends in nursing and health care issues that impact the role of the registered nurse. ANA’s website has a specific site for Educators, containing tools, modules, and books as well as links to all of standards, including scope of practice, social policy and leadership. All nursing faculty have access to the ANA website. Websites such as the IOM, Joint Commission and NIOSH also have education tool kits available for use by Nurse Educators.

The Maxine S. Jacobs Nursing Program is a member of NLN, therefore each individual nursing faculty receives bi-weekly NLN Member Updates and a monthly Faculty Development Bulletin. The NLN Ambassador on the faculty also makes sure that additional information is forwarded to faculty as necessary. There are many faculty resources available on the NLN website. These avenues provide nursing faculty with resources for the latest changes and trends in nursing education on a national level.

Each nursing faculty facilitates learning by providing a variety of meaningful learning experiences and assisting learners to develop the core competencies of nursing. The learning experiences are developed based upon professional standards, guidelines and competencies. Each faculty member participates in continuing education, both in nursing education and their area of specialty, as well as, maintains membership in professional nursing organizations. Individual nursing faculty take responsibility to remain current with nursing practice and nursing education and facilitates the integration of professional standards, guidelines and competencies into each nursing program course. This is done on a continual basis and is reflected in updated unit objective that relate to course and program student learning outcomes.

The Maxine S. Jacobs Nursing Program student learning outcomes and program outcomes were developed based on information obtained from a variety of organizations. QSEN, ANA Professional Standards of Practice, and the NLN Competencies for Graduates of Associate Degree Programs were all utilized to formulate the nursing program outcomes and course student learning outcomes. Joint Commission standards and competencies were utilized to develop the nursing program student learning outcomes. TMCC’s Associate of Applied Science Degree Outcomes was also utilized in the formulation process of the nursing program outcomes and student learning outcomes.

The nursing program outcomes and student learning outcomes are clearly articulated throughout the curriculum. They are incorporated into each nursing program course syllabi. The outcomes are also included in the Student Program Handbook, located on the Nursing Program Website. Table 4.1 outlines the program and each nursing program course student learning outcome.

<table>
<thead>
<tr>
<th>Table 4.1 Program and Course Student Learning Outcomes</th>
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<tr>
<td>Nursing Program Student Learning Outcome</td>
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TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
| Students completing the Associate of Applied Science, Nursing will: | NURS 102: Describe professional nursing’s roles, values, legal obligations, responsibility for safe practice, and personal accountability.  
NURS 138: Demonstrate cognitive, psychomotor competence and professional responsibility for safe medication administration.  
NURS 274: Demonstrate professional responsibility for safe medication administration. |
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<tr>
<td>Practice professional nursing behaviors incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning.</td>
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<td>Students completing the Associate of Applied Science, Nursing will:</td>
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<td>Integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.</td>
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| Students completing the Associate of Applied Science, Nursing will: | NURS 102: Identify the impact of family dynamics—structure, roles, beliefs and alterations on response to health alterations.  
NURS 212: Plan and implement safe culturally competent nursing care to clients and families with diverse and holistic needs.  
NURS 138: Interpret and apply client data to formulate a nursing care plan, utilizing the nursing process.  
NURS 170: Demonstrate clinical decision making to implement components of the nursing process to clients and families based on Erikson’s developmental stages.  
NURS 209: Analyze clinical manifestations and key diagnostic data to describe interrelationships of the disease processes and pathophysiological mechanisms.  
NURS 202: Interpret and apply client data to formulate a nursing care plan, utilizing the nursing process.  
NURS 274: Perform and individualize a holistic client/patient assessment, addressing the physiological, psychosocial, developmental, spiritual and cultural needs of the complex client. |
| Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team. | NURS 102: Compare and contrast therapeutic versus non-therapeutic communication styles.  
NURS 212: Formulate and professionally communicate diverse viewpoints of health and illness during the process of online discussion with peers.  
NURS 138: Communicate effectively with individuals with significant support persons based on developmental stage and age. |
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<tr>
<th>Course</th>
<th>Description</th>
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<tr>
<td><strong>NURS 170</strong>:</td>
<td>Communicate effectively with clients, family members and interdisciplinary team members.</td>
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<tr>
<td><strong>NURS 202</strong>:</td>
<td>Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.</td>
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<tr>
<td><strong>NURS 274</strong>:</td>
<td>Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.</td>
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Students completing the Associate of Applied Science, Nursing will:

Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes.

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<tr>
<td><strong>NURS 138</strong>:</td>
<td>Integrate client data to safely manage care within the interdisciplinary health care team for positive client outcomes.</td>
</tr>
<tr>
<td><strong>NURS 170</strong>:</td>
<td>Integrate and apply client data to safely manage care within the interdisciplinary health care team for positive client outcomes.</td>
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<tr>
<td><strong>NURS 209</strong>:</td>
<td>Describe and illustrate the pathophysiological process(es) specific to a client’s medical diagnosis(es), identifying key interrelationships.</td>
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<tr>
<td><strong>NURS 202</strong>:</td>
<td>Integrate client data to safely manage care within the interdisciplinary health care team for positive client outcomes.</td>
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<tr>
<td><strong>NURS 274</strong>:</td>
<td>Design and implement nursing care which incorporates physiological findings and evidence-based practice to perform clinical decision making, caring interventions, assessment and concepts of teaching and learning.</td>
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Students completing the Associate of Applied Science, Nursing will:

Incorporate informatics to formulate evidence-based clinical judgments and management decisions.

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<th>Course</th>
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<tr>
<td><strong>NURS 102</strong>:</td>
<td>Identify various components of the healthcare system and the effects of healthcare policy.</td>
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<tr>
<td><strong>NURS 138</strong>:</td>
<td>Integrate client data to safely manage care within the interdisciplinary health care team for positive client outcomes.</td>
</tr>
<tr>
<td><strong>NURS 170</strong>:</td>
<td>Communicate effectively with clients, family members and interdisciplinary team members.</td>
</tr>
<tr>
<td><strong>NURS 202</strong>:</td>
<td>Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.</td>
</tr>
<tr>
<td><strong>NURS 274</strong>:</td>
<td>Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.</td>
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</table>
4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.
The Curriculum Committee is comprised of the entire nursing faculty who is expected to be involved in
development, review and revision of the curriculum. The expected level of achievement for criterion 4.2
is that 100% of faculty participates in the curriculum review process that reflects currency and rigor.
Currency refers to the time that is actually present and passing. Rigor refers to stringency and accuracy.
Curriculum Committee minutes are reviewed for faculty participation. The curriculum should reflect
current professional standards, current effective educational practices, and adherence to the plan of
instruction. The determination of the curriculum’s currency and rigor are evaluated during curriculum
committee meetings.

In 2005 the nursing program received a grant from the Redfield Foundation that supported a program
revision. Although the existing program was successful at graduating students who could predictably
pass the licensing exam, the faculty generally agreed that it did not employ current technology, teaching
methodologies or pedagogies. In addition, the curriculum suffered from “content saturation”, and had
not been revised in over ten years. The redesigned curriculum received approval from the college as well
as licensing and accrediting agencies and was implemented during the fall semester of 2008.

The creation and design of a new pedagogical approach to nursing education began and the traditional
block curriculum based on the medical model was transformed into an integrated curriculum using
concepts and exemplars. All freestanding graded clinical courses were realigned as combined theory and
clinical courses and the clinical component became pass/fail. In addition to development of all new
theory courses, the need for a new Clinical Performance Evaluation Tool (CPET) was identified. Experts
were recruited to provide education to the nursing faculty including a curriculum day presented by Dr.
Jean Giddens, an expert in the development of a concept-based curriculum and assistance in the
development of the CPET was provided by Dr. Stephanie Holladay during a two day work session in
addition to many virtual communications during the final revision of the tool.

Nursing faculty received professional development in new pedagogies that are most effective in helping
students learn to practice in the current health care environment. Faculty are encouraged to participate
in nursing and nursing education professional development opportunities to assist with curriculum
review and revision.

The process for the 2008 curriculum revision included evidenced-based revision of admission
requirements to promote student success, an increase in hybrid and online-classes within the program,
and a plan for inclusion of simulation in clinical courses. Incorporation of best practices included the
development of grading rubrics for all major written assignments in all courses.
The new curriculum plan, based on educational theory and current nursing education practice also utilizes input from the community. The nursing program has an Advisory Committee that meets twice a year and is comprised of nursing leaders from the community and the TMCC nursing faculty. Nursing representatives from all of the hospitals with whom TMCC has contracts as well as some outpatient facilities and the school district meet biannually to advise the program about current trends in practice provide feedback on graduates and report industry trends.

In addition to major revision in the existing theory and clinical courses, two innovative courses were added to the new curriculum based on unanimous vote by the nursing faculty. NURS 212 Cultural Aspects of Nursing Care, a three credit theory course, was developed as a sabbatical project in 2003-2004 by Dr. Ellen House and NURS 209 Principles of Pathophysiology, a three credit theory course was developed as a sabbatical project in 2004-2005 by Professor Rosemary Rinaldi. National trends in nursing care as well as the addition of a cultural diversity requirement as part of the graduation requirements for TMCC lead to the development of NURS 212. The course is also 100% online which helps students become familiar with technology. Identification of the need to increase student understand of pathophysiology led to the development of NURS 209. Pathophysiology is one of the most important bridging sciences between didactic (theory) and clinical courses. Due to the increasing acuity levels, patients require more intensive and sophisticated care by nurses who must be educated to make independent and critical judgments and decisions. Both of these courses provide education and skills to further the students’ market readiness and employability as a professional nurse. These two courses reflect innovation, rigor and currency of the curriculum.

Before the implementation of the curriculum in the fall semester of 2008, Advisory Committee input in addition to extensive research by the nursing faculty was discussed at regular planning meetings over the course of three years. Total revision and implementation of the program requires faculty to continuously rethink and redesign courses, delivery of content, assessment methods, and student learning while maintaining the standards set by licensing and accrediting agencies. Information was used from the National League for Nursing (NLN), American Nurses Association (ANA), Institute of Medicine (IOM), and National Council for State Boards of Nursing (NCSBN) in addition to the Nevada State Board of Nursing (NSBN).

During the transition from the old to new curriculum regular assessment of the curriculum took place at faculty meetings, initially as an end of semester review which did not prove to be effective. Recent reorganization has curriculum meetings scheduled monthly at the end of the faculty meeting in order to continuously evaluate the curriculum. Since Curriculum Committee meetings are held immediately after Faculty Meetings, and occur monthly, attendance by faculty is excellent, greater than 80%. During each meeting, at least one of the criterions from the NLNAC Standards is evaluated. Over the course of an academic year, each of the criterions is evaluated at least once. A document is used by all faculty to ensure consistency. The document outlines the course content expected for each course as well as the
content objectives and student learning outcomes. This process ensures rigor. Currency is maintained through the evaluation process. In addition, faculty attendance at professional development activities and the clinical experiences provided to students and faculty ensure content remains up to date.

In addition to monthly curriculum reviews the nursing program periodically undergoes extensive internal review when preparing for visits from accreditation agencies at the college level and program level and when meeting assessment expectations at the college level. Examples include the TMCC Program/Unit Review (PUR), and NSBN and NLNAC re-accreditation visits.

The Nevada System of Higher Education and Truckee Meadows Community College are committed to accountability to the citizens of the state. TMCC demonstrates accountability to students, the community, the System, and the state through the periodic review of its offerings.

The Program/Unit Review (PUR) is a central component of the integrated assessment/planning process at TMCC. Every program/unit in the college completes a comprehensive self-study on a five-year cycle. The self-study combines self-examination and the use of data to produce an integrated, strategic approach to ongoing instructional development and improvement. During 2007-2008 the nursing program was scheduled for review and the self-study committee members included the Nursing Program Director, six nursing faculty, one RN who was a former student in the nursing program, a nurse educator from Renown Medical Center and a biology faculty. The report was presented at a campus open forum in January 2009. The next scheduled self-study will be during the 2013-2014 academic year.

The most recent NSBN re-accreditation visit occurred in spring semester 2010. For some of the recently hired nursing faculty this was the first experience with an accreditation visit from the NSBN and provided the opportunity to become more familiar the process of complete curriculum review. The accreditation visit by NLNAC will also be the first experience for several of the current faculty.

Following implementation of the 2008 curriculum some issues began to emerge from faculty and students that resulted in another revision of the curriculum beginning in fall 2011. In fall 2010 during a Curriculum Day held on December 20, 2010, discussion ensued regarding inadequate concepts and inconsistent understanding and application of concepts. It was also identified that the curriculum needed additional pharmacology content since this content was not being adequately addressed in the current course structure and format. Following the Curriculum Day, a subcommittee consisting of the Leadership Team began rewriting course student learning outcomes (SLOs) and discovered inconsistency between course SLOs and program SLOs. The revision in curriculum for implementation starting in fall 2011 was started as a result of revising the program outcomes and SLOs. Simultaneous with that the college initiated a revision to focus on assessment activities for all programs. The impact of budget cuts resulting in the temporary suspension of the year round nursing program and the addition of a second yearly admission in spring semesters offered an opportunity to modify the nursing program curriculum.
During spring semester 2011 the Leadership Team, which includes three NLN Certified Nurse Educators (CNEs) revised nursing program outcomes and program SLOs, added additional concepts for clarity and consistency and modified exemplars associated with concepts. Some concepts and exemplars were moved among courses for better organization. These revisions were based on extensive review of the North Carolina Concept-Based Curriculum. Two one credit pharmacology courses were also developed and approved at the college level. A second Curriculum Day was held on May 6, 2011 and the Leadership Team provided all faculty with an overview of the changes as well as a plan for transitioning revisions over the course of two years. Adoption of the curriculum revision and adoption of textbooks published by the North Carolina Concept-Based Editorial Board occurred. The Leadership Team agreed to continue to work on curriculum refinement and to provide faculty scheduled to teach courses to the class admitted in fall 2011 with updated syllabi. A transition plan for curriculum changes was developed and implemented beginning with the students admitted in fall 2011.

During summer 2011 the Leadership Team revised all course objectives and SLOs with measures and linked course SLOs with program SLOs. Program procedures and processes were reviewed and revised including the development of a template for each course syllabus and revision of exam development guidelines. A Curriculum Day was planned and presented to all faculty on August 23, 2011 to prepare for implementation of the revised curriculum. Faculty had the opportunity to practice writing unit objectives and exam questions that would be consistent with course objectives and student learning outcomes.

TMCC has a Student Learning Outcome and Assessment Committee that serves as a resource for the development and review of all course SLOs. Course SLOs are expected to meet college expectations prior submission of Master Course Outlines to the college Curriculum, Assessment and Program Committee. Part of the campus-wide ongoing assessment process requires all nursing program faculty to complete an assessment of SLOs at the end of each semester using the standardized TMCC Course Assessment Reporting (CAR) form. This process provides another example of faculty driven review of the curriculum.

The curriculum of the Maxine S. Jacobs Nursing Program is developed by the faculty and regularly reviewed for currency and rigor. In addition to full-time faculty review currency and rigor is also reinforced through feedback from nursing leaders in the community who participate on the nursing program Advisory Committee, part time clinical faculty who are currently employed professionals and results from the employer survey that identifies any gaps in curriculum for our graduates. Beginning in January of 2012 St. Mary’s Regional Medical Center will be implementing a grant funded three year “Transition to Nursing Practice” (TTP) program that seeks to increase retention of newly hired graduates from nursing programs. St. Mary’s has partnered with the Maxine S. Jacobs Nursing Program for the development and implementation of selected curriculum components of the TTP and this will also provide an opportunity for review of the current curriculum from a unique perspective.

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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 program student learning outcomes are derived from faculty beliefs about what the student should look like at the end of the program of study. The outcomes developed by the faculty are used as a curricular foundation that guides instructional activities, content, and student learning. Course student learning outcomes were established as a step wise method of evaluating overall program student learning outcomes. Course student learning outcomes are evaluated for each course each semester.

Table 4.3 below lists the program student learning outcomes, the concepts that the outcome is designed to measure and the courses where the student learning outcome and concept are measured.

**Table 4.3 Student Learning Outcomes, Concepts Measured, and Courses Where Measured**

<table>
<thead>
<tr>
<th>Program Student Learning Outcome</th>
<th>Concepts Measured</th>
<th>Courses Where Measured</th>
</tr>
</thead>
</table>
| Students completing the Associate of Applied Science, Nursing, will: | Professional Behaviors  
Collaboration  
Advocacy  
Legal Issues  
Ethics  
Accountability  
Healthcare Policy  
Healthcare Systems | NURS 138  
NURS 102  
NURS 274 |
| Practice professional nursing behaviors incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning. | Assessment  
Clinical Decision Making  
Caring Interventions  
Safety  
Developmental  
Self  
Family  
Diversity  
Culture  
Spiritual  
Violence  
Health-Wellness-Illness | NURS 102  
NURS 212  
NURS 170  
NURS 209  
NURS 138  
NURS 202  
NURS 274 |
| Students completing the Associate of Applied Science, Nursing, will: | Collaboration  
Teaching and Learning  
Mood  
Affect  
Cognition  
Stress and Coping  
Grief and Loss | NURS 102  
NURS 212  
NURS 138  
NURS 170  
NURS 202  
NURS 274 |
### Communication

<table>
<thead>
<tr>
<th>Students completing the Associate of Applied Science, Nursing, will:</th>
<th>Fluid and electrolytes</th>
<th>NURS 102</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes.</td>
<td>Acid-Base</td>
<td>NURS 138</td>
</tr>
<tr>
<td></td>
<td>Elimination</td>
<td>NURS 170</td>
</tr>
<tr>
<td></td>
<td>Metabolism</td>
<td>NURS 209</td>
</tr>
<tr>
<td></td>
<td>Intercranial regulation</td>
<td>NURS 202</td>
</tr>
<tr>
<td></td>
<td>Thermoregulation</td>
<td>NURS 274</td>
</tr>
<tr>
<td></td>
<td>Cellular regulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxygenation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perfusion</td>
<td></td>
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<tr>
<td></td>
<td>Reproduction</td>
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<tr>
<td></td>
<td>Inflammation</td>
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<tr>
<td></td>
<td>Tissue Integrity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Managing Care</td>
<td></td>
</tr>
<tr>
<td>Students completing the Associate of Applied Science, Nursing, will:</td>
<td>Informatics</td>
<td>NURS 102</td>
</tr>
<tr>
<td>Incorporate informatics to formulate evidence-based clinical judgments and management decisions.</td>
<td>Evidence-based practice</td>
<td>NURS 138</td>
</tr>
<tr>
<td></td>
<td>Quality Improvement</td>
<td>NURS 170</td>
</tr>
<tr>
<td></td>
<td>Clinical Decision Making</td>
<td>NURS 209</td>
</tr>
<tr>
<td></td>
<td>Managing Care</td>
<td>NURS 202</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NURS 274</td>
</tr>
</tbody>
</table>

Each course in the curriculum also has objectives which were developed based on the content and concepts for that course. Teaching faculty develop unit objectives based on course objectives and content for each unit. The outline of the content for each course, linked to the appropriate concept and exemplar, is located in the document Concepts and Exemplars per Semester.

**Communication Concept**

The program concept “Communication” is embedded in the program student learning outcome: “Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team”. The concept is introduced in the course NURS 102, Professional Behaviors. The course student learning outcome is that by the end of the course the student will be able to “compare and contrast therapeutic versus non-therapeutic communication styles.” The assessment of this outcome is measured by the students’ ability to complete a written assignment evaluated by a published rubric. Two of the course objectives include that the student will be able to differentiate and demonstrate the components of therapeutic communication and also implement the components of legal documentation using both written and electronic techniques. Among the learning activities for this course is a graded process recording assignment.
During the course NURS 212, Cultural Aspects of Nursing Care, activities used for students that are derived from the program student learning outcome relating to the concept of communication and related course objectives include role modeling, written progress notes, discussion forums. In addition, beginning in NURS 138, Nursing Care I, students learn to use the SBAR reporting tool during their clinical experience. This tool is also incorporated during simulations in the clinical skills lab for all students and in all clinical courses in the program.

Delivery methods for the program student learning outcome relating to communication include online graded discussion forums (NURS 212), lecture, role playing, reading assignments, internet searches, and simulation lab guidance. Evaluation methods used throughout the program include; exam questions, grading rubrics for written assignments, and the Clinical Performance Evaluation Tool.

Managing Care Concept
Delivery Methods used related to the concept of managing care include lecture, case studies, assigned reading, internet activities, videos and other media presentations, clinical assignments, and role modeling. Learning activities include case studies, discussions, post conferences, concept mapping, and instruction in the use of a clinical experience organizational tool. Evaluation and assessment of learning includes exam questions, grading rubrics, the Clinical Performance Evaluation Tool, and the use of reference nurse feedback.

Concept Mapping
The use of concept mapping as a learning activity with faculty feedback is used throughout the program in all clinical experiences. This allows students to see the inter-relationship of the concepts used in each course and in the program. The activity allows students to be assessed using the Clinical Performance Evaluation Tool for outcomes that are not easily demonstrated such as clinical decision making and management of care. In NURS 209, Pathophysiology, a pathophysiology concept map is created by the student and evaluated using a grading rubric.

Each academic year, the nursing program develops an assessment plan which is submitted to the college. The plan is required to assess each course as well as the nursing program as a whole. Student Learning Outcomes form the basis for course assessment, and are founded in the focus for the course as well as the concepts chosen for the curriculum. The college has recently reorganized the assessment process to be more focused on the assessment of student learning outcomes.

Exhibits will include course and program reports.

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

The Maxine S. Jacobs Nursing Program is considered a flagship program at TMCC and is known in the community for producing well educated and clinically prepared graduates. One core component of the
program is a groundbreaking theory course addressing culture, ethnicity and diversity that provides students with a foundation for appropriately interacting with patients, families and co-workers.

NURS 212 Cultural Aspects of Nursing Care with the following course description: “Nurse-client encounters involve the interaction of three cultural subsystems: the culture of the nurse, the culture of the client and the culture of the setting. This course explores the influence of culturally diverse backgrounds within the health care system of the United States. The weaving of gender, age, race, ethnic and religious diversities of the nurse and client will be emphasize” is offered during the first semester of the nursing program. This course also fulfills the diversity requirement at TMCC. NURS 212 is offered online only and is open only to students admitted to the nursing program.

This course was developed during the 2003 – 2004 academic year as a sabbatical project by Dr. Ellen House when TMCC began implementing a cultural diversity requirement as part of course requirements for graduation. The goal was to offer nursing students a comprehensive nursing course elective that would meet the cultural diversity requirement for TMCC and prepare them for providing safe, culturally competent care to patients and families reflecting changing demographics in health care and the community. The research conducted while on sabbatical revealed that no other nursing program in Nevada offered an undergraduate course on this topic.

An important guiding principle for the development of NURS 212 was the Joint Commission safety initiatives regarding provision of culturally competent care and appropriate communication with patients and families who are not English proficient. Initially students learn basic information about culture, diversity and vulnerable populations and learn the difference between spirituality and religion. Students also learn about issues related to working with foreign born and educated Registered Nurses and ultimately learn about six specific cultural groups common to the United States.

During the process of revising the nursing program curriculum the nursing faculty voted to include NURS 212 as a required course to be offered in the first semester of the nursing program effective fall 2008. The decision was made to transition the live classroom or traditional course model initially developed into a 100% online course that is taken concurrently with NURS 102 and NURS 138. Dr. House completed the Teaching & Learning in Web-Based Courses Certificate Program offered by Indiana University School of Nursing and became closely involved with the TMCC Web College staff as well as completing extensive training in the learning management system (Angel) as part of the preparatory process for implementing the course.

In order to meet the cultural diversity requirement at TMCC, this course includes an intensive writing component consisting of a twelve page paper with either a client or co-worker focus. This requires exploration of a culture that expands their perspective from a local to a regional, national, or global
Two detailed grading rubrics were developed for assessing this paper specific to the focus chosen by the student.

Four graded discussion forums are also included in this course. Graded discussion forums allow students the opportunity to discuss specific issues of concern commonly found in the clinical setting. Evidence based practice must be used to support comments posted in the discussion and appropriate professional and therapeutic communication skills are developed. A grading rubric is used to evaluate each discussion forum.

A personal heritage assessment is completed by each student to understand how the process of cultural assessment is implemented. This assignment is also assessed using a grading rubric. During the second graded discussion forum students then share information with team members and indentify similarities and differences in background and health care practices.

Course objectives and student learning outcomes for students in NURS 212 are aligned with two specific nursing program outcomes as outlined in Table 4.4.1.

**TABLE 4.4.1 NURS 212 COURSE OBJECTIVES AND STUDENT LEARNING OUTCOMES LINKED WITH NURSING PROGRAM OUTCOMES**

<table>
<thead>
<tr>
<th>NURSING PROGRAM STUDENT LEARNING OUTCOMES ADDRESSED IN NURS 212</th>
<th>NURS 212 COURSE OBJECTIVES</th>
<th>NURS 212 STUDENT LEARNING OUTCOMES WITH MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Outcome Statement 2: Students completing the Associate of Applied Science, Nursing Degree will integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.</td>
<td>Complete accurate cultural, religious and spiritual assessments on individual clients with diverse and holistic needs. Identify factors associated with, and manifestations of spiritual distress, for diverse clients across the health wellness illness continuum. Adhere to the ethical responsibility for providing culturally appropriate nursing care. Discuss why it is important for the nurse to have self-awareness of personal cultural, religious and spiritual values and beliefs when interacting with clients and</td>
<td>Analyze and discuss health care beliefs and wellness/illness practices of a client or co-worker from one diverse group or vulnerable population that will be encountered when practicing as a Registered Nurse. Ability will be measured by a student produced professional paper that is evaluated using a predetermined faculty created published grading rubric. Plan and implement safe culturally competent nursing care to clients and families with diverse and holistic needs. Ability will be measured by examination and quiz questions against predetermined standards.</td>
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**Program Outcome Statement 2:** Students completing the Associate of Applied Science, Nursing Degree will integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.
interdisciplinary team members with diverse backgrounds and belief systems. Contrast the diverse needs of various groups of clients based on age, race, gender, sexual orientation and membership in a vulnerable population. Compare and contrast non-traditional western cultures and religions for similarities and differences to assist with the development of safe culturally competent caring interventions based on Erickson’s developmental stages. Demonstrate the ability to utilize a variety of resources to gain understanding about non-western cultures, ethnic, and religious groups, and vulnerable populations utilizing the health care system in the United States. Illustrate how to serve as a client advocate for clients from diverse cultural, ethnic, and religious backgrounds with consideration for age, race gender, sexual orientation and membership in a vulnerable population.

**Program Outcome Statement 3:** Students completing the Associate of Applied Science, Nursing Degree will communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team.

| Apply appropriate verbal and nonverbal culturally sensitive communication techniques when interacting with clients, family members, and interdisciplinary team members. | Formulate and professionally communicate diverse viewpoints of health and illness during the process of online discussion with peers. Ability will be measured by participation in discussion forums that are evaluated using a faculty created predetermined published grading rubric. |
NURS 212 examines issues related to cultural diversity with attention to the client (client focused) as well as the nurses’ work environment (nurse focused). Concepts and exemplars related to the individual and to the nursing profession addressed in the course are outlined in Table 4.4.2.

<table>
<thead>
<tr>
<th>Table 4.4.2</th>
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</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
</tr>
<tr>
<td>Concepts</td>
</tr>
</tbody>
</table>
| Culture | • Values  
• Beliefs  
• Religion |
| Diversity | • Vulnerable populations  
• Age  
• Gender  
• Race  
• Sexual orientation |
| Spiritual | • Spiritual health  
• Spiritual wellbeing  
• Spirituality  
• Religion  
• Spiritual distress |
| Health, Wellness and Illness | • Alternative therapies (specific to culture and religion only) |
| **NURSING** |
| Communication | • Therapeutic communication specific to culture, diversity, spirituality, religion |
| Assessment | • Assessing culture, diversity, spirituality, religion |
| Caring Interventions | • Caregiver skills development respecting culture, diversity, religion |

Introducing students to concepts related to culture, diversity, spirituality, religion and vulnerable populations in the first semester of the nursing program provides a theoretical foundation for the application of this knowledge to clinical settings and interactions with clients and the interdisciplinary health care team. The CPET includes competencies specifically focused on the ability of the student to demonstrate application of concepts related to culture, ethnic and socially diverse clients in laboratory and clinical settings. The specific CPET competencies are:

**ASSESSMENT**
Competencies:

a) Gathers accurate and complete assessment data
b) Assesses client needs and available resources
c) Assesses client strengths, capabilities, and barriers to health care needs
d) Assesses the impact of environmental, developmental, psycho-social, cultural spiritual, and religious aspects on health
e) Assess for changes in client health status and identified needs
f) Assesses client and family responses to actual or potential health status and problems
g) Assesses client and family responses to care interventions
h) Assesses client and family interaction patterns

COMMUNICATION
Competencies:
  a) Uses clear, open expression in dialogue; is engaged with clients, health care professionals, faculty and others
  b) Applies therapeutic communication skills appropriately, while caring for clients and families
  c) Elicits preferences and values from clients, clarifying understanding
  d) Listens attentively and respectfully without interruption
  e) Reports and documents accurate, relevant and complete information in a clear, concise and timely manner
  f) Produces clear, accurate, concise, and complete writing
  g) Uses appropriate channels of communication, including information technology to support and communicate delivery of patient care
  h) Maintains self-control and dignity; responds to situations professionally, without blame or aggressive behavior

CARING INTERVENTIONS
Competencies:
  a) Demonstrates respect, sensitivity and concern for the welfare of clients & families
  b) Protects and promotes client dignity and privacy
  c) Considers client values, culture, customs, and habits when providing care
  d) Assists clients to achieve optimal comfort and functioning
  e) Appropriately assists clients and families when making healthcare and end-of life decisions
  f) Recognizes & fosters strategies for health promotion, disease prevention and risk reduction

The CPET is pass/fail with passing identified as achieving 75% or better on the total points for the tool. The nursing program faculty identified specific competencies that the student must exhibit consistently at the highest level of achievement throughout each clinical rotation, which are fundamental to the profession of nursing and are identified as “starred” competencies.
During clinical rotations students are encouraged to select clients from diverse populations to develop assessment and communication skills as well as to implement culturally competent caring interventions. The assessment document used in every clinical course includes assessment of cultural, ethnic, religious and socially diverse concepts. Students also learn about alternative therapies that are likely to be used by clients related to cultural and religious practices and specific to exemplars. Individual clinical faculty are expected to ensure that students are working with diverse populations and demonstrating achievement of the competencies reflecting provision of safe, culturally competent care.

Clinical experiences are designed to embrace cultural and socially diverse populations. For example, students observe developmental variation among children at a community college campus childcare care center as part of the NURS 138 laboratory experience. During the obstetric experience, students actively care for clients from diverse backgrounds. In NURS 202 clinical the psychiatric component includes rotation through an acute care setting as well as community based centers dealing with pediatric adolescent and adult populations. Students are exposed to diversity as culture, age, and developmental level related to patients and families and by experiencing differences in organizationally based cultures.

Students consistently are provided with opportunities to care for diverse populations within any clinical site in the area because Reno, NV is a destination for various cultural and ethnic groups as well as representing the socioeconomic spectrum. A major interstate freeway transverses the city center and the area offers a year-round tourism and gaming destination. Because people come to the area as visitors they are likely to utilize acute care facilities.

Washoe County has an ethnically diverse population with 76.9% White, 2.3% Black, 1.7% American Indian or Native American, 5.2% Asian, 0.6% Hawaiian or Pacific Islander, 22.2% Hispanic and 3.8% reporting more than two races (U.S. Census Bureau State and County Quick Facts 2010 Data found at http://quickfacts.census.gov/qfd/states/32/32031.html). Designated areas of Washoe County are owned by the Washoe Indian tribe. The classroom environment closely reflects Washoe County Statistics as described on the TMCC Institutional Research Spring 2011 Student Profile Fact Sheet which can be found online at http://tinyurl.com/7cgkt4o.

Assessment of the impact of culture, ethnicity, and diversity on nursing care is included in all relevant content during each nursing course. Students are expected to incorporate knowledge learned in NURS 212 in all subsequent courses. For example, obstetrical content in theory and clinical courses addresses cultural practices related to childbirth and childrearing. Students learn that some cultures are not comfortable having a male RN caring for the new mother and discussion occurs regarding how to address these concerns.

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A NURS 202 theory assignment requires each student to develop a teaching-learning plan based on culture, religion, underrepresented populations and developmental level as applied to a specific course related exemplar selected by the student. Simulation topics include the impact of culture and race, as well as exploring different assessment findings. During NURS 209, Principles of Pathophysiology, topics related to diversity are also presented as they impact disease process and therefore nursing care.

The Maxine S. Jacobs Nursing Program offers students a comprehensive overview of cultural, ethnic and socially diverse concepts from a regional, national and global perspective not only by offering a unique three credit theory course specific to cultural aspects of nursing care but also by incorporating carefully designed written assignments and specific clinical competencies as part of the evaluation to demonstrate application of these concepts.

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

The methodologies and tools for evaluation are varied throughout the nursing program. Each of the evaluation methods provides the opportunity for students to demonstrate learning using a variety of assessment methods. All course syllabi in the Maxine S. Jacobs Nursing Program contain an Evaluation Methods Section that clearly outlines and explains the evaluation methods utilized in the particular nursing program course. Published grading rubrics are utilized throughout the nursing program for all non-examination evaluation methods. Table 4.5.1 outlines the evaluation methods utilized in each nursing program course.

**Table 4.5.1 Evaluation Methods of Maxine S. Jacobs Nursing Program**

<table>
<thead>
<tr>
<th>Maxine S. Jacobs Nursing Program Course</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 102 – Professional Behaviors</td>
<td>Examinations – Mid-Term &amp; Final Process Recording Online Discussion Forum</td>
</tr>
<tr>
<td>NURS 138 – Nursing Care I</td>
<td>Examinations – Unit &amp; Final Written Teaching Learning Plan r/t Health or Safety Issue based on Erikson’s Developmental Stage Clinical Performance Evaluation Tool</td>
</tr>
<tr>
<td>NURS 212 – Cultural Aspects of Nursing Care</td>
<td>Examinations – Mid-Term &amp; Final Quizzes Personal Heritage Essay Online Discussion Forums Cultural Professional Paper</td>
</tr>
<tr>
<td>NURS 170 – Nursing Care II</td>
<td>Examinations – Unit &amp; Final</td>
</tr>
</tbody>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
Objective evaluations are used in theory courses that consist primarily of multiple choice NCLEX-RN style examinations in order to prepare students for the NCLEX-RN exam. The theory component evaluation methods include faculty developed unit or mid-term examinations and a comprehensive final examination. Selected nursing courses utilize faculty developed quizzes. The NCSBN’s NCLEX Test Plan is also utilized by nursing program faculty in the development of individual course examinations.

Nursing program course and unit objectives and examination questions are leveled according to “Blooms Cognitive Taxonomy of Learning”. The Maxine S. Jacobs Nursing Program faculty has developed an Assessment of Learning Policy (See Procedure Exhibits) that outlines the cognition level of the examination questions per semester. As the student progresses through the program the progression of the cognition level increases. For example, semester one begins with a weight of 15% Understanding, 65% Application and 20% Analysis. Each semester builds upon knowledge from the previous semester; hence semester four would be at the highest level of cognition.

The student’s clinical performance is evaluated utilizing the Clinical Performance Evaluation Tool (CPET). The CPET consists of outcome objectives and essential competencies which were formulated from NLN Competencies for Graduates of the Associate Degree Graduate.

The CPET was developed prior to the implementation of the revised curriculum in fall 2008. While attending a national Nurse Educator Conference one of the senior nursing faculty identified the existence of a pass/fail CPET that with modification would meet the needs of the nursing program. The

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Evaluation Methods</th>
</tr>
</thead>
</table>
| NURS 209 – Principles of Pathophysiology | Examinations – Unit & Final Quizzes
Pathophysiology Integration Concept Map |
| NURS 202 – Nursing Care III | Examinations – Unit & Final Quizzes
Written Teaching Learning Plan based on Culture or Religion & Developmental Level & NURS 202 Exemplar Disease Clinical Performance Evaluation Tool |
| NURS 274 – Nursing Care IV | Examinations – Unit & Final Quizzes
Client Safety Project Clinical Performance Evaluation Tool – Clinical Clinical Performance Evaluation Tool – Practicum |
original author of the tool collaborated with the nursing faculty and after a final two days of group development the tool was adapted to the Maxine S. Jacobs Nursing Program.

The CPET is pass/fail with passing identified as achieving 75% or better on the total points for the tool. The nursing program faculty identified specific competencies that the student must exhibit consistently at the highest level of achievement throughout each clinical rotation, which are fundamental to the profession of nursing and are identified as “starred” competencies. Examples of “starred” competencies are: “Assumes responsibility and accountability for own actions and practice”, “Protects client and organizations confidentiality; adheres to HIPPA regulations”, “Maintains self-control and dignity; responds to situations professionally, without blame or aggressive behavior”, “Prioritizes and incorporates principles of asepsis and infection control in the care of clients and families” and “Administers medications by all assigned routes accurately and appropriately”. If a student fails to achieve the expected level of achievement for the “starred” competencies, the student would not pass the clinical rotation.

The CPET is consistently implemented throughout all nursing program clinical rotations with increasing expected level of achievement of competencies as the student moves through each semester. At the completion of each clinical rotation the student receives a summative evaluation which consists of an evaluation of each performance competency. Throughout each clinical rotation the student receives periodic formative evaluations from their clinical faculty.

The CPET is utilized throughout each clinical rotation of the nursing program: Medical-Surgical, Obstetric, Pediatric and Psychiatric rotations. The student must achieve a 75% in each clinical rotation to progress to the next clinical rotation. For example, in NURS 202 the clinical rotations consist of Pediatric, Psychiatric and Medical-Surgical. The student would need to achieve a 75% in Pediatric rotation in order to progress to the Psychiatric rotation. Each clinical rotation evaluation “stands alone” and is not dependent upon the prior clinical rotation(s).

In summer 2011 a new CPET for NURS 274 Practicum was developed by the Leadership Team. This pass/fail tool specifically correlates to the overall nursing program learner outcomes and course objectives for NURS 274 and has competencies and expectations consistent with the CPET used in all other clinical courses but the expected level of achievement reflects those expected in the final clinical course of the nursing program.

NURS 274 Practicum (Capstone Component) contains a student-developed client safety project. This project has been developed utilizing the National Patient Safety Goals. The student researches and formulates a written project that identifies potential or actual errors addressed in the National Patient Safety Goals. The student researches the process for reporting the error through agency channels and
constructs quality controls or improvement processes to prevent future errors. The safety project is assessed by a published grading rubric.

Each course syllabus identifies the program and course student learning outcomes and demonstrates a connection between the program and course student learning outcomes. Table 4.5.2 illustrates the alignment of the nursing program student learning outcomes with each nursing program course’s student learning outcome. The associated evaluation method is identified with each course student learning outcome. The inclusion of this model, illustrated in Table 4.5.2, focuses on the measurement (evaluation) activities, which measure both course and program student learning outcomes.

<table>
<thead>
<tr>
<th>Nursing Program Student Learning Outcome</th>
<th>Nursing Course Student Learning Outcome</th>
<th>Measurement of Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students completing the Associate of Applied Science, Nursing will: Practice professional nursing behaviors incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning.</td>
<td>NURS 102: Describe professional nursing’s roles, values, legal obligations, responsibility for safe practice, and personal accountability. NURS 138: Demonstrate cognitive, psychomotor competence and professional responsibility for safe medication administration. NURS 274: Demonstrate professional responsibility for safe medication administration.</td>
<td>NURS 102: Evaluation through examination questions against predetermined standards. NURS 138: Evaluation through published clinical performance evaluation tool. NURS 274: Evaluation through published clinical performance evaluation tool.</td>
</tr>
<tr>
<td>Students completing the Associate of Applied Science, Nursing will: Integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process.</td>
<td>NURS 102: Identify the impact of family dynamics—structure, roles, beliefs and alterations on response to health alterations. NURS 212: Plan and implement safe culturally competent nursing care to</td>
<td>NURS 102: Evaluation through unit and final examinations against predetermined standards. NURS 212: Evaluation through examination and quiz questions against predetermined standards. NURS 138: Evaluation through a written assignment evaluated utilizing a published grading rubric.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 138</td>
<td>Interpret and apply client data to formulate a nursing care plan, utilizing the nursing process.</td>
</tr>
<tr>
<td>NURS 170</td>
<td>Demonstrate clinical decision making to implement components of the nursing process to clients and families based on Erikson’s developmental stages.</td>
</tr>
<tr>
<td>NURS 209</td>
<td>Analyze clinical manifestations and key diagnostic data to describe interrelationships of the disease processes and pathophysiological mechanisms.</td>
</tr>
<tr>
<td>NURS 202</td>
<td>Interpret and apply client data to formulate a nursing care plan, utilizing the nursing process.</td>
</tr>
<tr>
<td>NURS 274</td>
<td>Perform and individualize a holistic client/patient assessment, addressing the physiological, psychosocial, developmental, spiritual and cultural needs of the complex client.</td>
</tr>
</tbody>
</table>

**Students completing the Associate of Applied Science, Nursing will:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 102</td>
<td>Compare and contrast therapeutic versus non-therapeutic communication styles.</td>
</tr>
<tr>
<td>NURS 170</td>
<td>Evaluation through examination and quiz questions against predetermined standards and published clinical performance evaluation tool.</td>
</tr>
<tr>
<td>NURS 209</td>
<td>Evaluation through examination and quiz questions against predetermined standards.</td>
</tr>
<tr>
<td>NURS 202</td>
<td>Evaluation through a written assignment evaluated utilizing a published grading rubric.</td>
</tr>
<tr>
<td>NURS 274</td>
<td>Evaluation through examination and quiz questions against predetermined standards, and published clinical performance evaluation tool.</td>
</tr>
</tbody>
</table>

**TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.**
| Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team. | NURS 212: Formulate and professionally communicate diverse viewpoints of health and illness during the process of online discussion with peers.  
NURS 138: Communicate effectively with individuals with significant support persons based on developmental stage and age.  
NURS 170: Communicate effectively with clients, family members and interdisciplinary team members.  
NURS 202: Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.  
NURS 274: Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form. | NURS 212: Evaluation through participation in discussion forums utilizing a published grading rubric.  
NURS 138: Evaluation through examinations against predetermined standards.  
NURS 170: Evaluation through published clinical performance evaluation tool.  
NURS 274: Evaluation through examination and quiz questions against predetermined standards and published clinical performance evaluation tool. |

| Students completing the Associate of Applied Science, Nursing will:  
Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes. | NURS 138: Integrate client data to safely manage care within the interdisciplinary health care team for positive client outcomes.  
NURS 170: Integrate and apply client data to safely manage care within the | NURS 138: Evaluation through examinations against predetermined standards.  
NURS 170: Evaluation through examination and quiz questions against predetermined standards and |
<table>
<thead>
<tr>
<th>Students completing the Associate of Applied Science, Nursing will:</th>
<th>NURS 102: Identify various components of the healthcare system and the effects of healthcare policy.</th>
<th>NURS 102: Evaluation through examination questions against predetermined standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate informatics to formulate evidence-based clinical judgments and management decisions.</td>
<td>NURS 138: Integrate client data to safely manage care within the interdisciplinary health care team for positive client outcomes.</td>
<td>NURS 138: Evaluation through examination questions against predetermined standards.</td>
</tr>
<tr>
<td>NURS 170: Communicate effectively with clients, family members and</td>
<td>NURS 170: Evaluation utilizing a published clinical performance evaluation tool.</td>
<td></td>
</tr>
<tr>
<td>interdisciplinary health care team for positive client outcomes.</td>
<td>a published clinical performance evaluation tool.</td>
<td></td>
</tr>
<tr>
<td>NURS 209: Describe and illustrate the pathophysiological process(es) specific to a client’s medical diagnosis(es), identifying key interrelationships.</td>
<td>NURS 209: Evaluation through examination and quiz questions against predetermined standards and a pathophysiology integration concept map utilizing a published grading rubric.</td>
<td></td>
</tr>
<tr>
<td>NURS 202: Integrate client data to safely manage care within the interdisciplinary health care team for positive client outcomes</td>
<td>NURS 202: Evaluation through examination questions against predetermined standards.</td>
<td></td>
</tr>
<tr>
<td>NURS 274: Design and implement nursing care which incorporates physiological findings and evidence-based practice to perform clinical decision making, caring interventions, assessment and concepts of teaching and learning.</td>
<td>NURS 274: Evaluation through examination and quiz questions against predetermined standards and a published clinical performance evaluation tool</td>
<td></td>
</tr>
</tbody>
</table>
### Interdisciplinary Team Members

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 202</td>
<td>Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.</td>
</tr>
<tr>
<td>NURS 274</td>
<td>Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 202</td>
<td>Evaluation utilizing a published clinical performance evaluation tool.</td>
</tr>
<tr>
<td>NURS 274</td>
<td>Evaluation through examination questions against predetermined standards and a published clinical performance evaluation tool.</td>
</tr>
</tbody>
</table>

### 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.

#### Educational Theory

In order to educate nurses, nursing education and nurse educators must incorporate current education and learning theories. Those theories are embedded in instructional methods, learning activities, and assessment plans for the nursing program.

The current curriculum within the nursing program reflects modern educational and learning theories. This is evidenced by the use of cognitive learning levels in all instructional design, content delivery, and student assessment activities. The nursing faculty participate in faculty development within the college and have access to a wide variety of disciplines of instruction. A basis for education and learning collaborating with educators from many different areas is established that is interdisciplinary both within and from outside the college. The use of a research basis for current curriculum, and use of nursing best practices within the curriculum such as concept mapping, simulation, and the exemplar model of content deliver also serve to provide evidence for current best educational practice standards.

#### Interdisciplinary Collaboration

Interdisciplinary collaboration is a primary concept for the program, and for students, includes the topics of interdisciplinary teams, chain of command, conflict resolution, case management, management theories, and interdisciplinary communication.
The nursing faculty practice interdisciplinary collaboration for the educational process as well. The college facilitates interdisciplinary collaboration during the curriculum development and review process by managing the review and approval of courses and program changes by an interdisciplinary group and requiring participation of all disciplines involved at the college. The Curriculum, Assessment, and Programs Committee is a multidisciplinary group that establishes criteria and recommends requirements for all courses, certificates, degrees, programs, diversity and general education. They also recommend new certificates, degrees, programs and courses for approval and changes or deletions to existing certificates, degrees, programs and courses.

Interdisciplinary collaboration is evident in TMCC Professional Development offerings as well. For example, The Teaching Squares Program is designed to improve teaching skills and build community through a structured, non-threatening process of classroom observation and shared reflection. The process involves the best aspect of peer evaluation - observation and discussion - while excluding judgment and evaluation. Participants in a square learn about the best practices of three other faculty members from different disciplines. They engage in reciprocal classroom visits, share teaching materials, reflect on classroom observations, and share best practices with their colleagues.

Interdisciplinary collaboration at the college supports the program review process, which evaluates the program in a formal way, occurring every five years. During the last program review, a Biology faculty member, a community member, and a former student were part of the review committee. On a formal and informal basis the Biology and Math departments work with the nursing program to ensure that students are adequately prepared for the demands and expectations of the nursing program once admitted and gain the core knowledge to be successful.

Peer reviews by an interdisciplinary group occur during the tenure process for novice faculty. The committees are comprised of at least one nursing faculty, but all other faculty are from other disciplines. Part of the peer review process includes classroom and clinical observations by the committee and therefore provides input about other areas of endeavor for the candidate.

During theory and clinical courses, faculty also promote the use of the SBAR communication tool, introducing it in NURS 138 so that students can effectively communicate with physicians as part of the team during all subsequent clinical experiences. Guest lecturers provide content expertise for areas within the curriculum that may be appropriate. For example, when the Nevada State Board of Nursing required bioterrorism continuing education, all students received an update from a Washoe County Health Department representative on their plans to deal with any bioterrorism acts, and the nurses role.

Innovation
All new forms and documents as well as innovations regarding testing or assessment practices and methods are brought for approval to all faculty. For example, if a new technique or technology affects

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curriculum and students of the entire program, individual faculty can request approval of a pilot project. Projects that affect evaluation or assessment methods must include a process to evaluate the impact of the new method on the curriculum as a whole. Teaching methods and innovation in the classroom are a part of academic freedom and do not require approval.

All forms currently in use are developed and then reviewed by the faculty as a group in order to establish consistency and offer the opportunity for all to review. Examples are evaluation of custom exam use for student feedback and instructional stability and consistency. Simulation experiences have been incorporated across the program and in each course. In addition, they are linked with concepts and content for the curriculum as a whole.

Currently students in the third semester are participating in a vendor driven evaluation of the readiness for NCLEX-RN. This was approved in order to expose students to have more opportunities to experience on-line testing and alternate test items. In addition, the program will receive feedback on the curriculum.

**Technological**

Faculty are encouraged to adopt new classroom teaching technology that is supported by the college, once these have been assessed for the impact on the program of study and other faculty. For example, recently the use of clicker technology was piloted by one class. Clickers were purchased for students with grant funds to allow the testing of the technology. Technology used for clinical experiences is handled using the same method. The learning management system (currently Angel) is a component of each nursing course, and one course, NURS 212, is entirely on-line.

Using the learning management system for cohorts of students was implemented in fall, 2009. This allows all communication with students to be electronic, using the e-mail system contained. Through the course learning managements system, grades are distributed electronically. Each individual faculty has the ability to use the technology to achieve student learning outcomes.

Students have access to an electronic medical record system within the clinical skills portion of the first semester to begin to learn electronic information retrieval and documentation methods. They also are able to experience medication administration using an electronic dispensing system. Effective fall, 2010, the addition of the Meti E-dose learning system allows students access to a step-wise learning method of medication calculations and administration that is competency based and faculty driven.

The recent funding of e*Value by a Perkins grant will enable more complete and comprehensive data collection and reporting for the program. This system will track student clinical experiences, allow incorporation of tracking and trending of data from both students and learning experiences, and provide reports of outcomes. Student and course evaluations, electronic portfolios, procedure tracking,
scheduling, coursework management, time tracking, curriculum mapping, outcomes management and performance reporting are included in the system.

**Research**

Research findings are used in the program. The recent Department of Labor grant received for retention of students used research on retention to build strategies that were predicted to improve student retention. Admission criteria were developed based on research that predicted successful NCLEX passing. Instructional processes also use research findings. For example, as content is developed, faculty research latest treatment options, nursing interventions and evidence based practices. The close relationship enjoyed between faculty and local clinical agencies allows the faculty to use a variety of experts in updating content. Guest speakers are used when appropriate for current practices.

The National Council of State Boards of Nursing Practice Analysis helps the program to focus on current practice of new graduates in order to assure that the content chosen is appropriate and focused. The Practice Analysis assisted the program recently in developing new admission criteria.

The nursing program actively participates in research. A study of the effectiveness of an anxiety reduction strategy was completed with the counseling department. Students will be participating in a test development process for a vendor wishing to assess the predictive ability of its NCLEX-RN testing package. Students will have the opportunity to assess their own understanding content. The program will be able to assess the effectiveness of instruction.

**Best practices:**

Using the standards promoted by IOM, QSEN, JCAHO, NIOSH and all of the specialty nursing organizations, all faculty provide best practice standards when discussing the care of clients with disease in each lesson, and each course and each exemplar.

The use of a concept based, integrated curriculum with exemplar topics and diseases is a current best practice for nursing programs. The Maxine S. Jacobs Nursing Program has embraced this best practice and continues to explore updated information and research results to make revisions when appropriate.

Grading rubrics are a best practice and used with each assignment throughout the curriculum. The use of a learning management system to communicate with students, manage grades and provide resources is also a best practice.
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.

Truckee Meadows Community College, Maxine S. Jacobs Nursing Program prepares the student to practice nursing as a registered nurse. It meets the requirements for the associate of applied science degree. An AAS-Nursing degree is awarded upon successful completion of the program curriculum and students are eligible to take the NCLEX-RN examination leading to licensure as a Registered Nurse. See 2011-2012 TMCC College Catalog, pages B-117 and B-118.

A student is able to complete the AAS degree requirements in four to six semesters. This is consistent with national standards for completion of associate degree nursing programs. The student completing the Associate of Applied Science, Nursing is able to achieve the following program outcomes: 1. The graduating student will achieve a passing score on the NCLEX-RN examination; 2. The graduating student will completion of the program within a timely manner; 3. The graduating student will be employable. Additionally the graduate will attain the program student learning outcomes: 1. Practice professional nursing behaviors, incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning, 2. Integrate knowledge of the diverse and holistic needs of the individual to safely implement the nursing process, 3. Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team, 4. Manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes, and 5. Incorporate informatics to formulate evidence-based clinical judgments and management decisions. All program outcomes and program student learning outcomes are addressed consistently throughout the nursing program courses and are consistently identified in each of the nursing program course syllabi.

The AAS-Nursing degree consists of a total of 75 credits, with 41 credits as emphasis credits within the nursing program. The 34 credits are general education credits, which include the program prerequisites (Table 4.7.1). The credits per semester vary from 13 to 15 credits per semester. The AAS degree requirements are consistent with the policies of Truckee Meadows Community College. A comprehensive self study of programs and units at TMCC are conducted on a five year cycle. The Maxine S. Jacobs Nursing Program was reviewed in spring 2008 semester with approval by the “Program Unit Review Committee”. This committee is a subcommittee of the TMCC Curriculum Committee. The nursing program’s policies and outcomes were consistent of TMCC as the governing organization.

Table 4.7.1 Maxine S. Jacobs Nursing Program General Education Requirements

<table>
<thead>
<tr>
<th>AAS Degree General Education Requirements and Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversity – NURS 212 Cultural Aspects of Nursing Care (3 credits)</td>
</tr>
<tr>
<td>English/Communications – ENG 101 &amp; 102 or ENG 113 &amp; 114 6 credits</td>
</tr>
</tbody>
</table>

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A balanced distribution exists between nursing and general education requirements with 55% of credits in nursing and 45% in general education credits. NURS 212, Cultural Aspects of Nursing Care meets the general education requirement for diversity. Both the Math and Science general education categories are program prerequisites and must be completed prior to entry into the nursing program. All other general education courses maybe taken either prior to entry into the program or concurrently with the nursing program courses with the exception of NURS 212, which is taken during the 1st semester of the nursing program. All nursing courses (Table 4.7.2) must be taken in the sequence outlined and a grade of “C” or 75% or better is required. Other courses may be taken out of sequence if allowed by college policy.

Table 4.7.2 Maxine S. Jacobs Nursing Program of Study

<table>
<thead>
<tr>
<th>Semester 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 102 – Professional Behaviors</td>
<td>2 credits</td>
</tr>
<tr>
<td>NURS 138 – Nursing Care I</td>
<td>8 credits</td>
</tr>
<tr>
<td>NURS 212 – Cultural Aspects of Nursing Care</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 170 – Nursing Care II</td>
<td>9 credits</td>
</tr>
<tr>
<td>NURS 202 – Principles of Pathophysiology</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 202 – Nursing Care III</td>
<td>8 credits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 274 – Nursing Care IV</td>
<td>8 credits</td>
</tr>
<tr>
<td>Total</td>
<td>41 credits</td>
</tr>
</tbody>
</table>

Nationally, nursing programs vary widely in credits required for graduation; however, the credits of the Maxine S. Jacobs Nursing Program are within the acceptable range. TMCC has established full attendance at 13 credits or more per semester. Credit allocation is based on 1 credit for 15 hours of didactic instruction and a ratio of 3:1 of contact to credit hours for clinical experiences.

The TMCC Nursing Program is one of seven approved associate degree nursing programs in the state of Nevada. The program is approved by the Nevada State Board of Nursing. The mission of NSBN is to protect the public’s health, safety and welfare through effective nursing regulation. It is a governmental

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**Human Relations** – EPY 101 (Recommend) 3 credits
Quantitative Reasoning – MATH 120 or higher 3 credits
**Science** – BIO 190/190L, 223, 224, 251 16 credits
Social Science/Humanities – PSY 101 3 credits
U.S. & NV Constitutions – PSC 101 3 credits

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<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>34 credits</td>
</tr>
</tbody>
</table>

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agency established by Nevada law to protect the public from unsafe practice by nurses. Two of the many functions of the NSBN, is to approve schools of nursing and approve education programs for ongoing competency. Based on NRS 632.0114 definition, the TMCC nursing program is an accredited school of professional nursing. The nursing program meets the NSBN NAC 632.640 requirements of educational programs: 1. A program of nursing offered by a university or college must: (a) Be an integral part of the university or college; (b) Adopt statements of purpose, philosophy and objectives which are consistent with those of the institution offering the program; (c) Be organized with clearly defined lines of authority, areas of responsibility and channels of communication; (d) Allow the members of the faculty to participate in the determination of academic policies and procedures and the development and evaluation of the curriculum; and (e) Allow students to participate in the evaluation of the curriculum and other aspects of the program to which they may be able to contribute, and 2. The policies and procedures of the program of nursing must be in writing. The Maxine S. Jacobs Nursing Program has received approval from NSBN and maintained its educational competency since its inception. TMCC received its last approval by NSBN in spring 2010.

4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students. Practice learning environments are located throughout the greater Reno area. A diversity of experiences allows students to understand the healthcare system and to provide care for clients in a wide variety of settings. Students care for infants and children in the newborn nursery at Renown Regional Medical Center and St. Mary’s Regional Medical Center, the EL Cord Child Care Center located at TMCC on the Dandini campus, and an acute Pediatrics unit at Renown as well as Washoe County School District where students participate in well child screening. Adults and the aging population are the focus of care at several acute care settings including Northern Nevada Medical Center, Renown Regional Medical Center, Renown South Meadows, the Veterans Administration Medical Center and St. Mary’s Regional Medical Center. Psychiatric clients are the focus of care at the Northern Nevada Adult Mental Health Facility and the Veterans Administration Medical Center, which also provides care to special populations such as homeless veterans and those with post-traumatic stress disorder. Willow Springs Hospital provides child and adolescent psychiatric inpatient care. Obstetrics care is provided both at Renown Regional Medical Center and St. Mary’s Regional Medical Center, where students provide care in post-partum, labor and delivery, and the newborn nursery. Students may also provide care in the Newborn Intensive Care Unit.

The nursing program faculty evaluates each clinical site at the end of each clinical experience, and rate the following:

- Is there congruence of mission and philosophy?
For fall 2010 and spring, 2011, Renown Regional Medical Center, Renown South Meadows, and St. Mary’s Regional Medical Center were evaluated by faculty. For the Renown hospitals, evaluations were generally positive for elements listed above. However, one comment revealed potential problematic areas—two patient care units had client populations that did not always support student learning. Also, faculty were concerned that Renown Regional Medical Center’s policy of refusing students time to prepare the day prior to clinical was in conflict with the philosophy of the faculty (one comment).

For St. Mary’s Regional Medical Center, although overall positive evaluations were received, there was one comment regarding staff and leadership cooperative effort as well as an unwelcoming and unfriendly atmosphere on L&D, and that client population fluctuations impact learning experience in L&D.

Students are provided the opportunity to evaluate clinical sites at the end of each clinical rotation at the same time that they evaluate their clinical instructor. The data collection tool is attached to the faculty evaluation. They evaluate each clinical site and unit if possible, and rate their agreement (from strongly agree to strongly disagree) with the following statements:

- Orientation prepared me to function as a student nurse at the agency
- Nursing staff was proactive and happily assisted me in obtaining clinical experience.
- Professional staff members served as positive role models
- I met class objectives in this setting

During the academic year 2010-2011, student evaluations were received for Northern Nevada Adult Mental Health, Renown Regional Medical Center, Renown Skilled Care Hospital, Renown South Meadows, Veterans Administration Medical Center, and St. Mary’s Regional Medical Center. For the Renown Health System, Renown Regional, South Meadows, and Renown Skilled over 150 student evaluations were received. The majority of students agreed or strongly agreed with all statements. Areas of concern continued to focus on orientation preparation for the experience (second year this has been a concern). A previous concern expressed by the students regarding professional role models was not repeated during the current evaluation cycle.

Regarding St. Mary’s, over 70 student evaluations were received. One hundred per cent of students strongly agreed or agreed with the comments in all areas. Comments were also received about students feeling the orientation experience could be enhanced for them.
The Veteran’s Administration Hospital received less than 20 evaluations, and all areas except orientation and staff assistance received 100% agreement with statements (either strongly agree or agree).

Northern Nevada Medical Center received less than 10, and again all areas except orientation and staff assistance received 100% agreement with statements (either strongly agree or agree).

Northern Nevada Adult Mental Health Center received over 60 evaluations. All areas were rated as strongly agree or agree except a very small number disagreed with staff assistance statement.

The result of student evaluation of clinical experiences is shared with faculty, who help select clinical sites and units based partly on the students’ evaluations. In addition, these results are trended to identify problem areas that could be enhanced. As a result of student feedback about clinical site orientation, faculty have changed the unit orientation process to be more specific and to include the educators at each facility.

An example of student feedback that affected a clinical placement occurred during summer, 2012. Students who were placed at a contract site for their practicum experience notified the faculty that the clinical agency was not supportive of excellent patient care. Based on this feedback, their clinical rotation was changed immediately. In addition, the students assisted with a report that notified the Nevada State Board of Nursing about the incidents observed.

All clinical agencies utilized have current contracts with TMCC. The various contracts support student learning and include requirements for both the college and the agency regarding the management of students. A list of those contracts, copies of the contracts, and dates of expiration is located in the Director of Nursing office and in the office of the Vice President for Finance and Administration at the college.

A sample contract is included and all existing contracts are available on site located in the TMCC Maxine S. Jacobs exhibits.

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

Current best practice for acute care hospitals includes participation in nationally established patient health and safety goals. The development of The Joint Commission’s National Patient Safety goals in 2002 identified problematic practices and made recommendations toward those goals that were evidence or expert based. Updated annually, National Patient Safety Goals are evaluated during random or announced surveys by organizations that are accredited by The Joint Commission. All acute care hospitals with which the nursing program has contracts are accredited by The Joint Commission.

During their first semester, students are introduced to National Patient Safety Goals, using the Safety concept that is incorporated into the curriculum. All students receive information about how the clinical
agency participates in the National Patient Safety Goals during an orientation to each facility. In addition, students use the SBAR communication tool throughout the curriculum as a best practice for improving communication among the healthcare team.

For example, St. Mary’s Regional Medical Center mandates that each faculty receive a facility orientation and provides them with a Pocket Reference, “A Guide to Enhancing High Quality Patient Care and Maintaining a Safe Healthcare Environment at Saint Mary’s Regional Medical Center” which outlines how this facility uses best practices to meet their identified goals. This is included in the exhibits. The faculty use that information to provide an orientation to each of the students during their clinical experience. At St. Mary’s, students and faculty also have access to online resources such as Mosby’s Nursing Consultant, and organization policies and procedures. St. Mary’s Nurse Educators provide educational opportunities at clinical post-conferences.

Renown Health Care provides a mandatory student and orientation to each incoming cohort of students. Included in the orientation is Renown’s approach to meeting the National Patient Safety Goals. In addition, Renown provides individual student opportunities to participate in unit based approaches to decreasing falls, and inviting all students to their “Post-Fall Review”, an evaluation of each patient fall performed by nursing staff on the unit together with nursing leaders of the hospital. The clinical agency also provides access to quality data and core measures used by each individual unit in the hospital assisted by the students’ reference nurse. Students are often in attendance at a weekly unit-based skin resource meeting aimed at decreasing the incidence of pressure ulcers.

Students attend similar orientations at all other clinical agencies by various methods. Required reading and post-tests are also available online via the internal learning management system, Angel. During their capstone course, students participate in a project that investigates an error using the tracer methodology.

The nursing program continuously solicits ongoing information about how the organization at the unit based level participates in national patient safety standards and continuously updating and establishing best practices is solicited via the program satisfaction survey which is distributed to agencies by the faculty. In addition, an update is sought and provided at every nursing program Advisory Board meeting. Renown updates faculty periodically about major changes in policy that are based on current best practices by providing their Nurse Educators to provide in-services. Recent updates on medication administration via enteral tube were invaluable to faculty and through them, the students.
Standard 5 Resources

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

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

Through various sources, fiscal resources are obtained to ensure that the nursing program maintains integrity with its mission and sustains the outcomes of the program. The nursing program has been able to provide a level of funding for program costs in the midst of an austere budget through frugal planning and efficient use of all possible resources at the program, college and system level. Additional support from the TMCC Foundation and contributions from clinical agencies has allowed the program flexibility in meeting program and student needs.

Previously, the budgeting request and approval process at the college has been discussed (Criterion 1.7). That section also contained information about the additional resources that are allocated through grants and TMCC Foundation awards outside of the budget to help ensure that the program goals are met. The State of Nevada provides funding for personnel, travel and operations of the program. Table 5.1 shows all income sources for the nursing program. These include the State of Nevada Operating Budget, student paid lab fees, grants, college technology fees, and donations received through the TMCC Foundation as well as the direct gift of time from the clinical agencies.

Personnel and Benefits

The largest resource allocation and use is for personnel and benefits. Table 5.1 demonstrates that the budget allocation for personnel has decreased over the previous three budget cycles. No step or cost of living raises have been awarded for the past three years. In addition, there are mandated salary reductions and furlough days for all state employees. This will continue through at least fiscal year 2013, since the state allocation for salaries was approved through the two year legislative cycle in 2011. Benefits have been funded at a slightly higher level; however the share of cost to all employees has risen, with a concurrent reduction in benefits.

This is of concern due to the shortage of nursing faculty that is not predicted to improve in the foreseeable future. One faculty is scheduled to retire at the end of the current academic year. Her position remains in the 2013 budget. The most problematic area will be recruitment, given the current shortage and consequent competition for nursing faculty.

Although the program decreased enrollment beginning in 2011, there was no resulting decrease in funding of personnel and benefits. The savings will be in part-time faculty budget as the full-time faculty will be assuming more clinical faculty roles. There will be a decrease in the part-time budget, however,
the savings will be distributed at the college level, since the allocation is made from the Vice President of Academic Affairs and Student Services through the Dean, School of Sciences. The contribution of a part-time faculty by Renown Health has helped keep these costs down for the program.

**Operating Budget**

The operating budget, at nearly $20,000, has been flat for the past three budget years. This budget supports all internal operations except the cost of facilities and computer hardware. Paper, printing, copying, non-standard software, cellular telephones, pagers, and all equipment and supplies are funded with this budget. Frugal management has provided for the needs of the program; however there have been delays in providing office printers and other replacement equipment for faculty. Classroom equipment for instruction is provided by the college. Specific equipment and technology that is unique to nursing education cannot be accommodated with the nursing program operating budget or at the college operating budget level.

**Equipment and Supply Budget**

With the exception of teaching technology and office computers, equipment is funded primarily through grants and donations. To date, the TMCC Foundation has supported the purchase of much of the equipment used in the nursing skills labs. For example, the purchase of simulation equipment for patients, medication dispensing equipment, and an electronic medical record computerized charting system have all been funded through Foundation donors. Frequently, clinical agencies will contact the program with outdated supplies for use in the skills labs as well.

Supply costs are funded through student fees for each course. These are substantial, and are managed by the Lab Coordinator. The use and amount of lab fees must be approved through the college, and increases have not been approved for the previous three years. A health surplus has funded the overages in the meantime, and increases have once again been requested. Any increase above $50.00 per course must be approved by the Board of Regents.

Software and other technology that supports the program have also been funded through grants and gifts. Currently the program is implementing E*Value, an internet based data management and reporting system. This will allow more comprehensive data management, tracking and reporting of program outcomes. This has been funded by a Perkins grant.

Current grant applications to help fund equipment and support to students are in progress. The Academic Technology Committee will review a proposal to equip a large computer classroom at the Redfield campus with the use of Technology Fees. In addition, the Foundation will be requested to fund Peer Tutoring for the nursing program students. The Department of Labor Retention Program grant has funded this previously.

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An unintended, but acknowledged consequence of the system wide budget cuts is increased costs to students. Textbook costs have increased, as has the cost of tuition and fees at the college. The availability of scholarships within the school has concurrently increased to offset some of the direct cost to students, but many students still struggle financially due to the economy, unemployment, loss of income, and family obligations. These continue to be statewide issues that affect them all of Nevada.

5.2 Physical resources (classroom, laboratory, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

Physical resources that help provide the structure for classes and learning include classrooms, laboratories and public and faculty offices. The nursing program schedules classes on the campus at Dandini and the Redfield High Technology Center. All faculty have private offices at either campus, and are able to meet with students to provide counseling and coaching in a confidential environment. Classrooms are available with appropriate technology to provide instruction and support the educational outcomes.

Laboratory
Within these two sites, Dandini, and Redfield there are two modern skills laboratories and duplicate simulation equipment and supplies. The Nursing Lab Coordinator travels between both locations to provide support and manages the supplies and equipment. She also maintains the master skills lab/classroom schedule. With the increasing use of simulation, there is a great deal of competition for use of the two skills laboratories. The Clinical Coordinators meet with the Lab Coordinator prior to each semester to settle on a mutually agreeable schedule for all scheduled lab and simulation experiences.

Classrooms
Campus classrooms that are scheduled for nursing instruction are smart classrooms, provided with varying levels of multimedia integration, such as VCRs, LCD Projectors, or Elmo projectors to name the most common systems. Many have Smart Boards.

The college uses a tier scheduling method to assign classrooms. Although the nursing program has fist priority scheduling for the skills labs, faculty can request specific classrooms for the students in the program. A centralized room scheduling process is used, and there is college-wide competition for suitable classrooms. Not all classrooms can accommodate over 32 students. Occasionally the program has more than 32 students in a class due to readmissions, and these are sometimes difficult to schedule. If a classroom is needed for non-routine testing, it is also sometimes difficult to secure a large enough classroom, and there are not enough computer classrooms that hold adequate numbers of students for on-line testing.
Faculty Offices
Faculty and staff offices are located at the Dandini campus and the Redfield center. The director’s office is on the Dandini campus. Each faculty is currently assigned a private office, although the Redfield center offices are designed for sharing. When faculty are assigned a class at a location where they do not have an office, one is usually available for use, although this must be negotiated with the site manager at Redfield, and the staff at Dandini.

Each full-time faculty member has a private office. Standard equipment for each office includes a desk, chair, bookcase, file cabinet, telephone with voice mail, computer with CD-RW, and external ports. Additional faculty equipment requests are processed through the Director of Nursing. The Director of Nursing has a private office located within the 417 complex. The office has a desk, chair, bookcases, file cabinets, computer and printer. All offices are well lit and adequately ventilated. Maintenance is provided through plant and facilities.

There are no reserved offices for part-time faculty. Part-time faculty is employed to teach almost exclusively in the clinical setting. When part-time clinical instructors need to come to campus, primarily to meet with students for evaluations, private space is provided for them. Part time faculty is encouraged to utilize the campus support services of the Part Time Faculty Office located in RDMT 315.

Other Physical Resources
Computer assistance is available through the TMCC Help Desk that can be accessed via email or voice mail. A campus wide email system provides communication to all faculty members and is accessible via Internet Web connections from any off campus site.

All full and part-time faculties are provided with a mail box in a workroom located in the RDMT 417 complex or in the Part-Time faculty Office at the Dandini campus. Faculty assigned to Redfield campus have a mailbox there. A Xerox copy machine is also available that has email and fax capabilities at each location. A Scantron machine for scoring exams is also located on both campuses. Office supplies are available in a stocked cupboard or upon specific request. CDROMs related to nursing theory and skills are kept in a cabinet within the RDMT 417 workroom.

Classified support staff, located in an office area in RDMT 417, has individual computers to perform word processing functions and access to all campus and system programs. Locked student files are also located adjacent to this room (RDMT 418). There are dedicated program staff at Dandini and shared staff at the Redfield center. They have work stations that are suitable for the purposes of being available for students and the public and being able to get assignments completed. They are accessible and available. If privacy is needed, an office can be used that is temporarily vacant.

Post-conference rooms at the clinical facility are reserved by clinical faculty. These are difficult to obtain, especially at St. Mary’s.
5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to students and faculty including those engaged in alternate methods of delivery.

Resources are accessible, current and available to both students and faculty and integrated within the college and nursing program’s mission and outcomes. Nursing program faculty have the responsibility for selecting resources that support the curriculum and student learning both within the nursing program and the college. They are part of a department and college-wide selection process that ensures adequate input is provided prior to any adoption of resources or technology. Learning resources include textbooks, software, hardware, internet access, testing products, tutorials, and other support for learning.

As the use of technology to support student learning and remediation expands, a careful selection process of only those that support the curriculum has been incorporated. Intense marketing, hidden fees for upgrades and warranties, and the need for additional equipment are normal for this industry. In addition, the use of a review process to ensure ongoing currency and accessibility is needed. Technology is outdated and replaced by new products frequently.

Ongoing review of all resources is provided through the Systematic Program Evaluation Process. The Resource Committee is responsible for facilitating an annual review of all materials and resources used for instruction. Accessibility is maintained through the use of logins and passwords for proprietary items, internet access and communication with students through multiple avenues, open access computer labs, and library hours.

The textbook adoption process occurs each spring or as the program needs for resources change. Content experts request preview copies and make group recommendations. Individual requests for DVDs or CDs must be approved by the faculty as a whole. This can be done by the faculty directly or through the resource committee. Individual teaching resources reside within the faculty’s office.

Product marketing is done by representatives to individual faculty, the director, and the nursing lab coordinator. In addition, recommendations by other nursing programs are received. As products are identified that might fit within the nursing program, a first review is provided by the director and the nursing lab coordinator if appropriate. Discussion with faculty is held to determine whether the product should or could be incorporated, and if appropriate, a second review is provided by the Leadership Team. Prior to scheduling implementation, a final review is provided by interested faculty.

Once a product is adopted, orientation to students is provided by course faculty. For example, the electronic medical record product purchased from Elsevier is used in the first semester clinical nursing
course, NURS 138-Nursing Care I. Orientation to the product is provided by the faculty, and product maintenance and oversight are the responsibility of the Nursing Lab Coordinator.

Orientation to the Angel Learning Management System (LMS) for students is provided at the start of the program within NURS 212 – Cultural Aspects of Nursing Care, which uses the Angel LMS. The Angel LMS is also used as a communication tool with all students in the program.

Specific resources for the skills labs are ordered through the nursing lab coordinator. She has a standard list for all skills. For larger equipment requests grants and requests from donors are made.

Additional department resources such as content specific DVDs and CDs are contained in the locked cabinets of the department’s break room or may be placed on reserve in the library. These are yearly reviewed by the Resource Committee and those over five years old are purged. The library resources are also reviewed for nursing textbooks that are over five years old and are purged by the same group. Prior to removing from circulation, resources that are considered for purging are presented to the nursing faculty to review for relevancy. These resources can then be tagged as not current, but relevant for specific instructors. Those instructors can keep the resources in a common area, but probably will only be used by the requesting faculty.

Those department resources identified as current and relevant are kept in the locked cabinet in the department’s break room. This area is accessible to all nursing faculty from either campus during school hours. Resources located here are usually DVD, CD, VHS and extra textbooks. Except for the above area resources are accessible on both the Dandini and Redfield campuses for computer and skills lab resources.

Library resources are located primarily at the Dandini campus at the Elizabeth Sturm library with a satellite library at the Redfield campus. The Sturm library is open Monday-Thursday 8 a.m. - 8 p.m., Friday 8 a.m. - 5 p.m., Saturday 11:30 a.m. - 4 p.m. and closed on Sunday or when the Dandini campus is closed. The Redfield/High Tech Center library is open Monday 8 a.m.-5 p.m. (closed 12-1 p.m.), Thursday 8 a.m.-12 p.m. and closed Tuesday, Wednesday, Friday, Saturday and Sunday. Some library resources can be checked out while others may only be used within the library itself.

Some resources are only available in the skills labs. These include the Sim-man manikins, Baby-sim manikins, Vital-sim manikins, nursing equipment (i.e. Foley’s, IV tubing, etc.) and demonstration models. In addition, there is a Pixys machine, and an electronic medical record documentation system located within the skills lab.

There are online resources that can be accessed from any computer on campus and some may be accessed from home. These include ProCalc, Evolve learning simulation system and policies and
procedures for the nursing department. Recent purchase of a Meti-Edose system will replace the ProCalc software.

Other resources are also available on the ANGEL learning management system. These include the following: library, online student support, Smart Thinking online tutoring, Web College Time Management, Student Government Association, Getting a Good Start and the TMCC calendar. There is also a specific site under Nursing Cohort Resources course content named Tutoring-Independent Learning Resources for Student. This has links to library resources. These same library resources are accessible to all nursing faculty through the department drive.
SECTION THREE: STANDARD 6

Standard 6 Outcomes
Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

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

At Truckee Meadows Community College’s Maxine S. Jacobs Nursing program, both student learning and program outcomes are assessed through the college’s assessment plan. All NLNAC standards are assessed through the nursing program’s systematic plan for evaluation. TMCC has two institutional assessment processes in place for its instructional offerings: the annual Course Assessment Report and the periodic Program Review. The Program Review’s five-year cycle establishes TMCC’s instructional assessment cycle. Five-year assessment cycles for departments ensure that over a five-year period, every course will be assessed. The TMCC Maxine S. Jacobs Nursing Program Systematic Plan for Evaluation is included as Attachment 3.

The program and student learning outcomes along with the measures to determine achievement follow:

Program Outcomes:

**Outcome Statement 1:** Students completing the Associate of Applied Science: Nursing Degree will achieve a passing score on the NCLEX-RN. **Measure:** NCLEX-RN results for first time test takers will be at or above the national mean.

**Outcome Statement 2:** Students completing the Associate of Applied Science: Nursing Degree will complete the program in a timely manner. **Measure:** Graduation within six semesters of admission will be achieved by 75% of students.

**Outcome Statement 3:** Students completing the Associate of Applied Science: Nursing Degree will be employable. **Measure:** Within one year of graduation, 75% of graduates responding will report themselves employed on the graduate survey.

Student Learning Outcomes:

**Outcome Statement 1:** Students completing the Associate of Applied Science: Nursing Degree will practice professional nursing behaviors, incorporating personal responsibility, values, and expectations of the profession and accountability for lifelong learning. **Measure:** Demonstration of competency on the final clinical evaluation tool for the program.

**Outcome Statement 2:** Students completing the Associate of Applied Science: Nursing Degree will integrate knowledge of the diverse and holistic needs of the individual to safely implement...
the nursing process. **Measure:** Demonstration of competency on the final clinical evaluation tool for the program.

**Outcome Statement 3:** Students completing the Associate of Applied Science: Nursing Degree will communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team. **Measure:** Demonstration of competency on the final clinical evaluation tool for the program.

**Outcome Statement 4:** Students completing the Associate of Applied Science: Nursing Degree will manage care within the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes. **Measure:** Demonstration of competency on the final clinical evaluation tool for the program.

**Outcome Statement 5:** Students completing the Associate of Applied Science: Nursing Degree will incorporate informatics to formulate evidence-based clinical judgments and management decisions. **Measure:** Demonstration of competency on the final clinical evaluation tool for the program.

Currently student learning outcomes for each nursing program course are assessed each semester each year. This cycle is to ensure that the recently revised student learning outcomes are measuring the intended outcomes, and that program student learning outcomes are being met.

**Assessment of Program Outcomes and NLNAC Standards**

The Systematic Plan for Evaluation (SPE) includes all of the NLNAC Standards and Program Outcomes and forms the foundation for program review and assessment against these national standards. The plan specifies responsibilities, frequency of assessment, expected level of achievement, documents to be reviewed, and components of assessment. Responsibility for assessing compliance with NLNAC Standards is divided among the faculty committees, and reports are presented throughout the academic year to the entire faculty for input, revision, and approval. The expected level of achievement is both an established benchmark and goal.

An example is provided by the NLNAC Faculty and Staff Standard, Criterion 2.7, which states that faculty (full and part-time) are oriented and mentored in their areas of responsibilities. The operational definition is that all faculty participate in a program that provides understanding of roles, responsibilities and work responsibilities of nurse educators. The expected level of achievement is that 100% of new faculty will participate in an orientation and mentoring program. Responsibility for the monitoring of this criterion rests with the Faculty Committee. They are responsible for collecting and analyzing the data, determining whether the criterion is met, and making a recommendation to the faculty for improvement or changes.

Another NLNAC Student Standard, Criterion 3.2 requires that student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving

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instruction using alternate methods of delivery. The operational definition is that student services are available to all TMCC students and administered by qualified individuals. The Student Committee must determine whether the following expected levels of achievement are met:

1) 100% of students will rate support services as satisfactory or better, including those receiving alternate methods of delivery.

2) 100% of college support services are administered by qualified individuals as determined by position descriptions on file in the Human Resources Department.

In order to do so, they must review the results of the Graduate Survey, communicate with Human Resources and review the Faculty Handbook.

Student Learning Outcomes Assessment
Course student learning outcomes have been established for each course that link to the program student learning outcomes. There are two methods involved in assessment of student learning outcomes. The Course Assessment Report (CAR) and the Program/Unit Review (PUR) processes are used at college to assess both program and course student learning outcomes. The Program Review establishes TMCC’s instructional assessment cycle. The program assessment cycle for the nursing program ensures that over a five-year period, every course will be assessed. Course assessments are done each year. The Program Review incorporates annual course assessments into the periodic program assessment and review. Through the process, the nursing program compiles and analyzes course and program student learning outcomes assessment activities and program data for a five-year period and uses that in the Program Review.

Students completing the Associate of Applied Science, Nursing will:
Communicate professionally and effectively with individuals, significant support persons, and members of the interdisciplinary health care team.

NURS 102: Compare and contrast therapeutic versus non-therapeutic communication styles.
NURS 212: Formulate and professionally communicate diverse viewpoints of health and illness during the process of online discussion with peers.
NURS 138: Communicate effectively with individuals with significant support persons based on developmental stage and age.
NURS 170: Communicate effectively with clients, family members and interdisciplinary team members.
NURS 202: Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.
NURS 274: Communicate effectively while acting as a member of the healthcare team in written, electronic and oral form.
Deans provide additional analysis, and the Vice President of Academic Affairs and Student Services provides summaries and recommendations to the Planning and Budget Council related to specific resource requests generated by the program review. Approved recommendations may be incorporated into the Educational Master Plan and other strategic plans, including enrollment, staffing, facilities, technology, or the overall college plan (contingent upon need and resources), thus integrating assessment into institutional planning and effectiveness efforts.

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

The purpose of any performance assessment and improvement program is to use information to make decisions about program changes. The systematic program evaluation, course assessments and program unit form the basis for evaluation and improvement.

The systematic program evaluation uses the NLNAC standards as the basis of a systematic review of all standards periodically. Improvements in program processes affect student learning and are based on measurement against national standards. The SPE Report for academic years 2008-2009, 2009-2010, and 2010-2011, available onsite, demonstrate that data gathering, analysis and improvement are linked through this process.

Improvements have been undertaken in the following program and curricular areas based on evaluation findings identified in the SPE.

Course and program student learning outcomes are assessed through the Course Assessment Report and the Program/Unit Review process at TMCC. Based on findings of course and program student learning outcomes, it was determined that the nursing program needed to better align the course outcomes with the program outcomes after these were revised and approved by the college’s CAP Committee in 2010. Evaluation revealed that there was a disconnect between the course student learning outcomes and the program student learning outcomes—that the program student learning outcomes could not be adequately assessed without this linking.

6.3 Evaluation findings are shared with communities of interest.

Communities of interest are a source for feedback, best practices and new ideas. They are comprised of individuals and organizations having an interest in the success of the Maxine S. Jacobs Nursing Program. They can provide unique viewpoints and fresh eyes that help ground the nursing program in the community it serves and continue to improve. The communities of interest that are involved with the nursing program are very interested in evaluation findings and always ready to offer support and advice about methods of improvement.
The Maxine S. Jacobs Nursing Program Advisory Board is the most involved of the communities of interest, meeting twice a year to help guide the program and provide input. A formal report is given by the Director of Nursing concerning the status of the program. The results of any visits by accrediting or regulating bodies, program changes, and planned changes are reviewed during the meetings.

Those findings that are relevant to selected communities of interest are also shared. For example, each clinical agency is very interested to receive the findings of student evaluations of clinical sites that is done each semester. Annual reports are provided to the Directors of Education at each site, and a discussion about improvements needed results. For example, both Renown Regional Medical Center and St. Mary’s Regional Medical Center have improved and clarified the student orientation process as a result of evaluation findings showing that student did not feel that the orientation provided them with enough information.

6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.

The TMCC nursing program collects data on and addresses the achievement of competencies in a variety of ways. Each course has student learning outcomes that are currently assessed each semester. The program has Student Learning Outcomes that are competency based, and these are assessed annually. Employer surveys question competency in our graduates, and students themselves state whether or not they feel competent. In addition, the NCLEX-RN itself assesses graduate nurse competencies, and is a national benchmark of the program’s ability to educate students to the novice practice level.

The CPET is utilized throughout each clinical rotation of the nursing program: Medical-Surgical, Obstetric, Pediatric and Psychiatric rotations. The student must achieve a 75% in each clinical rotation to progress to the next clinical rotation. For example, in NURS 202 the clinical rotations consist of Pediatric, Psychiatric and Medical-Surgical. The student would need to achieve a 75% in Pediatric rotation in order to progress to the Psychiatric rotation. Each clinical rotation evaluation “stands alone” and is not dependent upon the prior clinical rotation(s).

Students are required to achieve a minimum skill level in the first semester lab course (Nursing 138) in order to advance to the next course. Clinical competencies are evaluated each semester with a leveled clinical performance evaluation tool (CPET). During the final clinical course, Nursing Care 4 - Practicum (Nursing 274), students are evaluated using outcomes that are derived from the student learning outcomes for the program.

Competency is also assessed during each nursing course by competency derived questions on each unit exam each semester. NCLEX-RN style questions which assess content and concepts such as assessment, communication, clinical decision making, prioritization and management of care are used throughout the program.

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Until recently, the NLN Diagnostic Readiness Exam was required of all students prior to graduation. The exam assesses each student for the potential to pass NCLEX-RN, and also provides meaningful data about student areas for improvement in order to achieve success on the NCLEX-RN. However, the data provided to the nursing program has not been helpful to assess program specific competencies. The Leadership Team is assessing other products including end of course and end of program assessments.

The National Council of the State Boards of Nursing (NCSBN) NCLEX Program Report, provided by Mountain Measurement has helped to assist with further assessment of competencies. Since the nursing program at TMCC has consistently sustained first time NCLEX-RN pass rates over 90%, and many years 100%, there have been no consistent findings that identify problematic areas in the competencies assessed for entry level nurses.

Competency assessment from individual courses showed that students were meeting individual student learning outcomes from the concept categories. However, the courses student learning outcomes do not fully reflect the depth and breadth of the program student learning outcomes. A plan was implemented to revise the student learning program and course outcomes to more fully integrate them into the curriculum. This was completed and implemented fall, 2011.

Employer surveys are distributed to the administrative and educational staff on units who employ TMCC’s graduates. They are tabulated below and the expected level of achievement (EXPECTED LEVEL OF ACHIEVEMENT [ELOA]) is met for 2009 and 2010 but not for 2011, see Table 6.2. The scores for 2011 below 100% are the result of two surveys that were marked NA and one marked two (2) out of four (4). In the category “graduates possess the documentation and writing skills needed for appropriate documentation” an NA was noted with no specific explanation provided. An additional NA was noted in the category of “I would gladly hire additional TMCC graduates”. Again there was no explanation given for this score. A score of two (2) out of four (4) was noted on one survey in the category of “graduates possess entry level collaborative skills necessary to work effectively with interdisciplinary teams”. No additional feedback was given to clarify this response. Overall the comments were sparse and generally positive as they have been in the past.

Feedback from employer surveys indicated that graduates were lacking in knowledge of the National Patient Safety Goals. The information was used to incorporate attention to this content in each course and to develop a written assignment that tracks errors through the reporting and investigation process that is assigned during the fourth semester final capstone course.

Historically there has been a poor return on the employer surveys so it was decided to expand the target audience for 2011. The outcomes committee also decided to change the name of the survey to Communities of Interest (COI) Survey in order to capture data from all nurses who have contact with our graduates and can therefore offer an informed opinion. The list includes unit managers, unit educators.
and staff nurses who work with our graduates. Further, the survey tool has been rewritten to include questions regarding critical thinking, assessment and communication. The COI survey is a seven (7) question data collection tool including a comment section. Data is collected in a yes or no format for all questions. The committee anticipates the new survey tool will collect improved data for future program assessment.

Table 6.2: Employer survey results

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<th>2009</th>
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<th>2011</th>
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<td>Entry level skills and knowledge</td>
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<td>100%</td>
<td>100%</td>
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<td>Documentation and writing skills</td>
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<td>100%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Educational preparation</td>
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<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Would Hire TMCC graduate</td>
<td>100%</td>
<td>100%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Prepared to deliver safe, quality care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

6.5 The program demonstrates evidence of achievement in meeting the following

Program outcomes:

Performance on licensure exam

Program completion

Program satisfaction

Job placement

Through the ongoing process outlined in the Systematic Program Evaluation (SPE), the nursing program assesses all of its program outcomes, as well as graduate success on licensure exam, program completion, program satisfaction and job placement. Student Learning Outcomes for each course and for the program and reported through the college’s Program and Discipline Review Process. Demonstration that program outcomes are being achieved is presented through the SPE process and also to the public via these reports, reported on the college’s website.
Assessment of student learning outcomes (SLO), which include the competencies expected of program graduates, is completed each semester for each course by the course faculty, following college policy, and using the college approved Program/Discipline/Course Assessment Report (PDCAR) form. A yearly nursing program assessment is also compiled in the same manner, reported to the TMCC School of Science, and posted on the college website. As student learning outcomes have been refined for courses and the program, they have been modified, and the process in the current format with comparative data is available only for 2009-2010 and 2010-2011.

### Table 6.5 Outcomes Assessment Data

<table>
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<tr>
<td>Collaboration</td>
<td>NURS 274</td>
<td>NURS 274</td>
</tr>
<tr>
<td>Managing Care</td>
<td>NURS 274</td>
<td>NURS 274</td>
</tr>
<tr>
<td>Teaching and Learning</td>
<td>NURS 170</td>
<td>NURS 212</td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td>NURS 102</td>
<td>NURS 102</td>
</tr>
<tr>
<td></td>
<td>NURS 202</td>
<td>NURS 202</td>
</tr>
<tr>
<td>Communication</td>
<td>NURS 102</td>
<td>NURS 212</td>
</tr>
<tr>
<td>Caring Interventions</td>
<td>NURS 212</td>
<td>NURS 212</td>
</tr>
</tbody>
</table>

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

TMCC graduates consistently score well above the national average for first time test writers and our graduates are often the highest scorers in the State of Nevada. The Systematic Program Evaluation expected level of achievement (at or above the national rate for associate degree programs) for this criterion has been met for the past three years and the data is summarized in the table below.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMCC</td>
<td>98.18%</td>
<td>92.31%</td>
<td>100%</td>
</tr>
<tr>
<td>National Average, ADN graduates</td>
<td>86.2%</td>
<td>88.42%</td>
<td>86.46%</td>
</tr>
<tr>
<td>National Average, overall</td>
<td>86.7%</td>
<td>87.6%</td>
<td>87.41%</td>
</tr>
</tbody>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
6.5.2 Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

The factors involved in retention of nursing students are complex. They comprise two broad categories of academic and personal reasons, but on an individual level run the spectrum from a lack of knowledge about the demands of nursing to a real struggle with the cognitive skills necessary to succeed in the classroom. There is no denying that it is a personal tragedy for a student and a program and professional loss felt by faculty and administration alike to lose a student, no matter the reason.

The difficulty with implementing strategies to improve retention is that results can’t be known for six semesters. The nursing program at TMCC has struggled with sustaining a stable retention rate for several years. Table 6.5.2a shows that retention has improved slightly then decreased, and then improved again. The rate has increased or decreased over time, but still shows a declining trend until very recently.

**Table 6.5.2a nursing program completion rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>4 sem</th>
<th>6 sem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Su 05-YR</td>
<td>78%</td>
<td>71%</td>
</tr>
<tr>
<td>Su 06-YR</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>Su 07 YR</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>Su 08-YR</td>
<td>62%</td>
<td>48%</td>
</tr>
<tr>
<td>Su 09-YR</td>
<td>64%</td>
<td>54%</td>
</tr>
<tr>
<td>Sp 10-YR</td>
<td>67%</td>
<td>60%</td>
</tr>
<tr>
<td>Fa 05-T</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Fa 06-T</td>
<td>52%</td>
<td>66%</td>
</tr>
<tr>
<td>Fa 07-T</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Fa 08-T</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Fa 09-T</td>
<td>71%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Table 6.5.2b compares year round with traditional retention rates. More year round students are retained than traditional. Given the demands of the program, this is not surprising, since applicants to the Year Round program are required to show evidence of a college degree, demonstrating previous academic success. In addition, they might show more commitment to an intensive course of study, given that there is no break in enrollment.

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Although trends show a continued slight decline in the Year Round rate and a flat trend in the traditional group, there has been recent improvement in both groups in the 4 semester rates. This portends an improvement in the six semester rate as well.

**Table 6.5.2b Comparison of nursing program completion rates**

**Year Round Retention**

<table>
<thead>
<tr>
<th>Year</th>
<th>4 sem</th>
<th>6 sem</th>
</tr>
</thead>
<tbody>
<tr>
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<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>Su 07 YR</td>
<td>62%</td>
<td>51%</td>
</tr>
<tr>
<td>Fa 08-YR</td>
<td>51%</td>
<td>44%</td>
</tr>
<tr>
<td>Su 09-YR</td>
<td>70%</td>
<td>52%</td>
</tr>
<tr>
<td>Sp 10-YR</td>
<td>71%</td>
<td>68%</td>
</tr>
</tbody>
</table>

**Traditional Retention**

<table>
<thead>
<tr>
<th>Year</th>
<th>4 sem</th>
<th>6 sem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fa 05-T</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>Fa 07-T</td>
<td>54%</td>
<td>48%</td>
</tr>
<tr>
<td>Fa 08 T</td>
<td>60%</td>
<td>47%</td>
</tr>
<tr>
<td>Fall 09 %</td>
<td>67%</td>
<td></td>
</tr>
</tbody>
</table>

**Table 6.5.2b Comparison of nursing program completion rates**

<table>
<thead>
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<th>6 sem</th>
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<tr>
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<th>Year</th>
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<td>60%</td>
<td>47%</td>
</tr>
<tr>
<td>Fall 09 %</td>
<td>67%</td>
<td></td>
</tr>
</tbody>
</table>
Efforts at improving retention

Listed below is a brief summary of the various strategies that have been implemented in an effort to improve retention in the program. A full description follows.

Fall, 2007: The program moved to a grade point average based admission system. Previously, points had been awarded for completion of co-requisite courses with a minimum GPA only. Beginning data in the literature indicated that overall GPA in was a predictor of nursing student success.

Fall, 2008: A concept-based, faculty developed curriculum, was implemented. This had been developed over two years using the concepts contained within the NLN Educational Competencies for Associate Degree Nursing Programs (2000, NLN). After investigating many options for a curriculum revision, the faculty felt strongly that a concept-based curriculum would serve to foster better student learning and help students understand the complexity of thought and clinical decision making process that modern nursing practice demands.

Fall, 2008: A $1.5 million three-year Department of Labor grant, the Nevada Nursing Retention Program, was implemented.

Spring, 2009: An admission assessment (HESI A2 Admission Assessment) was added to the GPA requirement, and 50% weight assigned to each.

The Department of Labor funded grant received to improve retention was designed to provide multiple strategies that had been identified as successful or recommended based on an extensive review of the literature in retention.

Beginning in fall, 2008, the grant provided stipends to students as well as an extensive orientation to the program. Peer tutoring was established, and each student had access to a nurse mentor as well as a counselor and academic advisor specific for their unique needs. The advisor helped students establish a learning plan for success and provided guidance in managing the multiple demands that nursing school brings. Learning communities were also established that created a social network of study as well as support in addition to fostering a cohesive sense of purpose. Although not all students participated in the grant, all services provided were provided to all program students.

The cohort of students graduating in summer, 2011 was the last grant funded group, and overall retention is still not at or above the national average, which was the goal of the program.

As data continued to be provided that targeted retention as an issue, the faculty made several additional changes to address the problem. Although the DOL funded program ended, several services that were identified as valuable by the students will continue at the program and college level.
Academic advising and counseling are being provided by the TMCC Student Services department, and a specific focus provided to nursing students, whose unique needs have been identified to them through the grant personnel. For example, during a nursing student’s first semester, a degree audit is being run to determine if they have met graduation requirements. Since many of the students transfer with a previous degree, an assumption could be made that they only need the nursing courses. If they do not pursue advising, their graduation can be delayed while they take additional course work. Courses can also be completed over summer semesters. Counseling and the Disability Resource Center have identified test anxiety and other student issues that can benefit from their services and reached out to students proactively during orientation to establish beneficial relationships and provide support services.

The nurse mentor program will continue under the organization of the director. Many nurses and students enjoyed the relationship and wanted the program to continue. The revised orientation program will continue as well. Funding for tutoring is being sought through the TMCC Foundation. A donor interested in the nursing program has ongoing meetings regarding the needs of students.

Faculty identified several enhancements that were needed to policies and program curriculum as an improvement strategy. Analysis of data revealed that 50% of students who withdrew did not return to the program. It appeared that the readmission policy and process created unnecessary delays for students who withdrew for academic or personal reasons. This policy was dramatically revised and implemented spring 2011.

As the economic downturn became a longer term problem, and a temporary budget cut turned into further reductions, Truckee Meadows Community College refocused its efforts on student outcomes as well. There has been a college-wide increase in support for student success that has helped nursing students as well. Services at the college have improved, especially those that impact the program, as described above.

In addition, the nursing faculty recognized that the concept based curriculum was not being implemented systematically, and that the objectives and student learning outcomes did not adequately reflect program outcomes. Led by the Leadership Team, the curriculum was revised over the spring and summer of 2011 to include more concepts and more exemplars, based on the work of the North Carolina Curriculum Improvement Project. Course descriptions were revised, and course student learning outcomes and objectives revised and better aligned with program outcomes. Content was also tightly designed in order to assure consistency of instruction. All faculty then attended a day-long meeting to gain a deeper understanding of concept based teaching and learning.

One final economic issue that the faculty felt was impacting student retention was the economy. Nevada has consistently been lagging the nation in unemployment rate recovery. Nursing, seen as

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recession proof, has been a magnet for some who saw a four semester program as a solution to the
type of work personally. During the academic year 2010-2011, despite the many services provided to
students, the program lost several students in the first and second semesters for non-academic reasons.
Most of these students did not return to the program, but notified us by e-mail or message. In addition,
the faculty felt strongly that students in the first and second semester were not adequately prepared for
the demands of study within the nursing program, nor the emotional impact of taking care of very ill,
frequently difficult patients.

Therefore, two additional pre-requirements have also been added that were also suggested by current
students. Those are the requirement for nursing assistant training or evidence that the applicant has
personal care skills and knowledge. Also applicants must have knowledge of medical terminology. This
can be demonstrated by having taken a course or passing a competency assessment. These changes will
be effective fall, 2012.

6.5.3 Program satisfaction measures (qualitative and quantitative) address graduates
and their employers.
Many methods exist at the Maxine S. Jacobs Nursing Program to measure program satisfaction among
students and employers. Qualitative measures include the variety and substance of student
complaints as well as conversations overheard, formal concerns specific to the program, and rumors. The Maxine S. Jacobs formally evaluates program satisfaction among its graduates by the use of a
Graduate Survey.

Many times satisfaction is based on perception rather than a reality of fact. Anecdotal feedback is
valuable for understanding of concerns at large and perceptions and misperceptions that exist among
students, employers and the community at large. Open communication, listening, and following up are
key processes in being able to obtain information that may not be formally presented. The ability to
listen to, evaluate and respond to dissatisfaction without being defensive goes a long way to problem
solving issues before they become formalized.

All faculty listen to and respond to student and clinical agency staff concerns—about other faculty,
students and the program. Many times they are able to problem solve and direct the concern
appropriately on the spot. If a referral is needed, they refer the complainant to the appropriate person.
The Director of Nursing is, of course, seen as the person responsible for all program functions, and is the
appropriate person to receive any complaint about the program. In fact, that is the case, as faculty,
students, clinical agency staff, other college staff and administrators present their concerns for action.
Most times these are informal, and can be addressed as such. The director must evaluate each concern,
however, for any legal or mandatory reporting issues.
Because many student concerns which were reported formally, especially by students, were due to a poor understanding of program expectations and poor communication, the Director of Nursing began a monthly communication meeting for each cohort of students. This meeting is scheduled for a time that students are already on campus, and so is convenient for them. They are well-attended. Many times there are just questions, that, when answered, can avoid escalation of the problem. The meeting also allows students to put a face and personality on the office, so that when issues arise, they can be addressed informally. By addressing problems early and with compassion for all involved, future problems for the program and student are avoided.

Each clinical agency where students attend an experience involving patient care is also a potential and actual employer. Each of these facilities has a designated educational liaison who coordinates the experience with faculty, clinical coordinators and the director at some level of negotiation. To the extent that the relationships are good, these are also the forum to resolve problems and improve satisfaction. Open, nonjudgmental communication is the rule among these professional colleagues, rather than the exception.

Formally, among students, there has been a poor rate of return for the graduate surveys and few constructive comments to fully explain the previous overall low satisfaction with the program. The data on program satisfaction and retention has been the source of many conversations, both formal and informal, among the faculty. Many of the comments on the graduate surveys have been directed at specific faculty without meaningful, helpful data. With a poor return rate, the specific comments could not be evaluated for overall satisfaction, since they are anonymous and may have come from a small group of unsatisfied students.

The statistics on program satisfaction for 2008 and 2009 reflect the “old” curriculum. The curriculum was completely revised between 2006 and 2008 and the “new” curriculum was implemented in 2008. The implementation of new curriculum was accompanied by a Department of Labor (DOL) grant that provided access to a dedicated counselor specifically for nursing students, a community nurse mentoring program and funds earmarked to offset student expenses. The overall goal of the DOL grant was to provide support for students that the program felt was necessary for success in an effort to improve retention. Improving retention, it was thought, would also improve satisfaction. For 2010, 61% of graduate surveys returned (N=23, 37% return rate) rated overall program satisfaction as satisfied or very satisfied. The Outcomes Committee made a recommendation to change the Graduate Survey regarding program satisfaction to a Yes or No question. This was a recommendation made by the data analyst, since those surveys returned might only reflect opinions of those who were unsatisfied.

Table 6.5: Program satisfaction

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Graduate survey: at Satisfactory or above | 76% | 61% | 61% of graduate surveys returned (N=23, 37% return rate) rated overall program satisfaction as satisfied or very satisfied

| Employer survey: overall satisfaction with educational preparation | No data available | 100% | 100% | 100%

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

Job placement rates are gathered by quantified measures. A graduate survey solicits the information for recent program graduates, and the Nevada System of Higher Education gathers data for all of the state supported nursing programs in Nevada who have graduating seniors each semester of graduation.

The data from December, 2009 graduating seniors (Table 6.6a) shows that nearly 70% had jobs prior to officially graduating and prior to taking the NCLEX-RN exam. Detailed data show that 52.2% rated the job market ‘good’ and 39.1% ‘fair’. Of those still looking for a job, 50% felt their lack of experience, 25% felt that the lack of jobs in the area, and 10% the lack of jobs in their chosen specialty were barriers.

The graduate survey is sent out six (6) months after graduation in cooperation with Institutional Review (IR). One (1) question on the survey addresses employment after graduation and it has been revised on the survey to the 2010 graduates to specify employment within six (6) months of graduation.

An exit survey was completed by 140 nursing students graduating between fall, 2009 and summer, 2011. Fifty one percent of those graduating reported that they had accepted employment, with 55% reporting that they did not have difficulty finding employment. Of those who had accepted an employment offer most (95%) reported full-time employment. A small percentage, 4.4% reported that they were not currently seeking employment in the nursing field.

TMCC graduates are highly prized in our community and in the past, had no difficulty securing employment after graduation (100% employment rate). However, the Expected Level of Achievement specified in the SPE was not met in 2009. Factors affecting employment are varied and dependent on
market factors out of the control of the program. Anecdotal information indicated that most if not all of the 2009 and 2010 graduates who desire employment have positions. For graduates in 2010, the employment rate is stable at 96%.

The outcomes committee has revised the expected level of achievement (ELOA) for this criterion on the systematic program evaluation to reflect the current economic climate in northern Nevada. The ELOA currently reads “75% of graduates will be employed in nursing within six (6) months of graduation”.

Table 6.6a Job Placement Graduating December, 2009

<table>
<thead>
<tr>
<th>Immediate/Current Employment Status measured prior to graduation</th>
<th>TMCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted offer of employment as a graduate nurse</td>
<td>69.6</td>
</tr>
<tr>
<td>Seeking nursing employment</td>
<td>26.1</td>
</tr>
<tr>
<td>Not seeking employment in the nursing field</td>
<td>0.0</td>
</tr>
<tr>
<td>Not seeking nursing employment at this time</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Table 6.6b Job placement rates from Graduate Survey

<table>
<thead>
<tr>
<th>Graduates employed within 6 months</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
</tr>
</tbody>
</table>
ATTACHMENTS FOR NLNAC SELF STUDY

Attachment 1: Director of Nursing Job Description (Criterion 1.2)

Attachment 2: Curriculum Vitae Karen Fontaine (Criterion 1.5)

Attachment 3: Systematic Program Evaluation Plan (Criterion 6.1)
Attachment 1: Job Description, Director of Nursing

Title: Director of Nursing
Department: Nursing
Reports to: Dean of Health Sciences and Safety
Date: May 25, 2006

Summary Statement:
The Director of Nursing provides leadership and ensures that the Nursing Program provides quality education for students, including planning, development, evaluation and revision of instruction. This position has responsibility for effective administration and operation of the Nursing and Certified Nursing Assistant Programs. These duties include program development and evaluation for both programs; promoting program enrollments; providing leadership in the recruitment and retention of students; preparing an annual budget for the programs; and recruiting and evaluating full-time faculty. This position also directs the ongoing process of nursing program and curriculum revision and provides leadership in planning and organizing the Nursing and Certified Nursing Assistant Programs as well as other courses assigned to the department.

Major Responsibilities:

1. Provide leadership, coordination, and direction to both A.D.N. and C.N.A. nursing programs.
2. Be accountable to college, state and national accreditation agencies for all program outcomes.
3. Establish mechanisms to continuously improve processes.
4. Ensure that both programs meet the roles and mission of the college
5. Recruit faculty and chair appropriate screening committees.
6. Ensure that faculty and staff develop and meet goals that promote personal and professional growth.
7. Supervise Assistant Director of Nursing and C.N.A. Coordinator.
8. Supervise and evaluate classified staff as assigned to department.
9. Assure appropriate faculty teaching assignments and participation in general college activities.
10. Evaluate full-time faculty against the annual plan and job description.
11. Develop systems and processes that foster harmony and cooperation within the department.
12. Advise students.
13. Maintain relationships with community, college and system agencies that promote TMCC’s programs and ensure continued growth.
14. Develop partnerships within and outside the college for Associate Degree education.
15. Manage cooperative agreements and community relationships with clinical agencies.
16. Develop budget and manage expenditures.
17. Develop class schedules, consistent with approved courses, contact hours and credits
18. Review and revise public and college information about the program.
19. Assist with analysis, interpretation, and utilization of various data sets, such as NCLEX pass rates, employment rates, and demographic data.
20. Establish annual and long-range goals for the nursing program
21. Perform assigned duties in a manner consistent with standards mission, and goals of Truckee Meadows

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22. Community College.
23. Comply with published college policies and procedures.

Decisions and Judgments:
1. Foster harmony and cooperation within the department.
2. Exhibit an appreciation of, a sensitivity to, and respect for a diverse academic environment, inclusive of students, faculty, and staff of varying social, economic, cultural, ideological and ethnic backgrounds.
3. Advocate for faculty and staff within the college.
4. Promote personal and professional growth.
5. Provide leadership and support for the faculty and staff within the department.
6. Develop relationships with community agencies for partnership in education
7. Work in a professional and collegial manner with faculty and students.
8. Ensures compliance with budget.

Knowledge, Skills and Abilities:
1. Evidence of strong nursing education curriculum experience and knowledge.
2. Evidence of ability to work in a shared governance environment.
3. Effective communication skills.
4. Effective decision-making ability.
5. Promote personal and professional growth
6. Evidence of strong organizational skills.
7. Help maintain college, state and national requirements for program outcomes.
8. Experiences with systems that monitor and help continuously improve processes.

Personal Contacts:
1. Students, faculty and the college community: Exhibit an appreciation of, a sensitivity to, and respect for a diverse academic environment, inclusive of students, faculty, and staff of varying social, economic, cultural, ideological and ethnic backgrounds.
2. Faculty: To direct appropriate counseling and guidance that provided to students relative to nursing career goals. To build a schedule of classes for each term. To assure the application of established objective criteria for the admission of students to the associate degree nursing program and the certified nursing assistant program.
3. Students: To demonstrate professional and collegial behaviors that show fairness and negotiate with faculty to acceptable resolutions when disputes arise.
4. Community Agencies: Communicate and collaborate to develop and maintain working relationships with contractual agencies;
5. Governing Bodies: To communicate in order to convey compliance with appropriate state and national nursing bodies
6. TMCC Faculty: Work cooperatively with support course faculty, instructional support services and student services to provide for student support and requirements.

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Minimum Qualifications:

See below.

Education Level:

Master’s degree in nursing from a regionally accredited institution.

Experience:

1. Three (3) years of nursing practice in an acute care setting.
2. Two (2) years’ experience within an educational system teaching nursing.
3. Evidence of managerial experience and/or leadership skills.
4. Two (2) years of administrative experience including budget, personnel management and supervision.
5. Experience in administering an accredited nursing program to include experience as liaison between program faculty and NLNAC or similar accrediting body, state boards of nursing and/or other accrediting agencies.
6. Evidence of strong organizational skills.
7. Evidence of strong nursing education curriculum experience and knowledge.
8. Evidence of ability to work in a shared governance environment.
9. Effective communication skills.
10. Effective decision-making ability.
11. Ability to manage grants.

Certification:

Current licensure as a Registered Nurse in Nevada or ability to obtain state licensure.

Healthcare Provider CPR
Attachment 2: CV, Karen Fontaine
Karen Fontaine, RN, MSN, CNE

Professional Experience
- **Curriculum Development and Revision**
  - As the Director of Nursing at a large associate degree program, I led a curriculum revision project, and facilitated the implementation process. The product is a concept based, integrated curriculum that is based on physiologic exemplar diseases and professional nursing roles.
- **Faculty Professional Development**
  - The selection of expert clinicians who can also teach has been largely my responsibility. Lacking a formal orientation or mentoring program at a state supported community college, I led faculty to develop an internal orientation process that is based on sound academic theory.
- **Student Preparation**
  - Admitting qualified applicants who can successfully achieve their professional goals is only the first step in the preparation of a graduate nurse. During my tenure as Director, and based on evidence, the program admission criteria was revised to ensure well prepared students who had the best opportunity for success. In addition, the revised integrated model of instruction allows students to apply previous knowledge to new situations.

**Academic Background**
Master of Science, Nursing, California State University, Dominguez Hills, June, 1994
Bachelor of Science in Nursing, California State University, Sacramento, May 1985
Associate of Science, Nursing Emphasis, Los Medanos Community College, Pittsburgh, California May 1979

**Work History**
2006-Present, Truckee Meadows Community College, Reno, Nevada
**Director of Nursing**
- Maintain compliance with Nevada State Board of Nursing (NSBN) and National League for Nursing Accrediting Commission (NLNAC) standards and submit required reports and surveys.
- Develop and maintain relationships with statewide nursing programs through membership in Deans and Directors, and NSBN Education Committee, developed cooperative clinical scheduling with WNCC and OSN.
- Founding member of Nevada Nursing Education and Practice Alliance, providing leadership for nursing issues in Nevada.
- Support and monitor faculty performance and support professional development to remain current with nursing education practice.
- Provide support to students through ongoing meetings and addressing concerns, complaints and incidents.

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• Manage day-to-day operations of the nursing program through relationships with administrative staff and other college departments.
• Develop and provide oversight for policy and procedures of the program and college.
• Communicate and advocate for nursing program needs within the college and Nevada System of Higher Education.
• Oversee operations of Clinical Lab Specialist and Certified Nursing Assistant programs

2001 to 2006, Truckee Meadows Community College, Reno, Nevada
Nursing Faculty
2005-2006, Acting Director of Nursing
Responsible for day-to-day activities of student management, instruction, and program compliance for an associate degree pre-licensure nursing educational program
2002-2005, Full-time, tenure track Nursing Instructor
  ▪ Responsible for course content, curriculum development, and clinical coordination of student experience.
2001-2002, Part-time Faculty
  ▪ Clinical Instructor for clinical and theory for Associate Degree nursing students.
  ▪ Responsible for content, lecture clinical evaluations, and learning experiences for students enrolled in programs of nursing, certified nursing assistant, and pharmacology course work.

1996-2003, University of Phoenix
Faculty member
• Taught Family Health Nursing and Leadership to a group of students in an online environment.
• Responsible for course content, student evaluations, and learning experiences for nurses enrolled in a RN to BSN program.

2003-2004, Washoe Medical Center, Reno, Nevada,
Oncology Unit Staff Nurse,
  ▪ Provided nursing care to a variety of inpatients

1996-2001, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL
JCAHO surveyor
  ▪ Performed field evaluations based on industry standards-accreditation surveys;
  ▪ Responsible for oral presentations and written reports evaluating compliance;
  ▪ Conducting classes regarding JCAHO surveys;
  ▪ Surveying acute care hospitals, home health agencies, hospices, SNFs, clinics, and other JCAHO accredited facilities.

Consultant
• Support to a variety of healthcare and related business in administration, management, performance improvement, due diligence, and regulatory compliance

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1999-2000, Bangor Area Visiting Nurses, Bangor, Maine
Director of Performance Improvement
• Responsible for establishing and implementing performance improvement projects and program

1989-1996 Kaiser Hospitals
A variety of positions in healthcare administration

Professional Organizations
Member, Nevada Nurses Association, American Nurses Association
Treasurer, Nevada Nurses Association Board of Directors
Member, Educational Advisory Committee, Nevada State Board of Nursing
Certified Medical Surgical Nursing, Academy of Medical Surgical Nurses
Certified Nurse Educator, National League for Nursing
Chair, Communication Committee, Nevada Nursing Education and Practice Alliance

Publications


Grants
Principle Investigator, Redfield Foundation, “Curriculum Revision in Nursing Program”, $250,000.

Principle Investigator, Department of Labor 3 year funded grant, “Northern Nevada Nursing Retention Project”. $1.5 million.

Principle Investigator, NevadaWorks funded grant, “Hybrid education for Certified Nursing Assistants”. $330,000

References
References are available on request.
Attachment 3: Systematic Program Evaluation Plan
TRUCKEE MEADOWS COMMUNITY COLLEGE
Maxine S. Jacobs Nursing Program
SYSTEMATIC PROGRAM EVALUATION 2011-2012
September 2011

Nursing education unit’s mission reflects the governing organizations 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 | Operational Definition: Congruence is defined as agreement on major components of the Truckee Meadows Community College (TMCC) Mission and the Associate Degree philosophy/outcomes. | Expected Level of Achievement: Mission and Administrative Capacity reports to the faculty that the philosophy, mission and purpose of the nursing program are congruent with the mission and priorities of the college. |

<table>
<thead>
<tr>
<th>Component</th>
<th>Documentation Location</th>
<th>Person/Group Responsible</th>
<th>Time/Frequency of Assessment</th>
<th>Assessment Method</th>
<th>Results of the Data Collection and Analysis Including actual level of achievement</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
Mission of Truckee Meadows Community College

Mission/Philosophy of TMCC Nursing Program.

<table>
<thead>
<tr>
<th>Component</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1.2</td>
<td>Operational Definition: Participation is defined as having input into the development of policies, procedures, rules and regulations and ongoing governance for the TMCC Nursing Program. Expected Level of Achievement: 1) Nursing faculty are represented on 80% of Faculty Senate committees. 2) 80% of faculty meetings are attended by a majority of full-time faculty. 3) Nursing Program reporting structure shows adequate representation of the program throughout the college. (Added 9/09)</td>
<td></td>
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</tr>
<tr>
<td>Process</td>
<td>Implementation</td>
<td></td>
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</tbody>
</table>

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Faculty participation.
Faculty files.
Committee/meeting minutes.
Organizational chart.

Mission and Governance committee
Director of Nursing

Every two years
September 2008
September 2009
September 2011

Faculty meeting minutes
Director of Nursing audit of Faculty annual plans

**Criterion 1.3**
Communities of interest have input into program processes and decision making.

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

**Operational Definition:** Communities of interest are facilities, clinics, organizations that support the activities of the nursing program. Partnerships include the stakeholders.

**Expected Level of Achievement:**
1. All current communities of interest are invited to the Nursing Program Bi-Annual Advisory Board meetings.

<table>
<thead>
<tr>
<th>Component</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Partnership Survey</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Criterion 1.5</th>
<th>The nursing education unit is administered who holds a graduate degree with a major in nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1.6</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Operational Definition:** Academic and experientially qualified program director is one whom meets NSHE, NSBN, and NLNAC criteria.

**Expected Level of Achievement:**
1) The nursing program director complies with 100% of the NSHE, NSBN, NBNAC rules and regulations in terms of qualifications and experience.
2) The nursing program director has the authority and responsibility to administer the program as stated in the college job description and/or contract.

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<tr>
<th>PROCESS</th>
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<tr>
<td>Component</td>
<td>Documentation Location</td>
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</table>

**Criterion 1.7**
With faculty input, the nurse administrator has the authority to prepare and administer the

**Operational Definition:** Job expectations for the Director of Nursing provide for the authority to manage and advocate for program needs.

**Expected Level of Achievement:**
1) Policies, procedures and processes for budget preparation and administration allow for

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program budget and advocates for equity within the unit and among other units of the governing organization.

2) Policies, procedures and processes for budget preparation and administration provide for equity within the nursing program.

3) Budget documents show equity for the nursing program among other units of the college.

<table>
<thead>
<tr>
<th>Component</th>
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</thead>
</table>

**Criterion 1.8**

Policies of the nursing 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.

**Operational Definition:** Policies of the nursing program are those of the governing organization and are consistent.

**Expected Level of Achievement:**

1) 100% of nursing program policies are consistent with policies of TMCC unless justified by nursing program/clinical agency requirements.
<table>
<thead>
<tr>
<th>Component</th>
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</thead>
</table>

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

**Operational Definition:** Complaints and grievances include informal, formal grade appeals and clinical withdrawals.

**Expected Level of Achievement:**
1) 100% of filed grievances and/or complaints follow the Truckee Meadows Community College policy and the Nursing Program policy and are resolved.

| Standard 2: FACULTY AND STAFF- Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit. |

<table>
<thead>
<tr>
<th>Criterion 2.1</th>
<th>Operational Definition: Faculty members have a master’s degree in nursing and may have other qualifications related to their specialized field, nursing license in Nevada or any state where clinical is performed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time faculty are credentialed with a minimum of a Master’s degree with a major in nursing and maintain expertise in their areas of responsibility.</td>
<td>Expected Level of Achievement:</td>
</tr>
<tr>
<td>Criterion 2.1.1</td>
<td>1) 90% of the faculty hold a master’s degree with a major in nursing or have plans of study on file or have articulated.</td>
</tr>
<tr>
<td>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.</td>
<td>2) 100% of nursing faculty meets Nevada State Board of Nursing requirements.</td>
</tr>
<tr>
<td>Criterion 2.1.1</td>
<td>3) 100% of nursing faculty maintains expertise in area of responsibility.</td>
</tr>
</tbody>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
Rationale is provided for utilization of faculty who do not meet the minimum credential. 

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

<table>
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<tr>
<th>PROCESS</th>
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<tbody>
<tr>
<td><strong>Component</strong></td>
<td><strong>Documentati on Location</strong></td>
</tr>
<tr>
<td>Faculty qualifications</td>
<td>Curriculum vitae.</td>
</tr>
<tr>
<td>Faculty expertise.</td>
<td>Survey data</td>
</tr>
</tbody>
</table>

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

**Operational Definition**: Lab personnel include faculty and lab coordinators. 

**Expected Level of Achievement**: 
1) 100% of practicing lab personnel responsibilities are commensurate with credentials.

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<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials of lab personnel</td>
<td>Job description CV</td>
<td>Faculty and Staff committee.</td>
<td>Ongoing and annually. October 2008 October 2009 October 2010 October 2011</td>
<td>Table/comparison chart</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Operational Definition:** The number of nursing faculty needed to fulfill its purpose is determined by the permitted workload hours, number of students, need for continuity in instruction, and responsibilities of the faculty as defined by the nursing program and Nevada System of Higher Education.

**Expected Level of Achievement:**
1) 100% of faculty assignments reflect a faculty/student ratio that does not exceed 1:8 when students are providing direct care, unless authorized by the Nevada State Board of Nursing.
2) 100% of nursing faculty workloads does not exceed the maximum permitted by the collective bargaining agreement. Uneven distribution between fall, spring, and summer semesters may occur by mutual agreement between faculty members and administration.
3) 80% of the classroom nursing courses are taught by full-time faculty members.
4) Percent of full-time to part-time faculty will be calculated and trended.
Full-time faculty workload. Faculty contract. TMCC Faculty Handbook. Nevada State Board of Nursing Practice Regulations. Faculty and Staff committee. Director of Nursing. Annually February 2009 February 2010 February 2011 February 2012 Review of faculty workload each semester and comparison to expectations in Faculty contract.

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

**Operational Definition:** Faculty teaching performance is based on current nursing educational pedagogy that reflects an evidence based for modalities used.

**Expected Level of Achievement:**
1) 80% of full-time faculty are rated satisfactory or better on evaluation components.

<table>
<thead>
<tr>
<th>Component</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Evaluations.</td>
<td>Faculty and Staff committee.</td>
<td>Director of Nursing</td>
<td>Annually. May 2009 May 2010 May 2011 May 2012</td>
<td>Peer evaluations Dean evaluations Student evaluations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Criterion 2.6**
Operational Definition: Non-nurse staff is supportive services that include student workers and administrative assistants.

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

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

**Expected Level of Achievement:**  
1) 100% of support staff have performance reviews in accordance with policies.

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<tr>
<th>Component</th>
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<th>Results of the Data Collection and Analysis Including actual level of achievement</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
</table>
| Evaluations | Human Resources | Faculty and Staff Committee  
Director of Nursing | Annually  
June 2009  
(completed Aug 2009)  
November 2010  
November 2011 | Table | | |

---

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

**Operational Definition:** Faculty participates in a program that provides understanding of roles, responsibilities and work responsibilities of nurse educators.

**Expected Level of Achievement:**  
1) 100% of new faculty will participate in an orientation and mentoring program.
<table>
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<tr>
<th>Component</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Criterion 2.8</td>
<td></td>
<td>Faculty and Staff committee</td>
<td>Annually June 2009 February 2010 November 2010 November 2011</td>
<td></td>
<td></td>
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</tbody>
</table>

**Operational Definition:** Faculty evaluation is the annual college-wide process explicated in the contract. Professional development and competence include but are not limited to: teaching effectiveness, the accomplishment of tasks in position descriptions, the attainment of performance standards, previous evaluations, evidence of professional growth and development if continuing appointment. These will be accomplished through the use of the Annual Plan, Self-Evaluation (Annual Plan and Dean’s Evaluation).

**Expected Level of Achievement:**

1. 100% of faculty is evaluated per TMCC college policy.
2. 100% of part-time faculty is evaluated every two years.

---

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Standard 3: STUDENTS- Student policies, development, and services support the goals and outcomes of the nursing education unit.

<table>
<thead>
<tr>
<th>Criterion 3.1</th>
<th>Operational Definition: Student policies include those contained in the Nursing Program Handbook, College catalogue and course syllabi.</th>
</tr>
</thead>
</table>
| Expected Level of Achievement: | 1) 100% of policies are congruent with TMCC and non-discriminatory, and are consistently applied. TMCC Nursing Program policies will meet or exceed the standards of TMCC College policies.  
2) 100% of the students affirm they have read the nursing program policies. |

<table>
<thead>
<tr>
<th>Component</th>
<th>Documentati on Location</th>
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<th>Time/Frequency of Assessment</th>
<th>Assessment Method</th>
<th>Results of the Data Collection and Analysis Including actual level of achievement</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMCC policies.</td>
<td>TMCC catalogue. TMCC Nursing</td>
<td>Students Committee.</td>
<td>Annually April 2009</td>
<td></td>
<td></td>
<td></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 alternate methods of delivery.

**Operational Definition:** Student services are available to all TMCC students and administered by qualified individuals.

**Expected Level of Achievement:**
1) 100% of students will rate support services as satisfactory or better, including those receiving alternate methods of delivery.
2) 100% of college support services are administered by qualified individuals as determined by position descriptions on file in the Human Resources Department.

<table>
<thead>
<tr>
<th>Component</th>
<th>Documentation Location</th>
<th>Person/Group Responsible</th>
<th>Time/Frequency of Assessment</th>
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<th>Results of the Data Collection and Analysis Including actual level of achievement</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support services</td>
<td>Institutional Advancement</td>
<td>Students committee.</td>
<td>Annually April 2009 April 2010 April 2011 April 2012</td>
<td>Graduate Survey Communication with Human Resources and review of faculty handbook</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
**Criterion 3.3**  
Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

**Operational Definition:** Policies for educational and financial records follow established practices, laws, and standards, including test results, clinical evaluations, and health records.

**Expected Level of Achievement:**
1) 100% of student records comply with policies regarding maintenance, security, and confidentiality of educational records of students as verified with the Registrar.

<table>
<thead>
<tr>
<th>Component</th>
<th>Documentati on Location</th>
<th>Person/Group Responsible</th>
<th>Time/Frequency of Assessment</th>
<th>Assessment Method</th>
<th>Results of the Data Collection and Analysis</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student records</td>
<td>Student files, College Registrar, TMCC Handbook.</td>
<td>Students committee, Director of Nursing</td>
<td>Annually. November 2008 (Also included in April 2009 report) April 2010 April 2011 April 2012</td>
<td>Full-time faculty and DON survey related to student record maintenance and disposal following the FERPA guidelines. Full-time nursing faculty compliance with FERPA training. Nursing Faculty and staff compliance with password-</td>
<td>Including actual level of achievement</td>
<td></td>
</tr>
</tbody>
</table>

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**Criterion 3.4**
Compliance with Higher Education Reauthorization Act Titles 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 are available.

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

**Operational Definition:** Compliance is defined as adherence to Title IV Higher Education Reauthorization Act.

**Expected Level of Achievement:**
1) 100% of students receiving Title IV assistance are in compliance with the Higher Education Reauthorization Act.
2) Student loan repayment program is written and addresses student loan information, counseling, monitoring, and cooperation with lenders.
3) 100% of students are informed of their ethical responsibilities regarding financial assistance.

<table>
<thead>
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<th>PROCESS</th>
<th>IMPLEMENTATION</th>
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<tbody>
<tr>
<td>Component</td>
<td>Documentati on Location</td>
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Financial Aid and Title IV Office.

<table>
<thead>
<tr>
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<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integral and consistency exist for all information intended to inform the public, including the program's accreditation status and NLN contact information.</td>
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</table>

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

**Operational Definition:** Information is defined as the most recently approved editions of printed material regarding the nursing program including printed brochures, handbooks, catalogues, and Web information, as well as information sessions.

**Expected Level of Achievement:**
1) 100% of all information disseminated about the program is current, accurate, clear, and consistent.

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Students committee. Annual

Criterion 3.7
Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

**Operational Definition:** Technology consists of email accounts, web college courses, simulation, electronic media.

**Expected Level of Achievement:**
1) 100% of students are oriented to technology upon entry into the Nursing program.
2) 100% of students have access to support services.

**PROCESS**

**IMPLEMENTATION**
<table>
<thead>
<tr>
<th>Component</th>
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</thead>
<tbody>
<tr>
<td>Technology</td>
<td>Institutional Advancement</td>
<td>Students committee Institutional Advancement</td>
<td>Annually</td>
<td>The committee utilizes the attendance sheet during the “Orientation to technology” session of the yearly Mandatory Nursing Program Orientation as the assessment method to meet the ELOA. Graduate survey</td>
<td></td>
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</tr>
</tbody>
</table>

Standard 4: CURRICULUM- The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

**Criterion 4.1**
The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student

**Operational Definition:** Curriculum is defined as an organized plan of study, developed by nursing faculty that flows from the philosophy and organizing framework. Specific objectives, derived from the educational objectives are identified in each course syllabi. Progression is defined as the ability to provide increasingly complex nursing care.

**Expected Level of Achievement:**
1) Professional standards, guidelines and competencies are incorporated into the curriculum.

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learning and program outcomes.

**Criterion 4.2**
The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

**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.

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>DOCUMENTATION LOCATION</th>
<th>PERSON/GROUP RESPONSIBLE</th>
<th>TIME/FREQUENCY OF ASSESSMENT</th>
<th>ASSESSMENT METHOD</th>
<th>RESULTS OF THE DATA COLLECTION AND ANALYSIS</th>
<th>ACTIONS FOR PROGRAM DEVELOPMENT, MAINTENANCE, OR REVISION</th>
</tr>
</thead>
</table>

2) 100% of faculty participates in a curriculum review process that reflects currency and rigor.
3) All student learning outcomes are reflected in curriculum, instruction, learning activities and student evaluations.

**PROCESS**

**IMPLEMENTATION**

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Clinical objectives.  Clinical syllabi.

| Clinical objectives. | Clinical syllabi. | October 2010 (4.2) October 2011 (4.2) November 2009 (4.3) November 2010 (4.3) November 2011 (4.3) |

**Criterion 4.4**
The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

**Operational Definition:** The curriculum contains concepts that address diversity including the inclusion of diverse people (as people of different races or cultures) in a group or organization.

**Expected Level of Achievement:**

1) Cultural, ethnic, and socially diverse concepts are incorporated into the curriculum.

<table>
<thead>
<tr>
<th>Component</th>
<th>Documentati on Location</th>
<th>Person/Group Responsible</th>
<th>Time/Frequency of Assessment</th>
<th>Assessment Method</th>
<th>Results of the Data Collection and Analysis Including actual level of achievement</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>Course documents</td>
<td>Curriculum committee</td>
<td>Annually April 2009 December 2009 (4.4) December 2010 (4.4) December 2011 (4.4)</td>
<td>Faculty review of curriculum documents</td>
<td>Faculty review of curriculum documents</td>
<td>Faculty review of curriculum documents</td>
</tr>
</tbody>
</table>

TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.
**Criterion 4.5**
Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

**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.

**Operational Definition:** The curriculum is evaluated by methodologies that reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes. Program outcomes are measured and evaluated, and areas are identified for improvement. Program length evaluation shows that outcomes can be achieved and is consistent with TMCC, NSHE, NSBN, national standards and best practices.

**Expected Level of Achievement:**
1). Survey of evaluation methods demonstrates variety and identified competencies.
2). Assessment plan and evaluation completed annually.
3). Program is congruent with policies, average length and credits of other ADN programs.
4). Retention of students will be at or above the national rate as reported by the National League for Nursing.

<table>
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<tr>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
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<tbody>
<tr>
<td>Component</td>
<td>Documentati on Location</td>
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</table>

**TMCC is an EEO/AA (equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin or sexual orientation in the programs or activities which it operates.**
The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

**Operational Definition:** Evaluation of the curriculum reflects educational theory, interdisciplinary collaboration, research and best practice standards, and allows for innovation, flexibility and technological advances.

**Expected Level of Achievement:**
The curriculum reflects educational theory, interdisciplinary collaboration, research and best practice standards, and allows for innovation, flexibility and technological advances.

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<thead>
<tr>
<th>COMPONENT</th>
<th>DOCUMENTATION LOCATION</th>
<th>PERSON/GROUP RESPONSIBLE</th>
<th>TIME/FREQUENCY OF ASSESSMENT</th>
<th>ASSESSMENT METHOD</th>
<th>RESULTS OF THE DATA COLLECTION AND ANALYSIS</th>
<th>ACTIONS FOR PROGRAM DEVELOPMENT, MAINTENANCE, OR REVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>Course documents</td>
<td>Curriculum Committee</td>
<td>Annually April 2009 February 2010 (4.6) February 2011 (4.6) February 2012 (4.6)</td>
<td>Review of documents and curriculum</td>
<td>Results of the Data Collection and Analysis Including actual level of achievement</td>
<td>Actions for program development, maintenance, or revision</td>
</tr>
</tbody>
</table>

**Analysis of Data:**

**Process:**

**Implementation:**

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**Criterion 4.6**

**Operational Definition:** Evaluation of the curriculum reflects educational theory, interdisciplinary collaboration, research and best practice standards, and allows for innovation, flexibility and technological advances.

**Expected Level of Achievement:**

The curriculum reflects educational theory, interdisciplinary collaboration, research and best practice standards, and allows for innovation, flexibility and technological advances.

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### Criterion 4.8
Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.

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

<table>
<thead>
<tr>
<th>Operational Definition</th>
<th>Expected Level of Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice learning environments are facilities selected by nursing faculty to provide opportunities for students to achieve educational outcomes/competencies.</td>
<td>1) 100% of faculty agrees that clinical experiences are adequate to provide a variety of learning reflecting current trends in health care.</td>
</tr>
<tr>
<td></td>
<td>2) 100% of the students have the opportunity to complete the clinical site evaluation tool.</td>
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<td></td>
<td>3) Nursing students collectively rate their clinical experiences as a positive experience as providing the opportunity to apply nursing theory and practice skills learned.</td>
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<td></td>
<td>4) 100% of the clinical agencies have complete, current formal agreements.</td>
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<tr>
<td></td>
<td>5) 100% of clinical agencies participate in nationally established patient health and safety goals and have a process to embrace current best practices.</td>
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</table>

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<tr>
<th>PROCESS</th>
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<tbody>
<tr>
<td>Component</td>
<td>Documentati</td>
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<tr>
<td>Clinical facilities.</td>
<td>Faculty and Advisory Board</td>
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</tbody>
</table>

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Clinical agency contracts. committee minutes. Level meeting minutes. Faculty and student clinical facility evaluation tools. Clinical agency contracts. | May 2010 May 2011—deferred to August 2011 |

**Standard 5 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.

**Operational Definition:** Fiscal resources are the monies appropriated to the nursing program to meet operating and capital needs, including operational budget, capital budget, and donated funds/equipment.

**Expected Level of Achievement:**
1) All courses in the nursing program will be offered in the semester and sequence needed based on availability of full and part-time faculty.
2) Workload policy components will be met 100% of the time.
3) Faculty surveys will show an overall rating of 80% “very satisfied” with resources of the program.

<table>
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<tr>
<th>PROCESS</th>
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<td>Component</td>
<td>Documentati...</td>
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<tr>
<td>Faculty rating of fiscal resources. Faculty positions. Departmental budget. Ancillary support services.</td>
<td>Faculty meeting minutes. Level meeting minutes. Report of expenditures Dean’s office. Budget office.</td>
</tr>
</tbody>
</table>

**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.

**Operational Definition:** Physical facilities are defined as suitable spaces to meet the teaching and learning needs of the students and faculty, such as classrooms, clinical laboratories, library, computer laboratories, conference rooms, offices, and study areas.

**Expected Level of Achievement:**
1) 80% of students rate the physical facilities as appropriate to meet their teaching and learning needs.
2) 90% of faculty rates the physical facilities including nursing laboratories, classrooms, office space, conference rooms, and multimedia facilities as appropriate to support the purposes of the nursing education unit.
3) Faculty surveys will show an overall rating of 80% “very satisfied” with resources of the program.

**PROCESS**

**IMPLEMENTATION**

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</tr>
</thead>
<tbody>
<tr>
<td>Administrative services</td>
<td>Nursing faculty meeting minutes. Budget’s office. Dean’s office. Student course surveys. Graduate surveys. Faculty meeting minutes.</td>
<td>Resource committee.</td>
<td>Every two years</td>
<td>Faculty survey.</td>
<td>Discussion with recommendations. Student course surveys. Graduate nursing survey.</td>
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<tr>
<td>Clerical services.</td>
<td></td>
<td></td>
<td>March 2009</td>
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<tr>
<td>Fiscal resources.</td>
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<td>April 2010</td>
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<tr>
<td>Appropriateness of physical facilities including:</td>
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<td></td>
<td>May 2011</td>
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<tr>
<td>Classrooms</td>
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<td>May 2012</td>
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<td>Laboratories</td>
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<td>Computer laboratories</td>
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<td>Office and conference room space</td>
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<tr>
<td>Library</td>
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</table>

**Criterion 5.3**

Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty.

**Operational Definition:** Learning resources are defined as books, audiovisual and computer software, laboratory equipment and supplies, internet access and periodicals. Comprehensive is defined as sufficient to help students be successful and meet the program outcomes. Current is defined as providing the student with up to date information. Accessible is defined as available to the faculty and/or student when needed.

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and students, including those engaged in alternative methods of delivery.

**Expected Level of Achievement:**

1) 80% of learning resources and technology are current.
2) Student graduate surveys show that 80% of students are very satisfied with learning resources being current, comprehensive, and accessible.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Textbooks, skills laboratory equipment and supplies, computer software and hardware, audiovisual materials, library.</td>
<td>Faculty evaluations and review. Curriculum and level committee meeting minutes. Graduate surveys.</td>
<td>Resource committee.</td>
<td>Annually.</td>
<td>Table of resources</td>
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**Standard 6- OUTCOMES** – Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

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<table>
<thead>
<tr>
<th>Criterion 6.1</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 6.2</td>
<td>Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.</td>
</tr>
<tr>
<td>Criterion 6.3</td>
<td>Evaluation findings are shared with communities of interest.</td>
</tr>
</tbody>
</table>

**Operational Definition:** Ongoing assessment and refinement of the program occurs through combination of process and outcome focused application, data collection, assessment/analysis and change implementation.

**Expected Level of Achievement:**
1) All NLNAC Program Standards are included in the systematic plan.
2) Actions are taken and documented when benchmarks are not achieved.
3) Applicable Nevada requirements will be included in the plan.
4) Evaluation findings are shared.

<table>
<thead>
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<tbody>
<tr>
<td>Component</td>
<td>Documentation Location</td>
</tr>
<tr>
<td>Systematic Plan for Program</td>
<td>Nursing office</td>
</tr>
</tbody>
</table>
Criterion 6.4
Graduates demonstrate achievement of competencies appropriate to role preparation.

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

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)

Operational Definition:
Graduation rates: The percentage of students receiving the Associate Degree in Nursing within five years of admission to the first nursing clinical course.
Licensure pass rate: The percentage of graduates successfully passing the NCLEX-RN on the first attempt.
Job placement rate: The percentage of graduates employed as Registered Nurses within one year of graduation.
Graduate Program satisfaction: The graduate’s perception of satisfaction with the Nursing program and their willingness to recommend the program to others.
Employer program satisfaction: Results of Communities of Interest Surveys, including employers, reports overall TMCC program satisfaction and that of TMCC nursing graduates.

Expected Level of Achievement:
1) 90% of first time writers will pass the NCLEX-RN at or above the national average.
2) 75% of graduates will be employed in nursing within 6 months of graduation.
3) 100% of stakeholders that return the Communities of Interest survey will rate the graduate’s overall performance as positive.
4) 90% of students that return the graduate survey will rate their overall program satisfaction as satisfactory or above.
5) TMCC graduates will perform at or better than 60% of other ADN graduates across the nation in selected categories from the NCSBN NCLEX Program Report.
6) 75% of students will complete the program in 6 semesters of enrollment.
quantitative) address graduates and their employers. **6.5.4**-Job placement rates are addressed through quantified measures that reflect program demographics and history.

<table>
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</thead>
<tbody>
<tr>
<td>Graduation rate. Retention Rate NCLEX-RN pass rate. Employment rates. Graduate Program Satisfaction. Employer Program satisfaction.</td>
<td>Student files. Reports from NSBN. Results from Graduate surveys. Results from Graduate surveys. Results from Employer satisfaction surveys.</td>
<td>Outcomes committee</td>
<td>Annually September 2009 September 2010 September 2011</td>
<td>Review of graduation rates, NCLEX-RN pass rates, aggregate data from graduate surveys and Communities of Interest Surveys. NCLEX Program Reports (October 2010-March 2011).</td>
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</tr>
</tbody>
</table>
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