



**STATE OF WISCONSIN**  
Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

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**Governor Scott Walker      Secretary Dave Ross**

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**BOARD OF NURSING  
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI  
CONTACT: DAN WILLIAMS (608) 266-2112  
SEPTEMBER 12, 2013**

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

**BOARD OF NURSING MEETING**

**8:00 A.M**

**CALL TO ORDER – ROLL CALL**

- A. **Adoption of Agenda(1-4)**
- B. **Attendance at Practice Committee(5-22)**
- C. **Attendance at Education and Licensure Committee(23-274)**
- D. **Report of Practice Committee**
- E. **Report of Education and Licensure Committee**
- F. **Approval of Board of Nursing Minutes of August 8 , 2013(275-280)**
- G. **Administrative Matters – Discussion and Consideration**
  - 1) Staff Updates
  - 2) Website Update
  - 3) Liaison appointments – Screening panel
- H. **Legislative/Administrative Rule Matters - Discussion and Consideration(281-282)**
  - 1) Advance Practice Nurse Certification
  - 2) Job Ready Initiative
  - 3) Fingerprinting Status(283-286)
- I. **Speaking Engagement Requests**
  - 1) Association of Nurse Educators in Wisconsin (ANEW)(287-288)
- J. **Informational Items**
  - 1) Board member report as to NCSBN annual conference attendance

- K. Discussion and Consideration of Items **Received After** Preparation of the Agenda:
- 1) Introductions, Announcements and Recognition
  - 2) Presentations of Petition(s) for Summary Suspension
  - 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
  - 4) Presentation of Proposed Final Decision and Order(s)
  - 5) Informational Item(s)
  - 6) DLSC Matters
  - 7) Status of Statute and Administrative Rule Matters
  - 8) Education and Examination Matters
  - 9) Credentialing Matters
  - 10) Practice Questions/Issues
  - 11) Legislation/Administrative Rule Matters
  - 12) Liaison Report(s)
  - 13) Speaking Engagement(s), Travel, or Public Relation Request(s)
  - 14) Consulting with Legal Counsel
- L. Public Comments

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

M. **Deliberation of Proposed Final Decision and Orders**

- 1) 12 NUR 384 Jose M. Botello, L.P.N.(**289-296**)
- 2) 12 NUR 384 Marie A. Kvalheim, L.P.N.(**297-304**)
- 3) 12 NUR 472 Robert C. Black, R.N.(**305-312**)
- 4) 12 NUR 513 Bobbi J. Lange Fogle, R.N.(**313-318**)
- 5) 12 NUR 544 Danielle E. Hanson, L.P.N.(**319-324**)
- 6) 12 NUR 607 and 13 NUR 300 Jessica L. Bergum, R.N.(**325-338**)
- 7) 13 NUR 056 Marilyn A. Freund, R.N., A.P.N.P.(**339-344**)
- 8) 13 NUR 058 Sandra Olson, R.N.(**345-350**)
- 9) 13 NUR 109 Naomi J. Laser, R.N.(**351-358**)
- 10) 13 NUR 110 Kristy L. Reese, R.N.(**359-370**)
- 11) 13 NUR 205 and 13 NUR 443 Lindsay F. Mohrbacher, R.N.(**371-376**)
- 12) 13 NUR 277 Karen E. Jester, R.N.(**377-384**)
- 13) 13 NUR 312 Susan K. Schafer, R.N.(**385-388**)

N. **Credentialing Reconsideration**

- 1) Mark T. Keller; 13 NUR 406(**389-488**)
- 2) Brian M. Holzhauser; 13 NUR 418(**489-542**)

**O. Credentialing Matters**

- 1) Convictions and/or Discipline(**543-544**)
  - a. Angela Palesse(**545-596**)
  - b. Christopher Williams(**597-622**)
  - c. David Wolk(**623-684**)
  - d. Jay Reiners(**685-728**)
  - e. Mylea Wirkus(**729-770**)
  - f. Whitney Lemke(**771-804**)

**P. Deliberation on Monitoring Matters(805-806)**

- 1) **12:30 P.M. APPEARANCE:** - Jennifer Flegel, RN – Requesting Reinstatement(**807-828**)
- 2) **1:00 P.M. APPEARANCE:** - Angela M. Leonard, RN – Requesting Termination of Direct Supervision Requirement(**829-854**)
- 3) Cathy Butterbrodt-Oines – Requesting Reinstatement(**855-870**)
- 4) Susan Chen, R.N. – Requesting Reinstatement(**871-906**)
- 5) Randy Cornell, R.N. – Requesting Termination of Therapy(**907-922**)
- 6) Elizabeth Forward, R.N. – Requesting Reduction in Frequency of Screens and Number of AA/NA Meetings(**923-946**)
- 7) Diane Hollick, R.N. – Requesting Termination of Therapy or Reinstatement(**947-988**)
- 8) Kathleen Lemke, APNP – Requesting Reinstatement(**989-1000**)
- 9) Julie Lewis, R.N. – Requesting Reinstatement(**1001-1028**)
- 10) Judi Signe Olson, R.N. – Requesting Reinstatement(**1029-1064**)
- 11) Daniel Peters, R.N. – Requesting Stay of Suspension(**1065-1086**)
- 12) Kelly Schleusener, R.N. - Requesting Suspension of Screens or Reduction in Frequency of Screens(**1087-1108**)
- 13) Jeanne Weingart, R.N. – Requesting Stay in Suspension(**1109-1132**)

**Q. Deliberation on Issuance of Administrative Warnings**

- 1) 13 NUR 202 KMY(**1133-1134**)
- 2) 13 NUR 206 ALB(**1135-1136**)

**R. Division of Legal Services and Compliance**

- 1) Case Status Report(**1137-1142**)
- 2) Case Closings

**S. Deliberation of Items Received After Preparation of the Agenda:**

- 1) Application Issues and/or Reviews
- 2) Professional Assistance Procedure (PAP)
- 3) Monitoring Matters
- 4) Administrative Warnings

- 5) Review of Administrative Warning
- 6) Proposed Stipulations, Final Decisions and Orders
- 7) Proposed Final Decisions and Orders
- 8) Orders Fixing Costs/Matters Related to Costs
- 9) Petitions for Summary Suspension
- 10) Petitions for Re-hearings
- 11) Complaints
- 12) Examination Issues
- 13) Credential Issues
- 14) Appearances from Requests Received or Renewed
- 15) Motions
- 16) Consulting with Legal Counsel

**RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

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

- T. **Attendance at Legislation and Rules Committee(1143-1156)**
- U. **Report of Legislation and Rules Committee**
- V. **Board Meeting Process (Time Allocation, Agenda Items) - Discussion and Consideration**
- W. **Discussion and Consideration of Board Strategic Planning and its Mission, Vision, and Values**

**ADJOURNMENT**



**STATE OF WISCONSIN**  
Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

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**PRACTICE COMMITTEE**

**8:00 A.M.**

**CALL TO ORDER – ROLL CALL**

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

- A. **Approval of Agenda(5-6)**
- B. **Approval of the Practice Committee Minutes of August 8, 2013(7-8)**
- C. **Position Statements – Discussion and Consideration(9-10)**
  - 1) Position Statements 13, 14, 15, 17, 18, and 19(11-12)
- D. **DSPS Responses to FAQ or Practice Question Inquiries – Discussion and Consideration(13-14)**
  - 1) Templates(15-18)
- E. **Status Update as to Motion from July, 2013(19-20)**
  - 1) Wisconsin Act 146 Exemption Form(21-22)
- F. Consult with Legal Counsel
- G. Public Comments

**ADJOURNMENT OF PRACTICE COMMITTEE MEETING**

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**PRACTICE COMMITTEE**  
**BOARD OF NURSING**  
**MEETING MINUTES**  
**AUGUST 8, 2013**

**PRESENT:** Julie Ellis, Jeffrey Miller, Lillian Nolan

**ABSENT:** Maria Joseph

**STAFF:** Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; Nicholas Tank, Bureau Assistant; and other Department Staff

**CALL TO ORDER**

Julie Ellis, Chair, called the meeting to order at 11:48 a.m. A quorum of three (3) members was present.

**ADOPTION OF AGENDA**

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

**APPROVAL OF MINUTES OF JULY 11, 2013**

**MOTION:** Lillian Nolan moved, seconded by Jeffrey Miller, to approve the minutes of July 11, 2013 as published. Motion carried unanimously.

**R.N. FAQs 8, 9, 12, AND 13**

**MOTION:** Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQs 8, 9, and 12 from the website. Motion carried unanimously.

**MOTION:** Lillian Nolan moved, seconded by Jeffrey Miller, to table deliberation on R.N. FAQ 13 until the next Board of Nursing meeting. Motion carried unanimously.

**MOTION:** Lillian Nolan moved, seconded by Jeffrey Miller, that the Committee will construct a reorganization of the index to the position statements online to make them more accessible at the completion of the reevaluation of the position statements. Motion carried unanimously.

## **ADJOURNMENT**

**MOTION:** Jeffery Miller moved, seconded by Lillian Nolan, to adjourn the Practice Committee meeting. Motion carried unanimously.

The meeting adjourned at 12:04 a.m.

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Dan Williams</b>		2) Date When Request Submitted: <b>9/2/13</b> Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing – Practice Committee</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Discussion and Consideration of Board position statements</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  <b>The Committee will review each Position Statement that is currently on the DSPS website and provide the Board with a recommendation as to each.</b>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**13) HOW DO I KNOW IF A GIVEN FUNCTION IS WITHIN MY SCOPE OF PRACTICE AS AN RN/LPN?**

The Wisconsin Board of Nursing does not publish or maintain a “task” or procedure list regarding scope of practice. The standards of practice can be found in [Ch N6, Wis. Admin. Code](#). If a procedure generally falls within the definitions of a nursing act and the nurse has the required education, training or experience to perform the procedure, it may be deemed appropriate within their scope of practice to perform. You may also find it useful to consult the Scope of Practice Decision Tree: Guidelines for RN and LPN Practice as well as other professional resources and organizations.

**14) IF I AM GIVEN A PHYSICIAN’S ORDER TO ADMINISTER A MEDICATION TO A PATIENT AND I HAVE KNOWLEDGE THAT THE MEDICATION COULD CAUSE AN ADVERSE REACTION AND AN EVENT OCCURS, WHO IS RESPONSIBLE, THE PHYSICIAN OR THE NURSE?**

In a situation such as the above, it is highly recommended that you review the standards of practice for registered nurses in [Ch N6.03 \(2\)\(c\)](#), Wis. Admin. Code. This rule requires an RN to “consult with a physician” if he/she “knows or should have known” that a delegated medical act may harm a patient. Similarly, the definition of negligence in [Ch N7.01 \(1\)\(e\)](#) states that it is a substantial departure from the standard of care for a nurse to execute a medical order which the licensee know or should have known would harm or present the likelihood of harm to a patient. If a nurse has this information and does not bring it to the attention of the treating physician(s), this could have serious implications for licensure.

**15) MAY AN RN SUPERVISE A DELEGATED MEDICAL ACT?**

An RN is not allowed to supervise a delegated medical act. Although it is true that an RN may delegate and supervise the performance of a nursing act to an unlicensed person who has the educational preparation and ability to perform the act, this does not apply to delegated medical acts (see [Ch N6](#), Wis. Admin. Code for definitions). The physician who delegated the medical act must supervise the unlicensed/licensed person in the performance of the act.

**17) I AM A NURSE LIVING OUTSIDE OF WISCONSIN (AND ALSO NOT IN A COMPACT STATE). DO I NEED A WISCONSIN NURSING LICENSE TO PROVIDE TELEPHONE TRIAGE OR CARE MANAGEMENT TO A PATIENT THAT RESIDES IN WISCONSIN?**

Yes, a Wisconsin license is required. Nursing practiced over the phone is considered the practice of nursing in Wisconsin, and in order to conduct these activities, a Wisconsin license or a multi-state compact license is necessary. The act of interstate tele-nursing is not allowed in Wisconsin, unless a nurse holds an appropriate multi-state license. Ch. N5.03, Wis. Admin. Code

**18) CAN AN RN DELEGATE PHLEBOTOMY TO AN LPN WITH APPROPRIATE TRAINING AND SKILLS TO DO SO, PROVIDED THAT AN RN IS SUPERVISING? WHAT ABOUT IV ADMINISTRATION?**

Yes, the critical factors in delegation in LPNs is that they have appropriate education, training, experience and supervision by the RN. As far as IV administration, this may depend on the institution’s policy as to what medications can or cannot be given by an LPN. Ch. N6.04(1) Wis. Admin. Code.

**19) IF I HAVE AN RN LICENSE, BUT CAN ONLY FIND WORK AS AN LPN OR CNA, IS IT ACCEPTABLE FOR ME TO WORK IN A POSITION BELOW MY LEVEL OF LICENSURE UNTIL I CAN FIND OTHER WORK? THE SAME WITH AN LPN WORKING AS A CNA?**

The Board of Nursing does not regulate CNAs, so questions regarding the practice of CNAs should be addressed to the [Wisconsin Department of Health Services](#). It is important to note that while working at a lower level, you may be held to a higher standard of care due to advanced education, training and experience. Also, you must hold the credential for the profession in which you work.

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3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing – Practice Committee</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>DSPS responses to FAQ or practice question inquiries – Discussion and Consideration</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  <p style="text-align: center;"><b>At the August Board meeting, the Board requested to see the DSPS template responses in relation to FAQ/practice question inquiries.</b></p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
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The Department has received the practice question submitted by you. Unfortunately, the Department is unable to provide a substantive response to your question.

The Department website provides a wide range of materials to assist credential holders, as well as the public, in answering questions about the practice of the various professions. These materials include the relevant Wisconsin Statutes, Wisconsin Administrative Code, formal disciplinary orders and meeting minutes, as well as frequently asked professional practice questions (PFAQs) developed for many of the professions. The address for the department website is: [www.dsps.wi.gov](http://www.dsps.wi.gov).

Credential holders are responsible for their own professional practice and for compliance with the law. The Department is unable to routinely answer questions submitted by credential holders or the public related to professional practice, unless there is significant public interest in providing a response. Credential holders are encouraged to review the relevant laws, review professional journals, consult with colleagues or seek advice from their personal accountant or private legal counsel.

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The WI Department of Safety and Professional Services and the WI Board of Nursing work in conjunction as it relates to the many questions posed on a daily basis by the public. Because of the volume of inquiries, a policy is in effect as to the types of questions in which responses are provided.

#### BOARD OF NURSING PRACTICE QUESTIONS POLICY

The following is a list of the types of practice questions which **will not** be handled by DSPS staff on behalf of the Board of Nursing due to lack of expertise or subject matter jurisdiction.

Questions relating to business formation, insurance, billing or legal structure; such as partnerships, corporations, limited liability corporations or other entity. This would include questions seeking information, guidelines or direction from the Board regarding business ventures which involve nursing or nurse licensure, such as establishing a private duty nursing company, opening a medi-spa, performing botox, cosmetic procedures, foot care or other health-related services.

Questions relating to research, analysis or information to complete an educational course, academic article or other educational activity. This would include those persons who seek information to complete term papers, complete surveys, or satisfy other course requirements and questions from company representatives and attorneys or law firms who represent clients.

Questions regarding employee-employer work issues, terms of employment, labor practices, and legal interpretations. For example, a person requests the Board's perspective or opinion on the rules of conduct to challenge a work policy, management decision or employment action (termination, demotion, etc.)

Questions regarding performance of specific nursing tasks or delegated medical acts which are specific to a patient or an interpretation of a medical order. This would include questions asking whether a nurse can perform a specific task, or whether it is within the nurses' scope of practice or what level of education or training is necessary for the performance of the task.

As you might suspect, The Board of Nursing frequently receives questions from nurses regarding whether a specific patient health care task or procedure is within the scope of their practice or permitted under their license. The questions often involve the use of specific equipment, the administration of medications or types of invasive and non-invasive health care procedures. However, the Board of Nursing does not maintain a specific "task list" for each level of licensure; registered nurse, licensed practical nurse or advance practice nurse, and does not respond to questions which require specificity as to a particular task in a particular setting.

Due to rapid changes in health care technology, and variations in health care settings and the competencies of individual nurses, it would be impractical for the Board to maintain such a "task list" or to ensure its accuracy, applicability, as well as currency. The scope of practice of a nurse is determined based upon a number of factors, including the standards of practice in the Wisconsin Nurse Practice Act, the rules in Chapters N6 and N8 of the Wisconsin Administrative Code, and applicable national certification in advance specialty fields. The core concept in determining scope of practice under the legal parameters governing the licensure and regulation of the nursing profession is the "education, training and experience" of the nurse; that is the educational preparation and demonstrated abilities of the nurse.

Alternate resources which may be useful to those who seek guidance as to whether specific tasks are within the scope of practice of a nurse may include professional nursing literature, nursing textbooks, national guidelines, practice recommendations for specialty fields, and resources from professional membership organizations.

For code or statute information, you may log onto the DSPS website <http://dsps.wi.gov/>

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Thank you for your contact to the WI Department of Safety and Professional Services (DSPS). The WI Board of Nursing and DSPS frequently receive questions from nurses regarding whether a specific patient health care task or procedure is within the scope of their practice or permitted under their license. The questions often involve the use of specific equipment, the administration of medications, or types of invasive and non-invasive health care procedures. However, the Board of Nursing does not maintain a specific "task list" for each level of licensure; registered nurse, licensed practical nurse or advance practice nurse, and does not respond to questions which require specificity as to a particular task in a particular setting.

Due to rapid changes in health care technology, and variations in health care settings and the competencies of individual nurses, it would be impractical for the Board to maintain such a "task list" or to ensure currentness, accuracy, and applicability. The scope of practice of a nurse is determined based upon a number of factors, including the standards of practice in the Wisconsin Nurse Practice Act, the rules in Chapters N6 and N8 of the Wisconsin

Administrative Code, and applicable national certification in advance specialty fields. The core concept in determining scope of practice under the legal parameters governing the licensure and regulation of the nursing profession is the “education, training and experience” of the nurse; that is the educational preparation and demonstrated abilities of the nurse.

Alternate resources which may be useful to those who seek guidance as to whether specific tasks are within the scope of practice of a nurse may include professional nursing literature, nursing textbooks, national guidelines, practice recommendations for specialty fields, and resources from professional membership organizations (WNA, NCSBN, Hospital association, etc.).

Inquirers are encouraged to review the relevant laws, review professional journals, consult with colleagues or seek advice from their private legal counsel. For more information, you may log onto the DSPS website <http://dsps.wi.gov/Home>

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10) Describe the issue and action that should be addressed:  <p style="text-align: center;"><b>COMMITTEE MOTION:</b> Jeffrey Miller moved, seconded by Lillian Nolan, that DSPS Staff draft an FAQ to clarify camp nursing and the process for notification, to be considered at the August 8, 2013 Board of Nursing Meeting. The Board requests DSPS Credentialing Staff provide information about current notification procedures for consideration at the August 8, 2013 Board of Nursing Meeting. Motion carried unanimously.</p> <p><b>Please see attached DSPS form #2193.</b></p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
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# Wisconsin Department of Safety and Professional Services

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## BOARD OF NURSING

### WISCONSIN ACT 146 EXEMPTION

On March 20, 1996 Wisconsin Act 146 became effective in the State of Wisconsin. Statute, 441.115(2) allows for a registered nurse/licensed practical nurse from another state to practice as a registered nurse/licensed practical nurse in this state for up to 72 consecutive hours per year in the State of Wisconsin without a Wisconsin registered nurse/licensed practical nurse license.

The statute does require the following information to be filed with the Department of Safety & Professional Services, Bureau of Health Service Professions, P.O. Box 8935, Madison, WI 53708-8935, seven (7) days prior to practicing in the State of Wisconsin.

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*In an emergency, please complete and return the form as quickly as possible after the emergency has occurred.*

Name of person providing nursing service: \_\_\_\_\_  
First Middle Last

Indicate type of Degree: RN \_\_\_\_\_ LPN \_\_\_\_\_

State & License Number where person is currently licensed: \_\_\_\_\_

Date(s) of employment in the State of Wisconsin which are covered under this exception:

\_\_\_\_\_

A person who is permitted to practice professional or practical nursing under this statute, may provide service for the following persons:

- A person being transported through or into Wisconsin for the purpose of receiving medical care
- A person who is temporarily in Wisconsin, if the person is a resident of the state, territory, country or province that granted the nursing credential.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

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**EDUCATION AND LICENSURE COMMITTEE**

**8:30 A.M**

**(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF THE PRACTICE COMMITTEE MEETING)**

**CALL TO ORDER – ROLL CALL**

**OPEN SESSION:** Education and Licensure Committee –Carol Ott (Committee Chair), Rachelle Lancaster, Gretchen Lowe; Julie Ellis

- A. **Adoption of Agenda(23-24)**
- B. **Approval of Education & Licensure Committee Minutes of August 8, 2013(25-26)**
- C. **WHA Update on Student Clinical Placements(27-32)**
- D. **Bryant + Stratton Probationary Status – Discussion and Consideration(33-42)**
- E. **School Approval – Discussion and Consideration**
  - 1) **Herzing College – Brookfield/Kenosha(43-130)**
- F. **Request for Authorization to Admit Students– Discussion and Consideration**
  - 1) **Northeast Wisconsin Technical College(131-196)**
  - 2) **Rasmussen College Ocala School of Nursing(197-198)**
- G. **Request for Authorization to Plan ADN-to-BSN Completion (Flexible Options) Program**
  - 1) **University of Wisconsin-Milwaukee(199-270)**
- H. **School Site Survey Status – Discussion and Consideration(271-272)**
- I. **Informational Items**
  - 1) **NCLEX Examinations Go Green(273-274)**
- J. **Public Comments**

**ADJOURNMENT OF EDUCATION & LICENSURE COMMITTEE MEETING**

**EDUCATION AND LICENSURE COMMITTEE**  
**BOARD OF NURSING**  
**MEETING MINUTES**  
**JULY 11, 2013**

**PRESENT:** Carol Ott, Rachelle Lancaster, Julie Ellis, Gretchen Lowe

**STAFF:** Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant;  
Nicholas Tank, Bureau Assistant; other DSPS staff

**CALL TO ORDER**

Carol Ott, Chair, called the meeting to order at 10:16 a.m. A quorum of four (4) members was present.

**ADOPTION OF AGENDA**

**MOTION:** Gretchen Lowe moved, seconded by Rachelle Lancaster, to adopt the agenda as published. Motion carried unanimously.

**APPROVAL OF EDUCATION & LICENSURE  
COMMITTEE MINUTES OF JULY 11, 2013**

- **Page 2 – CHANGE** “who were” to “who was” in the first and fourth motion.

**MOTION:** Gretchen Lowe moved, seconded by Rachelle Lancaster, to approve the minutes of July 11, 2013 as amended. Motion carried unanimously.

**FACULTY EXCEPTION APPROVAL PROCESS**

**MOTION:** Rachelle Lancaster moved, seconded by Gretchen Lowe, that the Chair of the Education and Licensure Committee, in conjunction with DSPS staff, will approve the final faculty exception approval process document on behalf of the Committee. Motion carried unanimously.

**REQUEST FOR AUTHORIZATION TO PLAN A BACHELOR OF SCIENCE IN  
NURSING PROGRAM**

**MOTION:** Rachelle Lancaster moved, seconded by Julie Ellis, to authorize Cardinal Stritch to plan their Bachelor of Science in Nursing Program. Motion carried unanimously.

**MOTION:** Rachelle Lancaster moved, seconded by Gretchen Lowe, to recognize the appearance of Lori Stutte, faculty and chair of ADN program at Cardinal Stritch College of Nursing, and Kelly J. Dries, Dean of the Cardinal Stritch College of Nursing. Motion carried unanimously.

#### **QUARTER 2 2013 NCLEX PASS RATE DATA**

**MOTION:** Julie Ellis moved, seconded by Rachelle Lancaster, to designate the Chair of the Education and Licensure Committee as the Section's representative to draft a letter to L.P.N. deans congratulating them on their consistent ongoing excellence in NCLEX outcomes and to request nominations for two open L.P.N. vacancies on the Board of Nursing. Motion carried unanimously.

#### **ADJOURNMENT**

**MOTION:** Rachelle Lancaster moved, seconded by Gretchen Lowe, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:44 a.m.

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

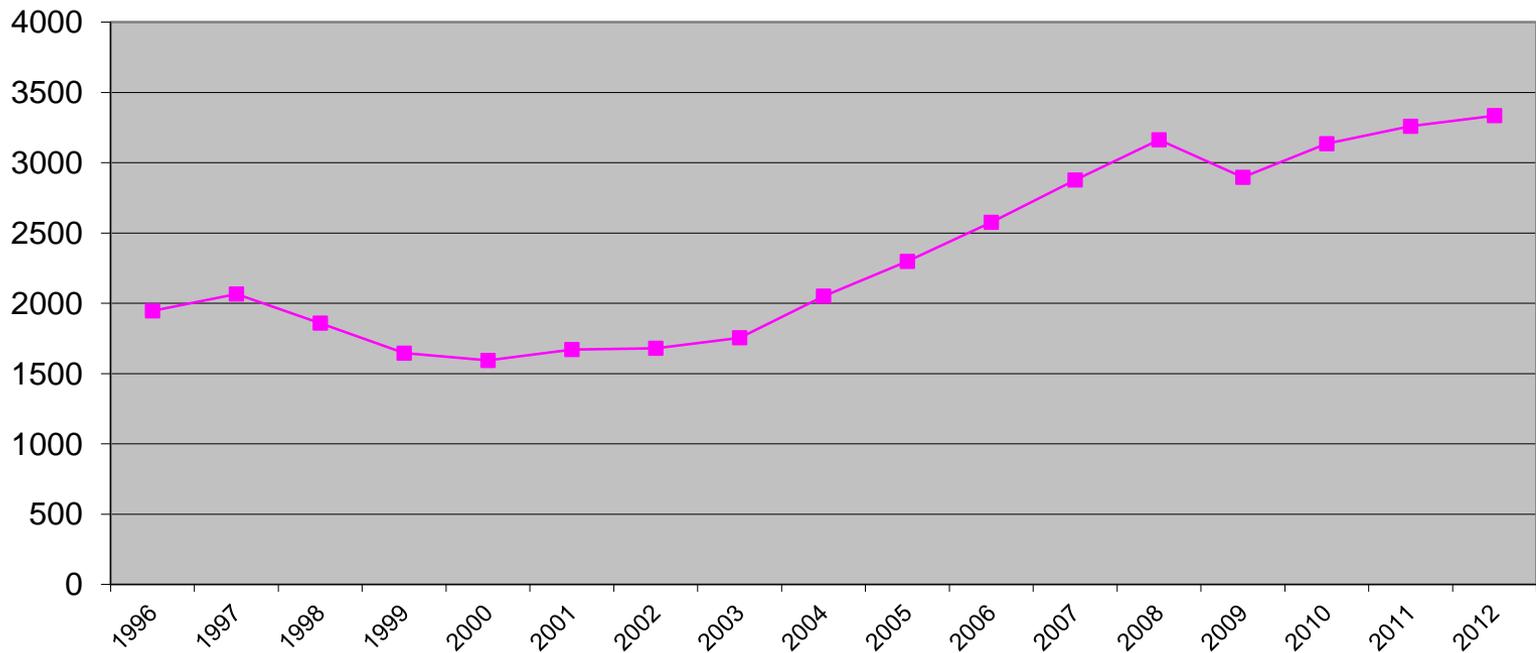
**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Dan Williams</b>		2) Date When Request Submitted: <b>9/4/13</b> Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing - Education and Licensing Committee</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>WHA update on student clinical placements</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  <b>Power point presentation will be included.</b>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

# A conversation about student nurse clinical opportunities

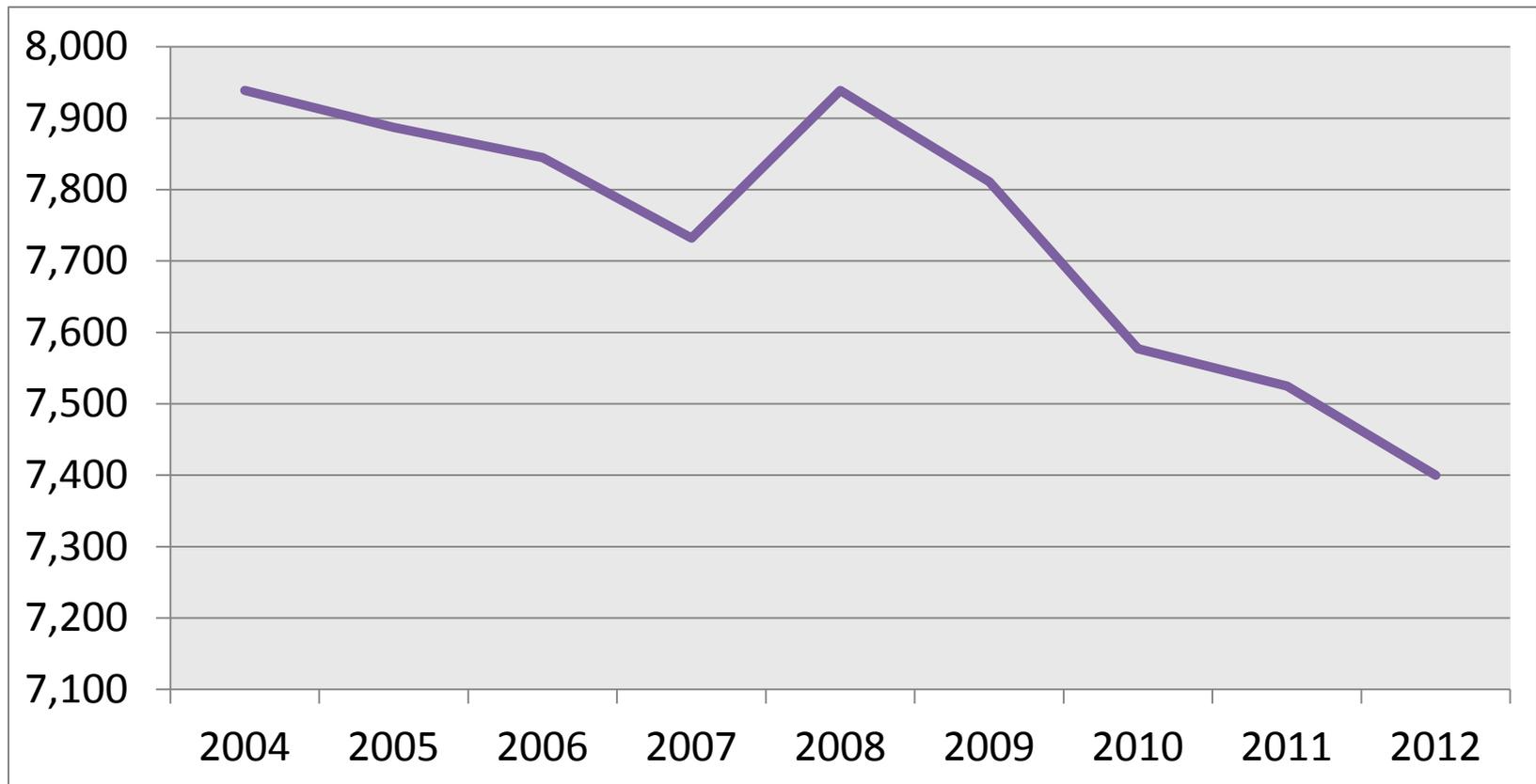
Judy Warmuth, PhD, RN  
Wisconsin Hospital Association

# Wisconsin First Time NCLEX Takers

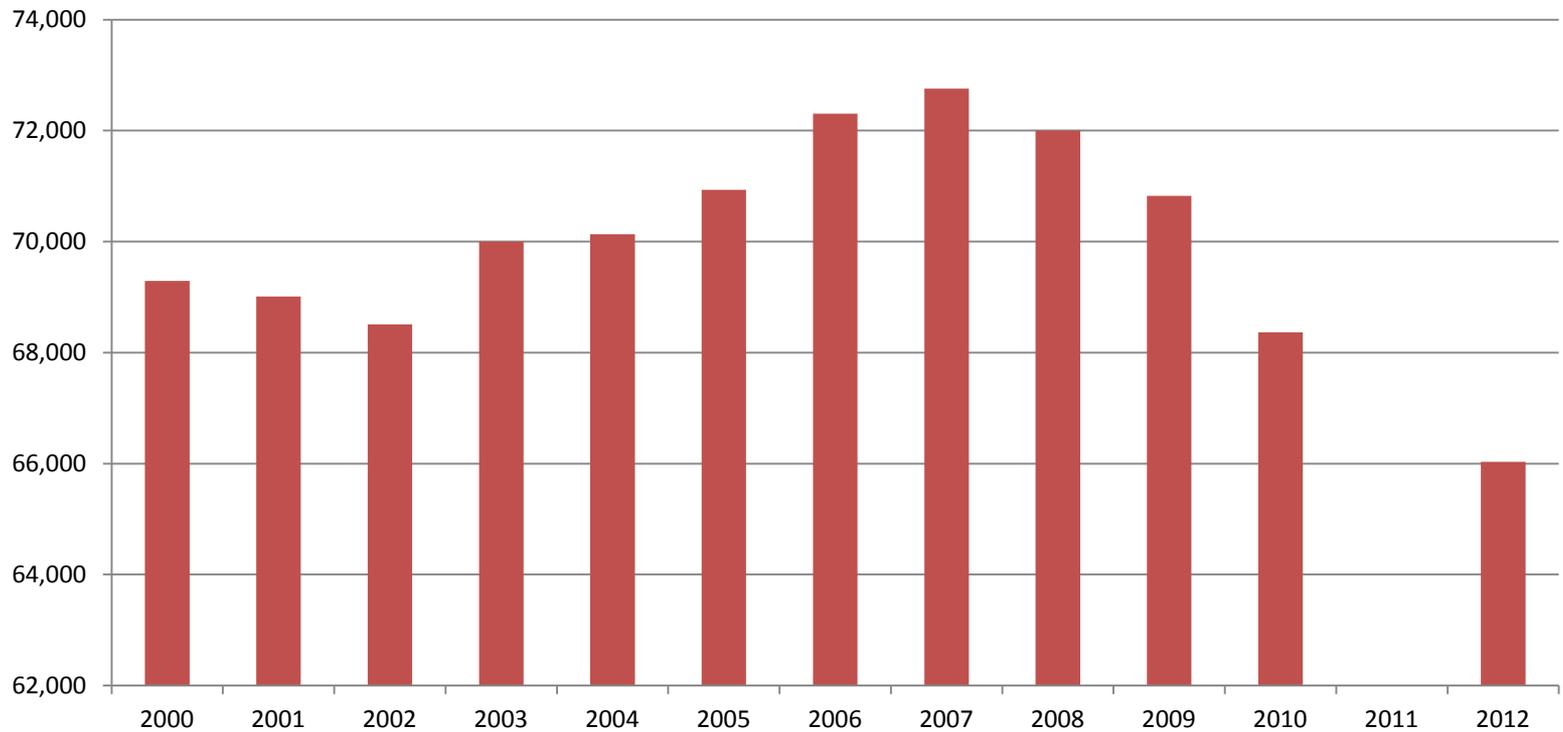


Source: Wisconsin Department of Safety and Professional Services

# Wisconsin Hospital Average Number of Patients per Day



# Wisconsin births



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# Bryant & Stratton College

August 22, 2013

Julia Nelson  
Chairperson, Wisconsin Board of Nursing  
Department of Safety and Professional Services  
1400 E. Washington Avenue  
Madison, WI 53703

**Re: Bryant & Stratton College**

Dear Ms. Nelson:

This letter serves to report changes made to Bryant & Stratton College's decision-making process for its nursing program in response to the Board's instruction in its May 17, 2013 letter to me. The College believes that the changes we have proposed constitute a fundamental re-shifting of decision-making authority to address the Board's concerns as articulated in the October 2012 site visit report and your July 10, 2013 letter to our counsel. We believe that these changes address the Board's concerns and establish its compliance with Wis. Admin. Code § N 1.06(1)(b)(3). To effectuate these changes, the Nursing Program Directors (Educational Administrators) from Ohio, Virginia, and Wisconsin met with the Wisconsin State Director, Chief Academic Officer, and the Director of Health Services Curriculum for Bryant & Stratton College and reviewed the current governance structure relating to decisions that affect the "development, implementation and evaluation of the [nursing] program." See Wis. Admin. Code § N 1.06(1)(b)(3). All participants had equal opportunity to contribute to the discussion.

Our first task was to review our current decision-making process to determine what components of the process should be revised and which should be maintained and incorporated into a new policy. It is important to point out that the existing process allowed for local autonomy and provided me, as an educational administrator, the ability and authority to effectuate change at the local level. For example, under the existing process the following changes were made:

- The nursing faculty in Milwaukee developed an approach to manage absenteeism in the Milwaukee nursing program through the development of a Professionalism Rubric and integration of Participation Quizzes during the first minute and last minute of class. The Professionalism Rubric and Participation Quizzes have significantly decreased tardiness and absenteeism and have encouraged preparation and participation in class, as evidenced by increased mean GPAs in all nursing courses.
- The nursing faculty in Milwaukee also restructured the organization of instruction in the lecture component of nursing courses to address student concerns related to inconsistent course content and evaluation. Course leads now conduct all lecture sections in all nursing courses. This has resulted in fewer complaints of unfair behavior and increased GPAs in all nursing courses.

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# Bryant & Stratton College

Nevertheless, in response to the Board's concerns, we have developed a new process and policy for curricular and programmatic revision providing further clarity and autonomy to the process. The process and policy are attached to this letter. After review of several nursing governance structures from Wisconsin and other states, our new process and policy depict similar decision-making, particularly decisions that allow for unique changes in the Nursing Program at the local campus level. This new decision-making process is identified in the policy as "Element 3" of the process. We worked through a number of scenarios using Element 3, and Element 3 provided a workable solution for unique decision-making at the local level.

Although the policy provides a multi-step process for deliberation and decision-making, it also provides for mandated and expedited implementation of regulatory requirements from the Wisconsin Board of Nursing. Such mandates will be reviewed by faculty, appropriate committees, and thereafter implemented. The Program Director (EA) and faculty design strategies for implementation of these mandates. The Program Director then shares changes at the college-wide Program Director meeting for information and possible adoption in other states.

The revised decision-making process allows for the local Program Directors to have authority to make decisions with regard to the development, implementation, and evaluation of the Nursing Program, as required under N1.06 (1)(b)(3). A letter is enclosed from Cindy Susienka, the President and CEO of Bryant & Stratton College, and Beth Tarquino, the Vice President and Chief Academic Officer, which provides verification and support for these changes.

Thank you for the opportunity to respond and answer questions, if needed, during the September Board meeting. Members of the Wisconsin Administrative team from Bryant & Stratton College will be available at the meeting.

Very sincerely yours,

Susan Bonis PhD RN  
Nursing Program Director  
Bryant & Stratton College  
10950 West Potter Road  
Wauwatosa, WI 53226  
[sabonis@bryantstratton.edu](mailto:sabonis@bryantstratton.edu)

Enclosures

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# Bryant & Stratton College

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August 22, 2013

Julia Nelson  
Chairperson  
Wisconsin Board of Nursing  
Department of Safety and Professional Services  
1400 E. Washington Avenue  
Madison, WI 53703

**Re: Bryant & Stratton College**

Dear Ms. Nelson:

The purpose of this communication is to re-affirm Bryant & Stratton College's commitment to the standards set forth by the Wisconsin Board of Nursing and to communicate our desire to continue to work collegially with the Board to maintain compliance with the standards. It is the College's intent that, in providing a newly developed policy incorporating the changes made to the decision-making process for matters related to the development, implementation, and evaluation of the nursing program, as explained in Dr. Bonis' response letter, we evidence our commitment and desire to comply with N1.06 (1) (b) (3). We appreciate the Board's acknowledgement and support of our strong nursing program, faculty, and outcomes. We continue to focus on nursing students and student outcomes as our central and paramount area of focus.

It is important to note that in the development of the new policy, the College has gone to great lengths to revise the governance structure. Our response supports the Board's desire for enhanced local autonomy while maintaining elements of the process that have continued to facilitate beneficial discussion, sharing of best practices, and fully informed, collaborative decision-making.

The process to develop the new policy was careful and deliberate to assure we retained the elements of the governance process that had a proven record of positively impacting the College. We dedicated time and resources to review seasoned and operational governance structures from peer nursing institutions. The review revealed that other nursing programs, typically housed on one central campus, benefitted from drawing on the extensive breadth and depth of the nursing knowledge and expertise of their faculty. Our newly designed process and policy continues to guide the achievement of this same benefit to our own nursing program by retaining an important feature: utilizing college-wide nursing expertise and talents as an essential component of the governance structure. This shared decision making, resulting from regular college-wide nursing meetings, has benefitted our College relative to development and maintenance of strong programs with strong outcomes. The revised decision-making process detailed in the new policy will strengthen our approach through the addition of a defined step in the process to assure program directors (educational administrators) *have the authority and responsibility for the development, implementation, and evaluation of the program*, as required under N1.06 (1) (b) (3).

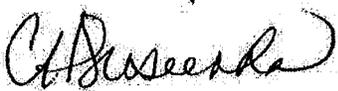
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System Office 2410 North Forest Road, Suite 101, Getzville, NY 14068-1224 Tel: 716.250.7500

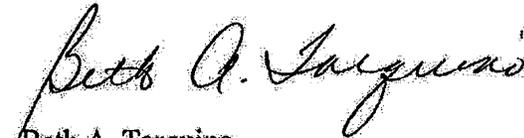
In addition to clarity of authority and ease of implementation, we also desired to avoid any potential for misunderstanding which we believe might have occurred in one aspect of the October 25, 2012 site visit. The October 25, 2012 site visit report refers to a College policy suggesting curriculum decisions are made by a non-nurse. It is important to clarify that no such policy or practice existed or currently exists. Curriculum decisions are made through broad representation from our nursing community. An educational expert, credentialed and experienced in pedagogy, acts in the capacity of facilitator. However, she does not possess voting rights. She facilitates the process and helps to assure that the meeting goals and outcomes are achieved. It is the College's sincere expectation that the newly defined process and policy will demonstrate Bryant & Stratton College's commitment to compliance and clearly articulate the authority of the nursing program's educational administrator.

On behalf of Bryant & Stratton College, we thank you for attentiveness to this matter and your desire to continue to assist our organization through this process. We are hopeful to return to good standing and to continue on our journey to maintain high standards and graduate qualified nurses, well prepared to practice, who will serve the greater Milwaukee area and state of Wisconsin.

Sincerely,



Cindy H. Susienka  
President & Chief Executive Officer



Beth A. Tarquino  
Vice President & Chief Academic Officer



# Bryant & Stratton College

BRYANT & STRATTON COLLEGE		
Policy & Procedure Statement		
Subject Title: Decision-Making Process for Changes to Nursing Program	Policy No:  008	Effective Date: August. 22, 2013
Schools Affected: ALL CAMPUSES	Approved By: Chief Academic Officer	No. Pages: 4
Reference to Other Publications Governing this Policy and Procedure Statement: Policies 054 and 042.		

**PURPOSE:** To state the process for implementing changes to the Nursing Programs at Bryant & Stratton College (BSC) both college-wide and campus-specific.

**POLICY:** All decisions affecting the development, implementation and evaluation of the Nursing Program will be made following the multi-step process described in this policy with the goal of ensuring compliance with legal requirements and consistency with program outcomes, institutional mission, BSC's strategic plan, and institutional resources.

**PROCEDURES:** The following procedure will be employed for implementing changes affecting the development, implementation, and evaluation of the Nursing Program.

**I. Review by Nurse Faculty and Program Director**

- A. Concerns or proposed changes will be raised by Program Director, faculty, students, advisory board, peer reviewers, or other constituents of BSC.
- B. Advocates of the change or concern will collect evidence and data supporting the suggested change. This will include research regarding best practices, student surveys, instructor evaluations, graduate surveys, faculty course appraisal instruments, employer satisfaction surveys, graduation and retention rates, theoretical reviews, course consistency reviews, and the like.
- C. The Program Director then reviews the evidence and data and determines whether the concern or proposed change is valid and consistent with program outcome goals. If the Program Director determines that the matter is appropriate for further review, he or she will send it to the campus Nursing Program faculty for review and discussion.
- D. The Nursing faculty, together with the Program Director, will then review the evidence and data and direct the matter to one or more of the following committees:
  - Curriculum Implementation
  - Admission and Progression
  - Resource
  - Program Feedback
- E. The Committee(s) will then meet and consider the evidence and data and report back to the Nursing Program Faculty and Program Director with feedback and recommendations.
- F. The Nursing Program Faculty and Program Director then will consider the Committee(s) Report and vote either to take no action or to send the matter to the College-wide Nursing Program Directors.

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## II. Review by College-Wide Nursing Program Directors

- A. Upon the request of the campus Nursing Program Faculty and Program Director, the Nursing Program Directors will convene at their next regularly scheduled meeting (or, if related to a board or accreditor mandate, at a specially called meeting) to consider the proposed change. The Nursing Program Directors will consider the collected evidence and data, the recommendations and feedback in the Committee(s) Report, the analysis of the campus Nursing Program Faculty and Program Director, and the affect the proposed change will have on program outcomes.
- B. After such consideration, the College-Wide Nursing Program Directors will vote to:
  - Support the proposal or
  - Not support the proposal.
- C. If the Nursing Program Directors vote to support the proposal, they will report back to the Campus Nursing Program Faculty and implement with:
  - A timeframe for implementation of the change;
  - Instructions on the method for carrying out the change.
- D. If the Nursing Program Directors vote not to support the proposal, they will report back to the Campus Nursing Program Faculty and Program Director with an explanation of the reasons why they cannot approve the proposed change. Such report will identify the evidence and data (or the lack thereof) relied upon to reach their decision.
- E. The Campus Nursing Program Faculty and Program Director may then decide whether to abandon the proposal or to proceed with the intent of addressing the concerns reported by the College-Wide Nursing Program Directors.

## III. Revision of Proposal by Campus Nursing Program Faculty and Program Director

- A. If the Campus Nursing Program Faculty and Program Director decide to continue to pursue the proposed change, they will carry out the following tasks:
  - Engage in additional discussion of the matter taking into account the matters and concerns raised by the College-Wide Program Directors and relevant data both internal or external.
  - Revise original proposal to address such matters, concerns, and data.
  - Send revised proposal to appropriate subject matter Committee(s).
- B. The Committee(s) will then meet and consider the evidence and data and report back to the Nursing Program Faculty and Program Director with feedback and recommendations.
- C. The Campus Nursing Program Faculty and Program Director will then consider the report of the Committee(s) and further revise the proposal if necessary.
- D. The Campus Nursing Program Faculty and Program Director will then take a vote to determine whether they wish to continue to pursue the proposed change by re-submitting the matter to the College-Wide Nursing Program Directors.
- E. If the Campus Nursing Program Faculty and Program Director vote to continue to pursue the change, they will then send the revised proposal to College-Wide Nursing Program Directors.

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## IV. Additional Review by the College-Wide Nursing Program Directors

- A. The College-Wide Nursing Program Directors will reconvene in person or by phone to consider the revised proposed change.
- B. At such meeting the Campus Nursing Program Director will present evidence showing how all of the factors and feedback previously raised by the Campus-Wide Nursing Program Directors and the Campus Committee(s) were considered and addressed.
- C. After such presentation, the College-Wide Nursing Program Directors will vote to:
  - Support the proposal or
  - Not support the proposal.
- D. If the Nursing Program Directors vote to support the proposal, they will report back to the Campus Nursing Program Faculty and implement with:
  - A timeframe for implementation of the change;
  - Instructions on the method for carrying out the change.
- E. If the Nursing Program Directors vote not to support the proposal, they will report back to the Campus Nursing Program Faculty and Program Director with an explanation of the reasons why they cannot approve the proposed change. Such report will identify the evidence and data (or the lack thereof) relied upon to reach their decision.

## V. Ultimate Decision-Making at Campus

- A. If the Campus Nursing Program Faculty and Program Director wish to continue to pursue the proposed change despite the rejection by the College-Wide Nursing Program Directors, they may return the matter to their campus to attempt to implement the change exclusively at the campus, rather than College-wide.
- B. To initiate the campus-level review, the Nursing Program Director will submit a request to the Campus Director to implement the revised proposal exclusively at the campus.
- C. The Campus Director will then review the revised proposal considering:
  - The factors and feedback previously raised by the Campus-Wide Nursing Program Directors and the Campus Committee(s);
  - Bryant & Stratton College's mission, vision, and strategic goals
  - Institutional resources; and
  - Sufficiency of data.
- D. Upon consideration of these factors, the Campus Director may either:
  - Reject the proposal or
  - Allow the proposal to proceed for additional review.
- E. If the Campus Director allows the proposal to proceed, he or she will contact the State Director within 10 business days of his or her consideration of the revised proposal and request the State Director's appointment of an Academic Education Task Force (AETF) to review the revised proposal.

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- F. The State Director will then appoint five (5) individuals from the Campus to consider the proposal for implementation exclusively at the Campus. The Nursing Program Director and the Campus Director/State Director will always serve as two (2) of the five (5) members of the AETF.
- G. The AETF will then convene and consider:  
The factors and feedback previously raised by the Campus-Wide Nursing Program Directors and the Campus Committee(s);
- Bryant & Stratton College's mission, vision, and strategic goals
  - Institutional resources;
  - Sufficiency of data.
- H. The AETF will then vote to do one of the following:
- Approve the proposal. If the proposal is approved, the Nursing Director will oversee the implementation of the proposal at his or her campus.
  - Deny the proposal;
  - Remand the matter back to the Campus Nursing Program Faculty and Program Director with instructions to provide additional information within a specified timeframe. The AETF will consider such additional information and place the matter to vote again within a reasonable number of business days, defined by the AETF.

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## NOTES

### Data Sources

Data sources that may be considered in the decision-making process include, but are not limited to:

- BSC Nursing Program Directors
- Surveys from nursing programs of other institutions
- Other reports available
- Evidence of Student Success:
  - Clinical course evaluations
  - Attrition rates
  - Graduation rates
  - Employer feedback
  - NCLEX outcomes
  - Student Surveys

### Glossary

**Academic Education Task Force (AETF):** A task force comprised of five (5) individual representatives of a campus, including the Nursing Program Director and the Campus Director, whose purpose is to review and assess proposed changes to the Nursing Program which would be implemented only at the campus level, rather than college wide.

**Nursing Program Director (also known as “Educational Administrator”):** The Nursing Program’s educational administrator whose responsibility is to develop, implement, and evaluate the Nursing Program, including its outcomes and day-to-day operations.

**College-Wide Nursing Program Directors:** The BSC Nursing Program Directors assigned to all BSC campuses with Nursing Programs. Such Nursing Program Directors regularly meet as a committee and have authority of BSC nursing outcomes college-wide.

**Campus Director:** An administrator with the delegated authority, including but not limited to, the day-to-day operations and the strategic vision of the campus.

**State Director:** An administrator who oversees all BSC campuses within a BSC geographic region.

### Other BSC Policies

BSC Policies 054 and 042 provide for college-wide review of course outcomes and curriculum assessment and revision respectively at set time intervals for all BSC programs, not just the Nursing Program. These policies remain in effect. This policy is designed to address only Nursing Program changes and it augments Policies 054 and 042 to allow BSC and its individual campuses to assess and implement Nursing Program changes that may require more immediate and streamlined attention.

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Sharon Henes</b> <b>Administrative Rules Coordinator</b>		2) Date When Request Submitted: <i>30 August 2013</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections: Board of Nursing, Education/Licensure Committee			
4) Meeting Date:  <b>12 Sept 2013</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>School Approval</b> <b>Herzing College – Brookfield/Kenosha</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by _____ (name)  <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  Determine whether to grant school approval.			
11) Authorization			
<i>Sharon Henes</i>		<i>30 August 2013</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# HERZING UNIVERSITY BROOKFIELD-KENOSHA SELF-EVALUATION REPORT

Elizabeth S. Markham, Ph.D., RN  
Dean of Nursing  
Brookfield-Kenosha Department of Nursing



**HERZING UNIVERSITY  
BOARD OF NURSING REPORT**

May 21, 2013

**CHAPTER N 1.06 (1) ORGANIZATION AND ADMINISTRATION OF THE PROGRAM**

**N 1.06 (1) (a) Governing Institution**

- 1. \_\_\_\_\_ The nursing program has a governing institution that assumes legal responsibility for the overall conduct of the program.**

The governing institution for the Brookfield-Kenosha Nursing Program is Herzing, Inc. d/b/a Herzing University. The Herzing Brookfield and Herzing Kenosha campuses are two (2) of eleven ground campuses and an online division located in the United States. Herzing University is overseen by a Board of Directors who meet quarterly and is governed by the by-laws of the corporation. The Herzing Board of Trustees bears legal responsibility and ultimate authority for the governance of the University. Management of daily operations is via the Executive Committee of the University. At each campus level, there is a President, Dean, Directors of Financial Aid and Admissions with reporting responsibilities to the appropriate vice president or to the provost.

- 2. \_\_\_\_\_ The governing institution has designated an educational administrator; established administrative policies; and provided sufficient financial support, resources, and facilities for the operation of the program.**

The Nursing Program Director, Elizabeth Markham, is academically qualified with a doctorate in education and master's in nursing with both a clinical and an education focus. She has been a fulltime nursing educator since September 1993 serving in various faculty roles including course lead and level coordinators, interim nursing program director, and nursing program director. Dr. Markham has planned and developed nursing programs and participated in different capacities in program accreditation. She is active in local activities and holds memberships in professional organizations at all levels. She serves as an ex officio member of all the nursing program committees and chairs the Faculty Committee. She is responsible for "the organization, administration, continuous review, planning,

development, compliance, and general effectiveness of the program” (Wisconsin Administrative Code, N1.06 (f), p. 4) per the Wisconsin Board of Nursing, the Commission on Collegiate Nursing Education, and the established standards of Herzing University. The program director leads the program area by overseeing the hiring, development, evaluation, coaching, and support of nursing faculty; ensuring students are appropriately prepared to meet NCLEX-RN and employer expectations; serving as liaison for the program with regulatory and accreditation bodies, healthcare agencies, professional nursing organizations, the system office, and peer programs within the Herzing University system and others throughout the state.

Fiscal resources are adequate to support the growth of the program and are commensurate with other educational units in the University. Budgetary planning is a collaborative process in which the faculty, through articulation of needs, and the program director have input into the process. The Herzing fiscal year runs concurrent with the calendar year. Budget planning starts in August for the upcoming fiscal year with final proposal submitted in late fall. The budgetary requests for Fiscal Year 2013 totaled just over 2,700,000 dollars.

The program is housed in facilities that are pleasantly furnished and decorated to promote cognitive activity. The classrooms are spacious and comfortable with the needed equipment and supplies present for instruction and learning and designed for small classes which meets the University’s commitment to create a caring, convenient, and career-focused environment. Nursing classes are assigned to appropriate sized and equipped classroom on the campuses. Each campus has dedicated nursing laboratory space which consists of a high-fidelity simulation lab and a traditional nursing laboratory. The Brookfield campus has an additional lab equipped with examination tables used primarily for assessments and activities requiring minimal equipment for instruction. Laboratory space is considered program space and students may use resources across campuses. The Kenosha campus provides access to computer equipment via reservation of PC equipped learning labs for computerized

testing and activities. The Brookfield campus provides a mobile laptop center which allows any classroom to become a computer equipped room for instruction and/or testing. Each facility provides both student and faculty lounges.

Nursing faculty are provided with private office space to facilitate planning, tutoring, and confidential meeting with students and other faculty. Because conference space is limited on the campuses, faculty and student meetings are held in vacant classrooms.

Support services to the program are adequate for student achievement of program outcomes. Smart classrooms provide the needed AV and computer equipment for teaching and learning. In the computer classroom, there are preloaded programs available for student access to reinforce learning. Additional videos, CDs, and other computer assisted programs are available for use by the students in the nursing laboratory or by checkout from the library. Textbooks for nursing faculty are provided through the campus without cost. Through the payment of fees for the nursing program, all students are provided with their textbooks, two uniforms, a lab coat, and a "Custom Health Tote" which includes the majority of the supplies needed for laboratory practice and simulation. Additional supplies are available in the laboratory for demonstrations and emergency student needs with an adequate mix of high and low technology equipment used in simulations. The library maintains textbooks and audiovisual resources for faculty use. The nursing laboratories and science wet lab are provided with adequate equipment and supplies for students to meet course and program outcomes.

"Herzing University provides library resources and services to students through an easily accessible electronic collection, campus libraries with collections, and professional library staff available to assist with reference and research inquiries. The electronic collection, available to students at both Herzing University campuses and in Herzing University online programs, includes over 40 general interest and specialized databases containing millions of items. A variety of resources such as academic journals, eBooks, magazines, newspapers, reference materials, video and audio files, transcripts, and

more, are included. Electronic resources are accessible 24/7 through the University's online learning system. Many of these resources are provided through the University's library membership in the Library and Information Resources Network (LIRN). After matriculation, students are provided with user names and passwords that enable them to access the learning resources. Herzing University students also have access to services offered by the library, including consultation with a professional librarian.

The libraries

support development of independent learning skills by offering research information and assistance for both focused and general research. The campus libraries also provide an ideal environment for individual study. In addition to the research collections, guides, tutorials, and other materials are available to support students with their research projects." (Undergraduate Catalog, p.47).

Academic support services provide opportunities for the student to develop and/or enhance their skills through individual tutoring. Nursing faculty offer individual tutoring and study sessions to nursing students

There is a part-time administrative assistant for the nursing program (60% time). Faculty members are responsible for the word processing of syllabi, tests, and student materials. When major projects need to be completed, additional human and non-human resources are available to support achievement of the goals.

**3. \_\_\_\_\_ The governing institution has attached to the Self-Evaluation Report an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program.**

The Organization Chart for the nursing department appears in Appendix A of this report. The University recently completed a workforce reduction. Nursing is administered solely by the Dean of Nursing. Faculty have a direct reporting relationship to the Dean of the program and also have reporting responsibilities to the Dean on each campus. The Dean of Nursing reports to the Brookfield campus president for supervisory functions but has a dotted line reporting relationship to the Deans and Campus Presidents for both campuses. In addition, because of the Dean's advisory role to nursing for

the University, there is a dotted line reporting relationship to the University Provost (governing institution). The Campus Presidents have a direct reporting relationship to the University while the campus Deans have a dotted line reporting relationship to the University Provost and direct reporting line to their respective campus presidents (See Organizational Chart in Appendix B).

**4. \_\_\_\_\_ The governing institution has attached to the Self-Evaluation Report evidence of being regionally accredited.**

Herzing University is accredited by the Higher Learning Commission, a commission of the North Central Association of Colleges and Schools. The University is accredited through 2016 with the next PEAQ Comprehensive Evaluation scheduled for 2015-2016. The statement of accreditation appears in Appendix C.

**N 1.06 (1) (b) Administrative Policies**

*Note: The Board representative(s) may examine the administrative policies during the survey to ensure that Board standards are being met.*

**5. \_\_\_\_\_ The nursing program has administrative policies that are in accord with those of the governing institution.**

Faculty and students adhere to the administrative policies of the University except where identified in writing. Faculty policies are found in the *University Faculty Handbook* (February 2013) and the *Employee Handbook* (2013). Student policies are published in the *Herzing University Undergraduate Catalog 2013*, the *Brookfield-Kenosha Nursing Student Handbook, Summer 2013*, and *The Nursing Admission Packet*. All applicants receive the admissions packet and have access to the *Undergraduate Catalog*. Herzing University is an equal opportunity institution admitting students who meet the standards for admission to the nursing program. Policies that are unique to nursing exist for the safety of the clients, public, and students and are in accordance with affiliate and state requirements. These differences are explained in the handbook and course syllabi. Where differences occur, they are noted in the document with reference for the reader. Differences occur in the admissions policy and progression policies for students and are summarized in the Table 1. Complete details appear in the Undergraduate Catalog, Nursing Student Handbook and admissions packages.

Table 1. University and Nursing Policy Differences

POLICY	UNIVERSITY	NURSING
Admissions: Admissions Testing	ACT or other testing; or 24 hrs. of college credit	TEAS testing with defined scores; Unconditional and Conditional Admissions
Transfer Credits		Limits in time frame for currency (sciences); No nursing transfer credit for nursing courses except for Growth and Development; Pathophysiology, Pharmacology and Introduction to Clinical Nursing may be considered with required testing.
Retention/Progression Policies	SAP progression policies of 2.0 or "C"	Limited repeats in sciences and nursing courses. Exceeding results in dismissal. Required to maintain a 76 or "C+" academic average.

Nursing admission policies were reviewed across the University system February 2012. New revised admission policies were published in March 2012 and implemented across the University for September 2012 admissions. The Kenosha campus implementation date for the new admissions standards was delayed until January 2013. Locally, policies and procedures are reviewed annually, in the fall semester of each academic year.

**6. \_\_\_\_\_ The nursing program has written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services.**

*Note: The Board representative(s) may examine the contracts between the school and institutions during the survey.*

The Brookfield-Kenosha Nursing Program has been successful in securing clinical experiences for its students that more than meet the needs of the program. Currently, we have 25 contracts across the continuum of health-care. In addition, students participate in community health events for which they provide community service and may receive academic credit toward their clinical practice. For example, students have just completed participating in a "Hoops for Hope" community sponsored event. The summary of all facilities with which the program has signed agreements appears in Appendix H.

7. \_\_\_\_\_ The administrative policies specify that the educational administrator has authority and responsibility for the development, implementation, and evaluation of the program.
8. \_\_\_\_\_ The administrative policies contain provisions for a system of records and reports essential to the operation of the program.
9. \_\_\_\_\_ The administrative policies include written personnel policies for the faculty which include position expectations and faculty rights and responsibilities.

The Faculty Handbook (February 2013) defines the role of faculty for Herzing University as teaching, service, and scholarship. Teaching is defined in terms of two components which are student awareness and instructional activities. In addition, the Nursing Department emphasizes positive student attitudes through a university-wide initiative called the “PRICE for Success” Model which focuses on Professionalism, Respect, Integrity, Caring and Engagement. Service includes maintenance of records, timely submission of required reports and/or grades, and professional activities within the University environment such as committee service, participation in University sponsored activities, and maintaining collegial relationships. Scholarship refers to activities undertaken by faculty to maintain competence in their area of expertise and in teaching. In addition the University Faculty Handbook also defines faculty participation in the shared governance of the University including faculty responsibility and authority over curriculum as well as a voice in all aspects of governance of the University.

Concurrent with the curriculum review and revision early and mid-2012, faculty roles and organization were also reviewed. Role and Job descriptions were reviewed, developed, and/or revised to meet the standards of the University and those of the profession of nursing and were completed in May 2012. These descriptions were reviewed with the faculty and adopted. New role descriptions for the following positions were written: Assistant Nursing Program Director, Full-time Nursing Faculty, Part-time Nursing Faculty, and Course Lead Role descriptions. As the faculty numbers began to increase, the decision was to begin to move away from the “faculty as a whole model” to committees which report to the faculty as a whole. Over several meetings from April 2012 to September 2012, the organizational structure of the faculty was reviewed and finalized. There are four faculty committees identified upon which the faculty serve and faculty by-laws have been approved by the faculty. These

by-laws define voting and membership privileges for both adjunct and full-time faculty within the structure. (See attached Nursing Faculty Resource Guide).

#### **CHAPTER N 1.06 (2) CURRICULUM**

**10. \_\_\_\_\_ Curriculum is based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of student competencies, and course descriptions are attached to the Self- Evaluation Report. For clarity, the sections of the curriculum that satisfy requirements are highlighted with the corresponding item number (listed on the left-hand side of each requirement) clearly indicated.**

**11. \_\_\_\_\_ Clinical and theoretical learning experiences are consistent with the stated program objectives.**

**12. \_\_\_\_\_ Curricular content reflects current nursing practice and encompasses health needs throughout the life span.**

The mission of the nursing program at Herzing University is to provide quality nursing education that prepares graduates to function in a caring, competent, ethical manner as entry level practitioners to enhance the health of persons within communities and the larger global environment by providing safe, quality, holistic healthcare as professional nurses and lifelong learners. In keeping with that mission, the curriculum plan was designed to introduce the students to the key essentials for sound practice in the anticipated future of the professional nurse. These components are built upon a sound foundation in the sciences which promote understanding of the complexities of function, why interventions are effective or ineffective as well as the provision of a solid sociocultural and communications foundation. The faculty believe that the sociocultural foundation is essential to comprehending the importance of the mind, environment, and the body continuum. Effective communication encompasses the global emphasis and impact as nurses assume the lead in addressing prevention and maintenance of health and establishing standards, cost management, and disparities. The curriculum plan represents Herzing's faculty's best efforts to assure the foundation for a lifetime of caring and life-long learning.

The curriculum was originally developed in 2009 and revised significantly in early 2012. The revision was instituted to address identified gaps in the socio-cultural foundations and sciences. In addition a systematic review of building blocks needed for success was undertaken. This review

demonstrated that a reorganization of content and course work was necessary to meet program outcomes. Faculty were interviewed along with students, a review and analysis of student performance for the first two admission cohorts was completed, and information and analysis of the health care environment of the region provided the information used in final decision. Foundational science and general education courses were shifted to the first two semesters of the plan. Nursing informatics was moved from semester 8 to semester 4 of the curriculum plan. Additionally, mapping of course content and psychomotor skills were completed.

When the faculty undertook the task of complete review and revision of the philosophy and conceptual framework for the curriculum plan, careful attention was paid to the standards defined in the AACN Essentials document, ANA standards of practice documents, and the new QSEN competency guidelines reflective of the roles which the baccalaureate generalist must fulfill. As a result of this diligence, the expectations of the curriculum meet the standards for educating baccalaureate level professional nurses. The Table below demonstrates the relationship between the curriculum objectives for the program and the roles of the baccalaureate generalists.

Table 2: Program Outcomes Matched to Role Requirements of the Baccalaureate Generalist.

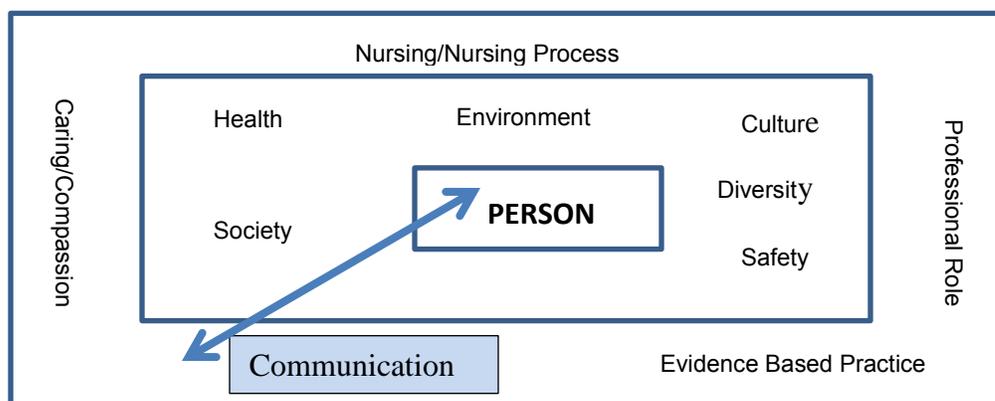
PROGRAM OUTCOMES	ROLES OF THE BACCALAUREATE GENERALIST
1. Practice using caring, compassionate, culturally competent, and evidence based practices in the roles of the baccalaureate nurse using the nursing process to provide patient/client-centered care in a variety of health care settings.	Provider of direct and indirect care Advocate Educator
2. Use a broad base of techniques to effectively communicate with clients, families, health care teams, and communities.	Member of the Profession Provider of Care Manager/Coordinator of Care
3. Use critical thinking and decision making, local,-state, national and global policies, legislative concepts, and healthcare economics to effect quality health care and the evolving health care system.	Manager of Care Coordinator of Care
4. Integrate knowledge and skills in nursing leadership and management,	Manager of Care

quality improvement, and patient safety as required to provide health care	
5. Integrate knowledge and skills to promote health and prevent disease across the lifespan and the continuum of health care environments.	Designer of Care Member of the Profession
6. Practice professionalism including the inherent values of altruism, autonomy, human dignity, integrity, and social justice.	Member of the Profession
7. Formulate a professional ethic that includes lifelong learning and continuous professional development in an ever-evolving health care environment.	Member of the Profession
8. Think critically at a conceptual level and by using mathematical analysis as well as the scientific method; write and speak effectively; use basic computer applications; and understand human behavior in the context of the greater society in a culturally diverse world.	Member of the Profession

"The conceptual framework of the Nursing Program of Herzing University Brookfield/Kenosha is consistent with the Mission and Philosophy of the Program. It provides a model of professional nursing practice, and serves as the foundation for the selection, sequencing of courses, course content, and learning activities in the nursing curriculum. The required liberal arts courses provide the foundational knowledge upon which are built the key concepts used to frame the actions of the professional nurse. It is the belief of the faculty that the key threads (previously defined in the philosophy) of the curriculum are nursing, critical thinking and decision making, the nursing process, environment, health, society, professional role, communication, caring, compassion, safety, evidence based practice, culture, and diversity. The person (patient, client, population) is the center of universe and it is our response to those identified needs that are the processes of the practice of nursing" (Student Handbook, p.13).

Figure 1, Conceptual Framework, represents schematically the faculty's view.

Figure 1. Conceptual Framework



“It is the belief of the faculty that nurses, who are responsible for a wide variety of therapeutic interventions applied across a developmental lifespan, must possess competent didactic and clinical skills. Additionally, nursing, society culture, and diversity form major components of the external environment which is constantly changing and impacts both the nurse and the patient (client, population). Finally, the conceptual framework is a dynamic, ever-changing model that should reflect the growth of knowledge in the profession and innovations in technology. Continuous re-evaluation of the model is paramount to its success. Humanities, nursing concepts and technical skills are intertwined to provide optimal care of the client (Student handbook, p.12)”. A detailed copy of the philosophy and conceptual framework can be found in the Nursing Student Handbook and Faculty Resource Guide available in the Document Display Room.

[The faculty members have implemented this curriculum plan] “because there is a need for registered nurses to be prepared with a broad knowledge base. We believe [that] professional nursing education builds on and integrates the arts, sciences, and humanities with nursing science providing a refinement of knowledge, beliefs, values, attitudes, and skills reflected in cognitive, affective, and psychomotor domains. Based on Herzing University’s foundation of valued student success and support of professional role development; the concepts and theories from nursing and related disciplines form the structure of the nursing curriculum. Herzing’s nursing program supports and encourages students to work toward the highest level to which they are capable. Nursing educators have responsibility to provide effective, appropriate and comprehensive theory and clinical experiences to assist the student in meeting their academic goals (Nursing Student Handbook, p.11).”

There are 122 credit hours required to complete the program. The general education core includes English/Literacy, Math, Social Sciences, Computer Science, Critical Thinking, Medical Terminology, and Professional Development and represents 38 credits hours. The general education core provides breath, life enriching experiences, contributions to critical thinking and critical decision-

making, sensitivity to social values and diversity, broadening of ones understanding of computer applications in our lives and ethical behaviors. Information is also included to help prepare the student for career transitions. Although most of these courses are taken in the first three semesters of the program, the student has the opportunity to continue to explore this core throughout the curriculum plan. Table 3 shows the relationship of the General Education Core and Science Core to the Nursing Concepts.

Table 3. Relationship of General Education and Science Core to Concepts in the Nursing Curriculum Plan.

LIBERAL ARTS COURSES	CORE NURSING CONCEPTS
EN 104: English Composition EN 106: Information Literacy EN 250: English Composition II EN 116: Speech HU325: Literature and the Art of Healthcare	Communication, documentation, writing, skills, use of electronic data bases, critical thinking, and ethical-legal use of information  Program Outcomes 2, 3, 6, 8 and Member of the Profession
PS 101: Psychology SS120: Introduction to Sociology SS 310: Cultural Diversity	Understanding of human behavior, culture, diversity, global health needs, environmental impact,  Program Outcomes: 1, 3, 5, 6, 7 and Member of the Profession, provider of care, designer/manager/coordinator of care
AS 144: Medical Terminology IS 102: Computer Applications HU 101: Critical Thinking	Communication, documentation, technology, critical thinking,  Program Outcomes: 1, 2, 3, 4 and Member of the Profession, provider of care, designer/manager/coordinator of care
MA 107: College Algebra MA 320: Statistics PD 121: Professional Development I PD 202: Professional Development II	Critical Thinking, Evaluation of Nursing Research, Evidence-Based Practice, Financial management, career development  Program Outcomes: 1, 3, 8 and Member of the Profession
SC 165: General Microbiology SC 185: General Chemistry SC 145: Anatomy and Physiology I SC 245: Anatomy and Physiology II SC 150: Principles of Nutrition	Disease and disease process; biochemical processes; body function; health and illness processes; client education, and health promotion.  Program Outcomes: 1, 5

Sciences are the essential foundation of nursing practice. The core sciences in the Herzing plan are Chemistry, Biology, Anatomy and Physiology, Microbiology, and Nutrition. There are 16 hours in the science core excluding Pathophysiology which is a nursing course.

The remaining courses provide the foundation for entry into professional practice. The nursing core is 68 credits including Medical Terminology (a nursing support course, AS 144), leveled so that the student establishes a base of nursing concepts and activities and then gradually increases in complexity until the last semester where the capstone course requires synthesis of learned materials and demonstration of core competencies which demonstrate that the student has met the program objectives. The curricular threads (person, nursing, nursing process, professional role, caring, compassion, safety, evidence based practice, culture, diversity, environment, and critical thinking) are woven throughout the nursing courses with the student having the opportunity to explore these concepts in a variety of settings with varying clientele. The first nursing course is an exploration of the lifespan and is taken in semester 2 of the program plan. The student then moves into level II of the plan where core concepts (Introduction to Clinical Nursing, Introduction to Professional Nursing), core skills (Health Assessment, Clinical Simulation, and Adult Health I, Nursing Informatics), pharmacology, and nutrition are introduced. The student also has their first experience in a real healthcare setting during this time.

When the student moves to level III of the plan, they are asked to manage clients with increasing complexity of need (Adult Health II) and comprehend how the mind (Mental Health Nursing), and aging (Gerontological Nursing) affect health status. The students now have the opportunity to explore ethical and legal issues in depth (Legal and Ethical Issues). Level IV culminates the pre-licensure experience with a focus on synthesis of the foundations learned in Levels I, II, and III of the plan. Students explore health policy issues (National and Global Health Policy Issues), the complexities of caring for families and communities (Family Nursing and Community Nursing) and caring for families with multisystem failure. Although the student has been introduced to leadership and evidence based practice in all of their clinical courses to this point, there are courses which sharpen the skill set in

leadership, management, and research in nursing (Nursing Leadership and Management, Adult Health III/Practicum, and Evidence-Based Nursing Research). The curriculum plan appears in Appendix E.

To fulfill the mission of preparing graduates to provide quality healthcare, the faculty believes it imperative for the nursing curriculum to be in alignment with on-going changes in science and technology, shifting population demographics, emerging healthcare needs of contemporary society, and changes in professional nursing practice environments. Therefore, the nursing curriculum at Herzing is designed to encourage and support students as they assume the responsibility of being a professional nurse and for life-long learning.

#### **N 1.06 (2) (a) Professional Nursing Curriculum**

**13. The professional nursing curriculum contains an 'area of general education' which covers:**

**(a) \_\_\_\_\_ scientific knowledge basic to nursing practice including principles from the biological and physical sciences.**

**(b) \_\_\_\_\_ human and cultural knowledge basic to understanding motivation and behavior including currently accepted concepts and principles from the social and behavioral sciences.**

**14. \_\_\_\_\_ The professional nursing curriculum contains an 'area of nursing education' which includes theory and selected experiences designed to enable students to provide nursing care that promotes, maintains, and restores the physical and mental health of the individual throughout the life span.**

**15. After completion of the professional nursing curriculum, graduates will be able to:**

**(a) \_\_\_\_\_ Use the nursing process to plan and provide nursing care.**

**(b) \_\_\_\_\_ Apply knowledge derived from the scientific, human and cultural areas to meet health needs.**

**(c) \_\_\_\_\_ Individualize nursing care during preventative, maintenance, restorative, and terminal phases.**

**(d) \_\_\_\_\_ Promote positive health practices.**

**(e) \_\_\_\_\_ Understand the roles and relationship of nurses to other health care providers.**

**(f) \_\_\_\_\_ Plan for health services with individuals, families, communities and health care providers. 3**

**(g) \_\_\_\_\_ Practice professional nursing according to the legal standards of N6.**

**(h) \_\_\_\_\_ Function as a responsible, accountable nursing professional.**

**(i) \_\_\_\_\_ Identify the need for continued competency**

**(j) \_\_\_\_\_ Recognize the impact of historical trends in nursing**

The summary of the curriculum plan which appears in Appendix E identifies the letter which confirms the existence of required content in the curriculum of the nursing program.

**N 1.06 (b) Practical Nursing Curriculum : NOT APPLICABLE**

*Note: The Board representative(s) may examine the curriculum during the survey to ensure that Board standards are being met.*

**16. The practical nursing curriculum contains an 'area of health, growth, and development' that covers:**

- (a) \_\_\_\_\_ the general aspects of human structure and body function.
- (b) \_\_\_\_\_ the general aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon health, attitudes and behavior of individuals and the family as a social unit.

**17. The practical nursing curriculum contains an 'area of personal and vocational relationships' that covers:**

- (a) \_\_\_\_\_ basic principles of human relationships.
  - (b) \_\_\_\_\_ legal and ethical responsibilities in nursing.
- 18. \_\_\_\_\_** The practical nursing curriculum contains an 'area of nursing education' which provides content with experiences in meeting basic nursing needs of the individual throughout the life span.

**19. After completion of the practical nursing curriculum, graduates will be able to:**

- (a) \_\_\_\_\_ Identify basic needs of a patient.
- (b) \_\_\_\_\_ Employ common nursing measures to meet basic needs of patients.
- (c) \_\_\_\_\_ Observe and report relevant data regarding a patient's health status.
- (d) \_\_\_\_\_ Use communication techniques to assist patients to achieve identified goals.
- (e) \_\_\_\_\_ Establish positive relationships with patients and other health team members.
- (f) \_\_\_\_\_ Practice practical nursing according to the legal standards of Ch. N 6.
- (g) \_\_\_\_\_ Identify the need for continued competency.

#### **CHAPTER N 1.06 (3) INSTRUCTION**

*Note: Chapter N 1.06 (3) (f) requires the nursing program to file evidence of meeting instruction standards on Form #1004 provided by the Board and keep this form on file in the School of Nursing office. These forms must be made available to the Board upon request. These forms may be examined by the Board representative(s) during the survey.*

**20. \_\_\_\_\_** Instruction is based on written objectives which give direction to planning student objectives.

Besides having explicit course objectives (outcomes) defined to meet program objectives (outcomes) and needs of the nurse generalists, the master course template for all nursing courses at Brookfield-Kenosha requires the faculty to develop and include in the syllabus package detailed "course content sheets" which specify the week during the semester that the content is to be taught, detailed objectives for the unit, detailed content, required and suggested instructional strategies and requirements and how the content will be evaluated.

**21. \_\_\_\_\_** A variety of teaching methods are used to facilitate student learning. 4

The nursing program at Herzing Brookfield-Kenosha addresses the needs of a non-traditional, diverse student body who present with a plethora of life's experience in both education and social experience. The average age of our student is over the age of 25, working, most likely to have a care-taker responsibility for either children or other relatives, is returning to school or seeking a career change. Inclusive in this group are a number of English is the Second Language (ESL) students. The enrolled student in our nursing program seeks focused, clear, rapid provision of instruction with a desire to attain their career goal in the shortest amount of time possible. Socialization is often limited so faculty are responsible for teaching and helping the student develop social graces as well as teaching the content in nursing. In keeping with these facts, the philosophy of the department includes the following:

“Effective teaching/learning practices take into account the needs of the learner, building on prior learning experiences and predetermined standards of academic rigor; and seek to advance growth through experiences promoting a sense of excitement, curiosity, creativity, and discovery. These practices further the student's sense of valuing their own accountabilities and responsibilities for learning, and join with the learner's and support individual efforts to achieve projected learning outcomes (Student Handbook, p 11)”.

In addition, faculty adheres to the University's PRICE of Success Model which requires student engagement among other attributes as part of the instructional model. Details of the PRICE of Success Model appear in Appendix F of this report.

The following practices have been implemented to meet the needs of students enrolled in the nursing program:

- ESL students: Faculty were provided with development information on teaching strategies for ESL students. Faculty provide written information in advance of the class to these students.

There is also scheduled, mandatory tutoring. ESL students may be granted increase testing time

for both standard paper and pencil exams, exams which are part of the supplemental testing plan, and examinations administered on BlackBoard®.

- The inclusion of an emphasis on “soft skills” (communication, dress, and professional behaviors) is addressed in evaluation of “professional behaviors” as a competency on the clinical evaluation tool. Students are provided with information on professional dress, and communication in theory and clinical. Faculty will often counsel one-to-one with students. The Advisory Board Members, Clinical Placement Liaisons, and managers from the region have requested the need to address these activities to us through conversation, advisory board meetings, and written requests. Specific content in NB 225, Nursing Informatics requires the students to begin to develop their e-portfolio; In NB 450, Nursing Leadership and Management, the student participates in preparatory activities for interviewing; finalizes a portfolio; and refines their philosophy of nursing.
  - Promotion of adult learning principles and faculty development has been extended to all faculty members. On March 1, 2012, 2.5 hours of the faculty retreat was dedicated to discussion on teaching strategies for the adult learner. Faculty have implemented many of these strategies in the design of course activities and syllabi and in instruction with the student.
  - Writing and Speaking across the curriculum are required Herzing activities and required activities for the Professional nurse. All the nursing courses have written assignments and most require at least 1 classroom presentation. In addition, skills related to working as a team are incorporated through group projects like NB 409’s Community Assessment; group teaching projects in NB 400 and NB 314 where health fairs and presentations to students in the public schools occur.
- The above cited examples are only a few of the strategies being used to promote student success in the program. To ensure optimal opportunities for students to learn and per request

of agencies with which we have clinical agreement, all faculty are required to orient to their respective agencies and maintain currency via attending the required annual faculty updates.

**22. \_\_\_\_\_ Criteria based on written objectives are used in the evaluation of student learning.**

**23. \_\_\_\_\_ Clinical laboratory learning experiences are supervised by nursing faculty meeting standards under N 1.06 (4).**

Both theory and clinical grading are based on the students' attainment of written objectives provided to the student as part of the course information at the beginning of the semester. Student evaluations are completed by the faculty employed in the Brookfield-Kenosha Nursing program. The clinical evaluation tools were designed using the Quality and Safety Education for Nursing Education competencies, Information from the Essential and Professional Organizations, and program outcomes. The tools reflect the building blocks in the curriculum plan. Students are informed of clinical grading plans and requirements at the beginning of the course. The course syllabus contains specific information and the student is required to sign a document acknowledging the receipt of the syllabus and that they have read and understand the information contained within. Faculty provide verbal guidance to students during each clinical session. Faculty may also elect to complete daily clinical performance summaries. Dependent upon student performance, the student may have a documented learning contract developed. Formal clinical evaluations are held at the midpoint of the clinical rotation and conclusion of the rotation. The student completes a self-evaluation which is combined with the faculty member's evaluation. The Master Skills list for the course is retained as part of the student's record of achievement. When students are enrolled in precepted experiences, the faculty meet with the preceptors and complete clinical site visits as appropriate throughout the semester in order to determine student performance. The grading meetings, midterm and final, are conducted by the faculty member with the student.

Grading for all components of the course is included in the syllabus and/or on the Blackboard website. There are guidelines and rubrics for papers, teaching projects, health fairs, etc. relating the

project to the course objectives and expected learning outcomes as well as grading specifics and instructions for completing the assigned project. Exams are graded and evaluated by the faculty. There is a five business day window for faculty providing final grades to students so that a detailed analysis may be completed. For exams, students have immediate access to the preliminary grades in BlackBoard®. Faculty update the site with final grades when the analysis is complete. The faculty provides additional documentation to the student about their progress and has a required meeting and learning contract development with any student whose grade is “C” or below (note passing for all nursing courses is 76 or C+).

All student graded experiences, whether with clients or simulated, are supervised by persons who meet the full qualifications of nursing faculty. Open practice sessions and/or tutorials may be led by peer mentors or other licensed nursing mentors.

**24. \_\_\_\_\_ There are written contracts with an adequate number of clinical facilities and resources to meet the program objectives.**

***Note: The Board representative(s) may examine the contracts with the clinical facilities during the survey to ensure that Board standards for clinical facilities are being met.***

**25. The clinical facilities meet the following standards:**

***Note: The Board representative(s) may inspect clinical facilities during the survey to ensure that Board standards are being met.***

**(a) \_\_\_\_\_ The clinical experience gained from each clinical facility is consistent with the nursing program objectives.**

**(b) \_\_\_\_\_ Formal written agreements between each clinical facility and nursing program demonstrate willingness to cooperate in promoting the nursing program clinical objectives.**

**(c) \_\_\_\_\_ The practice of the registered nurse and the licensed practical nurse at each clinical facility is within the legal scope of practice under s. 441.000 (3) and (4), Stats.**

Clinical experiences are available across the lifespan in acute, long-term, rehabilitative, and community environments. Currently, there are contracts available with 24 agencies, many of which provide multiple sites and opportunities. In addition, we are continuing to develop new contracts with agencies, many of which are awaiting the final decision on the CCNE accreditation status before granting the requested contracts. Students experience provision of care wherever the client, family, or population seeks out health care. The facilities support the attainment of course outcomes. In addition,

students participate in community service activities both with and without faculty supervision. Written agreements are on file in both electronic and hard copy and are available for inspection. A summary of the agencies with which we have current contracts is found in Appendix H.

#### **CHAPTER N 1.06 (4) FACULTY**

***Note: Chapter N 1.06 (4) (g) requires the nursing program to file evidence of meeting faculty standards on Form #1114 and keep this form on file in the School of Nursing office. These forms must be made available to the Board upon request. These forms may be examined by the Board representative(s) during the survey.***

**26. \_\_\_\_\_** The faculty are adequate in number and academic and professional qualifications to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program.

**27. \_\_\_\_\_** The educational administrator of the professional nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing.

**28. \_\_\_\_\_** The educational administrator of the practical nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing or a related field.

**29. \_\_\_\_\_** All nurse faculty members who teach nursing courses in a professional nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a master's degree with a major in nursing.

**30. \_\_\_\_\_** All nurse faculty members who teach nursing courses in a professional nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a baccalaureate degree with a major in nursing. 5

**31. \_\_\_\_\_** The ratio of students to faculty in the clinical area allow for meeting clinical course objectives and safe patient care.

**32. \_\_\_\_\_** The educational administrator has taken responsibility for ensuring that individual faculty members are academically and professionally qualified, and that faculty staff is adequate to carry out program objectives.

The faculty teaching in the program and the staff who support the students are all qualified and meet the standards of the University and the Wisconsin Board of Nursing (as appropriate). Currently, there are 13 full-time (FTEs); 2 Laboratory Coordinators (2 FTE who meet the requirements for full time faculty), a Clinical Coordinator (1 FTE who meets the requirements for full time faculty) and the Nursing Program Director for a total of 16 FTEs excluding the Director. There are 9 adjunct faculty currently employed in the program of which 6 are active during the current Summer Session. A summary of the

faculty and their qualifications appears in Appendix G of this document. Faculty are active in the College, the surrounding community, and professional organizations.

Faculty student ratios are determined by the instructional method being used. The planned maximum number of students in a lecture course is typically 24 students although on rare occasions, the number has exceeded this target. Nursing laboratory ratios do not exceed 1:10. In the clinical setting, the agency with whom the University has partnered, determines the number of students per faculty member. The typical ratios allowed in the southeastern region of Wisconsin are as follows: Adult Health Units: 1:6-8; Specialty areas like OB, Pediatrics, Psych-Mental Health is 1:5-7 (sometimes lower in OB); Community based experiences in average 1:2 (on rare occasions permission may be granted for groups of 4-5 students).

#### **CHAPTER N 1.06 (5) EVALUATION**

**33. \_\_\_\_\_ The educational administrator will conduct systematic and periodic evaluations of the total program.**

The Program Evaluation Plan defines the assessment of structure and outcome criteria established for the Herzing Brookfield-Kenosha Nursing Program. Areas of responsibility, frequency, and data sources and minimal criteria are identified for each component. Although data may be processed through newly established program committees, the information will be given final approval by the faculty of the department. Where appropriate, recommendations for changes to courses or programs are forwarded to the University BSN subcommittee and then the University-wide Curriculum Committee for final approvals. Complete evaluative procedures can be viewed in the Program Evaluation Plan found in Appendix I of the Document.

There are 65 students enrolled at the Kenosha campus and 131 students at the Brookfield campus for a total enrollment of 196 students. Currently, Brookfield admits students each semester while Kenosha admits one time per year. Admissions were suspended for the spring semester beginning in January 2012 and resumed in May 2012 with a cap of 25 students. The current plan is to resume

admissions at normal numbers based on resources and meeting the targeted maximum number of students at each campus (i.e. 256 students at Brookfield and 192 students at Kenosha for a program total of 448 students). Admissions activities and the distribution of students related to Cohorts appear in Table 4.

Table 4. Enrollment Data

Semester of Enrollment	No. of Inquiries for Admission to Nursing*		Number of Applicants		Number of Students Enrolling in Nursing	
	BRK	KEN	BRK	KEN	BRK	KEN
Fall 2010	unknown	unknown	unknown	6	8	
Spring 2011	334	150	54	15	15	0
Summer 2011	318	188	21	22	34	0
Fall 2011	241	98	24	14	33	33
Spring 2012	245	149	16	15	2	0
Summer 2012	288	91	14	11	26	0
Fall 2012	362	71	17	3	28	33
Spring 2013	353	19	25	17	24	9
Summer 2013	235	0 **	22	4	13	2
Fall 2013						
Totals			193	101	175	77

Aggregate student data related to NCLEX-RN pass rates reflect first-time and repeat pass rate summaries. The program has established a base target equivalent to the National Council of State Boards of Nursing (NCSBON) current average pass rate of 80%. The first time pass rates for the December 2012 class are reflected in the first quarter report. There were 12 graduates of the class. Eleven of these graduates have tested with ten (10) of eleven (11) being successful for a pass rate of

90.91%. The one student who failed the examination has not retested as of the publication of this document. There were six graduates in April 2013 who have not tested.

The graduation rate for the Herzing Brookfield-Kenosha program is calculated as number of students completing a program divided by number of students entering the program. The entry for the nursing program is defined as semester 1 for the 8 semester program plan. The first entering cohort of nursing students enrolled September 10, 2010. The graduation rate will be 24%. There were 50 students admitted between the two campuses into the first nursing cohort. Of these students who were admitted, 13 students were dismissed for violations of the progression policy; 23 students voluntarily withdrew from the program for personal, family, financial and/or dissatisfaction issues; 2 students (1 withdrawal for medical reasons and 1 for academic reasons) will return next semester to complete required course work for graduation. Activities to support student progression were discussed with faculty in January and February 2012 in private conferences with the new nursing program director and in faculty meetings when an initial interim progress report prepared for the Wisconsin Board of Nursing showed an attrition rate of 30% for cohort one. Meetings with students suggested communication breakdowns in all facets of the program greatly affected their performance and desire to remain in school. Both faculty and students identified knowledge base gaps and remediation needs which were supported by review of ATI performance and performance on objective tests and in the clinical setting. Remediation/tutoring sessions were immediately established to facilitate student success and fill knowledge gaps; a faculty retreat was held to help the faculty begin to develop skills in teaching diverse, non-traditional, high-risk students. These activities resulted in increased communication with the students, improved grades and progression of the 14 students who were enrolled in January 2012 to their final semester of study where 1 student was lost to academic failure and 1 to medical reasons for a final group attrition rate of 62.2%.

A retention rate of 90% (attrition rate of 10%) has been now been established as the desired outcome measurement for the program. The number was determined by reviewing and discussing attrition rates with the directors of nursing programs in the southeastern region of Wisconsin and the administrative team of Herzing University. However, this rate is well above the University's average ground campus attrition rate of 6.7% for all programs. Current attrition data for the program, which shows a steady decrease in student loss, appears in Tables 5 and 6.

Table 5. Student Attrition Data for All Classes

SEMESTER ENROLLED	TOTAL ENROLLED		WITHDRAWALS		DISMISSALS		TRANSFERRED		ACTIVE STUDENTS		ATTRITION RATE By CAMPUS		AVERAGE PROGRAM ATTRITION RATE
	BRK	KEN	BRK	KEN	BRK	KEN	BRK	KEN	BRK	KEN	BRK	KEN	
Fall 2010	8	29	3		1		4						
Spring 2011	15		1		3		0		11		26.7%		
Summer 2011	34		6		3		0		25		26.5%		
Fall 2011	33	33	2	12	6	3	1	2	24	16	27.3%	51.5%	39.4%
Spring 2012	2		0		2		0		0		100.0%		
Summer 2012	26		5		1		0		20		23.1%		
Fall 2012	28	33	6	5	3	1	0	6	19	21	32.1%	36.4%	34.4%
Spring 2013	24	9	0	0	3	1	0	0	21	8	12.5%	11.1%	12.1%
Summer 2013	13	2	0	0	0	0	0	0	13	2	0.0%	0.0%	0.0%

TABLE 6. STUDENT ATTRITION RATES BY SEMESTER FOR EACH ADMISSION GROUP

ADMISSION DATE	*NUMBER OF STUDENTS MATRICULATING	Sem. 2 enrollment	Sem. 3 Enrollment	Sem. 4 enrollment	Sem. 5 enrollment	Sem. 6 enrollment	Sem. 7 enrollment	Sem. 8 enrollment	Sem. 9 enrollment	Comments
September 2010	37	34 (8.1%)	30 (18.9)	21 (43.2)	16 (56.7%)	14 (64.9%)	14 (62.2%)	14 (12 grads 12/12)	2 (see Sem 8 of Jan 2011 groups)	w/drawals— dissatisfaction w/program others academic, medical, personal reasons
January 2011	20	17 (15%)	18 (15%)	13 (35%)	7 (65%)	5 Entire group composed of students	6 Includes 2 students from 1st admission	7 Includes 4 students from 1 <sup>st</sup> admission	1 (see Sem 8 of May 2011 group)	Transfers due to dissatisfaction; withdrawals due to academic progress and

						from 9/10 cohort (75%)	group (80% attrition for 1/11 group)	group(6 grads)		poor attendance.
May 2011	34	30 (13.3%)	24 (29.4%)	22 (35.3%)	21 includes 1 student from 1/11 admission (44.1%)	20 includes 1 student from 1/11 admission (47.1%)	25 (includes 3 from Jan 2011 + readmits) (0)% for original cohort)			W/drawals due to dissatisfaction; medical/pregnancy/academic progression
September 2011	66	67 (3.0% original group) Includes 3 from May 2011 group	63 Includes 1 student from 5/2011 adm. (6.06%)	60 (9.09%)	54 (18.18%)	40 (39.39%)				There were 14 w/drawals (Military service, medical/pregnancy/behavior) 9 dismissals (academics) 3 transfers
January 2012	2* (transfer from another university program)	2	0 (100%)	0 Academic dismissal)						2 academic dismissals.
May 2012	26	24 (7.7%)	20 (23.07%)	20						There were 5 w/drawals 1 dismissals
September 2012	61	43 (29.5%)	40 (34.4%)							There were 11 w/drawals 4 dismissals 6 transfers
January 2013	36	32 (11.1%)								4 dismissals
April 2013	15									
ATTRITION AVERAGE	N/A							56.2% (overall average attrition rate)		

**OPTIONAL INFORMATION (Attach additional pages as necessary.)****34. Do you anticipate making any changes to your program? Describe the changes and the rationale.**

Currently the program is poised to gradually increase its admissions to the targets originally planned with the inception of the program. These numbers are 256 students on the Brookfield campus with admissions every semester; and 192 students on the Kenosha campus with admissions targeted for 2 times per year. Admissions will be managed to maintain relatively stable enrollments and will never exceed the capability to provide adequate clinical experiences or adequate numbers of qualified faculty.

**35. Do you have a plan for improving NCLEX scores? Describe the plan and the rationale.**

Not applicable at this time.

**FORM COMPLETED BY:**

Elizabeth S. Markham, Ph.D., R.N., Dean of Nursing  
Educational Administrator Title



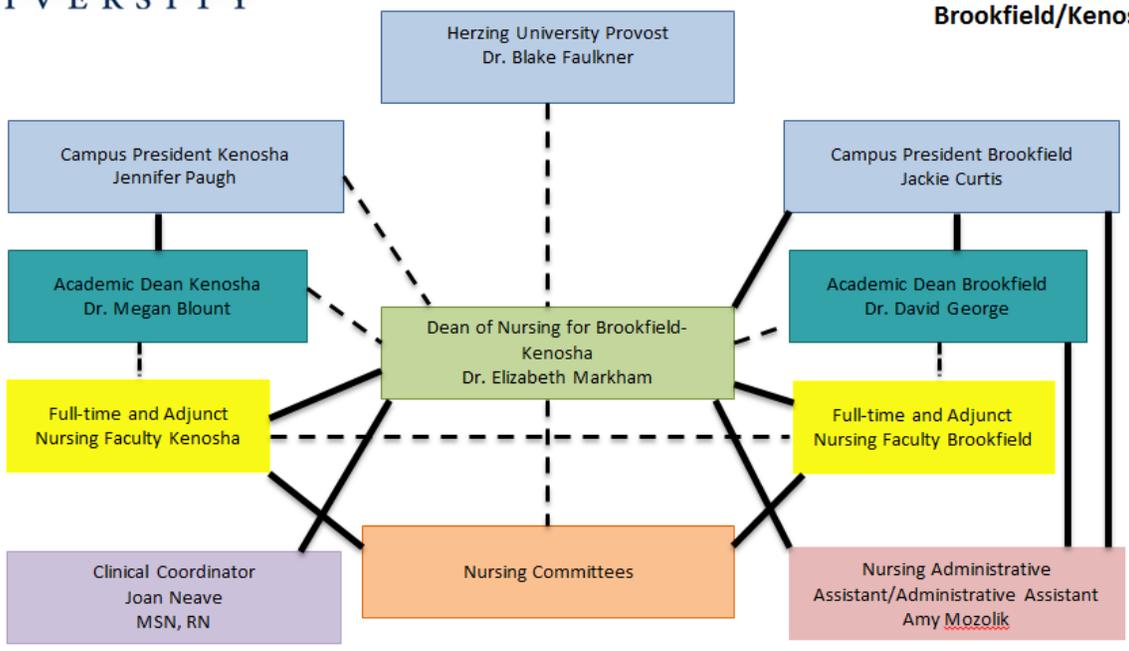
May 30, 2013

Signature /Date

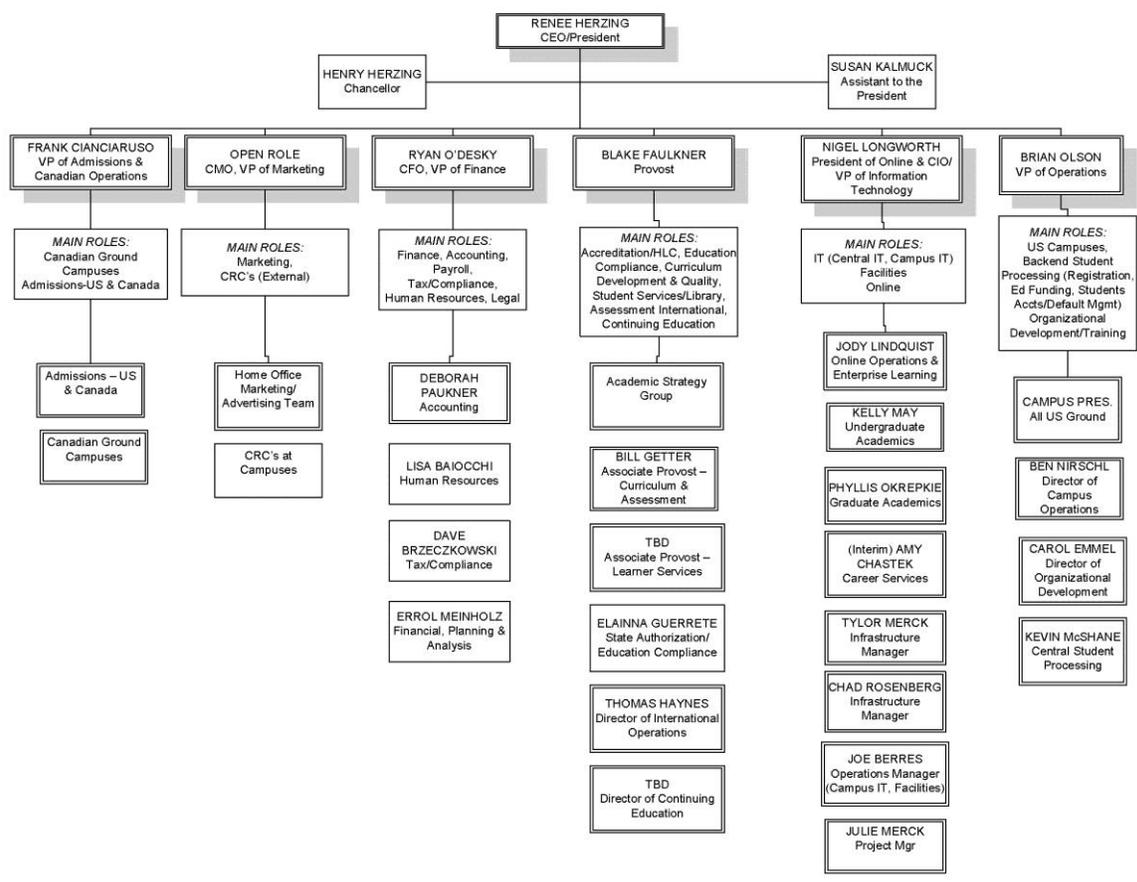
APPENDIX A: ORGANIZATIONAL CHART FOR THE DEPARTMENT OF NURSING, BROOKFIELD-KENOSHA



Organizational Chart for Nursing Program Brookfield/Kenosha



APPENDIX B: ORGANIZATIONAL CHART FOR HERZING UNIVERSITY



## APPENDIX C: DOCUMENTATION OF UNIVERSITY ACCREDITATION

The Higher Learning Commission of the North Central Association

The screenshot displays the Higher Learning Commission website interface. At the top, there is a navigation bar with the logo on the left, a search box, and a "Review Alpha Document List" button. Below the navigation bar is a banner with the tagline "Serving the common good by assuring and advancing the quality of higher learning." and radio buttons for "Site" and "Documents".

The main content area is divided into a left sidebar and a right main panel. The sidebar contains a "HLC Home" section with a list of links: About HLC, Maintaining Accreditation, Resources for Institutions, Resources for Peer Reviewers, Commission Policies, HLC Events, Understanding Accreditation, Feedback on the Web Site, and Site Map.

The main panel displays the following information:

- Home
- Currently or Previously Affiliated Institutions - 06/07/2012
- Information provided on the Statement of Affiliation Status reflects the most recent actions of the Commission. The Commission has a multi-level decision process. Any institutional changes that are currently under review are not made public until final action has been taken.
- Herzing University**
- 525 N. 6th Street  
Milwaukee, WI 53203  
(Main Phone)
- [www.herzing.edu](http://www.herzing.edu)
- Statement of Affiliation Status** [click here for definitions...](#)
- Chief Executive Officer: **Ms. Renee Herzing, President**
- Name change notes: Herzing College to Herzing University (3/1/09)
- HLC Institution ID: **2838**
- Current Accreditation Status: **Accredited**
- Candidacy Date(s): (2002- -)
- Accreditation Date(s): (2004- -)
- Participation Notes: **Participating in the Academy for Assessment of Student Learning.**
- Year of Last PEAQ Comprehensive Evaluation: **2008 - 2009**
- Year of Next PEAQ Comprehensive Evaluation: **2015 - 2016**
- Last Action: **09/19/2011**
- Control: **Private FP**
- Degrees Awarded (details below): **Associate's, Bachelor's, Master's**

Stipulations on Affiliation Status:

**Master's degrees are limited to the MBA. Admissions to a Master's of Science in Nursing may be made only after documentation of State approval and of graduate policies judged as adequate by the Commission staff. Bachelor's degrees limited to current fields of technology, business, management, healthcare, public safety and interactive and graphic arts. Associate's degrees limited to current fields of technology, business, management, healthcare, public safety, legal studies paralegal, and interactive and graphic arts.**

Approval of New Degree Locations:

**Prior Commission approval required for new degree sites other than sites currently operating in Atlanta, GA; Birmingham, AL; Madison, WI; Orlando, FL; Minneapolis, MN; New Orleans, LA; Akron and Toledo, OH; Omaha, NE; Kenosha, WI; and Brookfield, WI.**

Approval of Distance and Correspondence Courses and Programs:

**The institution has been approved under Commission policy to offer up to 100% of its total degree programs through distance education. The processes for expanding distance education are defined in other Commission documents.**

Reports Required:

**Contingency Report: A report due within 30 days of finding of non-compliance with 90-10 rule by USDE.**

Other Visits Scheduled:

**Focused Visit: 2013 - 2014; Fall; A visit on integrity of public information and on learning outcomes assessment.**

[http://www.ncahlc.org/component/com\\_directory/Action,ShowBasic/Itemid,1/Institid,2838/\[6/7/2012.12:02:55 PM\]](http://www.ncahlc.org/component/com_directory/Action,ShowBasic/Itemid,1/Institid,2838/[6/7/2012.12:02:55 PM])

**Organizational Profile** [Click here for definitions...](#)**Enrollment Headcount** (last updated: 04/24/2012)

	Full-Time	Part-Time
Undergraduate:	3942	2632
Graduate:	75	121
Dual enrollment (high school) programs:	0	

**Degree Programs** (last updated: 04/24/2012)

	Programs Offered	Degrees Awarded in Last Reported Year
Associate Degrees	31	988
Bachelors Degrees	19	368
Masters Degrees	3	58
Specialist Degrees	0	0
Doctoral Degrees	0	0

**Certificate Programs** (last updated: 04/24/2012)

	Programs Offered	Certificates Awarded in Last Reported Year
Certificates	13	670

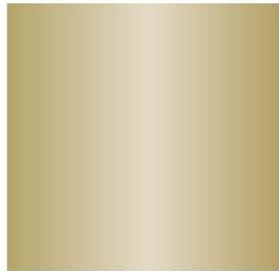
**Off-Campus Activities** (last updated: 04/24/2012)

In-State:	Campuses:	Brookfield (Brookfield Campus of Herzing University) ; Kenosha (Kenosha Campus of Herzing University) ; Madison (Madison Campus of Herzing University)
	Additional Locations:	Madison (Madison West Learning Center)
	Course Locations:	None
Out-of-State:	Campuses:	Birmingham, AL (Birmingham Campus of Herzing University) ; Winter Park, FL (Orlando Campus of Herzing University) ; Atlanta, GA (Atlanta Campus of Herzing University) ; Kenner, LA (New Orleans Campus of Herzing University) ; Crystal, MN (Minneapolis Campus of Herzing University) ; Omaha, NE (Omaha School of Massage and Healthcare of Herzing University) ; Akron, OH (Akron Institute of Herzing University) ; Toledo, OH (Toledo Campus of Herzing University)
	Additional Locations:	None
	Course Locations:	None
Out-of-U.S.:	Campuses:	None
	Additional Locations:	None
	Course Locations:	None

**Distance Learning** (last updated: 04/24/2012)**Distance Ed**

Associate - 11.0701 Computer Science (AS in Computer Science) (Internet)  
 Associate - 22.0000 Legal Studies, General (AS in Paralegal/Legal Studies) (Internet)  
 Associate - 43.0104 Criminal Justice/Safety Studies (AS in Criminal Justice) (Internet)  
 Associate - 50.0409 Graphic Design (Graphic Design) (Internet)  
 Associate - 51.0706 Health Information/Medical Records Administration/Administrator (AS in Health Information Management) (Internet)  
 Associate - 51.0710 Medical Office Assistant/Specialist (AS in Medical Office Administration) (Internet)  
 Associate - 51.0714 Medical Insurance Specialist/Medical Biller (AS in Medical Billing and Insurance Coding) (Internet)  
 Associate - 51.0801 Medical/Clinical Assistant (AS in Medical Assisting) (Internet)  
 Associate - 52.0201 Business Administration and Management, General (AS in Business Administration) (Internet)  
 Bachelor - 11.0701 Computer Science (BS in Computer Science) (Internet)  
 Bachelor - 22.0000 Legal Studies, General (BS in Legal Studies) (Internet)  
 Bachelor - 22.0000 Legal Studies, General (BS in Legal Studies) (Internet)  
 Bachelor - 43.0103 Criminal Justice/Law Enforcement Administration (BS in Homeland Security and Public Safety) (Internet)  
 Bachelor - 43.0104 Criminal Justice/Safety Studies (BS in Criminal Justice) (Internet)  
 Bachelor - 50.0409 Graphic Design (BS in Graphic Design) (Internet)  
 Bachelor - 51.0701 Health/Health Care Administration/Management (BS in Health Care Management) (Internet)  
 Bachelor - 51.0706 Health Information/Medical Records Administration/Administrator (BS in Health Information Management) (Internet)  
 Bachelor - 51.3999 Practical Nursing, Vocational Nursing and Nursing Assistants, Other (BS in Nursing Bridge program) (Internet)  
 Bachelor - 52.0201 Business Administration and Management, General (BS in Business Administration) (Internet)  
 Bachelor - 52.0299 Business Administration, Management and Operations, Other (BS in Technology Management) (Internet)  
 Bachelor - 52.0301 Accounting (BS in Accounting) (Internet)  
 Bachelor - 52.0701 Entrepreneurship/Entrepreneurial Studies (Entrepreneurial Studies) (Internet)  
 Bachelor - 52.1001 Human Resources Management/Personnel Administration, General (BS in Human Resources

The Higher Learning Commission of the North Central Association



Management) (Internet)  
 Bachelor - 52.1101 International Business/Trade/Commerce (BS in International Business) (Internet)  
 Bachelor - 52.1401 Marketing/Marketing Management, General (Marketing) (Internet)  
 Master - 51.3817 Nursing Education (Master - Nursing Administration (MSN, MS, PhD)) (Internet)  
 Master - 52.0201 Business Administration and Management, General (MBA) (Internet)  
 Certificate - 51.0710 Medical Office Assistant/Specialist (Diploma in Medical Office Administration) (Internet)  
 Certificate - 51.0714 Medical Insurance Specialist/Medical Biller (Diploma in Medical Billing and Insurance Coding) (Internet)  
 Certificate - 51.0801 Medical/Clinical Assistant (Diploma in Medical Assisting) (Internet)  
 Certificate - 52.0302 Accounting Technology/Technician and Bookkeeping (Diploma in Bookkeeping and Payroll Accounting) (Internet)

**Correspondence Ed**

None

Higher Learning Commission • 230 South LaSalle Street, Suite 7-500 • Chicago, IL 60604  
[Contact Us • inquiry@hlcommission.org](mailto:inquiry@hlcommission.org)  
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## APPENDIX D: NURSING COURSE DESCRIPTIONS AND OUTCOMES

HERZING UNIVERSITY  
NB COURSE DESCRIPTIONS for BROOKFIELD/KENOSHA/ATLANTA/MADISON

COURSE NUMBER AND NAME	NEW COURSE DESCRIPTION	COURSE OBJECTIVES	RETENTION ITEMS FOR HLC/CCNE
NB 100 Growth and Development	This course focuses on the review of human growth and development across the lifespan with an emphasis on cognitive, psychological, social, physical, and moral/spiritual development. Major theories will be discussed as will significant milestones, developmental tasks, adjustments, and common health problems. Students will use case studies and debate to enhance learning. A final project will be required.	<ol style="list-style-type: none"> <li>1. Explain the concept of lifespan development.</li> <li>2. Discuss major theories and theorists in developmental psychology.</li> <li>3. Examine the biological, psychological, cognitive, and social changes that occur across the lifespan.</li> <li>4. Explore moral and spiritual development.</li> <li>5. Debate proposed policy solutions to health care issues across the lifespan.</li> <li>6. Summarize techniques and strategies for caring for clients/patients across the lifespan.</li> <li>7. Explain how economics, genetics, and other environmental factors may affect the individual across the lifespan.</li> <li>8. Complete a self-assessment and plan to identify health and potential health problems and establish health goals.</li> </ol>	CCNE: exam data  HLC: Self-assessment project
NB 206 Introduction to Professional Nursing	The course will present an overview of the profession of nursing including historical, theoretical, political, social, and economic impact. The student will be introduced to nursing roles, ethics, health promotion, evidence-based practice, standards of practice, and professional accountability and responsibility. The nurse as a leader in the healthcare system will also be explored.	<ol style="list-style-type: none"> <li>1. Describe the relationship between key historical events and the development of nursing.</li> <li>2. Analyze the theoretical and licensure characteristics of the nursing profession.</li> <li>3. Explain how nursing practice relates to the overall health care system.</li> <li>4. Examine how the meta-paradigm of nursing relates to professional nursing practice.</li> <li>5. Formulate a philosophy of nursing</li> </ol>	CCNE: exams, save sample of strategies used; samples of projects  HLC: Theory/Philosophy paper  Paper on BSN Prep  Oral presentation rubrics

		<p>practice as a foundation for critical thinking.</p> <ol style="list-style-type: none"> <li>6. Recognize the use of therapeutic communication within the patient-nurse relationship.</li> <li>7. Relate standards of practice to implications for safety and quality of patient care.</li> <li>8. Define how major ethical principles relate to nursing practice and patient care.</li> <li>9. Compare key elements of health promotion, disease prevention, and patient care models to the delivery of patient care.</li> <li>10. Describe the essentials of baccalaureate nursing education as they are implemented within Herzing University's nursing program.</li> </ol>	
NB 207 Health Assessment	<p>This course presents an overview of assessment of the adult. Emphasis will be placed on communication and interviewing skills to promote collection of the health history; critical thinking, clinical reasoning, and clinical-decision making. Systems review of normal, normal variations, and the most common abnormalities will occur. Students will make beginning nursing diagnoses. The course builds on information from anatomy and physiology and growth and development.</p>	<ol style="list-style-type: none"> <li>1. Integrate knowledge from liberal arts and sciences when assessing patients and interpreting health assessment data, including physiological, psychosocial, lifespan, cultural, economic, and environmental factors.</li> <li>2. Contrast techniques used in data gathering and physical assessment.</li> <li>3. Identify normal, normal variations, and limited signs and symptoms of common abnormalities through history and physical assessment techniques.</li> <li>4. Relate the role of the nurse in assessment and information sharing within the health care team.</li> <li>5. Relate nursing assessment findings to nursing diagnosis.</li> </ol>	CCNE: exams
NB 207L Health Assessment Lab	<p>The student will practice interviewing, systems assessment, and documentation of findings from the health history and physical examination. To successfully complete the course, the student will demonstrate a comprehensive</p>	<ol style="list-style-type: none"> <li>1. Demonstrate effective and systematic data collection skills when performing a health history and physical assessment, including interviewing, observation, physical examination approaches, and clinical documentation that are</li> </ol>	CCNE/HLC: Final graded health assessment and history (each student)

	health examination.	age appropriate. 2. Use techniques appropriate to data collection including therapeutic communication, interviewing, client education, and skills in the performance of the health assessment.	
NB 208 Pathophysiology	This course examines the pathophysiological bases for disease process throughout the lifespan, with an emphasis on nursing clinical applications. The content builds upon previous understanding of anatomy, physiology, microbiology, basic chemistry, and the manifestations of disease. Alterations in pathophysiological functions of body systems are discussed. Physiological theory and treatment implications are explored.	1. Characterize disease process in terms of etiology, pathogenesis, morphology, clinical manifestations, and prognosis. 2. Propose ways in which evidence based practice and/or guidelines can be used to improve health care. 3. Discuss how developmental changes across the lifespan influence health care needs. 4. Explain the influence of environmental and genetic factors on altered function and/or structure. 5. Explain the physiological basis of disease and treatment modalities. 6. Identify nursing interventions based on physiological changes throughout the lifespan.	CCNE: Exams; sample paper and presentation  HLC: same, scan all papers
NB 210 Introduction to Clinical Nursing	This foundational course focuses on concepts and skills of the professional nurse. The nursing process is introduced along with the communication process, client safety, and evidence-based practice. Emphasis is placed on the nurse's role in providing caring, compassionate, holistic, and culturally competent care across the lifespan. Pharmacodynamics, economics of healthcare, and beginning leadership skills will be addressed.	1. Explore concepts and theories basic to the nursing care of clients across the lifespan. 2. Examine the nursing process and its relationship to critical thinking and clinical decision-making in the provision of nursing care. 3. Distinguish effective communicative techniques for use with patients, clients, families, communities, and members of the healthcare team. 4. Apply nursing research to evidence-based care decisions. 5. Identify concepts surrounding complementary and alternative therapies. 6. Discuss growth and development, culture, and economics and their	HLC: ATI  CCNE: Exams, Presentation and/or Paper

		<p>impact on healthcare decisions and healthcare outcomes.</p> <p>7. Examine safety, safe practices, and beginning pharmacodynamics in nursing care.</p>	
NB 210C Introduction to Clinical Nursing Clinical Simulation	This course will introduce the student to foundational psychomotor skills and the associated nursing process related to safe performance and client safety in the provision of care. Students will utilize the simulated environment in this course.	<ol style="list-style-type: none"> <li>1. Demonstrate mastery of specified nursing skill</li> <li>2. Demonstrate critical decisions in the performance of skills.</li> <li>3. Integrate basic nursing concepts of the nursing process in performance of nursing skills.</li> <li>4. Demonstrate a commitment to a safe patient care environment using a simulated care setting.</li> </ol>	HLC and CCNE: Master Skills Checkoff
NB 215 Adult Health I	This course is the first in a series of three adult health courses. In this course, learners will explore the application of the nursing process to meet the holistic health needs of the adult client in tertiary care settings. Emphasis is placed on nursing interventions in the safe and effective care of diverse clients with chronic conditions including those related to nutrition, fluid and electrolyte balance, respiratory function, select cardiovascular conditions, the nervous system, the sensory system, the musculoskeletal system, the gastrointestinal system, select endocrine problems, select hematological problems, and the renal/urinary system. Chronic illness and developmental theory, healthcare economics, and related concepts that impact client and family outcomes will be explored.	<ol style="list-style-type: none"> <li>1. Utilize the nursing process and critical thinking skills to monitor and manage nursing care of acute and chronically ill adult clients.</li> <li>2. Explore communication methods used in the health care setting.</li> <li>3. Synthesize knowledge from nursing foundations and the general education core to enhance healthcare outcomes.</li> <li>4. Discuss psychosocial and cultural, impacts on outcomes for acute and chronically ill clients.</li> <li>5. Discuss the implications of health care policy on practice, safety, equity, and cost.</li> <li>6. Integrate pharmacologic and diagnostic testing principles into planning care of acutely and chronically ill adult clients.</li> <li>7. Use the case study to integrate evidence, clinical judgment, individual patient/client needs, and intraprofessional perspectives in planning, implementing, and evaluating care outcomes.</li> </ol>	<p>CCNE: Exams and Case study paper</p> <p>HLC: Case Study with rubric grading</p>
NB 215L Adult Health I Lab	This course focuses on the foundational concepts, principles and techniques of the beginning	<ol style="list-style-type: none"> <li>1. Demonstrate 90% Proficiency in Dosage Calculation Assessment</li> </ol>	CCNE and HLC: Dosage Calculation; Skills List

	and intermediate psychomotor skills necessary to provide holistic care to the adult client. Students will learn to perform delegated medical treatments such as medication administration, IV therapy, skin and wound care, oxygen therapy, and enteral feeding. Skills related to nutrition, elimination, immunizations, care of sensory organs, mobility, and safety will be practiced and mastered.	2. Demonstrate satisfactory proficiency in the identified skills for this course.	
NB 215C Adult Health I Clinical	This course focuses on the foundational concepts, principles and techniques of the beginning and intermediate psychomotor skills necessary to provide holistic care to the adult client. Students will learn to perform delegated medical treatments such as medication administration, IV therapy, skin and wound care, oxygen therapy, and enteral feeding. Skills related to nutrition, elimination, immunizations, care of sensory organs, mobility, and safety will be practiced and mastered. Documentation and the use of the EMR are incorporated as students collect and interpret data, perform interventions, and evaluate care.	<ol style="list-style-type: none"> <li>1. Utilize the nursing process to provide client-centered care to clients in the clinical setting.</li> <li>2. Employ appropriate techniques to communicate with the client, family, and members of the health care team.</li> <li>3. Access information and document care using the electronic medical record (EMR) or other documentation systems.</li> <li>4. Maintain professional demeanor, ethical behavior, and standards of nursing practice.</li> <li>5. Maintain a safe environment for clients, families, and members of the health care team.</li> <li>6. Use evidence based decisions in providing nursing care.</li> <li>7. Identify roles and scope of practice.</li> <li>8. Discuss responsibility and accountability for client/patient outcomes related to delegation and supervision and members of the health care team.</li> </ol>	CCNE: Clinical Evaluation Forms
NB 220 Pharmacology	This course introduces the student to the role of pharmacotherapeutic agents in the treatment of illness and also in the promotion, maintenance, and restoration of wellness in patients throughout the lifespan. These concepts provide the basis for the study of drug actions,	<ol style="list-style-type: none"> <li>1. Explain pharmacokinetics and pharmacodynamics of drugs.</li> <li>2. Describe ethical, legal, and professional considerations when administering medications.</li> <li>3. Recognize expected actions of pharmaceutical agents commonly encountered in client care.</li> </ol>	HLC: ATI Exam; paper  CCNE: Regular exams, ATI, and samples of papers

	indications, side effects, nursing implications, and patient education.	<ol style="list-style-type: none"> <li>4. Examine indications, administration, response, contraindications, and adverse events associated with pharmacologic therapy.</li> <li>5. Utilize the nursing process to safely administer drugs, assess and evaluate client responses.</li> <li>6. Design client education modalities to promote safe and effective use of drugs in client treatment.</li> <li>7. Evaluate the economic impact of drug therapy on development of new drugs, health care costs, and client cost and use.</li> <li>8. Examine the effects of pharmacologic treatments on clients across the lifespan.</li> </ol>	
NB 225 Nursing Informatics	This course is designed to examine computers, electronic technologies, and selected computer applications of data management through information systems and telecommunications. The impact of these technologies on nursing practice, administration, teaching, and research will be examined.	<ol style="list-style-type: none"> <li>1. Recognize the role in the use of information systems and communication devices in improving patient care outcomes and creating a safe care environment</li> <li>2. Describe the relevance of data base systems.</li> <li>3. Apply theory related to computer-human interfaces, ethics, confidentiality, privacy, caring, ergonomics, and nursing informatics to nursing practice.</li> <li>4. Explore the types of information systems utilized in health care, for documentation, decision making, collaboration, and networking</li> <li>5. Discuss the dynamics of combining computer technologies with nursing practice applying safeguards and decision-making support tools embedded in patient care to support a safe practice environment for patients and health care workers.</li> <li>6. Examine future implications for electronic databases.</li> </ol>	<p>CCNE: Exams, Paper/presentation</p> <p>HLC: Paper and Presentation</p>

		7. Examine opportunities to development client education for culturally diverse populations by utilizing selected computer applications.	
NB301 Adult Health II	This course is the second in a series of three adult health classes. The course expands the knowledge base of learners with continued application of the nursing process to holistic care in the role of health promotion, risk reduction, and disease prevention. Emphasis is on the complexity of the healthcare needs of acutely ill patients/clients and families. Use of critical thinking skills, evidence-based nursing interventions, and cost-wise planning will be stressed.	<ol style="list-style-type: none"> <li>1. Utilize the nursing process and critical thinking skills to monitor and manage nursing care of acute and chronically ill adult clients.</li> <li>2. Critique communication methods used in the health care setting.</li> <li>3. Synthesize knowledge from nursing foundations and the general education core to enhance healthcare outcomes.</li> <li>4. Integrate psychosocial and cultural impacts into planning care for acute and chronically ill clients.</li> <li>5. Evaluate the implications of health care policy on practice, safety, equity, and cost.</li> <li>6. Integrate pharmacologic and diagnostic testing principles into planning care of acutely and chronically ill adult clients.</li> <li>7. Use the case study to integrate evidence, clinical judgment, individual patient/client needs, and interprofessional perspectives in planning, implementing, and evaluating care outcomes.</li> </ol>	CCNE: exams, paper HLC: Paper
NB 301C Adult Health II Clinical	This course provides an opportunity for the student to apply knowledge from previous course work and clinical experiences. The students will be provided with the opportunity to practice professionally through collaboration with health care providers, peers, and ancillary staff in the care of acutely ill patients. Students will participate in delegation of tasks, supervision of non-licensed staff, and management of patient groups in specialty settings. Students are	<ol style="list-style-type: none"> <li>1. Utilize the nursing process to select and evaluate client-centered care activities.</li> <li>2. Employ appropriate techniques to communicate with the client, family, and members of the health care team</li> <li>3. Access information and document care using the electronic medical record (EMR) or other documentation systems and evidence-based practice resources.</li> </ol>	CCNE: Clinical Evaluation

	expected to demonstrate critical thinking, problem solving, and professional behavior while providing direct patient care for patients and families. Students will be able to demonstrate clinical skills in the lab and clinical setting following policies and procedures developed by Herzing University and clinical facilities	<ol style="list-style-type: none"> <li>4. Practice professionalism, ethical behaviors, and standards of nursing practice.</li> <li>5. Create a safe environment for clients, families, and members of the health care team.</li> <li>6. Assume responsibility and accountability for client/patient outcomes related to delegation and supervision and members of the health care team.</li> <li>7. Reflect on professional practice and identify growth areas.</li> </ol>	
NB 308 Mental Health Nursing	This course addresses mental health issues within a holistic nursing context, emphasizing adaptive and maladaptive behaviors. Concepts relevant to mental health and psychiatric nursing practice will be emphasized along with historical perspective and socioeconomic impact.	<ol style="list-style-type: none"> <li>1. Design, compose, implement and evaluate a collaborative and holistic plan of care for clients with psychiatric or psychosocial problems using evidence based practice; while identifying resources to promote health and wellness.</li> <li>2. Evaluate personal resources and skills necessary to provide care to clients with psychiatric and psychosocial struggles.</li> <li>3. Distinguish between various psychotropic medication regimes in correlation with psychiatric diagnosis, normal brain and neurological function, and other treatment modalities of care</li> <li>4. Critically think strategies to integrate safe and responsible care to the client with mental illness challenges.</li> <li>5. Summarize, "support and caring" concepts in providing nursing care to culturally, spiritually and racially divergent vulnerable individuals.</li> </ol>	<p>CCNE: Exams, ATI, samples of papers or projects.</p> <p>HLC: ATI; papers or project</p>
NB 308C Mental Health Nursing Clinical	The clinical experiences in this course are focused on the application of theoretical principles and development of responsibility and accountability for providing safe, effective	<ol style="list-style-type: none"> <li>1. Demonstrate competence and accountability for personal actions and conduct with clients within the legal and ethical standards of professional nursing practice.</li> </ol>	<p>CCNE and HLC:</p> <p>Clinical Evaluation Tool;</p> <p>Patient Assessment Forms (CP)</p>

	<p>mental health nursing care to individuals, families and groups. The student will learn how to therapeutically use self to develop nurse-patient relationships to stabilize and promote recovery.</p>	<ol style="list-style-type: none"> <li>2. Assess clients along the mental health continuum using appropriate assessment, theoretical basis of development and case management tools.</li> <li>3. Use the nursing process to identify emotional illness in clients.</li> <li>4. Critically think strategies to integrate safe and responsible care to the client with mental illness challenges</li> <li>5. Employ appropriate techniques to communicate and teach the client, family, and members of the health care team.</li> <li>6. Integrate pharmacological, biological and integrative therapies into care for clients experiencing an alteration in mental health.</li> <li>7. Maintain professional demeanor, ethical behavior, and standards of nursing practice.</li> </ol>	<p>Interpersonal process recording</p>
<p>NB 314 Gerontological Nursing</p>	<p>This course provides an opportunity to explore health care needs and issues in gerontological nursing. Healthy aging processes and the risk factors that affect the health and functioning of older adults will be explored as well as nursing approaches to managing those needs and risks. Ethical, legal, and economic issues will be addressed.</p>	<ol style="list-style-type: none"> <li>1. Discuss facts and myths of aging and safe transitions across the continuum of care.</li> <li>2. Apply critical thinking in recognizing the complex interaction of acute and chronic comorbid physical and mental conditions and associated treatments common to older adults.</li> <li>3. Integrate theories of health, illness and wellness into the biological, psychosocial, moral/ spiritual and cultural theories of aging</li> <li>4. Contrast valid and reliable assessment tools used to guide nursing practice decisions for older adults.</li> <li>5. Assess the barriers for older adults in receiving and understanding information</li> <li>6. Discuss pharmacodynamics in the</li> </ol>	<p>CCNE/ HLC: Exams,</p>

		<p>older adult.</p> <p>7. Analyze environmental, economic and ethical influences on health outcomes for geriatric clients.</p>	
NB 314C Gerontological Nursing Clinical	Students will have the opportunity to provide care to older adults in community and home settings. The student will design care and implement a project during this experience.	<ol style="list-style-type: none"> <li>1. Use various assessment tools to guide nursing care decisions for older adults.</li> <li>2. Identify actual or potential mistreatment in older adults and appropriate actions.</li> <li>3. Design care approaches including education for assigned older adults.</li> <li>4. Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care for older adults and their families.</li> <li>5. Facilitate safe use of medications with older adults.</li> </ol>	HLC/CCNE: Health Care Project and 1 care plan
NB 335 Legal and Ethical Issues	This course analyzes theoretical and clinical nursing situations, applying ethical principles and decision-making models. The basic doctrines and principles utilized for providing legally acceptable nursing care, based on standards of nursing practice, are examined.	<ol style="list-style-type: none"> <li>1. Identify the impact of historical events on the profession of nursing.</li> <li>2. Using self-reflection and current data, discuss trustworthiness and the ethical aspects of the registered nurse's role in the delivery and management of healthcare</li> <li>3. Synthesize and apply leading models that introduce the registered nurse to evaluation of ethical responsibilities and decision making</li> <li>4. Identify specific nurse practice standards in the State or Province of Residence regarding ethical and legal responsibilities</li> <li>5. Evaluate and debate the nurse's position on varied situations of ethical decision making using case studies and literature.</li> <li>6. Explain the judicial process as it applies to healthcare law</li> </ol>	HLC and CCNE: Comprehensive Final Exam (we will identify specific questions for HLC) and Paper

		<ol style="list-style-type: none"> <li>7. Use an ethical framework to identify and evaluate the impact of disparities on health care delivery.</li> <li>8. Research the concepts of professional autonomy and empowerment of the nurse by interviewing registered nurses.</li> </ol>	
NB 401 National and Global Health Policy Issues	<p>This course is an intensive overview of national and global health issues as well as the origin and effect of disease. Students will examine the natural history of disease and identify the frequency, distribution, and causation of disease. Policy development, healthcare systems, and the role of national and global healthcare agencies are examined. A course project is required for completion of this course.</p>	<ol style="list-style-type: none"> <li>1. Discuss major issues (economics, demographics, technological forces, etc.) related to public and global health issues relevant to nursing practice.</li> <li>2. Compare the roles of major agencies responsible for national and world health issues and policy.</li> <li>3. Evaluate major global health threats identified by the CDC and WHO.</li> <li>4. Analyze the extent to which health agencies can intervene in health crises in various countries.</li> <li>5. Evaluate the epidemiology of selected health threats and diseases</li> <li>6. Discuss the differences between the impact of diseases and health threats on developed and developing countries.</li> <li>7. Analyze the impact of politics, religion, and socioeconomic factors on the prevention and treatment of diseases and health threats.</li> <li>8. Examine the UN Millennium Development Goals and progress toward meeting the goals</li> <li>9. Relate how issues involve global research to support evidence based nursing practice.</li> </ol>	HLC/CCNE: Course Project
NB 400 Family Nursing	<p>This course focuses on nursing care as it relates to the function and structure of the childbearing and childrearing family, including the specific experiences of pregnancy,</p>	<ol style="list-style-type: none"> <li>1. Explore historical perspectives and epidemiology in childbearing and childrearing.</li> <li>2. Apply development theory to the childbearing and childrearing</li> </ol>	<p>CCNE: Exams, paper/project, ATI</p> <p>HLC: ATI for Pediatrics and OB</p>

	<p>childbirth, postpartum experiences, and the care of newborns and children. It explores the nurse's role in promoting and maintaining family health. Cultural and lifespan developmental considerations within a family context will be included.</p>	<p>family.</p> <ol style="list-style-type: none"> <li>3. Appraise physiologic and emotional changes occurring in the childrearing and childbearing family.</li> <li>4. Differentiate between normal and abnormal events in childbearing.</li> <li>5. Distinguish disease processes in the pediatric population.</li> <li>6. Discuss the implications of environment, culture and genetics for the childbearing and childrearing family.</li> <li>7. Explore current research in childbearing and childrearing.</li> </ol>	
<p>NB 400C Family Nursing Clinical</p>	<p>In this course the student will provide care to childbearing and childrearing families in home,1 community and acute care settings. Emphasis will be placed on foundational nursing skills within the specialty areas; pharmacokinetics, and care design from preconception through twenty-one years of age.</p>	<ol style="list-style-type: none"> <li>1. Design care for childbearing and childrearing families based on growth and development, cultural assessment, and evidence based findings.</li> <li>2. Demonstrate safe performance of assessment, psychomotor skills, and pharmacokinetics in childbearing families and children.</li> <li>3. Use effective communication with patients, families, and other members of the healthcare team.</li> <li>4. Formulate teaching plans appropriate to developmental and healthcare needs.</li> </ol>	<p>CCNE and HLC: Clinical Evaluation Tool and the Skills Checklist</p>
<p>NB 409 Community Nursing</p>	<p>This course focuses on the roles of community and public health nursing as they pertain to promotion of a healthy community. Students will be guided to think critically about the role and core competencies of community health nursing in promoting health, preventing disease and restoring health. Emphasis is placed on the examination of concepts, theories, and practice from nursing and public health to assess and respond to the health status and needs of diverse</p>	<ol style="list-style-type: none"> <li>1. Analyze the moral-ethical, social, cultural and economic issues related to health practices, health care delivery, and health policy.</li> <li>2. Define the history and scope of public health nursing including the core functions.</li> <li>3. Relate the epidemiological model to primary, secondary and tertiary health care in the study of communicable and chronic disease, as well behavioral health and life style issues.</li> <li>4. Incorporate evidence-based</li> </ol>	<p>CCNE: Examinations; Sample copy of the community assessment project</p> <p>HLC: ATI and mini-assessment projects</p>

	communities.	<p>practices into the nursing process to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral, and follow-up throughout the lifespan.</p> <ol style="list-style-type: none"> <li>5. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.</li> <li>6. Develop a comprehensive assessment of a community in relation to its health needs, health policies and resources; include health care consumers in that community within or outside the health care delivery system.</li> <li>7. Use evaluation results to influence the delivery of care, deployment of resources, and provide input into the development of policies to promote health and prevent disease.</li> </ol>	
NB 409C Community Nursing Clinical	The student will explore and plan for population-based needs. Skills related to community and population assessment will be refined. Planning and evaluation for communities will be implemented.	<ol style="list-style-type: none"> <li>1. Provide care for diverse populations.</li> <li>2. Complete community assessments.</li> <li>3. Planning, designing, and evaluating community based programs.</li> </ol>	HLC and CCNE: Community Health Clinical Evaluation Form
NB 431 Evidence Based Nursing Research and Practice	This course examines theory and technique related to development of evidence based nursing practice. The student will receive an overview of the research process, ethics in research, research design, and dissemination. The student will learn to critique nursing research and implement evidence based change in the practice setting. The course will culminate with	<ol style="list-style-type: none"> <li>1. Develop a proposal for a project that will resolve a problem in a professional work area.</li> <li>2. Integrate knowledge from other disciplines when utilizing the research process.</li> <li>3. Articulate the role of nursing research within clinical practice and explore the components of the research process.</li> <li>4. Apply critical thinking when relating nursing research to</li> </ol>	CCNE: Tests , Proposal, and Presentation documentation  HLC: Comprehensive Final Exam and the research proposals with rubric

	the development of a research proposal and presentation.	<p>practice.</p> <ol style="list-style-type: none"> <li>5. Differentiate between quantitative and qualitative research.</li> <li>6. Recognize the value and relevance of research in nursing to the development of one's own professional practice and to the quality of patient care.</li> <li>7. Demonstrate ethical practice in nursing research.</li> <li>8. Critically analyze research findings.</li> </ol>	
NB 446 Adult Health III/Nursing Practicum	<p>This course expands on previous nursing knowledge and skills to provide care to patients/clients that have complex health stressors with unpredictable outcomes. The focus is on caring for patients in specialty settings such as critical care, cardiovascular care, surgery, and emergency care. The student will demonstrate synthesis of the program objectives in the both the classroom and clinical setting, readiness for beginning work as a nurse generalists, and potential for success on the NCLEX-RN licensure examination. An opportunity for review of essential clinical skills and synthesis of prior learning with guided review by faculty in the laboratory component assists in the synthesis of theory, assessment, and competence and NCLEX-RN preparation. The student will complete the clinical component in either a precepted or advanced practicum setting.</p>	<ol style="list-style-type: none"> <li>1. Practice using caring, compassionate, culturally competent, and evidence based practices in the roles of the baccalaureate nurse using the nursing process to provide patient/client-centered care in a variety of health care settings.</li> <li>2. Use a broad base of techniques to effectively communicate with clients, families, health care teams, and communities.</li> <li>3. Use critical thinking and decision making, local,-state, national and global policies, legislative concepts, and healthcare economics to effect quality health care and the evolving health care system.</li> <li>4. Integrate knowledge and skills in nursing leadership and management, quality improvement, and patient safety as required to provide health care.</li> <li>5. Integrate knowledge and skills to promote health and prevent disease across the lifespan and the continuum of health care environments.</li> <li>6. Practice professionalism including the inherent values of altruism, autonomy, human dignity, integrity, and social justice.</li> <li>7. Formulate a professional ethic that includes lifelong learning and</li> </ol>	<p>CCNE: Exams/Paper</p> <p>HLC: ATI in Adult Health and Comprehensive Predictor Examination</p> <p>HLC/CCNE: Clinical Evaluation Tool</p> <p>Final comprehensive skills profile (HLC and CCNE)</p>

		<p>continuous professional development in an ever-evolving health care environment.</p> <p>8. Think critically at a conceptual level and by using mathematical analysis as well as the scientific method; write and speak effectively; use basic computer applications; and understand human behavior in the context of the greater society in a culturally diverse world.</p>	
NB 450 Nursing Leadership and Management	<p>This course will explore leadership, management, and organizational theories necessary to provide effective delivery of nursing care to a diverse population in varied clinical settings. Techniques used by successful managers will be reviewed as will information on outcomes evaluation, quality improvement activities, and cost wise decision-making. The student will complete a self-evaluation of their leadership skills and finalize their employment portfolio.</p>	<ol style="list-style-type: none"> <li>1. Differentiate between leadership and management</li> <li>2. Appraise the nurse's role in management and leadership in healthcare settings and the environment.</li> <li>3. Examine structure, function, philosophy, mission, values, vision, and the politics of healthcare organizations for their effect on personal, professional, cultural and environmental risks.</li> <li>4. Utilize evidence based research in leadership and management theory and practice including laws, guidelines, and procedures used to make management decisions in the fiscal and human resource realms.</li> <li>5. Use effective communication and interpersonal skills with clients, members of the interdisciplinary team, and consumers to manage conflict, motivate, problem-solve, and act as a change agent.</li> <li>6. Employ principles of quality management to address patient safety, outcomes, and nursing performance/satisfaction in the continuum of healthcare settings.</li> <li>7. Debate the impact of economics, government regulation, market competition, and informatics on planning, performance, operation,</li> </ol>	<p>HLC: Leadership ATI CCNE: Exams, sample e- folio</p>

		<p>and services within the healthcare system.</p> <p>8. Develop a portfolio to articulate skills and competencies related to career and prepare a professional resume and curriculum vitae.</p>	
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## APPENDIX E: NURSING PROGRAM PLAN MATCHED TO N1.06 PROFESSIONAL CURRICULUM

HERZING UNIVERSITY  
BACHELOR OF SCIENCE IN NURSING PROGRAM PLAN

COURSE NUMBER	COURSE NAME	CREDITS	PRE-REQUISITES/ CO-REQUISITES	CLINICAL OR LAB HOURS	N1.06 MATCH
<b>SEMESTER ONE</b>					
SC 165	General Microbiology	2	Co-req SC 165L		13A
SC 165L	General Microbiology Lab	1	Co-req SC 165	30 lab hrs.	13A
HU 101	College Thinking	3	None		
MA 107	College Algebra	4	None		
EN 106	Information Literacy	1	None		
EN 104	English Composition I	3	None		
PS 101	Psychology	3	None		13B
<b>SEMESTER TOTAL</b>		<b>17</b>			
<b>SEMESTER TWO</b>					
SC 185	General Chemistry	2	Co-req SC 185L		13A
SC 185L	General Chemistry Lab	1	Co-req SC 185		13A
SC 145	Anatomy and Physiology I	3	Co-req SC 145L		13A
SC 145L	Anatomy and Physiology I Lab	1	Co-req SC 145	30 Lab hrs.	13A
SC 245	Anatomy and Physiology II	3	Pre-req SC 145, SC 145L; Co-req SC245L		13A
SC 245L	Anatomy and Physiology I Lab	1	Pre-req SC 145, SC 145L; Co-req SC 245	30 Lab hrs.	13A
AS 144	Medical Terminology	1	None		
NB 100	Growth & Development	3	PS 101		13B
SS 110	Sociology	3	None		13B
<b>SEMESTER TOTAL</b>		<b>18</b>			
<b>SEMESTER 3</b>					
NB 206	Introduction to Professional Nursing	2	None		14,15G,H,I,J
NB 207	Health Assessment	2	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, 145L, SC 245, 245L, Co-req NB 207L		14/15A
NB207L	Health Assessment Lab	1	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, Co-req NB 207	30 lab hrs.	14/15A
NB 208	Pathophysiology	4	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L		13A
NB 210	Introduction to Clinical Nursing	2	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L Co-req NB 206, NB 210L		14/15A,B,C,G

NB 210L	Introduction to Clinical Nursing Clinical Simulation	1	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L Co-req NB 206, NB 210	45 lab hrs.	14/15A,B,C,G
IS 102	Computer Applications	4	None		
SEMESTER TOTAL		16			
<b>SEMESTER 4</b>					
NB 215	Adult Health I	3	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210 L Co-req NB 215L, NB 215C, NB220		15A,B,C,D,E,G
NB 215C	Adult Health I Clinical	2	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L Co-req NB 215L, NB 215, NB220	90 clinical hrs.	15A,B,C,D,E,F
NB 215L	Adult Health I Lab	1	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210 L Co-req NB 215, NB 215C, NB220	30 lab hrs.	15A,B,C,D,E,F
NB 220	Pharmacology	3	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB210L Co-req NB 215, NB 215L, NB 215C		
NB 225	Nursing Informatics	3	IS 102		
SC 150	Principles of Nutrition	2	Pre-rec SC 185, SC 185L, SC 145, SC 145L		
SEMESTER TOTAL		14			
COURSE NUMBER	COURSE NAME	CREDITS	PRE-REQUISITES/CO-REQUISITES	CLINICAL OR LAB HOURS	
<b>SEMESTER 5</b>					
SS 310	Cultural Diversity	2	None		13B
NB 301	Adult Health II	3	Pre-req SC185, SC185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220		15A,B,C,D,E,F

			Co-req NB 301C		
NB 301C	Adult Health II Clinical	3	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220 Co-req NB 301	135 clinical hours	15A,B,C,D,E,F
EN 250	English Composition II	3	EN 104		
EN 116	Speech	3	None		
SEMESTER TOTAL		14			
<b>SEMESTER 6</b>					
NB 308	Mental Health Nursing	2	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220, NB 301, NB 301C Co-req NB 308C		14, 15A,B,C,D,E,F
NB 308C	Mental Health Nursing Clinical	2	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC 165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220, NB301, NB 301C Co-req NB 308	90 clinical hrs.	14, 15A,B,C,D,E,F
NB 314	Gerontological Nursing	3	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220, NB301, NB 301C Co-req NB 308, NB 308C, NB 314C		15A,B,C,D,E,F
NB 314C	Gerontological Nursing Clinical	1	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220, NB 301, NB 301C Co-req NB 308, NB 308C, NB 314	45 Clinical hrs.	15A,B,C,D,E,F
NB 335	Legal & Ethical Issues	2	NB 106		15 G, H, I
MA 320	Statistics	3	MA 107		
PD 121	Professional Development I	1	None		
SEMESTER TOTAL		14			
<b>SEMESTER 7</b>					

PD 202	Professional Development II	1	None		
NB 400	Family Nursing	3	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB 215L, NB 220, NB3 01, NB 301C, NB 308, NB 308C, NB 314, NB 314C Co-req NB 400C, NB 409, NB 409C		15A,B,C,D,E
NB 400C	Family Nursing Clinical	2	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB215L, NB 220, NB301, NB 301C, NB 308, NB 308C, NB 314, NB 314C Co-req NB 400, NB 409, NB 409C	90 clinical hrs.	15A,B,C,D,E
NB 401	National and Global Health Policy Issues	2	Pre-req SC 185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC 165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220, NB 301, NB 301C, NB 308, NB 308C, NB 314, NB 314C		15 F
NB 409	Community Nursing	3	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB 215L, NB 220, NB301, NB 301C, NB 308, NB 308C, NB314, NB 314C Co-req NB 400, NB 400C, NB 409C		15A,B,C,D,E,F
NB 409C	Community Nursing C	2	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB 215L, NB 220, NB 301, NB 301C, NB 308, NB 308C, NB 314, NB 314C Co-req NB 400, NB 400C, NB 409	90 Clinical hrs.	15A,B,C,D,E,F
SEMESTER TOTAL		13			
<b>COURSE</b>	<b>COURSE NAME</b>	<b>CREDITS</b>	<b>PRE-REQUISITES/CO-</b>	<b>CLINICAL</b>	

NUMBER			REQUISITES	OR LAB HOURS	
<b>SEMESTER 8</b>					
HU 325	Literature and the Art of Healthcare	3	None		
NB 431	Evidence Based Nursing Research & Practice	3	MA 320		15 I, J
NB 446	Adult Health III/Nursing Practicum	2	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB 215L, NB 220, NB 301, NB 301C, NB 308, NB 308C, NB 314, NB 314C, NB 400, NB 400C, NB 409, NB 409C Co-req NB 446C, NB 446L		15A,B,C,D,E,F
NB 446C	Adult Health III /Nursing Practicum Clinical	3	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB215C, NB215L, NB 220, NB 301, NB 301C, NB 308, NB 308C, NB 314, NB314C, NB 400, NB 400C, NB 409, NB 409 Co-req NB 446, NB 446L	135 clinical hrs.	15A,B,C,D,E,F
NB 446L	Adult Health III/Nursing Practicum Lab	1	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB215L, NB 220, NB 301, NB 301C, NB 308, NB 308C, NB 314, NB 314C, NB 400, NB 400C, NB 409, NB 409C Co-req NB 446, NB 446C	30 lab hrs.	15A,B,C,D,E,F
NB 450	Nursing Leadership & Management	3	Pre-req SC185, SC 185L, SS 110, NB 100, SC 145, SC 145L, SC 245, SC 245L, SC165, SC 165L, NB 210, NB 210L, NB 215, NB 215C, NB 215L, NB 220, NB 301, NB 301C, NB 308, NB 308C, NB 314, NB 314C, NB 400C, NB 400, NB 409, NB 409C		15E, F, G, H, I, J
<b>SEMESTER TOTAL</b>		<b>15</b>			
<b>PROGRAM TOTAL</b>		<b>122</b>			

## APPENDIX F: THE P.R.I.C.E. OF SUCCESS MODEL

**THE P.R.I.C.E. OF SUCCESS**  
**Professionalism. Respect. Integrity. Caring. Engagement.**

Herzing University and Herzing College believe in the human potential and personal aspirations of each student. Based on feedback from a cross-section of our community partners (employers, clinical sites, workforce centers), Herzing has developed a framework of behaviors and attributes that support a successful and meaningful career. This framework is called the “P.R.I.C.E. of Success.” In order to help each student develop and expand upon these qualities, Herzing has created a culture where students are expected to exhibit these behaviors and attributes in all interactions—inside and outside of the classroom. Herzing believes students who apply themselves and embody the P.R.I.C.E. characteristics will reach their full human potential.

**Professionalism**

- Assume responsibility for my own actions
- Demonstrate professional and appropriate communication skills
- Present an appropriate professional appearance for the environment
- Handle sensitive or difficult issues with grace and confidence

**Respect**

- Provide consideration and mutual respect to other students, instructors, staff, and colleagues
- Approach others with a positive mindset
- Exhibit respect in all settings including internship or clinical rotations
- Demonstrate genuine interest in the thoughts, opinions, values, and needs of others

**Integrity**

- Practice academic and professional integrity
- Follow rules and policies of the environment
- Exhibit effort necessary to accomplish goals and objectives
- Give proper credit to others for their work and contributions

**Caring**

- Exhibit a customer focus and care mindset in the workplace and clinical settings
- Approach others with a positive attitude
- Provide encouragement and support to fellow students and colleagues
- Build relationships through honest communication and follow-through

**Engagement**

- Actively contribute to the classroom and workplace environment
- Participate in and support positive community events
- Seek opportunities to perform above minimum expectations in the workplace and classroom
- Maintain a continuous improvement mindset

## APPENDIX G. FACULTY DATA SUMMARY, MAY 2013

NAME	FT/ PT	TITLE	DEGREES	Institution Granting Degree	AREA OF SPECIALIZA-TION	AREAS of CLINICAL EXPERTISE	RELEVANT WORK EXPERIENCE	ACADEMIC TEACHING (T) AND OTHER (O) AREAS OF RESPONSIBILITY	
								T	O
<b>Program Chair for Nursing</b>									
Markham, Elizabeth	FT	Dean of Nursing	PhD 1997  MSN 1979  BSN 1975 BA 1972	UNC at Chapel Hill  UNC at Chapel Hill Emory University Erskine College	Adult and Higher Ed OB-GYN-WH Nursing Nat. Sciences	Hi-Risk Perinatal; GYN Oncology, NICU; Peds Leadership; Nursing Research	OB/Peds, GYN, Nursing Ed., Leadership	Spring 2012- Nursing Research	Program Management; Herzing System Dean for Nursing
<b>NURSING CLINICAL COORDINATOR</b>									
Neave, Joan	FT	Clinical Coordinator, Faculty	MSN 2007  BSN 1990  ADN 1981 LPN 1970's	University of Phoenix Carroll-Columbia School of Nursing Moraine Park TC Waukesha CTC	Education/ Leadership & management/ Psychiatric Nursing	Psychiatric Nursing/ Management	Psychiatric Clinical Nursing/ Clinical Coordination/ Management	Spring 2012/ Summer 2012/NB 416/ Designing and Managing Healthcare/NB 416C Designing and Managing Healthcare Clinical 1 groups/ NB 256 (NB 308)Mental Health Nursing/ NB 256C(NB 308C) Mental Health Clinical/ Fall 2012/ NB 308 Mental Health & Clinical Coordinator Spring 2013: NB 308 Mental	Full Time Clinical Coordinator  NCLEX-RN Review

								Health Theory	
<b>NURSING FACULTY FULL TIME</b>									
Ahrens, Nancy	FT	Faculty	Currently enrolled in PhD  MSN  BSN  ADN	North Central University  University of Phoenix  Alverno College  Lakeshore Technical College	Education  Nursing Education  Nursing  Nursing	Certified CC Nursing  Med-Surg, Critical Care	Instructor in nursing program (Capstone, End of Life Care, Ethical Issues)	NB 314 Gerontology theory and clinical Summer 2013: NB 206 Intro to Prof. Nsg.; NB 210C Intro to Clinical Sim; NB 314 Gero and NB 314C Gero Clinical; NB 409C Community Clinical	Course Lead, Intro to Prof. Nursing
Bajorek, Christina	FT	Faculty	MSN  BSN  ADN	Liberty University  Liberty University  Milwaukee Area Tech	Nursing Education	Behavioral Health	Psychiatric Nurse Case Manager  Staff Nurse with Adult and Gero patients with Psychiatric conditions	Summer 2013: NB 308 Mental Health Nursing Clinical Theory, NB 225 Nursing Informatics; NB 301C Adult Health II Clinical	
Burns, Wanda	FT	Faculty	MSN 2005  RN, BSN 1979	North Park University, Chicago, IL  University of Minnesota School of Nursing	Pediatrics & Community Nursing	Pediatrics, Community Health, Nursing Education	Adult & Pediatric Health/Community/Post-Partum/Home Care	Summer 2013 NB 409C Community Nursing Clinical; NB 206 Intro to Prof. Nursing  Other Courses Taught: NB 351 Family Nursing Peds, NB 351 L Family Lab, NB 351C Family Peds Clinical; Co-Teaching A&P;	Course Lead, Intro to Prof. Nursing

								NB 400 Family/Peds	
Hudson, Edna	FT	Faculty	MSN BSN ADN	Walden University Cardinal Stritch U. Cardinal Stritch U.	Nursing Education Nursing Nursing	OB-Peds, Med Surg	Nursing Fac Member on ground and online  OB, Peds, and Med Surg	NB 400 Family Nursing, theory NB 446L, NB 225 Informatics; NB 301 Adult Health III Theory	Co-Lead, The Family course
Koestner, Laurie	FT	Faculty	DNP Candidate  MSN BSN ADN	University of Phoenix  University of Phoenix  Fox valley Technical Institute	Leadership/ Curriculum & Instruction  Healthcare Education  Adult Health  Adult Health	Nursing Education  Staff Development  Adult Health Nursing  Nurse Educator  Management & leadership	Nursing Assistant Professor  Nursing Clinical Faculty  Staff Nurse  Educational Consult	Summer 2013: NB 215 Adult Health I Theory and Clinical; NB 225 Nursing Informatics; NB446C: Adult Health III clinical  Fall 2012/ NB 476C Adult Health III Clinical  NB Adult Health II Clinical	Course Lead NB 215
Kowske, Donna	FT	Faculty	Doctoral Candidate  Certificates  MSN  Diploma  BA: German Major, English	Rush University     University of Phoenix  St. Luke's Hospital of Nursing, Racine, WI  UW- Parkside	Adult Psych Practitioner and Doctoral Student  Adult Sexual Assault Tx. & Correctional Nursing Nursing Administration  Nursing  Secondary Ed.	Behavioral Health/ Oncology/OB/GY N     Secondary Education	Mental Health/AODA & Sexual Assault; Experience in ER, OB, Corrections experience/	Fall: Adult II Clinical; NB 135 Pharmacology; Spring 2012: NB 256C Mental Health Nursing Clinical; NB 400 Family Nursing, OB Co- Teaching OB Clinical: 1 Group Summer 2013: NB220 Pharmacology; NB308 Mental Health Nursing	Course Lead NB 308 Mental Health Nursing; NB220 Pharmacology  Faculty Mentor, SNA-Kenosha Campus

			Minor,						
Fiebelkorn (Normington), Havilah	FT	Faculty	MSN, APNP  BSN  BS Biology & Religion	UW- Milwaukee  UW-Milwaukee  Carroll University	Adult Health/Nursing  Adult Nursing  Science & Religion (Minor in Psychology)	Geriatric Care/Med- Surg/Renal	Adult Health Med-Surg/Renal Geriatrics	Summer 2013: NB207, Health Assessment and NB 314 Gerontology  Fall 2011/ Spring 2012: NB 126 Basic Health Assessment, NB 126L Basic Health Assessment Lab Summer 2012: NB 126 Health Assessment, NB 126L Health Assessment Lab; NB 117 Intro to Clinical Nursing; NB 117L Intro to Clinical Nursing Lab Fall 2012:NB 301C Adult Health II Clinical; NB 314 Gerontological Nursing Theory & NB 314C Gero Lab	Faculty Mentor SNA-Brookfield Campus  Clinical Instructor  Course Lead for NB 207 Health Assessment; NB 314 Gerontology
Lal, Aruna	FT	Faculty	PhD  Diploma  BSN  BA	UW-Milwaukee  Academy of HS, US Army Reserves  UW-Milwaukee  Ambassador Univ.	Research; Cultural Competence  Nursing  Theology	Adult Health Nursing  Combat Support Hospital Training  Foreign Services  Nursing Education	Adult Health Med-Surg  Captain responsible for combat HC training  Served in Diplomatic	Summer 2013: NB 301 AH II; NB 201, Health Assessm; NB 400 Leadership  Fall 2012: NB 450 Leadership; NB 356 Adult Health III, NB 476L	Course Lead NB301 AH II; NB400 Leadership

			BS	Ambassador Univ.	Home Ec./Nutrition		Mission-foreign Services  Taught in numerous nursing programs	Preceptorship /Lab/1 Group, NB 476C Preceptorship Clinical 2 groups	
Rahberger, Darcy	FT	Faculty	DNP (Currently attending)  MSN, APNP 2011  RN BSN 2004	UW- Madison  UW-Milwaukee	Adult Med-Surg/Tele  Adult Clinical Nurse Specialist	Adult Health/Med-Surg/Cardiac-Tele Step Down Unit	Adult Health Med/Surg/Cardiac Tele Clinical	Summer 2013: NB446 AH III  Spring 2012: NB 310 Patho; NB 146C Adult Health I Clinical 2 Groups, NB 146L Adult Health I Lab 1-Group Summer 2012: NB 146C Adult Health I Clinical 1 group; NB 246 Adult Health II Theory, NB 246C Adult Health II Clinical 1 Group	Course Lead AH III
Sigl-Felton, Beverly	FT	Faculty	PhD  MSN  BSN	UW-Milwaukee  UW-Milwaukee  UW Green Bay	Nursing  Community Health Nursing/Gerontology  Nursing w/minor in BA	Gero-Psych ANP	Correctional Facility on Behavioral Health Unit as ANP  Nursing Faculty Member-taught Psych  Staff nurse in Gero-Psych  CNS	Spring 2013: NB 308, Mental Health Nursing Clinical  NB 431 Evidence Based Nursing Research  NB 416C Designing and Managing Care (last semester at BRK)	Course Lead: NB 431 Nursing Research
Winters, Paula	FT	Faculty	MSN 1999	Marquette University	Nurse Midwifery (ACNM)	OB/GYN 1999	OB/GYN CNM and ANP	Summer 2013 and Fall 2012: NB 400 Family Health	Co-Course Lead NB 400 Family

			BSN 1980	UW-Madison	Adult Health	Adult Med-Surg 1980  Nursing Instructor OB Fort Bliss, TX		OB co-instructor/ NB 400C Family Nursing Clinical OB 1 Group; NB 100 Growth & Development; NB 210 Introduction to Clinical Nursing; NB210C Introduction to Clinical Nursing Clinical Simulation	
Yang, Chai	FT	Faculty	MSN  RN BS Biology/ Chemistry	UW-Milwaukee  UW-Milwaukee	Community Health  Adult Health Nursing	Community Health	Community/ Geriatric Health Clinical	Summer 2013: NB409 Community Clinical, NB 215L Adult Health I Lab Summer 2012: NB 146L Adult Health I Lab 2 groups; NB 460 Community Nursing Theory & Clinical 1 group Spring 2012: NB 140C Health Assessment Across the Lifespan Clinical (4 Groups)	
Ziebarth, Deborah Jean	FT	Faculty	MSN  RN BSN	Cardinal Stritch University  Cardinal Stritch University  Waukesha CTC	Community Health/ Spanish Community Health	Parish Nursing/Communi ty Health/Managem ent	Community Health/ Spanish Community Health	Summer 2013: NB 409 Community HN; NB 330 Legal and Ethical; NB 440 National and Global Health  Summer/Fall 2011/Spring 2012: NB 106 Intro to	Course Lead: NB 330 Legal and Ethical and NB 440 National and Global Health

								Professional Nursing, NB 140 Health Assessment Across the Lifespan; NB 330 Summer 2012: NB 106 Intro to Professional Nursing; NB 140 Health Assessment Across the Lifespan; NB 330 Legal and Ethical Issues in Nursing; NB 440 National & Global Health Fall 2012: NB 416C Designing & Managing Healthcare Clinical; NB 330 Legal & Ethical Issues in Nursing; NB 440 National & Global Health	
<b>NURSING LABORATORY INSTRUCTORS/COORDINATORS</b>									
Chavez, Maria Carlotta Cordova	FT	Faculty /Nursing Lab Coordinator	MSN 2011  BSN      Diploma	University of Phoenix  St. Paul College, Iloilo City, Philippines  Post-Graduate Philippines Heart Center, Quezon City, Philippines  Midwest College of Oriental Medicine, Racine, Wisconsin	Nursing Education  Nursing     Oriental	Nursing Lab Coordinator Herzing  Nursing Instructor Herzing  Adult Health Hospital Float Nurse  LTC Nurse/Gero	Geriatric and Adult Health & Trauma/Community Health/Alternative Medicine	Fall 2011: NB 106 Intro to Professional Nursing NB 246 Adult Health II NB 246L Adult Health II Lab Spring 2012: NB 140 Health Assessment Summer 2012: NB 140 Health Assessment Across the Lifespan, NB	Lab Instructor/Coordinator  Clinical Instructor

					Medicine	Dialysis		140C Health Assessment Clinical 2 groups; NB 117 Introduction to Clinical Nursing, NB 117C Introduction to Clinical Nursing Lab Simulation 1 Group Fall 2012: NB 146L Adult Health I Lab/2 Groups, NB 146C Adult Health I Clinical, 1 Group; NB 356 Adult Health III Lab Summer 2013: Lab Only	
Rodrigues, Michael	FT	Faculty /Nursing Lab Coordinator	Direct Entry MSN/CNS 2009  BA Psychology	UW-Milwaukee  Purdue University	Adult Health CNS  Psychology	Nursing Lab Coordinator Herzing Brookfield  Med-Surg Adult  Cardiology  Pediatric Oncology	Nursing Lab Coordinator Herzing Brookfield  Med-Surg Adult  Cardiology	Summer 2012: NB 246C Adult Health II Clinical & Lab Coordinator Fall 2012: NB416C Designing and Managing Healthcare and Lab Coordinator Summer 2013: Lab Only	Lab Instructor/Coordinator  Clinical Instructor
Adjunct Faculty									
NAME	FT/PT	TITLE	DEGREES	Institution Granting Degree	AREA OF SPECIALIZATION	AREAS of CLINICAL EXPERTISE	RELEVANT WORK EXPERIENCE	ACADEMIC TEACHING (T) AND OTHER (O) AREAS OF RESPONSIBILITY	
Cottreau, Linda	PT	Faculty	MSN	Marquette University  UW-Oshkosh	Nursing Administration	Management & Leadership	Nurse Executive, Director pt. Services; Adult	Summer 2013: NB 210 Intro to Clinical , NB 210C	

			BSN		Nursing	Adult Health	Health	Intro to Clinical Sim, and NB 208 Patho	
Gray, Melanie	PT	Faculty	Enrolled in Doctoral Prog.  MSN  BSN	Western Governors University  Cardinal Stritch University	Nursing Education  Nursing	Adult Health/Surgical Intensive Care  Leadership  Nursing Education	Instruction, MATC, LPN program  Hospital Supervisor/SN Surgical ICU/Manager Aurora School Based Health Program/Parish Nursing	Summer 2013: NB 301C Adult Health II Clinical	
Manuel-Wright, Octavia	PT	Faculty	MSN  BSN  ADN	University of Phoenix  Concordia University  Milwaukee Area Tech		Medical Surgical Nursing	Pulmonary/Rehab; SALT; Taught CNA	NB 206 Introduction to Professional Nursing NB 215L Adult I Health Lab Summer 2013: NB 215C Adult Health I and NB 400C Pediatrics clinical	
Noyes, Linda	PT	Faculty	BSN and MSN	UW-Milwaukee		Adult Health, Critical care	Adult Health, Critical Care	Summer 2013: NB 301 C, Adult Health II Clinical	
Petrick, Catherine	PT	Faculty	MSN		Psychiatric/Behavioral Health	Psychiatric/Behavioral Health	Mental & Behavioral Health	Fall 2012 NB 308C Mental Health Clinical 1 Group	
Robinson, Rosalyn	PT	Faculty	DNP  MSN  BSN  ADN	Concordia University  Concordia Un  Alverno University  Milwaukee Area Tech	FNP  FNP  Nursing	Medical-Surgical Nursing		Spring 2013: NB 215: Theory and Clinical	

Rypel, Judith	PT	Faculty						Summer 2013: NB 215L & NB 215C Adult Health I Clinical and Lab	
Shannon, Jacqueline	PT	Faculty	DNP  MSN, FNP  BSN	Concordia University  Concordia University  Marquette University	FNP Adult Med-Surg  FNP Family Care Clinic  FNP Surgery	Adult Health/Surgical	FNP Surgical & Family	Fall 2012: NB 416 Designing and Managing Healthcare/ NB 416C Designing and Managing Healthcare Clinical	
Swayne, Hope	PT	Faculty	MSN  BA	DePaul University  UW-Milwaukee	Adult/Pediatric Health  Psychology & Geography	Pediatric & Adult Health Nursing	House Supervisor  Pediatric Nursing  ER  CVICU  Adult Telemetry  Clinical Instructor	NB 146C Adult Health I Clinical  Summer 2013: NB 400C- Pediatrics Clinical	



	<p>Patricia Volkert, RN, MSN Academic Liaison 414-647-6483</p> <p>Susan Hughes MS, RN Academic Liaison Sr. System Nursing Integration Phone 414-647-6473 Fax 414- 647-6389</p>	Elkhorn, WI 53121 262-741-2000					Haxton, 262-741-2815	½ semester Thurs/Fri AM
4.	<p>Aurora Healthcare Patricia Volkert, RN, MSN Academic Liaison 414-647-6483</p>	Aurora Medical Center Hartford	1032 E. Sumner St. Hartford, WI 53027 262-673-2300	3-21-11	continuous	NB 301C Adult Health II	Med/Surg	declined Thursday and Friday AM 07-1530
5.	<p>Aurora Healthcare Patricia Volkert, RN, MSN Academic Liaison</p>	Aurora Medical Center Grafton	975 Port Washington Rd. Grafton WI 53024 262-329-1000	3-21-11	continuous	NB 400C OB	Birth Center	OB confirmed 2 groups ½ semester Thurs AM's
6.	<p>Brookfield Rehab &amp; Specialty Services DJ Swant 262-641-8705 Swant, Dianne-Joyce <a href="mailto:DSwant@5sqa.com">DSwant@5sqa.com</a></p> <p>Lucy: educator/staff development coordinator ext. 386</p>	Brookfield Rehabilitation & Specialty Care	18740 W. Bluemound Road Brookfield, WI 53045 262-782-0230  262-782-0230	12/5/20 11	continuous	NB 215C Adult Health I	LTAC Rehab LTC	Confirmed 3 sections 1.Mon AM 2.Thurs AM 3.Friday AM's
7	<p>Brookside Care Center Barbara Beardsley Director of Nursing <a href="mailto:Barbara.Beardsley@kenoshacounty.org">Barbara.Beardsley@kenoshacounty.org</a></p> <p>Educator Julie Iwen <a href="mailto:Julie.Iwen@kenoshacounty.org">Julie.Iwen@kenoshacounty.org</a> rg START DATE END DATE</p>		3506 Washington Road Kenosha, WI 53144  Ph.: 262-653-3800 Fax: 262-653-3850	August 2012 continuous	Auto renew	NB 215C Adult Health I	LTC Short Term Acute Care Rehab	Monday AM

8.	Rogers Memorial Hospital  Joan Neave Clinical Nurse Educator <a href="mailto:jneave@rogershospital.org">jneave@rogershospital.org</a> 414-203-4461 (office) 262-370-2947 (Cell)	Oconomowoc Campus and West Allis	34700 Valley Road Oconomowoc, WI 53066 800-767-4411 262-646-4411 Fax: 262-646-7877	March 2012	continuous	NB 308C Mental Health	Inpatient and residential treatment centers	West Allis Mon. PM Tues. AM Thurs. AM Oconomowoc Thurs AM
9.	VA Clement Zablocki Medical Center Ethel Davenport Ethel Davenport MSN, RN Education Coordinator 414.384.2000 Ext 46797 <a href="mailto:Ethel.Davenport@va.gov">Ethel.Davenport@va.gov</a> <a href="#">NB 301 C</a>	VA Medical Center	5000 W. National Ave. Milwaukee, WI 53295	2/22/12	continuous	NB 301C Adult Health II  NB446C Adult Health III	4C Mon/Tues PM  4C Med/Onc AH III Brookfield 1 preceptor  PMS Medical/Oncology unit. Melissa Taylor – <a href="mailto:Melissa.Taylor6@va.gov">Melissa.Taylor6@va.gov</a>	AH II  AH III Melissa Taylor Preceptor 4C
10.	<b>Penfield Children's Center</b>  Chronda Higgins Volunteer Coordinator Penfield Children's Center <b>(414) 345-6389</b> <a href="mailto:chondahiggins@penfieldchildren.org">chondahiggins@penfieldchildren.org</a> <a href="http://www.penfieldchildren.org/">http://www.penfieldchildren.org/</a>	Penfield Children's Center  <b>Melanie Hendrickson RN</b> email is <a href="mailto:melissahendrickson@penfieldchildren.org">melissahendrickson@penfieldchildren.org</a> <b>414-345-6316</b>	833 North 26th Street Milwaukee, WI 53233 (414) 344-7676	October 26 2012	Annual auto-renewal	NB 400C Family Nursing Peds  Will work in nursery under direct supervision of RN	Infants with special needs Day program	Th/Fri AM 2 students each slot 2 groups ½ semester
11	<b>St Mary's Hospital Madison</b> <b>Clinical placement:</b> <b>Bonnie Mueller</b> <a href="mailto:Bonnie_Mueller@ssmhc.com">Bonnie_Mueller@ssmhc.com</a> <b>ADVANCED PRACTICUM:</b>	St. Mary Hospital	700 S. Park Street Madison 53715 608-251-6100	November 16, 2012	November 16, 2012 annual auto-renewal	NB 446 Adult Health III- precepted  <b>Preceptor s: Megan Hayes, works AM</b>	Unit:5 East Advanced practicum R/F AM  3 Preceptors  NEW Monica LeClair (8 hour day shift) and Andrea Simmons (12	<b>Thursday and Friday AM</b>  <b>Preceptors</b>

						<b>shift spring only</b>	hour day shift). Deana Fleming 8 hours day shift	
12	Mercy Walworth Tracy Perkins RN Lead RN- M/S/ICU 262-245-4692 <a href="mailto:tperkins@mhsjvl.org">tperkins@mhsjvl.org</a> Lisa Wang: orientation? Biedermann, Wynn <a href="mailto:wbiedermann@mhsjvl.org">wbiedermann@mhsjvl.org</a> <a href="#">AH II</a> <a href="#">AH III</a> <a href="#">PRECEPTED</a>	Mercy Health System	N2950 State Rd. 67, Lake Geneva, WI 53147 (262) 245-0535	September 2012?	Five years then annual auto-renew	NB 301C Adult Health II  NB 446C Adult Health III Precepted	M/T AM  Preceptor name: Jackie Lisiecki. works 3 night shifts per week 6pm-6:30am <a href="mailto:jlisiecki@mhsjvl.org">.jlisiecki@mhsjvl.org</a> Tony Guzzardo <a href="mailto:tguzzardo@mhsjvl.org">tguzzardo@mhsjvl.org</a> unit number 262-245- 4630. Each preceptor will split semester to accommodate 2 students	AH II  AH III  preceptors hip
13.	James Place Waukesha Pastor Mike Murphy <i>Mike Murphy</i> Associate Pastor Elmbrook Church Ofc. 262-780-1826 <a href="mailto:mmurphy@elmbrook.org">mmurphy@elmbrook.org</a> Karen Cumblad 262-544-9472 <a href="mailto:kcumblad@elmbrook.org">kcumblad@elmbrook.org</a> director	James Place Community Resource Center  Nurse: Wendy Treptow <a href="mailto:Wendy.Treptow@phci.org">Wendy.Treptow@phci.org</a>	129 W Broadway. Waukesha, WI 53186  262) 544-9472.	November 9, 2012	Annual auto- renew	NB 409C Communit y Health	Assist site RN, exercise class, health teaching  Interact with clients who drop in and help them access community resources.  Mondays	1 Student:
14.	<u>WAWM Summer</u> <u>Longfellow school</u> <u>Elementary</u> Principal: Jessica Moe <a href="mailto:moej@wawm.k12.wi.us">moej@wawm.k12.wi.us</a>  <u>Horace Mann Elementary</u> Principal: Jeff Thomson <a href="mailto:ThomsonJ@wawm.k12.wi.us">ThomsonJ@wawm.k12.wi.us</a>  <u>Jefferson Elementary</u> Principal: Lynn Wall	<b>Longfellow</b> 2211 S. 60 <sup>th</sup> St West Allis 43219 414-604-4311  <b>Horace Mann</b> 6213 W. Lapham St. West Allis, WI 53214 414-604-3939  <b>Jefferson</b> 7229 W Beecher St West Allis, WI 53219		12/19/11	5 years than annual auto- renew		NB409C Community Health Mondays  3-4 students at Horace Mann	

	<p><u>Madison Elementary</u> Principal: Thomas Holtgreive <a href="mailto:holtt@wawm.k12.wi.us">holtt@wawm.k12.wi.us</a></p> <p><u>Shared Journeys</u> Lisa Colla 4143286535 <a href="mailto:CollaL@wawm.k12.wi.us">CollaL@wawm.k12.wi.us</a></p>	<p>414- 604-4110</p> <p><b>Madison</b> 1117 S. 104<sup>th</sup> St West Allis 53214 414- 604-4410</p> <p>9004 West Lincoln #14, West Allis, Wisconsin 53227</p>						
15.	<p><u>West Allis/West Milwaukee Recreation and Community Services Department</u></p> <p><u>Shelly Strasser</u> <u>414-604-4937</u></p> <p><u>School nurse coordinator:</u> <u>BlomM@wawm.k12.wi.us</u></p>				1/12/11	5 years then auto renew	NB 409 Community Placed 2 students Spring 2013	
16.	<p>St Williams Parish Parish Nursing Fr. Curt Fredrick <b>Amy Haas, R.N.</b> 262-547-2763 ext. 203 <a href="mailto:haasa@tds.net">haasa@tds.net</a></p>	440 N. Moreland Blvd. Waukesha, WI 53198		12/6/12	Annual auto-renew		NB 409 C Waukesha churches in rotation Thursdays	
17.	<p>Horizon Home care and hospice Carol Lemke RN, coordinator 414-586-6211 <a href="mailto:carol.lemke@hhch.net">carol.lemke@hhch.net</a> <a href="http://Horizon">Horizon</a></p>	Horizon Home Care and Hospice	Milwaukee office 8949 N. Deerbrook Trail 414-365-8300	11/26/12 emailed contract syllabus and BSN plan for review only	January 2013	NB 409C Community Health Nursing	Home health visits One student  Mondays  <u>Preceptor</u>	
18.	<p>Seasons Hospice and palliative care Jessie Senger Director of Business Operations Phone: 414-203-8310 Direct: 414-454-7002</p>	<p>Fax: 414-203-8311 Confidential Fax: 414-454-7038 located throughout 9 Southeastern Counties, but one is primarily in the north, two in the middle area (Milwaukee, Waukesha) and one in the south of our service area (Racine Kenosha).</p>	6737 W Washington St #2150 West Allis, WI 53214	4/1/13	Annual auto renew	NB 409C Community Health Nursing  Inpt. 2 shared preceptors (Waukesha)	6 Preceptors: 1 Inpt. 5 Home Hospice Preceptors:	



21.	Richardson School Kevin Silkey Director <a href="mailto:Kevin.Silkey@richardsonschool.com">Kevin.Silkey@richardsonschool.com</a>  Brian Loeser Education Coordinator <a href="mailto:Brian.Loeser@richardsonschool.com">Brian.Loeser@richardsonschool.com</a> Kitty Berkovitz Business Director <a href="mailto:Kitty.Berkovitz@richardsonschool.com">Kitty.Berkovitz@richardsonschool.com</a>	6753 W Rogers St, West Allis, WI 53219 <b>Phone:</b> (414) 540-8500		5/10/13	Annual auto renewal	NB 400C Family PEDS	Mondays A TERM Mondays B TERM ??Thursdays B TERM	
22.	Regency Senior Communities  Kay Braaten, Campus Adm. 262-789-1699	New Berlin		1/3/2012	5 years			Varies/Assisted Living/Clinic for Seniors
23.	St. Joseph's Academy (upper and lower schools)	Mr. Robert Freund, President <a href="mailto:rfreund@kenoshastjoseph.com">rfreund@kenoshastjoseph.com</a> 262 654-8651		March 2012	Continuous			Private School
24.	Kenosha County Division of Health  Gwen Perry-Brye, RN-BC, MS, NP Clinical Service Director/Assistant Health Officer <a href="mailto:Gwen.brye@kenoshacounty.org">Gwen.brye@kenoshacounty.org</a>	Cynthia Johnson, Health Officer	8600 Sheridan Road Suite 600 Kenosha, Wisconsin 53143	May 10, 2013	Continuous	NB 409C- Community		
25	Vitas Healthcare Corporation Midwest	Christine Nelson; <a href="mailto:Christine.Nelson@vitas.com">Christine.Nelson@vitas.com</a>	2675 N. Mayfair Road, Suite 500, Wauwatosa, Wisconsin 53226	May 22, 2013	Continuous	NB 409C- Community		Hospice Care

## APPENDIX I. NURSING PROGRAM EVALUATION PLAN

**HERZING UNIVERSITY BROOKFIELD-KENOSHA  
SYSTEMATIC EVALUATION PLAN**

## A. PROGRAM QUALITY: MISSION AND GOVERNANCE

AREAS TO BE EVALUATED	EVALUATION SCHEDULE	RESPONSIBLE PERSON(S)	METHOD OF ASSESSMENT AND ACTION PLAN	DESIRED OUTCOME	ACTUAL OUTCOMES
1. Mission and Goals of the Brookfield/Kenosha Nursing Program	Annual/Fall	Dean of Nursing Faculty Evaluation Committee	Review and modify as necessary all mission, goal and purpose statements to ensure they are congruent with the governing organization's mission program.  philosophy/mission, clearly stated, publicly accessible, and appropriate to legal requirements and scope of practice	Congruence in mission and goals between Nursing Program and the governing organization exists.	January 2012-March 2012 review published documents and found they were congruent but programs outcomes were not reflective of BSN level goals; Philosophy and Mission incomplete → March 1, faculty retreat conducted to rewrite philosophy, conceptual framework → reviewed, found to be current, and reaffirmed by faculty in April 2013.
2. Policies & Procedures of the Brookfield/Kenosha Nursing Program	Annually/Fall	Dean of Nursing/Assistant Director Faculty Student Representatives Agencies	Review and modify as necessary all policies and procedures in Faculty Handbook, Student Handbook HERZING UNIVERSITY College and Nursing Program	Policies and Procedures are non-discriminatory and provide for the effective functioning of the nursing unit.  Nursing student policies are congruent with college policies with documented exceptions.	Admission policy revised and implemented in September 2012.  Nursing Student Handbook updated April 2013.

3. Dean of Nursing	Annually Fall Semester of Academic calendar year or in accordance with HERZING UNIVERSITY policies	Campus Presidents, Deans, and Provost for Nursing Program  Faculty	Performance Objectives, Peer Evaluation, Self-Evaluation, Job Description	Program Director meets or exceeds expectations in the areas of administrative effectiveness, teaching, scholarship, service, and practice by demonstrating ongoing development, competence, and leadership.  Program Director has the designated authority, administrative responsibility, and time to administer the nursing program.	Last evaluation February 2013, met requirements.
4. Clinical Agreements	Annually for long range planning/every semester for currency.	Dean of Nursing (or Clinical Coordinator)  Faculty  Evaluation Committee	Clinical Evaluation Tools: a. Student site evaluation b. Faculty site evaluation c. Clinical site evaluation of student experience.  Contracts	Clinical facilities support the course and program outcomes.     Contracts are current	Clinical contracts are current. Clinical contract wording and format revised in February 2012 and again in April 13. Currently with 24 signed contracts (many with multiple sites).
5. Five-year Strategic Plan	Every other year/Fall	Dean of Nursing  Faculty  Academic Manager  Campus Director System Representative	Program appraisal of the five-year plan	Components of 5-year plan allow for timely and efficient development and change of the program based upon new planning documents of the state, Board of Nursing, the College, professional organizations, and accrediting bodies.	Nursing 2 year plan developed and submitted in November 2012. Currently starting to complete Campus strategic planning.

6. Administration	Annually/End of calendar year or in accordance with HERZING UNIVERSITY policies	Dean of Nursing Faculty	Faculty/Staff campus quality surveys to assess practices, policies, procedures and attitudes relating to continuous quality improvement  Committee membership list  Campus meeting minutes as appropriate  Committee meeting minutes	Faculty participates in the governance of the College.	Provided "360" Peer Evaluation as requested for Campus President at Brookfield only in December 2012 and Dean at Brookfield.
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B. INSTITUTIONAL COMMITMENT AND RESOURCES

AREAS TO BE EVALUATED	EVALUATION SCHEDULE	RESPONSIBLE PERSON	METHOD OF ASSESSMENT AND ACTION PLAN	DESIRED OUTCOMES	ACTUAL OUTCOMES
1. Physical Resources and Space Utilization of Instructional/Non-Instructional HERZING UNIVERSITY Programs	Annually/Spring	Campus Presidents/Deans Dean of Nursing Faculty Student Representatives	Review classroom and learning lab facilities, review office space for faculty and support staff  Review multi-media material  Review classroom space  Review available and used technology	Resources are adequate to support the outcomes and goals of the nursing unit.	High Fidelity Lab on the Brookfield Campus just completed and furnished with in-services for faculty.  All labs supplies and in use.  Kenosha modified HF Lab organized in May 2013.
2. Budget	Annually late fall	Dean/ Dean of Nursing/ Faculty	Review current budget procedures and allocations	Budget provides adequate fiscal, physical, and human resources to meet the	Approved in early part of 2013 and adequate for current enrollment.

				needs of the nursing unit.	Budgetary changes resulted in workforce reduction of both Assistant Program Directors.
3. Library	Annual/Summer Ongoing; Library requests each semester	Curriculum Committee Faculty Liaison Students	Listing of Library Resources  Visit library to review limited holdings and plan for discard and historical collections	Resources are current and adequate to support faculty development, instruction, research, practice activities, and community and public service.	Electronic resources are sufficient to meet needs. Identical resources are requested for each campus.  Students are instructed on used of resources by the Librarians.
4. Technology	Annual/Spring	Faculty  Students IT Representative	Review of supplies Technology use -computers -software -web enhancement Technical support	Technology used is appropriate to meet student learning needs, course, and program outcomes.	IT support is available 24 hours per day.

### C. STUDENT OUTCOMES

Areas To Be Evaluated	Evaluation Schedule	Responsible Person	Method of Assessment and Action Plan	Desired Outcomes	ACTUAL OUTCOMES
1. Student Retention/Attrition	End of Each Semester	Nursing Administrative Team/Student Affairs Committee	-Data from Registrar on number of students currently enrolled. -Data from faculty and Registrar related to students withdrawing from the program for any reason.	Attrition rate will be ≤ 15%.	Current overall attrition rates are: Dec. 2012 Class=62.2% April 2013 Class=80% August 2013=47.1% Rates are starting to trend downward. However, most students lost to withdrawal from school for

					personal and financial reasons.
2. NCLEX-RN Performance	Continuous (current program plan will produce graduates each semester after December 2012)	Nursing Program Administrative Team	Review NCSBON data on first time pass rates from state BON and/or licensure checks for out-of-state-testers  Review repeat takers pass rates	First time pass rates will $\geq$ 80%.  Repeat test takes will have a success rate of $\geq$ 70%.	First time pass rate is 90% (10/11) with 1 to test  Student who failed has not retaken yet.
3. Graduation Rate: the number of students completing the program divided by the number of students entering the program each cohort	End of Each Semester	Nursing Administrative Team	Compare number of students at entry to those completing the program	Graduation rate $\geq$ 80% over 12 terms.	24%; does not meet standard
4. Student Satisfaction with Program of Studies	Survey to be conducted at 1month, 6 mos., 1 year, 2 years, 5 years	Nursing Adm. Team and Student Faculty Affairs  Career Services/Student Faculty Affairs Committee	Initial (1 mos.) survey reviews data on professional development; support courses, nursing program satisfaction in all areas, community of interest  Graduate survey reviews program satisfaction, professional behaviors, Community of interest; NCLEX-RN performance (if not taken)	Overall composite score Good to Excellent in 80% of the respondents  Composite overall satisfaction of Good to Excellent in 85% of the respondents.	Average score 84% for graduate survey.
5. Employment Rates	Ongoing	Nursing Administration Team, Evaluation Committee	Student Survey/Career Services Surveys using student report of	50% of graduates will be employed within 6 months of graduation; 80% will be	58% were employed within 4 mos. Of graduation; at 6 months

			employment	employed by 1 year after graduation.	83.3% are employed in nursing.
6. Program Outcomes (see also Curriculum—Program outcomes)	Each semester with a graduation class	Course Faculty and Evaluation Committee	Test and Final Grades; Where appropriate ATI comprehensive exam	<p>Students will exhibit moderate to high performance on outcomes as exhibited by course grades <math>\geq</math> C+ (76 %); pass on clinical evaluation; or Level II or above on ATI content examinations; or comprehensive predictor test at 91%</p> <p>For clinical/lab courses: 90% of students will be at the moderate to high proficiency rating.</p> <p>For Theory only courses: 95% of students will be at the moderate to high proficiency rating.</p>	<p>Proficiency rating for the December 2012 graduating class is: 2 at High proficiency; 9 at moderate proficiency; 2 Not proficient. (Detailed grid is available).</p> <p>The proficiency rating for the April 2013 graduating class has not been completed.</p>

#### D. FACULTY OUTCOMES

Areas To Be Evaluated	Evaluation Schedule	Responsible Person	Method of Assessment and Action Plan	Desired Outcomes	ACTUAL OUTCOMES
1. Recruitment Plan for Students	Annually/Summer	<p>Program Director</p> <p>HERZING UNIVERSITY Admissions Office</p> <p>Programs Recruitment and Retention Committee</p>	<p>Assess recruitment activities, number of applications received and acceptance rates</p> <p>Demographic characteristics of applicants</p>	<p>-Applicant pool represents the desired number of fully qualified applicants.</p> <p>-Mission of the institution is fulfilled.</p>	<p>Have met with Marketing to discuss recruitment publications and announcements to assure accuracy (February 2012). Retention focus has been on the addition of Faculty Advisement which is set to start April 30, 2012.</p>

2. Recruitment Plan for Faculty	Annually/Summer	Dean of Nursing Coordinated with HERZING UNIVERSITY Administration, HR/Affirmative Action Officer, Faculty	Review of program needs and faculty qualifications <ul style="list-style-type: none"> <li>Fully qualified</li> <li>Exceptions</li> <li>Match of expertise to course needs</li> <li>Tutors</li> <li>Laboratory associates</li> </ul>	Number and complement of faculty and their qualifications and diversity are sufficient to meet the needs of the nursing unit.	In last 2.5 months, we have received 12 applications of which 75% are qualified with previous teaching experience. Of those, we have hired one Laboratory/Faculty Position and are finalizing the appointment of 1 doctorally prepared faculty member for July 2012.
3. Faculty Orientation Plan	Annually/Summer	HERZING UNIVERSITY Administration  HR Representative  Dean of Nursing	-Review College and Nursing Program orientation plans  -Faculty satisfaction surveys	Faculty surveys indicate that the orientation plan provides for a smooth transition to the faculty role at the program and college levels.	Faculty Orientation for the University exists as an 8 week plan. Nursing faculty specific orientation plan is to be developed.
4. Retention and Promotion 5.	Annually/End of calendar year or in accordance with Herzing University Policies	Dean of Nursing Coordinated with Herzing University Criteria  Retention/Promotion Committee	Review of faculty files for evaluation components (i.e., students, peers, and chair)  Portfolio Review Teaching Scholarship Community Service  <ul style="list-style-type: none"> <li>Peer/Supervisor Evaluation</li> <li>Student evaluation is <math>\geq 2.0</math></li> </ul> Review of handbooks, policy procedure	-Faculty, laboratory coordinator, laboratory assistants, tutors who meet or exceed expectations of role components will be retained according to the policies of Herzing University.	Faculty Files were reviewed for the April 2012 Board of Nursing site visit.  Results of student evaluations for full time faculty are collated and shared with faculty each semester. Meetings were held with the faculty to discuss areas for growth.  Faculty presented numerous questions about nursing specific responsibilities compared to responsibility identified

			<p>manuals of College and Program</p> <p>Review of scheduling, class size guidelines to include:</p> <ul style="list-style-type: none"> <li>• Lecture size 1:25</li> <li>• Clinical size 1:8</li> <li>• Faculty WL of a minimum of 15 credit hour equivalents (not to exceed 3 subjects and/or = 3 preps per term)</li> </ul>		<p>in the University Faculty Handbook. The unique differences were summarized in a faculty resource guide. In addition job descriptions for nursing faculty were reviewed and revised in April 2012 as was the role description for course lead.</p> <p>Lecture and class sizes are all within the documented standard for all semesters since inception of the nursing program.</p> <p>Faculty assignments are documented per semester with conversion to contacts hours. Faculty may not have 15 credit hours if the actual student contact hours are excessive.</p>
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7. Faculty Development and Professional Activities	Annually, End of Fall Semester	Faculty Development, Recruitment, Retention Committee  Dean of Nursing	Faculty submission of CE and formal education program certificates, transcripts; community and professional activities  Record of funded CE offerings  Encourage faculty attendance at developmental offerings; faculty evaluation	-At least 50% of faculty will participate in a developmental or professional activity.	100% of the faculty has participated in developmental activities as of December 2012.
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#### E. CURRICULUM AND TEACHING-LEARNING PRACTICES

AREAS TO BE EVALUATED	EVALUATION SCHEDULE	RESPONSIBLE PERSON	METHOD OF ASSESSMENT AND ACTION PLAN	DESIRED OUTCOMES	ACTUAL OUTCOMES
1. Purposes and Program Outcomes	Every Other Year/Fall	Faculty  Student Representative	Review and modify as necessary curricula to ensure there is congruence among the purposes and outcomes, and outcome measures	Congruence will be achieved between the nursing program, the College, educational standards expressed by the WBON, ANA, and other appropriate accrediting bodies.	Reviewed in Fall Semester 2012 and found to be congruent.
2. Philosophy	Every Other Year/Fall	Faculty Student Representative	Review and modify as necessary curricula to ensure there is congruence between the philosophy and outcome measures	Philosophy is consistent with guidelines for professional nursing practices.  At least 90% of graduates and employers surveyed	Philosophy for the nursing program was revised in February/March 2012.

			-Graduate and employer assessments administered to gauge extent that program leads students to develop professional ethics, values, and accountability	agree that the program leads students to develop professional ethics, values, and accountability.	Graduate and employer satisfaction surveys will commence in January 2012 after the first graduating class in December 2012.  The results of the University wide HAPPI Survey will be available for the CCNE visit.
3. Organizing Framework	Every Other Year/Fall	Faculty  Student Representative	Review and modify as necessary curricula to ensure there is congruence between the organizing framework and outcome measures	Organizing framework provides direction for curricular development, implementation, and evaluation.	Reviewed and revised in March, April 2012
4. Nursing Standards/Legal Practices	Every Other Year/Fall	Dean of Nursing  Faculty  Student Representative	Review and modify as necessary all relevant documents (i.e., legal and professional) to ensure there is congruence between nursing standards/legal practices and the curriculum	Standards/legal practices are followed to ensure that the curriculum meets the requirements of the standards and that content evaluation occurs within the legal scope for the entry-level RN.	The Board of Nursing standards were reviewed during BON site visit in April 2012. Found in compliance with required submission of organizational chart and job descriptions. These were submitted in May 2012.
5. Wisconsin Nursing Practice Act compliance	Every Other Year/Fall	Nursing Program Director  Faculty  Student Representative	Review and modify as necessary curricula to ensure there is congruence between the Wisconsin Nursing Practice Act and outcome measures	Compliance with the Wisconsin Nursing Practice Act.	Last reviewed in May 2013 in preparation for report. Appears to be compliant in all areas.
6. Student Performance in Courses	Every year in Fall and Spring Semester	Evaluation Committee	Compare students CAP performance with peer schools student CAP	HERZING UNIVERSITY Student CAP average score is at or within one SD of	Comprehensive Testing Program or CAP plan developed and completed

			performance	national norm or peer school norm.	in December 2012; revised in April 2013.
7. Progression Model (Note: This is the total program model for ensuring student success)	Every Other Year/Fall	Dean of Nursing Faculty Student Representative Evaluation Committee	Review and revise as necessary the Progression Model and curriculum  Graduation rates	Progression Model facilitates student success.	Progression model reviewed and portions implemented June 2012 to present.
8. Nursing Courses and Clinical Practice	Annually/Spring	Dean of Nursing Faculty Student Representative Curriculum Committee Track Coordinators	Peer course review (system)  Review student course evaluations, faculty course content, clinical evaluations, and advisory committee minutes/suggestions	Course content is cohesive and reflects current nursing practice standards, the law, and program outcomes.  Clinical practice experiences provide students with the opportunity to apply theory to practice consistent with course and program outcomes.	Because of BON requirements, all courses have been reviewed. Syllabi have been revised. The clinical evaluation tool was reviewed and redesigned to reflect leveling in the curriculum plan and the QSEN competencies.
9. Student Workloads	Each semester	Faculty Student representative	Review of course requirements and student evaluations  Review of supplemental syllabi	Student workload is appropriate for the credit hour allocation.	In syllabi revision activities in January and February of 2012 it was noted that some course had excessive student requirements (NB 106 for example)→we requested the planning team to decrease requirements and refine grading rubrics. All syllabi as of September 2012 require the inclusion of a chart documenting required time for attainment of course outcomes.
10. Teaching/Learning	Each semester	Faculty	Review of course	Strategies used across the	Faculty members are being



outcomes

## F. RECORDS AND REPORTS

AREAS TO BE EVALUATED	EVALUATION SCHEDULE	RESPONSIBLE PERSON	METHOD OF ASSESSMENT AND ACTION PLAN	DESIRED OUTCOMES	ACTUAL OUTCOMES
1. College Catalog and Recruitment Information	Annually/Fall	Dean of Nursing Faculty Advisory Committee	-Review catalog for currency, accuracy, clarity, and consistency	Public documents about the program are accurate, clear, consistent, and accessible.	Reviewed and can be updated or corrected through work with University admissions and marketing departments.
2. Student and Faculty Handbooks	Annually/Spring	Nursing Program Director Committee Chairs Administrative Secretary Students	Review handbooks for currency, accuracy, clarity, and consistency  Exit Interviews	Handbooks will be accurate and congruent with published materials and available 100% of the time.	Nursing focused student manual and faculty manuals revised in April 2013.
3. Minutes	Annually/Summer	Dean of Nursing Faculty	Faculty council minutes  Minutes of committees	Minutes are approved by appropriate council/committee.	Minutes are approved in the all faculty meeting and filed by the Administrative Assistant.
4. Student Records	Annually/Spring	Academic Advisors  Administrative Secretary  Evaluation Committee	Records checklist  Portfolio checklist  Record Analysis	Records are secure, undamaged, and contain required information.  Student transcripts are analyzed and student data used to : <ol style="list-style-type: none"> <li>1. Review policies related to academic performance and progression.</li> <li>2. Assess the level of academic support</li> </ol>	Student records were reviewed each semester. In November, the college contracted with CertifiedBackground® to broaden the management of confidential student information. The plan has been implemented.

				required to enhance student performance.	
5. Program Complaints and Grievances	Each Term	Dean of Nursing  Administrative Secretary  Academic Advisors	Review: Complaint/grievance records; categorize issues; evaluate for consistency  Review of Minutes	Complaints and grievances are documented to include number, type, and resolution.	Reviewed student grievance from early 2011. Syllabi are prepared and given to students on the first day of class. They are also posted on Blackboard up to 1 week prior to the start of the class. Students requested reimbursement (Aug. 12) for inconsistencies in course work → denied.  Complained about failure of Family course as faculty had promised to change grades → Executive committee ruled grade change.

<b>Jurisdiction(s):</b>	Wisconsin Department of Regulation and Licensing (50)
<b>Exam(s):</b>	ALL
<b>Delivered Date Range:</b>	01 Jan 2013 to 03 Sep 2013
<b>Graduation Date Range:</b>	to
<b>Repeater:</b>	No
<b>Education Program:</b>	WI - HERZING UNIVERSITY - BROOKFIELD/KENOSHA (50-502)
<b>Education Program Jurisdiction:</b>	ALL
<b>Education Program Location Type:</b>	ALL
<b>Education Program State/Province:</b>	ALL
<b>Education Program Country:</b>	ALL
<b>Degree Type:</b>	ALL

<b>Printed By:</b>	ryan zeinert
<b>Report Date:</b>	03 Sep 2013 8:40 AM
<b>Data as of (CST):</b>	02 Sep 2013 11:59 PM

**Wisconsin Department of Regulation and Licensing (50)      WI - HERZING UNIVERSITY - BROOKFIELD/KENOSHA (50-502)      NCLEX-RN**

	# Total	% Total	Domestic				International			
			# First Time	% First Time	# Repeat	% Repeat	# First Time	% First Time	# Repeat	% Repeat
# Delivered	16	100.00%	16	100.00%	0	0.00%	0	0.00%	0	0.00%
# Passed	12	75.00%	12	75.00%	0	0.00%	0	0.00%	0	0.00%
# Failed	4	25.00%	4	25.00%	0	0.00%	0	0.00%	0	0.00%
# On Hold	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
# In Process	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

**State of Wisconsin  
Department of Regulation and Licensing**

**AGENDA REQUEST FORM**

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		Date When Request Submitted: 8/21/2013	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before meeting for all other boards</li> </ul>	
Name of Board, Committee, Council: Board of Nursing			
Board Meeting Date: 9/12/2013	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Request for Authorization to Admit Students to Paramedic-to-ADN Program at Northeast Wisconsin Technical College	
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required:	
Describe the issue and action the Board should address: Review and make motion relating to Northeast Wisconsin Technical College request for authorization to admit students to Paramedic-to-ADN program; make recommendations as needed.			
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Documents submitted to the agenda must be single-sided. 3. Only copies of the original document will be accepted. 4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.			
<b>Authorization:</b>			
Jill M. Remy		8/21/2013	
Signature of person making this request		Date	
Supervisor signature (if required)		Date	
Bureau Director signature (indicates approval to add late items to agenda)		Date	



July 31, 2013

Jill M. Remy  
Education and Examinations Program Manager  
Department of Safety & Professional Services  
1400 E. Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

Dear Ms. Remy,

On May 2, 2013 I received a letter from the Board of Nursing authorizing approval to plan the Paramedic to ADN track. I have now received confirmation from ACEN (formerly NLNAC) that NWTC's request for substantive change has been accepted (letter attached). Final approval from ACEN will occur when they do a focused site visit after the program is in place.

On behalf of the WTCS nursing programs I am now requesting authorization to admit students to a Paramedic to ADN track.

In addition to this cover letter I am including the following documents in separate attachments:

- Form 3027 – Application for Authorization to Admit Students
- Response to question 2, Form 3027 (philosophy, conceptual framework, student learning outcomes of the ADN program. The Paramedic to ADN students will use these same documents, as they are a track of the ADN program, and the course outcome summaries for the four classes in the Paramedic to ADN track.
- Form 1114 and a resume for each faculty member and program educational administrator
  - Kay Tupala, Educational Administrator
  - Jane Swanson, Faculty
  - Cheryl Kollath, Faculty
- Form 1004 for St. Vincent and St. Mary's Hospital, both of whom have agreed to host clinical experiences for the Paramedic to ADN bridge students.
- Job descriptions for the Registered Nurse and Practical Nurse for these hospitals. They are sister hospitals and use the same job descriptions
- Clinical facility agreement for the hospitals.
- ACEN (formerly NLNAC) letter of approval

In response to the question regarding clinical rotations in the May, 2, 2013 letter from the Board of Nursing, each college in the WTCS will have the opportunity to offer the clinical portion of the program ((2 credit clinical). Most likely, because the Paramedic to ADN numbers will be small, at most colleges the students will be “stacked” with existing clinical courses, for example, 10-543-108, Intro to Clinical Management, a 2<sup>nd</sup> semester ADN class.

Specifically speaking to NWTTC, if there are enough Paramedic to ADN students to offer a group clinical NWTTC will schedule a clinical course for the group using our existing clinical sites in the district. We plan to use alternative times for this clinical, for example week-end shifts and/or summer clinicals. Thus we would not be competing for clinical sites with our own nursing programs, or other local nursing programs.

Please contact me if you have further questions. If you will let me know when this item will be on the Board of Nursing Agenda, I will plan to attend.

Thank you,

A handwritten signature in cursive script that reads "Kay L. Tupala".

Kay Tupala, RN, MSN  
Dean, Health Sciences  
920-498-5482  
Kay.tupala@nwtc.edu

# Wisconsin Department of Safety and Professional Services

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

FAX #: (608) 266-2264  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

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Website: <http://dps.wi.gov>

## BOARD OF NURSING

### APPLICATION FOR AUTHORIZATION TO ADMIT STUDENTS

The Board shall grant authorization to admit the first class of nursing students upon receipt of proof of satisfaction with the following four criteria (Ch. N 1.03, Wis. Admin. Code):

- (1) Appointment of an educational administrator who:
  - Holds a current license to practice as an RN in Wisconsin
  - Has a minimum of 2 years full-time or equivalent direct care experience as a practicing nurse
  - Has 3 years of experience in nursing education in the last 10 years
  - Holds a master's degree with a major in nursing for a professional nursing program
  - Holds a master's degree with a major in nursing or a related field for a practical nursing program
- (2) A statement of philosophy, purpose, objectives, conceptual framework, and description of courses developed by faculty
- (3) Evidence that each faculty member meets the following standards:
  - Holds a current license to practice as a registered nurse in Wisconsin
  - Has at least 2 years of full-time or equivalent direct care experience as a practicing nurse
  - Be employed in nursing within the last five years
  - Holds a master's degree with a major in nursing for courses in professional nursing
  - Holds a baccalaureate degree with a major in nursing for courses in practical nursing
- (4) Evidence that clinical facilities have been selected according to the following standards:
  - Identification that the clinical experience to be gained from the clinical facility is consistent with the nursing program objectives
  - A formal written agreement between the clinical facility and the nursing program demonstrating willingness to cooperate in promoting the nursing program clinical objectives.
  - Identification by the school that the practice of the registered nurse and the licensed practical nurse at the clinical facility is within the legal scope of practice as defined in 441.11(3) and (4), Wis. Stats.

An electronic version of these rule requirements can be accessed at: [https://docs.legis.wisconsin.gov/code/admin\\_code/n/1](https://docs.legis.wisconsin.gov/code/admin_code/n/1).

#### **Institution completing the application:**

Name of Program: Northeast Wisconsin Technical College

Address: 2740 W. Mason St.

Green Bay, WI 54307

Program (ADN, BSN, Other): Paramedic to ADN track

## Wisconsin Department of Safety and Professional Services

To apply for authorization to admit students please attach the following items to this application and submit all materials to [dspsexaminationsoffice@wisconsin.gov](mailto:dspsexaminationsoffice@wisconsin.gov):

- (1) Form #1114 for each faculty member and the program educational administrator
- (2) A written statement of philosophy, purpose, objectives, conceptual framework, and description of courses developed by faculty
- (3) Form #1004 for each clinical facility

**Kay Tupala**

\_\_\_\_\_  
Educational Administrator

\_\_\_\_\_  
Signature 

\_\_\_\_\_  
920-498-5543

\_\_\_\_\_  
Telephone Number

**Dean, Health Sciences**

\_\_\_\_\_  
Title

\_\_\_\_\_  
8/14/13

\_\_\_\_\_  
Date

\_\_\_\_\_  
kay.tupala@nwtc.edu

\_\_\_\_\_  
Email Address

## ADN PHILOSOPHY

The Wisconsin Technical College System nursing faculty strive to provide a seamless curriculum, which is flexible and accessible for learners on a statewide basis. The statewide nursing curriculum was developed in response to the current and future workforce needs. Curriculum is ever changing, responding to new technology and knowledge and the evolving roles within nursing and health care. Prior learning, experience and career mobility are valued and efforts are aimed at facilitating articulation between levels of nursing. Nursing has varying levels of education and scopes of practice. Information gathering within the community network that includes advisory committees, employers, and health care consumers enhances curriculum review and revision. The curriculum should also support multiple employment options for its graduates and articulation with higher education programs.

The philosophy incorporates the faculty beliefs regarding nursing, health, person, lifespan, community, nursing education, the teaching/learning process, and nursing practice.

Nursing is the dynamic interpersonal goal-directed process that seeks to promote optimal health within the context of individuals, family, community and society. The concept of caring, which is central to nursing, is communicated through both attitude and action. Nursing uses the nursing process, a problem solving approach to provide holistic care to individuals, families, and groups throughout the lifespan within the health care system. Nurses assess health and make clinical decisions to provide safe and effective nursing care according to standards of practice within the legal, ethical and regulatory frameworks. Nursing practice is based on its own body of knowledge. Through collaboration with other health care professionals, nursing is responsive to the needs of the community across the health-illness continuum.

Health is a dynamic state of being, evaluated on a continuum, including physical, psychological, cultural and spiritual elements. While each element can be evaluated separately, the impact of all elements must be fused to describe health.

The person is a complex living being, in which physical, psychological, cultural and spiritual processes are in constant interaction. This constant interaction provides the person with the capacity for change. Each person is unique, however all individuals share similar human responses. The person has inherent worth and dignity and is the focus of nursing practice. Each individual has a right to self-determination in matters of health and well-being and deserves high quality nursing care.

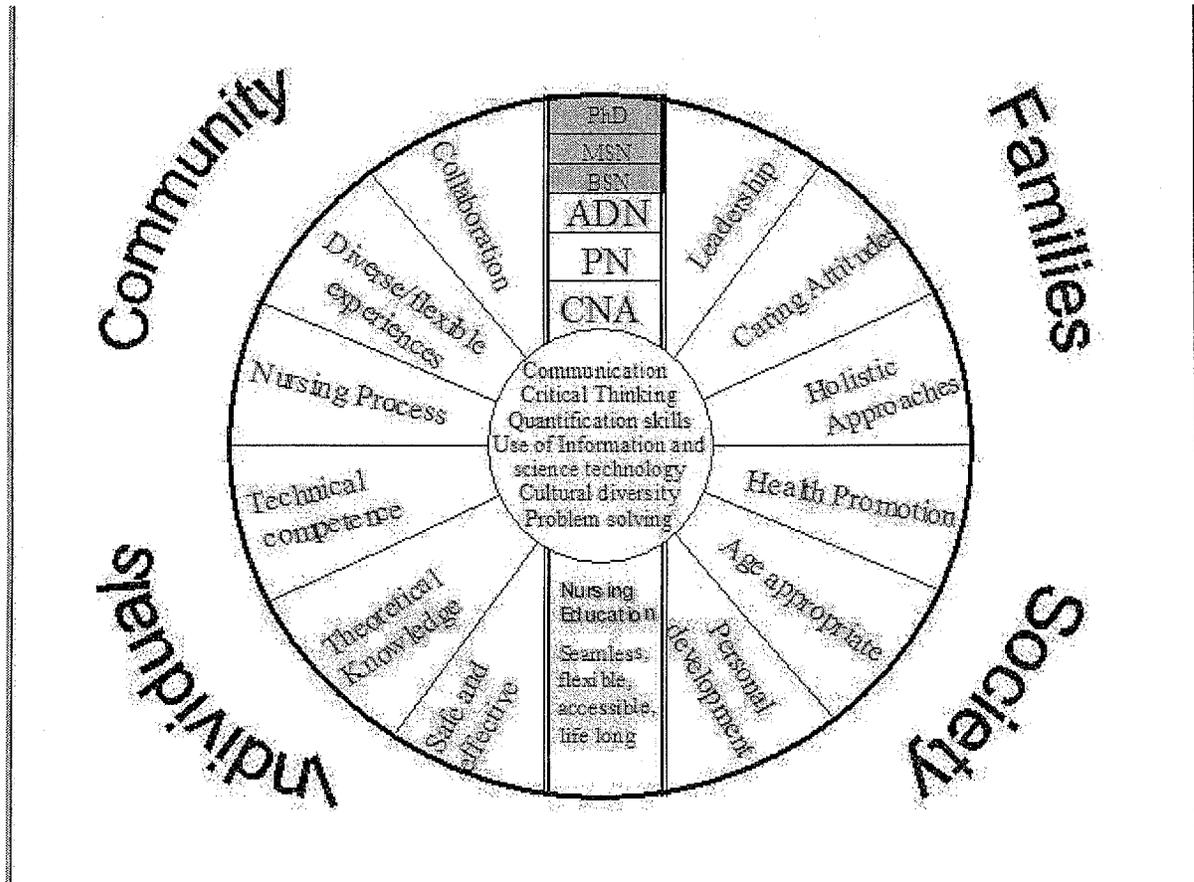
Lifespan is a time period from conception to death and is a continuous, dynamic process during which clients experience maturational and situational milestones. Interrelated physical, psychological, cultural, spiritual, social and environmental elements impact the length and quality of life.

Community is comprised of the social, emotional, physical, cultural and environmental influences that affect individuals, families and groups. The nurse manages care in the context of community, and influences health care policy and systems.

Nursing education is the process that enables learners to achieve knowledge and skills appropriate to their level of nursing practice. Seamless nursing education, integrating general education, takes place in institutions of higher learning. Using performance-based instruction, faculty members assist learners in acquiring knowledge, skills, and values required for the discipline of nursing. Individuals are responsible for their own learning. Faculty and learners create an environment, which stimulates curiosity, creativity, and growth while fostering feelings of respect, worth, and dignity. Nursing education seeks to promote critical thinking, communication, problem solving, cultural diversity, quantification skills, and use of information and science technology.

Learning is a continuous, goal-directed process that results in measurable change. Learning occurs best when individuals are active participants in the teaching/learning process. Faculty and learners share accountability for assessment and evaluation of learning. Learning increases when application and practice occur in various settings. Ongoing evaluation, based on measurable behavioral outcomes, is an essential and dynamic part of the teaching/learning process. Evaluation of learner and graduate performance facilitates continuous improvement of the seamless, statewide nursing curriculum.

# Nursing Framework



### **Associate Degree Nursing Student Learning Outcomes**

1. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
2. Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
3. Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
4. Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
5. Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
6. Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan
7. Use information and technology to communicate, manage data, mitigate error, and support decision-making

## Northeast Wisconsin Technical College

# 10-543-127 Paramedic to ADN Theory 1

## Course Outcome Summary

### Course Information

<b>Description</b>	Nursing process implemented to relate care of patients throughout the lifespan with alterations in cognition, elimination, comfort, grief/loss, mobility, skin integrity, and fluid/electrolyte balance and related principles of pharmacology.
<b>Instructional Level</b>	Associate Degree
<b>Total Credits</b>	3.00

### Core Abilities

- 1 Communicate Effectively
- 2 Demonstrate Community and Global Accountability
- 3 Demonstrate Personal Accountability
- 4 Solve Problems Effectively
- 5 Think Critically and Creatively
- 6 Value Individual Differences and Abilities
- 7 Work Cooperatively and Professionally

### Course Competencies

#### 1 Differentiate scopes of practice within the nursing profession

##### Assessment Strategies

in an oral or written response.

##### Criteria

*Your performance will be successful when:*

response distinguishes among the different levels of nursing education

response specifies the ethical and legal boundaries of the student nurse as presented in the Code of Ethics and the Nurse Practice Act

response details responsibility for maintaining client confidentiality

response compares various settings in which nurses work

response details the role of nursing organizations

response describes the contribution of all members of the healthcare team

response outlines the standards of regulatory and reimbursement agencies

response examines the role of evidence-based practice in nursing

response examines the concept of quality in patient care

##### Learning Objectives

Examine the State Nurse Practice Act as it relates to the roles and responsibilities of the licensed practical nurse and the registered nurse.

Identify the different types of settings where licensed practical nurses and registered nurses work.

Describe the different types of educational nursing programs.

Explain the functions of the American Nurses Association (ANA), the National League for Nursing (NLN), the National Student Nurses Association (NSNA) and LPN organizations.

Indicate how a professional code of ethics is utilized to facilitate the ethical decision making to provide quality client care.

Describe the legal liability responsibilities of the nurse based on standards of care.

Identify the roles and responsibilities of each member of the health care team.

Indicate reasons that nurses need to focus on economics in the delivery of nursing and health care. Summarize the effects of regulatory and reimbursement agencies that impact care provided in a variety of clinical settings. (Medicare, Medicaid, JCAHO, DHFS, insurance industry)

## 2 **REVIEW: Maintain a safe, effective care environment**

### **Assessment Strategies**

in a written or oral response to case studies/scenarios

### **Criteria**

*Your performance will be successful when:*

- response indicates correct identification of client prior to performing any client care measures.
- response reflects inclusion of industry standards and regulations regarding microbiological, physical, and environmental safety.
- response reflects decision making related to measures to minimize use of restraints.
- response identifies evidence-based practices

### **Learning Objectives**

- Identify environmental factors affecting safety.
- Apply assessment tools to identify safety needs.
- Identify nursing strategies for injury prevention.
- Identify the types of restraints available.
- Review the legal implications of restraint use.

## 3 **Use the nursing process**

### **Assessment Strategies**

in an oral or written response to case studies/scenarios

### **Criteria**

*Your performance will be successful when:*

- response follows the steps in the nursing process in the correct order
- response outlines the data resources needed to complete a client data base
- response identifies nursing diagnoses from an designated source
- response includes suggestions for the development of a care plan
- response reflects priorities of client care.
- response contributes to the evaluation of client outcomes
- response includes documentation of each phase of the nursing process
- response differentiates between the role of the PN and RN in the nursing process

### **Learning Objectives**

- Identify the components of the nursing process.
- Identify the five major activities associated with the assessment process.
- List resources needed to complete a client data base.
- Differentiate between subjective and objective data.
- Identify different frameworks used for organizing data.
- Differentiate between a medical and a nursing diagnosis.
- Explain the process of goal setting and outcome identification.
- Identify factors that are considered when prioritizing care needs.
- Select nursing interventions to support goal achievement
- Compare and contrast initial planning, ongoing planning, and discharge planning.
- Describe the relationship between client outcomes and evaluation.
- Identify PN versus RN roles when using the nursing process.
- Identify the two components of an evaluation statement.

## 4 **Adapt nursing practice to meet the needs of diverse clients in a variety of settings**

### **Assessment Strategies**

in a written or oral response to case studies/scenarios

### **Criteria**

*Your performance will be successful when:*

- response reflects consideration of the aspects of diversity including age, gender, culture, socioeconomic status, disability and sexual orientation

response demonstrates principles of holism by assessing the impact of development, emotional, cultural, religious, and spiritual influences on the patient's health status

response protects patient dignity

response demonstrates principles of holism by incorporating emotional, cultural, religious and spiritual influences on patient health

responses demonstrates principles of patient-centered care (i e patient values, customs, culture, and/or habits)

response details specific adaptations in client care to accommodate the needs of diverse populations

adaptations are reasonable, legal, and ethical

response adheres to the Patient Bill of Rights

response identifies strategies to advocate for patients

response identifies evidence-based practices

### Learning Objectives

Identify factors that can be included in the definition of diversity.

Indicate barriers to cultural sensitivity.

Describe techniques and behaviors that reflect cultural sensitivity.

Summarize how health beliefs and practices, family patterns, spirituality, communication style, space orientation, time orientation, and nutritional patterns vary according to the client's culture.

Indicate factors to consider when conducting a cultural assessment.

Describe measures to provide culturally competent care.

## 5 Examine legal, ethical, social, and cultural issues related to medication administration

### Assessment Strategies

through a written or oral analysis of case studies or scenarios concerning medication administration

### Criteria

*Your performance will be successful when:*

analysis is supported by relevant evidence

analysis incorporates drug administration guidelines within the Wisconsin State Nursing Practice Act

analysis identifies nursing responsibility to prevent and respond to medication errors

analysis includes the nursing responsibilities associated with controlled substances

analysis identifies ethical responsibilities as they relates to medication errors

nursing response reflects respect for patient's rights and responsibilities with drug therapy

nursing actions are within the scope of nursing practice as it relates to the administration of medication.

nursing response reflects patient-centered care by respecting patient's gender, psychosocial and cultural needs

analysis includes the nursing responsibilities associated with safe medication administration

analysis includes the nursing responsibilities associated with patient medication education

### Learning Objectives

Identify important medication legislation passed at the state and federal levels.

Discuss the impact of medication legislation on drug therapy and nursing.

Provide examples of the scheduled categories for controlled substances.

Identify the process involved in the development of new medications, including investigational new medication application, phases of investigational medication studies and informed consent.

Discuss the ethical aspects of medication administration.

Explain the effect of socio-cultural factors on a client's response to and compliance with medication therapy.

## 6 Provide nursing care for clients with sleep/rest/mobility alterations

### Assessment Strategies

in a written or oral response to case studies/scenarios

### Criteria

*Your performance will be successful when:*

response assesses factors that put clients at risk for problems with mobility and sleep

response identifies factors related to sleep/rest/mobility across the lifespan.

response recognizes characteristics of sleep deprivation

response considers the use of pharmacological and non-pharmacological measures to promote sleep and rest

response assesses the effects of immobility on body systems

response details the nursing measures to prevent complications of immobility

response promotes the use of effective techniques of body mechanics among caregivers, clients, and significant others

response identifies evidenced-based practices.

### **Learning Objectives**

Describe the physiology of sleep.

List factors that affect sleep.

Recognize characteristics of sleep deprivation.

Identify interventions that promote sleep and rest.

List the effects of immobility on each body system.

Identify measures to reduce the effects of immobility on each body system.

Identify principles of body mechanics for caregiver, client, and significant others.

## **7 REVIEW: Provide nursing care for clients with comfort alterations**

### **Assessment Strategies**

in a written or oral response to case studies/scenarios

### **Criteria**

*Your performance will be successful when:*

response assesses clients for subjective and objective manifestations of alterations in comfort

response identifies factors related to comfort across the lifespan.

response adheres to standards of care for the client experiencing pain

response identifies non-pharmacologic and pharmacologic measures to minimize pain and discomfort (nausea, pruritis)

response outlines the plan for monitoring the client response to the interventions for pain and discomfort

### **Learning Objectives**

Identify objective and subjective manifestations of altered comfort.

List components of a pain assessment.

Identify pharmacologic and non-pharmacologic interventions for pain management.

Describe the evaluation process in pain management.

## **8 REVIEW: Provide nursing care for clients undergoing surgery (peri-operative)**

### **Assessment Strategies**

by responding to selected case studies/scenarios of clients undergoing surgery (format may be oral or written)

### **Criteria**

*Your performance will be successful when:*

response applies principles of evidenced-based practice when using the nursing process

response includes an exploration of the roles and responsibilities of the nurse in peri-operative care

response identifies the legal aspects of peri-operative care

response identifies lifespan considerations of the surgical client.

response considers use of pharmacological and non-pharmacological measures for peri-operative care

### **Learning Objectives**

Define key terms and abbreviations related to the peri-operative period.

Discuss the assessment necessary for clients in the pre- and post-operative period

Identify common complications in the post-operative period across the lifespan.

Discuss diagnostic tests associated with the peri-operative period.

Identify dietary needs related to clients in the peri-operative period.

Identify pharmacological and non-pharmacological interventions related to clients in the peri-operative period.

## **9 REVIEW: Provide nursing care for clients with alterations in the musculo-skeletal system**

### **Assessment Strategies**

by responding to selected case studies/scenarios of clients with musculoskeletal disorders (format may be oral or written)

### **Criteria**

*Your performance will be successful when:*

response includes an exploration of the roles and responsibilities of the nurse in caring for the client with musculoskeletal disorders (i.e. mobility)

response explains the pathophysiology of musculoskeletal disorders

response identifies lifespan considerations of the client

response recognizes the value of therapeutic communication in caring for the client with musculoskeletal disorders  
 response considers use of common pharmacological and non-pharmacological measures for the patient with musculoskeletal disorders.

### Learning Objectives

Discuss the assessment, common signs and symptoms and nursing interventions for a client with musculo-skeletal disorders.

Identify dietary needs related to common alterations in the Musculoskeletal system

Identify pharmacological and non pharmacological interventions related to common alterations in the Musculoskeletal system

Discuss common lab and diagnostic tests associated with the musculoskeletal disorders.

## 10 **REVIEW: Apply components of the nursing process to the administration of analgesic and musculoskeletal system drugs**

### Assessment Strategies

through a written or oral analysis of case studies or scenarios related to the administration of analgesics and musculoskeletal system drugs

### Criteria

*Your performance will be successful when:*

nursing response cites the classifications and actions of analgesics

nursing response cites the classifications and actions of musculoskeletal system drugs

nursing response includes examples of when, how and to whom analgesics and musculoskeletal system drugs may be administered

nursing response includes the side effects and special considerations associated with analgesics

response includes the side effects and special considerations associated with musculoskeletal system drugs

nursing response evidences considerations and implications of using analgesics across the life span

nursing response evidences considerations and implications of using musculoskeletal system medications across the life span

nursing response identifies evidence-based practices.

### Learning Objectives

Review the inflammatory response and the part it plays in the generation of pain.

Review the types of pain.

Review the analgesic substance schedules 1-5.

Identify the major therapeutic actions, mechanism of action and adverse effects of each class of analgesics, non-steroidal antiinflammatories, corticosteroids, antigout, antirheumatics, antipyretics, and osteoporosis agents.

Describe the uses for neuromuscular blocking agents and compare the mechanism of action of major neuromuscular blocking agents and centrally acting skeletal muscle relaxants. .

Describe the therapeutic effects and side effects of the most commonly used classifications of analgesic and musculoskeletal medications across the life span.

Explain the nursing process as it relates to clients with analgesic and musculoskeletal disorders.

Identify appropriate patient teaching across the lifespan related to administration of musculoskeletal system medications.

## 11 **Provide nursing care for clients with commonly occurring alterations in elimination patterns**

### Assessment Strategies

in a written or oral response to case studies/scenarios

### Criteria

*Your performance will be successful when:*

response assesses factors that put a client at risk for alterations in urinary and bowel elimination

response identifies factors related to alterations in elimination across the lifespan.

response outlines the data that must be collected for identification of alterations in bowel/urine elimination

response is based on the interpretation of basic diagnostic tests of urinary and bowel elimination: urinalysis and occult blood

response details the non-pharmacologic and pharmacologic measures to promote urinary and bowel elimination

### Learning Objectives

Review the anatomy and physiology of the gastrointestinal system.

Define key terms and abbreviations related to the gastrointestinal system.

Identify common gastrointestinal disorders such as: Barrett's, Crohns, ulcerative colitis, hernia, small bowel obstruction (SBO), peptic ulcer disease (PUD), gastrointestinal cancer, irritable bowel syndrome (IBS), diverticulitis, intussusception, gastrointestinal reflux disease (GERD), cholecystitis, cirrhosis, hepatitis, appendicitis, pancreatitis, Hirschsprung disease, hemorrhoids, polyps, peritonitis, celiac, achalasia, gastritis, obesity and malnutrition and explain the related pathophysiology for clients across the lifespan.

Discuss the assessment necessary, along with common signs and symptoms for a client with the gastrointestinal disorders listed above.

Discuss common lab and diagnostic procedures associated with the gastrointestinal disorders listed above.

Describe nursing interventions for clients with the gastrointestinal disorders as listed above.

Identify dietary needs related to the gastrointestinal disorders listed above.

Identify pharmacological and non-pharmacological interventions related to the gastrointestinal disorders listed above.

## 12 **REVIEW: Provide nursing care for clients with alterations of the gastrointestinal system**

### **Assessment Strategies**

by responding to selected case studies/scenarios of clients with gastrointestinal disorders

### **Criteria**

*Your performance will be successful when:*

plan applies principles of evidenced-based practice when using the nursing process.

plan includes an exploration of the roles and responsibilities of the nurse in caring for the client with gastrointestinal disorders

plan considers use of common pharmacological and non-pharmacological measures for the patient with gastrointestinal disorders.

### **Learning Objectives**

Define key terms related to the client with alterations in the GI system

## 13 **Apply components of the nursing process to the administration of gastrointestinal system drugs**

### **Assessment Strategies**

through a written or oral analysis of case studies or scenarios related to the administration of gastrointestinal drugs

### **Criteria**

*Your performance will be successful when:*

nursing response outlines the classifications actions of gastrointestinal system drugs

nursing response includes examples of when, how and to whom gastrointestinal system drugs may be administered

nursing response includes the side effects and special considerations associated with gastrointestinal system drug therapy

nursing response identifies indications, side effects and potential drug interactions associated with the use of herbal supplements.

## 14 **Provide nursing care for clients with integumentary disorders**

### **Assessment Strategies**

in a written or oral response to case studies/scenarios

### **Criteria**

*Your performance will be successful when:*

response identifies the clients at risk for impaired skin integrity

response includes an assessment of a client's skin integrity

response notes normal from abnormal findings

response assesses the characteristics of the wound

response applies correct terminology in the description of wounds

response includes an adaptation of care based on integumentary assessment data gathered

### **Learning Objectives**

Review the anatomy and physiology of the skin and mucous membrane.

Identify risk factors which contribute to impaired skin integrity.

Describe the system for staging pressure ulcers.

Review phases of wound healing.

Differentiate between the different types of wound drainage.

Describe potential complications of wound healing.

Indicate factors affecting wound healing.

Summarize the factors that are components of the Braden Scale for Predicting Pressure Sore Risk. Describe nursing interventions that will prevent skin breakdown and support wound healing.

## 15 Provide nursing care for clients with infection

### Assessment Strategies

in a written or oral response to case studies/scenarios

### Criteria

*Your performance will be successful when:*

response outlines the factors that put clients at risk for infection

response outlines the dress code and personal practices that reduce the risk of infection transmission

response is based on an assessment of the signs and symptoms of infection

response is based on an interpretation of the diagnostic tests related to client's infectious process

response details the nursing interventions to support or minimize the physical and psychological effects of the infectious process

response demonstrates the ability to correlate nursing interventions to methods used to prevent or disrupt the chain of infection

response follows CDC standards for isolation procedures

response documents assessment of therapeutic and adverse reactions to pharmacologic therapy for infection

### Learning Objectives

Identify risks factors for acquiring an infection.

Review the chain of infection.

Outline nursing assessments for identifying an infectious process.

List interventions that break the chain of infection.

Describe isolation precautions outlined by the CDC.

Identify physical and psychological effects of the infectious process.

List pharmacological approaches to treat and/or prevent infections.

## 16 Apply components of the nursing process to the administration of antimicrobial drugs

### Assessment Strategies

through a written or oral analysis of cases studies or scenarios relative to the administration of antimicrobial drugs

### Criteria

*Your performance will be successful when:*

nursing response cites the classifications and actions of antimicrobial drugs

nursing response includes examples of when, how and to whom antimicrobial drugs may be administered

nursing response includes the side effects and special considerations associated with antimicrobial therapy

nursing response evidences considerations and implications of using antimicrobial medications across the life span

nursing response identifies indications, side effects and potential drug interactions associated with the use of herbal supplements

nursing response identifies and interprets related laboratory tests

### Learning Objectives

Discuss the general principles of antimicrobial therapy.

List pharmacological approaches to treat and/or prevent infections.

## 17 Provide nursing care for clients with cognitive and sensory impairments

### Assessment Strategies

in a written or oral response to case studies/scenarios

### Criteria

*Your performance will be successful when:*

you collect data to identify clients experiencing alterations in cognition or sensory perception

response identifies factors related to cognitive and sensory impairments across the lifespan

response demonstrates respect for the dignity of the client with cognitive or sensory impairment

response details support for family/significant others caring for clients with cognitive or sensory impairment

response includes community resources available for clients and families with a cognitive or sensory impairment

response includes adaptations to the environment to maintain safety for the client with impaired cognition or sensory impairment

response incorporates nursing strategies to maximize cognitive functioning and sensory perception

response outlines nursing interventions for specific cognitive and sensory disorders

### **Learning Objectives**

Identify factors affecting sensory function.

Determine clients at risk for sensory deprivation, overload, or sensory loss.

Indicate nursing measures to prevent sensory overload and sensory deprivation.

Summarize data that could be indicative of visual, auditory, tactile, olfactory, or gustatory impairment.

Describe the pathophysiology of hearing loss, presbyopia, cataracts, macular degeneration, and glaucoma.

Describe nursing strategies that can assist the client in overcoming sensory deficits.

Define dementia and Alzheimer's disease.

Describe techniques used in assessment of cognition/mentation.

Indicate interventions that can be used to minimize impairment of cognition.

Identify community resources and respite programs available to family members/caregivers of clients with memory loss.

## **18 REVIEW: Apply components of the nursing process to the administration of autonomic nervous system drugs**

### **Assessment Strategies**

through a written or oral analysis of case studies or scenarios related to the administration of autonomic nervous system drugs

### **Criteria**

*Your performance will be successful when:*

nursing response cites the classifications and actions of autonomic nervous system drugs

nursing response includes examples of when, how and to whom autonomic nervous system drugs may be administered

nursing response includes the side effects and special considerations associated with autonomic nervous system drugs

nursing response evidences considerations and implications of using autonomic nervous system drugs across the life span

nursing response reflects application of evidenced-based concepts when using the nursing process

## **19 REVIEW: Apply components of the nursing process to the administration of central nervous system drugs**

### **Assessment Strategies**

through a written or oral analysis of case studies or scenarios related to the administration of central nervous system drugs

### **Criteria**

*Your performance will be successful when:*

nursing response cites the classifications and actions of central nervous system drugs

nursing response includes examples of when, how and to whom central nervous system drugs may be administered

nursing response includes the side effects and special considerations associated with central nervous system drug therapy

nursing response evidences considerations and implications of using central nervous system medications across the life span

nursing response identifies indications, side effects and potential drug interactions associated with the use of herbal supplements

nursing response identifies and interprets related laboratory tests

## **20 Provide nursing care for clients with alterations with autoimmune and malignancy disorders**

### **Assessment Strategies**

by completing an oral or written response of nursing care for the client with autoimmune and malignancy disorders

by responding to selected case studies/scenarios of clients with autoimmune and malignancy disorders

### **Criteria**

*Your performance will be successful when:*

response applies principles of evidenced-base practice when using the nursing process

response includes an exploration of the roles and responsibilities of the nurse in caring for the client with autoimmune and malignancy disorders

response explains the pathophysiology of autoimmune and malignancy disorders  
 response identifies lifespan considerations of the patient  
 response applies principles of patient-centered care when considering diversity of the patient  
 response recognizes the value of therapeutic communication in caring for the client with autoimmune and malignancy disorders  
 response considers use of common pharmacological and non-pharmacological measures for the patient with autoimmune and malignancy disorders  
 response recognizes common laboratory and diagnostic tests

### Learning Objectives

Review the anatomy and physiology of the immune system.  
 Define key terms and abbreviations related to the immune system.  
 Discuss the assessment necessary for clients with immune, autoimmune and malignancy disorders.  
 Identify common immune disorders such as Lupus, scleroderma, gout, Lyme's disease, fibromyalgia, HIV, hypersensitivity reactions, and oncologic disorders such as leukemia, lymphoma, and neutropenia. Explain the related pathophysiology of the above disorders for clients across the lifespan.  
 Discuss the assessment necessary, along with common signs and symptoms for a client with the immune and oncologic disorders listed above.  
 Discuss common lab and diagnostic tests associated with the immune and oncologic disorders listed above.  
 Describe nursing interventions for clients with the immune and oncologic disorders listed above.  
 Recognize diversity when providing client care with the immune and oncologic disorders as listed above.  
 Identify dietary needs related to immune and oncologic disorders listed above.  
 Identify pharmacological and non pharmacological interventions related to immune and oncologic disorders listed above.  
 Discuss therapeutic communication modalities appropriate for the developmental stage of the client with immune and oncologic disorders listed above.

## 21 Apply components the nursing process to the administration of antineoplastic agents

### Assessment Strategies

through a written or oral analysis of case studies or scenarios related to the administration of antineoplastic agents by recommending an appropriate nursing response

### Criteria

*Your performance will be successful when:*

nursing response cites the classifications and actions of antineoplastic agents  
 nursing response includes the side effects and special considerations associated with antineoplastic drug therapy  
 nursing response evidences considerations and implications of using antineoplastic medications across the life span  
 nursing response reflects use of the components of the nursing process

### Learning Objectives

Discuss the purpose of antineoplastic medications in the treatment of cancer.  
 Classify antineoplastic medications by their mechanism of action.  
 Differentiate between cell cycle specific and cell cycle nonspecific antineoplastic medications.  
 Discuss measures taken to ensure the safe administration of antineoplastic medications.  
 List the information clients should be taught about their antineoplastic medications.  
 Explain the nursing process as it relates to clients with neoplastic disorders.

## 22 Apply components of the nursing process to the administration of immunologic agents and other drugs effecting the immune system

### Assessment Strategies

through a written or oral analysis of case studies or scenarios related to the administration of immunologic agents and other drugs  
 by recommending an appropriate nursing response

### Criteria

*Your performance will be successful when:*

nursing response cites the classifications and actions of immunologic agents and other drugs.  
 nursing response includes examples of when, how and to whom immunologic agents and other drugs may be administered

nursing response includes the side effects and special considerations associated with immunologic agents and other drugs

nursing response evidences considerations and implications of using immunologic agents or other drugs across the life span

nursing response reflects use of the components of the nursing process

### Learning Objectives

Review the Immune System

Identify appropriate precautions in the use of immunologic medications.

Identify the most common immune disorders.

Describe the therapeutic effects and side effects of the most commonly used classifications of immune medications across the life span.

Explain the nursing process as it relates to clients with immune disorders.

## 23 REVIEW: Provide nursing care for clients with alterations in hematology

### Assessment Strategies

by responding to selected case studies/scenarios of clients with hematology disorders (format may be oral or written)

### Criteria

*Your performance will be successful when:*

response utilizes the nursing process

response includes an exploration of the roles and responsibilities of the nurse in caring for the client with hematology disorders

response explains the pathophysiology of hematology disorders

response considers the developmental level of the client

response considers diversity of the client

response recognizes the value of therapeutic communication in caring for the client with hematology disorders

### Learning Objectives

Review the anatomy and physiology of the Hematologic system.

Define key terms related to the client with alterations of the Hematologic system.

Identify common hematological disorders such as anemia, polycythemia vera, sickle-cell anemia, hemolytic anemia, thrombocytopenia, transfusion reactions, and explain the related pathophysiology for clients across the lifespan.

Discuss the assessment necessary, along with common signs and symptoms for a client with the hematological disorders listed above.

Discuss common lab and diagnostic tests associated with the hematological disorders listed above.

Describe nursing interventions for clients with the hematological disorders listed above.

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Recognize diversity when providing client care for clients with the hematological disorders listed above.

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Identify dietary needs related to the hematological disorders listed above.

Identify pharmacological and non pharmacological interventions related to the hematological disorders listed above.

Discuss therapeutic communication modalities appropriate for the developmental stage of the client with the hematological disorders listed above.

## 24 REVIEW: Provide nursing care for clients with alterations of endocrine system

### Assessment Strategies

by responding to selected case studies/scenarios of clients with endocrine disorders (format may be oral or written)

### Criteria

*Your performance will be successful when:*

response applies principles of evidence-based practice when using the nursing process

response includes an exploration of the roles and responsibilities of the nurse in caring for the client with endocrine disorders

response explains the pathophysiology of endocrine disorders

response identifies lifespan considerations of the patient

response applies principles of patient-centered care when considering diversity of the patient

response recognizes the value of therapeutic communication in caring for the client with endocrine disorders

response considers use of common pharmacological and non-pharmacological measures for the patient with endocrine disorders

response recognizes common laboratory and diagnostic tests

**Learning Objectives**

Review the anatomy and physiology of the Endocrine system.

Define key terms and abbreviations related to the Endocrine system.

Identify common endocrine disorders such as: Type 1/ type 2 diabetes, pituitary gland disorders (ADH, DI, SIADH), growth hormone problems, adrenal gland disorders (Addison, Cushing's) Thyroid disorders (hypo/hyper), parathyroid disorders, adrenal gland tumor and explain the related pathophysiology for clients across the lifespan.

Discuss the assessment necessary along with common signs and symptoms for a client with the endocrine disorders listed above.

Discuss common lab and diagnostic tests associated with the endocrine disorders listed above.

Describe nursing interventions for clients with the endocrine disorders listed above.

Identify dietary needs related to the endocrine disorders listed above.

Identify pharmacological and non pharmacological interventions related to the endocrine disorders listed above.

Discuss therapeutic communication modalities appropriate for the developmental stage of the client with the endocrine disorders listed above.

**25 REVIEW: Apply components of the nursing process to the administration of endocrine system drugs**

**Assessment Strategies**

through a written or oral analysis of case studies or scenarios related to the administration of endocrine system drugs

**26 REVIEW: Provide nursing care for clients with alterations of the renal/urinary system**

**Assessment Strategies**

by responding to selected case studies/scenarios of clients with renal/urinary disorders (format may be oral or written)

**Criteria**

*Your performance will be successful when:*

response includes an exploration of the roles and responsibilities of the nurse in caring for the client with urinary disorders

response explains the pathophysiology of urinary disorders

response considers the lifespan considerations of the patient.

response considers use of common pharmacological and non-pharmacological measures for the patient with renal/urinary disorders.

**Learning Objectives**

Review the anatomy and physiology of the renal system.

Define key terms and abbreviations related to the renal system.

Identify common renal disorders such as: urinary tract infection (UTI), pyelonephritis, glomerulonephritis, nephrotic syndrome, acute and chronic renal failure, kidney cancer, renal calculi, incontinence (stress, neurogenic), Wilms tumors, polycystic kidney disease, enuresis, benign prostatic hypertrophy (BPH), pheochromocytoma and explain the related pathophysiology, for clients across the lifespan.

Discuss the assessment necessary, along with common signs and symptoms for a client with common renal disorders listed above.

Discuss common lab and diagnostic tests associated with the common renal disorders listed above.

Describe nursing interventions for clients with renal disorders listed above.

Identify dietary needs related to the renal disorders listed above.

Identify pharmacological and non-pharmacological interventions related to the renal disorders listed above.



## Northeast Wisconsin Technical College

# 10-543-128 Paramedic to ADN Theory 2

## Course Outcome Summary

### Course Information

<b>Description</b>	Nursing care of the developing family, including reproductive and mental health issues, pregnancy, labor and delivery, post-partum, the newborn, and child. Integrated understanding of related pharmacology. Study of family dynamics.
<b>Instructional Level</b>	Associate Degree
<b>Total Credits</b>	3.00

### Core Abilities

- 1 Communicate Effectively
- 2 Demonstrate Community and Global Accountability
- 3 Demonstrate Personal Accountability
- 4 Solve Problems Effectively
- 5 Think Critically and Creatively
- 6 Value Individual Differences and Abilities
- 7 Work Cooperatively and Professionally

### Course Competencies

#### 1 Provide nursing care for the post-partum client

##### Assessment Strategies

by describing the actions the nurse would take provided case studies or scenarios

##### Criteria

*Your performance will be successful when:*

description includes data that pertains to the postpartum client

description includes elements of the nursing process

description reflects knowledge of appropriate nursing care for the postpartum client

description include rationale and justification

##### Learning Objectives

Describe the physiological adaptations which occur after the delivery of a baby.

Describe the specific assessments required during the postpartal period based on a nursing framework.

Explore the psychological changes of the postpartal period which commonly occur.

Describe the essential components of the postpartal assessment.

Describe c-section adaptations as well as common postpartum complications (ie. hemorrhage, mastitis, post partum depression, preeclampsia)

Analyze maternal role attainment in the postpartum woman and illustrate interventions to promote parent infant attachment.

Describe the differences in care between the lactating and non-lactating woman.

Identify additional calories and nutrients needed for a postpartum mother who is breastfeeding.

Describe interventions pertinent to the postpartal client that promote healing , family centered wellness and cultural diversity

Identify components of postpartum teaching and discharge planning.

#### 2 Provide nursing care for a healthy newborn

##### Assessment Strategies

by describing the actions the nurse would take provided case studies or scenarios

#### Criteria

*Your performance will be successful when:*

description includes data that pertains to the healthy newborn

description includes elements of the nursing process

description reflects knowledge of appropriate nursing care based on needs of the healthy newborn

description include rationale and justification

#### Learning Objectives

Explain the physiological changes that occur in the respiratory and cardiovascular systems during the transition from fetal to neonatal life

Analyze the Apgar Score in assessing a newborn.

Describe the components of the normal newborn assessments and common variations.

Describe the purpose and use of routine prophylactic medications for the normal newborn.

Explain the importance of newborn screening tests.

Calculate the daily nutritional requirements for newborns.

Explain common deviations in the newborn assessment including altered thermoregulation, hyperbilirubinemia, hypoglycemia and respiratory status.

Describe the periods of reactivity and the behavioral states of the newborn

Describe nursing care and discharge teaching related to the normal newborn.

### 3 Provide nursing care for a healthy pregnant woman

#### Assessment Strategies

by describing the actions the nurse would take provided case studies or scenarios

#### Criteria

*Your performance will be successful when:*

description includes data that pertains to healthy pregnancy

description includes elements of the nursing process

description reflects knowledge of appropriate nursing care based on trimesters

description include rationale and justification

#### Learning Objectives

Describe how to calculate the expected date of delivery (EDD).

Identify the signs and symptoms of pregnancy

Describe physiologic and psychosocial changes that occur in pregnancy

Identify appropriate nursing assessments during the prenatal periods.

Discuss the importance of good nutrition during pregnancy

Identify nursing interventions that address the common discomforts of pregnancy

Describe the warning signs of prenatal complications

Discuss the effect of cultural influences on childbearing.

Describe the structure and function of normal human genes and chromosomes including transmission of single gene traits.

Identify environmental factors that can interfere with prenatal development and chromosomal abnormalities

Describe fetal development and prenatal circulation.

### 4 REVIEW: Provide nursing care during uncomplicated labor and delivery

#### Assessment Strategies

by describing the actions the nurse would take provided case studies or scenarios

#### Criteria

*Your performance will be successful when:*

description includes data that pertains to uncomplicated labor and delivery

description includes elements of the nursing process

description reflects knowledge of appropriate nursing care based on labor and delivery stages

description include rationale and justification

#### Learning Objectives

Define the stages and phases of the labor and delivery process.

Describe the common theories explaining the onset and continuation of labor.

Describe the maternal physiological and psychological responses during the stages of labor and delivery.  
 Identify the types of analgesia/anesthesia available to the laboring woman and the nursing responsibilities  
 Identify nursing interventions to support a woman through labor and delivery.  
 Describe the basic components of fetal monitoring  
 List common indications for a c-section.

## 5 Plan a healthy diet for a well client

### Assessment Strategies

in a written or oral response to case studies or simulations

### Criteria

*Your performance will be successful when:*

plan includes an assessment component of the client's current diet  
 plan includes current recommendations regarding diet for clients according to developmental needs  
 plan includes a variety of foods to address cultural, values and ethnic considerations  
 plan includes recommendations based on individual client health conditions

### Learning Objectives

Integrate culture and health conditions in assessing nutritional status across the lifespan  
 Explore the components of a healthy diet for a well client across the life span  
 Identify how foods are introduced in the pediatric client  
 Explain the nursing process related to modifying a client's diet based on alterations in health  
 Summarize a nutritional variations throughout the life cycle.  
 Examine methods of assessment of nutrition such as body weight, body mass measurements, dietary history, skinfold measurement, serum protein level and urinary tests.

## 6 REVIEW: Provide nursing care for clients with reproductive issues

### Assessment Strategies

by describing the actions the nurse would take provided case studies or scenarios

### Criteria

*Your performance will be successful when:*

description includes knowledge of reproductive issues such as: contraception, STDs, and infertility  
 description includes use of the nursing process  
 description includes the recommended therapeutic nursing actions  
 description reflects knowledge of normal sexual growth and development  
 description includes a plan to evaluate the effectiveness of the intervention  
 description includes rationale/justification for suggestions and recommendations

### Learning Objectives

Explore variety of contraceptive techniques available, as well as teaching necessary to improve effectiveness and safety.  
 Discuss reasons for infertility, treatments available and the emotional component couples face when seeking care.  
 Discuss prevalent sexually-transmitted disease states, methods of recognition, appropriate treatment modalities and necessary teaching.  
 Review recommended reproductive screening techniques for men and women as well as potential follow-up care.  
 Discuss potential health maintenance issues for women from menarche to menopause.

## 7 Use principles of teaching/learning when reinforcing teaching plans

### Assessment Strategies

in an oral or written response to a teaching situation

### Criteria

*Your performance will be successful when:*

response reflects use of the nursing process  
 response reflects a nursing diagnostic statement using a specific knowledge deficit as the etiology  
 response reflects theories of teaching and learning  
 response includes an evaluation of teaching methods  
 response includes evidence-based content appropriate to the teaching topic  
 response includes multiple teaching strategies appropriate to the developmental level of the learner  
 response incorporates principles of teaching/learning

response includes a complete nursing diagnostic statement using a specific knowledge deficit as the etiology  
 response includes specific evaluative outcome data that measure learning

#### **Learning Objectives**

Review methods for assessing/re-assessing learning needs of client.  
 Analyze client's readiness to learn based on current environment as well as developmental/cognitive level.  
 Differentiate between cognitive, psychomotor, and affective domains of learning.  
 Explore variety of teaching techniques which have proven successful in client education and reflect client learning styles.  
 Discuss problems which can surface to impede the teaching process.  
 Analyze methods to determine when content reinforcement is necessary.  
 Discuss necessary documentation of teaching process.

### **8 Apply principles of family dynamics to nursing care**

#### **Assessment Strategies**

in a written or oral response to case studies or simulations

#### **Criteria**

*Your performance will be successful when:*  
 response reflects familiarity with family functions  
 response reflects understanding of roles of family members  
 response incorporates family dynamics  
 response makes use of family channels  
 response reflects knowledge of styles of family decision making  
 response reflects family developmental stages

#### **Learning Objectives**

Assess roles, relationships, and social support systems  
 Describe different family structures and their impact on family functioning  
 List the eight developmental stages in the family life cycle  
 Differentiate between healthy and dysfunctional family  
 Identify different styles of parenting commonly encountered  
 Adapt nursing care to accommodate the cultural needs of childbearing/childrearing families  
 Formulate nursing diagnoses related to family health

### **9 Adapt nursing interventions for maladaptive patterns of behavior**

#### **Assessment Strategies**

in a written or oral response to simulations or case studies

#### **Criteria**

*Your performance will be successful when:*  
 response examples accurately differentiate between adaptive and maladaptive behaviors  
 response identifies the cues associated with having a chemically dependent member in the family  
 response identifies the cues associated with anxiety and depression  
 response identifies the cues associated with domestic abuse including child abuse  
 response includes a description of the recommended therapeutic interventions  
 response reflects knowledge of recurring cycle of violence  
 response includes legal and ethical obligations related to notification and documentation

#### **Learning Objectives**

Discuss the continuum of mental health/mental illness  
 Identify mental health disorders as medical conditions  
 Describe clinical manifestations of anxiety, depressive disorders, and substance use disorders.  
 Compare substance abuse and substance dependence  
 Identify behavioral patterns within families experiencing substance abuse  
 Apply the nursing process when caring for persons with anxiety, substance use disorders, and depression.  
 Explain risk factors to consider when assessing for suicide.  
 Describe physical and behavioral indicators of abuse and neglect of children, adults, and elderly  
 Explain the role of the nurse in prevention and intervention for abuse  
 Discuss legal and ethical issues related to notification and documentation

### **10 Adapt nursing care for the developing child**

**Assessment Strategies**

in a written or oral response to case studies or simulations

**Criteria**

*Your performance will be successful when:*

response is based on unique needs of the child's stage of development  
 response includes individualized interventions for the child and his/her family  
 response includes rationale and justification  
 response considers the setting in which care is delivered

**Learning Objectives**

Review common childhood diseases prevented by immunizations, methods of recognition, recommended treatment, potential sequelae and parental teaching.

Discuss current recommended immunizations, expected side effects, contraindications and teaching content necessary for safe administration & follow-up care.

Discuss parameters of expected changes in physical development from infancy through adolescence.

Discuss anticipated psychosocial development from infant through teens, as well as body image changes & social development.

Explore cognitive development in infancy through adolescence.

Identify anticipatory guidance concerning health promotion issues such as nutritional needs, sleep & activity and dental health.

Explore issues concerning care of children related to separation anxiety, loss of control and pain.

Describe the process for modifying communication patterns to reflect developmental stages.

**11 Encourage healthy lifestyle behaviors in clients****Assessment Strategies**

in a written or oral response to case studies or simulations

**Criteria**

*Your performance will be successful when:*

response reflects use of the nursing process  
 response includes elements of a healthy lifestyle  
 response identifies use of health screening guidelines and immunizations  
 response includes stress management as primary prevention  
 response includes identification of risk factors  
 response outlines the steps the client could take to reduce the risks  
 response is based on the client's level of risk  
 response demonstrates awareness of a behavior change process

**Learning Objectives**

Identify components of health and wellness

Explain the impact of high risk behaviors on health in adults and children

Identify nursing interventions which result in prevention of high risk behaviors.

Identify common health screening guidelines.

Describe factors affecting health care adherence

Review immunization records for adults according to CDC guidelines.

Discuss the behavior change process

Identify the physiological consequences of stress

Identify stress management teaching techniques

Differentiate intervention strategies in primary, secondary and tertiary care

**12 Promote safety/accident prevention across the lifespan****Assessment Strategies**

in a written or oral response to case studies or simulations

**Criteria**

*Your performance will be successful when:*

response identifies evidence of unsafe situations  
 response identifies common safety concerns related to developmental level  
 response has accurate and developmentally appropriate interventions

response includes anticipatory guidance topics

#### **Learning Objectives**

Examine body mechanics across the lifespan.  
 Discuss significant safety/accident concerns for each age group.  
 Identify personal safety practices for each age group.  
 Identify recommended protective gear across the life span.

### **13 Promote healthy coping in acute and chronic illness**

#### **Assessment Strategies**

in a written or oral response to case studies or simulations

#### **Criteria**

*Your performance will be successful when:*

response identifies coping strategies and defense mechanisms  
 response includes a systematic assessment of adaptive or maladaptive behaviors  
 response reflects knowledge of coping as it relates to development and health status  
 response incorporates the nursing process as it relates to acute and chronic illness  
 response includes a differentiation between primary, secondary, and tertiary prevention

#### **Learning Objectives**

Discuss common psychological responses to the illness state  
 Assess client's response to illness.  
 Differentiate healthy/unhealthy coping mechanisms  
 Differentiate between acute and chronic illness.  
 Explore support systems and community resources for clients with a chronic illness.  
 Identify therapeutic nursing interventions for persons coping with acute and chronic illness across the lifespan

### **14 Provide nursing care for clients and families experiencing grief and loss**

#### **Assessment Strategies**

in a written or oral response to case studies/scenarios

#### **Criteria**

*Your performance will be successful when:*

response demonstrates respect the cultural and spiritual beliefs of the client/significant other experiencing grief and loss  
 response demonstrates the anticipated responses to grief across the lifespan  
 response includes personal and community resources available  
 response advocates for the ethical/legal concerns of the client/family making end of life decisions  
 response employs nursing measures to support palliative care during the dying process  
 response outlines the nursing responsibilities associated with postmortem care

#### **Learning Objectives**

List the factors affecting grief and loss.  
 Identify stages of grieving.  
 Review lifespan considerations in the grieving process.  
 List clinical signs of impending death.  
 Outline nursing measures to support palliative care during the dying process.  
 Summarize legal and ethical concerns in end of life decisions.  
 Review post-mortem care.



**Northeast Wisconsin Technical College**  
**10-543-129 Paramedic to ADN Clinical**  
**Course Outcome Summary**

**Course Information**

**Description**     Introductory clinical emphasizes basic nursing skills and application of nursing process to clients and families across the lifespan. Emphasis placed on assessment, relationships, communication, data collection, documentation, and medication administration.

**Instructional Level**     Associate Degree

**Total Credits**     2.00

**Core Abilities**

- 1    Communicate Effectively
- 2    Demonstrate Community and Global Accountability
- 3    Demonstrate Personal Accountability
- 4    Solve Problems Effectively
- 5    Think Critically and Creatively
- 6    Value Individual Differences and Abilities
- 7    Work Cooperatively and Professionally

**Course Competencies**

- 1    Adhere to principles of safety and infection control.**

**Assessment Strategies**  
in a clinical setting.

**Criteria**

*Your performance will be successful when:*

- you come to clinical mentally and physically prepared to provide safe and effective care.
- you protect clients from injury, infection, and harm.
- you protect self and others from injury, infection, and harm.
- you maintain a safe, effective care environment.
- you use available technology in accordance with agency policies and procedures.
- you request assistance when needed.

- 2    Administer medications safely.**

**Assessment Strategies**

in a clinical setting.

**Criteria**

*Your performance will be successful when:*

you recall client medication information including classification, indication, action, dosage, side effects, interactions, and nursing implication.

you calculate medication dosages and IV rates correctly.

you check "five" rights and client identifiers prior to medication administration.

you perform appropriate assessments prior to, during, and after medication administration.

you follow correct procedures in preparing and administering medications.

you administer medications within the agency-allotted timeframe.

you collect data related to the effects of medications administered.

you relate clients' medications to their health status.

**3 Communicate therapeutically with clients and families.**

**Assessment Strategies**

by communicating therapeutically in a clinical setting.

**Criteria**

You modify communication according to developmental level.

You use therapeutic communication techniques.

You maintain nurse-client relationship.

You maintain professional boundaries with clients.

You accommodate for barriers to communication.

You communicate in ways that honor diversity.

**Learning Objectives**

Demonstrate therapeutic communication techniques with clients.

Adapt communication techniques to individual client.

Analyze therapeutic, verbal, and nonverbal communication skills when working with clients and families.

Demonstrate therapeutic relationships with clients and families within professional boundaries.

**4 Collect data with assistance.**

**Assessment Strategies**

by collecting data.

in a clinical setting.

**Criteria**

*Criteria:*

You perform assessments using techniques correct for clinical setting.

You collect data in a timely manner according to clinical site expectations.

You assess environmental and cultural barriers that impact data collection.

You utilize multiple resources when collecting data.

You verify abnormal data with an experienced practitioner.

**Learning Objectives**

Differentiate between subjective and objective data.

Utilize data from health history to provide nursing care.

Report significant data to instructor and/or appropriate nursing staff in a timely manner.

Provide for client privacy and confidentiality when collecting data.

Utilize health facility resources to obtain data.

Utilizes approved medical abbreviations and terminology in reporting data.

## **5 Report abnormal data.**

**Assessment Strategies**  
by reporting abnormal data.  
in a clinical setting.

### **Criteria**

#### *Criteria:*

You recognize normal and abnormal assessment findings.  
You report abnormal data to the person with responsibility for data.  
You report abnormal data in a timely fashion according to clinical site expectations.

### **Learning Objectives**

Differentiate between abnormal and normal data with assistance.  
Utilize agency documentation system to record abnormal data.  
Report significant data to instructor and/or appropriate nursing staff in a timely manner.  
Utilizes approved medical abbreviations and terminology in reporting abnormal data.

## **6 Document effectively.**

**Assessment Strategies**  
in a clinical setting.

### **Criteria**

#### *Your performance will be successful when:*

you document complete, accurate, pertinent information in a timely manner.  
you complete documentation according to agency guidelines (format, timing, abbreviations, etc.).  
you use appropriate terminology, spelling and grammar in written communications.

## **7 Provide basic nursing cares.**

**Assessment Strategies**  
by providing basic nursing cares.  
in a clinical setting.

### **Criteria**

#### *Criteria:*

You assist client with activities of daily living (ADL's).  
You implement nursing interventions that reflect the needs of diverse populations.  
You implement safe and effective nursing care in a timely manner.  
You provide relevant health care information.  
You demonstrate honesty, patience, and sensitivity.  
You modify a standard plan of care based on client's needs.

### **Learning Objectives**

Adhere to agency policies and procedures in providing nursing care to clients.  
Describe the nursing process as a problem-solving and decision-making tool for client care.  
Utilize problem-solving techniques when providing client care.  
Prioritize nursing care in a safe manner.  
Provide required nursing care.  
Collaborate with nursing staff to modify nursing care.  
Utilize time-management techniques when providing nursing care.

## **8 Perform nursing skills following established standards.**

### **Assessment Strategies**

by performing various nursing skills in a clinical setting.

### **Criteria**

#### *Criteria:*

You locate and review agency policies and procedures related to skills.

You assemble all equipment and supplies.

You prepare the client for the procedure.

You inform the client of activities throughout the procedure.

You carry out the steps of the skill correctly and efficiently.

You maintain the client's privacy and dignity.

You assess and intervene to meet the needs of the client throughout the procedure.

You evaluate and document the client's response to the procedure.

### **Learning Objectives**

Adhere to agency policy and procedures in all aspects of health care delivery.

Utilize problem-solving techniques when providing nursing skills.

Demonstrate nursing skills that are respectful of client rights.

Provide for client privacy and confidentiality when providing nursing skills.

Utilize agency documentation system to record pertinent information clearly, accurately, and legibly.

Performs assigned nursing skills to meet client needs.

## **9 Reinforce standardized teaching plans.**

### **Assessment Strategies**

in a clinical setting.

### **Criteria**

*Your performance will be successful when:*

you provide relevant, accurate health care information.

you collect data related to learning needs, readiness and barriers.

you use appropriate teaching and learning principles when implementing the teaching plan.

you collect data related to learning outcomes.

you suggest modifications to the teaching plan if indicated.

## **10 Participate in planning nursing care.**

### **Assessment Strategies**

by planning care for assigned clients in the clinical setting.

### **Criteria**

You participate in pre-clinical discussion of your client.

You demonstrate prior theoretical preparation.

You demonstrate preparation of predictable psychomotor skills.

You set priorities for cares.

You collaborate with the staff when organizing cares.

You utilize resources appropriate to planning of care.

You participate in pre- and post-clinical discussion of your client.

### **Learning Objectives**

Collaborate with the client, family, and health care team to plan client outcomes and interventions.

Integrate assessment data with client's current condition to plan care.  
Apply theoretical concepts in planning care.  
Determine priorities in planning care.  
Plan for performance of actual/potential psychomotor skills.  
Plan care identifying and utilizing appropriate resources.  
Utilize the nursing process to plan care.

## **11 Implement established plans for client care.**

**Assessment Strategies**  
in a clinical setting.

### **Criteria**

*Your performance will be successful when:*

- you determine and support client preferences.
- you prepare clients for interventions.
- you perform nursing skills competently.
- you demonstrate caring behaviors towards clients and families.
- you respond to clients in distress.
- you provide needed cares efficiently and effectively.
- you ensure clients' ADLs are completed.
- you consider the needs of a diverse group of clients when implementing nursing cares.
- you provide nursing cares for more than one client.

## **12 Participate in collaborative client care.**

**Assessment Strategies**  
in a clinical setting.

### **Criteria**

*Your performance will be successful when:*

- you use appropriate channels of communication.
- you report complete, accurate, pertinent information to instructor and staff.
- you maintain effective communication with peers, staff, and instructor.
- you convey mutual respect, trust, support, and appreciation for other members of the health care team.
- you assist others to ensure safe and effective care.
- you contribute to projects, discussions, and post-conferences.
- you seek information from other health care team members.
- you apply conflict resolution and problem solving skills as appropriate.
- you make and communicate adjustments in team assignments.

## **13 Provide complex cares under direct supervision for clients across the life span.**

**Assessment Strategies**  
by performing cares in the clinical setting.

### **Criteria**

- You consider the clients psychosocial needs.
- You consider the clients developmental needs.
- You consider the clients learning needs.
- You consider the clients physical needs.
- You consider the clients spiritual and cultural needs.

You collaborate with others.  
You complete cares in an organized and timely manner.  
You demonstrate clinical interventions appropriate to situation.  
You complete cares within the scope of practice.  
You report concise and pertinent client data.  
You demonstrate professional behavior.

#### **Learning Objectives**

Individualize care based on the psychosocial, developmental, and learning needs of client.  
Individualize care based on the spiritual and cultural needs of client.  
Individualize care based on physical assessment.  
Collaborate with the client, family, and health care team to provide nursing care.  
Demonstrate nursing care in an organized and timely manner.  
Implement nursing interventions based on assessment data.  
Demonstrate safe nursing care within the scope of practice.  
Report concise and pertinent client data utilizing nursing process.

### **14 Use management skills in providing client care.**

#### **Assessment Strategies**

in a clinical setting.

#### **Criteria**

*Your performance will be successful when:*

you complete cares in an organized and timely manner.  
you organize client care activities to meet client needs.  
you demonstrate flexibility in adapting to changing situations.  
you accept delegated tasks only if appropriate.  
you use principles of priority setting in managing a group of clients.  
you ensure that delegated acts are completed.  
you provide feedback regarding performance of delegated acts.  
you evaluate the effectiveness of own management skills.

### **15 Provide health care instruction to clients.**

#### **Assessment Strategies**

by performing client teaching in the clinical setting.

#### **Criteria**

You identify client needs.  
You determine cognitive barriers to learning.  
You determine physical barriers to learning.  
You determine environmental barriers to learning.  
You determine client readiness to learning.  
You accommodate learning to meet client needs.  
You initiate teaching methods appropriate for clients.

#### **Learning Objectives**

Individualize client teaching based on client needs.  
Assess barriers to learning.  
Assess client learning readiness.  
Utilize the nursing process to formulate the teaching plan.

## Northeast Wisconsin Technical College

# 10-543-130 Paramedic to ADN Skills

## Course Outcome Summary

### Course Information

<b>Description</b>	Basic nursing skills and physical assessment across the lifespan. Includes medication calculations, aseptic technique, wound care, tracheostomy care, suctioning, management of enteral tubes, medication administration, enemas, ostomy care, and catheterization.
<b>Instructional Level</b>	Associate Degree
<b>Total Credits</b>	2.00

### Core Abilities

- 1 Communicate Effectively
- 2 Demonstrate Community and Global Accountability
- 3 Demonstrate Personal Accountability
- 4 Solve Problems Effectively
- 5 Think Critically and Creatively
- 6 Value Individual Differences and Abilities
- 7 Work Cooperatively and Professionally

### Course Competencies

#### 1 **REVIEW: Apply principles of medical asepsis for client and personal safety**

##### Assessment Strategies

in a written/oral examination

in a performance demonstration by completing the Hand Washing Performance Task

##### Criteria

*Your performance will be acceptable when:*

you wash hands according to criteria checklist

you maintain clean and dirty areas

you follow standard precautions 100% of time

you use personal protective equipment according to established criteria

you outline isolation procedures

you handle linens and all equipment to minimize the spread of infection

##### Learning Objectives

Explain how microorganisms are spread.

Identify basic principles of infection control.

Recognize protective measures that lessen chance of disease or germ transmission.

Maintain separation of clean and dirty areas.

List body defenses against invading microbes.

Identify signs/symptoms of infection.

Discuss how attitudes toward hygiene can affect health of the client and oneself.

Differentiate between pathogenic microbes and nonpathogenic microbes.

#### 2 **REVIEW: Obtain a health history**

##### Assessment Strategies

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*

- you modify assessment technique to reflect variations across the lifespan
- you establish nurse-client relationship
- you use effective verbal and non-verbal communication techniques
- you provide privacy
- you collect data using a designated format
- you modify assessment techniques to reflect ethnic and cultural variations
- you document actions and observations
- you recognize and report significant deviations from norms

**Learning Objectives**

- Identify kinds of questions you can ask
- Identify psycho-social issues

**3 REVIEW: Perform a general survey assessment****Assessment Strategies**

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*

- you modify assessment techniques to reflect variations across the lifespan
- you maintain asepsis
- you maintain privacy
- you measure height and weight
- you assess vital signs
- you assess general mobility
- you assess appropriateness of behavior/responses
- you assess ability to communicate
- you assess basic nutritional status
- you assess basic fluid status
- you modify assessment techniques to reflect ethnic and cultural variations
- you document actions and observations
- you recognize and report significant deviations from norms

**Learning Objectives**

- Identify the purpose of the general survey.
- Indicate typical sequence for a general survey.
- Summarize the components of a general survey of the client.
- Contrast techniques of inspection, auscultation, palpation, and percussion.
- Identify techniques to promote the physical and emotional comfort of the client during the assessment.
- Explain how to modify assessment techniques across the life span.
- Define pertinent terminology used in general survey/physical assessment.
- Consider how age, ethnicity, and cultural variations may affect the general survey.
- Discuss how teaching opportunities can be used during a general survey/physical assessment.
- Indicate processes of referral for clients with abnormal findings of general survey/physical assessment.

**4 REVIEW: Perform an integumentary assessment****Assessment Strategies**

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*

- you modify assessment techniques to reflect variations across the lifespan
- you maintain aseptic technique
- you provide privacy
- you assess the skin, hair and nails using a designated format
- you modify assessment techniques to reflect ethnic and cultural variations
- you document actions and observations
- you recognize and report significant deviations from norms

**Learning Objectives**

Using a designated format, distinguish between normal and abnormal data during assessment of skin, hair, and nails.  
 Consider how age, ethnicity, and cultural variations may effect the integumentary assessment.  
 Define pertinent terminology used in integumentary assessment.  
 Discuss how teaching opportunities can be used during an integumentary assessment.

**5 REVIEW: Perform a musculoskeletal assessment****Assessment Strategies**

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*

you modify assessment techniques to reflect variations across the lifespan  
 you maintain privacy  
 you assess body alignment according to a designated format  
 you assess contour, size and strength of muscles according to a designated format  
 you assess range of motion according to a designated format  
 you palpate joints for change in temperature, pain and swelling  
 you recognize and report significant deviations from norms  
 you document actions and observations

**Learning Objectives**

Define range of motion (ROM).  
 Distinguish between normal and abnormal data during assessment of musculoskeletal system.  
 Relate type of joint motion to each of the body joints.  
 Describe the range of motion capabilities for each type of joint.  
 Discuss modifications of assessment techniques of a musculoskeletal assessment across the life span.

**6 REVIEW: Perform a head/neck assessment****Assessment Strategies**

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*

you modify assessment techniques to reflect variations across the lifespan  
 you assess the skull, face and neck using designated format  
 you assess nose and oral cavity using a designated format  
 you palpate lymph nodes of head and neck  
 you recognize and report significant deviations from norms  
 you document actions and observations

**Learning Objectives**

Distinguish between normal and abnormal data during assessment of the head, neck, and related lymphatic system.  
 Identify anatomical landmarks used to assess head/neck lymph nodes and the thyroid gland.  
 Discuss assessment techniques of the head/neck that reflect variations across the life span.  
 Document assessment of the head/neck and the lymphatic system of the head/neck.

**7 REVIEW: Perform a basic eye/ear assessment****Assessment Strategies**

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*

you modify assessment techniques to reflect variations across the lifespan  
 you inspect the eyes using a designated format  
 you measure visual acuity using a Snellen chart  
 you evaluate extraocular motion  
 you inspect the external ear and canal using a designated format  
 you evaluate hearing acuity  
 you document actions and observation

you recognize and report significant deviations from norms

### **Learning Objectives**

Distinguish between normal and abnormal data during assessment of the eye and ear.  
 Become familiar with the equipment used during an assessment of the eyes and ears.  
 Discuss assessment techniques of the eye/ear that reflect variations across the life span.  
 Document assessment of the eye/ear.

## **8 REVIEW: Perform an abdominal assessment**

### **Assessment Strategies**

in the laboratory through a simulation or role-play

### **Criteria**

*Your performance will be successful when:*

you modify assessment techniques to reflect variations across the lifespan  
 you provide privacy  
 you assess the abdomen using designated format  
 you differentiate normal and abnormal bowel sounds  
 you document actions and observations  
 you recognize and report significant deviations from norms

### **Learning Objectives**

Identify anatomical landmarks and techniques used to assess the abdomen.  
 Complete an abdominal assessment and documentation using the designated format.  
 Differentiate between normal and abnormal abdominal assessment data (including bowel sounds) and document.  
 Compare and contrast how age-related variations may effect assessment of the abdomen.

## **9 Perform a breast/testicular assessment**

### **Assessment Strategies**

in the laboratory through a simulation or role-play

### **Criteria**

*Your performance will be successful when:*

you modify assessment to reflect variations across the lifespan  
 you provide privacy  
 you assess breasts using designated format  
 you demonstrate teaching self breast exam  
 you assess testicles using designated format  
 you demonstrate teaching self testicular exam  
 you document actions and observations  
 you recognize and report significant deviations from norms

### **Learning Objectives**

Instruct the recommended frequency and procedure for breast and/or testicular self-examination.  
 Distinguish between normal and abnormal data obtained in breast and/or testicular assessment.  
 Identify life span variations which may affect breast and testicular assessment.  
 Perform the recommended procedure and documentation for breast and/or testicular examinations.

## **10 Assist with bathing**

### **Assessment Strategies**

in a written/oral examination  
 in a performance demonstration by completing the Tub and Shower Performance Task  
 in a performance demonstration by completing the Sponge Bath Performance Task

### **Criteria**

*Your performance will be acceptable when:*

you assist the client to shower according to criteria checklist  
 you assist the client with a tub bath according to criteria checklist  
 you assist the client with a partial or sponge bath according to criteria checklist

### **Learning Objectives**

Explain the relationship between cleanliness and healthy skin.

Describe observations that should be reported.

Individualize personal care (including bathing, oral and nail care, grooming, perineal care) according to client's needs.

Assist client with shower.

Assist client with tub/shower.

Assist client with tub bath.

Assist client with a sponge bath.

## 11 Give complete bed bath

### Assessment Strategies

in a written/oral examination

in a performance demonstration by completing the Bedbath Performance Task

in a performance demonstration by completing the Back Massage Performance Task

### Criteria

*Your performance will be acceptable when:*

you bathe the client while in bed

you give the client a complete bedbath according to the criteria checklist

you give the client a back massage according to the criteria checklist

### Learning Objectives

Demonstrate a bed bath including the back massage according to established criteria.

Explain basic safety precautions related to bathing clients while in bed.

Identify observations to be made while bathing a client.

Use various privacy measures to protect client's dignity and comfort during the bed bath, such as bath blankets, towels, curtains, and doors, to reduce overexposure.

## 12 Provide for personal care and hygiene

### Assessment Strategies

in a written/oral examination

in a performance demonstration by completing the Perineal Care (female) Performance Task

in a performance demonstration by completing the Perineal Care (male) Performance Task

in a performance demonstration by completing the Nail and Hand Care Performance Task

in a performance demonstration by completing the Nail and Foot Care Performance Task

in a performance demonstration (Oral Hygiene Performance Task)

in a performance demonstration (Special Oral Hygiene Performance Task)

in a performance demonstration (Cleaning Dentures Performance Task)

### Criteria

*Your performance will be acceptable when:*

you provide perineal care for male and female client according to the criteria checklist

you provide special oral hygiene according to the criteria checklist

you provide nail care on hands and feet for client, including clipping of nails according to the criteria checklist

you provide oral hygiene for client, including cleaning of dentures for client according to the criteria checklist

### Learning Objectives

Explain the importance of adhering to standard precautions for perineal and oral care.

Provide for perineal care as part of the bath procedure.

Explain how the procedure for perineal care differs for male and female clients.

Demonstrate male and female perineal care.

Demonstrate how to trim fingernails and toenails in lab or clinical setting.

Explain why assistant may not trim the nails of clients with poor circulation or diabetes.

Demonstrate cleaning of dentures.

Provide for oral hygiene.

## 13 Assist with personal grooming

### Assessment Strategies

in a written/oral examination

in a performance demonstration by completing the Shampoo (bed/tub/sink) Performance Task

in a performance demonstration by completing the Helping Clients Dress and Undress Performance Task

in a performance demonstration by completing the Shaving Performance Task

in a performance demonstration by completing the Shaving with Electric Razor Performance Task

### Criteria

*Your performance will be acceptable when:*

- you assist client with shaving according to the criteria checklist
- you assist client with dressing according to the criteria checklist
- you assist client with shampooing according to the criteria checklist

### Learning Objectives

- Explain why it is important not to use electric razors on clients receiving oxygen.
- Assist clients with shaving.
- Demonstrate a bed shampoo.
- Groom client's hair.
- Assist clients with dressing and undressing.

## 14 Provide for personal skin care

### Assessment Strategies

- in a written/oral examination
- in a performance demonstration

### Criteria

*Your performance will be acceptable when:*

- you use measures to promote skin integrity while caring for client
- you report signs of pressure ulcers to the appropriate staff
- you use devices to prevent pressure

### Learning Objectives

- Describe functions of the integumentary system.
- Identify changes in elderly client's skin.
- Utilize special devices in the clinical situation to prevent skin breakdown.
- Use proper techniques to promote skin integrity appropriate to the individual.
- List abnormalities, including color changes to be reported when observed.
- Describe types of clients and areas of body prone to developing pressure sores.

## 15 Provide wound care

### Assessment Strategies

- in the laboratory through a simulation or role-play

### Criteria

*Your performance will be successful when:*

- you adapt procedures to reflect variations across the lifespan
- you use aseptic technique
- you verify medical order
- you assemble necessary supplies
- you explain procedure to client
- you obtain culture specimen according to designated procedure/checklist
- you cleanse or irrigate wound according to designated procedure/checklist
- you assess tissue condition and drainage
- you apply a variety of dressings according to designated procedure/checklist
- you recognize and report significant deviations in wounds
- you document actions and observations

### Learning Objectives

- Discuss the theory and practice of moist wound healing.
- Describe the phases of wound healing.
- Define wound debridement and its place in wound care management.
- Describe techniques for removal, application of a wound dressing (surgical asepsis, "no touch"), and wound culture.
- Describe characteristics of a wound and any drainage to be included in documentation.
- Contrast types of products and dressings indicated for use in wound management, including application and maintenance.
- Discuss the necessity of pain management prior to and during a dressing change.

Differentiate among types of drains and management devices indicated for use in wound healing.  
 Indicate techniques and precautions to be implemented during wound irrigation.  
 Identify criteria and procedure for removal of sutures, staples, and/or drains.  
 Identify situations in which you would use clean versus sterile gloves/technique.  
 Indicate techniques to maintain medical and surgical asepsis.  
 Describe characteristics of a sterile field.  
 Describe the procedure you would follow if sterile technique has been broken

## 16 Assist with nutrition and fluid needs

### Assessment Strategies

in a written/oral examination  
 in a performance demonstration

### Criteria

*Your performance will be acceptable when:*  
 you record/report food intake and observations  
 you follow basic restrictions of common modified diets  
 you provide adequate fluid intake during the shift

### Learning Objectives

Determine components of the food pyramid.  
 Recognize types of therapeutic diets.  
 Outline reasons why fluid balance is critical to general health.  
 List six nutrients essential for life.  
 Explain the structures of the gastro-intestinal system.

## 17 Assist client with eating meals

### Assessment Strategies

in a written/oral examination  
 in a performance demonstration by completing the Feeding the Client Performance Task

### Criteria

*Your performance will be acceptable when:*  
 you assist client with feeding according to the criteria checklist

### Learning Objectives

Delineate basic guidelines for assisting the client with foods and fluids.  
 Explain why an upright position is best for eating.  
 Provide care before and after each meal  
 Discuss role of nursing assistant with clients receiving tube feedings or parenteral nutrition.  
 Identify which foods or fluids are considered fluid intake.  
 Use various adaptive devices that disabled clients may use to feed themselves.

## 18 Assist with eating difficulties

### Assessment Strategies

in a written/oral examination  
 in a performance demonstration

### Criteria

*Your performance will be acceptable when:*  
 you report pertinent observations relative to difficulty swallowing or with appetite or with gastric distress  
 you feed client who has difficulty swallowing

### Learning Objectives

Outline care for one who is vomiting.  
 Explain importance of reporting complaints of gastric distress (nausea, anorexia, heartburn, indigestion).  
 Identify major hazards of dysphagia.  
 Incorporate measures for feeding clients who have difficulty swallowing.

## 19 Measure intake and output

### Assessment Strategies

in a written/oral examination  
 in a performance demonstration by completing the Measuring Intake and Output Performance Task

**Criteria**

*Your performance will be acceptable when:*  
 you measure intake and output according to the criteria checklist  
 you calculate intake and output accurately  
 you provide fluid intake during shift  
 you record intake and output accurately on required forms

**Learning Objectives**

Identify basic principles of fluid balance to maintain a healthy body.  
 Explain why fluid balance is so critical to general health.  
 List reasons for recording intake and output.  
 Record intake and output.

**20 Assist client with bladder elimination**

**Assessment Strategies**

in a written/oral examination  
 in a performance demonstration by completing the Giving the Bedpan or Urinal Performance Task

**Criteria**

*Your performance will be acceptable when:*  
 you toilet clients using bedpan, urinal or commode according to the criteria checklist  
 you report observations relative to urinary elimination

**Learning Objectives**

Describe the principles of infection control in regard to toileting.  
 Describe characteristics (COCA) of normal urine and urination  
 Place client on a bedpan and/or commode and with the urinal.  
 Explain the importance of keeping the client's skin clean and dry  
 Identify observations relative to elimination that need to be reported

**21 Assist client with bowel elimination**

**Assessment Strategies**

in a written/oral examination  
 in a performance demonstration

**Criteria**

*Your performance will be acceptable when:*  
 you toilet clients on demand or according to schedule  
 you report pertinent observations relative to bowel elimination  
 you follow infection control practices relative to infectious wastes  
 you keep perineal area clean and dry

**Learning Objectives**

Identify infection control practices that are essential in regard to toileting.  
 Explain importance of keeping client's skin clean and dry.  
 Outline factors that can affect normal bowel elimination.  
 Determine observations that need to be reported.  
 Assist clients meet elimination needs.

**22 Facilitate alternative methods of elimination (urinary and bowel)**

**Assessment Strategies**

in the laboratory through a simulation or role-play

**Criteria**

*Your performance will be successful when:*  
 you modify assessments techniques to reflect variations across the lifespan  
 you maintain aseptic technique  
 you verify physician's orders

you select appropriate equipment for enema, ostomy care, specimen collection, and catheterization  
 you explain procedure to client  
 you perform intervention according to designated procedure/checklist  
 you document actions and observations  
 you recognize and report significant deviations from norms

#### **Learning Objectives**

Distinguish between fleets, tap water, and retention enemas and describe when each is used.  
 Identify safety precautions to take/nursing interventions to be carried out for the client before, during, and after enema administration.  
 Recognize the different types of bowel diversions and implications for altered elimination patterns.  
 Identify factors which contribute to skin/stoma damage and the nursing to make/interventions to carry out to maintain skin integrity.  
 Cite how often disposable ostomy appliances should be changed and the measures to control odor.  
 Describe techniques to prevent complications which can occur during/following an ostomy irrigation.  
 Identify situations in which urinary catheterization, straight or indwelling, is required.  
 Compare and contrast the procedure for male and female catheterization.  
 Describe nursing interventions to prevent catheter-associated urinary infections during catheter insertion, maintenance, and irrigation.  
 Identify clinical situations in which catheter irrigation, intermittent/continuous, is required.  
 Identify areas for potential contamination during catheter/bladder irrigation procedures.  
 Indicate techniques for insertion and maintenance of supra-pubic catheters.

### **23 REVIEW: Demonstrate specimen collection specimen collection procedures**

#### **Assessment Strategies**

in the laboratory through a simulation or role-play

#### **Criteria**

*Your performance will be successful when:*

you modify procedure to reflect variations across the lifespan  
 you maintain standard precautions  
 you select appropriate equipment  
 you explain procedure to client  
 you follow specific directions for equipment according to designated procedure/checklist  
 you document actions and observations  
 you recognize and report significant deviations from norms

#### **Learning Objectives**

Discuss the reasons that certain specimens/cultures (wound, sputum, throat, urine, stool, gastric, blood glucose) are ordered.  
 Discuss the differences between aerobic and anaerobic cultures.  
 Describe the procedure for obtaining a throat, sputum, urine, stool, or across the life span.  
 Identify procedure for sending cultures/specimens to lab.  
 Determine why a culture/specimen is obtained before antibiotics are started.  
 Define hemocult and gastrocult tests.  
 Describe how to utilize the test strip when testing urine, stool, or gastric comments.  
 Indicate when blood glucose monitoring should be performed.  
 Identify normal blood glucose levels across the life span.  
 Indicate infection control techniques to use with blood glucose monitoring equipment.  
 Compare techniques for acquiring the blood sample for blood glucose monitoring across the life span.

### **24 Assist with ambulation**

#### **Assessment Strategies**

in a written/oral examination

in a performance demonstration by completing the Ambulation with Transfer Belt Performance Task

#### **Criteria**

*Your performance will be acceptable when:*

you assist client to walk while using the gait/transfer belt according to criteria checklist  
 you assist client in using adaptive equipment as required by the plan of care including cane, crutches, walker  
 you promote client independence (participation) using verbal and nonverbal techniques within the limitations of the

individual client? s impairments

### Learning Objectives

Identify adaptive equipment to assist with ambulation as outlined in the plan of care.

Promote independence of clients within the limitations of their physical, emotional, and intellectual impairments.

Assist the individual to use mobility aids (cane, crutch, walker,).

Outline the steps to ambulate an individual using the gait/transfer belt.

Describe actions to be taken when client is falling.

## 25 Use client transfer techniques

### Assessment Strategies

in a written/oral examination

in a performance demonstration by completing the Transferring Performance Task

### Criteria

*Your performance will be acceptable when:*

you transfer client with one person assisting using the transfer belt according to criteria checklist

you transfer client with two people using the transfer belt according to criteria checklist

you use proper body mechanics during all transfers

you use the variety of devices available while transferring clients, such as the sliding board

### Learning Objectives

Use proper body mechanics in all transfers.

Practice principles of safety in all transfers.

Outline the procedure for transferring a client with a transfer belt with assistance of one person.

Outline the procedure for transferring a client with a transfer belt with assistance of two people.

Interact with clients transferring independently such as when using the sliding board.

Manipulate various removable or movable parts of a wheelchair.

## 26 REVIEW: Perform tracheostomy care and suctioning procedures (oral, nasal, pharyngeal, and tracheostomy)

### Assessment Strategies

in the laboratory through a simulation or role-play

### Criteria

*Your performance will be successful when:*

you adapt procedure to reflect variations across the lifespan

you maintain adequate oxygenation

you verify that there is a backup tracheostomy kit available

you maintain aseptic technique

you explain procedure to client

you follow designated procedure/checklist

you document actions and observations

you recognize and report significant deviations from norms

### Learning Objectives

Identify clinical situations that would require oral-pharyngeal, nasal, and/or tracheostomy suctioning.

Describe when medical versus surgical asepsis is required for suctioning.

Describe the equipment/supplies needed for the various types of suctioning.

Describe the procedure for oral-pharyngeal, nasal, and tracheostomy suctioning of a client across the life span.

Discuss methods of communication for a client with a tracheostomy tube.

State assessment data for evaluating the effectiveness of suctioning.

Describe the process for providing tracheostomy care.

Recognize, report, and document significant deviations from the norms when suctioning or providing trach care on a client.

## 27 REVIEW: Maintain enteral tubes (feeding, irrigation, suction)

### Assessment Strategies

in the laboratory through a simulation or role-play

### Criteria

*Your performance will be successful when:*

- you modify procedures to reflect variations across the lifespan
- you maintain aseptic technique
- you select appropriate equipment
- you explain procedure to client
- you determine appropriate placement
- you implement measure to prevent displacement of tube
- you follow medical orders and designated procedures/checklists: feedings/irrigation/suction
- you document actions and observations
- you recognize and report significant deviations from norms

#### **Learning Objectives**

- a. Identify clinical situations in which a nasogastric (NG) tube with suction is indicated.
- b. Identify the purpose of suction, the "blue pigtail," and irrigation of a nasogastric tube.
- c. Contrast criteria that would be assessed to determine whether the NG tube is functioning properly.
- d. Differentiate between nasogastric and PEG (percutaneous enteral gastrostomy) feeding tubes.
- e. Identify long-term vs. short-term situations in which enteral feedings are required.
- f. Compare and contrast techniques of intermittent and continuous feedings.
- g. Describe the procedure of giving a tube feeding, including checking placement/residual and positioning of the client.
- h. Identify techniques to maintain integrity of the skin and mucous membranes for clients with nasogastric or PEG tubes.
- i. Identify complications of tube feedings and appropriate nursing interventions.

## **28 REVIEW: Administer medications via the enteral route (oral/tube/rectal)**

### **Assessment Strategies**

in the laboratory through a simulation or role-play

### **Criteria**

*Your performance will be successful when:*

- you modify procedure to reflect variations across the lifespan
- you follow aseptic technique
- you verify medical orders
- you identify the client
- you check for client allergies
- you verify the correct drug including expiration date
- you verify the correct route
- you verify the correct time
- you verify the correct dose
- you verify all information three times
- you explain to client
- you follow designated procedures/checklists: oral/tube/rectal
- you document actions and observations
- you calculate correct amount to administer

### **Learning Objectives**

- Identify clinical situations in which a nasogastric (NG) tube with suction is indicated.
- Identify the purpose of suction, the "blue pigtail," and irrigation of a nasogastric tube.
- Contrast criteria that would be assessed to determine whether the NG tube is functioning properly.
- Differentiate between nasogastric and PEG (percutaneous enteral gastrostomy) feeding tubes.
- Identify long-term vs short-term situations in which enteral feedings are required.
- Compare and contrast techniques of intermittent and continuous feedings.
- Describe the procedure of giving a tube feeding, including checking placement/residual and positioning of the client.
- Identify techniques to maintain integrity of the skin and mucous membranes for clients with nasogastric or PEG tubes.

Identify complications of tube feedings and appropriate nursing interventions.  
 Identify various preparations of drugs that can be administered orally, rectally, and through a feeding tube.  
 Describe techniques for effective delivery of medication through a feeding tube  
 Indicate when feeding tube medications can and/or should be crushed or dissolved in fluid.  
 Describe the advantages and disadvantages to the feeding tube route of medication administration.  
 Identify client and clinical contraindications to administering feeding tube medications.

## 29 **REVIEW: Administer medications via topical, transdermal, eye, ear, inhalation, and vaginal routes**

### **Assessment Strategies**

in the laboratory through a simulation or role-play

### **Criteria**

*Your performance will be successful when:*

- you modify procedure to reflect variations across the lifespan
- you maintain aseptic technique
- you verify medical orders
- you follow the five rights
- you select appropriate equipment
- you calculate correct amount to administer
- you select appropriate site
- you administer medication according to designated procedure/checklist
- you document actions and observations
- you recognize and report significant deviations from norms

### **Learning Objectives**

Identify various preparations of drugs that can be administered via the oral, rectal, eye, ear, inhalation, vaginal, and topical routes across the life span.  
 Describe techniques to enhance oral medication absorption.  
 Differentiate between oral, buccal, and sublingual routes.  
 Describe the advantages and disadvantages to the oral, eye, ear, inhalation, vaginal, topical, and rectal route of medication administration.  
 Identify client and clinical contraindications to administering oral, rectal, and feeding tube medications.  
 Indicate how principles of asepsis differ for the administration of these medications.  
 Review the appropriate abbreviations for the eye and the ear.  
 Discuss how to teach a client proper use of a metered dose inhaler (MDI) to receive the recommended dose and avoid excessive inhalations.  
 Identify which clients would benefit from using a spacer to receive medications through a MDI.  
 Review how to determine how much medication is left in the MDI.  
 Describe procedure for administering medications through an ultrasonic nebulizer.  
 Determine two to maintain clean equipment with use of an MDI/nebulizer in the long-term care setting or in the home setting.  
 Discuss pediatric and geriatric considerations with administration of medications through ultrasonic nebulizer or MDI.  
 Recognize, through the use of medication resources, pertinent laboratory tests related to medication administration.

## 30 **Use restraining devices**

### **Assessment Strategies**

in a written/oral examination

in a performance demonstration by completing the Application of Soft Vest Restraint Performance Task

### **Criteria**

*Your performance will be acceptable when:*

- you apply soft vest restraint according to criteria checklist
- you use restraint devices when directed by the professional staff
- you use devices considered as restraints according to facility policies

### **Learning Objectives**

Describe the steps in applying a soft vest restraint.  
 Demonstrate a quick-release knot.  
 Detail safety precautions required when a restraint is used for a client.  
 Clearly explain at least four dangers when using physical restraints.  
 Differentiate devices that are considered restraints (chemical and physical) from those that are not.

**31 Use restraining alternatives**

**Assessment Strategies**

in a written/oral examination  
in a performance demonstration

**Criteria**

*Your performance will be acceptable when:*

you employ alternative measures to restraints to maintain proper position and safety  
you use restraint alternatives when directed by professional staff  
you maintain client rights

**Learning Objectives**

Explain purposes of using restraint alternatives.  
Compare examples of restraint alternatives.  
Explain who is responsible for determining the use of restraint alternatives.



# Wisconsin Department of Safety and Professional Services

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## BOARD OF NURSING

### FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing programs seeking authorization to admit students: Completion of this form is required for each faculty member and the program educational administrator and must be submitted to the Board of Nursing along with the request for authorization to admit students.

Nursing programs previously approved by the Board of Nursing: Completion of this form is required for each faculty member and the program educational administrator and the form must be kept on file in the school of nursing office, made available to the Board upon request for all faculty members and educational administrators hired by the nursing program (Ch. N 1.06 (4) (g), Wis. Admin. Code).

Applicant's Name (*Last, First, Middle*)

Tupala, Kay L.

Position:

Educational Administrator

Faculty

Date Appointment Effective:

January, 2001

Employment  
Status:

Full-time

Part-time

School of Nursing Employed By:

Northeast WI Technical College

Subjects Hired to Teach:

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#### **Educational Preparation** (*Please list most recent first.*)

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
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See attached resume

-OVER-

#1114 (Rev. 5/13)

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Safety and Professional Services

## Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
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## Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
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Wisconsin RN License #: 85023-30

Kay Tupala  
Educational Administrator

  
Signature

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Dean, Health Sciences  
Title

08/14/2013  
Date

kay.tupala@nwtc.edu  
Email Address

## **Kay Tupala, RN, MSN**

Dean, Health Sciences  
Northeast Wisconsin Technical College  
2740 W. Mason St.  
Green Bay, WI 54307  
920-498-5482  
[kay.tupala@nwtc.edu](mailto:kay.tupala@nwtc.edu)

### **Professional Experience**

#### **Dean, Health Sciences**

February, 2005 to present  
Responsible for administration of all department activities  
Program Director, Associate Degree and Practical Nursing

#### **Associate Dean, Health Sciences**

January, 2002 to February, 2005  
Programmatic responsibilities for Nursing and specific Allied Health programs, on 4  
NWTC campuses

#### **Instructor, Associate Degree Nursing (1993 – 2001)**

Work with the Associate Degree Team to provide instruction in the AD-N program.  
Focus areas included: Nursing Pharmacology  
in person and online, Med-Surg and Basic Nursing courses and in a variety of clinical  
courses.

#### **Bellin Hospital , Green Bay WI**

##### **Clinical Nurse Specialist (1989 - 1992)**

Worked in Pediatrics and the Newborn Nursery, providing education to staff, advanced  
care to sick infants and children,  
monitoring quality assurance in both departments, writing/revising policies and  
procedures, evaluating and implementing new equipment.

#### **St. Mary's Hospital , Green Bay WI**

##### **Manager and Nursing Supervisor (1985 - 1988)**

Managed Pediatrics Department and 4th floor (adult surgical)for 3 years. Was a Nursing  
Supervisor for the hospital for 1 year.

#### **University of Wisconsin/Oshkosh , Oshkosh WI**

##### **Instructor, Nursing Program (1983 - 1985)**

Taught Nursing Research and had a variety of clinical assignments

#### **1979-1983**

Staff nursing jobs at various hospitals.

### **Education**

WTCS Supervision Certificate, 2006

Graduate of WLDI, July 2004 (Wisconsin Leadership Development Institute)

University of Michigan , Ann Arbor MI  
Master of Science in Parent-Child Nursing, 1983

University of Michigan , Ann Arbor MI  
Bachelor of Science in Nursing, 1979

### **Professional Involvement**

Member, Wisconsin Nurses' Association.

Member, HSHS (St. Mary's/St. Vincent) Advisory Board

ACEN (formerly NLNAC) site visitor since 2011

ACEN (formerly NLNAC) site visit chair since 2012

Presenter, Spring, 2004 AACC National Conference: Nursing Statewide Curriculum Development

Presenter, Fall, 2006, Association of Community College Trustees Leadership Congress: Campus Community Clinic Development

Presenter, Summer, 2007 Learning College Summit: Integration of Curriculum into the Campus Community Clinic

Presenter, Spring, 2009 League of Innovations Conference: Development of a Geriatric Training Center

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 266-2264  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@dps.wi.gov  
Website: http://dps.wi.gov

## BOARD OF NURSING

### FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing programs seeking authorization to admit students: Completion of this form is required for each faculty member and the program educational administrator and must be submitted to the Board of Nursing along with the request for authorization to admit students.

Nursing programs previously approved by the Board of Nursing: Completion of this form is required for each faculty member and the program educational administrator and the form must kept on file in the school of nursing office, made available to the Board upon request for all faculty members and educational administrators hired by the nursing program (Ch. N 1.06 (4) (g), Wis. Admin. Code).

Applicant's Name (*Last, First, Middle*)

Kollath, Cheryl L

Position:

Educational Administrator

Faculty

Date Appointment Effective:

October, 2003

Employment  
Status:

Full-time

Part-time

School of Nursing Employed By:

Northeast WI Technical College

Subjects Hired to Teach:

Nursing

### **Educational Preparation** (*Please list most recent first.*)

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
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See attached resume

-OVER-

#1114 (Rev. 5/13)

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Safety and Professional Services

## Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached resume

## Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

see attached resume

Wisconsin RN License #: 49615-30

Kay Tupala  
Educational Administrator

  
Signature

920-498-5482  
Telephone Number

Dean, Health Sciences  
Title

08/14/2013  
Date

kay.tupala@nwtc.edu  
Email Address

## Cheryl L. Kollath

### Experience

October 2003-Present Northeast Wisconsin Technical College Green Bay, WI  
**Associate Degree Nursing Instructor**

- Lead/Coordinate second semester clinical
- Manage the instructional process and associated curriculum
- Develop curriculum
- Provide educational leadership
- Participate in Advisory Committee (community leaders & NWTC nursing faculty) and Associate Degree Nursing Program Systematic Evaluation Plan Committee
- Monitor effectiveness of teaching plans
- Evaluate student learning

March 1998-December 2004 Bellin Hospital Green Bay, WI  
**Educator**

- Identified and met learning needs of organization, staff, and orientees
- Developed educational materials and presentations
- Taught classes (Telemetry, 12-lead EKG Interpretation, ABG's, Chest Tubes, Care of the Open Heart Patient, Preceptor Class, etc.)
- Managed Bellin Health Preceptor Program
- Presented at an Educator State Conference – Development of a Preceptor Program
- Co-developed a Bellin Train-the-Trainer program
- Co-authored "Train-the-Trainer Project Meets Organization's Strategic Initiative for Retention and Continuous Learning", published May/June 2003 issue of Journal for Nurses in Staff Development
- Coordinated orientation – created clinical pathways for RN, CNA, and Service Associate orientation
- Measured application of learning and integration of skills
- Provided performance consultation
- Participated in organizational committees - Quality Assurance and Improvement, Meditech/Psix Steering, Policy and Procedure, and Building Bridges (nurse extern program)
- Chaired the Education Committee
- Acquired excellent working knowledge of computer skills (Word, PowerPoint, and Excel)
- Administrated the Computer-Based Training System

## Cheryl L. Kollath

- Experiences (cont.)** March 1997-November 2000 Bellin Hospital Green Bay, WI  
**Team Facilitator**
- Coordinated day-to-day operations of cardiac floor
  - Resource for staff nurses
  - Performed staff performance evaluations
  - Provided coaching and counseling
  - Performed patient care activities
  - Chaired the Health Unit Coordinator meetings for the Cardiac Care Center
- June 1988-March 1998 Bellin Hospital Green Bay, WI  
**Staff Nurse-Cardiac Floor**
- Performed patient care activities
  - Achieved excellence in performing nursing skills
  - Refined working knowledge of the nursing process
  - Collaborated with physicians and ancillary staff
  - Participated in Building Bridges Committee (Nurse Extern Program)
- June 1987-August 1987 Bellin Hospital Green Bay, WI  
**Nurse Intern-Intermediate Care Department**
- Acquired excellent working knowledge of the nursing process
  - Utilized nursing skills in practice
  - Obtained organization and prioritization skills
  - Utilized interpersonal relationship/communication skills
- Education** September 2004-August 2006 University of Phoenix-On-line Phoenix, AZ
- Master of Science in Nursing
- June 1984-June 1988 Bellin College of Nursing Green Bay, WI
- Major: Nursing
  - Bachelor of Science in Nursing
- Certifications** November 2009 – Wisconsin Technical College System Teaching Certification: Teacher of Nursing  
2002 – Developmental Dimensions Certified Instructor – Soft skills classes
- Accomplishments** Past-president for American Association of Critical Care Nurses  
Co-authored journal article (listed previously)  
Presenter for statewide Educators conference (listed previously)
- Interests** kayaking, camping, biking, Sunday School teacher – 2-year olds, church choir
- References** Available upon request.

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
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## BOARD OF NURSING

### FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing programs seeking authorization to admit students: Completion of this form is required for each faculty member and the program educational administrator and must be submitted to the Board of Nursing along with the request for authorization to admit students.

Nursing programs previously approved by the Board of Nursing: Completion of this form is required for each faculty member and the program educational administrator and the form must kept on file in the school of nursing office, made available to the Board upon request for all faculty members and educational administrators hired by the nursing program (Ch. N 1.06 (4) (g), Wis. Admin. Code).

Applicant's Name (*Last, First, Middle*)

Swanson, Jane, M

Position:

Educational Administrator

Faculty

Date Appointment Effective:

January, 2006

Employment

Full-time

Status:

Part-time

School of Nursing Employed By:

Northeast WI Technical College

Subjects Hired to Teach:

Nursing

### **Educational Preparation** (*Please list most recent first.*)

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
---------------------	----------	----------------	-------------------------------	-------	-------

See attached resume

-OVER-

#1114 (Rev. 5/13)

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Safety and Professional Services

## Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached resume

## Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

see attached resume

Wisconsin RN License #: 101124-30

Kay Tupala  
Educational Administrator

Signature  
920-498-5482

Telephone Number

Dean, Health Sciences  
Title

08/14/2013  
Date

kay.tupala@nwtc.edu  
Email Address

# Jane M. Swanson, MSN, MA, BSN, RN

N2180 Shore Drive  
Marinette, WI 54143  
(715) 732-0973  
[swanson@new.rr.com](mailto:swanson@new.rr.com)

## EDUCATION:

- 2007 – 2013      WALDEN UNIVERSITY  
Masters of Science in Nursing, Education Specialization  
Minneapolis, Minnesota
- 1990-1992      ST. MARY'S COLLEGE OF MINNESOTA  
MINNEAPOLIS GRADUATE CENTER  
Masters of Arts in Health & Human Service Administration  
Minneapolis, Minnesota
- 1986-1987      UNIVERSITY OF TEXAS AT ARLINGTON  
PARKLAND MEMORIAL HOSPITAL, NURSING EDUCATION  
Critical Care & Trauma Nurse Internship  
Dallas, Texas
- 1982-1986      NORTHERN MICHIGAN UNIVERSITY  
Bachelor of Science in Nursing  
Marquette, Michigan

## PROFESSIONAL EXPERIENCE & SPECIALIZATION:

- Northeast Wisconsin Technical College, Marinette, WI  
2006-Present      Nursing Faculty  
3<sup>rd</sup> & 4<sup>th</sup> Semester ADN Program
- Northeast Wisconsin Technical College, Marinette, WI  
2005-2006      Adjunct Faculty  
PN & ADN Skills Lab
- Marinette County Health & Human Services, Marinette, WI  
2001-2005      Contract Registered Nurse  
Marinette County Tobacco Free Coalition

Bay Area Medical Center, Marinette, Wisconsin

2005-Present	Nursing Staff Representative Emergency Preparedness Committee
2003-2005	Team Coordinator Bioterrorism Preparedness Team
2003-2004	Patient Care Information Nurse Educator BAMC Information Technology Department
2000-2012	Staff Nurse, casual Emergency Services Department
1995-2000	Staff Nurse, casual Intensive Care Unit

Life Link III Mobile Intensive Care, St. Paul, Minnesota

1994-1995	Director of Education & Human Resources
1992-1993	Education Clinical Specialist
1990-1991	Outreach Education Coordinator
1989-1992	Regional Representative/Team Leader
1988-1989	Critical Care Specialist

Parkland Memorial Hospital, Dallas, Texas

1987-1988	Staff/Charge Nurse Surgical Trauma Intensive Care Unit Emergency Department
1986-1987	Critical Care & Trauma Nurse Intern

**HONORS & AWARDS:**

Northeast Wisconsin Technical College

Service Learning Award 2010  
Awarded to Marinette Nurse Educator Team

Scholarship Committee

Member Fall 2009 to present

Greater M & M YMCA, Marinette, WI & Menominee, MI  
Tom Salewsky Memorial Award, 1997

Life Link III

Excellence in National Exposure Award, 1993  
Excellence in Professional Growth & Development Award, 1992  
William D.R. Lund Memorial Award, 1992

American Association of University Women  
Outstanding Senior Woman Award, 1986, Marquette Branch

Northern Michigan University  
National Mortar Board Society 1984 - 1986

**PUBLICATIONS:**

Certain, P., McNeil, M.A., & Swanson, J. (1993). Developing a customer focused approach to air medical service through "Dick & Jane's excellent guide to customer service". *Air Medical Journal*, 12(9), 331.

Shew, S., Swanson, J. (1990). A ride along program's impact on EMS provider's perceptions of air medical transport. *The Journal of Air Medical Transport*, 9(9), 97.

**PRESENTATIONS:**

- |      |   |
|------|---|
| 2010 | The Use of Videostreaming in Nursing Education<br>Northeast Wisconsin Technical College<br>Green Bay, Wisconsin |
| 2005 | HEICS in Review and Implementation at BAMC<br>Bay Area Medical Center<br>Marinette, Wisconsin                   |
| 2004 | Hospital Emergency Incident Command System Training (HEICS)<br>Bay Area Medical Center<br>Marinette, Wisconsin  |
| 2003 | Meditech Staff Training<br>Bay Area Medical Center<br>Marinette, Wisconsin                                      |

- 1993            "Critical Nursing Decisions: Case Discussions"  
                   Trauma Management for Primary Care Providers  
                   Ninth Annual Ramsey Trauma Conference  
                   St. Paul, Minnesota
- 1993            "Developing a Customer Focused Approach to Air Medical Service"  
                   Experience & Innovation  
                   Air Medical Transport Conference  
                   St. Louis, Missouri
- 1992            "Advanced Airway Management"  
                   Air National Guard Medevac Training  
                   Minneapolis, Minnesota
- 1991            "Preparing the Patient for Transfer"  
                   Minneapolis Heart Institute Conference  
                   Minneapolis, Minnesota

**PROFESSIONAL ORGANIZATIONS:**

National League for Nursing, 2006 to present

National Flight Nurses Association (NFNA): Board Member 1991-1993

North Central Chapter of NFNA, 1989-1996

American Association of Critical Care Nurses, 1986-1996

**SERVICE:**

Marinette Menominee Area Youth Hockey Association  
                   Organization Treasurer, 2005 – 2007  
                   Team Representative, 2007 – Present

Bay Area Medical Center  
                   Emergency Preparedness Committee  
                   Member, June 1999 - 2010

Environment of Care Committee  
                   Member, June 2002 - 2005

Holy Family School, Marinette, WI  
                   Home & School Treasurer, 2000 - 2002

Greater M & M YMCA, Marinette, WI & Menominee, MI  
 Board of Directors, 2001 - 2003  
 Preschool Parent Advisory Board Chair, 1997-2000

**RESEARCH EXPERIENCE:**

Life Link III Aeromedical Education & Research Center  
 Staff Nurse, 1990-1993

**CERTIFICATIONS:**

American Association of Critical Care Nurses:  
 Critical Care Registered Nurse, 1988-1997

American Heart Association:  
 Basic Life Support, 1984 - present  
 Advanced Cardiac Life Support, 1987 - present  
 Pediatric Advance Life Support, 1994 - present  
 Neonatal Resuscitation Program, 1994

American Academy of Surgeons:  
 Advanced Trauma Life Support, 1990, 1993  
 Basic Trauma Life Support, Advanced Course, 1994

**PROGRAM DEVELOPMENT:**

Northeast Wisconsin Technical College  
 2012 – Present      Development of a Paramedic to Associate Degree Nursing Bridge Program curriculum. Due to begin Fall of 2013.

2011 – 2012      Development, integration and implementation of a mental health educational experience for 3<sup>rd</sup> semester Associate Degree nursing students at local hospital, community support groups and adult group homes.

Bay Area Medical Center  
 2003 – 2010      Implementation of the Hospital Emergency Incident Command System along with revision and updating the Emergency Preparedness Manual

2000-2001      Committee planning member in the development of a Health, Wellness & Safety Fair

1997-1998      Rural Health Grant - assistant writer

**Life Link III Mobile Intensive Care**

- 1993-1994            Development of the Human Resources Department including an Employee Rewards & Recognition Program
- 1990-1994            Development of a Competency Based Orientation & Training Program
- 1989-1994            Coordination of the annual Trauma Tactics EMS Conference
- 1993                    Development of an Advanced Skills Training Program
- 1992                    Development of a Customer Service Training Program

**LICENSURE:**

Registered Nurse: MI #4704158755, WI #101124 - 030

# Wisconsin Department of Safety and Professional Services

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

FAX #: (608) 266-2264  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@dps.wi.gov](mailto:web@dps.wi.gov)  
Website: <http://dps.wi.gov>

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION

Completion of this form is required for each clinical facility in order to apply for authorization to admit students. This form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities utilized by the nursing program (Ch. N 1.06 (3) (f), Wis. Admin. Code).

#### I. Identifying Data

A. Name of facility: St. Mary's Hospital  
Address: 1726 Shawano Avenue  
Green Bay, WI 54303  
Phone: 920-498-4200

B. Type of Facility:  Hospital       Nursing Home       Community Health Agency  
 Other

C. Administrator of facility: Larry Connors, Chief Operating Officer

D. Director of Nursing Service: Paula Hafeman, Chief Nurse Executive

E. School(s) of nursing utilizing the facility:  
Northeast WI Technical College  
Bellin College  
College of Menominee Nation

#### II. Exhibits (*attach to report*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
  2. Administrator of nursing program
- B. Copy of the position description for:
1. Registered Nurses
  2. Licensed Practical Nurses

-OVER-

## Wisconsin Department of Safety and Professional Services

III. Please respond to the following questions:

- A. Have the nursing program objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

- B. Does the facility agree to cooperate in promoting the nursing program objectives?  Yes  No

Comments: \_\_\_\_\_

- C. Are there experiences in the facility available to the students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

- D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? *(If no, this facility may not be approved.)*  Yes  No

Comments: \_\_\_\_\_

- E. Is the practice of licensed practical nurses in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? *(If no, this facility may not be approved.)*  Yes  No

Comments: \_\_\_\_\_

IV. Report completed by:

Kay Tupala

Name

*Kay Tupala*

Signature

920-498-5482

Telephone Number

Dean, Health Sciences

Title

8/14/13

Date

kay.tupala@nwtc.edu

Email Address

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Dan Williams</b>		2) Date When Request Submitted: <b>9/4/13</b> Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing - Education and Licensing Committee</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Request for Authorization to Admit Students to Online ADN-to BSN Program for Rasmussen College Ocala School of Nursing</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  <b>BON Motions Passed Relating to Nursing Program Approval - July 11, 2013</b>  <b>MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that the Board will accept EAB approval of out of state RN to BSN completion programs to continue to operate and admit students until such time as the rules amending Ni are finalized. Motion carried unanimously.</b>  <b>MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that out of state RN to BSN programs that are not EAB approved must go through the Board of Nursing approval process under Wis. Stats. s.441.12. Motion carried unanimously.</b>			
11) <span style="float: right;">Authorization</span>  <hr/> Signature of person making this request <span style="float: right;">Date</span>  <hr/> Supervisor (if required) <span style="float: right;">Date</span>  <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) <span style="float: right;">Date</span>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin  
Department of Regulation and Licensing**

**AGENDA REQUEST FORM**

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		Date When Request Submitted: 8/30/2013	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before meeting for all other boards</li> </ul>	
Name of Board, Committee, Council: Board of Nursing			
Board Meeting Date: 9/12/2013	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Request for Authorization to Plan RN-to-BSN Completion (Flexible Options) Program at University of Wisconsin-Milwaukee	
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required:	
Describe the issue and action the Board should address: Review and make motion relating to UW-Milwaukee request for authorization to plan RN-to-BSN Completion (Flexible Options) program; make recommendations as needed.			
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Documents submitted to the agenda must be single-sided. 3. Only copies of the original document will be accepted. 4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.			
<b>Authorization:</b>			
Jill M. Remy		8/30/2013	
Signature of person making this request		Date	
Supervisor signature (if required)		Date	
Bureau Director signature (indicates approval to add late items to agenda)		Date	

# Wisconsin Department of Safety and Professional Services

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Website: <http://dsps.wi.gov>

## BOARD OF NURSING

### APPLICATION FOR AUTHORIZATION TO PLAN A PROGRAM

At least 12 months prior to the anticipated opening date of a new nursing program, the institution planning to establish a nursing program in professional or practical nursing shall submit this application and attach a written proposal completed by individuals with nursing expertise that includes the following six items:

- (1) The administrative and organizational structure of the governing institution and its relationship to the nursing program
- (2) The type of program
- (3) The curriculum plan
- (4) The instructional methods
- (5) The projected use of clinical facilities and resources
- (6) The plan for employment of faculty

The Board shall notify the institution of the action taken (either approval or a request for more information) on the application. (Ch. N 1.03, Wis. Admin. Code)

Please submit the following to [dspsexaminationsoffice@wisconsin.gov](mailto:dspsexaminationsoffice@wisconsin.gov):

- (1) This signed application page.
- (2) A completed Nursing Program Expert Qualifications form for each individual involved in developing the written proposal.
- (3) A written proposal addressing the six items above.

An electronic version of these rule requirements can be accessed at: [https://docs.legis.wisconsin.gov/code/admin\\_code/n/1](https://docs.legis.wisconsin.gov/code/admin_code/n/1)

#### Institution applying to plan a nursing program:

Name of Program: University of Wisconsin-Milwaukee College of Nursing

Address: 1921 East Hartford Avenue  
Milwaukee, WI 53201

Program (ADN, BSN, Other): RN-BSN completion

Kim Litwack

Program Representative

Signature 

414-229-5098

Telephone Number

Associate Dean for Academic Affairs

Title

8/27/13

Date

[litwack@uwm.edu](mailto:litwack@uwm.edu)

Email Address

#3025 (5/13)  
Ch. NI

-OVER-

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Safety and Professional Services

## NURSING PROGRAM EXPERT QUALIFICATIONS

Name: Kim Litwack

RN License #: 147079-30

Licensed by (state): Wisconsin

### Educational Preparation *(Please list most recent first.)*

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
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See attached CV

### Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached CV

### Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached CV

# Wisconsin Department of Safety and Professional Services

## NURSING PROGRAM EXPERT QUALIFICATIONS

Name: Sally Lundeen

RN License #: 93595-30

### Educational Preparation *(Please list most recent first.)*

Licensed by (state): Wisconsin

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
---------------------	----------	----------------	-------------------------------	-------	-------

See attached CV

### Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
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See attached CV

### Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached CV

# Wisconsin Department of Safety and Professional Services

## NURSING PROGRAM EXPERT QUALIFICATIONS

Name: Doris Schoneman

RN License #: 54830-30

Licensed by (state): Wisconsin

### **Educational Preparation** *(Please list most recent first.)*

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
---------------------	----------	----------------	-------------------------------	-------	-------

See attached CV

### **Nursing Practice Experience** *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached CV

### **Nursing Education Experience** *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
---------------	-------------	----------------------	----------	------------------------	-------------------

See attached CV

## **I. The administrative and organizational structure of the governing institution and its relationship to the nursing program**

The University of Wisconsin – Milwaukee (UWM) was created in 1956 as the result of a merger between Wisconsin State College and the University of Wisconsin Extension Center – Milwaukee. The 93-acre main campus is located in a vibrant residential neighborhood on Milwaukee's east side that offers its faculty, staff and students a wide range of cultural, athletic and entertainment opportunities – easily accessible via public transportation from numerous points in the Milwaukee area.

UWM is one of 26 campuses that form the University of Wisconsin System (UWS). The UWS includes 13 two-year colleges, 11 comprehensive campuses and two doctoral campuses. UWM is one of the two doctoral campuses in the system. In 2012, a two-year UW online associate degree program was launched. An 18 member Board of Regents sets policy for all UW institutions guided by the system president. Each individual university in the UWS has an advisory Board of Visitors; the UWM Board is composed of 20 individuals who focus on legislative and community relations.

The UWS Administration is based in Madison. Membership in the statewide system allows UWM to participate in extensive cooperative arrangements that independent institutions can rarely replicate. Cooperative programs have been developed in nursing, education, engineering, and business programs across the UWS. The 13 two-year colleges, as well as the UW Colleges on line, channel undergraduates to all of the four-year campuses in the system. The most prominent feature of the culture of the University of Wisconsin System, including UWM, is shared governance, a system unique in U. S. higher education in that it is formalized in state law. This system of governance depends on collaborative, consultative, and inclusive relationships among the University's administrators, faculty, academic staff, and students.

Faculty and instructional staff deliver the UWM's curriculum and programs to approximately 30,000 enrolled students. UWM offers 180 degree programs, including 94 undergraduate, 53 master's, 32 doctoral and many cross-disciplinary certificates, through 14 schools and colleges.

In 2005, UWM was reaccredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. UWM's next accreditation site visit will be in 2014-2015. UWM is rated as a Tier 2 public doctoral research institution.

## College of Nursing History

Nearing its 50<sup>th</sup> anniversary in 2015, the UWM College of Nursing (CON) is viewed as an innovative leader in nursing education nationally and internationally. The CON is consistently ranked by *US News & World Report* in the top 10 percent of all nursing schools with graduate programs, currently in the top 6%. The College of Nursing opened as the School of Nursing in September 1963, as a Division of the School of Nursing located on the University of Wisconsin Madison campus. In December 1965, the Board of Regents of the UWS voted to establish an independent School of Nursing on the Milwaukee campus. The State of Wisconsin Board of Nursing granted initial approval of the independent School of Nursing at UWM in April 1966 and the first students were admitted in September 1966. The program was granted full accreditation by the State of Wisconsin Board of Nursing and the National League for Nursing in June 1969. The School of Nursing became the College of Nursing in 2003, recognizing the breadth and depth of programs offered and the complexity of the organization, and to better align the College with peer institutions.

In 1979, UWM's Bachelor of Science Degree Consortial Nursing Program at the University of Wisconsin-Parkside, (Kenosha County), was initiated. This program continues today, offering students the same curriculum and faculty as the Milwaukee campus. In 2004, the College admitted its first students to the nursing major at the UW-Washington County, in a similar partnership with UW-Washington County campus in West Bend.

In 1991, an accelerated baccalaureate track was implemented for students who already possessed a non-nursing baccalaureate degree. This track provided students with the opportunity to complete the baccalaureate program in nursing in 16 months. This program was eliminated in 2004 and replaced with the Direct Entry Master's (DEM) program. The DEM program was designed for individuals already holding a bachelor's degree in another field who wished to pursue a career in nursing. This program combined an entry level pre-licensure curriculum with an advanced practice clinical nurse specialist curriculum. The DEM was granted final approval by the Wisconsin Board of Nursing in 2007. In 2010, the CON transitioned the DEM program to the MN, Master of Nursing, admitting its first class. The MN program prepares students for advanced generalist nursing practice at the point of care, and admits students with a previous non-nursing baccalaureate degree as well as Registered Nurses with an Associate Degree or Diploma in Nursing.

In 1995, the College became part of a statewide effort to offer baccalaureate nursing degrees to students who are already registered nurses. The program allows students throughout the state to complete course work and graduate from one of the campuses offering

the undergraduate nursing degree (UW-Oshkosh, UW-Madison, UW-Green Bay, UW-Eau Claire and UWM). In 2013, UW Stevens Point became the 6<sup>th</sup> UWS campus to participate. Known originally as the Collaborative Nursing Program (CNP), the name was changed to the BSN@Home Program. The program allows each campus to have their own unique program and requirements but consists of five shared core courses offered through a variety of distance education delivery systems and a capstone course taken at one of the five UW System universities.

As the societal need for more nurses has increased, the UWM CON has been in the forefront of developing new and innovative educational programs to prepare the nurses of the future. A decade ago, it became clear that one of the major barriers to expanding nursing education programs was the lack of faculty prepared at the masters level and above. In 2005, Dr. Sally Lundeen, UWM CON Dean, was awarded a \$1.3 million grant from the US Department of Labor (DOL) to implement the *SWIFT* Nurse Educators program. This program was designed to fast-track the preparation of new nurse educators in Wisconsin in a two year period. The program used a combination of on-line and face to face teaching modalities to increase flexibility for employed nurses. The outcome, by 2007, was the preparation of 67 NEW masters prepared nurse educators as replacement and expansion faculty for all Wisconsin nursing programs across the state. Contracts between partnering employers and *SWIFT* Nurse Educator students resulted in employer paid time for students to attend classes with a contractual commitment that they remain clinical employees of the health systems for at least two years following graduation, while serving as clinical faculty in a Wisconsin nursing school for at least 2 years upon graduation.

BSN completion has been embraced as a major strategic commitment by UWM in response to the recommendations made in the 2010 IOM report on *The Future of Nursing to increase to 80% the number of nurses prepared at the BS level or higher*. The UWM BS Completion Program for RN's has expanded to include partnerships with area employers to offer on-site, face-to-face courses to augment the on-line offerings of the BSN@Home. Currently two of these academic-practice partnerships exist and additional partnerships have been requested by other major employers in Milwaukee County. Last year, the UWM CON received DOL funding through a partnership with the Milwaukee Area Workforce Investment Board (MAWIB) to develop a modified replication of the DOL *SWIFT* program described earlier. The *SWIFT* BSN program focuses on a partnership with MATC to implement on-site student advising and dual enrollment options for MATC students. Similar partnerships are under discussion with Waukesha and Gateway Technical Colleges to facilitate more efficient ADN-BSN transition and completion.

In 1971, a Master of Science program with a major in community health nursing was initiated. In 1995, the master's program was modified to an Advanced Practice Nursing focus with both Family Nurse Practitioner and Clinical Nurse Specialist options. In 1997, the Post-Nurse Practitioner Masters option was added. This option allowed baccalaureate prepared certified nurse practitioners to complete their master's degree. In 2001, the RN to MS program was approved. The collaborative MS/MBA degree with UWM School of Business began in 2002.

The Board of Regents approved the implementation of a post-masters PhD program in nursing in 1984. A BS to PhD option was added in 2002. In 2003, the faculty expanded access to doctoral education for nurses by adding to the well- respected on-campus doctoral program, the first asynchronous, on-line PhD program in the nation.

The DNP program was approved in December 2008 and the first cohort of post master's DNP students began in Fall 2009, graduating in May 2011. The first BS-DNP students enrolled in Fall, 2011. That program was accredited by CCNE in 2012.

As the largest nursing program in Wisconsin, the College maintains a large undergraduate enrollment, while implementing a number of interdisciplinary curricular options at the graduate levels to prepare graduates for the communities they serve. These include:

- Health Professional Education Certificate
- Graduate Certificate in Applied Gerontology
- PhD program in Medical Informatics,
- Public Health Certificate Program
- Trauma Counseling Certificate
- Certificate in Global Health

## II. The Type of Program

The UW Flex Option is an innovative way to make UW degree and certificate programs more accessible, convenient, and affordable for adult and nontraditional students. Built on the long-standing foundation of high-quality degree programs offered by University of Wisconsin System campuses, **the new UW Flex Option will include self-paced, competency-based degree and certificate programs that allow students to progress toward degrees and obtain certificates by demonstrating knowledge they have acquired through prior coursework, military training, on-the-job training, and other learning experiences. Students will progress toward a degree by successfully completing a series of competency assessments that demonstrate mastery of required knowledge and skills. No credit or**

**grade will be given until all competency assessments within a given competency set have been completed and passed. This is not academic credit for life lived or previous nursing experience. The Flex Option allows students to receive credit only upon the demonstration of clearly defined competencies required of BSN prepared nurses.**

The UW System will begin offering the first programs under its Flexible Option starting in Spring 2014. Student admissions will begin in November 2013, and students will be able to start work in the program in January, 2014. The UW System is the first public university system in the nation to offer this competency-based, self-paced curricular option.

University of Wisconsin-Milwaukee will offer 3 degree options and one certificate program in the Flex delivery mode:

- A bachelor's degree completion program for Registered Nurses
- A bachelor's degree in diagnostic imaging for certified diagnostic imaging professionals
- A bachelor's degree in information science and technology
- A certificate in professional and technical communication

Currently RN-BSN nurses have the option of completing their UWM degree through traditional face-to-face classes or via on-line classes through the BSN@Home. The proposed Flex Option offers a third route for degree completion.

The Flex Option is being launched with full support of, and in partnership with, the UW Extension, UWM campus and the UWM College of Nursing. A College of Nursing Faculty/Instructional Academic Staff Advisory Group is developing principles for quality, competencies, assessments, and levels of mastery, as well as identifying an ongoing oversight/mentoring/coaching role for faculty. An Administrative Advisory Group is working through infrastructure issues and developing the business model. An Academic and Student Support Group is developing the operational mechanisms and support needed to enable students to enroll and progress in UW Flex Option programs. UW-Extension will partner with each UW Flex Option program to provide operational and administrative support. UW Colleges will provide an array of general education and liberal arts courses in the new UW Flex Option format, in core fields such as biology, chemistry, mathematics, engineering, business, English, Spanish, geography, and others. UW Colleges will work to provide the associate of arts and science degree via the UW Flex Option, which may also meet the general education requirements of four-year degree programs launched by other institutions.

**On July 2, 2013, the Higher Learning Commission (HLC) approved UW Milwaukee and UW Colleges to offer a competency-based degree program through the UW Flexible Option.** All UW Schools and programs receive HLC accreditation before accepting enrollments, and it is a key factor for students as they evaluate their options for higher education.

### **III. The Curriculum Plan**

The curriculum is very student centered with attention to the challenges that working RNs experience in the BSN completion process at the core of the curriculum plan. **Guided by intensive advising and coaching support from CON advisers and faculty,** RN to BSN Flex Option students will have the opportunity to complete their degree either **entirely in the Flex Option format or to mix and match program options** to include on-line BSN@Home courses or face-to-face courses to meet the BSN degree requirements. It is expected that students will complete their degree using some combination of all three. This additional curricular option is designed to assist the State of Wisconsin to address a major recommendation of the 2010 Institute of Medicine report, *The Future of Nursing*, to increase the number of nurse prepared at the baccalaureate level or above to 80% by the year 2020. In 2012, only 53.3% of Wisconsin Nurses were prepared at the baccalaureate level or above.

The required 30 post-licensure nursing credits in the Flex Option will be offered as competency sets that are equivalent to the current BSN @ Home courses currently offered by all UW System nursing schools and colleges. The competency sets include:

- Research (equivalent to UWS 446)
- Leadership and Management (equivalent to UWS 447)
- Community Health Nursing (equivalent to UWS 454)
- Foundations of Professional Nursing Practice (equivalent to UWS 407)
- Information Systems and Healthcare Technology (equivalent to UWS 453)
- Chronic Care Management (equivalent to UWS)
- Capstone RN-BSN (linked to UWM NURS 445), and
- Three electives, including Health Assessment and Promotion and two to be determined.

Each of these competency sets has a complete description of the set and the associated specific competencies on the attached document. (See attachments) The competency sets are being developed by expert course faculty who currently teach the on-campus and/or BSN@Home version of the course mapped to the competency.

The non-nursing credits required for the degree can be obtained through UW System schools and/or collaborative partner schools, including UW Colleges and Community Colleges.

#### **IV. The Instructional Methods**

The UW Flexible Option is a new approach to earning credit that helps bridge the gap between what students already know and what they need to learn to complete a degree. Students will utilize their own experiences and knowledge, and will be able to access **dedicated on-line curated content** to allow them to assess their knowledge against important and relevant resources, as well as against the competency set objectives. Curated content may include text references, journal articles, and/or on-line resources. The CON is utilizing an experienced research librarian as content curator to assist faculty in searching, extracting, collating and posting these materials. Once students feel they are ready to be assessed on the required competencies, they may do so on their own schedule, at their own pace.

Assessments are being developed by UW CON faculty to best capture the competencies that define the valued UWM-BS in Nursing degree. Some assessments will be based on traditional tests currently used by students in face-to-face and on-line formats. Others will require a paper or other written work, or a portfolio assessment. Still others may require faculty observations of actual skill sets. The CON is using an assessment specialist, as well as CON faculty expertise, in developing competency assessments. As a result of the assessments, students will be able to directly and reliably demonstrate what they know to employers and others seeking their skills.

Students will determine the pace of their own learning and will progress through degree completion based on assessments of essential competencies determined by UW faculty. Successful completion will be based on demonstration of mastery rather than seat time in a classroom. When a student demonstrates mastery of a subject, he or she is free to move on to new material. The Flex Option can help students shorten the time normally required to complete a degree by assessing competency and crediting knowledge and skills acquired in the workplace, available curated content, free open educational resources or from other experiences. Self-pacing allows students to start and complete assessments based on their individual abilities, needs, and schedule. A student's learning is not impacted by the pace of other students completing the same competency set. The competency-based model will allow each student to choose a schedule that works for their lives. Students will not have to wait for

the beginning of a traditional semester to undertake curricular work, and can complete assessments any time they are ready.

To maintain the UWM College of Nursing's rigorous academic standards, faculty from UWM College of Nursing will oversee all aspects of the academic program. UW College of Nursing faculty members have identified competency requirements for the BSN completion program offered through the UW Flex Option initiative. They are also determining the assessments that students will use to demonstrate their mastery of those competencies. Faculty will be grading the assessments, conducting ongoing evaluation of content and assessments and modifying the competency set as needed. These are the same CON faculty who developed and who teach the current BSN completion courses face to face, and in the BSN@Home program. The BS degree will be granted by the accredited institution, UWM. The Flex Option RN to BSN curriculum builds upon decades of successful on-line programming for nursing education in the UW System through the BSN@Home program. UWM College of Nursing also launched the first asynchronous cohort model On-Line PhD program in nursing in the nation in 2003 and the *SWIFT* Nurse Educator and *SWIFT* BSN Completion programs. Lessons learned from these very successful innovative programs are informing the development of the Flex Option.

Desire to Learn, D2L, will be the on-line learning platform that will support the Flex Option. This platform currently is used in our traditional face to face and on-line courses. We have a dedicated Media Specialist to assist with the D2L site development, as well as support from UW Extension.

Again, the Flex Option is one additional route that the RN-BSN student may take to complete their degree. Traditional face-to-face classes will continue to be offered; the BSN@Home program will continue for on-line education; the Flex Option will allow for self-paced competency assessment. We do expect students to utilize a combination of all three options to complete their degree. The competency sets match traditional and on-line BSN@Home course objectives. UWM CON faculty developed these objectives as well as the competency sets and assessments.

## **V. Projected Use of Clinical Facilities and Resources**

As these students are already licensed as Registered Nurses, the need for clinical placement sites is limited. In the current BSN completion options (face-to-face and BSN@Home), the only required clinical experience is in their final capstone course (UWM NURS 445), which requires 90 clinical hours. This course has undergone redesign for our current students and programs, and the final clinical capstone can even be completed in the

student's current site of employment, **albeit in an expanded and differentiated role**. For the students who are not employed, an appropriate placement will be located. Simulation facilities in the Nursing Learning Resource center are also available for both learning and competency assessments. The other required resource is the Desire to Learn (D2L) learning platform. This platform is already in place and supported by UW System, UW Extension and UWM. As this is a new curricular delivery model, as opposed to a new program, costs are limited. Operational costs have been supported by UW Extension.

#### **VI. The Plan for Employment of Faculty**

Faculty who develop the competency sets will initially be the faculty who oversee each competency set until such time as the sets are formally evaluated and updated. As Flex Option enrollment grows, new faculty will be hired and trained in the Flex Option curriculum.

**In summary, the Flex Option is a curricular delivery model designed to complement the existing traditional face-to-face and BSN@Home on-line delivery models, to facilitate degree completion based on competency assessment. All options link to the same objectives.**

## Competency Sets for College of Nursing BSN Program

Title of Competency Set and Course Mapped to	Competency Set Description	Competencies	Assessments
<p><b>Information Management and Healthcare Technology</b></p> <p><b>UWS Nsg 453</b></p> <p><b>Developer: Amy Coenen</b></p>	<p>Utilize computer and information/decision science to support quality and safety in health care. Explore informatics issues and examine nursing's role in healthcare technology. Opportunities to use and master various healthcare technologies and healthcare data will be given.</p>	<ol style="list-style-type: none"> <li>1. Delineate the role of the nurse in healthcare informatics.</li> <li>2. Describe how to manage data, information, knowledge, and technology to enhance and measure clinical practice, education, administration and research.</li> <li>3. Discuss health care informatics relationship to ethical, legal, political, social, cultural, economic, and management issues that impact the delivery of quality and cost-effective healthcare.</li> <li>4. Demonstrate mastery of select and current technology skills.</li> <li>5. Evaluate health care forces, trends, and professional standards impacting healthcare informatics</li> </ol>	<ol style="list-style-type: none"> <li>1. Examination using multiple choice and short answers items. 100 points – using grading scale below</li> <li>2. Video or voiceover PowerPoint developed by student to identify and evaluate select health care forces, trends and professional standards impacting healthcare informatics. Assessment based on rubric to be developed</li> <li>3. Case study analysis. Case study will be used by students to propose a plan for data collection and management to evaluate clinical practice, provide information for quality improvement and education, and stimulate new knowledge development for research. Assessment based on rubric to be developed</li> </ol>

<p><b>Foundations of Professional Nursing Practice</b></p> <p><b>UWS NSG 407</b></p> <p><b>Developer: Kan Jansen</b></p>	<p>Philosophical perspectives, theories, and standards are applied to the practice of professional nursing. Factors influencing nursing/health care delivery are analyzed. Professional communication skills are enhanced. This is a writing emphasis course.</p>	<ol style="list-style-type: none"> <li>1. Demonstrate understanding of professional nursing practice including membership on an interprofessional team.</li> <li>2. Integrate concepts and theories from liberal education and the science of nursing into nursing practice.</li> <li>3. Examine the importance of historical, sociocultural, political, and economic influences in nursing practice and health care.</li> <li>4. Apply ethical reasoning and professional values in nursing practice and healthcare.</li> <li>5. Demonstrate critical thinking and professional communication skills.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ethics case study for analysis requiring short answers to questions; maximum of 10 questions; student must provide satisfactory response to each question and references as needed according to rubric</li> <li>2. Multiple choice examination: 50 items</li> <li>3. Multiple choice examination: 50 items</li> </ol>
<p><b>Community Health Nursing</b></p> <p><b>UWS Nsg 454</b></p> <p><b>Developer: Mary Jo Baisch</b></p>	<p>Nursing care of populations and communities to facilitate optimal health outcomes.</p>	<ol style="list-style-type: none"> <li>1. Compare and apply components of community health nursing, public health nursing, and community-based nursing.</li> <li>2. Examine community health issues and health systems/resources using current state, national, and international health planning documents.</li> <li>3. Use epidemiological principles as a foundation for community health nursing practice.</li> <li>4. Describe community health nursing interventions used to assess, protect, and improve the health of individuals, families, populations, and communities.</li> <li>5. Articulate the impact of social, cultural, political, ethical, and environmental determinants on individual and population health.</li> <li>6. Apply principles of technology (ie.,tele-health) to the specialty of community health nursing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Aggregate assessment presentation</li> <li>2. Aggregate planning and evaluation case study Examination (epidemiology, evidence based practice, interventions)</li> <li>3. Examination (Community health theory, determinants of health, economics, technology)</li> <li>4. Examination (Community assessment, Evidence based interventions, health policy, public health law and ethics)</li> </ol>

<p><b>Chronic Care Management</b></p> <p><b>UWS Nsg 441</b></p> <p><b>Developer: Kay Jansen</b></p>	<p>Exploration of interaction of biological, psychological, social, and environmental factors important to understanding management of chronic conditions at the individual, family, community, and societal levels.</p>	<ol style="list-style-type: none"> <li>1. Analyze the interaction of biological, psychological, social, and environmental factors on management of chronic conditions.</li> <li>2. Synthesize theories and concepts related to management of chronic conditions to support self-management of chronic conditions.</li> <li>3. Integrate selected concepts of pathophysiology and pharmacology in the nursing management of chronic health problems.</li> <li>4. Examine the impact of cultural, spiritual, ethical, health care policy, aging, and social concerns in the management of chronic conditions.</li> <li>5. Understand the roles and functions of the nurse in management of chronic conditions.</li> <li>6. Demonstrate an understanding of resources and models of care to manage chronic health problems across the continuum of care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Voiceover PowerPoint presentation to identify factors that impact management of a chronic condition and nursing roles and functions—based on rubric</li> <li>2. Short answer examination (25 items) using grading scale below</li> <li>3. Case scenario which will be used to develop a plan of care to promote self-management—based on rubric</li> </ol>
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<p><b>Leadership and Management</b></p> <p><b>UWS Nsg 447</b></p> <p><b>Developer: Linda Scalzo</b></p>	<p>Examines nursing leadership and management using relevant theories and concepts. Analyze decision-making in relation to communication, delegation, supervision and group process.</p>	<ol style="list-style-type: none"> <li>1. Demonstrate knowledge of the complex and dynamic economic, political, and social influences on health care organizations and professional nursing practice.</li> <li>2. Examine the interrelationships among organizational behavior, leadership and management strategies and processes, and professional nursing practice.</li> <li>3. Analyze decision-making in relation to ethics, communication, delegation, leadership and followership, supervision, and group process.</li> <li>4. Analyze leadership and management behaviors, evidence-based leadership, and management research to promote quality care and professional nursing practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quality Improvement Proposal: Identify a process that needs improvement in the health care setting and design a QI Project</li> <li>2. Leadership/Management Analysis of decision-making from a unit-based and organizational perspective that addresses the processes and interrelationships among leaders and followers</li> <li>3. Professional Nursing Practice Issue: Examine a professional issue that has implications for nursing practice; create a leadership plan for addressing the issue in the organization, including all levels of nursing practice</li> </ol>
<p><b>Introduction to Nursing Research</b></p> <p><b>UWS Nsg 446</b></p> <p><b>Developer: Sarah Morgan</b></p>	<p>This course introduces the importance of research to improve clinical practice, strategies to evaluate the quality of research and evidence, and increase integration of research into practice.</p>	<ol style="list-style-type: none"> <li>1. Describes the interrelationships among nursing theory, nursing practice, and nursing research</li> <li>2. Demonstrate an understanding of both quantitative and qualitative approaches to research and knowledge development</li> <li>3. Describe ethical considerations involved in nursing research.</li> <li>4. Critique nursing research.</li> <li>5. Identify and appraise nursing research reports and evidence-based practice guidelines as a basis for current nursing practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Two exams</li> <li>2. Interactive Online Module to Assess Critiquing Qualitative and Quantitative Research Publications</li> <li>3. Evidence Based Practice Project</li> </ol>

<p><b>Nursing Capstone RN to BSN</b></p> <p><b>NURS 445</b></p> <p><b>Developer: Lisa Mihlbauer</b></p>	<p>Synthesis of knowledge from current and past learning experiences and application of clinical decision making to provide comprehensive nursing care to individuals, Families, groups and communities.</p>	<ol style="list-style-type: none"> <li>1. Operationalize a philosophy of nursing practice appropriate to population and setting.</li> <li>2. Utilize the nursing process with focus: <ol style="list-style-type: none"> <li>a. Appropriate and individualized interventions</li> <li>b. Innovative and flexible interventions</li> <li>c. Evaluation of outcomes</li> </ol> </li> <li>3. Incorporate principles of family and community health in assessing, planning, providing and evaluating nursing care for aggregates.</li> <li>4. Explore the impact of cultural, developmental, economic, ethical, ethnic, legal, political, social and spiritual factors on the outcomes of care.</li> <li>5. Provide safe and competent nursing care to individuals, families, groups and communities.</li> <li>6. Demonstrate effective management skills by: <ol style="list-style-type: none"> <li>a. Identifying team members abilities to provide safe and competent care and delegating accordingly</li> <li>b. Facilitating the involvement of health care team members and evaluating the effectiveness of their contributions</li> <li>c. Utilizing appropriate community resources</li> </ol> </li> <li>7. Demonstrate professional nursing role: <ol style="list-style-type: none"> <li>a. Identifying institutional and environmental factors that effect professional practice</li> <li>b. Integrating leadership strategies, change theories and research findings</li> <li>c. Participating in collaborative relationships</li> </ol> </li> <li>8. Demonstrate responsibility and accountability for ones professional practice and development.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case Study Analysis – Management and collaboration</li> <li>2. QSEN Project - Community based</li> <li>3. Written Research Review with application to clinical practice</li> <li>4. Written Clinical Narrative</li> </ol>
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<p><b>Health Assessment and Promotion</b></p> <p><b>UWS Nsg 317</b></p> <p><b>Developer: Lisa Muhlbauer/ Kim Williams-White</b></p>	<p>Health Assessment and Promotion in Nursing Practice provides the student with the knowledge and skills necessary to perform a complete health assessment of individuals of all ages. Emphasis is placed on conducting a comprehensive health history and nursing physical assessment using the functional health patterns as a framework. The student will use theories and concepts of health assessment, health promotion, disease prevention, self-care and self management to develop appropriate health promotion strategies for individuals across the lifespan.</p>	<ol style="list-style-type: none"> <li>1. Complete a comprehensive health assessment and nursing physical examination of an individual adult client using the functional health patterns as a framework.</li> <li>2. Document a thorough health history and nursing physical assessment</li> <li>3. Differentiate between normal and abnormal health history and physical examination findings.</li> <li>4. Analyze and apply theoretical models of health and health promotion in the assessment and care of individuals.</li> <li>5. Incorporate the concepts of cultural, ethnic, racial, spiritual, and social concerns when assessing health history, physical exam and health promotion of an individual.</li> </ol>	<ol style="list-style-type: none"> <li>1. Written health history and genogram</li> <li>2. Written or video-taped health promotion project</li> <li>3. Physical assessment self assessment and performance improvement plan</li> <li>4. Video-taped or live physical assessment performance evaluation and documentation</li> <li>5. Online multiple choice exam</li> </ol>
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## FLEX LEX

### An Emerging Lexicon of Terms and Language for the UW Flexible Option

UW Flexible Option is a competency-based approach to education, which starts with student learning outcomes, and puts them squarely at the center of our engagement with students. Because UW Flexible Option is competency- and not course-based, the following language and terminology are proposed:

1. The **Program** refers to the degree or certificate that students will work towards (a BS in Nursing, a certificate in professional communications, the Associate of Arts and Science or AAS degree, etc.).
2. The **Curricular Areas** are the broad areas that make up the program (for the UW-Milwaukee BS in Nursing, these may be Liberal Learning or Gen Ed, Lifelong Learning, Focus Areas; for the UW Colleges' AAS, breadth areas are Math/Natural Sciences, Fine Arts/Humanities, Application and Performance, etc.). In some cases, the UW Flexible Option programs will have curricular areas and sub-curricular areas.
3. The **Competency Set** refers to the natural grouping of competencies that hang together to define the skills and knowledge of curricular areas. In Nursing's general education area, these may be quantitative skills, literacy/communication skills, and knowledge areas in natural and social sciences, and in arts & humanities. In a traditional curricular model, these sets could be used to create courses.
4. **Competencies** will define the skills, knowledge, attitudes and behaviors that students will be expected to master. In other words, competencies define the *learning outcomes* expected of students. A competency may consist of several elements, however, as a rule, each competency is assessed with one assessment activity. There may be exceptions to this rule.
5. **Assessment Activities** define the activities (writing a paper, taking a paper-pencil exam, doing a role-play interview, being observed in a clinical setting, etc.) that we expect students to engage in to demonstrate their learning and be evaluated. These activities will also take place in specified settings (online, in person, etc.) These activities will be evaluated using the method that is the most appropriate (grading the exam, using a rubric to evaluate a paper or clinical observation, etc.).
6. **Performance Standards** address the question of the particular level of proficiency necessary for the student to have mastered the competency (and thereby receive credit). Performance standards need to be agreed upon by all program faculty/staff and/or department members within a UW Flexible Option program.
  - a. The designation of **mastery** connotes the ability to *do* something well; it implies that a student is able to use his or her knowledge in settings outside of the classroom. A student who does not master a competency is said to be **working toward mastery** with the expectation that the student will sit for a new assessment in the future and eventually demonstrate mastery.
  - b. Hence, the proper nomenclature for **grading assessments** in competency programs is *mastery* or *working toward mastery*.

7. ***Curated Content*** includes the instructional and learning materials and resources students will use as they move towards readiness for competency assessment. All UW Flexible Options will provide a repository of content appropriate to the student's program of study. Faculty mentors and success coaches will guide students in choosing which materials and resources are most relevant for any given competency. Examples of content include published books and articles, MOOCs (Massive Online Open Courseware) and other online resources. Students might also learn and gain knowledge from credit-based courses, structured internships, service projects, and work and practical experiences.
8. A signature component of the UW Flexible Option model is developing ***Academic Success Coaches*** who will provide proactive “wrap around” support. Based on best practices in the literature,<sup>1</sup> students enrolling in UW Flexible Option (primarily adult, returning students who will fit their education around their already-full lives) will need support that is individualized and proactive (called “high-touch” or “intrusive”) in order to navigating the sea of content and other information available through UW institutions and worldwide. This support will be best delivered in a comprehensive, integrated “wrap-around” manner from someone who can provide support along a wide range of academic and support areas (curricular content areas, program planning and other traditional academic advising, financial aid, career counseling, time and financial management, etc.).
9. The Academic Success Coach will develop ***Independent Learning Plans*** with UW Flexible Option students – plans that lay out the order and pace at which students will take competency assessments.
10. ***Subscription-based Structure*** provides for unparalleled flexibility. Once accepted into a program, students may begin studying on the first day of any month. They then have three full months in which to demonstrate mastery of as many competencies as they wish, with the subscription ending on the last day of the third month. As with any subscription model, the UW Flexible Option allows students to maintain their academic activity and access to materials and supports without interruptions by making the required payment for the next subscription period. For example, a student who enrolls on the first day in January is eligible to study through the last day of March. The student may make the required payment for the next three-month subscription period at any time prior to the deadline to avoid interruption in his/her access to the program. Once a student does that, he/she may continue to seamlessly study without any lag or interruption to his/her studies.

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<sup>1</sup> See [http://www.nacada.ksu.edu/Resources/Clearinghouse/View-Articles/Proactive-\(intrusive\)-advising-resource-links.aspx](http://www.nacada.ksu.edu/Resources/Clearinghouse/View-Articles/Proactive-(intrusive)-advising-resource-links.aspx)

## CURRICULUM VITA

Sally Peck Lundeen, R.N., Ph.D., F.A.A.N.

10226 Range Line Ct.  
Mequon, Wisconsin 53092  
(262) 242-5933

University of Wisconsin–Milwaukee  
School of Nursing  
P.O. Box 413  
Milwaukee, WI 53201  
(414) 229-4189

### **Formal Education**

Illinois Wesleyan University  
Bloomington, Illinois

Nursing Major  
B.S.N. 1969

University of Illinois  
Medical Center Campus  
Chicago, Illinois

Psychiatric/Community Mental Health Nursing  
M.S.N. 1971

University of Illinois  
Health Sciences Center  
Chicago, Illinois

Nursing  
Ph.D. 1986

### **Positions Held**

Dean, University of Wisconsin-Milwaukee, School of Nursing, Milwaukee, Wisconsin, July 2001 - present.

Interim Dean, University of Wisconsin-Milwaukee, School of Nursing, Milwaukee, Wisconsin, 1999 - 2001.

Director, Institute for Urban Health Partnerships, University of Wisconsin-Milwaukee, School of Nursing, Milwaukee, Wisconsin, 1996 – 1999.

Associate Dean for Practice, University of Wisconsin-Milwaukee, School of Nursing, Milwaukee, Wisconsin, 1995 - 1999 (on temporary leave).

Director, Nursing Center, University of Wisconsin-Milwaukee, School of Nursing, Milwaukee, Wisconsin. 1986 to 1995.

Full Professor, University of Wisconsin-Milwaukee, Foundations Department, School of Nursing, Milwaukee, Wisconsin, 1999 - present. Associate Professor, 1992 to 1999. Assistant Professor, 1985 to 1991.

Executive Director, Erie Family Health Center, Chicago, Illinois. September, 1977 to June, 1978; Director of Program Development, September, 1980 to May, 1981; Executive Director, June, 1981 to April, 1985

Co-founder and Nurse Psychotherapist, Associates for Psychological Services, Oak Park, Illinois. 1975 - 1978.

Instructor, Graduate Faculty of the Department of Psychiatric/ Community Mental Health Nursing, University of Illinois at the Medical Center, Chicago, Illinois. 1974 – 1976.

Mental Health Specialist, Coordinator of Community Education and Consultation, Little Village Mental Health Center, Chicago, Illinois. 1971 - 1974.

Staff Nurse, Galesburg State Research Hospital, Galesburg, Illinois. 1969.

### **Publications**

Lundeen, S.P. (1985, March). Nurse managed centers offer more to patients, nurses. The American Nurse, pp. 4, 22.

Lundeen, S.P. (1986). An interdisciplinary nurse managed center: The Erie Family Health Center. In M.D. Mezey and D.O. McGivern (Eds.) Nurses, Nurse Practitioners: The Evolution of Primary Care (pp. 278-288), Boston: Boston, Little, Brown Publishing Co.

Adylotte, M., Bramstetter, E., Fehring, R., Lindgren, K., Lundeen, S., McDaniels, S., & Riesch, S. (1987). Nursing Centers: Concept and Implementation. Kansas City, MO: American Nurses Association.

Lundeen, S.P. (1989). Strategies for community nursing center survival. In Andrea Arvonio (Ed.) Nursing Centers: Meeting the Demand for Quality Health Care, NLN Pub. 21-2311, New York: National League for Nursing.

Lundeen, S.P. (1990). Nursing centers: Models for autonomous nursing practice. In McCloskey, J. and Grace, H.K., (Eds.) Current Issues in Nursing, (pp. 304-309), St. Louis: C.V. Mosby Publishing Co.

Lundeen, S.P., Kreuser, N.K., & Friedbacher, B.E. (1992). Future applications of the OMAHA client data management information system. In Martin, K.S. and Scheet, N.J. (Eds.) The OMAHA System: Applications for Community Health Nursing, Philadelphia: W.B. Saunders Co.

Lundeen, S.P. (1992). Leadership strategies for organizational change: Applications in community nursing centers. Nursing Administration Quarterly, 17(1), 1-5.

Lundeen, S.P. (1992). Health needs of a suburban community: A nursing assessment approach. Journal of Community Health Nursing, 9(4), 235-244.

Lundeen, S.P. (1993). Comprehensive, collaborative, coordinated, community-based care: A community nursing center model. Journal of Family and Community Health, 16(2), 59-67.

Lundeen, S.P. (1993). Nursing centers care for adolescent parents. Nursing Matters. October, 1993. p. 17.

Lundeen, S.P. (1994). Community nursing centers: Implications for health policy reform. In McCloskey, J. and Grace, H.K. (Eds.) Current Issues in Nursing, 4th edition. St. Louis: C.V. Mosby Publishing Co.

- Lundeen, S.P. & Friedbacher, B.E. (1994). The automated community health information system (ACHIS): A relational database application of the Omaha system in a community nursing center. In Nursing Informatics: An International Overview for Nursing a Technological Era. Grobe, S.J. and Puyter-Wenting, E.S.P. (Eds.). Amsterdam: Elsevier, 393-397.
- Bogenschneider, K., Riley, D., Morgan, K & Lundeen, S. (1994). Can Government Promote Competent Parenting? A Wisconsin Family Impact Seminar Briefing Report. Madison: WI: Center for Excellence in Family Studies, University of Wisconsin-Madison.
- Lundeen, S.P. (1995). Information systems for community nursing centers: Issues of clinical documentation. In Murphy, B. (Ed.) Nursing Centers: The Time is Now, New York: National League for Nursing Press.
- Lundeen, S.P. (1995). Preface. In Murphy, B. (Ed.) Nursing Centers: The Time is Now, New York: National League for Nursing Press.
- Frenn, M., Lundeen, S.P., Martin, K., Riesch, S., & Wilson, S.A. (1996). Symposium on nursing centers: Past, present and future. Journal of Nursing Education, 35 (2), 54-62.
- Friedbacher, B. & Lundeen, S.P. (1996). Site exemplar and case study: UWM Spring Community Nursing Center. In Reif, L. and Martin, K. Nurses and Consumers: Partners in Assuring Quality Care in the Home. Washington, D.C.: American Nurses Publishing.
- Lundeen, S.P. & Friedbacher, B.E. (1996). Academic nursing centers and community-based nursing information systems. In Cohen, E. (Ed.) Nurse Case Management in the 21st Century. St. Louis: Mosby.
- Coenen, A., Marek, K.D., and Lundeen, S. P. (1996). Using nursing diagnosis to explain utilization in a community nursing center. Research in Nursing and Health, 19: 441-445.
- Lundeen, S.P. (1997). Nursing centers: Where are they and what are they doing? In McCloskey, J. & Grace, H. (Eds.) Current Issues in Nursing, 5th edition. pp. 373-381. St. Louis: C.V. Mosby Publishing Co.
- Lundeen, S.P. (1997). Community nursing centers: Issues for managed care. Nursing Management, 28 (3), 35-37.
- Lundeen, S.P., Friedbacher, B., Thomas, M., and Jackson T. (1997) Testing the viability of collaborative interdisciplinary practice in community-focused primary health care: A case study in change. Wisconsin Medical Journal, June 1997, 30-36. *Reprinted with permission: Nursing Matters*, November 1997, 8 (11), 8-12.
- Zachariah, R. and Lundeen, S.P. (1997). Research and practice agendas in an academic nursing centers. Image: The Journal of Nursing Scholarship, 29 (3), 255-260.
- Lundeen, S. P. (1998). The role of professional nursing in a managed care environment: Challenges and exemplars. International Nursing Review Japanese edition '98 special issue, 21 (3), 36-41.

- Lundeen, S.P. (1999). An alternative paradigm for promoting health in community: The Lundeen community nursing center model. Family and Community Health, 21(4), 15-28.
- Lundeen, S.P. (2001). Nursing Centers: What's New? In McCloskey Dochterman, J. & Grace, H. (Eds.), Current Issues in Nursing, 6<sup>th</sup> edition. pp. 304-312. St. Louis: C.V. Mosby Publishing Co.
- Hildebrandt, E., Baisch, M. J., Lundeen, S. P., Bell-Calvin, J., & Kelber, S. (2003). Eleven years of primary health care delivery in an academic nursing center. Journal of Professional Nursing. 19(5), 279-288.
- Anderko, L, Bartz C, Lundeen, S.P. (2005). Wellness for a Lifetime: Improving lifestyle behaviors of low-income, ethnically diverse populations. Annals of Family Medicine.3: S35-S36.
- Anderko, L, Bartz, C, & Lundeen, S. (2005). Practice-Based Research Networks: Nursing centers and communities working collaboratively to reduce health disparities. Nursing Clinics of North America, 40(4), 747-758.
- Yen, WJ & Lundeen, S. (2006). The association between meaning of caregiving, perceived social support and level of depression of Taiwanese caregivers of mentally ill patients. International Journal of Psychiatric Nursing Research, 12(1), 1378-1392.
- Anderko, L, Lundeen, S & Bartz, C. (2006).The Midwest Nursing Centers Consortium Research Network: Translating research into practice. Policy, Politics, and Nursing Practice, 7(2), 101-109.
- Pohl, JM, Breer, ML, Tanner, C, Barkauskas, VH, Bleich, M, Bomar, P, Fiandt, K, Jenkins, M, Lundeen, S, & Mackey, TA. (2006). National consensus on data elements for nurse managed health centers. Nursing Outlook, 54(2), 81-84.
- Anderko, L, Lundeen, S & Bartz, C. (2006). The Midwest Nursing Centers Consortium Research Network: Translating research into practice. Policy, Politics, and Nursing Practice, 7(2), 101-109.
- Lang, NM, Hook, ML, Akre, ME, Kim, TY, Berg, KS, Lundeen, SP, Hagle, ME & Ela, SE. (2006). Partnerships to accelerate building useful clinical decision support systems. In C. Weaver, C. Delaney, P. Webber & R. Carr (Eds.). Nursing and Informatics for the 21st Century: An International Look at the Trends, Cases, and the Future. (pp.291-303). Chicago, IL: Healthcare Information and Management Systems Society (HIMSS).
- Lundeen, SP (2007). Developing and Testing Nursing Models of Care for Vulnerable Populations. In Tine Hansen-Turton, BA, MGA, JD, Susan Sherman, RN, MA, and Vernice Ferguson, RN, MA, FAAN, FRCN (eds.). Conversations With Leaders: Frank Talk From Nurses (and Others) on the Front Lines of Leadership (pp. 103-116) Indianapolis, IN: Sigma Theta Tau International.
- Ela, S, Lang, NM., Lundeen, SP. (2007). "Time for a nursing legacy: Ensuring excellence through actionable knowledge." Nurse Leader, Volume 4, Issue 6, Pages 42-55.

Lundeen, SP, Harper, E, Kerfoot, K. (2009). Translating nursing knowledge into practice: An uncommon partnership. Nursing Outlook, 57(3), 173-175.

Hong, WS & Lundeen, SP. (2009). Using ACHIS to analyze nursing health promotion interventions for vulnerable populations in a community nursing center. Asian Nursing Research. 3(3). 130-138.

Acord, L. G., Dennik-Champion, G., Lundeen, S. P. & Schuler, S. G. (2010). Vision, grit, and collaboration: How the Wisconsin Center for Nursing achieved both sustainable funding and established itself as a state health care workforce leader. Policy Politics & Nursing Practice, 11, 126-131.

Kerfoot, KM, Lundeen, SP, Harper, E, Lang, NM, Burke, LJ, Hook, ML, Murphy, J, Devine, EC, Kim, TY, Carlson, AF, Conner, J & Watkin, TJ. (2010). "Building an Intelligent Information System for Nursing: The Aurora, Cerner and University of Wisconsin-Milwaukee Knowledge-Based Nursing Initiative – Part II." In Weaver, CA, Delaney, CW, Weber, P & Carr, RL (Eds.) *Nursing and Informatics for the 21<sup>st</sup> Century: An International Look at the Trends, Cases, and the Future*. (pp. 225- 241). Chicago, IL: Healthcare Information and Management Systems Society (HIMSS).

Lang, NM, & Lundeen, SP (2010). The Knowledge-Based Nursing Initiative (KBNI): Linking research to practice and practice to research through electronic health information systems. The Japanese Journal of Nursing Research, 43, 407-416.

Baisch, MJ, Lundeen, SP, & Murphy, MK (2011). Evidence-based research on the value of school nurses in an urban school system. Journal of School Health; 81, 74-80.

### **Selected Technical Reports and Special Projects**

Lundeen, S.P. & Friedbacher, B.E. (1990). *Evaluation of a Collaborative Program to Promote Positive Parenting in Families at Risk of Child Abuse*. Funded under contract to Wisconsin Children's Trust Fund, Madison, Wisconsin.

Lundeen, S.P. (1990). *Evaluation of the Prenatal Care Needs of Low-Income Women in Kenosha County*. Funded under contract to Kenosha County Health Department, Kenosha, Wisconsin.

Moody, B.L, Kreuser, N.K., & Lundeen, S.P. (1990). *Training Curriculum for Health Professionals and Lay Workers on Issues Related to Infant Nutrition*. Funded under contract to Hunger Task Force of Milwaukee.

Lundeen, S.P. (1990). *UWM Nursing Center: Silver Spring Community Nursing Center Demonstration Project*. Funded under contract by US, PHS, DHHS, Division of Nursing.

Lundeen, S.P. (1991). *Community Health Needs Survey of Whitefish Bay*. Funded under contract to the Board of Trustees, Whitefish Bay, Wisconsin.

Lundeen, S.P. & Kreuser, N.K. (1991). *Metcalf Park: Profile of an Urban Community*. Funded under contract to the Milwaukee Health Department.

Kreuser, N.K. & Lundeen, S.P. (1992). *The Silver Spring Community: A Profile*. Funded in part by a grant from the Helen Bader Foundation.

Lundeen, S.P. (1996). *The Next Door Foundation Community: An assessment of community needs and strengths*. Funded under contract to the Next Door Foundation.

Lundeen, S.P., Friedbacher, B.K., Bartos, J. & Ryan, K. *Project APPLAUD!: A Self Sufficiency Initiative for Pregnant and Parenting Teens*. (Funded by Wisconsin Division of Community Services) Annual Reports 1993-1998.

Lundeen, S. P. (1997) *Multi disciplinary Education in Community Based Primary Prevention Strategies*. (Funded by the Bader Foundation.) Final Report.

Baisch, M.J., Friedbacher, B., & Lundeen, S.P. (1997). *City of Wauwatosa Health Department Internal Organizational Assessment, APEX-PH Part I*. Milwaukee, WI: University of Wisconsin Milwaukee.

Baisch, M.J., Friedbacher, B., & Lundeen, S.P. (1998). *City of Wauwatosa Community Health Assessment*. Milwaukee, WI: University of Wisconsin Milwaukee.

Lundeen, S.P. (1998). *Improving Access to Primary Health Care: The UWM Community Nursing Centers Expansion Project*. Funded by US, PHS, HRSA, Division of Nursing. # 1-D10-NU 30105-03. Milwaukee, WI: University of Wisconsin-Milwaukee. Final Report.

Lundeen, S.P., Teuteberg, D., Gotts, S. (1998). *Increasing Immunization Compliance: A School-based strategy*. Final Report . Funded by US, PHS, Centers for Disease Control and Prevention. Milwaukee, WI: University of Wisconsin-Milwaukee. (1 of 4 funded demonstration sites in the nation.)

### **Computer software programs developed**

Lundeen, S.P., Mundt, C.A, & Friedbacher, B.K. (1988, 1993) *ACHIS: Automated Community Health Information System*. A relational clinical documentation system developed on an R-base platform and installed at three UWM Community Nursing Centers (Silver Spring CNC, House of Peace CNC and Shalom CNC) to organize data collection on client problems interventions and client outcomes on 3 specific variables.

Lundeen, S.P., Mundt, C, and Friedbacher, B.K. (1996, 1998) *DataPrompt System*. A relational data system developed on a FoxPro for Windows platform. Developed to integrate administrative, clinical educational and research applications in a single information system. Installed at four UWM Community Nursing Centers and eight additional primary care sites to date, this program serves as the basis for comparable, multiple site data based clinical research in primary care settings.

### **Training Manuals**

Lundeen, S. P. & Moody, B. L. (1990). *Training Curriculum for Health Professionals on Issues Related to Infant Nutrition*. Milwaukee: University of Wisconsin-Milwaukee. (Publication funded by Milwaukee Hunger Task Force.)

Moody, B. L., Kreuser, N. K. & Lundeen, S. P. (1990). *Training Curriculum for Community Volunteers on Issues Related to Infant Nutrition*. Milwaukee: University of Wisconsin-Milwaukee. (Publication funded by Milwaukee Hunger Task Force)

Kreuser, N. Johnson, M. Lundeen, S.P., Moody, B.L. (1990). *Issues Related to Infant Nutrition: Training Manual*. Milwaukee: University of Wisconsin-Milwaukee. (Publication funded by Milwaukee Hunger Task Force.)

Lundeen, S.P., Mundt, C., and Friedbacher, B.K. (1996, 1998). *DataPrompt Software Training Manual*. Milwaukee, Wisconsin: LMF DataPrompt Inc.

### **Video Tapes Produced**

Kreuser, N.K. & Lundeen, S.P. (1990). *Infant Nutrition Training Videotape Series*. A three tape series, including (1) cultural implications for infant nutrition; (2) infant feeding practices; (3) prenatal/maternal nutrition.

### **Funded Research and Demonstration Projects**

#### **Summary of projects prior to 1986:**

**Public Sources:** 1977-1985. Developed, prepared and submitted thirty-three proposals to public funding sources to support the development of Erie Family Health Center, an urban demonstration project to improve access to care for low-income populations through an interdisciplinary, nurse-managed primary care delivery model. Twenty-eight proposals were funded (85%) for a total of \$2,463,998. Served as Project Director for all funded projects.

**Private sources:** 1980-85. Developed, prepared and submitted thirty-seven grant proposals to various private foundations and corporations to support the development of Erie Family Health Center, Chicago, Illinois, an urban demonstration project to improve access to care for low-income populations through an interdisciplinary, nurse-managed primary care delivery model. Twenty-four grants funded (65%) for a total of \$950,331. Served as Project Director for all funded projects.

### **Listing of UWM Funded Projects from 1986-present:**

Principal Investigator. *Development of a Community-based Nursing Center*. Funded by Patrick and Anna Cudahy Fund for \$42,000 from 1986 to 1988. To establish a pilot project for nursing services at Silver Spring Neighborhood Center.

Principal Investigator. *UWM Nursing Center: Silver Spring Site Demonstration Project*. Funded for \$625,000 by DHHS, Division of Nursing, (D10 NU 60026), October 1, 1987 to September 30, 1990. To develop and evaluate a model academic community nursing center program.

Principal Investigator. *Positive Parenting: A Program for Child Abuse Prevention*. Funded by Hasbro Children's Foundation for \$58,000, August, 1989 to July, 1990. To expand Silver Spring Nursing Center model program of children's health and child abuse prevention.

Principal Investigator. *A.C.T.: The Development of an Adolescent Coordination Team*. Funded for \$13,000 by Milwaukee Foundation/ Women's Fund and Humphreys Foundation from August, 1989 to August, 1990. To develop and evaluate a coordinated system of case-managed care for adolescent girls at risk of unwanted pregnancy.

Principal Investigator. *Development of staff training strategies for child abuse and neglect prevention*. Funded for \$17,500 by United Way Community Initiative Fund from October, 1990 to September, 1991.

Co-Principal Investigator. *Adolescent Pregnancy Prevention: A Community-based Strategy.*" Joint submission with Silver Spring Neighborhood Center. Funded for \$207,000 by Wisconsin Adolescent Pregnancy Prevention Services Board from 1990 to 1993. Refunded for \$350,000 from 1994 to 1998.

Co-Principal Investigator. *Family Resource Center Demonstration Project: The Silver Spring Model*. Joint submission with Silver Spring Neighborhood Center. Funded for \$500,000 by Wisconsin Children's Trust Fund from 1990 to 1996.

Principal Investigator. *Expansion of the Urban Capacity for Primary Care*. Funded for \$273,000 under contract to the City of Milwaukee/Wisconsin Department of Health and Human Services, 1990 to 1995.

Principal Investigator. *Healthy Families/Healthy Children*. Funded for \$240,000 by the Helen Bader Foundation from 1992 to 1995.

Co-Principal Investigator. *APPLAUD!: A Self-Sufficiency Intervention Strategy for Pregnant and Parenting Adolescents*. Funded for \$386,000 by the Wisconsin Division of Community Services from 1992 to 1998.

Principal Investigator. *UWM Community Nursing Center Initiative: Expanding the Capacity for Primary Care*. Funded for \$957,097 by US, DHHS, Division of Nursing from September, 1994 to August 1998.

Principal Investigator. *Project Inform: Nursing Centers-the Next Generation*. Funded for \$89,000 by the W.K. Kellogg Foundation from May, 1994-May, 1995.

Principal Investigator. *Multidisciplinary education strategies for community based care*. Funded for \$80,000 by the Helen Bader Foundation from January 1, 1995 to December 31, 1996.

Principal Investigator. *Development of an Urban Community Education Center*. Funded for \$8,700 by AHEC for 1994-1995. Refunded \$10,750 for 1995-96. Refunded for \$ 9,000 from 1996-1997.

Project Director. *The Institute for Urban Health Partnerships: Development and Dissemination of Knowledge within Urban Communities*. Funded for \$75,750 by the McBeath Foundation. September, 1996 - August, 1998.

Project Director. *The Institute for Urban Health Partnerships: Expansion of an Engaged University Model*. Funded for \$60,000 by the McBeath Foundation. September, 1996 - August, 1998.

Principal Investigator. *Adolescent Pregnancy Prevention: A Case Management Intervention Model*. Funded for \$82,443 by Adolescent Pregnancy Prevention Services Board. July, 1999 - June, 2002.

Principal Investigator. *Adolescent Pregnancy Prevention: An Abstinence Based Intervention Model*. Funded for \$86,430 by Adolescent Pregnancy Prevention Services Board. July, 1999 - June, 2002.

Principal Investigator. *Access to Primary Care: Expansion of the Silver Spring Community Nursing Center*. Funded for \$247,219 by DHHS PHS HRSA. January 1, 2002-December 31, 2002.

Principal Investigator. *The Midwest Nursing Center Consortium Research Network*, Funded for \$100,000 by DHHS PHS AHRQ. [1 D11HP14636-01-00]. October, 2002-September, 2004,

Principal Investigator. *Developing Primary Care Clinicians as Nursing Faculty*. Funded for \$218,657 by the US Department of Education. October 2003-September, 2004.

Co-Principal Investigator (with Norma Lang) 7/1/04-9/30/08. *ACW Knowledge-Based Nursing Initiative*. Aurora Healthcare, Inc & Cerner Corporation. Total Direct Costs, \$2,250,000 Total Award.

Principal Investigator. *A school nursing demonstration project to improve health outcomes for urban children*. Funded for \$441,918 by DHHS PHS HRSA. September, 2005-August, 2006.

Principal Investigator. *The State of Wisconsin Initiative to Fast Track (SWIFT) Nurse Educators*. Funded for \$1,365,414 by US Department of Labor. June, 2005 – June, 2007.

Co- Principal Investigator. *Implementing a Wisconsin Center for Nursing*. Funded for \$48,793 by McBeath Foundation. January, 2005-December, 2005.

Principal Investigator. *Collaborative Intelligent Health Information Systems Initiative (CIHISI)*. Funded for \$598,677 by National Science Foundation. March, 2007 – February, 2009.

Co-Principal Investigator. *Comprehensive Coordinated School Health Program (CCSHP)- School Nurse Program Evaluation*. Funded for \$165,000 by Milwaukee Public Schools. October, 2007 – September 2008.

Principal Investigator. *Collaborative Intelligent Health Information Systems Initiative*. Funded for \$598,549 by National Science Foundation. March, 2007 – February, 2009.

Principal Investigator. *Milwaukee Public Schools; School Nursing: The Tipping Point for Vulnerable Families*. Funded for \$29,074 by Medical College of Wisconsin.

Co-Principal Investigator (with Norma Lang). *ACW Knowledge-Based Nursing Initiative*. Funded for \$5,250,000 by Aurora Healthcare, Inc & Cerner Corporation. October, 2009 – September, 2014.

Principal Investigator. *Milwaukee Partners for Healthcare Access & Student Education (PHASE) II Initiative*. Funded for \$1,249,468 by US, PHS, HRSA. [1 D11HP14636-01-00] July, 2009- June, 2014.

### **Professional Awards and Honors**

Presented the *Carolyn Rupert Award* by Illinois Wesleyan University for "excellence in nursing." June, 1979.

Presented the *First Annual Community Partnership Award* for "promoting collaborative efforts in enhancing the lives of the people of Milwaukee" *UWM Division of Outreach and Continuing Education*. April, 1989.

Presented the *Iona Quimby Griggs Award* for "Excellence in Community Education" by the Milwaukee Visiting Nurses Association for "outstanding achievement in community health education." September, 1990.

Presented the *West Town Health Award* by the Erie Neighborhood House and the National Security Bank of Chicago for "invaluable contributions to the health of the people of the West Town community." Chicago, Illinois. September, 1991.

*Faye McBeath Excellence Award* presented to Silver Spring Neighborhood Center and UWM Nursing Center in recognition of the outstanding contributions to the well-being of the inner city service community. November, 1991.

Elected *Fellow of the American Academy of Nursing*, 1991.

Presented the *American Nurses Association Recognition Award* for "innovative nursing practice models." Washington, D.C. June, 1992. (One of 10 awards given nationally.)

Named a US, PHS, DHHS, *Primary Care Public Policy Fellow*, 1994. Selected to present the group's policy analysis paper to Secretary Donna Shalala. Washington, DC. (The Secretary's Office) June 21, 1994.

Presented the *Illinois Wesleyan University Distinguished Nursing Alumna Award*, 1994.

Presented the *NLN Lavinia Dock Award* for “Excellence in Community Health Nursing,”  
By the National League for Nursing, 1995. First award presented.

Presented the *NLN Anna M. Fillmore Award* “In honor of a nurse who has demonstrated  
unusual leadership in developing and administering community health services on a local, state  
or national level,” by the National League for Nursing, 1997.

Presented the *Wisconsin Governor’s Primary Health Care Educator Award* by Governor Tommy  
Thompson and the Wisconsin Division of Health Bureau of Primary Care, Madison, WI,  
September, 1997.

Selected as a *University-Community Partnership model* (Silver Spring Community Nursing  
Center) by the US Department of Housing and Urban Development (HUD). Published in  
HUD’s *University-Community Partnerships: Current Practices*. April, 1996.

Presented the *Community Partnership Award* by the Silver Spring Neighborhood Center, 1998.

Presented the *Agency Achievement Award* as Director of the UWM Institute for Urban Health  
Partnerships for “excellent contributions to professional nursing” by the Midwest Alliance in  
Nursing, Indianapolis, IN. September, 1998.

Appointed member of the *Turning Point Transformation Team*, 40-member panel to develop  
Statewide Plan for the Public’s Health. by the Wisconsin Secretary for Health and Human  
Services. 1999-2001. .

Named as a “*Woman of Influence*” by the Milwaukee Business Journal. August, 2000. (One of  
16. First awards presented.)

Presented the *Service Award for Excellence in Nursing Management and Administration*; 2002  
by the Milwaukee District Nurses Association on May 21, 2002.

2003→ Appointed Member, *Governor’s Select Committee on Health Care Workforce*.

Presented the *Lifetime Pioneering Award* by the National Nursing Center Consortium in  
October 2005.

Presented the *Champion in Women’s Health for Best Advancement of General Women’s Health*  
by the Wisconsin Women’s Health Foundation in May 2007.

Presented the *Nurse Educator’s Excellence Award* by the Milwaukee District Nurses’  
Association in May 2008.

## **KIM LITWACK PhD RN APNP FAAN**

### **EDUCATIONAL BACKGROUND:**

1998	University of New Mexico	F.N.P. Family Nurse Practitioner
1986	Kent State University	Ph.D. Educational Administration
1984	Case Western Reserve University	M.S.N. Medical-Surgical Nursing
1982	Case Western Reserve University	N.D. Nursing
1981	Kent State University	M.Ed. Counseling
1979	University of Michigan	B.A. Psychology (with honors)

Dissertation Title: Specialized Accreditation of Baccalaureate Nursing Programs in the United States.

Thesis Title: A Study of Institutional Goals of Administrators, Faculty, and Students at Frances Payne Bolton School of Nursing, Case Western Reserve University.

### **PROFESSIONAL EXPERIENCE**

2013-	Interim Associate Dean for Academic Affairs College of Nursing University of Wisconsin-Milwaukee
2004-2013	Associate Professor of Nursing and Chair-College of Nursing (Tenured 2004) University of Wisconsin-Milwaukee
2000 – 2004	Associate Professor-Kirkhof School of Nursing (Tenured) Grand Valley State University Grand Rapids, Michigan
1993 – 2000	Associate Professor-College of Nursing, (Tenured 1998) University of New Mexico Albuquerque, New Mexico
1990 – 1992	Unit Leader Post-Anesthesia Recovery/Ambulatory Surgery Unit Rush-Presbyterian – St. Luke’s Medical Center Chicago, Illinois
1990 – 1992	Associate Professor – College of Nursing Rush University Chicago, Illinois
1984 – 1990	Unit Leader Post-Anesthesia Recovery Rush Presbyterian-St. Luke’s Medical Center Chicago, Illinois

**Professional Experience (continued)**

- 1987 – 1990           Assistant Professor – College of Nursing  
Rush University  
Chicago, Illinois
- 1984 – 1987           Instructor – College of Nursing  
Rush University  
Chicago, Illinois
- 1982 – 1984           Clinical Nurse I  
University Hospitals of Cleveland, Ohio

**PROFESSIONAL PRACTICE**

- 2005- present           Advanced Pain Management-Madison WI  
Clinical privileges at Meriter Hospital, St. Mary’s Hospital, Fort  
Atkinson Hospital, Southwest Health Center  
Family Nurse Practitioner with Dr. Thomas Stauss
- 2002-2004           Orthopedic and Spinal Associates-Grand Rapids, MI  
Family Nurse Practitioner with Dr. Casey Bartman
- 1999 – 2000           Cougar Care Center: Cibola High School-Albuquerque, NM  
Family Nurse Practitioner

**PUBLICATIONS:****Books**

- Litwack, K (2009). Clinical Coach for Effective Perioperative Nursing Care. Philadelphia, FA Davis.
- Litwack, K. (1999). Core Curriculum for Perianesthesia Nursing Practice, 4<sup>th</sup> ed. Philadelphia, W.B. Saunders.
- Litwack, K. (1995). Post Anesthesia Care Nursing, 2<sup>nd</sup> ed. St. Louis, Mosby-Yearbook.
- Litwack, K. (Ed). (1995). Core Curriculum for Post Anesthesia Nursing Practice, 3<sup>rd</sup> ed. Philadelphia, W.B. Saunders.

**Books, continued**

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Litwack, K. (1991). Post-Anesthesia Care Nursing. St. Louis: Mosby-Yearbook.

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**Book Chapters**

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Litwack, K. (2009). Somatosensory Function, Pain and Headache. In C. Porth and G. Matfin (Eds). Pathophysiology: Concepts of Altered Health States, 8<sup>th</sup> ed. Lippincott, Williams and Wilkins, pp. 1225-1259.

Porth, C, and Litwack, K. (2009) Structure and Function of the Respiratory System. In C. Porth and G. Matfin (Eds). Pathophysiology: Concepts of Altered Health States, 8<sup>th</sup> ed. Lippincott, Williams and Wilkins, pp. 640-669.

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Litwack, K. (2006). The Endocrine System. In J.G. Alspach (Ed). Core Curriculum for Critical Care Nursing, 6<sup>th</sup> ed.. Orlando, Elsevier, pp. 611-640.

Litwack, K. (2006). Patient Teaching. In J. Nagelkerk (Ed). Starting Your Practice: A Survival Guide for Nurse Practitioners. Orlando, Elsevier, pp.81-89.

Litwack, K. (2003). Care of the Thoracic Surgical Patient. In C. Drain (Ed). Perianesthesia Nursing, 4<sup>th</sup> ed. W.B. Saunders, Philadelphia, pp. 465-472.

Litwack, K. (2003), Care of the Thyroid and Parathyroid Surgical Patient. In C. Drain (Ed). Perianesthesia Nursing, 4<sup>th</sup> ed. W.B. Saunders, Philadelphia, pp. 548-550.

**Book Chapters (continued)**

- Litwack, K. (2000). Postanesthesia Recovery. In J. Nagelhout and K. Zaglaniczny (Eds). Nurse Anesthesia, 2<sup>nd</sup> ed. Philadelphia, W.B. Saunders, pp. 1177-1190.
- Litwack, K. (2000). Preoperative Patient. In S. Lewis, M. Heitkemper and S. Dirksen (Eds). Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 5<sup>th</sup> ed. St. Louis, Mosby, pp. 355-374.
- Hercules, P., Hutchisson, B., Litwack, K., and Biddle, C. (2000). Patient During Surgery. In S. Lewis, M. Heitkemper and S. Dirksen (Eds). Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 5<sup>th</sup> ed. St. Louis, Mosby, pp. 375-389.
- Litwack, K. (2000). Postoperative Patient. In S. Lewis, M. Heitkemper and S. Dirksen (Eds). Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 5<sup>th</sup> ed. St. Louis, Mosby, pp. 390-413.
- Litwack, K. (1999). Pre-Existing Medial Conditions. In D. Quinn (Ed). Ambulatory Surgical Nursing Core Curriculum. Philadelphia, W.B. Saunders, pp. 196-209.
- Litwack, K. (1999). The Elderly Patient. In K. Litwack (Ed). Core Curriculum for Perianesthesia Nursing Practice, 4<sup>th</sup> ed. Philadelphia, W.B. Saunders, pp. 59-68.
- Litwack, K. (1999). Postanesthesia Complications: Respiratory, Cardiac, and Neurologic. In K. Litwack (Ed). Core Curriculum for Perianesthesia Nursing Practice, 4<sup>th</sup> ed. Philadelphia, W.B. Saunders, pp. 230-239.
- Litwack, K. (1998). The Endocrine System. In J.G. Alspach (Ed). Core Curriculum for Critical Care Nursing, 5<sup>th</sup> ed. Philadelphia, W.B. Saunders, pp. 565-600.
- Litwack, K. (1997). Postanesthesia Recovery. In J. Nagelhout and K. Zaglaniczny (Eds). Nurse Anesthesia. Philadelphia, W.B. Saunders, pp. 1221-1232.
- Litwack, K. (1997). Basic and Advanced Cardiac Life Support. In J. Nagelhout and K. Zaglaniczny (Eds). Nurse Anesthesia. Philadelphia, W.B. Saunders, pp. 1148-1159.
- Litwack, K., and Keithley, J. (1997). Fluids, Electrolytes and Nutritional Therapy. In J. Nagelhout and K. Zaglaniczny (Eds). Nurse Anesthesia. Philadelphia, W.B. Saunders, pp. 675-692.
- Litwack, K., Kizior, R., and Pinnell, N. (1996). Antiarrhythmic Drugs. In N. Pinnell (Ed). Nursing Pharmacology. Philadelphia, W.B. Saunders, pp. 358-377.
- Litwack, K. (1996). Nursing Role in Management: Preoperative Patient. In S. Lewis, I. Collier, and M. Heitkemper (Eds). Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 4<sup>th</sup> ed. St. Louis, Mosby-Yearbook, pp. 349-370.

**Book Chapters (continued)**

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Litwack, K. (1995). The Nursing Challenge. In K. McGoldrick (Ed). Ambulatory Anesthesiology: A Problem Oriented Approach. Baltimore: Williams and Wilkins, pp. 750-764.

Litwack, K. (1992). Immediate Postoperative Care: A Problem-Oriented Approach. In J. Vender and B. Spiess (Eds). Post Anesthesia Care. Philadelphia: W.B. Saunders, pp. 1-8.

Litwack, K. (1991). The Adult Patient. Core Curriculum for Post Anesthesia Nursing Practice, 2<sup>nd</sup> ed., Philadelphia: W.B. Saunders, pp. 27-30.

Litwack, K. (1991). The Elderly Patient. Core Curriculum for Post Anesthesia Nursing Practice, 2<sup>nd</sup> ed., Philadelphia: W.B. Saunders, pp. 31-38.

Litwack, K. (1987). Patient Teaching. In Frownfelter, D. (Ed). Chest Physical Therapy and Pulmonary Rehabilitation, 2<sup>nd</sup> ed., Chicago: Yearbook, pp. 336-346.

**MONOGRAPHS**

Litwack, K. (1995). I.V. Conscious Sedation: The Nursing Role. Cypress; MEDCOM.

Litwack, K. (1995). The Elderly Surgical Patient. Sacramento; CME Resource.

Litwack, K. (1995). Postoperative Pulmonary Complications. Sacramento; CME Resource.

**Journals**

Litwack, K. (2013). The Future of Nursing : You Can't Use Knowledge You Don't Have. Journal of Perianesthesia Nursing, 28(3), pp. 192-193.

Siragusa, L., Litwack, K., Moos, D. (2012). The Expert and the Novice : A Tale of Two Authors. Journal of Perianesthesia Nursing, 27(3), pp. 216-219.

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**Journals (continued)**

- Litwack, K. (2001). Practice Guidelines for Chronic Pain Management: ASA Guidelines Revisited. Anesthesia Today, 12:2, pp. 12-14.
- Litwack, K. (1998). Practical Points for the Patient with Preexisting Renal Disease. Journal of Perianesthesia Nursing, 13:5, pp. 313-316.
- Litwack, K. (1998). Practical Points in the Assessment of the Patient with Pulmonary Disease. Journal of Perianesthesia Nursing, 13:4, pp. 246-249.
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- Litwack, K. (1997). Practical Points in the Differential Diagnosis of Chest Pain. Journal of Perianesthesia Nursing, 12:5, pp. 363-368.
- Litwack, K. (1997). Care of the Special Needs Patient. Nursing Clinics of North America, 32:2, pp. 457-468.
- Litwack, K. (1997). Perioperative Fluid Administration: Colloid or Crystalloid. Anesthesia Today, 8:2, pp. 15-18.
- Litwack, K. (1997). Practical Points in the Evaluation of Postoperative Fever. Journal of Perianesthesia Nursing, 12:2, pp. 100-104.
- Litwack, K. (1995). Practical Points on Wound Healing. Journal of Post Anesthesia Nursing, 10:1, pp. 29-32.
- Litwack, K. (1994). PACU Care of the ENT Surgical Patient. Current Reviews for Post Anesthesia Care Nurses, 16:11, pp. 93-100.
- Litwack, K. (1994). Practical Points: Intercostal Nerve Block. Journal of Post Anesthesia Nursing, 9:5, pp. 301-302.
- Litwack, K. (1994). Practical Points in the Care of the Obese Patient. Journal of Post Anesthesia Nursing, 9:4, pp. 237-239.
- Litwack, K. (1994). Practical Points in the Use of Ondansetron. Journal of Post Anesthesia Nursing, 9:3, pp. 162-163.
- Litwack, K. (1994). Practical Points in the Use of Dopamine. Journal of Post Anesthesia Nursing, 9:2, pp. 111-112.

**Journals (continued)**

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Litwack, K. (1993). Practical Points in the Use of Sodium Nitroprusside. Journal of Post Anesthesia Nursing, 8:5, pp. 335-337.

Litwack, K. (1993). Recovery of Patients Undergoing ENT Surgery. Anesthesiology Clinics of North America, 11:3, pp. 681-691.

Litwack, K. (1993). The Elderly Patient in the Post Anesthesia Care Unit. Nursing Clinics of North America, 28:3, pp. 507-518.

Litwack, K.(1993). Post Anesthesia Care Nursing. Nursing Clinics of North America, 28:3.

Litwack, K. (1993). Post Anesthesia Assessment: What Medical-Surgical Nurses Need to Know. MEDSURG Nursing, 2:4, pp. 294-300.

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Litwack, K. (1993). Practical Points in the Care of the Patient Having Cataract Surgery. Journal of Post Anesthesia Nursing, 8:2, pp. 113-115.

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Litwack, K.(1992). Practical Points in the Care of the Patient After Thyroid Surgery. Journal of Post Anesthesia Nursing, 7:6, pp. 404-406.

Litwack, K.(1992). Practical Points in the Management of Malignant Hyperthermia. Journal of Post Anesthesia Nursing, 7:5, pp. 327-329.

Litwack, K. (1992). Epidural Anesthesia. Analgesia, 3:2, pp. 1-2.

Litwack, K.(1992). Practical Points in the Care of the Patient Post-Breast Surgery. Journal of Post Anesthesia Nursing, 7:3, pp. 176-178.

Litwack, K.(1992). Practical Points in Understanding Local Anesthetics. Journal of Post Anesthesia Nursing, 7:1, pp. 45-47.

Litwack, K. (1991). Practical Points in Understanding Spinal Anesthesia. Journal of Post Anesthesia Nursing, 6:6, pp. 407-409.

**Journals (continued)**

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Litwack, K. (1991). Managing Postanesthetic Emergencies. Nursing 91, 21:9, pp. 49-51.

Litwack, K. (1991). Administering Preoperative Medications. Nursing 91, 21:8, pp. 44-47.

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Rothenberg, D., Parnass, S., and Litwack, K., et al. (1991). Efficacy of Ephedrine in the Prevention of Postoperative Nausea and Vomiting. Anesthesia and Analgesia, 72:1, pp. 58-61.

Litwack, K., and Smith, M. (1990). Care of the Patient Post-Abdominal Aortic Aneurysm Repair. Journal of Post Anesthesia Nursing, 5:6, pp. 418-420.

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Litwack, K., and Lubenow, T. (1989). Practical Points in the Management of Continuous Epidural Infusions. Journal of Post Anesthesia Nursing, 4:5, pp. 327-330.

Litwack, K., and Racky, D. (1989). Practical Points in the Management of Patients with Asthma. Journal of Post Anesthesia Nursing, 4:4, pp. 251-253.

Rothenberg, D., Parnass, S., Newman, L., Litwack, K., and Ivankovich, A. (1989). Ephedrine Minimizes Postoperative Nausea and Vomiting in Outpatients. Anesthesiology, 71:3A, p. 322.

**Journals (continued)**

Litwack, K., and Gulczynski, B. (1989). Practical Points in the Care of Patients with Ventricular Arrhythmias. Journal of Post Anesthesia Nursing, 4:3, pp. 165-169.

Litwack, K. (1989). Career Development for the PACU Nurse. Current Reviews for Post Anesthesia Care Nurses, 11:8, pp. 57-64.

Litwack, K. (1989). The Postanesthesia Care Elective. Journal of Post Anesthesia Nursing, 4:2, pp. 79-81.

Motton, C., and Litwack, K. (1989). Practical Points in the Care of Patients Following Transphenoidal Surgery. Journal of Post Anesthesia Nursing, 4:2, pp. 109-111.

Litwack, K., and Zeplin, K. (1989). Practical Points in the Management of Laryngospasm. Journal of Post Anesthesia Nursing, 4:1, pp. 35-39.

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Litwack, K. (1988). Practical Points in the Management of Hypothermia. Journal of Post Anesthesia Nursing, 3:5, pp. 339-341.

Litwack, K., and Parnass, S. (1988). Practical Points in the Management of Post-Operative Nausea and Vomiting. Journal of Post Anesthesia Nursing, 3:4, pp. 275-277.

Litwack, K., and Jones, E. (1988). Practical Points in the Care of the Patient Post-ECT. Journal of Post Anesthesia Nursing, 3:3, pp. 182-184.

Litwack, K. (1987). Practical Points for Transfusion Therapy. Journal of Post Anesthesia Nursing, 2:4, pp. 257-261.

Litwack, K., and Sloan, M. (1987). Physical Assessment of Abuse. Acute Topics in Trauma and Rehabilitation, 2:1, pp. 10-16.

**PROFESSIONAL PRESENTATIONS**

2013 PACU Specialty Topics: All Day Preconference Workshop

American Society of Perianesthesia Nurses National Conference, Chicago, IL.

(invited speaker)

2012 Pain Management in Primary Care

American Association of Nurse Practitioners 2012 Clinical Conference Toronto, CA

(invited speaker)

**Professional Presentations (continued)**

- 2012 Pain Assessment Across the Life Span  
Shanghai Second Medical University: Shanghai China (Keynote speaker)
- 2011 Knowledge is Key: Perianesthesia Care (All day workshop)  
Wisconsin Perianesthesia Nursing Association State Meeting: Eau Claire
- 2011 Pain Management in Primary Care  
Wisconsin Nurses Association State APN Conference, Madison, WI
- 2008 IV Conscious Sedation: Madison Surgery Center, Madison, WI.
- 2008 Critical Care Issues in the PACU and IV Conscious Sedation  
Wisconsin Society for Perianesthesia Nurses State Meeting: Madison
- 2007 PACU: General Anesthesia, Regional Anesthesia, IV Conscious Sedation, PACU Problems  
Nursing 2007 Symposium: Mashantucket, CT, Las Vegas NV and Atlantic City, NJ
- 2006 Perioperative Preparedness: Anticipating Risk and Preventing Morbidity  
Nursing 2006 Symposium: Mashantucket, CT and Atlantic City, NJ
- 2006 Managing the Diabetic Patient in the Perioperative Setting  
Wisconsin Society for Perianesthesia Nurses State Meeting: Madison
- 2005 Asthma in the Perioperative Period  
Renovascular Hypertension  
American Society of Perianesthesia Nurses National Conference: Chicago
- 2005 The Elderly Patient: Perianesthesia Implications  
Wisconsin Society for Perianesthesia Nursing State Meeting: Madison
- 2004 PACU: Bridge to Critical Care (6 hour workshop)  
Michigan Society of Perianesthesia Nurses State Meeting: Mackinac Island
- 2004 Critical Care Red Flags in the PACU  
Wisconsin Society for Perianesthesia Nurses State Meeting: Milwaukee
- 2004 Critical Care Issues in the PACU (4 hour workshop)  
American Society of Perianesthesia Nurses National Conference: Philadelphia
- 2004 Assessment: Seizures, Abdominal Pain, and Headaches  
Grand Rapids Public School Nurses: Grand Rapids, MI

**Professional Presentations (continued)**

- 2004 Playground Injuries and Head Trauma  
Grand Rapids Public School Nurses: Grand Rapids, MI
- 2003 Assessment: EENT and Common Rashes  
Grand Rapids Public School Nurses: Grand Rapids, MI
- 2003 Interpretation of Lab Tests  
Geriatric Patient Priorities  
Evidenced Based Practice  
ASPAN National Conference: Albuquerque, New Mexico
- 2003 Preoperative Patient Preparation: Cardiac, Pulmonary, Obesity, Neurologic, and Diabetes  
Mississippi Perianesthesia Nurses Association State Meeting, Biloxi
- 2002 The Patient with Asthma  
Cultural Diversity in Perianesthesia Care  
Midwest Anesthesia/Perianesthesia Care Conference: Chicago
- 2002 Preoperative Patient Preparation Part I: Cardiac and Pulmonary  
Preoperative Patient Preparation Part II: Obesity, Diabetes, Neurologic and GI  
The High Risk Patient in the PACU  
Preparing for Discharge on Arrival to the PACU  
American Society of Perianesthesia Nurses National Conference: San Diego
- 2001 Differential Diagnosis of Chest Pain  
Patient Teaching  
Research in the PACU  
Midwest Anesthesia/Perianesthesia Care Conference: Chicago
- 2000 Over the Counter Pain Medications  
Spectrum Health Alumni Association: Grand Rapids
- 2000 Anesthetic Agents and Advanced Patient Assessment (one day workshop)  
Michigan PeriAnesthesia Nurses Association: Lansing
- 2000 The Geriatric Patient and Post-Anesthetic Emergencies  
Midwest Anesthesia Post-Anesthesia Care Conference: Chicago
- 2000 Anesthetic Agents and Patient Assessment (one day workshop)  
Mississippi State PeriAnesthesia Nurses: Biloxi
- 2000 Clinical Considerations in the PACU (one day workshop)  
Institute for Post-Graduate Education: Irvine, California

**Professional Presentations (continued)**

- 1999 Perioperative Care of the Patient with Pre-Existing Cardiac Disease  
National Interactive Televised Workshop  
RTN Healthcare Group: Pittsburgh
- 1999 Clinical Considerations in the PACU (one day workshop)  
Institute for Post-Graduate Education: Orlando
- 1999 Career Development and Changes in Nursing Practice  
Keynote Speaker and all day workshop  
Texas Association of Perianesthesia Nurses (TAPAN): El Paso
- 1999 Perioperative Care of the Pulmonary Surgical Patient  
Career Development and Change for the PACU Nurse  
Midwest Anesthesia-Perianesthesia Care Conference: Chicago
- 1999 Pediatric Anesthesia and Emergencies, Pain Management  
Neuromuscular Junction Abnormalities (one day workshop)  
Minnesota-Dakota Society for Perianesthesia Nursing State Conference: Minneapolis
- 1999 Malignant Hyperthermia  
The ICU as a PACU  
American Association of Critical Care Nurses – Midwest Conference: Chicago
- 1998 Clinical Considerations in the PACU (one day workshop)  
Institute for Post-Graduate Education: Chicago, Atlanta
- 1998 A Systems Approach to Perianesthesia Care (one day workshop)  
Iowa Perianesthesia Nurses Association: Davenport
- 1998 The High Risk Surgical Patient  
PeriAnesthesia Nursing Association of California (PANAC): San Diego
- 1998 Critical Thinking and Clinical Decision-Making  
Basic Pharmacology  
Midwest Anesthesia/Post Anesthesia Care Symposium: Chicago
- 1998 Physical Assessment: A Systems Approach (one day workshop)  
American Society of Perianesthesia Nurses, (ASPAN): Philadelphia
- 1998 Peri-Anesthesia Nursing Review (two day workshop)  
Clemson University School of Nursing: Chicago
- 1997 Peri-Anesthesia Nursing Review (two day workshop)  
Clemson University School of Nursing: Dallas

**Professional Presentations (continued)**

- 1997 Post Anesthesia Emergencies: National Interactional Televised Program  
RTN Healthcare Group: Washington D.C.
- 1997 New Trends in Pharmacology  
New Mexico League for Nursing: Albuquerque
- 1997 Laparoscopic Surgery: PACU Concerns  
Ambulatory Surgery: Current Issues  
Postoperative Nausea and Vomiting  
Midwest Anesthesia/Post Anesthesia Care Symposium: Chicago
- 1997 The High Risk Surgical Patient (three hour workshop)  
Differential Diagnosis of Chest Pain  
Endocrine Emergencies in the PACU  
American Society of Perianesthesia Nurses (ASPAN): Denver
- 1997 PACU Nursing in the 21<sup>st</sup> Century  
Research in the PACU and ASU  
Memorial Sloan Kettering: New York City
- 1996 Malignant Hyperthermia  
Postoperative Nausea and Vomiting  
CPAN and CAPA Review for Certification (one day workshop)  
Post Anesthesia Nurses of California (PANAC): Oakland
- 1996 Post Anesthesia Emergencies (one day workshop)  
Arizona Society of Post Anesthesia Nurses (AzPANA): Tucson
- 1996 The Elderly Surgical Patient  
Legal Issues in the PACU and ASU  
Postoperative Pain Management  
CPAN and CAPA Review for Certification (one day workshop)  
Hawaiian Society of Post Anesthesia Nurses: Honolulu
- 1996 Malignant Hyperthermia Update  
Management of Acute Pain: Assessment and Interventions  
AORN Annual Conference on Ambulatory Surgery: San Diego
- 1996 The High-Risk Ambulatory Surgical Patient  
Differential Diagnosis of Chest Pain  
Ohio Post Anesthesia Nurses Association (OPANA): Dayton

**Professional Presentations (continued)**

- 1996 Postoperative Fever: A Differential Diagnosis  
Discharging the High-Risk Ambulatory Surgical Patient  
Intravenous Conscious Sedation  
Midwest Anesthesia/Post Anesthesia Care Symposium: Chicago
- 1996 Anesthetic Agents and Muscle Relaxants (three hour workshop)  
Nausea and Vomiting: Post-op Nemesis  
American Society for Perianesthesia Nurses (ASPN): Phoenix
- 1996 Anesthesia Emergencies  
American Association of Critical Care Nurses: Albuquerque
- 1995 CPAN/CAPA Review for Certification (one day workshop)  
West Texas Association of Post Anesthesia Nurses: Lubbock  
Arizona Post Anesthesia Nurses Association (AzPANA): Sedona
- 1995 Postoperative Nausea and Vomiting  
Post Anesthesia Nurses of New Mexico (PANANM): Albuquerque  
Midwest Anesthesia-Post Anesthesia Care Symposium: Chicago
- 1995 Core Curriculum Part II/Ambulatory Surgical Workshop  
Oklahoma Society of Post Anesthesia Nurses: Oklahoma City
- 1995 The High Risk Ambulatory Surgical Patient  
Postoperative Pulmonary Emergencies  
Postoperative Nausea and Vomiting  
Contemporary Forums Ambulatory Surgical Nursing Conference: Boston
- 1995 Postoperative Pulmonary Emergencies  
IV Conscious Sedation  
The Elderly Surgical Patient  
Post Anesthesia Nurses of California (PANAC): San Jose
- 1995 Critical Thinking and Clinical Decision Making  
Massachusetts-Rhode Island League for Nursing: Boston
- 1995 Lasers, Endoscopy and Laparoscopy: What's New?  
Airway Management: Implications for the PACU Nurse  
The Future of PACU and ASU  
Vermont-New Hampshire Post Anesthesia Nurses: Dartmouth
- 1995 Post Anesthesia Emergencies (one day workshop)  
Mosby-Resource Applications Inc.: eleven cities

**Professional Presentations (continued)**

- 1994 Post Anesthesia Assessment (one day workshop)  
Mosby-Resource Applications Inc.: San Francisco, Los Angeles
- 1994 The Future of PACU and ASU Nursing  
Post Anesthesia Nurses of New Mexico (PANANM): Albuquerque  
Texas Association of Post Anesthesia Nurses (TAPAN): Galveston  
Contemporary Forums Ambulatory Surgical Nursing Conference: Anaheim
- 1994 Critical Thinking and Clinical Decision-Making  
5<sup>th</sup> Annual Post Anesthesia Nursing Conference: Chapel Hill
- 1994 Post Anesthesia Review for Certification  
Hawaiian Islands Post Anesthesia Nurses (HIPAN): Honolulu  
Virginia Society of Post Anesthesia Nurses (VSPAN): Richmond  
University of North Carolina: Chapel Hill
- 1994 '94 Challenges in ASU-PACU Nursing  
Midwest Anesthesia-Post Anesthesia Care Symposium: Chicago
- 1994 Paralysis in Critical Care Units  
New Guidelines for Pain Management  
American Association of Critical Care Nurses (AACN), Midwest Conference: Chicago
- 1994 Post-Operative Nausea and Vomiting  
Glaxo Pharmaceuticals: Phoenix, El Paso, Las Vegas  
Arizona Post Anesthesia Nurses Association (AzPANA): Tucson  
West Texas Association of Post Anesthesia Nurses: Lubbock  
Nevada Post Anesthesia Nurses Association (NevPANA): Reno
- 1993 The Future of PACU and ASU Nursing  
Legal Issues of PACU and ASU Nursing  
Children's Memorial Hospital: Chicago
- 1993 PACU Principles and Practice (one day workshop)  
Arizona Post Anesthesia Nurses Association (AzPANA): Flagstaff
- 1993 The Future of PACU Nursing: Keynote Address  
Dartmouth-Hitchcock Medical Center PACU '93 Conference
- 1993 Post Anesthesia Review for Certification (one day workshop)  
Union Memorial Hospital: Baltimore  
Virginia Society of Post Anesthesia Nurses (VSPAN): Richmond

**Professional Presentations (continued)**

- 1993 Post Anesthesia Assessment (one day workshop)  
Resource Applications: ten cities
- 1992 Post Anesthesia Assessment (one day workshop)  
University of North Carolina: Chapel Hill
- 1992 Care of the Cardiac Surgical Patient/The High-Risk Ambulatory Surgical Patient  
Resource Applications: PACU Nursing Update '92: Chicago, Baltimore
- 1992 Symptom Management: Nausea and Vomiting  
Resource Applications: Ambulatory Surgery Nursing: Atlantic City
- 1992 New Anesthetic Update: Implications for Ambulatory Surgery  
Resource Applications: Ambulatory Surgery Nursing: Atlantic City
- 1992 Special Topics in PACU Nursing (one day workshop)  
Cox Medical Center: Springfield, Missouri
- 1992 Maintaining Excellence in the PACU (one day workshop)  
Maine Society of Post Anesthesia Nurses (MeSPAN): Bangor
- 1992 PACU Emergencies  
American Medical Resource Institute: Chicago
- 1992 Health Assessment in the 1990's  
Massachusetts/Rhode Island League for Nursing: Boston
- 1992 Neuromuscular Blockers and Sedation in Critical Care  
American Association of Critical Care Nurses (AACN) Midwest Conference: Chicago
- 1992 Post Anesthesia Assessment (one day workshop)  
Resource Applications: eight cities
- 1992 Management of an Acute Pain Service – Nursing Role  
Indiana University School of Medicine: Indianapolis
- 1992 Post Anesthesia Update (one day workshop)  
South Central Pennsylvania Ambulatory/Post Anesthesia Nurses
- 1991 Post Anesthesia Cram Review (one day workshop)  
Resource Applications: nine cities
- 1991 Care of the Thoracic Surgical Patient: Resource Applications  
PACU Nursing Update '91: Boston, New Orleans

**Professional Presentations (continued)**

- 1991 Advances in Post Anesthesia Care (two day workshop)  
Resource Applications: four cities
- 1991 The ICU or PACU: Where Should Our Patients Go?  
American Society of Post Anesthesia Nurses (ASPN) National Convention: Cincinnati
- 1991 Managing a Code  
Illinois Association of Nurse Anesthetists: Bloomington, Illinois
- 1991 The Critically-Ill Patient in the PACU (one day workshop)  
American Health Care Institute: four cities
- 1990 The Critically-Ill Patient in the PACU (one day workshop)  
American Health Care Institute: six cities
- 1990 Post Anesthesia Recovery in the Critical Care Units  
Eye on Critical Care Regional Conference: Lincolnwood, Illinois
- 1990 Post Anesthesia Cram Review (one day workshop)  
Resource Applications: Atlantic City
- 1990 The ICU or PACU: Where Should Our Patients Go?  
Resource Applications: PACU Nursing Update '90: Atlantic City
- 1990 The PACU: Where Do We Go From Here?  
Resource Applications: PACU Nursing Update '90: Atlantic City
- 1990 Staff Development in the PACU  
Midwest Anesthesia – Post Anesthesia Care Conference: Chicago
- 1990 The ICU Patient in the PACU/Update in PACU Care  
Connecticut Society of Post Anesthesia Nurses: New Britain
- 1990 Muscle Relaxants in Critical Care  
American Association of Critical Care Nurses (AACN) Midwest Conference: Chicago
- 1990 PACU Nursing: Current Trends and Technologies (one day workshop)  
American Health Care Institute: twelve cities
- 1990 Extending Your High Level PACU Skills (one day workshop)  
American Health Care Institute: twelve cities

**Professional Presentations (continued)**

- 1989 Management of Postoperative Nausea and Vomiting  
Resource Applications: PACU Nursing Update '89: Williamsburg
- 1989 Bleeding and Coagulation Disorders in the PACU  
Resource Applications: PACU Nursing Update '89: Williamsburg
- 1989 PACU Nursing: Current Trends and Technologies (one day workshop)  
American Health Care Institute: eighteen cities
- 1989 Extending Your High Level PACU Skills (one day workshop)  
American Health Care Institute: six cities
- 1989 Immediate Post Anesthetic Emergencies in the PACU  
American Association of Critical Care Nurses (AACN) Midwest Conference: Chicago
- 1988 Laboratory and Postoperative Considerations of the Geriatric Patient  
Institute for Gerontology, Utica College: New York
- 1988 Anesthetic Agents in Critical Care  
Greater Chicago Chapter of AACN: Chicago
- 1988 Post Anesthesia Recovery Nursing: Advanced Assessment and Management Techniques  
Two day workshop: American Health Care Institute: six cities
- 1988 Anesthetic Agents  
Michigan Association Post Anesthesia Nurses (MAPAN): Frankenmuth
- 1988 Endocrine Disease and PACU Implications  
Midwest Anesthesia-Post Anesthesia Care Conference: Chicago
- 1988 Critical Skills in Non-Critical Areas  
Massachusetts/Rhode Island League for Nursing: Boston
- 1988 Post Anesthesia Recovery Nursing (one day workshop)  
American Health Care Institute: thirty cities
- 1987 Interpreting Lab Tests: Significance in Geriatric Patients  
National Geriatric Nursing Association Conference: Chicago
- 1987 Career Development in the PAR  
Midwest Anesthesia-Post Anesthesia Care Conference: Chicago
- 1987 Post Anesthesia Recovery Nursing (one day workshop)  
American Health Care Institute: seventeen cities

**Professional Presentations (continued)**

- 1987 Accreditation in Baccalaureate Nursing Education  
Society for Research in Nursing Education: San Francisco
- 1986 Interpretation of Lab Tests (one day workshop)  
American Health Care Institute: Cincinnati
- 1986 Critical Care Emergencies (one day workshop)  
American Health Care Institute: Detroit, Pittsburgh
- 1986 Hypotension and Hypertension in the Recovery Room  
Midwest Anesthesia – Post Anesthesia Care Conference: Chicago
- 1986 Accreditation of Baccalaureate Nursing Programs  
New England Educational Research Society Annual Conference: Maine

**VIDEOTAPES:**

- 1999 Care of the Patient with Pre-Existing Cardiac Disease: RTN Healthcare Group: Speaker
- 1998 Malignant Hyperthermia: RTN Healthcare Group-Speaker
- 1998 Physical Assessment: A Systems Approach-ASPAN-Speaker
- 1997 Post Anesthetic Emergencies-RTN Healthcare Group-Speaker
- 1992 Post Anesthesia Assessment-American Journal of Nursing-Speaker
- 1992 Anesthesia Update-American Journal of Nursing-Speaker
- 1991 Test-taking Techniques-ASPAN-Speaker
- 1991 Endotracheal Tubes-Springhouse Corporation-Consultant
- 1990 PACU Respiratory Care-ASPAN-Speaker

**PROFESSIONAL SERVICE:**

- Editorial Advisory Board-Journal of Peri Anesthesia Nursing 1998-present
- Reviewer-Critical Care Nurse 1990-present
- Reviewer: National Association of Orthopaedic Nurses Core Curriculum for Orthopaedic Nursing, 5<sup>th</sup> ed. 2006
- Editorial Review Board-Anesthesia Today 1992-2006
- Contributing Editor-Critical Care Nurse 2002-2003
- Section Editor-Journal of Peri Anesthesia Nursing 1987-1998
- Advisory Board-American Journal of Nursing 1993-1995
- President-Peri Anesthesia Nurses Association of New Mexico 1997-1998

**PROFESSIONAL LICENSURE:**

Registered Nurse: Wisconsin, Michigan  
Advanced Practice Nurse Prescriber: Wisconsin  
Family Nurse Practitioner: Michigan

**PROFESSIONAL MEMBERSHIPS:**

American Academy of Nursing (FAAN)  
American Nurses' Association (ANA)  
Wisconsin Nurses' Association (WNA)  
American Society of Peri Anesthesia Nurses (ASPAN)  
Wisconsin Association of Perianesthesia Nurses (WISPAN)  
National Organization of Nurse Practitioner Faculties (NONPF)

**PROFESSIONAL CERTIFICATION:**

American Nurses Credentialing Center:  
    CFNP: Certified Family Nurse Practitioner: 1998-2018

American Society of Peri Anesthesia Nurses:  
    CPAN: Certified Post-Anesthesia Nurse: 1989-2013  
    CAPA: Certified Ambulatory Perianesthesia Nurse: 1995-2013

Advanced Cardiac Life Support (ACLS): Recertified 2013  
CPR certified through Feb 2015

**PROFESSIONAL HONORS:**

2006 UWM Faculty Practice Award  
1999 ASPAN Outstanding Achievement Award  
1999 Outstanding Undergraduate Nursing Faculty: May 1999 graduation  
1999 Outstanding RN/BSN Faculty: May 1999 graduation  
1997 Outstanding Undergraduate Nursing Faculty: December 1997 graduation  
1997 Outstanding Perianesthesia Nurse of the Year: PANANM  
1997 Outstanding Undergraduate Nursing Faculty: May 1997 graduation  
1996 Fellow in the American Academy of Nursing (FAAN)  
1996 Outstanding Undergraduate Nursing Faculty: May 1996 graduation  
1995 Outstanding Teaching: University of New Mexico College of Nursing  
1995 ASPAN President's Certificate of Appreciation  
1993 ASPAN President's Certificate of Appreciation  
1989 Stryker Scholarship for Post Anesthesia Nursing

1988 YWCA Leader Luncheon, Chicago, Illinois

Sigma Theta Tau (Nursing)  
 Phi Delta Kappa (Education)  
 Phi Kappa Phi (Academic Honor Society)  
 Chi Sigma Iota (Counseling)  
 Golden Key (National Honor Society)

### **COMMUNITY SERVICE:**

2006-2012	Head Start Milwaukee Public Schools: Preschool Physicals (yearly event)
2005	Domestic Abuse Intervention Services Board of Directors: Madison, Wisconsin
1990-1991	Children's Plastic and Reconstructive Surgery: Honduras
1989	The Princess Mother's Medical Volunteer Foundation: Thailand
1985-1987	Chicago Lung Association Camp Action: Camp Nurse

### **UNIVERSITY SERVICE**

Faculty Rights & Responsibilities Committee	2012-2015
Division of the Professions	2010-2012 (Chair 2011-2012)
University Relations Committee	2007-2009 (Chair 2008-2009)
Graduate Appeals Committee	2009-2010

### **COLLEGE OF NURSING SERVICE**

MS/DNP Program Director	2009-2013
Family Nurse Practitioner Option Coordinator	2004-present
DNP Task Force Chair	2005-2009

### **COLLEGE OF NURSING COMMITTEES**

Executive Committee Chair	2005-present
Recruitment Committee Chair	2005-present
Workload Committee Chair	2005-present
Administrative Coordinating Council	2005-present
IAS Review Committee	2004-2005
Graduate Program Committee (GPC)	2004-present
Admissions and Progressions Subcommittee GPC	2004-present
New Faculty Orientation Committee	2006-present

**Student Research Supervision**

**Masters Students: Clinical Project Supervisor**

**2013**

Holly Glanville: ImPACT Testing and Return to Play Decisions in the Concussed Athlete

Diane Mosey: Screening for Von Willebrand Disease in Primary Care

Eric Yoerin: Oral Anticoagulation following Total Knee Replacement

Tara Nielsen: Efficacy of Topiramate as a Treatment for Pediatric Migraine Prevention

**2012**

Nina Bendre: Efficacy of Pain Reduction Methods in Endometrial Biopsy

Kelly Billingsley: Why are registered nurses leaving their jobs?

Jill Boser: Otitis Media: Watchful waiting versus immediate treatment

Tiffany Powell: Teen Pregnancy Prevention Programs: A Review of the Literature

Deanna Simcakoski-Carleton: Optimizing the Diabetic Patient for Surgery

Allison Stallbohm: Timely access to primary care: A nurse practitioner's impact

Nicole Van de Kreeke: Narcotic Agreements in the Primary Care Setting

Jodi Wilde: Psychological Effects of Antepartum Bed Rest in a High-Risk Pregnancy

Brad Withington: A Comparison of Varenicline and Bupropion

**2011**

Brett St. John: Nurse Practitioner Management of Warfarin in a Primary Care Setting

Diana Gonzales: How to Safely Prescribe Opioids to Chronic Pain Patients in a Primary Care Practice

Jessica McDowell: The Benefits of Nurse Practitioner Delivered Care

Jessica Noll: Helping Primary Care Providers Understand Hospice to Promote Timely Referrals

Jennifer Richards: Vaccine Refusal and the Role of the Unvaccinated Cluster: What Primary Care Providers Need to Know

Barbara Brown: Herbs for Osteoarthritis

**2010**

Katie DuBois: Eating Disorders in Adolescence: Identification, Treatment and Evaluation in Primary Care

Nicholas Perrino: The Evolution of the Nurse Practitioner Role: A History, Comparison and Place Amongst other Providers in 21st Century Healthcare

Jeremy Herr: The Value of Nurse Practitioners

Katayon Tabatabaei: Cranberry products and Urinary Tract Infections: Should they be used prophylactically?

Jay East: Screening and Treating Children with Hypercholesterolemia

**2009:**

Katie Lothe: Comprehensive Sex Education: A Review of Current Practices and the Need for Change

Henrietta Ebije: The Attitudes and Knowledge of Healthcare Practitioners toward CAM

Dawn Simon: The Impact of Brain Injuries in Wisconsin

Sara Hartman: Parental Involvement in Adolescent Health Care

**2008:**

Kathleen LeMere: Attitudes and Behaviors in the Use of Complementary and Alternative Medicine

Toni Murdoch: Anesthesia Awareness

**2007:**

Otniel Hernandez: Barriers to Advance Practice Nursing: A Focus on Nurse Practitioners

Linda St. Louis: The Over Prescription of Antibiotics in the Case of Acute Otitis Media and its Role in Antibiotic Resistance

Danielle Debbink: Pertussis Booster Vaccination for Adolescents and Adults-Tdap to Prevent whooping Cough

Denielle David: Cultural, Personal readiness and Socioeconomic Differences: Relationship to Obesity and Weight Loss Success of African American Women

**2006:**

Kathy Freeland: Magnetic Bracelets: Their Effects of Knee Osteoarthritis

Patrick Bodden: The Treatment of Recurrent Urinary Tract Infections

Deborah Kuklinski: The Predictability of Urine Dipsticks in Detecting Urinary Tract Infections in a Urogynecology Setting

**2005:**

Melissa Van Hoff: The Development of a Clinical Algorithm for the Diagnosis and Management of Stress and Urge Urinary Incontinence in Women over Age 50

**Doctor of Nursing Practice Students: Capstone Committee Chair**

**2012:** Katie Lothe: Increasing Patient and Provider Satisfaction through the Use of Electronic Communication for Routine Healthcare Surveillance

**2011** Debra Gordon: Validation of the Revised American Pain Society Patient Outcome Questionnaire (APS-POQ-R)

**Doctor of Nursing Practice Students: Capstone Committee Member**

**2012:** Doris Carter: Productivity Tools for an Orthopaedic Service Line: A multi-disciplinary doctor-nurse practitioner model for a total joint replacement clinical pathway process

**2011**

Jody Krahn: Integration of Sterilization Services Into Family Planning

Tara Beuscher: Collaboration in an Outpatient Clinic Setting: Strengthening Care for Patients

James Bockeloh: Nursing Interventions for the Acute Care of Suicidal and Violent Psychiatric Patients in the Emergency Department: A Systematic Review

Wendy Halm: Development of an Incision and Drainage Policy and Procedure for CA-MRSA Suspicious Wounds in the Retail Health Clinic Setting

**Major Professor**

Andy Tracy: Just starting coursework

Sharon Ranier: Writing proposal

Wendy Mortimer: Preparing for comps

Melissa Rubio: Proposal accepted: Data collecting

**Dissertation Chair**

**2011** Colleen Trevino: Predictors of Chronic Pain in Traumatically Injured Hospitalized Patients

**Dissertation Co-Chair**

**2009**

Lisa Schnepfer: Healing Touch and Health-Related Quality of Life in Women with Breast Cancer Receiving Radiation Therapy

Kim Dowat: A Comparative Study of Premenopausal Hot Flashes

**Dissertation Committee Member**

**2011:**

Eric Fenkl: Optimistically Engaging in the Present: A Grounded Theory Study of the Experiences of Aging among Gay Men

Robin Poedel: A Narrative Exploration of Emerging Adult Females and their Experience with Recurrent Chlamydia Infection

Cathlin Poronsky: On-Line Faculty Mentoring and Transition Balance in Family Nurse Practitioner Students

**2010 :**

Deborah Gentile: Patient Attributes Influencing Pain Intensity, Opioid Consumption, and Comfort Goal Attainment in Post-Operative Unilateral Knee Arthroplasty Patients

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Milwaukee, WI 53216  
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[Schonema@uwm.edu](mailto:Schonema@uwm.edu) or [Dschoneman@wi.rr.com](mailto:Dschoneman@wi.rr.com)

## EDUCATION

University of Wisconsin - Milwaukee  
PhD in Nursing, 1999  
Dissertation: Surveillance as a Nursing Intervention: Use in Community Nursing Centers

University of Wisconsin - Milwaukee  
Masters of Science - Community Health Nursing, 1986  
Thesis: Relationship between perceived social support and health promotion activities of employed adults

University of Iowa, Iowa City, Iowa  
Bachelor of Science in Nursing, 1971

## PROFESSIONAL EXPERIENCE

University of Wisconsin Milwaukee – College of Nursing  
Program Director of RN Education (2013-present)  
Clinical Associate Professor (2007-present)  
Coordinator, Public Health Certificate Program (2008-2009)

Marquette University College of Nursing  
Summer faculty (2010)  
Clinical Associate Professor (2003-2007)  
Assistant Professor (1999-2003)  
Nursing Center Director (1997-1999)  
Adjunct Assistant Clinical Professor (8/89-8/99)  
RN Advisor (8/89-12/93)  
Clinical Assistant Professor (8/87-8/89)  
Instructor (8/86-8/87)

University of Wisconsin - Milwaukee  
Teaching and Project Assistant (8/85-7/86)

Mt. Sinai Medical Center - Milwaukee  
Clinic Director for Primary Care (2/82-8/85)

Brown County Community Health Nursing Service  
Green Bay, WI, Agency Director (7/77-9/81)

Green Bay Visiting Nurse Association - Green Bay, WI  
Director of Nurses (10/76-7/77)  
Supervisor (3/76-10/76)

Wisconsin Bureau for Crippled Children - Madison, WI  
Nursing Consultant, Cystic Fibrosis Program (9/74-3/76)

Madison Health Department  
Public Health Nurse (7/71-9/74)

#### PUBLICATIONS - REFEREED JOURNAL ARTICLES

Schoneman, D. (2002). Surveillance across classification systems. *The International Journal of Nursing Terminologies and Classifications*, 13,137-147.

Schoneman, D. (2002). Surveillance as a nursing intervention: Use in community nursing centers. *Journal of Community Health Nursing*, 19, 33-47.

Coenen, A., & Schoneman, D. (1995). The Nursing Minimum Data Set: Use in the quality process. *Journal of Nursing Care Quality*, 10(1), 9-15.

Kowatsch, J. & Schoneman, D. (1989). Young scholars' program: An innovative educational recruitment strategy. *Journal of Nursing Education*, 28, 425-426.

#### PUBLICATIONS - OTHER

Schoneman, D. (2008). *Adding years to life II: Wauwatosa senior transportation assessment*. <http://www.wauwatosa.net/display/router.asp?DocID=1035>

Schoneman, D., & Stringer, C. (1984). The role of your board of nursing. *Milwaukee Professional Nurse*, Fall, 1, 18.

#### REVIEW BOARDS

Wisconsin Department of Health and Family Services. (2001). *Healthiest Wisconsin 2010: A partnership plan to improve the health of the public*. Madison, WI: Author (Editorial review team)

Abstract Reviewer, ACHNE conference, 2012

#### CONSULTATIONS

Design of community health nursing master's degree, University of Malawi, 2011

Wisconsin Lutheran College, Milwaukee, WI, summer 2011  
Development of Community Health Nursing Curriculum

University of Wisconsin Madison, summer 2010  
 Linking Education and Practice for Public Health Excellence  
 Course development for on-line continuing education course on “Dimensions of  
 Community Health.”

Marquette College of Nursing HIV/AIDS Train the Trainer Program,  
 Kenya, March 2005 Nurse Training Program  
 Presentation of Seminar: Teaching Low Literate Clients  
 Site visits and consultations to home visitation programs: Nairobi, Mombasa, and Voi

HIV/AIDS Project in Africa. Curriculum Consultant and Writer, Summer 2004  
 Marquette University College of Nursing

Waukesha Health Department - Developing an Outcome Based Strategic Plan (2001)

Marian Franciscan Home - Nursing Process (Summer 1987)

## GRANTS

Professional Development Grant, Academic Staff, UW-Milwaukee, Summer, 2011,  
 \$1,000.

Professional Development Grant

Wauwatosa Health Department, “Adding Years to Life II: Wauwatosa Senior  
 Transportation Assessment,” Summer 2008, \$10,000.

Marquette University Summer Faculty Fellowship, “Infant and maternal health outcomes  
 from interventions provided during public health nursing visits,” January 2002, \$4,500.

Regner-Paquette Research Award. “Omaha Classification Use in Wisconsin Public  
 Health Agencies,” April, 2000, \$4000.

Urban Partners for Health: Marquette University College of Nursing and St. Rose Parish  
 and Catholic Urban Academy. Refunded by the St. Anthony Foundation, March, 1999,  
 \$24,282.

Urban Partners for Health: Marquette University College of Nursing and St. Rose Parish  
 and Catholic Urban Academy. Funded by St. Anthony Foundation, March, 1998,  
 \$20,000.

## PRESENTATIONS

Teaching Strategies for a Population Focused Curriculum. 4<sup>th</sup> Annual LEAP Faculty Development Conference, Madison, WI (January 2010)

Academic Panel Discussion, Commitment 2 Community: Refresh & renew academic-practice partnerships, Southeastern Wisconsin Academic and Practice Collaborative, Milwaukee, WI (April 2010)

Community/Public Health Nursing Curricular Content Mapping in Southeastern Wisconsin: The Results. 4<sup>th</sup> Annual LEAP Faculty Development Conference, Madison, WI (January 2010)

Academic – Parish Nurse Partnerships. Association of Community Health Nurse Educators, Chicago, IL (May 2009)

The Preconception Check List: An Innovative Teaching Strategy to Teach Social Marketing. Association of Community Health Educators, Chicago, IL (May 2009)

Public Health Careers. Marquette University Pre-professional's Program Milwaukee, WI (March 2007)

Health Literacy and Communication. Southeastern Wisconsin Public Health Academic/Practice Learning Collaborative, Waukesha, WI (10/2006)

Working with Low Literate Clients and Populations. Marquette University HIV/AIDS Train the Trainer Program, Nairobi, Kenya (3/2005)

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. Milwaukee Health Department Nursing Educational Staff Meeting, Milwaukee, WI (11/2003)

Evidence Based-Practice Strategies to Meet the Healthiest Wisconsin Plan Priorities, UW-M Public Health Nursing Conference: Tools for Contemporary Practice. Milwaukee, WI (3/2003)(invited presentation)

Academic/Practice Partnerships: Assessment of Access to Pregnancy Tests, Preconceptional and Prenatal Information, Wisconsin Public Health Association Conference, Wisconsin Dells, WI (6/2002)(refereed poster with Jill Peradowski, Lisa Dobs-Haske, and Sue Shepard)

Public Health Workforce Development in Wisconsin, Wisconsin Public Health Association Conference, LaCrosse, WI, (6/2001)(invited presentation)

Workforce Development and Wisconsin Health Plan: What They Mean for Local Public Health Agencies, Waukesha County Health Department (6/2001)(invited presentation)

Wisconsin Health Plan 2010: Impact and Involvement of Community Partners  
Wellness Council of Milwaukee County (4/2001)(invited presentation)

Use of the Omaha Classification System Intervention of Surveillance in Three  
Community Nursing Centers - The Omaha System: A Key to Practice, Documentation,  
and Information Management, Bethel College, St. Paul, MN (3/2001) (refereed poster)

Academic and Community Partnerships to Improve Health Center Outcomes for 2010  
American Association of Colleges of Nursing, Chicago, IL (12/2000) (refereed poster  
with R. McShane, S. Wilson, M. Frenn, M.A. Lough, and B. Thomas)  
Academic and Community Partnerships to Improve Health Center Outcomes for 2010.  
Annual Conference of the American Public Health Association, Boston, MA (11/2000)  
(refereed poster)

Turning Point - Wisconsin's Public Health Improvement Plan. Aurora Health System  
Advanced Practice Nurse Council, Milwaukee, WI (9/2000)(invited presentation)

Turning Point - Wisconsin's Public Health Improvement Plan. Marquette College of  
Nursing Faculty, Milwaukee, WI (9/2000) (presentation)

Academic and Community Partnerships to Improve Health Center Outcomes for 2010.  
Wisconsin Health Summit, Madison, WI (6/2000) (refereed poster with R. McShane, S.  
Wilson, M. Frenn, M.A. Lough, and B. Thomas)

Surveillance as a Nursing Intervention: Use in Community Nursing Centers.  
Midwest Nursing Research Society, Detroit, MI (4/2000) (refereed presentation)

Research on and in Community Nursing Centers. Community Nursing Centers Around  
the Globe: A Proud Past; A Dynamic Present; A Challenging Future - University of  
Wisconsin - Milwaukee (9/99) (refereed presentation)

In the Wake of a Gunshot - Stopping the Cycle.  
Moderator, Marquette University, Milwaukee, Wisconsin (3/99)

In the Wake of a Gunshot - Milwaukee's Story.  
Panel Member, Marquette University, Milwaukee, Wisconsin (3/99)

Guidelines for Evaluating and Choosing Information Systems.  
Wisconsin Public Health Association Annual Conference, Green Bay, WI (6/96)

Making the Transition to Community Care: Clinical Nursing Issues.  
Continuing Education Consortia of Marquette University, UW-Eau Claire, UW-Madison,  
UW-Milwaukee; Milwaukee, Wisconsin (5/96)

Health Care 2000 and Beyond.

Wisconsin Society of Gastroenterology Nurses and Associates - Annual Meeting  
Kohler, Wisconsin (4/96)

Preparing to Meet the Challenges in Emerging and Changing Public Health Nursing  
Administration (panel) - Association of Public Health Nursing Administrators of  
Milwaukee County and Southeast Wisconsin (3/96)

The Changing Role of Nursing: Shaping the Future.  
All Saints Ambulatory Care Nurses - Racine (4/95)

Practicing in Turbulent Times.

Marquette College of Nursing Continuing Education (5/94 and 10/94)

Parish Nurse as a Referral Agent.

Marquette University Parish Nurse Conference (1992, 1993, 1994)

Family Resource Model for Child Abuse and Neglect Prevention.

University of Wisconsin - Milwaukee Annual Community Health Conference (3/94)

ANA: Mission and Structure.

Milwaukee District Nurses Association (10/91)

Entry into Practice - The Wisconsin Perspective.

Missouri Nurses Association (10/89)

Legislative Issues in Nursing.

Marquette Clinical Nursing Institute (10/89)

Entry into Practice Issues for Nurses.

Milwaukee Psychiatric Hospital (8/88)

Update on Entry into Practice.

St. Michael's Hospital, Milwaukee Wisconsin (6/88)

Entry into Practice Issues.

Winnebago District Nurses Association, Green Lake, WI (5/88)

Entry into Practice.

Milwaukee Chapter - NAACOG, Milwaukee, WI (4/88)

Entry into Practice Issues in Nursing.

St. Luke's Medical Center, Milwaukee, WI (4/88)

Current Legislative Issues in Nursing.

Winnebago District Nurses Association, Fond du Lac, WI (1/88)

Entry into Practice Update - National and Wisconsin.  
Mt. Sinai Medical Center, Milwaukee, WI (5/87)

Entry into Practice Legislation.  
Milwaukee County Mental Health Center (4/87)

Nursing Diagnosis in Wellness.  
Mt. Sinai Medical Center, Milwaukee, WI (4/87)

Entry into Practice Proposals.  
Southeastern Ambulatory Care Nurses Network, Milwaukee, WI (4/87)

Entry into Practice Legislation.  
Long Term Care Directors of Greater Milwaukee, Milwaukee, WI (12/86)

Entry Into Practice Future Directions.  
Wisconsin Student Nurse Association Convention, Milwaukee, WI (11/86)

History of Entry into Practice - Wisconsin Nurses Association Open Informational  
Forum, Kenosha, WI (3/86)

History of Entry into Practice - Wisconsin Nurses Association Open Informational  
Forum, Milwaukee, WI (4/86 and 5/86)

Cystic Fibrosis and the Adolescent, Wisconsin Cystic Fibrosis Association Family Day,  
Appleton, WI (1977)

Nursing Care of the Cystic Fibrosis Child and Family, Wisconsin Lung Association,  
Milwaukee, WI (1975)

## TEACHING EXPERIENCE

University of Wisconsin – Milwaukee

Supervision of master's degree students' clinical practicum and project (2008-  
2012)

Major Professor for DNP students (2009-present)

NURS 415 - Nursing Science V: Concepts of Community Care of Aggregates  
(Parkside – Fall 2007, Milwaukee – Spring 2008, Fall 2008, Fall 2009)

NURS 443 – Nursing Practice II (2007-2012)

NURS 717 – Community Health Nursing and Health Promotion (summer 2008,  
2009, 2010, 2011 and 2012)

## Marquette University

NURS 178/179 – Nursing of Communities, Course Coordinator (2000-2007)

NURS 179 – Nursing of Communities - Clinical (1986-2007, 2010)

NURS 178 - Community Health Nursing Practice Theory  
(1988, 1990, 1991, 1993-1997, 1999-2001, 2003, 2005-2007)

ARSC 005 and ARSC 006 – Dynamics of Cross-Cultural Engagement  
Faculty Coordinator and Faculty (2006-2007)

HEAL 220 – Health Care Program Development (1996, 1998, 2000, 2002, 2004,  
2006)

NURS 015 - Caring: Interpersonal Communication in Nursing (1995, 1997-1999,  
2000, 2003-2005)

NURS 247 - Executive Nurse Practicum (1999-2003)

NURS 191 – Professional Nursing Practicum (2002)

NURS 170 - Trends and Issues in Nursing (1994-1996)

NURS 173 - Professional Issues in Nursing (RN-BSN curriculum) (1989-1996)

NURS 124 - Special Topics in Nursing: Independent Nursing Interventions  
Developed and taught, Spring 1991

NURS 182 - Nursing Synthesis Clinical (1987-1989)

NURS 145 - Concepts in Family and Community Nursing (1987)

NURS 10 - Introduction to a Practice Discipline (1987-1988)

NURS 05 - Perspectives in Nursing for Young Scholars  
Developed and taught, Spring 1988 and 1989

Preceptor - Marquette University  
Graduate Student Nursing Education Clinical (Spring 1988)

## GUEST LECTURES

Health Promotion and Behavior Change Theories, Fall 2010, UW-Milwaukee

Communicable Diseases and The Community Health Nursing, Fall 2010, UW-  
Milwaukee

Community Health Assessment and Epidemiology, Fall 2008, Fall 2009 and Fall 2010, UW-Milwaukee College of Nursing

Health Literacy: Conceptual and Practice Issues, Spring 2007, Marquette University. NURS 301, Vulnerable Populations.

Health Literacy: Status and Interventions, Spring 2006 and Fall 2006, Marquette University HEAL 140, Primary Health Care

Health Planning and Program Planning Overview, Spring 2002, Marquette University, NURS 275, Advanced Practice Nursing of Children: Role and Specialization.

Program Planning Process: Assessment, Epidemiology, Prioritizing, Implementing, and Evaluating, Spring 2002, Marquette University, NURS 275, Advanced Practice Nursing of Children: Role and Specialization.

Health Planning - Federal and State Processes and Issues, Spring 2001, Marquette University, LAW 531, Advanced Health Law Seminar: Public Health Law and Benefits.

Interviewing in the Helping Professions, Fall 1999 and Fall 2000, Marquette University, CMST 078, Communication Approaches to Interviewing.

Turning Point - Wisconsin's public health improvement plan, Fall, 2000 for two graduate and one undergraduate class, Marquette University

## PROFESSIONAL AND COMMUNITY INVOLVEMENT

University of Wisconsin – Milwaukee, College of Nursing  
Academic Staff Committee (2008-present)  
Chairperson (2010-present)

University of Wisconsin – Milwaukee  
Member of Public Health Certificate Program Coordinating Committee (2009-present)

Silver Spring Neighborhood Center  
Member of the Board of Directors (2010-present)

Advisory Committee Member, Linking Education and Practice for Excellence in Public Health Nursing, University of Wisconsin College of Nursing (2007-2012)

Public Health Workforce Call to Action Project, Competency Workgroup Member (2008-2011)

Conference Planning Committee, Teaching Public Health Nursing: New Standards, New Opportunities, University of Wisconsin-Madison (Jan. 2007)

Horizon Home Health and Hospice Professional Advisory Committee (2002-2010)

Marquette University - College of Nursing

Faculty Recruitment Committee (1994-1995, 2005-2007)

Faculty Promotion and Tenure Committee, Clinical Faculty Subcommittee (2004-2007)

Library Liaison (1995-1999, 2003-2007)

Graduate Program and Curriculum Committee (2001-2003)

Executive Committee (1999-2001)

Clinical Practice Committee (1997-1999)

Undergraduate Program and Curriculum Committee (1990-1992, 1998-1999)

Undergraduate Admissions and Progressions Committee

(1989-1994, 1996-1998; chairperson 1992-1994, 1997-1998)

Committee on Committees (1987-1990)

Student Recruitment Committee (1987-1993)

Student Nurses Association Advisor (1987-1989)

Marquette University

Committee on Faculty, College of Nursing Representative (2006-2007)

Committee on Committees and Elections (2005-2007)

University Pandemic Influenza Planning Committee (2005-2007)

National Youth Sports Program Advisory Committee (1997-2005)

John P. Raynor Building Committee (1999-2000)

Social Justice Committee (1998-1999)

Senior Speaker Committee (1998-1999)

University Library Board (1997-1999)

Safety Committee (1988-1990)

Wisconsin State Health Plan Oversight Committee, sub-committee of the Wisconsin Public Health Council. (2005-2006)

Wisconsin Public Health Association

Annual Conference Planning Committee (2005)

Wisconsin Turning Point Initiative Phase II - Implementation Planning, Executive Committee. Appointed by Secretary of the Wisconsin Department of Health and Family Services. (2000-2003), Chairperson of the Workforce Development Sub-committee

Wisconsin Department of Public Health, Turning Point Transformation Committee; Appointment by Wisconsin Secretary of Health and Family Services (1998-2000)

Wisconsin Public Health Association

Resolutions Committee (2005-2006)

Women's Resource Day Steering Committee (1998-1999; 2001-2002)

International Council of Nurses, Clinical Reviewer for ICNP, 2000-2003

Planning Committee, Annual Community Health Nursing Conference, University of Wisconsin - Milwaukee (1999).

Frieden's Food Pantry Board of Directors (1999-2000)

St. John's Home Health Care Advisory Committee (1989-1999)

Wisconsin Nurses Association

Resolutions Committee (1995-1996)

ANA Delegate (1989, 1990, 1991, 1993)

Board of Directors (1981-1988)

Executive Committee (1981-1985)

Chair, Committee on Committees (1984-1988)

Search Committee for Executive Administrator (1987)

Community Health Division Executive Committee (1979-1981)

Wauwatosa School District Task Force on Special Health Care Needs (1992-1993)

Milwaukee District Nurses Association

Program Committee (1983-1986)

Legislative Committee (1988-1990)

WNA Delegate (1989, 1991, 1993)

Wisconsin Nurses Network

WNA Representative (1987-1988)

Membership Committee (1987-1988)

Waukesha District Nurses Association

Board of Directors (1982-1983)

Green Bay District Nurses Association

Board of Directors (1978-1981)

Bylaws Committee Chair (1977-1979)

Program Committee (1978-1980)

Northeast Wisconsin Health Systems Agency

Program and Project Review Committee (1978-1981)

Wisconsin Council of Public Health Administrators of Northeast District Executive Committee (1977-1979)

Brown County Interagency Council Member (1976-1981)

Membership Screening Committee (1979-1981)

Northeast Wisconsin Area Agency on Aging Advisory Council (1977-1981)  
Grants Review Committee (1977-1979)

Interview Panel for Communicable Disease Specialist,  
Wisconsin Division of Health (1980)

Chair, Planning Committee, Maternal Child Health Conference, Green Bay, WI (1978-1981)

Interview Panel for Nursing Consultant Position, Wisconsin Bureau for Crippled  
Children (1977)

Wisconsin Association of Home Health Agencies Member (1976-1977)

Brown County Cancer Society Professional Education Committee (1977-1979)

Wisconsin Cystic Fibrosis Foundation  
Board of Directors (1976-1977)

Planned Parenthood of Wisconsin Volunteer (1976-1978)

Co-Chair, Planning Committee, Wisconsin Cystic Fibrosis  
Planning Adolescent Day (1975)

## RECOGNITIONS

Sigma Theta Tau, Eta Nu Chapter, Excellence in Nursing Education award, 2012

Milwaukee District Nurses Association Excellence in Nursing Education Award, 2010

Wisconsin Nurses Association Recognition Award, 1987

*Who's Who Among Students in American Universities and Colleges*, 1985

Sigma Theta Tau, International Honor Society of Nursing (inducted 1971)

Wisconsin Cystic Fibrosis Association Recognition Award, 1977

## MEMBERSHIPS

American Public Health Association

Association of Community Health Nursing Educators

Sigma Theta Tau, Delta Gamma and Eta Nu Chapters

Wisconsin Public Health Association

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Dan Williams</b>		2) Date When Request Submitted: <b>9/4/13</b> Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing - Education and Licensing Committee</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>School Site Survey Status – Discussion and Consideration</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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# News Release

National Council of State Boards of Nursing, Inc.  
111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277

**Contact: Dawn M. Kappel**  
Director, Marketing and Communications  
312.525.3667 direct  
312.279.1034 fax  
dkappel@ncsbn.org

## **FOR IMMEDIATE RELEASE**

Aug 29, 2013

### **NCSBN's NCLEX® Examinations Go "Green"**

In an effort to improve both effectiveness and efficiency the National Council of State Boards of Nursing's (NCSBN) NCLEX® program will go "green" and transition to a completely paperless program. Internet access has largely replaced print-based materials for information gathering and transactions; because of this NCSBN can now deliver the same information more expeditiously and reliably through electronic means.

The list of current paper-based materials that have been identified as going paperless include:

- Authorization to Test (ATT) letter
- NCLEX® Examination Candidate Bulletin and Candidate Bulletin At-A-Glance
- "Eights Steps of the NCLEX®" handout
- Scan form registrations
- Money order, certified check and cashier check payments
- "You've Completed the NCLEX® but Still Have Questions" brochure

To begin the process of transitioning to paperless, an email address for all candidates that register on the phone or online will be required immediately. Candidates who do not have an email address will be instructed to obtain a free email account through providers such as Gmail or Yahoo. Once the email account has been created the candidate may register for the NCLEX online at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex) or by phone.

Implementation for the paperless initiative will take place in the first quarter of 2014. NCSBN ensures a smooth transition and that the same information will be delivered through electronic means. Visit [www.nclex.org](http://www.nclex.org) for more detailed information or [join the NCLEX electronic mailing list](#).

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 associate members.

**Mission:** NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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**BOARD OF NURSING  
MEETING MINUTES  
AUGUST 8, 2013**

**PRESENT:** Julie Ellis, Carol Ott, Gretchen Lowe, Julia Nelson, Jeffrey Miller, Lillian Nolan, Rachelle Lancaster

**ABSENT:** Maria Joseph

**STAFF:** Dan Williams, Executive Director; Matthew Niehaus, Bureau Assistant; Nicholas Tank, Bureau Assistant; and other Department Staff

**CALL TO ORDER**

Julia Nelson, Chair, called the meeting to order at 7:59 a.m. A quorum of 8 (eight) members was present.

**ADOPTION OF AGENDA**

- Item N (Closed Session) **ADD** “N.5 – Jennie B. Alexander – 12 NUR 535”

**MOTION:** Jeffrey Miller moved, seconded by Gretchen Lowe, to adopt the agenda as published. Motion carried unanimously.

**REPORT OF EDUCATION AND LICENSURE COMMITTEE**

**COMMITTEE MOTION:** Rachelle Lancaster moved, seconded by Gretchen Lowe, that the Chair of the Education and Licensure Committee, in conjunction with DSPS staff, will approve the final faculty exception approval process document on behalf of the Committee. Motion carried unanimously.

**COMMITTEE MOTION:** Rachelle Lancaster moved, seconded by Julie Ellis, to authorize Cardinal Stritch to plan their Bachelor of Science in Nursing Program. Motion carried unanimously.

**COMMITTEE MOTION:** Rachelle Lancaster moved, seconded by Gretchen Lowe, to recognize the appearance of Lori Stutte, faculty and chair of ADN program at Cardinal Stritch College of Nursing, and Kelly J. Dries, Dean of the Cardinal Stritch College of Nursing. Motion carried unanimously.

**COMMITTEE MOTION:** Julie Ellis moved, seconded by Rachelle Lancaster, to designate the Chair of the Education and Licensure Committee as the Section's representative to draft a letter to L.P.N. deans congratulating them on their consistent ongoing excellence in NCLEX outcomes and to request nominations for two open L.P.N. vacancies on the Board of Nursing. Motion carried unanimously.

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

### **REPORT OF PRACTICE COMMITTEE**

**COMMITTEE MOTION:** Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQs 8, 9, and 12 from the website. Motion carried unanimously.

**COMMITTEE MOTION:** Lillian Nolan moved, seconded by Jeffrey Miller, to table deliberation on R.N. FAQ 13 until the next Board of Nursing meeting. Motion carried unanimously.

**COMMITTEE MOTION:** Lillian Nolan moved, seconded by Jeffrey Miller, that the Committee will construct a reorganization of the index to the position statements online to make them more accessible at the completion of the reevaluation of the position statements. Motion carried unanimously.

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

### **APPROVAL OF MINUTES OF JULY 11, 2013**

**MOTION:** Julie Ellis moved, seconded by Lillian Nolan, to approve the minutes of July 11, 2013 as published. Motion carried unanimously.

### **LEGISLATION/ADMINISTRATIVE RULE MATTERS**

**MOTION:** Jeffrey Miller moved, seconded by Gretchen Lowe, to designate Jeffrey Miller as the Board's representative to draft a letter to Senator Rick Gudex and State Representative Mike Endsley regarding LRB 2399 and be the delegated contact for the Board to address questions that may arise. The Board Chair will review, sign, and send the completed draft. A copy of the letter will also be placed on the September Board of Nursing agenda. Motion carried unanimously.

**MOTION:** Carol Ott moved, seconded by Julie Ellis, to table discussion of the Job Ready Initiative to the September Board of Nursing meeting when they will review documents related to the Job Ready Initiative and the NCLEX contract between the state of Wisconsin and NCSBN. Motion carried unanimously.

## INFORMATIONAL MATTERS

**MOTION:** Julie Ellis moved, seconded by Carol Ott, to place a link to the 2012 Wisconsin Registered Nurse Survey on the Board of Nursing website. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Jeffrey Miller moved, seconded by Carol Ott, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Julia Nelson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Julia Nelson -yes; Rachelle Lancaster-yes; Gretchen Lowe-yes; Julie Ellis-yes; Lillian Nolan-yes; Jeffrey Miller-yes; and Carol Ott-yes. Motion carried unanimously.

The Board convened into Closed Session at 2:14 p.m.

## DELIBERATION OF PROPOSED FINAL DECISIONS AND ORDERS

**MOTION:** Rachelle Lancaster moved, seconded by Carol Ott, to reject the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against Jennie B. Alexander (12 NUR 535). The Board designates Lillian Nolan as the Case Advisor and withdraws Maria Joseph as the Case Advisor for 12 NUR 535. Motion carried unanimously.

**MOTION:** Jeffrey Miller moved, seconded by Lillian Nolan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in case number 13 NUR 067 – Stacey M. Hanson, R.N., 13 NUR 127 – Barbara L. Hehn, R.N., 13 NUR 182 – Jeffrey P. Barbee, R.N., 13 NUR 212 – Jaime L. Kaiser, R.N. Motion carried unanimously.

## **CREDENTIALING MATTERS**

### **Justine Sandine – R.N. Examination**

**MOTION:** Gretchen Lowe moved, seconded by Jeffrey Miller, to deny Justine Sandine's request to sit for the R.N. examination. **REASON FOR DENIAL:** The conviction for retail theft and the recent arrest for retail theft are substantially related to the practice of Nursing. The Conviction occurred while enrolled as a student in a professional nursing program. The recent conviction of theft and recent arrest are substantially related to the practice of nursing due to the fact that as a nurse she will be caring for vulnerable patients giving her opportunities for further theft. Enough time has not lapsed since the conviction and recent arrest to demonstrate rehabilitation. Motion carried unanimously.

### **Nichole Mundth – L.P.N. Endorsement**

**MOTION:** Carol Ott moved, seconded by Jeffrey Miller, to grant Nichole Mundth's request to sit for the L.P.N. examination once all other requirements are met. Motion carried unanimously.

### **Alyssa Acerbi – R.N. Examination**

**MOTION:** Gretchen Lowe moved, seconded by Jeffrey Miller, to grant Alyssa Acerbi's request to sit for the R.N. examination once all other requirements are met. Motion carried unanimously.

## **MONITORING**

### **Laurie A. Blum, R.N. – Requesting a Limited License**

**MOTION:** Carol Ott moved, seconded by Julie Ellis, to grant the request of Laurie A. Blum, R.N for a Limited License with the same restrictions of the 6/2/2011 order. Motion carried unanimously.

### **Vyacheslav Dubrovsky, R.N. – Requesting a Reduction in Screens**

**MOTION:** Jeffrey Miller moved, seconded by Gretchen Lowe, to deny the request of Vyacheslav Dubrovsky, R.N. to reduce screens. **REASON FOR DENIAL:** Insufficient time to show compliance with the terms of the order. Motion carried unanimously.

*Lillian Nolan left the meeting at 3:45 p.m.*

**Lisa Van Natta, R.N. – Requesting Termination of Therapy & Reduction in Screens**

**MOTION:** Jeffrey Miller moved, seconded by Carol Ott, to grant the request of Lisa Van Natta, R.N. for termination of therapy & reduction in screens. The board will reduce screens to 14 screens per year plus one hair test. Motion carried unanimously.

**Barbara Warner, R.N. – Requesting Reduction in Screens**

**MOTION:** Jeffrey Miller moved, seconded by Julie Ellis, to grant the request of Barbara Warner, R.N. for reduction in screens. The board will reduce screens to 28 per year plus one hair test. The Board denies Barbara Warner's R.N. request for reinstatement to full licensure. **REASON FOR DENIAL:** Only one year of required work reports. Motion carried unanimously.

**Kathleen Whalen, R.N. – Monitoring Requesting Suspension of License**

**MOTION:** Gretchen Lowe moved, seconded by Julie Ellis, to deny the request to agree to a suspension of her right to renew her expired license. **REASON FOR DENIAL:** Noncompliance with the terms of the board order. The Board refers the matter to DLSC for consideration of a complaint for violation of the Board's order. Motion carried unanimously.

**CASE CLOSINGS**

**MOTION:** Jeffrey Miller moved, seconded by Rachelle Lancaster, to close case numbers:  
#13 NUR 281 (JS) for No Violation (NV)  
#12 NUR 322 (MP) for Prosecutorial Discretion (P1)  
#12 NUR 307 (BF) for Prosecutorial Discretion (P5 with a flag)  
Motion carried unanimously.

**RECONVENE TO OPEN SESSION**

**MOTION:** Gretchen Lowe moved, seconded by Jeffrey Miller, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 4:27 p.m.

**VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION**

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

## **BOARD STRATEGIC PLANNING AND ITS MISSION, VISION, AND VALUES**

**MOTION:** Rachelle Lancaster moved, seconded by Jeffrey Miller, to approve the proposed Board of Nursing seal as listed on page 530 of the meeting agenda packet session. The Seal will be forwarded to Kimberly Wood. Motion carried unanimously.

**MOTION:** Rachelle Lancaster moved, seconded by Jeffrey Miller, to place the mission, vision, and values as well as the official seal in the blue book. Motion carried unanimously.

### **ADJOURNMENT**

**MOTION:** Jeffrey Miller moved, seconded by Julie Ellis, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:45 p.m.

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

**AGENDA REQUEST FORM**

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3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Legislation/Administrative Rules Matters – discussion and consideration</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  <ul style="list-style-type: none"> <li>• <b>Advance Practice Nurse Certification</b></li> <li>•</li> <li>• <b>Job Ready Initiative</b></li> <li>•</li> <li>•</li> </ul>			
11) <b>Authorization</b>			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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# CAPITOL FACTS & FIGURES

## ● ● ● HEALTH

### Nurse Licensure Criminal Background Checks



The role of state boards of nursing is to protect the public and ensure that those who are licensed are qualified and safe to practice. These state boards license nearly 4.2 million nurses, including licensed practical/vocational nurses, registered nurses and advanced practice registered nurses. State boards of nursing have different requirements for disclosing criminal backgrounds

during their nurse licensure procedures. These include criminal background checks that may be conducted at the state or federal level, and may be based on name, Social Security number, fingerprints or by another state-specific method.

**The National Council of State Boards of Nursing supports fingerprint-based criminal background checks as the most reliable method of determining whether applicants for nurse licensure have previous criminal convictions.<sup>1</sup>**

- Thirty-six states require fingerprint-based criminal background checks.
- Of the 14 states that do not require fingerprint-based criminal background checks, five require a state record search for information on past criminal history by name checks and state court records; nine states require self-disclosure of any criminal history.
- Minnesota is the latest state to require fingerprint-based criminal background checks; it passed the requirement in May 2013.
- In many states without fingerprint-based criminal background checks, legislation has been introduced but not yet passed.

**Compared with other procedures to identify past criminal convictions, fingerprint-based criminal background checks provide the most thorough information about an applicant, including convictions across state lines.**

- In 2008, the Kansas legislature passed a bill requiring fingerprint screening for all nursing applicants. Fingerprinting was implemented in 2009. Since implementation, Kansas has learned that 15 percent of the applicants had a criminal history. Of those with a criminal history, 29 percent of them failed to disclose this information on their initial application.<sup>2</sup>
- In Texas, a study looked at the number of nurses disciplined by the board before and after the mandated fin-

gerprint criminal background check. The study consisted of 1,508 nurses. Before the background checks, 330 nurses self-reported a criminal history. After the implementation of the fingerprint checks, within the same group, the board found 1,182 applicants with a criminal history. The difference demonstrates that criminal background checks are an effective method to uncover past crimes that were otherwise unreported. Twenty-eight percent of the crimes were felonies and 62 percent were misdemeanors.<sup>3</sup>

- Fingerprint-based criminal background checks connect a unique physical trait with an applicant. Without fingerprints, applicants could use an alias to hide past criminal activity.
- State-based record searches may not identify criminal convictions in the other states where the applicant has resided.

**States that adopt fingerprint-based criminal background checks will need to prepare for implementation.**

- In all states with fingerprint checks, the applicant bears the cost of the background check. The cost ranges from \$30 to \$75.<sup>4</sup>
- Fingerprint-based criminal background checks utilize the FBI's Integrated Automated Fingerprint Identification System. The FBI is able to crosscheck states to find criminal histories that a search of one state alone could miss.<sup>5</sup>
- Each state board of nursing decides how to process information returned by the FBI. In determining whether to issue a license to an applicant, the board will consider evidence-based criteria to assess whether the nurse poses a risk to the public.
- Not all applicants with a criminal history are denied licensure. Information from fingerprint-based criminal background checks provide each board of nursing information necessary to make the most informed decision.

*The Council of State Governments adopted a resolution in December 2012 to support fingerprint-based criminal background checks for nurses applying for licensure. The CSG resolution recommends the policy to states because, "nurses work with the sick, disabled, elderly and other vulnerable populations, and it is in the interest of public safety to review nurse licensure applicants' past criminal behavior in determining whether they should be granted a license to practice nursing in a state or territory."<sup>6</sup>*



# Fingerprint-Based Criminal Background Checks for Nurse Licensure

State	Fingerprint-Based Criminal Background Checks		Comments
	Required	Not Required	
			Only for states not conducting fingerprint-based criminal background checks
Alabama		x	Self-Disclosure and State Records Search
Alaska	x		
Arizona	x		
Arkansas	x		
California	x		
Colorado		x	Self-Disclosure
Connecticut		x	Self-Disclosure
Delaware	x		
District of Columbia	x		
Florida	x		
Georgia	x		
Hawaii		x	Self-Disclosure
Idaho	x		
Illinois	x		
Indiana	x		
Iowa	x		
Kansas	x		
Kentucky	x		
Louisiana	x		
Maine		x	Self-Disclosure
Maryland	x		
Massachusetts		x	Self-Disclosure and State Records Search
Michigan	x		
Minnesota	x		* Legislation Passed in 2013
Mississippi	x		
Missouri	x		
Montana		x	Self-Disclosure
Nebraska		x	Self-Disclosure and State Records Search
Nevada	x		
New Hampshire	x		
New Jersey	x		
New Mexico	x		
New York		x	Self-Disclosure
North Carolina	x		
North Dakota	x		
Ohio	x		
Oklahoma	x		
Oregon	x		
Pennsylvania		x	Self-Disclosure and State Records Search
Rhode Island	x		
South Carolina	x		
South Dakota	x		
Tennessee	x		
Texas	x		
Utah	x		
Vermont		x	Self-Disclosure
Virginia		x	Self-Disclosure
Washington		x	Self-Disclosure and State Records Search
West Virginia	x		
Wisconsin		x	Self-Disclosure
Wyoming	x		

## REFERENCES

- <sup>1</sup>Information based on correspondence from the National Council of State Boards of Nursing to The Council of State Governments, May 2013.
- <sup>2</sup>Blubaugh, MSN, RN, Mary. (2012). "Using Electronic Fingerprinting for Criminal Background Checks." *Journal of Nursing Regulation*, Volume 2 (Issue 4), 50-52.
- <sup>3</sup>Texas Board of Nursing. "Study Conducted on Effectiveness of Nurse Criminal Background Checks." See: <http://www.bon.texas.gov/disciplinaryaction/study-1bc.html>
- <sup>4</sup>National Council of State Boards of Nursing. "Criminal Background Checks for Nurse Licensure. Frequently Asked Questions." See: <http://www.ncsn.org/2012/NationalConference/documents/Resolution%20Supporting%20Criminal%20Background%20Checks%20for%20Nurses%20Applying%20for%20State%20Licensure.pdf>

## Table Source:

Information based on correspondence from The National Council of State Boards of Nursing to the Council of State Governments, May 2013.

440.15 No fingerprinting. Except as provided under s. [440.03 \(13\) \(c\)](#), the department or a credentialing board may not require that an applicant for a credential or a credential holder be fingerprinted or submit fingerprints in connection with the department's or the credentialing board's credentialing.

440.03 (13) (c) The department shall require an applicant for a private detective license or a private security permit under s. [440.26](#), an applicant for a juvenile martial arts instructor permit under sub. [\(17\)](#), and a person for whom the department conducts an investigation under par. [\(b\)](#), to be photographed and fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may submit the fingerprint cards to the federal bureau of investigation for the purpose of verifying the identity of the persons fingerprinted and obtaining records of their criminal arrests and convictions.

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

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3) Name of Board, Committee, Council, Sections:  <b>WI Board of Nursing</b>			
4) Meeting Date:  <b>9/12/13</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Speaking Engagement request by ANEW – Discussion and consideration</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  Edited for Agenda purposes:  Dr. Lancaster:  I am sending this request to you as I believe you have to obtain WBON approval to do this. The ANEW Executive Board met yesterday and set their agenda for <b>October 2, 2013</b> . They would like you to come and speak to the deans again regarding any <b>updates on N1</b> . Presently they have about an hour slotted for you from 11:00 am to noon and lunch would be provided. You would be welcome to stay for the entire meeting which will run from 10:00 am to 2:30 pm. Please let me know if you are willing and able to do this. If the time scheduled causes a problem we can still adjust the agenda. See you tomorrow at the Board meeting.  Regards, Julie A. Luetschwager, Ph.D., RN Dean, School of Nursing & Health Professions			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
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**STATE OF WISCONSIN**  
Department of Safety and Professional Services  
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Web: <http://dspd.wi.gov>  
Phone: 608-266-2112

**Governor Scott Walker      Secretary Dave Ross**

**BOARD OF NURSING**  
**ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI**  
**CONTACT: DAN WILLIAMS (608) 266-2112**  
**SEPTEMBER 12, 2013**

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

**LEGISLATION AND RULES COMMITTEE**

**2:00 P.M.**

**Or Immediately Following Re-Entry Into Open Session by the Board of Nursing After Exiting Closed Session**

**CALL TO ORDER – ROLL CALL**

**OPEN SESSION:** Jeffrey Miller (Committee Chair), Rachelle Lancaster, Lillian Nolan

- A. **Approval of Agenda(1143-1144)**
- B. **Approval of Legislation and Rules Committee Minutes of August 8, 2013(1145-1146)**
- C. **Legislative Update SB 251/AB292(1147-1150)**
- D. **N 7 relating to Rules of Conduct(1151-1156)**
- E. **N 2, 3 Relating to Applications**
- F. **N 1 Relating to School Approval**
- G. **Public Comments**
- H. **Consult with Legal Counsel**

**ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING**

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**LEGISLATION AND RULES COMMITTEE**  
**BOARD OF NURSING**  
**MEETING MINUTES**  
**AUGUST 8, 2013**

**PRESENT:** Jeffrey Miller, Lillian Nolan, Rachelle Lancaster

**STAFF:** Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant;  
Nicholas Tank, Bureau Assistant; Other Department Staff

**CALL TO ORDER**

Jeffrey Miller, Chair called the meeting to order at 8:01 a.m. A quorum of three (3) members was present.

**ADOPTION OF AGENDA**

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

**APPROVAL OF LEGISLATION AND RULES COMMITTEE MINUTES OF JULY 11,  
2013**

**MOTION:** Rachelle Lancaster moved, seconded by Lillian Nolan, to approve the minutes as published. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Lillian Nolan moved, seconded by Rachelle Lancaster, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:04 a.m.

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Sharon Henes</b> <b>Administrative Rules Coordinator</b>		2) Date When Request Submitted: <i>4 September 2013</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: <b>Board of Nursing – Legislative and Rulemaking Committee</b>			
4) Meeting Date:  12 Sept 2013	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative update SB 251/AB 292 N 7 relating to rules of conduct <b>N 2, 3 relating to applications</b> N 1 relating to school approval	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  <input type="checkbox"/> Yes by _____ (name)  <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>4 September 2013</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

<b>State</b>	<b>How often can an individual repeat the NCLEX-RN?</b>	<b>Requirements if unsuccessful on the NCLEX-RN exam</b>
Alabama	Every 45 days	
Alaska	Every 45 days	
Arizona	Every 45 day for 2 years	After two years without success: Refresher course must be completed
Arkansas	Every 45 days	
California	Every 45 days	
Colorado	Every 90 days	
Connecticut	Every 45 days	
Delaware	Every 45 days for five years	
Florida	Up to 3 failures	After 3 <sup>rd</sup> failure: Remedial training program must be completed
Georgia	Every 90 days up to 3 years	Up to 3 years
Hawaii	Every 45 days	After 2 years reapply to the Board of Nursing
Idaho	Not stated	
Illinois	Every 45 days	After 3 years without success: Repeat a nursing educational program or remedial nursing program
Indiana	Every 45-50 days	After 3 <sup>rd</sup> failure: a Remedial program must be completed
Iowa	Every 45 days	
Kansas	Every 45 days	
Kentucky	Every 45 days	
Louisiana	Every 45 days	
Maine	Not stated	
Maryland	Every 45 days	
Massachusetts	Every 90 days	
Michigan	3 failures in a 12 month period	After the 3 <sup>rd</sup> failure: Remediation course than only 3 more failures after the remediation course
Minnesota	Every 45 days	
Mississippi	Every 45 days	
Missouri	Every 45 days	
Montana	Every 45 days	
Nebraska	Every 45 days	
Nevada	2 failures	After 2 <sup>nd</sup> failure: A plan of study approved by the Board of Nursing After 3 <sup>rd</sup> failure: Must repeat course in nursing theory in a nursing program approved by the Board of Nursing

New Jersey	3 failures	After 3 <sup>rd</sup> failure: A review course must be completed
New Hampshire	45-50 days	
New Mexico	Up to 3 failures	After 3 <sup>rd</sup> failure: A refresher course must be completed
New York	Every 45 days	
North Carolina	Every 45 days	
North Dakota	Every 45 days	
Ohio	Every 50 days	
Oklahoma	Every 45 days	
Oregon	Not stated, but can retake the exam	
Pennsylvania	Every 45 days	
Rhode Island	Every 45 days	
South Carolina	Every 45 days for 3 years	After 3 years without success: Repeat a nursing educational program
South Dakota	Not stated, but can retake the exam	
Tennessee	2 failures	After 2 <sup>nd</sup> failure: Request recommendations by the Board of Nursing
Texas	Every 45 days for 4 years	After 4 years without success: Repeat a nursing educational program
Utah	Every 45 days	
Vermont	2 failures 3-4 failures  5 failures	After 2 <sup>nd</sup> failure: Formal review course After 3 <sup>rd</sup> and 4 <sup>th</sup> failure: Different formal review course After 5 failures: Contact the state board of nursing
Virginia	Every 45 days	
Washington	Every 45 days	
West Virginia	Every 45 days	
Wisconsin	Every 45 days	
Wyoming	Every 45 days	

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STATE OF WISCONSIN  
BOARD OF NURSING

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IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : BOARD OF NURSING  
BOARD OF NURSING : ADOPTING RULES  
: (CLEARINGHOUSE RULE )  
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PROPOSED ORDER

An order of the Board of Nursing to repeal 7.04, amend 7.01(2) and repeal and recreate 7.03 relating to code of conduct.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** § 441.07

**Statutory authority:** §§ 15.08(5)(b) and 227.11(2)(a)

**Explanation of agency authority:**

The Board of Nursing has general agency authority to promulgate rules interpreting the provisions of any statute enforced or administered by the Board of Nursing.

The Board also has specific agency conferred by the legislature to promulgate rules for its own guidance and for the guidance of the profession and define and enforce professional conduct and unethical practices.

**Related statute or rule:** § 441.07

**Plain language analysis:**

**Summary of, and comparison with, existing or proposed federal regulation:**

**Comparison with rules in adjacent states:**

**Illinois:**

**Iowa:**

**Michigan:**

**Minnesota:**

**Summary of factual data and analytical methodologies:**

**Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:**

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at [Greg.Gasper@wisconsin.gov](mailto:Greg.Gasper@wisconsin.gov), or by calling (608) 266-8608.

**Agency contact person:**

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-2377; email at [Sharon.Henes@wisconsin.gov](mailto:Sharon.Henes@wisconsin.gov).

**Place where comments are to be submitted and deadline for submission:**

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to [Sharon.Henes@wisconsin.gov](mailto:Sharon.Henes@wisconsin.gov). Comments must be received on or before \* to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. N 7.01 (2) is amended to read:

N 7.01 (2) The intent of the board of nursing in adopting this chapter is to specify grounds for limiting, suspending, revoking or denying renewal of a license or certificate or for reprimanding a license or certificate.

SECTION 2. N 7.03 is repealed and recreated to read:

N 7.03 **Grounds for denying renewal or disciplinary action.** The grounds for denying renewal or taking disciplinary action on a license or certificate are as follows:

- (1) Noncompliance with federal, jurisdictional or reporting requirements including:
  - (a) Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results.
  - (b) Having a license to practice nursing or a multi-state privilege to practice denied, revoked, suspended, limited or otherwise disciplined in another state, territory or country. A certified copy of the record of the board is conclusive evidence of the final action.
  - (c) After a request of the board, failing to cooperate in a timely manner, with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.
  - (d) Practicing without an active license.
  - (e) Practicing beyond the scope of practice permitted by law.
  - (f) Failing to inform the board of the advanced practice nurse prescriber's certification status as a nurse anesthetist, nurse-midwife, nurse practitioner or clinical nurse specialist.
  - (g) Violating any term, provision or condition of any order of the board.
  - (h) Failing to notify the board of a felony or misdemeanor in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.
  - (i) Failing to report to the board or institutional supervisory personnel any violation of the rules of this chapter by a licensee. This provision does not require a nurse to report treatment information which would fall within the nurse-patient privilege set forth in s. 905.04(1)(b).
- (2) Violating or aiding and abetting a violation of any law substantially related to the practice of nursing. Being convicted of any crime which would affect the licensee's ability to practice nursing. A certified copy of a judgment of conviction is prima facie evidence of a violation.
- (3) Confidentiality, patient privacy, consent or disclosure violations, including:
  - (a) Failing to safeguard the patient's dignity, and the right to privacy.
  - (b) Knowingly, recklessly or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.
  - (c) Making statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity, including statements or disclosures via electronic or social media.
- (4) Misconduct or abuse, including:
  - (a) Soliciting, borrowing, misappropriating, obtaining or attempting to obtain money or property from a patient or a patient's family.

- (b) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit, duress or undue influence in the course of nursing practice.
- (c) Abusing a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain or injury or mental anguish or fear.
- (d) Engaging in repeated or significant disruptive behavior or interaction with health care personnel, patients, family members or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.
- (3) Violating principles of professional boundaries, including:
  1. Failing to establish, maintain and communicate professional boundaries with the patient.
  2. Engaging in relationships with patients that could impair the nurse's professional judgment;
  3. Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual or personal advantage or benefit.
  4. Engaging in dual relationships if the nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient.
  5. Engaging in any dual relationship in mental health nursing.
  6. Engaging in self-disclosure to a patient unless it is limited in terms of amount, nature and duration and does not adversely impact the patient's care and well-being.
  7. Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.
  8. Failing to have a clear agreement with the patient regarding financial matters.
  9. Arrangements for reimbursement must be made at the initiation of the nurse-patient relationship.
  10. Accepting gifts which are more than minimal value or cash from a patient or patient's family.

This paragraph does not include providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of or potential for exploiting the patient and contact that is necessary for a health care purpose that meets the standards of the profession.

- (f) Engaging in sexually misconduct, including:
  1. Sexual explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient.
  2. Conduct that may reasonably be interpreted by a patient as sexual or in any verbal behavior that is sexually harassing to a patient.
  3. Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.
  4. Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.

5. Engaging or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

For the purpose of this paragraph, due to the unique vulnerability of mental health patients, including patients with substance use disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients, a former patient's immediate family or person responsible for the patient's welfare, for a period of at least 2 years after the termination of nursing services.

- (5) Fraud, deception or misrepresentation, including:
  - (a) Falsifying or inappropriately altering reports, patient documentation, agency records and other health documents.
  - (b) Knowingly making incorrect entries in a patient's medical record or other related documents.
  - (c) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.
  - (d) Submitting false claims.
  - (e) Fraud, deceit or material omission in obtaining license or certification or in the renewal of the license or certification.
  - (f) Impersonating another licensee or allowing another person to use the licensee's credential of any purpose.
  - (g) Submitting false information in the course of an investigation.
  - (h) Misrepresentation of credentials.
  - (i) Misleading, false or deceptive advertising or marketing.
  
- (6) Unsafe practice or substandard care, including:
  - (a) Failing to perform nursing with reasonable skill and safety.
  - (b) Lack of knowledge, skill or ability to discharge professional obligations within the scope of nursing practice.
  - (c) Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health or safety. Actual injury to a patient need not be established.
  - (d) Failing to supervise student experiences as a clinical nursing instructor.
  - (e) Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.
  - (f) Practicing nursing while under the influence of alcohol, illicit drugs or while impaired by the use of legitimately prescribed pharmacological agents or medications.
  - (g) Unable to practice safely by reason of alcohol or other substance use.
  - (h) Unable to practice safely by reason of psychological impairment or mental disorder.
  - (i) Unable to practice safely by reason of physical illness or impairment.
  - (j) Failure to consult or delay in consultation with supervisor.
  - (k) Inappropriate failure to treat.

- (L) Inadequate or improper infection control practices.
  - (m) Failure to provide medically reasonable or necessary items or services.
  - (n) Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
  - (o) Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient.
  - (p) Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person.
  - (q) Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person.
- (7) Improper supervision or allowing unlicensed practice, including:
- (a) Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
  - (b) Knowingly aiding, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of nursing.
  - (c) Inappropriate or inadequate supervision or delegation.
- (8) Improper prescribing, dispensing, administering medication or drug related offenses, including:
- (a) Prescribing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.
  - (b) Dispensing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.
  - (c) Administering any drug other than in the course of legitimate practice or as otherwise prohibited by law.
  - (d) Error in prescribing, dispensing or administering medication.
  - (e) Obtaining, possessing or attempting to obtain or possess a drug without lawful authority.

SECTION 3. N 7.04 is repealed.

SECTION 4. EFFECTIVE DATE The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

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 (END OF TEXT OF RULE)  
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Dated \_\_\_\_\_

Agency \_\_\_\_\_

Member of the Board  
 Board of Nursing