



NURSING - ASSOCIATE DEGREE

**Wisconsin Indianhead Technical College
10-543-1 Associate Degree**

***2015*
Program Review
and
Improvement Plan**

CONTENTS

Catalog Page	1
Review Team Membership	3
Self-Study Reports	7
Perkins Data Review	39
Program Improvement Plan	55

Nursing - Associate Degree

10-543-1 Associate Degree

Financial Aid Eligible

Program Overview

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 within the healthcare system. Through collaboration with other healthcare professionals, nursing is responsive to the needs of the community across the health-illness continuum.



WISCONSIN
MILWAUKEE
TECHNICAL
COLLEGE

Campus:

**Ashland
New Richmond
Rice Lake
Superior**

Special Features

An agreement between the Wisconsin Technical College System (WITCS) and the University of Wisconsin System (UWS) and some other private colleges allows graduates of the WITCS Nursing - Associate Degree program to transfer, with junior standing, into their baccalaureate nursing program. For the student that is a licensed practical nurse (LPN) and is interested in becoming a registered nurse (RN), WITC offers an "LPN Progression to ADN" track. The LPN Progression pathway provides advanced standing for nursing courses in ADN Semesters 1 and 2 of the WITC ADN program. Additionally, credits may be transferred from the practical nursing program if the General Studies and/or elective credits were at an associate degree level. Contact the campus admissions advisor for more information.

Pre-Nursing Admission Requirements

- Students in the pre-Nursing program must:
- Complete application form and submit with fee (fee waiver may apply if previously submitted)
 - Complete Accuplacer entrance assessment to determine placement (waiver may apply with acceptable alternative test scores and/or postsecondary degree completion); note: required Accuplacer entrance assessment scores for core Nursing coursework are higher than pre-Nursing scores
 - Have earned a high school diploma or GED certificate; current high school seniors must provide documentation upon graduation
 - Complete WITC pre-ADN Admissions Quiz
 - Review and sign Caregiver Background Check and/or Criminal History Record Check Statement of Understanding Form
 - Review and sign the Functional Ability Statement of Understanding
 - Complete admissions interview with a WITC counselor (above requirements should be completed prior to interview)

Program-Specific Requirements

- Pre-Nursing students must complete the petition process to be eligible for the core Nursing program (go to: <http://www.witc.edu/campuscontent/nursesoc/pdf/admission/ADN-Admissions-Procedures-01-23-2012.pdf> for detailed requirements). In addition to the requirements above, students in this program must:
- Complete one year of high school chemistry or one term of college-level chemistry with a 2.0 or better
 - Complete a Nursing Assistant course with grade of C (2.0) or better
 - Review the online informational presentation at www.witc.edu/pgmpages/nursesoc/admissions
 - Complete priority petition for admission forms:
 - WITC transcripts to verify course completion (priority admission is given to students who have completed the ADN program-required General Studies courses)
 - Review and sign Caregiver Background Check and/or Criminal History Record Check Statement of Understanding
 - Review and sign the Functional Ability Statement of Understanding
 - Complete and sign Intent to Enter form
 - Prior to attendance in core Nursing coursework, student must:
 - Submit Background Check fee
 - Have an acceptable Wisconsin Caregiver Background Check, National Criminal Background Check, Minnesota Caregiver Background Check (if applicable), and other states if applicable

- Pass a physical exam, have current immunizations, and demonstrate negative status for tuberculosis (Tb)
- Possess current certification of "CPR for Healthcare Providers" or the equivalent
- Review and sign Allied Health Division Confidentiality Statement
- Attend a mandatory orientation session

Student Profile

- Students in the ADN program should be able to:
- Be flexible and empathetic
 - Handle emotional situations
 - Adjust to diverse personalities and backgrounds
 - Work under stress
 - Communicate in writing and verbally
 - Have good reasoning skills
 - Think logically and be organized
 - Use a computer to word process documents and search the Internet

Preparation for Admission

Students should strive to reach a comfort level in the following courses or skills:

- Algebra/Biology/Chemistry
- Anatomy/Physiology
- Medical Terminology
- Communications - written and oral
- Human Relations
- Keyboarding and computer applications

Program Outcomes

- Employers will expect graduates of the ADN program to be able to:
- 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
 - Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
 - Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
 - Provide patient centered care by utilizing the nursing process across diverse populations and healthcare settings
 - Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
 - Lead the multidisciplinary healthcare team to provide effective patient care throughout the lifespan
 - Use information and technology to communicate, manage data, mitigate error, and support decision-making
- Collegewide outcomes and indicators will also be addressed to develop personal awareness, career effectiveness, and professionalism. See page 5 of the college catalog for a list of collegewide outcomes and indicators.

Career Outlook

WITC will help students prepare for their career goals with examples, experience, and expert support for a variety of positions:

- Registered Nurse
- Staff Nurse
- Ambulatory Care Nurse
- Charge Nurse
- Home Health Nurse
- Private Duty Nurse
- School Nurse

WITC's Nursing - Associate Degree program is accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN), formerly NLNAC, and approved by the Wisconsin State

Board of Nursing. Concerns about the Nursing - Associate Degree program or questions about current status may be communicated to the Accreditation Commission for Education in Nursing, Inc. (ACEN), formerly NLNAC, located at 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, phone 404-975-5000. Concerns may also be directed to the Wisconsin State Board of Nursing, PO Box 8935, Madison, WI 53708-8935, phone (877) 617-1565.

Curriculum

Number	Course Title	Credits
Technical Studies Courses		
10543101	Nursing Fundamentals ^{▲▲}	2
10543102	Nursing Skills ^{▲▲}	3
10543103	Nursing Pharmacology ^{▲▲}	2
10543104	Nursing-Intro to Clinical Practice ^{▲▲}	2
10543105	Nursing Health Alterations ^{▲▲}	3
10543106	Nursing Health Promotion ^{▲▲}	3
10543107	Nursing: Clinical Care Across Lifespan ^{▲▲}	2
10543108	Nursing-Intro to Clinical Care Management ^{▲▲}	2
10543109	Nursing-Complex Health Alterations 1 ^{▲▲}	3
10543110	Nursing-Mental Health and Community Concepts ^{▲▲}	2
10543111	Nursing-Intermediate Clinical Practice ^{▲▲}	3
10543112	Nursing Advanced Skills ^{▲▲}	1
10543113	Nursing-Complex Health Alterations 2 ^{▲▲}	3
10543114	Nursing-Management and Professional Concepts ^{▲▲}	2
10543115	Nursing-Advanced Clinical Practice ^{▲▲}	3
10543116	Nursing Clinical Transition ^{▲▲}	2
		38
General Studies Courses [▲]		
10801195	Written Communication [▲]	3
10801196	Oral/Interpersonal Communication	3
10806177	General Anatomy and Physiology ^{▲▲}	4
10806179	Advanced Anatomy and Physiology ^{▲▲}	4
10806197	Microbiology ^{▲▲}	4
10809188	Developmental Psychology	3
10809196	Introduction to Sociology	3
10809198	Introduction to Psychology	3
		27
ELECTIVES		5
PROGRAM REQUIREMENTS		70

- ▲ Requires a prerequisite and/or corequisite that must be completed with a grade point of 2.0 or better.
- ▲ See pages 41-43 for course descriptions.
- ▲ The second time a student withdraws from this class, it counts as an "F" (see ADN student handbook for details).

All courses in the ADN program must be completed with a grade of "C" (2.0) or better, except 10806177 General Anatomy & Physiology and 10806179 Advanced Anatomy & Physiology, which must be completed with a "B-" or better.

Course Descriptions

(See pages 41-43 for General Studies course descriptions)

10543101

Nursing Fundamentals - Credits: 2

This course focuses on basic nursing concepts that the beginning nurse will need to provide care to diverse patient populations across the lifespan. Current and historical issues impacting nursing will be explored within the scope of nursing practice. The nursing process will be introduced as a framework for organizing the care of patients with alterations in cognition, elimination, comfort, grief/loss, mobility, integument, and fluid/electrolyte balance. **PREREQUISITE:** Admission to Nursing program and **COREQUISITE:** 10806177 General Anatomy and Physiology.

10543102

Nursing Skills - Credits: 3

This course focuses on development of clinical skills and physical assessment across the lifespan. Content includes mathematics calculations and conversions related to clinical skills, blood pressure assessment, aseptic technique, wound care, oxygen administration, tracheostomy care, suctioning, management of enteral tubes, basic medication administration, glucose testing, enemas, ostomy care, and catheterization. In addition the course includes techniques related to obtaining a health history and basic physical assessment skills using a body systems approach. **PREREQUISITE:** Admission to Nursing program or current LPN license and **COREQUISITE:** 10806177 General Anatomy and Physiology.

10543103

Nursing Pharmacology - Credits: 2

This course introduces the principles of pharmacology, including drug classifications and their effects on the body. Emphasis is on the use of the components of the nursing process when administering medications. **PREREQUISITE:** Admission to the Nursing program and **COREQUISITE:** 10806177 General Anatomy and Physiology.

10543104

Nursing: Intro to Clinical Practice - Credits: 2

This introductory clinical course emphasizes basic nursing skills and application of the nursing process in meeting the needs of diverse clients. Emphasis is placed on performing basic nursing skills, the formation of nurse-client relationships, communication, data collection, documentation, and medication administration. **COREQUISITES:** 10543101 Nursing Fundamentals, 10543102 Nursing Skills, and 10543103 Nursing Pharmacology. **10801195** Written Communications, **10809188** Developmental Psychology, and **10806177** General Anatomy and Physiology.

10543105

Nursing Health Alterations - Credits: 3

This course elaborates upon the basic concepts of health and illness as presented in Nursing Fundamentals. It applies theories of nursing in the care of clients through the lifespan, utilizing problem solving and critical thinking. This course will provide an opportunity to study conditions affecting different body systems and apply therapeutic nursing interventions. It will also introduce concepts of leadership, team building, and scope of practice. **PREREQUISITES:** 10543101 Nursing Fundamentals, 10543102 Nursing Skills, 10543103 Nursing Pharmacology, 10543104 Nursing: Introduction to Clinical Practice, and 10806177 General Anatomy and Physiology.

10543106

Nursing Health Promotion - Credits: 3

This course will cover topics related to health promotion for individuals and families throughout the lifespan. We will cover nursing care of the developing family, which includes reproductive issues, pregnancy, labor and delivery, postpartum, the newborn, and the child. Recognizing the spectrum of healthy families we will discern patterns associated with adaptive and maladaptive behaviors applying mental health principles. An emphasis is placed on teaching and supporting healthy lifestyle choices for individuals of all ages. Nutrition, exercise, stress management, empowerment, and risk reduction practices are highlighted. Study of the family will cover dynamics, functions, discipline styles, and stages of development. **PREREQUISITES:** 10543101 Nursing Fundamentals, 10543102 Nursing Skills, 10543103 Nursing Pharmacology, 10543104 Nursing: Introduction to Clinical Practice, 10806177 General Anatomy and Physiology, and 10809188 Developmental Psychology and **COREQUISITE:** 10806179 Advanced Anatomy and Physiology.

10543107

Nursing: Clinical Care Across Lifespan - Credits: 2

This clinical experience applies nursing concepts and therapeutic interventions to clients across the lifespan. It also provides an introduction to concepts of teaching and learning. Extending care to include the family is emphasized. **COREQUISITE:** 10543106 Nursing Health Promotion.

10543108

Nursing: Intro to Clinical Care Management - Credits: 2

This clinical experience applies nursing concepts and therapeutic nursing interventions to groups of clients across the lifespan. It also provides an introduction to leadership, management, and team building. **COREQUISITES:** 10543105 Nursing Health Alterations, 10806179 Advanced Anatomy and Physiology, and 10801196 Oral/Interpersonal Communication.

10543109

Nursing: Complex Health Alterations 1 - Credits: 3

Complex Health Alterations 1 prepares the learner to expand knowledge from previous courses in caring for clients across the lifespan with alterations in cardiovascular, respiratory, endocrine, and hematologic systems as well as clients with fluid/electrolyte and acid-base imbalance, and alterations in comfort. **PREREQUISITES:** 10543105 Nursing Health Alterations, 10543106 Nursing Health Promotion, 10543107 Nursing: Clinical Care Across the Lifespan, 10543108 Nursing: Introduction to Clinical Care Management, 10806179 Advanced Anatomy and Physiology, and **COREQUISITE:** 10806197 Microbiology.

10543110

Nursing: Mental Health and Community Concepts - Credits: 2

This course will cover topics related to the delivery of community and mental health care. Specific health needs of individuals, families, and groups will be addressed across the lifespan. Attention will be given to diverse and at-risk populations. Mental health concepts will concentrate on adaptive/maladaptive behaviors and specific mental health disorders. Community resources will be examined in relation to specific types of support offered to racial, ethnic, economically diverse individuals and groups. **PREREQUISITES:** 10543105 Nursing Health Alterations, 10543106 Nursing Health Promotion, 10543107 Nursing: Clinical Care Across the Lifespan, 10543108 Nursing: Introduction to Clinical Care Management, 10806179 Advanced Anatomy and Physiology, and **COREQUISITE:** 10809198 Introduction to Psychology.

10543111

Nursing: Intermediate Clinical Practice - Credits: 3

This intermediate level clinical course develops the RN role when working with clients with complex health care needs. A focus of the course is developing skills needed for managing multiple clients across the lifespan and priorities. Using the nursing process, students will gain experience in adapting nursing practice to meet the needs of clients with diverse needs and backgrounds. **COREQUISITES:** 10543109 Nursing Complex Health Alterations 1, 10543110 Nursing: Mental Health and Community Concepts, and 10543112 Nursing Advanced Skills, 10809198 Introduction to Psychology, and 10806197 Microbiology.

10543112

Nursing Advanced Skills - Credits: 1

This course focuses on the development of advanced clinical skills. Content includes advanced IV skills, blood product administration, chest tube systems, basic ECG interpretation and nasogastric/feeding tube insertion. **PREREQUISITES:** 10543105 Nursing Health Alterations, 10543106 Nursing Health Promotion, 10543107 Nursing: Clinical Care Across the Lifespan, 10543108 Nursing: Introduction to Clinical Care Management, and 10806179 Advanced Anatomy and Physiology.

10543113

Nursing: Complex Health Alterations 2 - Credits: 3

Complex Health Alterations 2 prepares the learner to expand knowledge and skills from previous courses in caring for clients across the lifespan with alterations in the immune, neurosensory, musculoskeletal, gastrointestinal, hepatobiliary, renal/urinary and the reproductive systems. The learner will also focus on management of care for clients with high-risk perinatal conditions, high-risk newborns and the ill child. Synthesis and application of previously learned concepts will be evident in the management of clients with critical/life threatening situations. **PREREQUISITES:** 10543109 Nursing Complex Health Alterations 1, 10543110 Nursing: Mental Health and Community Concepts, 10543111 Nursing: Intermediate Clinical Practice, 10543112 Nursing Advanced Skills, and 10806197 Microbiology.

10543114

Nursing: Management and Professional Concepts - Credits: 2

This course covers nursing management and professional issues related to the role of the RN. Emphasis is placed on preparing for the RN practice. **PREREQUISITES:** 10543109 Nursing: Complex Health Alterations 1, 10543110 Nursing: Mental Health and Community Concepts, 10543111 Nursing: Intermediate Clinical Practice, and 10543112 Nursing Advanced Skills.

10543115

Nursing: Advanced Clinical Practice - Credits: 3

This advanced clinical course requires the student to integrate concepts from all previous courses in the management of groups of clients facing complex health alterations. Students will have the opportunity to further develop critical thinking skills using the nursing process in making clinical decisions. Continuity of care through interdisciplinary collaboration is emphasized. **COREQUISITES:** 10543113 Nursing Complex Health Alterations 2, and 10809196 Introduction to Sociology.

10543116

Nursing Clinical Transition - Credits: 2

This clinical experience integrates all knowledge learned in the previous courses in transitioning to the role of the graduate nurse. The course promotes relatively independent clinical decisions, delegation, and works collaboratively with others to achieve client and organizational outcomes. Continued professional development is fostered. **PREREQUISITES:** 10543113 Nursing Complex Health Alterations 2, 10543114 Nursing Management and Professional Concepts, and 10543115 Nursing Advanced Clinical Practice.

Graduate Employment Information

(WITC Graduate Survey Responses 2012-2013; for most recent data, go to witc.edu)

Number of graduates	104	Number employed	82	% employed in WITC district	56%
Number of responses	84	Percent employed	98%	Range of yearly salary	\$25,551-\$77,994
Number available for employment	84	Employed in related field	80	Average yearly salary	\$49,359

800.243.9482

witc.edu

2015-2016

139

career vision

TEAM MEMBERSHIP

ACADEMIC PROGRAM REVIEW PROFILE

Program Number & Name		
Nursing- Associate Degree 10-54300		
Program Academic Dean	Title/Location	Phone and e-mail
Chaudette Miller	Divisional Dean, Nursing Superior	Ext. 6826 Chaudette.miller@witc.edu
Team Lead(s)	Title/Location	Phone and e-mail
Cate Edlebeck	Nursing Faculty Member Superior	Ext. 6268 Cate.edlebeck@witc.edu
Team Members	Title/Location	Phone and e-mail
Chaudette Miller	Divisional Dean, Nursing Superior	Ext. 6826 Chaudette.miller@witc.edu
Alicia Strong	Nursing Faculty Member Rice Lake	Ext. 5421 Alicia.strong@witc.edu
Amanda Granlund	Student Services Assistant Superior	Ext. 6240 Amanda.granlund@witc.edu
Ingrid Evavold (tentative)	General Studies Faculty Superior	Ext 6343 Ingrid.evavold@witc.edu
Alison Stucke (tentative)	LRC staff Superior	Ext. 6610 alison.stucke@witc.edu

Program Information:		
Capacity (new students admitted/year):		136
Number of Faculty:	FT: 20	PT: 8
Statewide Curriculum:	Yes? X	No?
Number of Technical Studies Courses in each of the following delivery modes: (there may be duplication for courses offered in multiple modes)		
	Classroom:	16
	Online:	2
	ITV/IP:	0
	In Person/Web Blended:	17

Program Accredited by:	Accreditation Commission for Education in Nursing, Inc. (ACEN)
Date of Last Accreditation	2014
Date of Next Accreditation	2022
Is a visit required? If so, when is the next visit?	No, follow up report due October, 2016
Program Licensed by:	WI BON
Date of Last Licensing:	1984- current
Date of Next Licensing:	N/A
Is a visit required? If so, when is the next visit?	No
Please list other program memberships:	American Nurses Association
	National League for Nursing
	Wisconsin Center for Nursing

	Administrators of Nursing Education in Wisconsin (ANEW)
--	--

SELF-STUDY REPORT

SELF-STUDY SUMMARY REPORT

Program Information	
Program Name: Associate Degree Nursing	Team Chair: Cate Edlebeck
Academic Dean: None	Divisional Dean: Chaudette Miller
Process Used to Complete the Self-Study	
Meeting format (in-person, IP, conference calls etc.)	E-mail and in-person
Number of meetings	1
How was the self-study handled?	The chair gathered data and forwarded it to the group members for input. The input was incorporated into the report.
Additional comments:	
Summary of Findings	
As you completed this self-study section of the program review, what areas "stand out" in your program? Please explain.	<p>Standard 1.4: After undergoing the accreditation process in October 2014, the nursing education unit was found to be out of compliance with Standards 4 (curriculum) and 6 (outcomes). Accreditation was granted with conditions. A follow up report is due in October of 2016.</p> <p><u>Standard 4: Curriculum</u> The nursing education unit is out of compliance on Standard 4 (below-the-line curriculum). The indirect cause is the process we followed in updating the revised WTCS Statewide curriculum. There was no clear guidance for how to link and update learning activities to our below-the-line activities. The direct cause is the nursing education faculty's failure to update, link, and measure learning activities.</p> <p>The WTCS Statewide Curriculum Advisory Committee communicates through only one faculty representative per campus. Meeting minutes are not publicly accessible. Deans and program directors are not kept up to date on changes. The Advisory Committee is a volunteer position. Although we do not know why, there is a lack of formal communication. Relying on a single faculty representative from each college might be risky, especially if the representative misses a meeting or misunderstands the directives that are disseminated. The committee is completely voluntary; all colleges have different schedules. Many colleges are remote</p>

	<p>from the meetings. The Advisory committee speaks for all of the colleges.</p> <p>Problem: The relationship between learning activities and student learning outcomes is not documented within the curriculum.</p> <p>Program administrator and faculty were unaware that ACEN required direct linking of all learning activities to student learning outcomes. Directly, the previous dean did not attend or require faculty to attend training linking the curriculum and student learning outcomes. Indirectly, ACEN and the BON provide little guidance regarding accreditation and compliance.</p> <p>Problem: The evaluation of students is not correlated with the student learning outcomes. The exams, papers, observations, and presentations were not linked to the student learning outcomes. No updates were completed to learning activities to ensure that they measured the student learning outcomes.</p> <p><u>Standard 5: Resources</u></p> <p>Problem: Simulation implementation lacks consistency between campuses and instructors. Initial training was inconsistent. The faculty group is too large to train all at once. The group is geographically separated. No days, other than faculty days in May, January, and August, are available when all faculty can be in one place. No faculty is qualified to teach simulation based on the evidence. Sending all faculty to simulation workshops is cost-prohibitive. Individual sessions take more time than is available during faculty work days. All faculty have 22 contact hours, plus office hours, plus hours that are required for clinical orientation and accreditation compliance.</p> <p><u>Standard 6: Outcomes</u></p> <p>The nursing education unit is out of compliance on Standard 6 (outcomes).</p> <p>Problem: There was no systematic plan for evaluation.</p> <p>Since the previous accreditation visit in 2006, the program administrator failed to collect, track, trend, and aggregate any data regarding program</p>
--	--

	<p>outcomes. Specifically, the systematic plan for evaluation of the nursing education unit failed to emphasize the ongoing assessment and evaluation of:</p> <ul style="list-style-type: none"> -SLOs -POs -Role-specific graduate competencies -ACEN standards <p>The initial SPE was required in 2009. The program administrator completed this with no formal guidance. This was completed incorrectly and duplicated incorrectly each year until 2014.</p> <p>When the ACEN standards were revised to include a requirement for evidence-based practice within the curriculum (documented by the SPE), no changes were made in data collection or tracking of outcomes. The program administrator made no provision for data collection. WITC followed the state requirements for surveying graduates and employers, which was every 4 years. ACEN requires yearly surveys. The program administrator did not inform the Research and Data Coordinator that the accrediting agency requires yearly surveys.</p> <p>Problem: NCLEX-RN first-time pass rates dropped below the national average in 2014.</p> <p>Passing requirement on NCLEX-RN increased from 52% to 62%. The acuity of patients has increased, thus requiring an increase in critical thinking and decision-making skills. Learning activities are outdated, there is a lack of comprehensive evaluation of students prior to commencement, and rounding up of 79.5% to 80%.</p> <p>Inexperienced faculty may have contributed to this problem, as well. The turnover in nursing faculty has been very high since 2012. This may be related to low pay in comparison to industry, a heavy workload, and nurses having difficulty moving from expert clinician status to novice instructor status.</p>
--	---

	<p>Problem: The expected level of achievement is that 80% of students will complete the program within six terms.</p> <p>2011-2012: 65%</p> <p>2012-2013: pending</p> <p>2013-2014: pending</p> <p>ELA may be higher than is realistic. Measurement may be skewed with 86% of students classified as part time.</p> <p>Jennifer Kunselman is designing a way to track this specific statistic and will be completing her work on this in June. This will be tracked continually.</p>
What has surprised you? Please explain.	<p>Our self-study has many of the components that are required by ACEN, the accrediting agency. It would have been very helpful to have the self-study completed in the year prior to the accreditation visit.</p>
List two or three of the items identified through your self-study that you will focus on to make improvements to your program.	<p>Standards 4, 5, and 6 each contain an item that we will address.</p> <p><u>Standard 4:</u></p> <ul style="list-style-type: none"> • The nursing education unit received a citation on this standard. • The plan to address the deficiency must be included in the improvement plan. • The faculty must drive the process. • All learning activities must link to student learning outcomes. • All student evaluation, remediation, and progression must be linked to student learning outcomes. • Divisional days will be utilized for accreditation work. • Documentation of this must be complete. <p><u>Standard 5:</u></p> <ul style="list-style-type: none"> • Simulation implementation must be standardized between campuses and instructors. • Adequate training and refresher for simulation users must be provided. • Simulation must be contextualized within theory courses.

	<p><u>Standard 6:</u></p> <ul style="list-style-type: none"> • For the Follow-Up Report the program must document improvements in the curriculum evaluation and assessment process. • Specifically, the student learning outcomes assessment process must be a more mature process that includes benchmarks for success and an evaluation of the data from assessment activities. • Faculty must be fully integrated into the assessment process and be the driving force when making changes to increase student learning of the established outcomes. • Changes to the program that address these deficiencies were started in October, 2014 and are continuing. These changes in practice should bring the program into compliance and remove the conditions placed on the program. • The nursing education unit must show a plan to comply with Standards 4 and 6 in a follow-up report due in October of 2016.
When/where in your program will you implement these improvements?	<p>Improvements started in November of 2014.</p> <ul style="list-style-type: none"> • New software was purchased by students to provide more practice on answering adaptive questions in each learning plan. These questions are designed to improve critical thinking and are similar to the questions asked on the licensing exam. • All course activities were evaluated and only those linked to the student learning outcomes were retained. • New standardized testing with built-in remediation was implemented. • Benchmarking resulted in performance requirements on the standardized exams. • A tracking procedure between student learning outcomes, learning activities, and evaluation was implemented. • The SPE was implemented. • A query was generated with Jennifer Kunselman to track student progress. • A simulation training program was scheduled for August 2015.

What methods (direct or indirect) will you use to assess the success of this implementation?	<ul style="list-style-type: none"> • Quantitative analysis of student program progression. • Quantitative analysis of the relationship between standardized exam scores and board pass rates. • Qualitative analysis of faculty use of and comfort with simulation. • Qualitative analysis of student perception of simulation component of courses.
What new outcomes or benchmarks do you hope to achieve through these recommended changes?	<ul style="list-style-type: none"> • Pass rates equal to or above national average for licensing exam. • Improved program progression rates • Increased use and comfort of faculty regarding simulation.

SELF-STUDY CATEGORY RESULTS

Program and Category	
Program: Associate Degree Nursing Category: Review of Most Recent Improvement Plan	
PLUSES (Strengths)	DELTA (Opportunities)
<ol style="list-style-type: none"> 1. NCLEX-RN pass rates were above the national average through May 2013. 2. All WITC ADN WIDS documents are up-to-date. 3. Second-year retention and third-year graduation by May 2013. 4. Improve job placement for ADN graduates by May 2013. 	<ol style="list-style-type: none"> 1. The cohort taking the updated NCLEX-RN exhibited a significant drop in pass rate. In Wisconsin, the pass rate dropped to 73%. When combined with the Minnesota test-takers, the pass rate was 78%. 2. Completed. 3. Fall-to-spring retention: 10, 80%; 11, 79%; 12, 78%; 13, 76%; 14, 77%. 4. 10, 98%; 11, 98% 12, 95%; 13, 95%; 14, 98%.
Select one PLUS item and explain the root cause:	<ol style="list-style-type: none"> 1. Students were prepared for the exam up until May 2013. 2. N/A 3. Competitive admission process was implemented Fall 2013. 4. Met
Select one DELTA item and explain the root cause:	<ol style="list-style-type: none"> 1. The updated NCLEX-RN required more questions to be answered correctly. Our students were not sufficiently prepared for the updated exam. Although students were purchasing and participating in ATI standardized tests, these results were not tracked, trended, or aggregated. 2. N/A 3. Any change in retention was not assessed. Retention was not defined. 4. Placement improved.
What items in this category MUST be addressed on our improvement plan?	<ol style="list-style-type: none"> 1. NCLEX-RN preparation and utilizing standardized testing data to pinpoint areas of weakness in student preparation. 2. N/A 3. Program completion within 6 semesters needs to be measured. 4. N/A
What items in this category MIGHT be addressed on the improvement plan?	
What items in this category may be considered a BEST PRACTICE OR INNOVATION?	<ol style="list-style-type: none"> 1. Creating measurable assessments throughout the curriculum to determine areas needing "beefing up". 2. N/A 3. N/A 4. N/A

Team Rating Please indicate by an (X) the team rating of your program on this category.			
<i>All areas need improvement</i>	<i>Some areas meet expectations, but most areas need improvement</i>	<i>All areas meet expectations —few areas need improvement</i>	<i><u>Exemplary</u>—all areas exceed expectations—use as a model for other programs</i>
	X		
Additional Comments: (optional)			

SELF-STUDY CATEGORY RESULTS

Program and Category		
Program: Associate Degree Nursing Category: Program Statistics		
PLUSES (Strengths)	DELTAS (Opportunities)	
<ul style="list-style-type: none"> • Program enrollment by campus (3-year trend): <ul style="list-style-type: none"> ○ Decreased enrollment in Ashland ○ Steady enrollment in NR ○ Steady enrollment in RL ○ Slight increase in Superior. ○ Program FTE Summary ○ Peaked in 2012-2013 ○ Very slightly less in 2013-2014 • Graduates: At a five-year high in 2013-2014. • Job placement: trend is steady. • Graduate satisfaction: <ul style="list-style-type: none"> ○ High • Since 2010 program review: <ul style="list-style-type: none"> ○ Enrollment by campus is up, ○ FTEs are up ○ Graduates are up ○ Job placement is unchanged 	<ul style="list-style-type: none"> • Retention is down. • Graduate satisfaction <ul style="list-style-type: none"> ○ Dip in 2011 • The particular statistic we are looking at for accreditation is completion of the program within 150% of the recommended time, or six semesters. <ul style="list-style-type: none"> ○ Jennifer Kunselman is gathering this data. ○ We are below our expected level of achievement on this. 	
Select one PLUS item and explain the root cause:	<ul style="list-style-type: none"> • Enrollment remains at capacity. • Graduates continue to find employment. 	
Select one DELTA item and explain the root cause:	<ul style="list-style-type: none"> • The statistic important to the nursing program is the percentage of students who complete the program in six semesters or less. • We are below our expected level of achievement for this. • Students are failing and withdrawing more frequently. • Students may be entering the program at a lower level of preparedness than in the past. • Students may have more obligations while attending school. • The nursing program does not have resources for remediation. 	
What items in this category MUST be addressed on our improvement plan?	<ul style="list-style-type: none"> • The expected level of achievement is set at 80%. • This was set based upon a recommendation from the national League for Nursing. • This may be too high. • We need to target students who are at risk for failure or withdrawal. 	

What items in this category MIGHT be addressed on the improvement plan?	<ul style="list-style-type: none"> • A possible remediation resource may be developed. • A faculty member may need to be partially dedicated to coordinating remediation for at-risk students. 		
What items in this category may be considered a BEST PRACTICE OR INNOVATION?	None		
<p align="center">Team Rating</p> <p align="center">Please indicate by an (X) the team rating of your program on this category.</p>			
<i>All areas need improvement</i>	<i>Some areas meet expectations, but most areas need improvement</i>	<i>All areas meet expectations —few areas need improvement</i>	<i><u>Exemplary</u>—all areas exceed expectations—use as a model for other programs</i>
		X	
Additional Comments: (optional)			

SELF-STUDY CATEGORY RESULTS

Program and Category	
Program: Associate Degree Nursing Category: ACEN Annual Report Statistics	
PLUSES (Strengths)	DELTAS (Opportunities)
Standard 6.4.1 Pass rates on the licensure exam have consistently been above the national average.	Standard 6.4.1 NCLEX-RN first-time pass rates dropped below the national average in 2014 for the first time since 2005.
Select one PLUS item and explain the root cause:	<ul style="list-style-type: none"> Previously, students were well-prepared after thorough instruction focusing on learning objectives, rigorous exams, and careful selection of learning tools.
Select one DELTA item and explain the root cause:	<ul style="list-style-type: none"> Passing requirement increased from 52% to 62%. Curriculum learning activities and exam rigor did not change with the licensing exam test plan. Inexperienced and adjunct instructors comprised a large percentage of nursing faculty. Learning activities were outdated, there was a lack of rigorous evaluation of students prior to commencement, many students passed because of rounding up from 79.5% to 80%. The acuity of patients has increased, thus requiring an increase in critical thinking and decision-making skills required. Learning activities were not updated to address this. There has been a high rate of faculty turnover. The pay is low compared to industry, the workload is perceived as very heavy, and nurses have a difficult time transitioning from clinical expert to novice educator. The low pay is probably a result of changes in funding and government policy.
What items in this category MUST be addressed on our improvement plan?	<ul style="list-style-type: none"> The licensure pass rate must be above the national average to remain accredited. The pass rate must be improved. Attached is the table sent to the Wisconsin Board of Nursing to explain the improvement plan.
What items in this category MIGHT be addressed on the improvement plan?	<ul style="list-style-type: none"> Nursing faculty work load decreased or dedicated faculty to facilitate monitoring of data and student remediation. Creation of Exam Committee with rotating evaluation. Two courses' exams would be examined each semester to determine rigor, validity, and reliability. Compensation more in line with industry.

What items in this category may be considered a BEST PRACTICE OR INNOVATION?	<ul style="list-style-type: none"> • Standardized testing throughout the program has been generally supported in the literature. • Faculty dedicated, at least partially, to examining data on standardized exams. • Frequent revision of curriculum based on comparison of standardized exam scores and licensing exam results to national averages. 		
<p align="center">Team Rating</p> <p align="center">Please indicate by an (X) the team rating of your program on this category.</p>			
<i>All areas need improvement</i>	<i>Some areas meet expectations, but most areas need improvement</i>	<i>All areas meet expectations —few areas need improvement</i>	<i><u>Exemplary</u>—all areas exceed expectations—use as a model for other programs</i>
X			
Additional Comments: (optional)			

SELF-STUDY CATEGORY RESULTS

Program and Category	
Program: Associate Degree Nursing Category: Systematic Plan of Evaluation (SPE) Standard 4	
PLUSES (Strengths)	DELTAS (Opportunities)
<p>ACEN (Accreditation Commission for Education in Nursing) has completed its review of the WITC nursing program. At the annual meeting of the ACEN Board of Commissioners, the WITC nursing program was granted continuing accreditation to the associate nursing program.</p>	<p>Standard 1.4: After undergoing the accreditation process in October 2014, the nursing education unit was found to be out of compliance with Standards 4 (curriculum) and 6 (outcomes). ACEN placed the program on Conditions, and requested the program submit a Follow-Up Report in two (2) years. If the Follow-Up Report is accepted by the Board of Commissioners, the next evaluation visit will be in the fall, 2022.</p>
Select one PLUS item and explain the root cause:	<p>The self-study presented the program positively.</p>
Select one DELTA item and explain the root cause:	<ul style="list-style-type: none"> • The nursing education unit is out of compliance on Standard 4. <ul style="list-style-type: none"> ○ The indirect cause is the process we followed in updating the revised WTCS Statewide curriculum. ○ There was no clear guidance for how to link and update learning activities to our below-the-line activities. ○ The direct cause is the nursing education faculty's failure to update, link, and measure learning activities. ○ A new statewide curriculum was implemented in Fall 2013. At least at WITC, the reasoning behind the change and the process for implementation was not communicated to faculty. ○ The WTCS Statewide Curriculum Advisory Committee communicates through only one faculty representative per campus. ○ Meeting minutes are not publicly accessible. Deans and program directors are not kept up to date on changes. ○ The Advisory Committee is a volunteer position. Although we do not know why, there is a lack of formal communication. Relying on a single faculty representative from each college might be risky, especially if the representative misses a meeting or misunderstands the directives that are disseminated. The committee is completely voluntary; all colleges have different schedules. ○ Many colleges are remote from the meetings. The Advisory committee speaks for all of the colleges. • The nursing education unit is out of compliance on Standard 6 (outcomes).

	<ul style="list-style-type: none"> ○ Since the previous accreditation visit in 2006, the program administrator failed to collect, track, trend, and aggregate any data regarding program outcomes. Specifically, the systematic plan for evaluation of the nursing education unit failed to emphasize the ongoing assessment and evaluation of: <ul style="list-style-type: none"> ▪ SLOs ▪ POs ▪ Role-specific graduate competencies ▪ ACEN standards ○ The initial SPE was required in 2009. The program administrator completed this with no formal guidance. This was completed incorrectly and duplicated incorrectly each year until 2014. ○ When the ACEN standards were revised to include a requirement for evidence-based practice within the curriculum (documented by the SPE), no changes were made in data collection or tracking of outcomes. ○ The program administrator made no provision for data collection. ○ WITC followed the state requirements for surveying graduates and employers, which was every 4 years. ACEN requires yearly surveys. The program administrator did not inform the Research and Data Coordinator that the accrediting agency requires yearly surveys.
What items in this category MUST be addressed on our improvement plan?	<ul style="list-style-type: none"> ● For the Follow-Up Report the program must document improvements in the curriculum evaluation and assessment process. ● Specifically, the student learning outcomes assessment process must be a more mature process that includes benchmarks for success and an evaluation of the data from assessment activities. ● Faculty must be fully integrated into the assessment process and be the driving force when making changes to increase student learning of the established outcomes. ● Changes to the program that address these deficiencies were started in October, 2014 and are continuing. These changes in practice should bring the program into compliance and remove the conditions placed on the program. ● The nursing education unit must show a plan to comply with Standards 4 and 6 in a follow-up report due in October of 2016.
What items in this category MIGHT be addressed on the improvement plan?	<ul style="list-style-type: none"> ● All of the aforementioned items must be addressed. ● A faculty member may be partially dedicated to coordinating the standard committees and updating the SPE.
What items in this category may be considered a BEST	<ul style="list-style-type: none"> ● The process by which the curriculum is linked with the SLOs may be innovative.

PRACTICE OR INNOVATION?	<ul style="list-style-type: none"> • We plan to show this in a quantitative manner by implementing adaptive exam software and standardized testing. 		
<p align="center">Team Rating</p> <p align="center">Please indicate by an (X) the team rating of your program on this category.</p>			
<i>All areas need improvement</i>	<i>Some areas meet expectations, but most areas need improvement</i>	<i>All areas meet expectations —few areas need improvement</i>	<i><u>Exemplary</u>—all areas exceed expectations—use as a model for other programs</i>
X			
Additional Comments: (optional)			

SELF-STUDY CATEGORY RESULTS

Program and Category		
Program: Associate Degree Nursing Category: Systematic Plan of Evaluation (SPE) Standard 5		
PLUSES (Strengths)		DELTAS (Opportunities)
Standard 5: Resources At least eight hours of simulation have been incorporated into each clinical course.		Standard 5: Resources Simulation implementation lacks consistency between campuses and instructors.
Select one PLUS item and explain the root cause:	<ul style="list-style-type: none"> • The college has provided space for simulation on each campus. • Students have purchased a simulation package that contains all of the necessary software for simulation. • A grant was written by a previous dean to obtain simulation equipment. • A portion of the TAAACT-4 grant will be used to upgrade the simulation labs on each campus within the next two years. • The grant requires that simulation be contextualized within the curriculum. 	
Select one DELTA item and explain the root cause:	<ul style="list-style-type: none"> • A shortage of clinical sites and has necessitated increased use of simulation. • Faculty report a need for training. • Faculty report difficulty in scheduling simulation related to workload. • Initial training was inconsistent. • Group is too large to train all at once. • Group is geographically separated. • No days are available when all faculty can be in one place. • Individual sessions take more time than is available during faculty work days. • All faculty have 22 contact hours, plus office hours, plus hours that are required for clinical orientation and accreditation compliance. 	
What items in this category MUST be addressed on our improvement plan?	<ul style="list-style-type: none"> • Simulation implementation must be standardized between campuses and instructors. • Adequate training and refresher for simulation users must be provided. • Simulation must be contextualized within theory courses. 	
What items in this category MIGHT be addressed on the improvement plan?	<ul style="list-style-type: none"> • Possible faculty dedicated to simulation training, maintenance, and implementation. 	
What items in this category may be considered a BEST PRACTICE OR INNOVATION?	<ul style="list-style-type: none"> • Contextualization of simulation within both theory and clinical courses. 	

Team Rating Please indicate by an (X) the team rating of your program on this category.			
<i>All areas need improvement</i>	<i>Some areas meet expectations, but most areas need improvement</i>	<i>All areas meet expectations —few areas need improvement</i>	<i><u>Exemplary</u>—all areas exceed expectations—use as a model for other programs</i>
	X		
Additional Comments: (optional)			

SELF-STUDY CATEGORY RESULTS

Program and Category	
Program: Associate Degree Nursing Category: Systematic Plan of Evaluation (SPE) Standard 4 and 6	
PLUSES (Strengths)	DELTA (Opportunities)
<p>ACEN (Accreditation Commission for Education in Nursing) has completed its review of the WITC nursing program. At the annual meeting of the ACEN Board of Commissioners, the WITC nursing program was granted continuing accreditation to the associate nursing program.</p>	<p>Standard 1.4: After undergoing the accreditation process in October 2014, the nursing education unit was found to be out of compliance with Standards 4 (curriculum) and 6 (outcomes). ACEN placed the program on Conditions, and requested the program submit a Follow-Up Report in two (2) years. If the Follow-Up Report is accepted by the Board of Commissioners, the next evaluation visit will be in the fall, 2022.</p>
Select one PLUS item and explain the root cause:	The self-study presented the program positively.
Select one DELTA item and explain the root cause:	<ul style="list-style-type: none"> • The nursing education unit is out of compliance on Standard 4. <ul style="list-style-type: none"> ○ The indirect cause is the process we followed in updating the revised WTCS Statewide curriculum. ○ There was no clear guidance for how to link and update learning activities to our below-the-line activities. ○ The direct cause is the nursing education faculty's failure to update, link, and measure learning activities. ○ A new statewide curriculum was implemented in Fall 2013. At least at WITC, the reasoning behind the change and the process for implementation was not communicated to faculty. ○ The WTCS Statewide Curriculum Advisory Committee communicates through only one faculty representative per campus. ○ Meeting minutes are not publicly accessible. Deans and program directors are not kept up to date on changes. ○ The Advisory Committee is a volunteer position. Although we do not know why, there is a lack of formal communication. Relying on a single faculty representative from each college might be risky, especially if the representative misses a meeting or misunderstands the directives that are disseminated. The committee is completely voluntary; all colleges have different schedules. ○ Many colleges are remote from the meetings. The Advisory committee speaks for all of the colleges. • The nursing education unit is out of compliance on Standard 6 (outcomes).

	<ul style="list-style-type: none"> ○ Since the previous accreditation visit in 2006, the program administrator failed to collect, track, trend, and aggregate any data regarding program outcomes. Specifically, the systematic plan for evaluation of the nursing education unit failed to emphasize the ongoing assessment and evaluation of: <ul style="list-style-type: none"> ▪ SLOs ▪ POs ▪ Role-specific graduate competencies ▪ ACEN standards ○ The initial SPE was required in 2009. The program administrator completed this with no formal guidance. This was completed incorrectly and duplicated incorrectly each year until 2014. ○ When the ACEN standards were revised to include a requirement for evidence-based practice within the curriculum (documented by the SPE), no changes were made in data collection or tracking of outcomes. ○ The program administrator made no provision for data collection. ○ WITC followed the state requirements for surveying graduates and employers, which was every 4 years. ACEN requires yearly surveys. The program administrator did not inform the Research and Data Coordinator that the accrediting agency requires yearly surveys.
What items in this category MUST be addressed on our improvement plan?	<ul style="list-style-type: none"> • For the Follow-Up Report the program must document improvements in the curriculum evaluation and assessment process. • Specifically, the student learning outcomes assessment process must be a more mature process that includes benchmarks for success and an evaluation of the data from assessment activities. • Faculty must be fully integrated into the assessment process and be the driving force when making changes to increase student learning of the established outcomes. • Changes to the program that address these deficiencies were started in October, 2014 and are continuing. These changes in practice should bring the program into compliance and remove the conditions placed on the program. • The nursing education unit must show a plan to comply with Standards 4 and 6 in a follow-up report due in October of 2016.
What items in this category MIGHT be addressed on the improvement plan?	<ul style="list-style-type: none"> • All of the aforementioned items must be addressed. • A faculty member may be partially dedicated to coordinating the standard committees and updating the SPE.

What items in this category may be considered a BEST PRACTICE OR INNOVATION?	<ul style="list-style-type: none"> • The process by which the curriculum is linked with the SLOs may be innovative. • We plan to show this in a quantitative manner by implementing adaptive exam software and standardized testing. 		
<p align="center">Team Rating</p> <p align="center">Please indicate by an (X) the team rating of your program on this category.</p>			
<i>All areas need improvement</i>	<i>Some areas meet expectations, but most areas need improvement</i>	<i>All areas meet expectations —few areas need improvement</i>	<i><u>Exemplary</u>—all areas exceed expectations—use as a model for other programs</i>
X			
Additional Comments: (optional)			

Table

Strategy	Implementation	Follow-up
Move from ATI Assessment Learning and Exam Package to Evolve/HESI Assessment Learning and Exam Package	<p>As a program, we have changed from ATI assessment and exam package to Evolve/HESI assessment and exam package with increased use in both theory and clinical courses.</p> <p>Strategies Included:</p> <ul style="list-style-type: none"> • Removing all below the line learning activities currently in place. • Adding case studies to both clinical and theory courses • Adding value to the case studies in the clinical courses • Aligning adaptive and mastery quizzes to each learning plan and the student learning outcomes • Implemented use of HESI Learning tools in clinical and theory courses when applicable • Enhanced Assessment Plan with exam benchmarks for each semester • Monitored assessment and remediation activities of each learner • Reviewed literature on standardized learning product use and assessment strategies. The nursing faculty have attended webinars on the use of the products as well as on how to 	<p>Will continue to use the HESI products throughout the nursing program.</p> <p>We will collect data on the specialty exit exam and correlate them to the board passing rats for first time test takers.</p> <p>Continue to work on an organized process for remediation process with each student</p> <p>We will collect student feedback regarding the implementation of the new HESI products.</p> <p>Continue to monitor benchmarks and remediation practices.</p>

	interpret and use the data generated from the assessments.	
Mountain Measurement and HESI Summary Report Review	Faculty will use data provided by the Mountain Measurement Reports and the HESI summary Reports to identify gap areas in the curriculum. Learning activities will then be developed to help improve test scores in the identified gap areas.	Will begin Spring 2015, continue to monitor.
NCLEX Preparation	<p>Faculty recommend an NCLEX review course for all graduates. This semester, all 4th semester students will receive free access to an online review course provided by Evolve.</p> <p>Faculty have incorporated intensive instruction on NCLEX test taking strategies. Moreover, the use of the adaptive quizzes will provide the students with experience in taking NCLEX questions.</p> <p>The nursing program curriculum addresses the components of NCLEX test blue print.</p>	
Professional Learning Facilitator (PLF)	<p>We are continuing the PLF in the Complex Health Alterations I (CHA I) course at 12 hours per week. This includes the PLF sitting in on CHA I lectures, meeting with the students in groups, and setting up private tutoring sessions with the students. Retention rates for this 3rd semester course have increased from 71% to 82% since the inception of the PLF in 2012.</p> <p>The nursing education unit also has a peer tutor in each</p>	<p>Will continue to invest in a PLF for fall and spring of 2015-2016.</p> <p>Continue to use work study to pay peer tutors identified by faculty as good resources for students in each semester.</p>

	semester to provide support, skills demonstrations, group study, and individual support.	
Petition Process	<p>In January of 2013 WITC implemented a priority admission process and eliminated the “wait list” for nursing students. Students are now required to petition with the following requirements:</p> <ul style="list-style-type: none"> • CNA program completion • Accuplacer scores: reading 95+, sentence skills 103+, math 79+. In addition students who have achieved a B- in General and Advanced Anatomy and Physiology are given priority, all students must achieve a B- in General A&P before moving onto second semester and a B- in Advanced A&P before moving onto 3rd semester. <p>Changes to the Accuplacer admission scores were implemented in fall of 2014.</p> <p>An Admissions/Out of Sequence (OOS) committee will meet spring of 2015 to set specific policies for those students desiring program re-entry, transfer students, and LPN progression students. The goals of the committee are to:</p> <ul style="list-style-type: none"> • institute a petition process for all students seeking entrance to the nursing program 	<p>Continue with the current petition process for admission</p> <p>Monitor the new admission process for OOS students and revise as necessary.</p>

	<ul style="list-style-type: none"> • recommend admission • develop remediation plans for individual OOS students seeking re-entry 	
Faculty Meetings	<p>Full faculty meetings take place two times per month.</p> <p>Faculty meeting agendas and minutes are organized around the SEP process.</p>	Faculty will continue to work in standard committees to discuss the progress of the improvement plan and implementation strategies.
Faculty Committees	<p>We have formed faculty committees that will examine curriculum content, the student learning outcomes, the NCLEX exam blueprint, and mountain measurements to identify gaps and potential gaps in the curriculum.</p> <p>Faculty reviewed clinical site settings in relation to semester competency needs, and retained the site plan previously implemented balancing long term and acute care experiences.</p>	This will begin Spring semester 2015 and continue next year.
Resources	<p>WITC has supported the nursing education unit and has dedicated many resources to help support the ongoing success of the program.</p> <ul style="list-style-type: none"> • Sent 3 faculty and the program director to the ACEN review for accreditation in 2013. • Has given release time for a program director 90% • Has given contact hours for a clinical coordinator on each campus • Has provided work load hours to faculty to 	

	<p>develop and improve curriculum</p> <ul style="list-style-type: none"> • Provided training on simulation and HESI products • Has obtained and kept the grant to provide a Professional Learning Facilitator on each campus. • Sent four faculty to an assessment and outcomes seminar in AZ in January of 2015 	
--	---	--

WITC Nursing Education Unit

Date:

Meeting Type:

Attendees:

Absent:

Attachments:

Topic	Criterion	Discussion/Outcomes	Action	Follow-up
Standard 1: Mission & Administrative Capacity				
Standard 2: Faculty and Staff				
Standard 3: Students				
Standard 4: Curriculum				
Standard 5: Resources				
Standard 6: Outcomes				

WITC QRP & PERKINS DATA REVIEW

QRP SCORECARD

10-543-1 – Nursing – Associate Degree

Indicator	2013				
	Total In Cohort	Total Achieved	Actual	WITC Threshold	WITC Target
C200 Course Completion	704	608	86.36%	61.52%	96.92%
C400 Special Populations Course Completion	570	485	85.09%	60.13%	97.66%
C600 Minority Course Completion	27	19	70.37%	NA	100.00%
F200 Second Year Retention	279	196	70.25%	58.22%	100.00%
F400 Third Year Retention	144	87	60.42%	36.33%	76.26%
F600 Third Year Graduation	144	21	14.58%	16.20%	72.87%
F800 Fifth Year Graduation	214	97	45.33%	10.52%	78.98%
I300 Job Placement - All Employment	83	79	95.18%	71.82%	100.00%
I600 Job Placement - Related Employment	83	79	95.18%	13.13%	100.00%
J500 Non-Traditional Gender	704	82	11.65%	NA	53.83%
J650 NTO Graduation	89	10	11.24%	NA	25.00%

Indicator	2012			2011		
	Total in Cohort	Total Achieved	Actual	Total in Cohort	Total Achieved	Actual
C200 Course Completion	587	521	88.76%	507	457	90.14%
C400 Special Populations Course Completion	395	350	88.61%	370	331	89.46%
C600 Minority Course Completion	28	20	71.43%	29	23	79.31%
F200 Second Year Retention	144	85	59.03%	217	147	67.74%
F400 Third Year Retention	217	119	54.84%	214	120	56.07%
F600 Third Year Graduation	217	31	14.29%	214	41	19.16%
F800 Fifth Year Graduation	205	97	47.32%	247	114	46.15%
I300 Job Placement - All Employment	94	91	96.81%	78	77	98.72%
I600 Job Placement - Related Employment	94	90	95.74%	78	75	96.15%
J500 Non-Traditional Gender	587	71	12.10%	507	45	8.88%
J650 NTO Graduation	99	11	11.11%	103	8	7.77%

Perkins Program Data

10-543-1 Associate Degree Nursing																						
	1P1			1P2			2P1			3P1			2P1 + 3P1	4P1			5P1			5P2		
	#ofPS	#ofS/N	82.22%	#ofPS	#ofS/N	83.71%	#ofPS	#ofS/N	55.00%	#ofPS	#ofS/N	11.28%	66.28%	#ofPS	#ofS/N	90.41%	#ofPS	#ofS/N	8.91%	#ofPS	#ofS/N	7.44%
2015	176	145	82.39%	182	155	85.16%	193	31	16.06%	193	42	21.76%	37.82%	32	30	93.75%	816	111	13.60%	203	24	11.82%
2014	122	107	87.70%	126	109	86.51%	134	32	23.88%	134	32	25.37%	49.25%	33	31	93.94%	743	103	13.86%	92	9	9.78%
2013	103	87	84.47%	107	92	85.98%	110	33	30.00%	110	23	20.91%	50.91%	41	37	90.24%	757	93	12.29%	89	10	11.24%
2012	134	105	78.36%	136	120	88.24%	143	41	28.67%	143	46	32.17%	60.84%	58	56	96.55%	628	76	12.10%	99	11	11.11%
2011	150	124	82.67%	151	133	88.08%	163	58	35.58%	163	42	25.77%	61.35%	36	36	100.00%	537	52	9.68%	103	8	7.77%
5 Year Average			83.30%			87.20%			29.53%			26.06%	55.59%			95.18%			11.98%			9.98%

Terminology	Definition
FAUPL or NPL or PL	Percentage benchmark the program must meet or exceed.
Total N	The number of students in the cohort of the specified year listed.
# of PS	# of participants served (base # of students in the cohort)
# of S/N	# of students in the cohort that completed (# of students out of the base # in the cohort that successfully completed the program)
1P1	Program technical course completion percentage.
1P2	Program general studies course completion percentage.
2P1	Program degree attainment percentage.
3P1	Program retention/transfer percentage.
2P1 + 3P1	Degree attainment + retention percentage.
4P1	Job placement percentage reported at six-month graduate survey.

WTCS QRP SCORECARD ANALYSIS WORKSHEET

Program:	Nursing Associate Degree 10-543-1			
Target Analysis				
Indicator	Actual	Threshold	Target	Best Practice or Innovation – Describe and include how this has contributed to your high actual results for this indicator.
C200 Course Complete	82.8%	52.8%	100%	The nursing program implemented a competitive admission process in Fall 2013. This allowed the program to admit students who are better prepared. Peer tutors are available for each course, as well as one dedicated tutor for 10543109, which has been identified as the course most likely to be failed. Students are placed on improvement plans (at the instructor’s discretion) if the percentage drops below 80%. Students are encouraged to communicate with instructors if personal difficulties arise.
C400 Special Population Course Completion	82.9%	38.5%	100%	See best practices above.
I300 Job Placement- All Employment	97.2%	62.9%	100%	Students from the WITC ADN program are able to compete with the other schools in the community owing to the excellent reputation of the program. Many instructors maintain relationships and networks with the clinical agencies and are able to recommend students for positions. Program size remains adequate to meet the needs of industry.
I600 Job Placement- Related	94.4%	13%	100%	Students are highly employable and respected in the community upon graduation. This translates into motivation to provide feedback.

Threshold Analysis				
Indicator	Actual	Threshold	Target	Potential Action – Describe what action(s) could possibly be taken to improve this indicator and why it might work.
F400 Third Year Retention	55.2%	30.9%	81.3%	Gather data on contributory factors such as Accuplacer scores, prerequisite grades, campus location, GPA at the conclusion of the first semester, predictor PN and RN exit exams. Develop and provide targeted remediation depending on data. Continue providing a dedicated tutor for 10543109.
F600 Third Year Graduation	12.1%	16.1%	78.6%	See above strategies. The indicator here includes only first time students who may or may not be pre-nursing. For the accreditation process, we are required to track students who complete within 150% of the recommended length of time. Between Fall 2005 and Fall 2013, the overall percentage of students completing within 150% of the recommended time was 64.36%. This is below our expected level of achievement, which is 75% in the latest Systematic Plan of Evaluation (SPE). By campus, the percentages were: Ashland 66.8% New Richmond 67% Rice Lake 61.2% Superior 62.46% Since these percentages still do not meet the ELA or the college-wide threshold, the above strategies will be employed and the data tracked annually.
F800 Fifth Graduation	46.3%	10.52%	78.98%	See above strategies. The indicator again includes pre-nursing students. We did not track 10-543 students as we did for three-year completion, since it is not required by our program's accrediting agency.
1300 Job Placement-All Employment	97%	71.82%	100%	The employment and response rate is very near the target. The nursing program maintains close ties with community partners who ultimately hire our graduates. The course Nursing 10543116 is a preceptorship course wherein students work 96 hours in a community facility. These preceptorships frequently lead to employment. A best practice is to maintain close communication with nearby facilities.

1600 Job Placement- Related Employment	82.3%	13.13%	100%	The employment and response rate is below the target, but far above the threshold. A best practice may be to send a program-specific survey annually. Our program has developed this survey and will distribute it in Fall 2015.
J500 Program Nontraditional Gender	10.85%	N/A	53.83%	The actual percentage of males in the traditionally female nursing profession is below the threshold, but is aligned with the national average. To actively recruit males into nursing, our program participates in a career fair (NTO night) and one of our male students is part of a panel discussion.
J650 Non- Traditional Gender Graduation	11.24%	N/A	25%	As noted, the average percentage of males in nursing programs is around 10% nationally. We will continue to employ the recruitment strategy above. According to the literature, males are less likely to be successful in nursing programs. The literature suggests that this may be partially due to the paucity of male instructors, so our program is actively recruiting males for both adjunct and full-time positions.

WTCS PERKINS SCORECARD ANALYSIS WORKSHEET

Program: Associate Degree Nursing (4 year average) 10-543-1				
Indicator	Actual	Benchmark	Not met (X)	What practices might be causing this performance and what potential actions could be taken to improve this score?
1P1 Technical Course Completion	83.30%	75.18%		Ongoing remediation. Faculty meet with students after the first two exams if the students are below an 80% to discuss success strategies. For example, students may be assigned to complete 10 NCLEX questions per day to help with test taking abilities.
1P2 Academic (General Studies) Course Completion	87.20%	68.40%		The competitive admission process gives students who have completed all general studies courses priority over those students who have not completed the general studies courses.
2P1 Degree Attainment (Completion)	29.53%	57.50%	x	In this statistic, pre-program students are included. Many students choose to take prerequisite courses for several semesters prior to applying for admission. This may be to increase their chances of acceptance, which is by priority admission and is competitive each semester. Another reason may be that students are cognizant of the nursing program's rigor and wish to complete other courses prior to entering the core courses. Taking prerequisite courses along with program courses has traditionally lowered students' chances of success. Students are also required to pass a terminal evaluation, the national nursing licensing exam. Students who do not pass this exam cannot obtain a license to practice as a registered nurse. Beginning January 2015, curriculum changes were implemented to address the problems of timely degree attainment and licensing exam pass rates. The changes include intensive standardized testing at all levels of the program with tailored and rigorous remediation based on standardized exam scores.

3P1 Retention/ Transfer	26.06%	16.78%		Early remediation and a dedicated tutor for difficult classes such as complex health alterations and dosage calculation exams has helped with retention.
2P1+3P1	55.59%	74.28%	x	Degree attainment and retention percentage is below the benchmark. While we have implemented numerous curricular changes to increase retention and degree attainment, a delicate balance exists between these two categories and allowing students to succeed on the national licensure exam. At times the best result is achieved by a student repeating a nursing course. The literature is very clear that targeted remediation is necessary for timely completion and licensing success. Our program has not had a formal remediation process in the past. A potential plan would be to identify any student who drops below 80% in any course and to target this student for remediation. At this time, our program lacks the resources to implement such a plan.
4P1 Placement (6-month survey)	95.18%	92%		Continue with our 116 preceptorship course to maintain close ties with our community partners. Our curriculum is kept rigorous so our students are successful on their boards and competitive in the job market.

FUTURE TRENDS AND EXTERNAL FACTORS

Program	<p>Associate Degree Nursing 10-543-1</p> <p>Nurse education faces multiple challenges in 2014. The most pressing are the lack of clinical sites, the need for greater opportunity for associate degree nurses to obtain a baccalaureate degree, the high rates of attrition in schools of nursing, and the constant need to improve pass rates on the NCLEX-RN licensing exam.</p>
Future Trends	
•	<p><u>Simulation:</u> The gap between theory and practice is addressed with clinical courses; students are able to care for real patients and apply knowledge from their theory courses. With a reduction in clinical experience, students may have less opportunity to develop critical thinking skills and the board-passing rates may drop. An additional concern is the nationwide shortage of nursing faculty. In 2007, nearly three-quarters of nursing programs cited insufficient faculty as a reason for denying admission to otherwise qualified candidates. Simulation training may address the theory-practice gap in nurse education by increasing students' ability to make complicated decisions using critical analysis of patient data. In turn, the improvement in critical thinking has been correlated with increased knowledge, skills, safety, and confidence. An opportunity to increase students' proficiency at thinking critically exists in human patient simulation. The strength of a well-developed simulation program is in its ability to provide learning based on several different theories. Cognitive learning theory focuses on the student perceiving, processing, and storing information and then recalling it in a meaningful manner. Simulation provides a student with the opportunity to cognitively link theory to practice and to recall meaningful information in a low-risk environment.</p>
•	<p><u>Retention/attrition:</u> In the United States, nursing student attrition rates at some colleges are as high as 50%. Attrition is defined as the difference between the numbers of students beginning the program to the numbers of students finishing the program. Retention of students is desirable for a number of reasons including (a) alleviating the nursing shortage in the United States, (b) creating a nursing workforce that demographically resembles the population, and (c) utilizing scarce resources to ensure success in becoming a registered nurse. Factors associated with completion are higher age and better academic preparation. Risk factors for attrition include both academic and non-academic variables: (a) comparatively low SAT/ACT scores, (b) comparatively low high school and college GPA, (c) low math and reading scores, (d) stressful family, social, and work situations; (e) less than adequate finances, and (f) younger age.</p>
•	<p><u>NCLEX-RN First-time pass rates:</u> All undergraduate nurse education programs are measured by student success rates on the National Council Licensure Examination for Registered Nurses (NCLEX-RN). A low first-time passing rate can have serious implications for the institution, the faculty, the stakeholders, and the graduates. Each state Board of Nursing uses the NCLEX scores to make decisions on licensure of registered nurses. In Wisconsin, as in most states, if less than 75% of first-time test takers are successful, the school is required to submit a plan for corrective action. To ensure competency in graduates of nursing programs, the exams are continually made more rigorous. With each revision, the board passing rates have decreased. The curriculum design needs to be nimble enough to accommodate these changes.</p>

Employment Trends

According to the Bureau of Labor Statistics' Employment Projections 2012-2022 released in December 2013, Registered Nursing (RN) is listed among the top occupations in terms of job growth through 2022. The RN workforce is expected to grow from 2.71 million in 2012 to 3.24 million in 2022, an increase of 526,800 or 19%. The Bureau also projects the need for 525,000 replacements nurses in the workforce bringing the total number of job openings for nurses due to growth and replacements to 1.05 million by 2022. According to the "United States Registered Nurse Workforce Report Card and Shortage Forecast" published in the January 2012 issue of the American Journal of Medical Quality, a shortage of registered nurses is projected to spread across the country between 2009 and 2030. Employment of registered nurses is projected to grow 19 percent from 2012 to 2022, faster than the average for all occupations. Growth will occur for a number of reasons, including an increased emphasis on preventative care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby boomer population, as they live longer and more active lives. Also, there is more financial pressure on hospitals to turn out patients as soon as they can. This will increase the numbers of people who are sent to long term care facilities and outpatient care centers, so there will be strong job growth for nurses in those organizations. The average national salary of jobs for this career was \$64,000. Average Registered Nurse salaries for job postings nationwide are 7% higher than average salaries for all job postings nationwide.

Local

This is particularly significant for our college, because three of the four counties served by the college have higher poverty rates, older residents, and lower mean household incomes than other counties in the state (State Demographics Website, 2013). As shown in the table below, in 2013, mean unemployment rates in the counties served by the college ranged from 4.8% to 10% as compared to 6.8% statewide (Technical College, 2013). When compared to their peers from better-educated and higher income families, students who are from low income backgrounds or are first-generation college students are at a disadvantage for degree attainment.

	Population	Mean Age	Mean Income	Poverty Rate	Unemployment
State	5,725,398	38.5	\$51,598	11.6%	6.8%
Campus 1	15,992	40.3	\$38,111	18.6%	10%
Campus 2	45,733	43.1	\$42,601	11.9%	4.8%
Campus 3	43,785	39.8	\$43,127	12.8%	8.02%
Campus 4	85,242	36.7	\$67,446	6.4%	8.2%

Since the state technical and community colleges are funded by property taxes, tuition and fees, and state aid, all students, property owners, and state residents have an interest in program outcomes. When a student completes a program of education in a timely manner and obtains a license to practice professional nursing, the likelihood of full employment and

	adequate income increases. This is a benefit to the taxpayers who support the college, because a majority of graduates will choose to remain in the community.
State	
•	6,845 positions are available for registered nurses in the state of Wisconsin as of July 13, 2015.
•	Students who graduate from the Associate Degree nursing program and obtain a license to practice as a registered nurse have an average yearly salary of \$51,970 and 81% remain in the state to work.
•	Unlike other industry sectors in Wisconsin, health care, which is a combination of six employer types including hospitals, remained a stable employment force during the recent recession and recovery. Slow and steady growth has characterized the health care employment sector. The Department of Workforce Development data shows that health care related jobs have shown steady and consistent growth over the last decade and grew slowly even through the recent economic downturn.
External Factors	
•	<p><u>Career Pathway Associate to Baccalaureate:</u></p> <p>The discussion of a minimum entry-level degree in nursing has been a decades-long process. At this time, 60% of new nurses graduate from associate degree programs, 36% from baccalaureate programs, and 3% from hospital-sponsored diploma programs. The Institute of Medicine has recommended that the proportion of baccalaureate-prepared registered nurses in the United States increase to 80% from the present 50%. This has created a need to increase opportunities for students to pursue a higher level of education. Our program needs to provide a seamless ADN-BSN pathway.</p>
•	<p><u>Simulation:</u></p> <p>Simulation appears here, as well. The shortage of nursing faculty limits the number of qualified students that a program can accept, but simulation allows an instructor to provide clinical experiences that the students may not otherwise encounter. Clinical training partners are also decreasing the number of hours available to our students and limiting the procedures that can be performed by students. If clinical training partners decide to limit or eliminate their partnerships with schools of nursing, the schools must be ready to provide students with an alternative. Expansion of our simulation program is needed.</p>

IMPROVEMENT PLAN

ACADEMIC PROGRAM IMPROVEMENT PLAN

PROGRAM: Nursing Associate Degree 10-54300					
Defined Outcome: Outcomes were determined by our Systematic Plan of Evaluation (SPE)	QRP Indicator #	Perkins Indicator #	Responsibility	Timeline	Resources
Action Plan/Action Items: Please see the attached Systematic Plan of Evaluation for ACEN Standards 4, 5, and 6. This document outlines the responsibility, timeline, and resources to address all problem areas.					
Update: (A mid-year and year-end update will be required each year during implementation.) January 2017: See pages 109-168 with the 2015 Follow-up report copy to ACEN. The next follow-up to ACEN is due February 2017. June 2017: See the February 2017 WITC AND Focus Report to ACEN here .					

WITC ADN Systematic Program Evaluation

STANDARD 4: CURRICULUM

THE CURRICULUM SUPPORTS THE ACHIEVEMENT OF THE IDENTIFIED STUDENT LEARNING OUTCOMES AND PROGRAM OUTCOMES OF THE NURSING EDUCATION UNIT CONSISTENT WITH SAFE PRACTICE IN CONTEMPORARY HEALTHCARE ENVIRONMENTS.

PLAN

IMPLEMENTATION

Standard 4 Team

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

ELA: 80% of the nursing core courses will have a competency, a learning objective, or a learning activity that focuses on professional standards, licensure, or ethical treatment of patients.

Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #4 Team State-curriculum representative Nurse Administrator	Annually in May With each curriculum revision	Review of course competencies, learning objectives for all core courses. Develop a table identifying professional standards in each course.	<p>June- 2012 - After much work, the WTCS ADN system-wide the revised curriculum was completed and officially approved by the faculty and nursing deans within the WTCS on June 20, 2012. All programs implemented the changes by the Fall 2013 term.</p> <p>August 2013 - New curriculum implemented at WITC. There are relatively minor changes, with performance standards for all clinical courses being the major change—all clinical courses now measure, in increasing complexity, the Student Learning Outcomes (SLOs), plus other minor changes in wording and one major competency was added to 10543101 Nursing Fundamentals.</p> <p>July 2014-developed a table identifying QSEN, NCLEX Test Plan, Pt Safety Goals, NLN Competencies, Healthy People 2020, WI Administrative Code, ANA Standards, Tiger Initiative</p> <p>2015- Table August 2015 – ELA #1 – Curriculum committee met and identified the need to measure and create a table to support ELA #1 – Partially Met</p> <p>November 20, 2015 Faculty met to discuss the table that JM is developing and clarified which components need to be within the table. ELA #1 Met</p> <p>May 06, 2016</p>	<p>June 20, 2012- the state Board of Nursing was notified of this substantial change. The BON granted approval. July 2012 ACEN was notified in August of the substantive change and follow up information was requested. Final approval from was obtained from ACEN.</p> <p>July 2013- Continue to monitor and keep up to date on QSEN, national safety pt goals, NCLEX_RN test plan, the NLN competencies, healthy people 2020, the WI administrative code and the ANA standards.</p> <p>July 2014-. After reviewing table, identified the need to break the professional standards into each course. Awaiting site visit.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable.</p> <p>08/28/15 – ELA #1 – Table to be created by curriculum committee members by 06/16. JM and CMM to attend state curriculum meeting in 09/15.</p> <p>November 20, 2015</p>

			Faculty reviewed Table 4.1 for its comprehensiveness to this ELA. ELA #1 - met	Table will be completed before the January 4 meeting. 01/05/16 – All faculty contributed and reviewed data to complete the table above. Table complete. 01/29/16 – Will review at faculty meeting in May 2016. 05/06/16 – Faculty reviewed and no changes at this time.
4.2 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. ELA #1: 100% of the SLO's will be evaluated each year in the curriculum. ELA #2: 80% of the nursing course competencies are directly linked to the SLO's				
Responsible Person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #4 Team State-curriculum representative Nurse Administrator	Annually in May With each curriculum revision	Review WIDS table identifying where SLO's are introduced, practiced, and mastered.	August 2013 -We adopted the SLOs that were revised by the WTCS process and created a policy/procedure for measurement. In a table we can verify the SLO's are introduced, practiced, and mastered 2014 -The SLOs were adopted into our clinical agency feedback forms in order to gather the perspective of the clinical agencies' achievement of the SLOs by our students. 2015: 08/28/15 – ELA #1 – Curriculum committee reviewed the SLO's with the course competencies and determined that a table is to be created that demonstrates that this ELA has been met – Partially met. 01/29/16 – Faculty reviewed the nursing curriculum matrix table, table 4.2 and WITC ADN Program Outcomes, Criteria, and Curriculum Matrix (Matrices A.2 and B.8). Faculty in	2013: Will monitor effectiveness of new curriculum. 2014: Will attempt to create a web-link to these evaluation forms. Not well utilized. We need to revise for better data collection. 6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable 2015: 08/28/15 – ELA #1 – SL will create a table by 06/16. SL will review annually. CMM and JM will update faculty on any changes from the WTCS advisory meeting in 05/16.

			<p>agreement that these tables provide evidence of meeting criteria of 4.2. ELA #1 and #2 Met.</p> <p>May 06, 2016 – Reviewed SLO's for each course by lead faculty and associated instructors. ELA #1 - met Reviewed and updated table 4.2 by all faculty. ELA #2 – met.</p>	<p>11/15/15 Plan is created for CMM to bring an empty table to the 1/4/16 meeting and faculty will create it together. 01/04/16 – Faculty complied information and data was added to the table. 01/29/16 – No action at this time. Will review at faculty meeting in May 2016. 05/06/16 – Faculty reviewed and no changes at this time.</p>
<p>4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor and currency.</p> <p>ELA # 1: Percentile rank of WITC nursing graduates will be at or above the percentile ranks of other graduates in our jurisdiction on the Mountain Measure report.</p> <p>ELA#2: 100% of the below the line nursing curriculum is reviewed/revised on an annual basis by the course instructor.</p> <p>ELA#3: The nursing program will maintain active participation by 1 faculty member and the Nurse Administrator in the system-wide curriculum committee.</p>				
Responsible Person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
<p>Standard #4 Team</p> <p>State-curriculum representative</p> <p>Nurse Administrator</p> <p>Individual course instructors</p>	<p>Annually in May</p> <p>Every semester for the State Curriculum</p>	<p>Develop a table to aggregate and track results of Mountain Measure report in the NCLEX categories</p> <p>Course Revision Summaries are completed annually</p>	<p>July 2012 – Jean Miller participated in the “above the line” curriculum change process at the state level as described in 4.1. ELA #3 Met</p> <p>July 2013 - Jean Miller continued to serve as the WITC representative on the WTCS statewide curriculum committee. ELA #3 Met</p> <p>August 2013 -Faculty worked on revising/updating learning objectives and all other “below the line” curriculum needs per the WTCS system-wide curriculum process over the course of the FY13 year. All exams were reviewed for currency and problems identified. At least 2 versions of all exams in theory courses are now developed and implemented in opposing semesters. ELA #2 Met</p>	<p>July 2013- Will have course ready for implementation in fall of 2013.</p> <p>July 2014 – Will strive for better communication between the state curriculum committee and entire nursing faculty.</p> <p>Will ask faculty to review or revise exams based on test analysis results.</p> <p>We will monitor if student scores increase now that points will be assigned.</p>

		<p>Review state curriculum roster</p>	<p>May 2014: Faculty decided to give points for the ATI exams given in each semester. Faculty felt students were not putting forth a great effort because there were no points allotted for the assessment.</p> <p>Faculty utilize test question analysis data and the ATI RN/PN predictor results as benchmarks of possible curriculum improvement needs. ELA # 2 Met</p> <p>July 2014 - Jean Miller continued to serve as the WITC representative on the WTCS statewide curriculum committee. ELA #3 Met</p> <p>May 2015: One faculty and the NA reviewed Mountain Measure reports and identified categories that were less than the national average. All faculty submitted a course revision summary. ELA #1 and 2 met</p> <p>July 2015 - Jean Miller continued to serve as the WITC representative on the WTCS statewide curriculum committee. ELA #3 Met</p> <p>Fall 2015: 08/28/15 - ELA #1 - SL reviewed the Mountain Measures and WITC graduated did not meet or exceed the percentage ranks of those in our jurisdiction. Partially met.</p> <p>08/28/15 - ELA #2 – The faculty submitted course revision summaries for each course. The current course summary was reviewed and the faculty decided that it shall be revised. Met.</p> <p>08/28/15 - ELA #3 – Jean Miller and Chaudette Miller will continue to serve as the WITC representatives on the WTCS statewide curriculum committee. Met. 11/10/15</p>	<p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable</p> <p>July 15 2015- This year ELA 1, 2 and 3 were met, continue to monitor</p> <p>08/28/15 – ELA #1 – SL will annually access and monitor 3 cycles (8 semesters) of the Mountain Measures. With each cycle. SL will enter the % of WITC students versus the jurisdiction % rates. SL will share this % rates with the faculty annually at the divisional work days in May.</p> <p>ELA #2 – The course revision summary will be revised before January divisional days.</p>
--	--	---------------------------------------	--	--

			<p>The state advisory committee met to compare WTCS Mountain Measures against national trends. No significant trends were noted.</p> <p>11/16/15-ELA #1 Regarding the reporting period October 2014-March 2015, SL compared WITC graduates' test plan performance in all content areas with graduates from our jurisdiction. WITC graduates were below the average in our jurisdiction in all 8 categories. The discrepancy was most pronounced in Reduction of Risk Potential (9%), Pharmacological and Parenteral Therapies (5%), and Physiological Adaptation (4%). All other categories were between 1% and 3% lower than the jurisdiction. ELA #1 not met.</p> <p>05/06/16 – ELA #1 - ELA #2 – The lead instructor completed the Course Report which reviews the above the line curriculum. ELA #2 – met. ELA #3 – Jean Miller, as faculty, and Chaudette Miller, as administration, continue to serve on the state wide curriculum committee. ELA #3 – met.</p>	<p>09/11/15 - ELA #3 JM and CMM attended the statewide curriculum committee and any new changes will be communicated to the faculty in the January or May divisional day meetings.</p> <p>11/16/15-considering that several changes to the curriculum were made in January 2015, we will review this data for 2015-2016 in May. At that time, we will cross-reference the three areas of greatest discrepancy with the three lowest HESI exit exam scores. 11/20/16 – CMM created the Course report which will replace the Course Summary Report for each course. 01/29/16 – The faculty will review ELA #1 within the next year to determine a narrowed scope in the Mountain Measures. 05/06/16 – SLO's withdrawal data compiled from final clinical evaluations in December and May. CMM will report the results at the Dean meeting in 07/2016. State wide curriculum is in the planning phases of a concept based curriculum. Working towards decreasing the credit load to 60-64 credits. Looking into funding/grant to have Linda Caputi assist with the concept-based curriculum.</p>
4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice. ELA: No less than 45% of the total ADN program credits will be comprised of General Education courses.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions

Standard #4 Team	Annually in January Each major program revision	Review current curriculum checklist and determine credit distribution	<p>July 2013 Current program after revisions is 70 credits. 32 Credits of General Studies and 38 Credits of Nursing Completion of pre-requisites is encouraging students to integrate knowledge. ELA Met</p> <p>July 2014 - Nursing Program remains at 70 credits - 54% nursing and 46% General Studies. ELA Met Created a math for healthcare professionals and offered a summer pathophysiology course based on student need and requests.</p> <p>June 2015 - Nursing Program remains at 70 credits - 54% nursing and 46% General Studies. ELA Met There has been some discussion about deleting electives and including nursing assistant credits in the program total.</p> <p>01/25/16 - - Nursing Program remains at 70 credits - 54% nursing and 46% General Studies. ELA Met.</p> <p>05/06/16 – The ADN faculty met with the science faculty to discuss rigor in the science courses.</p>	<p>July 2014 -Continue to work with general studies instructors to ensure that the general studies courses include rigor and develop courses that are beneficial to the students.</p> <p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable. Will work with state curriculum committee and nursing deans to devise plan or process for CNA.</p> <p>08/28/15 - ELA #1 – CMM and KAW will review first semester 10543-101 rosters for the previous 3 semesters and compare the CNA rosters to determine the % of CNA students that chose nursing as a pathway. CMM and KAW will the monitor the % of CNA students with a direct pathway into the ADN program and evaluate for ___ in August 2016. Then a determination will be made to add CNA credits to the ADN program total.</p> <p>05/06/16 – Please review the meeting minutes (03/28/16) for additional details.</p>
4.5 The curriculum includes cultural, ethnic, socially diverse concepts and may also include experiences from regional, national, or global perspectives. ELA: 80% of the nursing core courses will have a competency, a learning objective, or a learning activity that focuses on cultural, ethnic, or diverse concepts.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions

Standard #4 Team	Annually in May With each curriculum revision	Review of course competencies, learning objectives and learning activities for all core courses. Develop a table identifying cultural, ethnic, and socially diverse concepts in each course. 11/20/15 SL created a table for each course.	<p>July 2014 - The college has expanded its commitment to international education and one of the nurse educators served on this committee (C. Larrabee) in hopes of providing input and opportunities for nursing education and expansion of global perspectives. C. L. hosted a student from Germany in her home. The demographics of the program remain essentially unchanged, with our student population being ~90% Caucasian and female.</p> <p>June 2015 -Cultural diversity remains a performance standard and students continue to do assignments related specifically to this topic. Each course includes an activity and an evaluation in cultural competence. Found that we are doing this, however, no real documentation. ELA Partially met</p> <p>08/28/15 – ELA #1 – The curriculum committee found that no documentation existed regarding learning activities and cultural, ethnic and diverse concepts. See above data in 06/15. Partially met.</p> <p>11/20/15 14/16 courses were found to have a competency, objective, or assignment on cultural, ethnic, or diversity concepts. This is 87.5%. ELA Met.</p> <p>05/06/16 – Faculty reviewed table 4.5. ELA Met</p>	<p>May 2014- develop a table of examples of culture in each course. Continue to incorporate diversity in the curriculum.</p> <p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable 2015 will revise the cultural tracking table to be more specific and measurable.</p> <p>08/28/15 – ELA #1 - SL will develop a table that demonstrates the learning activity that supports the cultural, ethnic and diverse concept in each course to be completed by 01/16. 11/20/15 Continue to evaluate the curriculum annually each May. 01/29/16 – Faculty reviewed table 4.5 and accepted this as documentation that supports the ELA#1.</p> <p>05/06/16 – Faculty reviewed and no action at this time.</p>
4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice. ELA: Every semester, one nursing core course in each level will contain a competency, a learning objective, or a learning activity that emphasizes educational theory, interprofessional collaboration, research, or current standards of practice				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #4 Team	Annually in May	Review of course competencies,	May 2012: The faculty continued with their course review processes for below-the-line curriculum revision/updating.	August 2012 - The HPS were returned to Worldpoint and each campus received three “simpler” versions of the

	With each curriculum revision	<p>learning objectives and learning activities for all core courses.</p> <p>Develop a table identifying educational theory, interprofessional collaboration, research, or current standards of practice in each course.</p>	<p>August 2012 - Funding was secured to purchase new HPS for each campus, as well as minor equipment to make each simulation lab more “hospital room like”. New HPS models were purchased and in place by the start of the Fall 2012 term. After using the new HPS models, faculty determined there was too many problems with the technology required to run the HPS. Connections were often lost and the HPS were not being used to their potential.</p> <p>Online testing was implemented at all campuses for the testing of all theory courses in 2012. However, due to a lack of computer labs and the age of the netbooks, we have taken a step backwards in on-line testing and EAC analysis. Many courses were forced to give paper and pencil exams, and the use of the EAC Test Analysis Software software program was not available.</p> <p>There are over 300 podcasts of the theory courses now available via iTunes U. Student response has been very positive. The college may be planning to move away from iTunes, the nursing department plans to continue some form of podcast when a newly adopted system becomes available. ELA partially met</p> <p>August 2013 – All state-wide curriculum changes into our courses were implemented. Appears educational theory, interprofessional collaboration, research, and standards of practice are included.</p> <p>To support current standards of practice the use of human patient simulation (HPS) continued to expand, with all clinical courses having a minimum of 1 day of simulation clinical time. Elsevier simulation scenarios were incorporated and each semester is using two of the same scenarios for simulation exercises. Student input was very positive. ELA – Partially Met.</p>	<p>HPS to replace the returned models. (Adult, child and infant).</p> <p>August 2013: Student’s data collection on the new HPS was anecdotal so a more specific data collection tool will need to be devised in the FY13 year</p> <p>July 2014: No changes at this time</p> <p>6-16-2015: Small faculty group reviewed and revised ELA’s to make them more measureable. It is apparent that we have not been focusing on the right things for this criterion. Will develop a spreadsheet and review each course to speak more specifically to the new more measureable ELA.</p> <p>08/28/15 – ELA #1 – The curriculum committee will develop a table that demonstrates the documentation needed to meet ELA #1</p> <p>11/20/15 – Table created and faculty approved. All staff participated.</p> <p>12/04/15 – new course summary was available and the leads of each course were to complete by 01/07/16.</p> <p>01/07/16 – Course Summary Reports were completed by the staff leads. CMM has these results.</p>
--	-------------------------------	---	--	--

			<p>May 2014- Survey Monkey implemented to collect data on student satisfaction with HPS. Results revealed students were frustrated with technology and connection problems but enjoyed the simulation experience.</p> <p>August 2014- We added QSEN as a course resource in every syllabus. Faculty hope to use this website as a form of teaching and for students to refer to QSEN in their learning activities. ELA Partially met</p> <p>08/28/15 – ELA #1 - The curriculum team found that a table was needed to identify educational theory, interprofessional collaboration, research, or current standards of practice in one nursing core course in each level. Partially met.</p> <p>01/29/16 – Faculty reviewed and updated Educational Theories Table to more clearly focus on the ELA. Faculty believe with the revisions that the ELA will be met.</p> <p>05/06/16 – Faculty recreated and reviewed Table 4.6. The table provides documentation to fulfill the ELA. ELA met</p>	<p>01/29/16 – Faculty will recreate educational theory table within spring semester 2016.</p> <p>05/06/16 – Faculty reviewed and no action needed at this time.</p>
4.7 Evaluation methodologies are varied, reflect established professional & practice competencies, & measure the achievement of the SLOs. ELA: Each nursing core course will utilize 2 or more evaluation methodologies for determining the final course grade.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #4 Team	January and May With each curriculum revision	Review grading policies for each core course. Review the course revision summary	<p>August 2013 – Implemented state curriculum. We were able to link course competencies and assessments directly to the new WTCS system-wide ADN program/student learning outcomes this year as we incorporated the new the WTCS system-wide curricular changes. ELA Partially Met</p> <p>August 2014 - We have continued with our assessment strategy of NCLEX-style testing for theory courses, skills demonstration for assessment of clinical skills in lab courses, and clinical courses with direct patient care as</p>	<p>August 2013- Will continue to monitor and review assessments related to state wide curriculum.</p> <p>November 2014- After site visit will need new to develop new assessments. Will investigate HESI using EAQs and case studies.</p> <p>May 2015- Completed initial semester of HESI assessment in all courses.</p>

			<p>measured by the WTCS performance standards. All courses utilized more than two evaluation methods.</p> <p>ELA MET</p> <p>July 2015 – The catalog was reviewed for listing the nursing program and the projected sequence and required number of credits. Incoming nursing students rosters were reviewed to see how many had chemistry in high school and how many needed to take it as a requirement for nursing.</p> <p>January 2015- Implemented standardized assessment plan through HESI utilizing case studies, EAQs, and external exams in each course. ELA MET</p> <p>08/28/15 – ELA #1 – Each course was evaluated by SL and 2 methodologies are documented in the Course Revision Summary (CRS). ELA Met.</p> <p>11/20/15 The faculty discussed the present course revision summary form and determined that the form is not inclusive of established professional and practice competencies and SLO achievement. An example of a course report was presented and accepted by the faculty for a pilot beginning in January (to review Fall 2015 courses). ELA partially met.</p> <p>01/29/16 - Course Reports have been completed and each demonstrates 2 or more evaluation methodology. ELA met.</p> <p>05/16/16 – Course Reports were reviewed. They demonstrated that 2 or more evaluation methodologies were present in each course. ELA met.</p>	<p>Generally happy will need to continue to review and monitor this process.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable. It is apparent that we have not been focusing on the right things for this criterion. Develop a table identifying assessment types for each core course.</p> <p>All courses easily meet the ELA's. Will continue to monitor and consider increasing the evaluation methods in the future.</p> <p>08/28/15 –ELA #1 – The curriculum committee will meet and review the CRS, and evaluate to consider increasing the evaluation methods in May 2016</p> <p>11/20/15 At the January meeting, faculty will complete the course report utilizing Fall 2015 data.</p> <p>01/29/16 – The faculty decided not to create table. Data will be reflected in course reports.</p> <p>05/16/16 – Faculty met and no action at this time.</p>
<p>4.8 The length of time & the credit hours required for program completion are congruent with the attainment of the SLOs and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.</p> <p>ELA #1: When following the ADN program sequence, all students can complete the program in 5 semesters.</p>				

ELA #2: The ADN program will not exceed 70 credits.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #4 Team	Annual Review in May	Review curriculum checklist	<p>August 2013 - Credit hours are sufficient to allow the students to accomplish the SLOs. With the curriculum revision the program is 70 credits in total. The only prerequisite is nursing assistant skills. The program sequence as published will allow the student to complete the program in 5 semesters. However, most students choose to take a slower approach. ELA #1 and 2 Met</p> <p>August 2014 - Credit hours are sufficient to allow the students to accomplish the SLOs. With the curriculum revision the program is 70 credits in total. The only prerequisite is nursing assistant skills. The program sequence as published will allow the student to complete the program in 5 semesters. However, most students choose to take a slower approach. ELA #1 and 2 Met</p> <p>July 2015 - The catalog was reviewed listing the nursing program and the projected sequence and required number of credits. Curriculum sequence includes chemistry and nursing assistant. We reviewed the incoming nursing student rosters to see how many chemistry had in high school and how many needed to take it is a requirement for nursing. At this point, we believe the vast majority has chemistry in high school and do not have to take it for admission. ELA # 1 and 2 Met</p> <p>October 2015 – ADN students take chemistry in High School from survey from WITC Research committee.</p> <p>08/28/15 – ELA #1 – The curriculum committee reviewed that all students are able to complete the program in 5 semesters. They found that CHEM and NA credits need to be evaluated to assess where they credits fall and which and when the students enter the program. Partially met.</p> <p>08/28/15 - ELA #1 – The curriculum committee determined the need to review the CNA student's pathway choice after CNA course completion.</p>	<p>August 2013- will monitor the number of students who take the nursing assistant course for direct entry into core nursing.</p> <p>August 2014- Will need to continue to monitor.</p> <p>6-16-2015 Small faculty group reviewed and revised ELA's to make them more measureable. We will review the catalogs for the past two or three years for data.</p> <p>July 15-2015 ELAs have been met for the past couple of years. Will now focus on the nursing assistant competencies which is the only prerequisite for the program and not included in the 70 credits. Will discuss at a state level and determine if we should include NA and delete program electives. We currently have 5 electives.</p> <p>12/21/15 – Curriculum committee will continue to monitor at the state level</p>

			<p>This will provide some data whether to include nursing assistant credits in the program total.</p> <p>11/13/15 – State curriculum group discussed prerequisite issues. No simple solution at this time. Will need further discussion.</p> <p>12/28/15 – CMM reviewed incoming ADN students for Fall 2015 (Term 1156). Data showed 40% of students completed CNA at WITC within the past 3 years. 38% completed CNA at other locations within the past 3 years. 22% completed the NA program prior to FY 13.</p> <p>05/06/16 – Faculty reviewed completion of the ADN program and it can be completed in 5 semesters. ELA #1 Met. CNA classes are to be part of the electives. ELA #2 Met</p>	<p>and will discuss in May 2016.</p> <p>08/28/15 ELA #1 – This data will be analyzed by KAW and CMM. Will await recommendation from the state curriculum members after the state meeting.</p> <p>08/28/15 - ELA #1 – CMM and KAW will review first semester 10543-101 rosters for the previous 3 semesters and compare the CNA rosters to determine the % of CNA students that chose nursing as a pathway. CMM and KAW will the monitor the % of CNA students with a direct pathway into the ADN program and evaluate for ____ in August 2016. Then a determination will be made to add CNA credits to the ADN program total.</p> <p>12/28/15 – CMM will continue to monitor every semester.</p> <p>05/06/16 – CMM continues to monitor every semester. No other action at this time.</p>
<p>4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes</p> <p>4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice, national established patient health & safety goals.</p> <p>4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students</p> <p>ELA#1: All nursing students on each campus will receive one clinical simulation activity per semester.</p>				

<p>ELA#2: Every year, one campus with all clinical agencies will be reviewed for contemporary practice, evidence-based care, census, and nationally patient health and safety goals.</p> <p>ELA#3: 100% of all nursing clinical written agreements will be reviewed for currency every 5 years.</p>				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
<p>Standard #4 Team</p> <p>Allied Health Technician</p>	<p>Review simulation annually in May</p> <p>Review one campus clinical sites annually in December</p> <p>Review written agreements annually in August</p>	<p>Review course revision summaries for clinical sites.</p> <p>Meet with Allied Health Technician who maintains the agreements to verify currency.</p> <p>Work with AHT to compare spreadsheet with agreements.</p>	<p>July 2013 – The AHT reviewed all training agreements and clinical sites. No concerns identified at this time. ELA #2 and #3 Met.</p> <p>August 2013 – Implemented Evolve SLS simulation package into all clinical courses to increase simulation exposure. Simulation activities were conducted in each clinical course. ELA #1 Met.</p> <p>May 2014 - In May 2014, a simulation satisfaction survey verified student satisfaction with simulation activities. Students continued to receive one simulation per semester in each clinical course. ELA #1 Met.</p> <p>August 2014 – All training agreements and clinical sites continue to be updated/reviewed/signed annually by AHT. ELA #2 and ELA #3 Met.</p> <p>December 2014 – The process for notifying agencies of background check information continued to be successfully implemented for all students for the entire program upon admission to ADN semester 1 students and those students re-entering the program as either out of sequence or LPN progression students. The ADN program is utilizing a national company to store and maintain all background and health documents.</p> <p>08/28/15 - ELA #1 – the curriculum committee found that a table needs to be created to document that each clinical semester will have one clinical simulation activity per semester. The group states that this is occurring across each campus. Partially met.</p> <p>08/28/15 -ELA #2 – The curriculum committee met and discussed the need for strategies that assess and relate to clinical agencies being reviewed for contemporary</p>	<p>August 2013- After implementation of SLS will monitor for one year and monitor for effectiveness and satisfaction.</p> <p>May 2014- Level all simulation activities</p> <p>August 2014- Will continue to monitor training agreements and clinical sites.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable.</p> <p>July 2015- Contextualize simulation into theory and clinical courses</p> <p>08/28/15 ELA #2 – KAW will develop such table. She will gather and enter the data from the course leads by 01/16. 01/25/16 – ELA #2 KAW developed the above table and complete the data entered.</p>

			<p>practices, evidence-based care, census, national patient health and safety goals. Partially met.</p> <p>08/28/15 - ELA #3 – All training agreements (TA) are updated/reviewed/ signed annually by Allied Health Technician (AHT). Met.</p> <p>12/04/15 – ELA #2 The faculty decided to review one campus per year for their clinical sites and experiences that are evidence-based and reflect contemporary practice, national established patient health & safety goals. RL - 2015, SUP – 2016, ASH – 2017 and NR - 2018. ELA #2 – Met.</p> <p>05/06/16 – ELA #1 – Faculty reviewed table 4.9 regarding simulation across the semesters. ELA met.</p> <p>ELA #2 – RL campus completed. SUP due 12/16. ELA met.</p>	<p>08/28/15 – ELA #2 – KAW will develop a table that depicts and documents this specific data (POC at each facility will need to be contacted). She will work with the clinical coordinators of each campus to gather this data by 05/16.</p> <p>01/29/16 – RL campus working on this table for 2015. Superior will be working on this for 2016.</p> <p>08/28/15 – ELA #3 – KAW will communicate with the AHT to be updated if any changes are made regarding the TA's and clinical sites by 05/16 and annually.</p> <p>05/06/16 – KAW sent CE the table for SUP campus. No further action at this time.</p>
4.12 Learning activities, instructional materials and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes ELA: The average score on Section B #7 on the end of program survey for online instruction will be 4.0 or higher				
Responsible Person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions

Standard #4 Team Online faculty	Each semester in August	Review student responses to evaluation of online courses using the end of program survey.	<p>August 2013- All courses in the new curriculum offered face to face. MH and Management also are offered in the summer in a hybrid format.</p> <p>August 2014- All courses in the new curriculum offered face to face. MH and Management also are offered in the summer in a hybrid format.</p> <p>August 2015- All courses in the new curriculum offered face to face. MH and Management also are offered in the summer in a hybrid format. All courses use BB as a resource. Instructional materials are placed in the BB course for easy retrieval and access. Learning activities, instructional materials and evaluation methods are also provided to students in a written format.</p> <p>08/28/15 ELA #1 – the Curriculum committee met and determined the need for a table for the results of the end of program survey for the summer courses. Partially met.</p> <p>01/29/16 - Due to college requirements, questions on the end of program survey were renumbered.</p> <p>05/06/16 – renumbered to section 6/#7. CMM/ JM to collect data for summer 2016.</p>	<p>August 2014- Awaiting ACEN site visit</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable.</p> <p>August 2015- Develop a new end of program survey, will mail out and await results to determine ELA.</p> <p>08/28/15 – JM will compile the survey results item - B#7 from the summer courses by 01/16.</p> <p>01/29/16 – JM will collect online data despite change in question number.</p>
--	-------------------------	---	---	---

WITC ADN Systematic Program Evaluation

STANDARD 5: RESOURCES				
FISCAL, PHYSICAL, AND LEARNING RESOURCES ARE SUSTAINABLE AND SUFFICIENT TO ENSURE THE ACHIEVMENT OF THE STUDENT LEARNING OUTCOMES AND PROGRAM OUTCOMES OF THE NURSING EDUCATION UNIT.				
Standard # 5 team:				
PLAN			IMPLEMENTATION	
5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.				
ELA # 1: The nursing department will maintain 20 FT faculty each semester to meet the needs of the program				
ELA # 2: 75% of the core nursing courses will be taught by full time nursing faculty.				
ELA# 3: 100% of the nursing program budget requests will follow the same budget approval process as the rest of the college programs.				
ELA #4: The nursing budget will maintain funding for professional development of \$500 per FT nursing staff member.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard # 5 team Nursing Administrator Vice President of Academic Affairs College CFO	Annual Review	Assess budget for equipment, supplies, and staff development at start of academic year and compare with end of year; survey faculty for adequacy of budget	August 2013 -There was sufficient funding to meet needs of the nursing program. Full time faculty numbers were short due to lack of applicants. August 2013 - One part time faculty (MM) taught a nursing theory course. Clinical courses were supplemented with a few adjunct faculty. ELA #1 Not Met, ELA #2 Met August 2014 - Full time faculty complement complete with a large number of new hires (7). All nursing core course taught by full time faculty. The budget process remains the same for all departments. Faculty were given the opportunity to give input in the fall of each academic year to plan for expenses the following academic year. Unable to determine professional development funding for nursing faculty because it was a shared budget with allied health. ELA #1, #2, #3 Met ELA #4 Not Met June 2015 - In Spring 2015 semester there were 20 FT nursing faculty and 5 PT nursing faculty (20% of total). All core nursing courses were taught by full time faculty.	August 2013 - Hiring of new full time faculty will become a priority August 2014 - Review budget for upcoming site visit. 6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable. July 2015 Will need to keep an eye on the number of adjunct nursing faculty for the fall 2015 semester and decide if this is an issue to take to the VP of Academics, or if the program needs to revise this ELA due to budget restraints.

			<p>The college budgeting process in the spring 2015 was consistent for all programs and divisions within the college. In Spring 2015 the professional development budget is \$500 per FT faculty.</p> <p>ELA #1, 2, 3, 4 Met</p> <p>October 15, 2015 – Fall 2015 Fulltime Faculty: Bishchoffer, Edlebeck, Engesether, Hagstrom, Halvorson, Jergenson, Jost, Larrabee, Lumen, Matt, Miller J, Moore, Nedland, Olsen, Oman, Starr, Strong, Sweet, Wagner.</p> <p>Adjunct: requested updated information from Lisa Hall. Table to be created that lists each course, and each campus instructor and whether they are PT or FT.</p> <p>Budget: pending receipt from C Miller.</p> <p>See Standard V minutes on The Connection</p> <p>ELA #1, 2, 3, 4 under review for confirmation of documentation.</p> <p>October 16, 2016: From: Miller, Chaudette Sent: Friday, October 16, 2015 12:00 PM To: Matt, Christine Subject: RE: 2015.10.15 Standard 5</p> <p>Christine: There was sufficient funding to meet needs of the nursing program for FY 2015-2016 (this includes all full time, part time faculty and equipment and supplies). The staff development budget is 10,000 for 20 full time faculty which equals 500 per person. Chaudette</p> <p>WITC Budget Process documented in http://www.witc.edu/witccontent/pdfs/Budget-Book-FY16.pdf ADN program budget requests follow the same budget approval process as all other college programs.</p> <p>ELA #3-4 met for 2015-2016.</p>	<p>October 15, 2015 MJJ requested updated information on adjunct names/locations in order to create table to document ELA #1&2; CM will request budget documentation to verify ELA #3&4.</p> <p>March 18, 2016 Table of faculty assignments to be completed by staff at upcoming face-to-face meeting regarding ELA #1&2 for academic year 2015-2016.</p>
--	--	--	---	---

5.2 Physical resources are sufficient to ensure the achievement of the nursing program outcomes and meet the needs of faculty, staff, and students.

ELA #1: On the end of the program survey, Section B question # 4 and 5 the average score will be 4.0 or higher

ELA #2: On all 4 campuses, there will be an equipped skills lab, and simulation lab

ELA #3: All full time faculty on all campuses will have a private office/cubicle with a computer, workstation, access to a printer, & private space to consult with students.

Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard # 5 team Nursing Administrator	Each Semester	<p>Review end of program survey and tabulate results of Question # 2</p> <p>Review simulation/skills lab space and equipment on all 4 campuses.</p> <p>Review office space and equipment for all FT faculty on all 4 campuses.</p>	<p>July 2013 - All campuses have designated nursing lab/classrooms. Skills courses are always scheduled in the nursing labs at all campuses. Full time faculty have cubicles with identified equipment. ELA #2 and #3 Met</p> <p>July 2014 - The lab in NR is very small and does not accommodate the number of students adequately. Skills lab on other three campuses are adequate and well equipped. Review of supply ordering showed that all campuses had a different process and timeline for ordering supplies. Full time faculty have cubicles with identified equipment. ELA #2 Partially Met, ELA # 3 Met</p> <p>July 2015 - All four campuses have adequate skills labs with simulation capabilities. They are well equipped. All FT faculty have a private cubicle with computer, workspace, telephone, bookshelf and access to a printer. If faculty need to have a private conversations with students, there is space for private conversations in the conference room. Construction in NR has been completed ELA # 2 and 3 Met</p> <p>October 15, 2015 MJJ will request data from JK for survey documentation. All campuses have equipped skills and simulation labs; one new low-fidelity manikin and 2 IV pumps purchased for each campus this semester. Verified that all full time faculty on all campuses currently have a private office/cubicle with a computer, workstation, access to a printer, & private space to consult with students. ELA # 2 and 3 Met ELA #1 under review.</p>	<p>July 2013- Review process for ordering supplies on each campus</p> <p>July 2014 - The NR lab is in the process of being moved into a larger space within the college. A separate simulation lab will be housed within this space allowing more room for students to use within the lab itself. Construction should be complete by the beginning of the FY 14 school year.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable</p> <p>July 2015- Looking into separate space for simulation which is currently part of the skills lab. Develop of an end of program survey to measure ELA #1.</p> <p>October 15, 2015 VP confirmed funding will be made available so simulation labs on each campus can be remodeled for improvements within next year. MJJ to request survey data from JK.</p>

				<p>February 19, 2016 ADN Faculty Meeting: Chaudette spoke with Bonny and Ellen Hauser requiring data collection for the follow ACEN Standards: Need to track:</p> <ol style="list-style-type: none"> 1. NCLEX 2. Completion (150%) 3. Retention (overall and CHA 1) 4. Graduate Satisfaction 5. Employer Satisfaction <p>The process needs to be streamlined and made more efficient and user friendly. Chaudette will meet with Bonny, Ellen and Laura Sullivan to try and fix current issues.</p> <p>March 18, 2016 Most recent WITC graduate survey available at this link: http://www.witc.edu/witccontent/2014/index.htm Finds that 98% of graduates are satisfied or very satisfied with training at WITC; does not specifically address physical resources.</p> <p>May 5, 2016 ADN graduate surveys from JK reviewed; do not reflect physical resources.</p>
--	--	--	--	--

5.3 Learning resources and technology are selected by the faculty input and are comprehensive, current, and accessible to faculty and students.

ELA#1: 90% of the resources in the library that support the nursing program will have copyright dates within 10 years or the reasons justified in LRT minute

ELA #2: WITC will maintain online nursing databases - Proquest and Cinahl for nursing student use on all campuses at no cost.

ELA #3: 100% of nursing students will have access to a computer lab or laptops for online testing in nursing.

Responsible person	Frequency	Assessment methods	Results of Data Collection & Analysis	Actions
Standard # 5 team Librarian on each campus	Annual review	Qualitative input from faculty at monthly meetings; student input on course evaluations collected at the end of every semester and summarized annually with this report.	<p>May 2014- Access to computers on all campuses has been a challenge due to lack of computer labs and outdated laptops (netbooks). ELA #3 Not Met College maintains online Proquest and Cinahl online data bases. ELA #2 Met. The nursing faculty on each campus worked with the campus librarian to review print materials. The majority of materials were within 10 tens unless they were historical. ELA #1 Met</p> <p>August 2015- 24 laptops were purchased for the nursing students in NR, Superior and RL. 16 were purchased in Ash to ensure students were able to test online. Faculty identified the process for library review was inconsistent on each campus. College maintains online Proquest and Cinahl online data bases. ELA#1, #2, #3 Met</p> <p>October 15, 2015 Current fall library resources are being evaluated by Learning Resources and Technology Committee – report due November, 2015. ELA #1 under review. Online databases reviewed and verified by Learning Resources and Technology Committee (see minutes 10/14/15) ELA #2 Met. Each campus has an open computer lab staffed by ETC technician as well as 24 ADN laptops available for classroom use. ELA #3 Met</p> <p>May 5, 2016 MAL from RL LRC working with database to provide data to verify ELA #1. Superior, Rice Lake, and New Richmond members of LRT committee (and Ashland FT ADN faculty) have communicated to on site LRC staff the need to be have 90% of holdings supporting ADN program to be current within 10 years; exceptions related to historical value or no availability of later</p>	<p>May-2014 - Will work with campus deans and VP of Academic to strategize options to increase nursing student access to computers.</p> <p>June-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable.</p> <p>August 2015 - The nursing program will begin an LRT committee (Learning Resources and Technology) committee to review library resources with the librarian.</p> <p>October 14, 2015 LRT Committee met; addressed areas of responsibility. See Committee minutes.</p> <p>March 1, 2016 Database from LRC includes date at end of Call Number; will need to be hand tabulated or filtered to extract date analysis. Pending with LRC staff – MAL. Expect by end of semester.</p>

			versions. Direct data analysis of copyright dates not yet available. ELA #1 Partially Met	
5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery				
ELA #1. 100% of nursing students will take their exams on a computer with a proctor				
ELA #2. 100% of the students will have access to an online orientation at the beginning of all online courses				
Responsible Person	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis	Actions
Standard #5 Team Online Nursing Faculty	Annually	Review of resources	<p>June 2014- All nursing courses are offered in person with BB enhancement. Blackboard (Bb) continues to be the web-based platform. Two courses are offered hybrid in the summer – Mental health and management. During the fall and spring semester these courses are also offered to students in a face to face format. Students are offered a tutorial on BB use. During the 2013-2014 academic year, nursing students took their exams on a computer. ELA #1 and #2 Met</p> <p>June 2014- We found online testing created great challenges with students preferring computer labs for online testing over the use of the netbooks. We did our best to accommodate this request, but some use of the netbooks was necessary. The netbooks are old and have a small screen which the students complained about tremendously</p> <p>July 2015- Faculty resources are provided during college wide academic days, college wide technology days and BB open labs. The majority of nursing students took their exams on a computer. There are students with accommodations that may test pencil and paper. All students are offered an orientation to Bb at the beginning of the course. ELA #1 Partially Met and ELA #2 Met</p> <p>October 15, 2015 – On RL campus paper exams were used in Fundamentals when Blackboard Respondus not functioning (currently under review by IT) and another time when adequate number of ADN laptops not</p>	<p>June 2014- We are working with each campus to try and accommodate times and space for computerized testing. Ensure faculty has access to Bb updates.</p> <p>August 2014- Order full sized Laptops for use beginning in fall.</p> <p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable Continue with current process</p> <p>July 2015- Continue to monitor computer lab usage and work with D.C. on computer lab scheduling issues.</p> <p>October 15, 2015 MJJ will consult with Blackboard Help support to secure date for solution so faculty can use Respondus again for exam</p>

			<p>available when instructor needed them (IT had one in their dept for repair). Only other times we are aware of are when students have special accommodation needs for paper copy of exams. ELA #1 Partially Met</p> <p>Online access for orientation availability verified; links posted in Standard V minutes from today. ELA #2 Met</p> <p>February 19, 2016 – ADN Faculty Meeting: all faculty report they are doing all testing online, in proctored environment. ELA #1 Met</p>	<p>testing. MJJ will follow-up with RL IT staff to see timing for return of computer to storage cart for use.</p> <p>February 19, 2016 Blackboard functioning well with Respondus; did require older software versions of Respondus needed to be removed from ADN laptops so they were not used with Bb. mjj</p>
--	--	--	--	---

WITC ADN Systematic Program Evaluation

STANDARD 6: OUTCOMES				
Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduated competencies of the nursing education unit.				
PLAN			IMPLEMENTATION	
6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: 1) Student learning outcomes, 2) Program outcomes. 3) Role specific graduate competencies and 4) all ACEN Standards ELA#1: The SPE will be reviewed and updated with documentation for each ELA every academic year. ELA#2: The SPE will include student learning outcomes, program outcomes, role specific graduate competencies and ACEN standards. ELA#3: All FT nursing faculty will participate in documentation in the SPE annually.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #6 Team Nurse Administrator All FT nursing faculty	Annual review	Review of the plan to verify inclusion of all ACEN Standards, SLO’s, Graduate Competencies, and ACEN-required outcomes. Review of the plan to verify all ELA’s have documentation within the past year and all FT nursing faculty have contributed.	July 2013- The SPE was written with limited faculty input August 2013- faculty review of SPE did not occur due to personnel issues. July 2014- The SPE was completed and ready for faculty review and summarization at the Aug 2014 faculty meeting October 2014- Feedback from site visitors revealed that ELAs are not measurable enough and there is no evidence of consistent faculty involvement. ELAs not Met April 2015- Meetings to discuss SPE revisions began. Faculty will be involved, new timeline will start SPE revisions this summer focusing on revising format of SPE and rewriting the ELAs. July 2015- Discussions focusing on faculty involvement dividing into teams and committees to implement the plan when the school year begins. The revised plan includes student learning outcomes, program outcomes,	August 2013 – develop committee structure. All faculty signed up for a specific committee. The committee focus will be guided by the SPE. The plan is that each component of the SPE will be reviewed in August at the faculty meetings. The completed SPE will then be emailed to the faculty prior to the start of the school year. August 2014- Brief faculty review of SPE as part of SSR preparation. October 2014 - ACEN site visit resulted in need for improvement in the current SPE and plan. April 2015 - Received written notification from ERP and Board of Commissioners that there is a

			<p>role specific graduate competencies and ACEN standards. ELA #1 and #2 are Met. # 3 will be met in August</p> <p>August 11, 2015- Entire faculty met, reviewed SPE. All faculty chose areas of participation. All faculty will be involved in data collection for the SPE. ELA #3 met.</p> <p>1/29/2016- sixteen faculty members met at Rice Lake campus and reviewed the SPE (Standards 4 and 6). Standard 4 is on track. Standard 6 will be the focus for spring. ELA #1, 2, and 3 met.</p> <p>5/6/2016 The full faculty met at Rice Lake and reviewed the entire SPE. A majority of data is entered. ELA #1 and #3 partially met.</p> <p>The full faculty met at Rice Lake and were instructed by CMM on the process of completing the SLO documentation form, the Course Report, graduate competencies, and ACEN standards. Reports were received from all Standard Committee Chairs. ELA #2 met.</p>	<p>need for a 2 year F/U report focusing on Standard # 4 and # 6 including revisions to the SPE.</p> <p>6-16-2015 -Small faculty group and the NA reviewed and revised SPE format to make them more usable and revised the ELAs to make them more measurable. Faculty were involved in the revisions.</p> <p>July 17 2015- two faculty MM and CE and the NA met for a work day to continue to revising and updating the SPE.</p> <p>August 11 2015- All full time nursing faculty and the NA met for an entire day to better learn how to implement the plan.</p> <p>1/29/2016- Standard 6 documentation will be completed in spring 2016 by the Standard 6 committee. The Standard 6 committee is chaired by CE.</p> <p>5/6/2016 The rest of the data will be entered into the SPE on 5/12/16. The SLO documentation forms, Course Reports, and program outcomes will be entered in the SPE before the fall meetings and the results will be reviewed by the Standard 6 committee.</p>
--	--	--	---	--

6.2 Evaluation Findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision making for the maintenance and improvement of the student learning outcomes and the program outcomes

ELA#1: Data on the ACEN-required outcomes will be collected & analyzed annually by program option, location, and date of completion.

ELA#2: 100% Program revisions will be based on data and documented in the SPE.

ELA#3: Data on all SLO's will be collected & analyzed annually by program option, location, and date of completion.

ELA#4: 100% of students who complete the clinical courses will earn a 4.0 or greater in every SLO in final grading for every clinical course.

Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #6 Team PEC Nurse Administrator Research & Data Coordinator Allied Health Technician	Review each semester	Run a roster of 543-101 & 543-120 students entering by location each semester and compare to NCLEX, graduation and job placement. Review one-year graduate follow-up survey results and employer survey results. Review clinical evaluation tool for each student each semester and document mid-term and final grade on table.	August 2013- With the implementation of the new state wide curriculum, it was apparent to NA and faculty that below the line learning activities and assessments were not current. Many assessment activities were not updated in many years. All of the program outcomes have data that is available to the faculty and administration and the data is used to make decisions. As new curriculum was implemented. New SLOs were developed. These SLOs will be measured on the clinical evaluation tools. ACEN required outcome data is collected related to NCLEX and program completion, however, not broken into cohorts and inconsistent satisfaction. ELA #1 was Partially Met, ELA #2 Partially Met, and ELA #3 and 4 Not Met. Data on SLO was not aggregated and trended. December 2014- Data separated into cohorts now being collected. NCLEX rates dropped in 4 th quarter of 2014. Faculty decided learning activities and assessments did not align well with the SLOs. Site visitors concurred. Inconsistent data collection on SLOs. ELA #1 and #2 Partially Met. ELA #3 and #4 Not Met. January 2015- Faculty review revealed a lack of alignment between learning activities and assessments and the SLO. After CMM and CE conducted a literature review on curriculum alignment, we discontinued ATI products and began using HESI products. Implemented learning activities and learning assessments	2013- Priority for 2013-2014 academic year will be to update learning activities and assessments in each course. Will investigate options for standardized testing currently using ATI. 2013- While focusing on site visit preparation, will need to separate ACEN outcome data into cohorts. Will need to improve data collection on each SLO. December 2014- Developed tables for collecting and aggregated SLO data using clinical evaluation tools. Will begin data collection in July 2015. January 2015- Monitor HESI below the line activities and standardized testing for one year before making any changes.

			<p>recommended by HESI. Faculty determined that these products would provide more accurate measurement of the SLO.</p> <p>July 2015- Have developed SLO tracking process. Will add brief table to the course revision summary for all clinical courses by campus and aggregate the data. Continuing to collect data on ACEN required outcomes. NCLEX rate appears to be increasing due to changes that were implemented. Have made revisions to support increasing NCLEX rates. Have developed Employer Satisfaction Survey, Graduate Satisfaction Survey, and End-of-Program Satisfaction Survey. Satisfaction surveys will be distributed this month. ELA #1 Partially Met, ELA #2 Met, #3 and #4 Partially Met</p> <p>October 2015- The July date for survey distribution was not met because of a delay in the college's branding process. Graduate Satisfaction Surveys were sent by IE. Employer Satisfaction surveys were distributed at the Advisory Committee meeting on October 19. ELA #1 has now been met.</p> <p>January 29, 2016- 16 faculty members met at Rice Lake campus and decided SLO tracking process will need revision. CMM will be in charge of the revision. All courses have submitted course reports for Fall 2015, which include tracking of SLO for clinical courses. All students who completed the clinical course earned at least a "4.0" as a final grade in each SLO. ELA #3 and #4 have been met.</p> <p>In Fall 2015, to improve program outcomes, all students were required to remediate based on HESI score, regardless of benchmark score. As an example of a program change based on data, CMM received student feedback on HESI preparation. HESI Practice Exams were instituted for first semester students. ELA #2 met.</p>	<p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable</p> <p>July 2015- Send out all three satisfaction surveys. Schedule entire faculty meeting for August to educate faculty on SPE and data collection processes.</p> <p>August 2015- Plan to implement SLO tracking in August of 2015.</p> <p>October 2015- End-of-Program survey will be implemented in May 2016.</p> <p>January 29, 2016- Continue course reports for Spring 2016 and revise SLO Tracking Document.</p> <p>January 29, 2016 goals are met. Will continue to monitor.</p> <p>2/16/16 CMM has created the end-of-program survey in a Survey Monkey and will instruct all 4th semester faculty to place the link to the survey in 10543116 (Transitions). Plan is to implement the end-of-program survey for the first time in May of 2016.</p> <p>May 2, 2016 Still need to separate and report job</p>
--	--	--	---	--

			<p>May 2, 2016- Survey results were returned to the PD (CMM) by Institutional Effectiveness. Data reported included Graduate Satisfaction and Employment Information.</p> <p>ELA #1 partially met.</p> <p>June 24, 2016 The course “ADN Roles and Concepts (10543120)” is required for students in the PN progression option, so the names of PN progression students can be obtained from the course rosters.</p> <p>ELA #1 met</p>	<p>placement by PN progression program option.</p> <p>June 24, 2016 The names of the PN progression students will be cross-referenced with the Graduate Follow-up Survey each October and the Employer Satisfaction Survey each March.</p>
<p>6.3 Evaluation findings are shared with communities of interest.</p> <p>ELA#1: All ACEN-required outcomes will be shared with the program advisory committee annually and WTCS curriculum advisory group every three years.</p> <p>ELA #2: NCLEX results are shared with the public via the WITC website annually.</p>				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #6 Team Nurse Administrator PEC	Annually in July	Compilation of data from NCLEX (via Wisconsin Board of Nursing annual report), WITC six-month graduate survey, employer satisfaction survey and job placement data.	<p>October 2013- The 2012-2013 program outcomes were posted on the college program web page in July. The advisory committee met via ITV to all campuses. ELA #1 and #2 Met</p> <p>October 2014- The 2013-2014 program outcomes were posted on the college program web page in July. The advisory committee met via ITV to all campuses. Outcome data such as NCLEX results and job placement was shared at the meeting. The AHT emails advisory committee minutes to all committees’ members. In spring of 2014, the state curriculum committee reviewed outcome data of all system colleges. ELA #1 and #2 Met</p> <p>July 2015- Developed end of program survey, graduate survey, and employer survey to better collect satisfaction data. The 2014-2015 NCLEX-RN results and job placement results were posted on the webpage by the AHT. In addition to sharing program information with advisory committee, NCLEX information is used as a technical skills attainment measure (TSA) and shared with the WTCS office and other system colleges.</p>	<p>October 2014- Will need improved data collection on student and employer satisfaction to share with advisory committee.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable.</p> <p>July 2015- Distribute satisfaction surveys. If sufficient data, will share with advisory committee in October of 2015.</p>

	Annually in October	Review advisory committee meeting minutes to ensure that ACEN-required outcomes are shared.	<p>ELA #2 Met October 19, 2015 Advisory committee meeting held. ACEN-required outcomes were shared with attendees. ELA #1 met. 2/16/2016 CMM confirmed with TP in IE that graduate satisfaction surveys were postal mailed and emailed with a survey link in October of 2015 to Spring 2015 ADN graduates. TP confirmed that 60 responses have been received from approximately 75 graduates. June 24, 2016 The Allied Health Technician, Lisa Hall, and her assistant are updating the program website this week. The College's website is also undergoing a complete revision this summer with a Fall rollout planned. October 2016 need to make note on Advisory meeting</p>	<p>2/2/2016 Nursing department sent out Graduate Satisfaction surveys and End-of-Program surveys by postal mail to December 2015 graduates to ensure data collection. 2/9/2016 CMM spoke with TP from IE and was informed that the Employer Satisfaction Surveys will be mailed out again in March 2016. End-of-Program surveys will be added to Blackboard courses by each individual instructor via Survey Monkey in May of 2016. CMM created the survey and will provide instructions to faculty regarding the importance of inserting this into the Blackboard courses. The plan will be to share survey results with the Program Advisory Committee in October 2016. June 24, 2016 The Standard 6 Committee will examine the program website upon completion to ensure accuracy.</p>
6.4 The program demonstrates evidence of achievement in meeting the program outcomes 6.4.1 Performance of Licensure Exam ELA: The program's three year mean for the licensure exam pass rate will be at or above the national mean for this same three year period				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	
Standard #6 Team Nurse Administrator PEC	Annually in July	Compilation of data from NCLEX via Wisconsin Board of Nursing annual report	NCLEX-RN pass rates for May 2013 were: Ashland-7/10; 70% NR-11/18; 61% RL-13/16; 81.3% Superior-12/13; 92.3%	July 2013- Monitor NCLEX pass rates, investigate methods for dividing by campus.

			<p>Total-43/57; 75.4%</p> <p>PN Progression: Ashland-2/2; 100% NR-0/0 RL-0/0 Superior-0/0 Total-2/2; 100%</p> <p>ELA met.</p> <p>NCLEX-RN pass rates for 12/13 were: NR-7/8; 87.5% RL-9/10; 90% Superior-10/13; 77% Total-26/31 passed; 83.8%</p> <p>PN Progression: Ashland: 0/0 NR: 0/0 RL: 0/0 Superior: 0/0</p> <p>NCLEX-RN pass rates for 5/14 were: Ashland-6/10; 60% NR-18/22; 81.8%% RL-8/9; 88.9% Superior-17/21; 80.9% Total-49/62; 79%</p> <p>PN Progression: Ashland-0/1; 0% NR-0/0 RL-1/1; 100% Superior- 0/1; 0% Total 1/3; 33%</p> <p>ELA not met.</p> <p>January 2015-NCLEX rates dropped in 2nd quarter of 2014. Faculty believe related to curriculum and faculty turnover.</p> <p>NCLEX-RN pass rates for 12/14 were: NR-11/13; 84.6% RL-16/17; 94.1% Superior-10/15; 66.6%</p>	<p>April 2015- Due to decreasing NCLEX pass rate, plan of action sent to BON</p> <p>May 14th 2015- SBON approved action plan for NCLEX pass rates.</p> <p>January 2015- Will monitor closely NCLEX pass rates</p> <p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable</p> <p>2/2/2016 CMM and CE met to trend and aggregate NCLEX RN and PN pass rates. CMM requested additional data from Ryan Zeinert (WBON).</p> <p>2/9/2016 CMM and CE continued to trend and aggregate data. Completed for time period with the exception of PN for 5/12 graduates and Minnesota testers for 5/12 RN graduates. CMM has requested this information from Ryan Zeinert. Results will be discussed at the full faculty meeting on 2/19/2016.</p>
--	--	--	---	---

			<p>Total-37/45; 82.2%</p> <p>PN Progression: Ashland-0/0 NR-0/0 RL-0/0 Superior-3/3; 100% Total-3/3; 100%</p> <p>ELA met.</p> <p>NCLEX-RN pass rates for 5/15 were: Ashland-12/13; 92.3% NR-20/21; 95.2% RL-14/15; 93.3% Superior-16/17; 94.1% Total-62/66; 93.9%</p> <p>ELA met.</p> <p>PN Progression: Ashland-1/2; 50% NR-0/0 RL-1/1; 100% Superior-1/1; 100% Total-3/4; 75%</p> <p>ELA not met.</p> <p>NCLEX-RN pass rates for 12/15 were: NR-7/12; 58% RL-7/8; 87.5% Superior-9/10; 90% Total-23/30; 77%</p> <p>ELA not met.</p> <p>PN Progression: Ashland: 0/2=0% NR: 0/5=0% RL: 2/6=33.3% Superior: 4/6=66.7% Total- 6/19=31.6%</p> <p>ELA not met.</p> <p>June 24, 2016 The instructor for the ADN Roles and Concepts course created new competencies that would</p>	<p>2/16/2016 CMM emailed RZ to request results.</p> <p>5/2/2016 Results were reviewed. New Richmond's low rate for 12/15 was examined. The cohort comprised a number of students who had been allowed to remain in the program after 3 failures because of a special</p>
--	--	--	---	--

			<p>better align with the curriculum. The first class to use these competencies is the present Summer 2016 class.</p> <p>NCLEX-RN pass rates for 5/16 were:</p> <p>PN Progression:</p> <p>2/16/2016 National average for ADN programs from NCSBN: 2011-2013=85.91% 2012-2014=83.33% 2013-2015=80.89% WITC Average (3 year rolling vs. national average): 2011-2013= 79.0% /85.91% 2012-2014=88.4%/83.33% 2013-2015=85.45%/80.89% 2014-2016=82.86%</p> <p>5/2/16 Since the change in program leadership and the Board of Nursing's acceptance of the improvement plan, the pass rates have improved, as evidenced by the 93.9% in 5/2015. The pass rates on 2 of the 3 campuses were also improved for 12/15. New Richmond had a very low rate in comparison.</p>	<p>circumstance. This was noted. The PD is working with Academic Affairs and the faculty to reduce the allowed number of failures to 2. The Admission and Progression Committee has benchmarked with other schools and examined the literature to determine the best policy.</p> <p>June 24, 2016 We note the PN Progression results are not optimal. We will bring this to the full faculty after monitoring the progress of the class. Plan to examine pass rates in fall after Spring 2016 graduates have tested.</p>
6.4.2 Program Completion: expected levels of achievements for program completion are determined by the faculty and reflect student demographics and program options ELA: #1 70% of all generic students will complete the program within 150% (6 semesters) ELA: #2 60% of all LPN progression students will complete the program within 150% (4 semesters)				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #6 Nurse Administrator PEC	Annually in February	Compare students on 543-101 roster with students completing the nursing program within 6 semesters.	Completion rates for the academic years 2009-2011 are as follows <ul style="list-style-type: none"> FY 09= 64% FY10= 65% FY11=65% 	June 2013- Will require all non WITC/WTCS LPN progression students to successfully complete the summer ADN roles and concepts course prior to entering third semester.

			<p>2012-2013: Despite the Perkins' grant to support "ADN Professional Learning Facilitators" to tutor ADN students, our retention rate has not improved. Passing rates as a college and at individual campuses, still indicates that many students continue to fail in 10543109 Complex Health Alterations 1. We have received Perkins' grant funding for the tutoring services for the FY14 academic year, and hopefully with the additional year of focused tutoring opportunities, the retention rate will improve. The hours have been expanded to 12 hr/wk for the New Richmond, Rice Lake, and Superior campuses, and 9 hr/wk for the Ashland campus (due to smaller student numbers).</p> <p>The priority petition process was implemented in fall of 2013. We are hoping that students entering the program with higher grades in the general sciences will be more likely to succeed.</p> <p>2013- 3 of the 4 campuses (New Richmond, Rice Lake, and Superior) will admit students every semester (24 students with fall admission; 16 students with spring admission). The Ashland campus, due to lower student numbers, will only admit 16 students each fall. This configuration of course offerings will allow students the ability to reenter the program as needed every semester (as space is available) rather than once as year, as had been past practice.</p> <p>2013- LPN Progression students only start in fall semester so the 150% will be done the following January.</p> <p>2014 - Our program completion rate has increased slightly over the 3-yr average of 65% to 66.7%.</p> <p>2/9/2016 ADN completion rates within 6 semesters are as follows: Fall 2010 start –Spring 2013 completion</p>	<p>October 2014 - We will begin tracking student numbers of those students completing in 3 years. We realize that we have been tracking attrition rates and not completion rates which are</p>
--	--	--	--	---

			<p>Ashland-13/17; 76% In Ashland, 7 students did not finish within 6 semesters. Of these students, 3 students did not progress for academic reasons. 1 student also had academic issues, but was able to go on to graduate past the 6 semester mark. 1 student had a significant medical issue that left her unable to complete clinical requirements, however she also went on to graduate beyond the 6 semester mark. 1 student had academic issues and did not return, and the final student had an illness in the family which increased her home responsibilities, so she chose to job out after completing her 1st year. –TH ELA met by Ashland.</p> <p>NR-17/24; 70% In New Richmond, 7 students did not finish within 6 semesters. One completed the program in seven semesters. One became a LPN and did not return to complete the nursing program. Three were dismissed due to course failure. One left for personal reasons. One had graduated from the WITC Medical Assistant program in 1994 and appears to have come back for nursing in Fall 2010. That student only took Nursing Fundamentals and passed, but for unknown reasons did not return. -CB ELA met by New Richmond.</p> <p>RL-14/24; 58% In Rice Lake, 10 students did not finish in 6 semesters. Six did not progress past the first two semesters of the program, one of whom exited the program very early in first semester due to personal issues. The other four were not able to pass CHAI. Half of these ten students earned a C+ or lower in Fundamentals. Similarly, 50% had to repeat General and/or Advanced Anatomy and Physiology. –JO ELA not met by Rice Lake.</p> <p>Superior-11/24; 46% In Superior, 13 students did not finish within 6 semesters. Nearly all had academic problems either in Semester 1 or semester 2. 6/13 did not progress to semester 2 because</p>	<p>slightly different. Will also follow the same process to follow LPN progression students in 3 semesters.</p> <p>6-16-2015 Small faculty group reviewed and revised ELA s to make them more measureable</p> <p>July 2015- One faculty, Cate Edlebeck, is working on an approved dissertation focusing on general science grades and semesters to completion on the 4 WITC nursing campuses. Chaudette Miller is working on a dissertation proposal admission test scores, first semester nursing GPA and semesters to completion in nursing students on the 4 WITC nursing campuses. Will monitor these results and compare to our program completion.</p> <p>January 29, 2016-16 faculty met at the Rice Lake campus and determined that the PN progression program is 3 semesters long. Therefore, the ELA for program completion was raised to 4 semesters.</p> <p>2/2/2016 CMM and CE met to trend and aggregate completion time data. CMM also requested data yesterday from Jennifer</p>
--	--	--	---	--

			<p>of academic problems. 1/13 had personal, non-academic issues precluding him from continuing. 1/13 left the area because of her spouse's employment. 5/13 progressed to second semester but were subsequently dismissed for multiple course failures. –CE</p> <p>ELA not met by Superior. Total-54/89; 60.6% ELA not met by program.</p> <p>Spring 2011 start-Fall 2013 complete NR-13/16; 81% In New Richmond, three students did not finish within six semesters. One became a LPN after completing the first two semesters, but was not academically strong and withdrew in third semester. One failed fundamentals and left the program. One did well in the pre-nursing courses, but withdrew from most of the first semester courses and did not complete the program for unknown reasons.-CB</p> <p>ELA was met by New Richmond. RL-10/15; 66% In Rice Lake, 5 students did not finish in six semesters. One was dismissed after failing all but one of the first semester courses. This student also repeated Advanced Anatomy and Physiology. Three students were not able to progress through third semester, withdrawing from or failing both CHAI and ICP. The final student was dismissed in fourth semester after failing to disclose a new criminal background check discrepancy. - JO</p> <p>ELA not met by Rice Lake. Superior-8/22; 36% In Superior, 14 students did not finish within 6 semesters. However, 6 of these were repeaters from the previous semester and continued to have academic problems. 2 of the 6 progressed to second semester but were subsequently dismissed for academic reasons. 1 of the 14 was dismissed after failing all first semester courses. 3 were not successful in first semester and did not return. 1 had physical problems that made clinical</p>	<p>Kunselman (Institutional Effectiveness) regarding completion within 6 semesters. The data arrived without a campus identifier and is now being re-queried.</p> <p>2/9/2016 CMM and CE trended and aggregated data regarding completion within 6 semesters. Results will be discussed with full faculty on 2/19/2016.</p> <p>2/16/2016 CMM and CE trended and aggregated data on PN completion within 4 semesters. Results will be discussed with full faculty on 2/19/2016. Noted very low completion rates in F15. Possibly consider adding rigor to 10543120 (ADN Roles and Concepts). Will forward results to the curriculum committee.</p> <p>3-2-2016 CE compiled campus-specific lists of students who did not finish within 6 semesters. CB, JO, TH, and LC are investigating individual reasons for non-completion within 6 semesters.</p> <p>5/6/2016 in an effort to increase NCLEX-RN pass rates, the program is planning to decrease the number of failures allowed. We realize that this may have a negative effect on our program completion rates. We will</p>
--	--	--	---	--

			<p>difficult for him and decided to withdraw and not return. –CE ELA not met by Superior. Total-31/53; 58.5% ELA not met by program.</p> <p>Fall 2011 start-Spring 2014 complete Ashland-9/16; 56% In Ashland, 7 students did not finish within 6 semesters. Of those students 4 students did not move on due to academic reasons. They moved out of the area, and did not continue with the program. 1 student switched to a paramedic program after one semester and relocated. 1 student was unable to continue due to personal issues, and the final student chose to job out after completing 2 semesters and work as an LPN. -TH ELA not met by Ashland. NR-14/23; 61% In New Richmond, nine students did not finish within six semesters. One completed the first two semesters, became a LPN and did not return. Five either withdrew or failed courses at various points in the program with two of those students being dismissed. One withdrew from the nursing program, changed to the Medical Assistant program from which she graduated in 2013. One registered and withdrew very early in the semester for unknown reasons. One left the program for health reasons. -CB ELA not met by New Richmond. RL-17/24;70.8% In Rice Lake, 7 of 24 students did not finish within 6 semesters. One did not return to the program after failing Fundamentals. Two were not able to complete second semester with one leaving the program and the other dismissed. Two were able to complete the first year of the program despite the need to repeat Fundamentals or ICCM and then opted not to begin third semester. One was not able to pass third semester</p>	carefully monitor the completion rates for this effect.
--	--	--	--	---

			<p>coursework. The final student opted to job out and work as an LPN for two years after successfully completing the first year of the program. The student returned and graduated from the ADN program in May 2015. - JO</p> <p>ELA met by Rice Lake.</p> <p>Superior-16/25; 64%</p> <p>In Superior, 9 students did not finish within 6 semesters. One was a repeater from the previous semester who had academic problems and did not return for second semester. 6 progressed to second semester, where they were not successful, although one student who worked full time throughout school eventually graduated. -CE</p> <p>ELA not met by Superior.</p> <p>Total-56/88; 63.6%</p> <p>ELA not met by program.</p> <p>Spring 2012 start-Fall 2014 complete</p> <p>NR-7/15; 47%</p> <p>In New Richmond, nine students did not finish within six semesters. Two completed the first two semesters, became a LPNs, returned with one of them dropping out in third and the other dropping out in fourth due to academic struggles and both decided to remain a LPNs. One completed the first three semesters, had some personal problems, applied to take the LPN exam but appears to have had some discrepancies, never took the LPN exam and did not return to the nursing program. One who had registered and withdrew early in the first semester in Fall 2011 did the same thing this semester, again for unknown reasons. Two were very weak academically with one of them failing most of the first semester courses and not returning and the other being dismissed. One did well in the pre-nursing courses, but withdrew during first semester for unknown reasons. Two left the program due to health issues.-CB</p> <p>ELA not met by New Richmond.</p> <p>RL-7/15; 53.8%</p>	
--	--	--	--	--

			<p>In Rice Lake, 7 students did not complete within 6 semesters. One did not return after failing Fundamentals. One opted not to continue after completing the first year of the program. One decided she wanted to change majors shortly after beginning third semester coursework. She dropped all but one course and transferred to UW Stout the following semester. Four others did not pass third semester courses. One withdrew from all third semester courses. Another opted out of the program due to personal issues. A third failed ICP and opted not to return, due in part to health concerns. The fourth was dismissed after failing CHAI twice. -JO</p> <p>ELA not met by Rice Lake. Superior-10/18; 55.5% In Superior, 8 students did not finish within 6 semesters. 3 of these were students who had been unsuccessful in the previous semester. 2 of those 3 made it into second semester and did not progress due to academic problems. Of the other 5, 1 progressed to 3rd semester and 1 to 4th semester. Time management problems prevented one from graduating, while the other had significant family responsibilities. -CE</p> <p>ELA not met by Superior. Total-25/48; 52% ELA not met by program.</p> <p>Fall 2012 start-Spring 2015 complete Ashland-11/16; 69% In Ashland, 5 students did not finish within 6 semesters. Of these 5, 1 student withdrew after 2 weeks, 3 more did not continue after semester 1 due to academic reasons, and 1 student transferred campuses to be able to complete the program. -TH</p> <p>ELA not met by Ashland. NR-17/24; 71% In New Richmond, six students did not finish within six semesters. One completed the first two semesters,</p>	
--	--	--	--	--

			<p>became a LPN and did not return. One was an LPN progression student who could not pass CHA1 (English was her second language and this may have contributed to her difficulty passing the course). One failed all first semester courses and did not return. One withdrew from all first semester courses for unknown reasons and did not return. One did well in first semester courses, but did not return for unknown reasons. One did not finish due to health reasons.-CB</p> <p>ELA met by New Richmond. RL-13/23; 57% In Rice Lake, 10 students did not finish within 6 semesters. One withdrew from all first semester courses when her family moved. Another failed Fundamentals. Although she passed her second attempt, she did not register for second semester courses for unknown reasons. A third student opted not to return after struggling with second semester courses. Four were dismissed from the program: one in the third semester of the program and three in the second semester of the program. Three opted out of the program due to personal or family health concerns, one of whom returned a few semesters later and is anticipating graduating in May 2016. -JO</p> <p>ELA not met by Rice Lake. Superior-14/20; 70% In Superior, 6 students did not finish within 6 semesters. 2 were students who had failed academically in 1st semester. 2 progressed to 2nd semester, where they were dismissed for academic failures. 1 progressed to 3rd and was dismissed for academic failure. 1 had personal problems and did not register for classes in several semesters. -CE</p> <p>ELA met by Superior. Total-55/83; 66% ELA not met by program.</p> <p>Spring 2013 start-Fall 2015 complete</p>	
--	--	--	---	--

			<p>NR-13/18; 72% In New Richmond, five students did not finish within six semesters. One was the same LPN progression student from the previous semester with the language barrier who could not pass CHA1. She still was not able to pass CHA1 and was dismissed. One was a very weak student who was returning after having been dismissed and was dismissed again. One withdrew from the nursing program and changed to a different WITC program. One withdrew at the start of the semester, re-petitioned and restarted in Spring 2015, and is currently on track. One withdrew during fourth semester due to health reasons and has not been able to return.-CB ELA met by New Richmond.</p> <p>RL-8/13; 61.5% In Rice Lake, 5 students did not finish within 6 semesters. One was dismissed after forging the signature of a nurse she shadowed for a second semester course. One withdrew from all first semester courses except Pharmacology and opted not to re-enter for unknown reasons. A third was not able to pass third semester ICP. Her academic progress was complicated by health issues. Two others started the program in Fall 2012 and retook Fundamentals in Spring 2013 (counted again here): one did not register for second semester courses for unknown reasons; the other was dismissed in the second semester of the program. -JO ELA not met by Rice Lake.</p> <p>Superior- 8/17; 47% In Superior, 9 students did not finish within 6 semesters. 1 student was repeating after academic failure in the previous semester. One student died. 4 were dismissed after multiple academic problems in second semester. 1 was dismissed in 3rd semester after failing the same course twice. 2 were unable to pass first semester courses.-CE ELA not met by Superior.</p> <p>Total-29/48; 60.4%</p>	
--	--	--	--	--

			<p>ELA not met by program.</p> <p>Total S10-S15=248/409; 60.6% During the reporting period Fall 2010-Fall 2015, the ELA was met once by Ashland, three times by New Richmond, once by Rice Lake, and once by Superior.</p> <p>New data as of Spring 2016 Fall 2013 start-Spring 2016 complete Ashland-10/14=71.4% New Richmond-21/24=87.5% Rice Lake-17/24=70.8% Superior-17/25=68% ELA met in Ashland, NR and RL. Total-65/87=74.7% ELA met by program.</p> <p>PN to RN progression rates within 4 semesters are as follows: Summer 2011 start-Fall 2012 complete Ashland-2/2; 100% NR-0 RL-0/1; 0% Superior-3/3; 100% Total-5/6; 83% ELA met in Ashland and Superior. Summer 2012 start-Fall 2013 complete Ashland-2/2; 100% NR-0 RL-0 Superior-0/1; 0% Total-2/3; 67% ELA met in Ashland. Summer 2013 start-Fall 2014 complete Ashland-1/2; 50% NR-0/1; 0% RL-1/3; 33%</p>	
--	--	--	---	--

			<p>Superior-3/3; 100%</p> <p>Total-5/9; 55%</p> <p>ELA met in Superior.</p> <p>Summer 2014 start-Fall 2015 complete</p> <p>Ashland-2/2; 100%</p> <p>NR-0</p> <p>RL-1/2; 50%</p> <p>Superior-1/3; 33%</p> <p>Total-4/7; 57%</p> <p>ELA met in Ashland.</p> <p>During the reporting period Fall 2010-Fall 2015, the ELA was met three times by Ashland, none by New Richmond, none by Rice Lake, and twice by Superior.</p> <p>Will have data on Summer 2015-Fall 2016 in December 2016</p>	
6.4.3 Graduate Program Satisfaction: Qualitative and quantitative measures address graduates 6 to 12 months post-graduation ELA #1: 90 % of the responses on the graduate satisfaction survey to the question (Please rate your overall satisfaction with your nursing education at WITC) will be either prepared or very well prepared.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
<p>Standard #6</p> <p>Nurse Administrator</p> <p>PEC</p>	Annually in summer	AHT will send out surveys in summer and will collect, collate and tabulate results. PEC will review results and make recommendations for change if needed.	<p>2013: Graduate Satisfaction</p> <p>96.4% of ADN graduates reported that they were either “satisfied” or “very satisfied” with their WITC ADN program at the Six-Month Graduate Follow-Up Survey, completed with the most recent graduates from FY13.</p> <p>July 2013: Data was collected by WITC for the 2011-2012 academic year and result were posted to the website. The results are not broken down by program. WITC only collects graduate satisfaction data every 4 years as required by the state.</p> <p>July 2014: Preparing for site visit, reveals that the college satisfaction survey was not able to be broken out by program.</p>	<p>October 2014 Will investigate the process of creating a nursing program-specific survey.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable.</p> <p>July 2015: Send out both program specific graduate follow up and graduate satisfaction surveys. Will monitor results and compare to ELA.</p> <p>January 29, 2016-CMM and AHT will mail additional Graduate</p>

			<p>October 2014: Also noted by the site visitors, needed more program specific satisfaction data.</p> <p>July 2015: Developed program specific graduate follow up survey. Students will receive the end of program survey the last day of school. Alumni will receive the graduate satisfaction survey 6-12 months after they graduate.</p> <p>January 29, 2016- CMM spoke with IE and found that in October of 2015, Graduate Satisfaction surveys were sent to graduates from Fall 2014 and Spring 2015.</p> <p>2/16/2016 CMM spoke with TP in IE noted that 60 surveys had been received back. Nursing program awaiting results from IE.</p> <p>3/4/2016 Graduate Program Satisfaction Surveys were collected between October and March. The survey was closed March 1 with > 80% responses. IE is collating that data.</p> <p>5/2/2016- Data received from IE Percent responding either “very well prepared” or “well prepared” on the Graduate Satisfaction Survey. May 2015 graduates surveyed in fall 2015 (n=</p> <p>Ashland: 70% New Richmond: 94.7% Rice Lake: 68.7% Superior: 85.7% ELA met in New Richmond</p> <p>December 2015 graduates surveyed in spring 2016 (n=:</p>	<p>Satisfaction surveys this coming week to students that have not yet responded.</p> <p>2/16/2016 CMM will continue to ensure that graduate satisfaction surveys are mailed twice yearly. CMM and CE will meet to examine data results when data is available.</p> <p>3/4/2016 IE will notify CMM of the results.</p> <p>5/2/2016 will need to re-evaluate ELA as it may not be a realistic percentage.</p> <p>5/12/2016 include “prepared”, “well-prepared”, and “very well-prepared” in the totals.</p> <p>June 24, 2016 We will await survey for this cohort which will be sent October 2016.</p>
--	--	--	--	--

			Ashland: N/A New Richmond: 70% Rice Lake: 75% Superior: 54.5% ELA not met	
6.4.4 Employer Program Satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry level positions 6 to 12 months post-graduation ELA #1 90% of the employers responding to the survey will rate the graduate at 3 or above in response to the first question “The graduate was prepared for their first nursing position”.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #6 Nurse Administrator PEC	Annually in summer	AHT will send out surveys in summer and will collect, collate and tabulate results. PEC will review results and make recommendations for change if needed.	<p><u>2013: Employer Satisfaction</u> Employer satisfaction on the most current employer survey (2013) indicates that 100% of employers responding to the survey rated their satisfaction level with ADN program graduates as “very satisfied” or “satisfied”.</p> <p>July 2014- Data was collected by WITC for 2013-2014 employer satisfaction survey and results were posted to the website.</p> <p>October 2014: ACEN site visitors recommend more program specific employer satisfaction.</p> <p>July 2015: Developed program specific employer satisfaction survey. Plan is to mail this out every summer. ELA Not Met</p> <p>November 2015 100% of the employers present at the Advisory Committee meeting in October completed surveys. The total response was 19/30, or 63%. 19/19 (100%) of employers rated WITC ADN graduates at 3 or above in response to the question, “The graduate was prepared for their first nursing position”. ELA met.</p>	<p>July 2014: Investigate how to collect more program specific information</p> <p>6-16-2015: Small faculty group reviewed and revised ELAs to make them more measureable.</p> <p>July 2015: Mail out employer satisfaction survey. Will monitor results and compare to ELA.</p> <p>August 2015 CMM met with IE to brand the survey to WITC format. Plan is for IE to mail surveys in March and August of each year.</p> <p>October 2015 In an effort to gather data that may have been missed in the previous year, CMM requested that employers who attended the Advisory Committee meetings complete surveys on recent WITC hires.</p>

			<p>2/9/2016 CMM spoke with TP from IE and was informed that the Employer Satisfaction Surveys will be mailed out again in March 2016.</p> <p>2/16/16 CMM spoke with Institutional Effectiveness and was informed that 60 responses have been received. CMM and CE identified a need to improve and streamline the process of collecting data regarding employer satisfaction. Information needed is who is going to send the surveys, when the surveys will be sent, and how the nurse administrator will receive the data.</p> <p>May 2, 2016 Data received by CMM from Institutional Effectiveness. Response to statement "The graduate was prepared for their first nursing position". All campuses: 48/48=100% Ashland: 7/7=100% NR:15/15=100% RL: 14/14=100% Superior:12/12=100% ELA met for program</p>	<p>2/9/2016 CMM will remain in communication with IE to ensure that surveys are disseminated according to the timeline.</p> <p>May 2, 2016 we have completed one Employer Survey. Will await results of second survey in October of 2016.</p>
<p>6.4.5 Job Placement Rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures 6 to 12 months post-graduation</p> <p>ELA #1: 70% of nursing program survey respondents will be employed in nursing or in a BSN program within 1 year of graduation.</p>				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions
Standard #6 Team Nurse Administrator PEC	Annually in July		<p>2012-2013: Survey sent by college showed Ninety-eight percent (98%) of the responding 2012-2013 graduates were employed as a RN within six months of graduation. The average yearly salary is \$49,359. This continued high level of employment of our graduates is indicative of an appropriately large program student/graduate population. Our 2006 expansion grant continues</p>	<p>July 2014: Previous two year employment has been good not action at this time.</p> <p>6-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable.</p>

			<p>to meet nursing professional needs in the district, and despite lack of grant funding to support the funding any longer, this high number indicates the need for continued college financial support for the program size. ELA met.</p> <p>July 2014: Data collected by the college showed: WITC Nursing - Associate Degree Graduate Survey Responses 2013-2014</p> <table><tr><td>Number of graduates</td><td>93</td></tr><tr><td>Number of responses</td><td>75</td></tr><tr><td>Number available for employment</td><td>75</td></tr><tr><td>Number employed</td><td>74</td></tr><tr><td>Percent employed</td><td>99%</td></tr></table> <p>The average salary for this time was 55,594</p> <p>July 2015: In an effort to collect data on initial employment, a question was added to the new graduate follow-up survey. “Was your first nursing job in acute or long term care and was it for the number of hours you wanted?”</p> <p>May 2, 2016 Data received from IE on both ELA #1 and ELA #2. 2015-2016 percent employment by campus All campuses: # graduates: 110 # respondents: 99 # available for employment: 95 # employed: 95 # in related field: 94/99=95% ELA #1 met for program and at all campuses.</p> <p># graduates/respondents: Ashland 15/14 NR 34/30</p>	Number of graduates	93	Number of responses	75	Number available for employment	75	Number employed	74	Percent employed	99%	<p>July 2015: Will send out survey and examine data from this survey and the college.</p> <p>May 2016 Continue to monitor employment rates of graduates to determine status of our graduate job seeking success.</p>
Number of graduates	93													
Number of responses	75													
Number available for employment	75													
Number employed	74													
Percent employed	99%													

			<p>RL 35/32 Superior 26/23</p> <p># available for employment/employed: A 13/13 NR 29/29 RL 31/31 Superior 22/22</p> <p># related field: A 12/14=93% NR 29/30=97% RL 31/32=97% Superior 22/23=97% ELA #1 met on all campuses.</p> <p>Answer to the question, "Was your first nursing job in acute or long term care and was it for the number of hours you wanted?" Program: 90 total (51 acute, 33 long-term, 6 other) 68/85=80%</p> <p>May and December 2015 graduates A: 9 total (4 acute, 3 long-term, 2 other) all working desired # of hours= 100% NR: 29 total (14 acute, 12 long-term, 3 other) 18/26 who answered working desired # of hours=69% RL: 28 total (19 acute, 9 long-term) 22/27 who answered working desired # hours=81% Superior: 24 total (14 acute, 9 long-term, 1 other) 19/23 who answered working desired # of hours=83%</p>	
Measurement of Student Learning Outcome Data ELA: 100% of nursing students who complete each clinical course will earn a 4.0 or greater in every SLO in the final grading period.				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions

Standard #6 Team Nurse Administrator PEC	Each semester in December and May	<p>Numbers of students who pass or do not pass each SLO will be documented each semester on the course revision summary</p> <p>Review of Numbers of students per course will be documented looking at each campus cohort.</p> <p>The clinical courses are: 543-104 543-107 543-108 543-111 543-115 543-116</p> <p>Data collection from the SLO Tracking Tool</p>	<p>Fall 2013: New system wide curriculum was implemented at WITC on all campuses. There are new end of program outcomes with the new curriculum. These end of the program outcomes will be used as the nursing program SLOs.</p> <p>Spring 2014 SLOs were leveled into the clinical courses. The SLOs are identical in each clinical course and then the criteria that measure that SLO are different based on the expectations of the course/clinical. This strategy builds increasing complexity for the student resulting in repeated measurement of the SLOs through the curriculum.</p> <p>Fall 2014 - Measuring SLOs in each clinical course, however at this time we were not collecting this data and aggregating it over time. Site Visitors recommended improvement.</p> <p>June 2015 - Currently in order to collect data, the NA or faculty need to look at individual student clinical evaluations. Developed tracking tool to add to the course revision summaries to expedite data collection.</p> <p>August 11, 2015- Scheduled a whole faculty meeting to work with faculty about the SPE revisions, and collection of data related to the SLOs.</p> <p>January 29, 2016 Sixteen faculty met and revised the Course Outcome Summary, which is now called the Course Report. The Course Report includes data on student achievement of SLOs in each clinical course. 100% of students who completed a clinical course earned a 4.0 or greater for the final course evaluation. ELA has been met.</p>	<p>August 2013: Will explore using the SLOs as the course competencies for the clinical courses, and as the basis for the grading tools on the final evaluation forms in all clinical courses.</p> <p>Review and consider revising the grading scale from a 0, 2,3,4,5 to a 0,2,4,5 scale. Students who receive 2s in clinical course have not mastered the SLO and will not be able to progress.</p> <p>Fall 2014: Implemented new grading scale and clinical evaluation tool utilizing SLOs. Will continue to monitor for one year to see if any changes need to be made.</p> <p>June -16-2015 Small faculty group reviewed and revised ELA to make them more measureable. Also at this time an additional page was added to the SPE to document data related to the SLOs and the Graduate Role Competencies.</p> <p>July 2015 -Now that the SLOs will be measured on the clinical evaluation tools, we will begin to collect data on students who do not pass the SLOs and record them on the course revision</p>
--	-----------------------------------	--	---	--

			<p>3/4/2016 An SLO tracking tool was developed to track achievement of the SLOs in clinical courses.</p> <p>5/2/2016 CMM gave instructions to the entire faculty on completing the SLO document and Course Report.</p> <p>5/12/2016 Data was received by CMM at the full faculty meeting. Each clinical instructor submitted an SLO tracking tool. In looking at data for the students' final semester, 100% of the students who completed the last clinical course received at least a 4.0 in every SLO. ELA #1 has been met.</p>	<p>summary at the end of each semester to help us aggregate data over time.</p> <p>August 11-2015 - While introducing the SPE to the faculty, also introduced the changes to the Course Revision Summary.</p> <p>2/16/2016 Standard 6 Committee will continue to monitor SLO attainment as tracked on the Course Report for each clinical course.</p> <p>3/4/2016 At the May meetings, the full faculty will aggregate data on SLO attainment for clinical courses.</p> <p>5/2/2016 all faculty will report to the 5/12 meeting with the SLO document completed.</p> <p>5/12/2016 the reasons for completing the SLO tracking tool were reviewed with faculty. Will continue to monitor this each semester.</p>
<p>Measurement of Graduate Role Competencies</p> <p>Graduate Role Competencies in the Nursing Program at WITC will be: 1) Passing grade on the final Nursing Capstone course 543-116, and 2) a HESI score of 900 or greater on the final graduate RN exit exam.</p> <p>ELA#1: 100% of nursing students who demonstrate graduate role competence will receive 80% or greater in 543-116.</p> <p>ELA#2: 100% of nursing students who demonstrate graduate role competence will earn a 900 on the HESI RN Exit Exam or successfully remediate.</p>				
Responsible person	Frequency of Assessment	Assessment methods	Results of Data Collection & Analysis	Actions

Standard #6 Team Nurse Administrator PEC	Each Semester Will review rosters with each graduating class and each cohort.	<p>Review of 543-116 course grade rosters to determine if any of the students received a non-passing course grade.</p> <p>Review of HESI score results for the RN Exit exam. Identify anyone with a score of <900 and identify method of remediation for anyone who scores <900.</p> <p>Correlate HESI scores/remediation to NCLEX success.</p>	<p>2014 Graduate role competencies identified. We see very few people who do not pass the 116 course. It is the capstone course and students have completed all other requirements.</p> <p>2014- Faculty are aware of what students need to achieve in order to be competent after graduation. We have the capstone course which incorporates all previous competencies and allows the student more independence as they transition to a new hire. However, we do not aggregate, and analyze the collected data. ELAs not met</p> <p>2014 - We were using the ATI comprehensive program including the Graduate Predictor exam. However, faculty were not happy with the remediation package and we were not happy with the correlation of the predictor exam with NCLEX pass or fail. We could not adequately predict and remediate high risk students.</p> <p>January 2015 -Changed standardized testing companies. Switched to HESI products. Will follow results as they are available.</p> <p>June 2015 - 100% of the May 2015 graduates on all campuses achieved at least 80% as a final course grade for 543-116. ELA #1 Met</p> <p>August 2015- 100% of May 2015 graduates on all campuses earned either > 900 on the HESI RN Exit Exam or remediated successfully. ELA #2 met.</p> <p>January 2016- 100% of December 2015 graduates on all campuses achieved at least 80% as a final course grade for 543-116. ELA #1 met.</p>	<p>2014 Begin to start collecting data on graduate role competencies and analyze data.</p> <p>January 2015 Implement HESI testing products. Track student scores and success on standardized test - particularly the RN Predictor.</p> <p>June-16-2015 Small faculty group reviewed and revised ELAs to make them more measureable. Also at this time an additional page was added to the SPE to document data related to the SLOs and the Graduate Role Competencies.</p> <p>June 2015- CE reviewed rosters and grades for 543-116 on all campuses for the May 2015 graduates.</p> <p>August 11-2015 will introduce data collection for graduate role competencies to the faculty teaching the capstone course. Will improve documentation of graduate role competency data.</p> <p>August 2015- CE reviewed rosters, HESI scores, and remediation hours for the May 2015 cohort. Document created and uploaded into Standard 6 folder on The Connection.</p>
--	--	---	--	--

			<p>January 2016-100% of December 2015 graduates on all campuses earned either >900 on the HESI RN Exit Exam or remediated successfully. ELA #2 met.</p> <p>6/24/16 100% of May 2016 graduates on all campuses achieved at least 80% as a final course grade for 543-116. ELA #1 met.</p> <p>6/24/2016 100% of May 2016 graduates on all campuses earned either >900 on the HESI RN Exit Exam or remediated successfully. ELA #2 met.</p>	<p>January 2016- CE reviewed rosters and grades for 543-116 on all campuses for the December 2015 graduates.</p> <p>January 2016-CE reviewed rosters, HESI scores, and remediation hours for the December 2015 cohort. Document created and uploaded into Standard 6 folder on The Connection.</p> <p>June 24, 2016 CMM and CE reviewed 5/2016 Course Reports for all campuses. CE reviewed rosters, HESI scores, and remediation hours for the May 2016 cohort. Document created and uploaded into Standard 6 folder on The Connection.</p>
--	--	--	--	---

ADN

Program Review

Follow-up Report

2015

The problems identified in our Program Review and plan:

- For the Follow-Up Report the program must document improvements in the curriculum evaluation and assessment process.
- Specifically, the student learning outcomes assessment process must be a more mature process that includes benchmarks for success and an evaluation of the data from assessment activities.
- Faculty must be fully integrated into the assessment process and be the driving force when making changes to increase student learning of the established outcomes.
- Changes to the program that address these deficiencies were started in October, 2014 and are continuing. These changes in practice should bring the program into compliance and remove the conditions placed on the program.

The nursing education unit must show a plan to comply with Standards 4 and 6 in a follow-up report due in February, 2017 ACEN which is the accrediting body.

The following has completed to improve the program:

STANDARD 4

Curriculum

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

Introduction

The Wisconsin Indianhead Technical College (WITC) nursing program uses a standardized curriculum that was initially developed by the 16 colleges of the Wisconsin Technical College System (WTCS). The meetings to begin this standardized curriculum began in August 2001 and the first of the standardized courses were offered in fall of 2004. Ongoing curriculum review and revision has taken place since the standardized nursing courses were initially offered. A state curriculum committee has faculty and manager representatives from each college and meets several times per year.

WITC has two program options; generic ADN and LPN progression. All program options are offered on each of the four campuses; Ashland, New Richmond, Rice Lake, and Superior. The findings of data collection are used to make program decisions such as course offerings, learning activities, assessment methods, program policies and schedule changes. The curriculum is divided into what is termed "Above the Line Curriculum" (ATL) and "Below the Line Curriculum" (BTL). Above the Line includes the standardized program mission and vision statements, philosophy, conceptual framework, equivalent admission requirements, course titles, course numbers, course descriptions, course pre-requisites, and course competencies. The "Above the Line" components are standard in all nursing

programs in the WTCS and may not be changed without completing the statewide process for curriculum change.

The “Below the Line Curriculum” consists of learning objectives, learning activities, course materials including textbooks, delivery methods, and assessment activities. All of the “Below the Line” components may be unique to the college and be changed at any time the program chooses. Please refer to “Comparison of Above-The-Line/Below-The-Line Curriculum” (Appendix B). Therefore, the documentation in Standard 4 of this report contains information on both the portion of the curriculum that is standardized, and the portion of the curriculum that is unique to the college. More recently, the faculty and Dean of the WITC nursing program collaborated with faculty/administrators from the 15 other technical colleges in Wisconsin to develop, review, and revise the plan for the WTCS nursing curriculum. The newly revised curriculum was implemented at WITC in **Fall 2013**.

The program has identified end of program student learning outcomes. Nursing faculty at WITC recognize the importance of the curriculum building to the identified student learning outcomes. After the most recent accreditation visit in **Fall 2014**, the site visitors found that the curriculum needed to more clearly articulate the student learning outcomes (SLOs). The visitors also noted that the faculty needed to better utilize the SLOs to guide the delivery of instruction, to direct learning activities, and to evaluate student progress.

In **November 2014**, the Vice-President for Academic Affairs, along with the Dean attended the full faculty meeting to discuss the site visitors’ preliminary report and to reassure the faculty that the college would provide ongoing support. The final notification of the accreditation was received from ACEN in **March 2015**. After the formal report was received, a full faculty meeting was held to discuss the site visitors’ report and the needed curricular revisions. The Dean, who is the program’s Nurse Administrator, also addressed the need for faculty involvement in addressing the needed curricular improvements. At this time, the full faculty acknowledged the importance of the SLO in curricular implementation and improvement.

In **June 2015**, a small group of faculty, a consultant, and the Dean met and began to establish measurable goals for ensuring that the curriculum builds to the SLOs. Because the WITC nursing program was not in compliance with Standard 4 criteria 4.2 and 4.3, a follow-up report was required. With faculty input and advice from the consultant, a Timeline for Follow-Up Report for the completion of the required follow-up report was developed. Please refer to the “Timeline for Follow-Up Report” (Appendix C).

Following the **Fall 2014** site visit, the faculty and leadership of the nursing program implemented evidence-based changes to learning activities, course materials, delivery methods, and assessment activities. The changes were designed to better articulate and ensure student achievement of the SLOs.

Examples of “Below-the-Line” changes included adoption of leveled case studies, NCLEX style adaptive and mastery quizzes, and HESI Practice exams in every course. The program also increased the use of benchmarks for standardized HESI Specialty and Exit exams in every course and added individualized remediation for each learner. Each activity was examined and selected based on relevancy to ensuring achievement of the SLOs.

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

In the most recent curriculum revision, attention was given to the incorporation of corporate national professional components. At the state curriculum meetings there was lengthy discussion to decide which professional standards would be used. Quality and Safety Education for Nurses (QSEN), the Institute of Medicine (IOM), National Council Licensing Exam (NCLEX) detailed test plan, Joint Commission National Patient Safety Goals, Healthy People 2020, the American Nursing Association (ANA) Standards and Code of Ethics, Wisconsin Administrative Code, Wisconsin State Nurse Practice Act were determined to be the most important standards to incorporate in developing and revising the curriculum. These national professional standards were first incorporated into the program’s mission, vision, and philosophy statements. In addition, as the SLOs were developed, these national standards were included. Please refer to Table 4.1A: “Verification of National Standards in Development of SLOs”.

Table 4.1A Verification of National Standards in Development of SLOs	
Student Learning Outcome	National Professional Standards
SLO 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 EBP, caring advocacy and quality care.	QSEN (Evidence-based Practice), NCLEX-RN Test Plan (Ethical Practice and Legal Responsibility), NLN Competencies (Ethics, Integrity, and Professional Identity)
SLO 2 Demonstrate appropriate written, verbal & nonverbal communication in a variety of contexts.	NCLEX-RN Test Plan (Communication and Documentation), Wisconsin Administrative Code (N-1.06)
SLO 3 Integrate social, mathematical and physical sciences, pharmacology & pathophysiology in clinical decision making.	QSEN (Evidence-based Practice), NCLEX-RN Test Plan (Pharmacologic Therapies and Reduction of Risk Potential), National Patient Safety Goals (Safety), NLN Competencies (Nursing Judgement)
SLO 4 Provide patient centered care by utilizing the nursing process across diverse populations and health care settings.	QSEN (Patient-centered Care), NCLEX-RN Test Plan (Nursing Process), NLN Competencies (Patient Centeredness), Healthy People 2020 (Health Across Life Stages)
SLO 5 Minimize risk of harm to patients, members of the HC team and self through safe individual performance and participation in system effectiveness.	QSEN (Safety and Quality Improvement), NCLEX-RN Test Plan (Safety and Infection Control, Reduction of Risk Potential), Healthy People 2020 (Health Care-Associated Infections)
SLO 6 Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan.	QSEN (Teamwork and Collaboration), NCLEX-RN Test Plan (Management of Care, Delegation), Healthy People 2020 (Education and Community-based Programs)
SLO 7 Use information and technology to communicate, manage data, and mitigate error and support decision making.	QSEN (Informatics), NCLEX-RN Test Plan (Information Technology), NLN Competencies (Spirit of Inquiry), Healthy People 2020 (Health Information Technology)

The next step in curriculum revision was the inclusion of national professional standards in each course. The following table represents example of national professional standards in each nursing course. Please refer to Table 4.1B: “Examples of Professional Standards, Guidelines, and Competencies in Nursing Courses”.

Table 4.1B	
Courses	Examples of Professional Standards, Guidelines, and Competencies in Nursing Courses
Fundamentals 543-101	State Nurse Practice Acts, ANA Code of Ethics, HIPAA, NCLEX Licensure Exam, professional nursing associations, CDC Standards, IOM, NANDA, ADA Standards, Braden Scale, WHO Analgesic Ladder and Pain Standards, Patient Bill of Rights, OSHA/COBRA, ADA Standards
Skills 543-102	AHA Hypertension Standards, CDC Standards and Isolation Precautions, Nursing Standards and scope of practice, HIPAA Precautions, OSHA, Joint Commission National Safety Goals
Pharmacology 543-103	Nursing Standards and scope of practice related to medication administration including IVs, AHA Hypertension Standards, ADA Standards
Introduction to Clinical Practice 543-104	OSHA/COBRA, CDC Infection Control Guidelines, ANA Code of Conduct, QSEN-Patient-centered Care, Safety, Infection Control, and decrease of risk potential, State Nurse Practice Acts, Patient Bill of Rights, Collaboration with Other Disciplines
Health Alterations 543-105	State Nurse Practice Acts, HIPAA, NCLEX, ANA Standards of Care, Licensure, Nursing Scope and Standards of Practice, ANA Code of Ethics, QSEN-Patient-Centered Care, AORN Perioperative Standards, American Cancer Society Screening Standards, and National Safety Goals
Table 4.1B (CONTINUED)	
Courses	Examples of Professional Standards, Guidelines, and Competencies in Nursing Courses
Health Promotions 543-106	Health Screening Guidelines and Immunizations, ANA Code of Ethics, CDC Guidelines, HIPAA, Patient Bill of Rights, National Safety Goals, FLACC Newborn Pain Scale, Fall Assessment Scale, Cancer Screening Recommendations, Depression Screening Scales, Healthy People 2020
Clinical Care Across Lifespan 543-107	Ballard Score for Newborn Assessment, Denver Developmental Screening, Pediatric Home Environment Safety Assessment, Geriatric Home Safety Assessment, Motivational Interviewing principles, Joint Commission National Safety Goals, Immunization Guidelines for Prevention of Infection, Nursing Standards and Scope of Practice, QSEN, Healthy People 2020
Introduction Clinical Management 543-108	CDC Infection Control and Safety Guidelines, State Nurse Practice Acts, Joint Commission National Safety Goals, core measures for DVT prevention, Surgical Care Prevention, Braden Scale Assessments, Fall Risk Assessments, fall prevention protocols, and National Safety Guidelines
Complex Health Alterations 1 543-109	Pharmacology competencies, ANA Code of Ethics, State Nurse Practice Acts, AHA Guidelines on use of prophylactic antibiotics, American Society for pain position statements on PCA use, Institute for Healthcare Improvement on preventing ventilator-associated pneumonia, QSEN competencies
Mental Health and Community Concepts 543-110	HIPAA, Patient Bill of Rights, Standards of Psychiatric Health Nursing, WI ACE (Adverse Childhood Experiences) Score, Healthy People 2020, CDC Emergency Preparedness, OSHA, NIOSH, Crisis Intervention Principles, ANA Code of Ethics
Intermediate Clinical Practice 543-111	ANA Code Of Ethics, Principles of Safe Medication Administration, Delegation standards via the State Nurse Practice Acts, Joint Commission National Safety Goals, Quality and Core Measures
Advanced Skills 543-112	IV and Blood Administration Skills per INS and CDC Guidelines, AHA Guidelines on managing dysrhythmias, HIPAA, Infection Control Guidelines, Joint Commission National Safety Goals
Complex Health Alterations 2 543-113	Healthy People 2020, CDC Guidelines, QSEN, Cancer Screening Guidelines, NIOSH, Glasgow Coma Scale, National Stroke Association NIH Stroke Scale, American Spinal Injury Association (ASIA) Impairment Scale, National Kidney Foundation, Lund Browder Rule of Nines Classifications of Burns, Parkland Formula for Fluid Resuscitation, & the Association of Women’s Health Obstetric & Neonatal Nurses
Management Professional Concepts 543-114	State Nurse Practice Acts, Licensure, NCLEX-RN Test Plan Guidelines, ANA Code of Ethics, QSEN, Quality Improvement, Six Sigma, Core Measures, Joint Commission on National Safety Goals, SBAR, I-SBAR-R, and critical communications

Advanced Clinical Practice 543-115	SBAR communications, ANA Code of Ethics, Core Measures, QSEN, Joint Commission National Safety Goals, NCLEX-RN Test Plan Guidelines
Clinical Transition 543-116	State Nurse Practice Acts, ANA Code of Ethics, NCLEX-RN Test Plan Guidelines, scope of practice, Core Measures, QSEN, Six Sigma, SBAR, National Safety Goals

At the end of each semester, in an effort to ensure that professional standards are included in each individual course, faculty document in a course report. The data shows that greater than 87% of the core nursing courses have competencies or learning objectives that focus on professional standards, licensure, or ethical treatment of patients. This data meets the program ELA goal of 80%. Table 4.1B was created by faculty on **November 2015** and reviewed by all faculty for comprehensiveness in **May 2016**.

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

After receiving feedback from the ACEN site visitors in **March 2015**, a plan was made by the Dean to implement curricular changes and bring the program into full compliance. The changes were needed to ensure that the SLOs were used to organize the curriculum, to guide instructional delivery, and direct and evaluate student progress. A small group of faculty met with the Dean and a consultant in **June 2015** to begin the revision process. This group thought that it was important to review the nursing program's mission and vision statements, philosophy, and conceptual framework to ensure that these all eventually flowed into the SLOs and competencies for each course.

The WITC nursing program is built on mission and vision statements, along with a philosophy and conceptual framework. The WITC Nursing Program Mission Statement is as follows: "The nursing programs within the Wisconsin Technical College System (WTCS) are committed to educational excellence. We prepare nurses with the knowledge, skills and attitude to enhance and restore the well-being of individuals, families, and the community by using the nursing process."

We value:

- Diversity
- Evidence-based practice
- Holistic, patient-centered care
- Honesty, integrity and fairness
- Life-long learning
- Safe and cooperative work environments
- Partnerships with students, businesses, government, educational systems, and communities
- Wise use of technology and resources entrusted to us

The nursing program's conceptual framework is derived from the mission statement. The main tenets of this framework are evident in the foundation of the curriculum as well as throughout the nursing program. These main concepts are seen flowing into the SLOs and eventually into each course. The

curriculum's main concepts are represented in the nursing conceptual framework and include: Evidence-Based Practice, Lifelong Learning, Integrity and Fairness, Technology and Resources, Holistic Patient entered Care, Diversity, Safe Environment, and Partnerships.

Here is the Nursing Program Conceptual Framework:



The curriculum's concepts are integrated into the nursing End of Program Outcomes that are used as the Student Learning Outcomes (SLO). Please see Table 4.2A: Student Learning Outcomes.

Table 4.2A – ADN End of Program Student Learning Outcomes
SLO 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 EBP, caring advocacy and quality care.
SLO 2 Demonstrate appropriate written, verbal & nonverbal communication in a variety of contexts.
SLO 3 Integrate social, mathematical and physical sciences, pharmacology & pathophysiology in clinical decision making.
SLO 4 Provide patient centered care by utilizing the nursing process across diverse populations and health care settings.
SLO 5 Minimize risk of harm to patients, members of the HC team and self through safe individual performance and participation in system effectiveness.
SLO 6 Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan.
SLO 7 Use information and technology to communicate, manage data, and mitigate error and support decision making.

The curriculum plan allows for an organized progression toward achievement of the SLOs. The curriculum was designed to increase in difficulty and complexity. The first year of the program focuses on knowledge and skills required by the beginning nurse; whereas, the second year focuses on knowledge and skills required by the registered nurse. The progression in difficulty and complexity is present in both classroom and clinical and progresses to the end of program SLOs.

In **August 2015**, the Standard 4 committee met to review the SLOs and to outline the relationship between the nursing program's mission, conceptual framework, and the SLOs. Please refer to Table 4.2B: "Inter-relationships between the SLO, Nursing Mission, and Conceptual Framework".

Table 4.2B Inter-relationships between the SLO, Nursing Mission, and Conceptual Framework			
Student Learning Outcomes	Nursing Mission	Frame work inner circle (Values)	Frame work middle circle (Curriculum Concepts)
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 EBP, caring advocacy and quality care.	EBP Honesty, Integrity and Fairness Lifelong Learning	Quality Theory Caring Ethics	Evidenced Based Practice Lifelong Learning Integrity and Fairness
Demonstrate appropriate written, verbal & nonverbal communication in a variety of contexts.	Partnerships through clinical documentation and therapeutic communication	Nursing Process	Technology and Resources Holistic Patient Centered Care
Integrate social, mathematical and physical sciences, pharmacology & pathophysiology in clinical decision making.	Diversity EBP	Critical Thinking	Diversity
Table 4.2B (continued) Inter-relationships between the SLO, Nursing Mission, and Conceptual Framework			
Provide patient centered care by utilizing the nursing process across diverse populations and health care settings.	Holistic Patient Centered Care	Skills Health Promotion Nursing Process Critical Thinking	Holistic Patient Centered Care
Minimize risk of harm to patients, members of the HC team and self through safe individual performance and participation in system effectiveness.	Safe & Cooperative work environment	Skills Critical Thinking	Safe Environment
Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan.	Partnerships with students, businesses, government, educational systems & communities	Critical Thinking Health Promotion Nursing Process	Partnerships
Use information and technology to communicate, manage data, and mitigate error and support decision making.	Wise use of technology and resources entrusted to us	Critical Thinking Quality	Technology & Resources

In **January 2016**, the faculty reviewed a statewide table showing that the nursing curriculum is designed to allow the graduate to meet the seven end of program SLOs. Although each end of program SLO is considered achieved at graduation, the competencies building to the end of program SLOs are assessed at some level throughout the program. The table illustrates where each competency is “Introduced”, “Practiced”, and “Assessed/Mastered” across the curriculum. The curriculum plan allows for an organized progression toward SLO achievement. Analysis determined that students are evaluated on all of the SLOs prior to graduation. In **May 2016**, each course team reviewed the SLOs and

determined that each competency was addressed. Please refer to Table 4.2C; “Nursing Curriculum Matrix”.

Table 4.2C																
Nursing Curriculum Matrix-Student Learning Outcomes (SLO) per Course																
Key: I=Introduced P=Practiced A=Assessed/Mastered	Fundamentals 543-101	Skills 543-102	Pharmacology 543-103	Intro to Clinical Practice 543-104	Health Alterations 543-105	Health Promotion 543-106	Clin Care Across Lifespan 543-107	Intro to Clin Care Mgmt 543-108	Complex Health Alt I 543-109	Mental Health 543-110	Intermediate Clin Practice 543-111	Advanced Skills 543-112	Complex Health Alt II 543-113	Mgmt. and Prof Concepts 543-114	Advanced Clin Practice 543-115	Clinical Transition 543-116
SLO 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 EBP, caring advocacy and quality care.	I		I	P	I	I	P	P	P	P	A		P	P	A	A
SLO 2 Demonstrate appropriate written, verbal & nonverbal communication in a variety of contexts.	I		I	P		P	P	P		P	A			A	A	A
SLO 3 Integrate social, mathematical and physical sciences, pharmacology & pathophysiology in clinical decision making.	I	P	P	P	P	P	P	P	P	P	P	P	P	P	A	A

SLO 4 Provide patient centered care by utilizing the nursing process across diverse populations and health care settings.	I	P	P	P	P	P	P	P	P	P	P	A	P	P	P	A	A
SLO 5 Minimize risk of harm to patients, members of the HC team and self through safe individual performance and participation in system effectiveness.	I	P	P	P	P	P	P	P	P	P	P	A	P	P	P	A	A
SLO 6 Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan.	I			P	I		P	P	I	P	P			I	P	A	A
SLO 7 Use information and technology to communicate, manage data, and mitigate error and support decision making.	I	P	I	P			P	P				A			P	A	A

In the first semester, Nursing Fundamentals introduces basic nursing concepts such as nutrition, nursing process, elimination and fluid/hydration that provide the foundation for the remaining courses. Students are assessed during their clinical course Nursing Introduction to Clinical Care Practice on their application of these basic concepts. Nursing Pharmacology introduces the uses and physiological effects of medications in the first semester. These concepts are reinforced and applied throughout the remaining courses in increasingly complex health alterations and patient care situations. Basic technical skills and physical assessment skills are introduced in the first semester in the Nursing Skills course.

In the second semester, students build on the basic nursing concepts by taking Nursing Health Alterations, which adds medical surgical abnormalities. Nursing Health Promotion includes pediatric, community, and maternal child concepts, while Introduction to Clinical Care Management provides an introduction to basic management skills. Students are assessed on mastery of all previously learned clinical concepts. In both theory and clinical courses, students are expected to begin to describe and recognize normal vs. abnormal patient findings.

In the third semester, students enter Nursing Advanced Skills and learn more complex nursing skills, which build upon prior learning. Advanced technical skills appropriate for the RN role are introduced. The application of the nursing process extends to the community in the third semester course Nursing Mental Health and Community Concepts and the exploration of intermediate medical-surgical problems is begun in Nursing Complex Health Alterations 1.

In the fourth semester, the exploration of advanced medical-surgical problems is continued in Nursing Complex Health Alterations 2. Synthesis of multiple, complex concepts are studied in preparation of transitioning from the student to the professional role. The Nursing Management and Professional Concepts course analyzes the RN role. The third and fourth semesters find students with increasing independence and collaboration responsibilities during clinical courses.

The nursing curriculum was designed to allow the graduate to meet the seven end of program student learning outcomes. The SLOs provide the basis for curriculum organization, delivery of

instruction, selection of learning activities, and evaluation of student progress in all semesters. The SLOs are leveled with specific course competencies which are assessed for student achievement prior to progression in the program. Analysis determined that students are evaluated on all of the competencies building to the SLOs prior to graduation. Please refer to “Connecting Course Competencies to the End of Program SLOs” (Appendix D).

Clinical competencies are leveled throughout the program building directly to achievement of the SLOs. Achievement of progress toward each SLO is evaluated weekly on every student during clinical experiences. The weekly clinical feedback culminates in a mid-term and final evaluation. Clinical evaluations are based on mastery of the clinical competencies leading to the seven SLOs. Evaluation of students is discussed in Criterion 4.7.

The “SLO Category Tracking Tool” is completed by each instructor every semester for all clinical courses. This document enables the instructor to track whether students met all of the clinical competencies in each SLO category. Please refer to “SLO Category Tracking Tool” (Appendix E).

The following is a summary of the manner in which each SLO is addressed throughout the program:

SLO #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 EBP, caring advocacy and quality care.” Learning activities to support the first SLO focus on implementing one’s role as a professional nurse and are introduced in Nursing Fundamentals. In addition to the course textbook, learning activities include exploring websites and discussion of legal and ethical aspects of functioning as a professional nurse. With the exception of the Basic and Advanced Skills courses, learning activities for this first SLO are found throughout the curriculum. A major focus on this SLO is found in the final semester of study in Nursing: Management and Professional Concepts. Textbooks, nursing journals, websites, PowerPoint presentations, and discussion are some of the learning activities utilized to help students understand the professional role of the nurse.

SLO #2: “Demonstrate appropriate written, verbal & nonverbal communication in a variety of contexts.” SLO #2 begins in the General Studies courses such as Written Communication, Oral and Interpersonal Communication or Speech. This SLO is also included in all levels of the nursing program. Learning activities include communicating with patients, families, members of the health care team, and fellow students. One example is seen in the second semester clinical course, Nursing Care Across the Lifespan. In this course, students participate in a seminar on Motivational Interviewing and create scripts to improve written, nonverbal, and oral communication with patients. Faculty use a rubric to ensure that oral communication and presentation skills are evaluated in each course that requires an individual or group presentation. Formal presentations are required in the second semester course Nursing Care Across

the Lifespan and in the fourth semester courses Management and Professional Concepts and Nursing: Transitions. Clinical documentation is evaluated each week that students provide patient care, while reporting and ISBAR skills are evaluated both during clinical and in simulation. In the first and second semesters, students are required to create an extensive written care plan and in third and fourth semesters are required to create several mind maps. Both of these learning activities require communication skills.

SLO #3: “Integrate social, mathematical and physical sciences, pharmacology & pathophysiology in clinical decision making.” Students master basic concepts in the general studies courses and are then required to recall and apply the concepts in both theory and clinical core nursing courses. This SLO is also emphasized in the clinical setting for all levels while students provide patient care. Examples of the learning activities in all clinical courses include passing a math competency exam at 100%, completing clinical diagnosis mind maps, medication tables, and lab value analysis by using online or textbook resources. The post conferences in clinical courses incorporate pharmacology reviews and pathophysiology discussions. Learning activities include textbook readings, participating in group discussions, discussion board postings, HESI Case Studies, Evolve online NCLEX-RN style questions, and HESI online practice tests.

SLO #4: “Provide patient centered care by utilizing the nursing process across diverse populations and health care settings.” As expected, this SLO can be found in all levels of the nursing program. The nursing process is initially introduced in the Nursing Fundamentals course. Learning activities include reading the textbook, completing study guides and viewing a basic power point presentation. In first semester, the clinical course Nursing Introduction to Clinical Care Practice incorporates the nursing process into learning by requiring the students to include nursing process information in the weekly clinical feedback to the instructor. In first semester, students are also required to document use of the nursing process by creating two full-length care plans for a patient for whom care was provided. In second semester, students practice the nursing process by creating a discussion board posting after every clinical. The posting includes the pathophysiology of the diagnosis, subjective and objective data, a correctly worded nursing diagnosis, a goal, and outcome criteria. This prepares students to begin to verbalize specific interventions when the need for immediate action is required. In addition, students again create a care plan on a patient to whom care was provided. This second semester care plan includes increasingly complex analysis of the data collected and how the patient’s changing condition directs intervention. In the third and fourth semesters, students begin to internalize the nursing process and are increasingly able to assess, plan, intervene, and evaluate during the time spent at clinical. Students are required to present use of the nursing process by creating mind maps on each patient cared for.

SLO #5: “Minimize risk of harm to patients, members of the HC team and self through safe individual performance and participation in system effectiveness.” Students are introduced to patient safety in the first semester courses Nursing Basic Skills, Nursing Fundamentals, and Nursing Introduction to Clinical Practice. Students learn to use two patient identifiers prior to any patient care procedure or medication administration, to ensure the safety of the physical environment, and to practice universal precautions. In the second semester, students in the course Nursing Introduction to Clinical Care Management gain the responsibility of caring for patients with peripheral and/or central running infusions. This new responsibility allows for learning of new assessment skills, different administration routes, and increased safety considerations. Students in the clinical course Nursing Care Across the Lifespan complete both pediatric and geriatric home safety assessments.

In the third semester, Nursing Intermediate Clinical Practice includes a clinical rotation on an acute Mental Health unit. This requires students to practice on a locked unit, to participate in suicide precautions, and to observe patients closely for impending changes in mentation. In the fourth semester, students are increasingly responsible for a group of patients while leading a team of students and must learn to manage safety for both patients and colleagues.

All clinical students complete an orientation on the first day of classes to address medication safety, HIPAA, and infection control. QSEN competencies are used and evaluated in the assignments created using Evolve online NCLEX-RN tests. Prior to attending clinical, students undergo a simulation focusing on patient safety and accurate medication administration.

SLO #6: “Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan.” In first semester, scope of practice and beginning leadership is explored with lecture, discussion, and multimedia presentations during Nursing Fundamentals. In the second semester, Nursing Health Alterations addresses activities of the nurse as a manager and leader. Learning activities include reading the textbook, completing a HESI case study on management of a long-term care unit, completing a HESI practice exam on management, answering NCLEX style review questions, and completing web-based interactive activities related to nurse leadership and professional concepts. The second semester clinical course Introduction to Clinical Care Management, the third semester course Intermediate Clinical Practice, and the fourth semester course Advanced Clinical Practice all require students to lead a team of student colleagues on an acute care unit. Responsibilities increase each semester for communication with primary RNs, pharmacists, lab, imaging, and primary providers. Students in the last course of the program, Nursing Clinical Transition, practice leadership skills in a precepted, clinical experience. This final experience provides students the opportunity to fully collaborate with and observe how the preceptor leads the interdisciplinary team. Students in Nursing Clinical Transitions are required to create a multi-media presentation for instructors and colleagues at the

completion of the course. Students in Nursing Clinical Transitions also complete reflective journaling throughout the course. The students use the journal to document achievement of the SLO.

SLO #7: “Use information and technology to communicate, manage data, and mitigate error and support decision making.” While providing patient care in all of the clinical nursing courses, students have hands on practice using informatics. In the first semester course Introduction to Clinical Care Practice, students undergo training on the electronic health system used by the respective clinical agencies. This training is online and requires students to pass an exam in order to receive a password for the clinical site. In the second semester Introduction to Clinical Care Management, students are given more documentation responsibilities and learn to use the record to find patient fluid balance, use graphs to see trends in vital signs and weights, and to make note of ancillary personnel progress notes. In third and fourth semester, with the instructor’s help, students are required to examine colleagues’ documentation in the record for completeness and accuracy. Learning activities including assigned readings, HESI case studies, and group discussions are used in selected theory courses to provide content regarding the use of technology. For example, technology used in documentation is discussed in Nursing Fundamentals. Each theory course contains information on how to access various medication, diet, and exercise teaching guides to use for patient education. All students use technology for simulation. Each student has purchased a simulation package comprising an entire electronic record for each simulation scenario, software for concept map creation, and pre-and post-simulation online exercises and quizzes. Finally, most clinical agencies allow students to access a nursing portal containing Micromedex and Mosby Skills.

The SLOs provide a framework for organizing the curriculum, as well as guiding the delivery of information, the course competencies, and the learning activities. With the most recent curriculum revision, the SLOs were the foundation of all clinical courses. Each clinical course is comprised of a leveled competencies leading to the SLOs. In subsequent semesters, students are evaluated on previously mastered competencies with new competencies added. This progression is shown in “WTCS Nursing Clinical Course Outcomes Criteria Matrix” (Appendix F).

The clinical evaluation tools are used to evaluate all students and are designed to build toward the SLOs. Therefore, the SLOs form the backbone of all clinical evaluation tools in the program. Please refer to “Advanced Clinical Practice Clinical Evaluation Tool” (Appendix G). While the SLOs are listed on each clinical evaluation tool, there are specific competencies students must achieve in order to pass the course. Students are evaluated at increasingly complex levels while progressing toward the end of program SLOs.

Because each student has at least one clinical course each semester, progress toward achievement of all of the SLOs is evaluated for every student. The SLO Category Tracking Tool is completed by the lead instructor for each clinical course and tracks each student’s mastery of each SLO. These are

collected by the Dean and presented to the Standard 4 and Standard 6 teams for analysis. Students who do not master all course competencies do not receive a passing grade in the course.

End of program SLOs are evaluated at the time of program completion using the final course grade in the Nursing Clinical Transition course and the score achieved on the HESI RN Exit Exam. To receive a passing grade in the capstone Clinical Transition course, students must demonstrate achievement of all end of program SLOs. This culminating experience assesses all previous learning and SLO mastery.

The second method for determining SLO attainment and student readiness for graduation is the HESI RN Exit Exam. A benchmark score of 900 was determined to demonstrate mastery of the end of program SLOs. Students not achieving the benchmark score are required to remediate and test again.

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

The Wisconsin Technical College System (WTCS) nursing curriculum was developed and is reviewed by nursing faculty and managers from throughout the state, as well as nursing faculty at WITC. Representatives from each WTCS district provide input for decision-making. The curriculum is also reviewed by each program's nurse administrator (NA) for approval.

The curriculum review process was formalized with the creation of the Nursing Curriculum Advisory Committee in fall of 2008. The stated purpose of the committee is to collaboratively design, maintain and revise the nursing curriculum. The committee developed a Nursing Curriculum Modification Procedure in fall of 2009 to request changes "Above The Line". Based on the procedure, any nursing program in the WTCS proposing a modification provides aggregated data that supports the proposal. The data should come from more than just one individual college. Supporting data may be related to community needs, student outcomes, student retention, National League for Nursing (NLN) Standards, the National Council Licensure Examination (NCLEX) test plan, changing nursing trends and/or information from district curriculum committees.

Recent activity of the curriculum advisory committee was to lead the major curriculum revision in 2011-2012. This process started with the approval of a revised mission and vision for the nursing program in April 2011. Discussion regarding the proposed NLN Educational Competency Model was included as the mission and vision were revised. Eight values were included in the mission statement. The revision process continued with the philosophy, conceptual framework, and end of program outcomes. The philosophy was approved in November 2011 and the end of program/SLO in December 2011. The WITC nursing faculty decided to use the end of program outcomes as student learning outcomes. A graphic for the conceptual framework was finalized in 2012. It is available to students in the Nursing Program Handbook.

Following approval of the SLO, the Nursing Curriculum Advisory Committee worked with a consultant over several months to ensure course competencies built to the new program outcomes. The WITC representative to the state committee regularly updated the WITC nursing faculty on the work of the Nursing Curriculum Advisory Committee during faculty and curriculum meetings and via email. Input was sought from the faculty during group and one-on-one meetings and then shared with the Nursing Curriculum Advisory Committee. The resources used to develop the philosophy, conceptual framework, and program outcomes were used again when developing course competencies. Particular attention was paid to QSEN and the NCLEX detailed test plan. The state Above the Line Curriculum is discussed and reviewed several times annually at state curriculum meetings.

To support the standardized curriculum, in addition to the state curriculum meetings, all nursing faculty are given the opportunity to attend one annual state meeting. These state meetings for all nursing faculty have been either one large state meeting or smaller regional meetings. The focus of the “all nursing faculty” meetings have been to share best practices, to discuss what is working in courses and a process to share how challenges have been resolved in these standardized courses. In 2014 the focus was on best practices per course with other faculty who taught the same course. Also discussed at the 2014 meeting were methods for collecting and evaluating course data as a system. Measures such as course completion and Mountain Measures NCLEX reports were agreed upon measures at all colleges. A regional meeting was held in 2015. Concept based curriculum and best practice for simulation were discussed among all the faculty.

In addition to the state curriculum review, faculty from the WITC nursing program regularly review the individual courses to ensure integrity, rigor, and currency. In order to better document this individual course review and changes made for improvement, the faculty began using course reports in 2015. At the end of each course offering, faculty review test grades, course completers, test and assignment grades and areas noted for improvement. These are called “Course Reports”. Course reports help document the continuous improvement for individual courses for faculty. Please refer to “Sample Course Report” (Appendix H).

Rigor in the Curriculum

In **January 2015**, the WITC faculty developed a definition of rigor. Rigor in the nursing program was defined as the comparison of course learning objectives to the NCLEX-RN detailed test plan and the Category Groups within the HESI PN Exit and HESI RN Exit Exams. Rigor is measured by the number of students passing the course, the number of students achieving the required score on the HESI PN and RN Exit Exams, and the number of students passing the NCLEX-RN exam on the first attempt. In order to ensure rigor in the program, standardized testing was used. The curriculum committee reviewed this data.

In **January 2015**, student data from both RN content mastery and RN Predictor exams from 2013 and 2014 was analyzed by the curriculum committee. The analyzed data was from the standardized testing service used during those years, which was Assessment Technologies Institute (ATI). The review of data for the semesters May 2013 through December 2014 revealed that the student average on the RN Predictor had dropped around 8%.

From 2011-2013, WITC's 3-year NCLEX-RN pass rate mean was 87.09%. From 2012 through the first quarter of 2014, the 3-year pass rate mean was 84.28%. The annual pass rate for 2014 was 78%. After careful consideration, it was determined that a switch to a different standardized testing program and the addition of learning and assessment activities to better align with the SLO would increase the program's rigor. The testing products and learning activities were selected after a review of the literature and benchmarking with other colleges in the WTCS. The Dean collaborated with the representatives from HESI to ensure that all seven SLOs would be assessed using the new learning activities, evaluation methods, and standardized exams.

Since changing the type of standardized testing, a new tracking procedure has been implemented. Student scores for HESI exams are reviewed for each graduating class by the Standard 6 committee. The ELA requires that each graduating student earns 900 on the HESI RN Exit exam or successfully remediates. This is tracked in the SPE.

In order to assure program rigor, graduates' performance on the NCLEX-RN Mountain Measurements is utilized. Mountain Measurements NCLEX Reports provides detailed information on how graduates ranked overall, and in each of the eight areas of the NCLEX-RN Test Plan. In addition, the report details the program's rank along each area of six different content dimensions. The faculty have chosen to compare our results to all other ADN programs.

Another method used to ensure rigor is the HESI RN Exit exam report, which also provides details on which areas of the NCLEX-RN test plan students need additional emphasis. Beginning in **Fall 2015** and repeated in **Spring 2016**, the HESI RN and PN Exit exams were reviewed by the Standards 4 and 6 Committee for areas of concern. This data was presented to the entire faculty for discussion and analysis on **May 6 & 12, 2016**. Please refer to "Faculty Meeting Minutes May 6 & 12, 2016" (Appendix I). Student results greater than 10% below the national score in any category were listed. Persistent areas of concern were found, including certain concepts in fundamentals, pediatrics, postpartum, pregnancy, and respiratory. To ensure rigor, learning activities were added to courses for **Fall 2016** to address these areas of concern. For example, a unit on restraints was added to the Basic Skills course, case studies and virtual clinical activities were added for maternal/child issues, and a respiratory simulation was added to the fourth semester clinical course.

An additional method to ensure rigor in the curriculum is the use of rubrics. Rubrics are used throughout the nursing program to ensure student progression and to increase complexity of thinking. All clinical courses utilize rubrics to evaluate student progress. In addition, within each clinical course, a weekly evaluation rubric is used to measure student progression toward each SLO. The weekly evaluation rubric aligns with the final clinical evaluation in each course. Refer to Table 4.3A: “Sample Clinical Rubrics”.

Table 4.3A Samples of Clinical Rubrics		
Course	Semester	Rubric
Introduction to Clinical Practice	1 st	Care Plan (Long-term Care) Weekly Clinical Evaluation
Introduction to Clinical Care Management	2 nd	Care Plan (Acute Care) Weekly Clinical Evaluation
Table 4.3A (CONTINUED) Samples of Clinical Rubrics		
Course	Semester	Rubric
Clinical Care across the Lifespan	2 nd	Maternal/Child Care Plan Motivational Interviewing Script Mental Health Presentation Denver Screening Geriatric and Pediatric Home Safety Assessment
Intermediate Clinical Practice	3 rd	Nursing Process/Concept Map (Acute Care) Weekly Clinical Feedback
Management and Professional Concepts	4 th	Evidence-based Practice RN Portfolio
Advanced Clinical Practice	4 th	Observations (Acute Care) Mind Map Weekly Clinical Feedback
Clinical Transitions	4 th	Multimedia Presentation Journal

Currency in the Curriculum

In an effort to maintain currency in the curriculum, the faculty review SLO data to determine needed revisions. Faculty meet in course groups to review SLO Category Tracking Tools and Course Reports to identify trends in SLO achievement.

One method for ensuring currency in the curriculum is faculty professional development. At this time, two faculty members have completed and three others are pursuing doctoral degrees. This provides a source of evidence-based practice and experience in data analysis. The nursing education unit participates in group professional development activities such as conferences and webinars. This professional development is supported monetarily by the college.

In addition, all nursing textbooks are the most current editions and provide up to date information. Each textbook includes online resources at no extra cost to students. Clinical updates to

textbook information are found within these online resources. Students using online resources have access to the most up to date versions of all materials.

Another strategy for assuring currency in the curriculum is that all full time faculty are assigned to clinical rotations which help keep patient care skills up to date. Faculty directly supervise students as patient care is provided. Faculty receive monthly updates from clinical facilities to ensure currency in changes in policies and procedures. All campuses have an electronic medical record available at clinical. These records have an easily-accessed area in which best practices are outlined for each patient. The collaboration between WITC faculty, clinical facility nurses and health care providers, and patients ensures currency and continual updating of practice.

Current trends are evident in the nursing curriculum. WITC Nursing Advisory Committee members identified current local health trends including simulation, Electronic Medical Record documentation, identification of change in patient condition, leadership and delegation, and HIPAA. All clinical courses (and now some theory courses) have incorporated simulation experiences into the course. Based upon feedback from the WITC Nursing Advisory Committee, acute-care facilities are expecting that graduates will have simulation experience. Several clinical partners also use simulation to train new graduates. In this way, the nursing program at WITC is maintaining currency in both content and practice. Students and faculty are required to participate in online training modules for electronic medical record documentation with a password being granted only after completion. Learning activities concentrating on patient condition changes and prioritization are included in each course. Leadership and delegation are addressed in all semesters, but the fourth semester courses have the highest amount of content. Each semester, all clinical students view a HIPAA video on the first day of class and learning is assessed with a quiz.

The nursing program has also implemented adaptive quizzing in all courses. Students are assigned question sets in each course based on the SLOs, QSEN, the NCLEX-RN test plan, clinical reasoning, or a textbook. With the help of all faculty who teach a course, each course lead develops a set of quizzes. These quizzes increase in complexity as the student progresses throughout the four semesters and are updated yearly for currency by the vendor.

Integrity in the Curriculum

WITC and the nursing education unit are committed to providing quality, up-to-date curriculum consistent with the mission. Regardless of delivery mode, both nursing program options are developed and implemented in compliance with WITC policy. On all campuses, faculty ensure integrity throughout the curriculum by assigning the same assessments. See Table 4.3B: “Responsibility for Compliance” for the persons responsible for the individual components of integrity.

Table 4.3B Responsibility for Compliance	
Group/Individual	Responsibility
Faculty	Ensure curriculum complies with college and WTCS standards and best practices for course structure Addresses knowledge/skills needed to address stakeholder expectations Ensure appropriate parameters of rigor for college level courses
Academic Affairs	Ensure coherent curriculum development and approval processes are in place and followed Monitor curriculum for alignment with college and WTCS mission Monitor curriculum for assurance of quality and compliance through curriculum review process.
Dean	Ensure compliance with the college and WTCS curriculum modification process

4.4 The curriculum includes general studies courses that enhance professional nursing knowledge and practice.

The WTCS sets the General Education requirements for the nursing curriculum. During the design process, significant discussions were held regarding the appropriate placement and sequencing of the general studies courses. The nursing course sequence and the nursing course co-requisites and pre-requisites were determined as part of the standardized Above the Line curriculum. The nursing curriculum is built upon knowledge gained in pre-requisite and co-requisite social science, biological science, and humanities courses.

The social sciences, which include Introduction to Psychology, Developmental Psychology, and Introduction to Sociology, help students to understand human behavior and coping that occurs throughout the lifespan. The biological sciences, which include General Anatomy and Physiology, Advanced Anatomy and Physiology, and Microbiology, provide a foundational framework for understanding pathophysiology and the disease process. These courses also form a foundation for understanding pharmacologic principles and how the body responds to drugs and medications. The humanities, which include Oral/Interpersonal Communication, and Written Communication, provide a foundation for the development of interpersonal and therapeutic communication, an integral part of nursing.

General studies courses support and align with the nursing courses. For example, in the Developmental Psychology course, human growth and development is discussed in depth, examining the stages of development. In the nursing courses beginning with Introduction to Clinical Practice, the first clinical course, students must determine a person's developmental level using Erikson's stages of development, as part of their clinical assignments. This knowledge expands in Clinical Care Across the Lifespan and Health Promotion when pediatric content is covered.

The program also requires five elective credits. Through academic advising, faculty encourage students to take courses such as Math for Health Care Professionals, Pathophysiology, Medical Terminology, and Introduction to Diversity Studies (formerly Race and Ethnicity, and Diversity). These courses broaden the students' understanding of the profession of nursing.

Of the 70 credits required for completion of an Associate degree in nursing, 38 credits are core nursing courses, 15 credits are general studies, 12 are supplemental sciences, and five are electives. All science courses have lab components. Science and General Education courses are calculated at 1:1 for theory courses and 1:2 for lab courses.

The nursing faculty have collaborated with general studies faculty to enhance student learning. Student input resulted in nursing faculty working with math instructors to develop the elective "Math for Healthcare Professionals" course in 2014. Another example of interprofessional collaboration was development of a science course. In response to student requests, an elective summer Pathophysiology course was also offered starting in 2014. All general studies and elective courses provide a liberal foundation for integration of the nursing classroom with the work place. Students apply principles from these general courses to the profession of nursing.

Students in general studies courses have opportunities to simulate working collaboratively with other disciplines in a professional environment. Students learn to respect diverse viewpoints, communicate effectively, and to think critically. The completion of courses in social sciences, physical, pharmacological, and biological sciences, and humanities encourages students to integrate knowledge from many different disciplines as they prepare for a career as a professional nurse. See Table 4.4A: "General Studies Courses"

4.4A			
GENERAL STUDIES COURSES			
Course Title	Credits	Course Title	Credits
801-195 Written Communication	3	809-198 Introduction to Psychology	3
809-188 Developmental Psychology	3	806-197 Microbiology	4
806-177 General Anatomy & Physiology	4	809-196 Sociology	3
806-179 Advanced Anatomy & Physiology	4	Elective	5
801-196 Oral/Interpersonal Communication	3	TOTAL	32

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

Diversity is one of the main concepts of the WITC Nursing Curriculum Philosophy and Conceptual Framework. One statement in the philosophy is: “Individuals, families, and groups are diverse, complex living beings, in which physical, psychological, cultural and spiritual health processes are in constant interaction.”

In alignment with the college’s goal of respecting all cultures, the WITC nursing program supports diversity within the SLOs. For example, diversity is evident in SLO #4: “Provide patient centered care by utilizing the nursing process across diverse populations and health care settings.” Throughout the curriculum, students have a variety of opportunities to care for cultural, ethnic and socially diverse patients through clinical, simulation and case studies. An Introduction to Diversity Studies course is offered as an elective for students. Students are encouraged to take this course to enhance their competence in nursing.

Concepts regarding diversity have been included in courses in each level of the nursing program. The topic of diversity is introduced in Nursing Fundamentals. Diversity is further woven into Nursing Fundamentals in units on the scope of practice, communication, pain, nutrition, death and dying, and sensory alterations. One case study is assigned for an African American Male with a urinary tract infection in the Fundamentals course. Cultural aspects such as personal space, modesty and privacy, as they apply to physical assessment, are included in Nursing Skills. In Nursing Pharmacology, complimentary alternative medications/herbs and the effects on the body and how the agent may interact with prescription drugs is discussed. Cultural aspects related to medication administration across the lifespan are also included. Students in Nursing Introduction to Clinical plan care appropriate for their patient’s cultural, ethnic and spiritual needs.

Concepts related to diversity continue to be incorporated in the second level of the curriculum. Patient values/beliefs that may influence patient care such as refusing blood transfusions are included. In second semester, a simulation relating to a post-partum hemorrhage with a Jehovah’s Witness patient is conducted. High risk populations for various diseases are identified. A case study focuses on a Korean patient with BPH. The other theory course in the second level is Health Promotion. In this second semester course the need to individualize teaching in regards to nutrition, pregnancy, wellness, and disease issues is discussed. In the two clinical courses in second level, students plan and provide individualized care in facilities that have African American/Native American/Hispanic/ populations. During the Clinical Care Across the Lifespan clinical course a documentary entitled *Unnatural Causes* is viewed and group discussions are held. *Unnatural Causes* presents health disparities by race and ethnic group; highlights changes that different cultures have experienced due to immigration, discrimination, and US government policies. In addition, *Raising of America* documentary and group discussions examines

health issues among urban cultures, as well as differences in policies between the US and other countries and how they impact child development and health.

Third level courses continue to incorporate diversity. In Complex Health Alterations I, cultural aspects pertinent to pain management are discussed. High risk populations for various diseases are identified. The need to individualize the plan of care based on a patient's health practices is discussed. A case study is completed on an African American man with sickle cell anemia. In Mental Health and Community Concepts, community health care needs in local counties are compared to the needs in Wisconsin. One unit is devoted to "vulnerable" populations and includes a discussion of the needs of Hispanic migrant workers. Students take custom quizzes on cultural competence and health promotion. In the Advanced Skills and Intermediate Clinical Practice clinical courses, the students participate in a discussion regarding patients who may choose not to have blood transfusion due to religious convictions. During the third level clinical course, Intermediate Clinical Practice students are evaluated on their ability to individualize care. This includes completing a pediatric simulation caring for a Vietnamese child.

As students progress into the fourth semester, theory courses continue to include cultural concepts while clinical course expectations require students to individualize care. In Complex Health Alterations II, the way various cultural groups view death and dying is discussed in addition to care of the deceased's body. Cultural variations in regards to risk factors and treatment of specific diseases are discussed. A case study is completed on a Native American patient with spinal cord injury. In Nursing Management and Professional Concepts, culture and diversity are discussed in the Communication/Collaboration unit, and also in the Ethics unit. In Advanced Clinical Practice, students complete a case study on a Hindu Indian woman with Myasthenia Gravis. In both Advanced Clinical Practice and Clinical Transitions students care for a variety of patients. They are exposed to patients from various cultural groups and are required to provide individualized care. Clinical performance evaluation in all clinical nursing courses includes competencies related to SLO#4: "Provide patient centered care by utilizing the nursing process across diverse populations and health care settings." This assessment is tracked in the SLO Category Tracking Tool completed at the end of each semester.

After each course offering, faculty consider how culture/ethnicity/social diversity concepts are included in their courses by completing a course report. The ELA set by the faculty related to diversity is that 80% of the courses have specific content or competencies related to culture, ethnicity, or diversity. The data gathered as part of the program evaluation plan showed that 88% of the core courses include diversity in each nursing course in 2016.

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

The curriculum and instructional processes of the Wisconsin Indianhead Technical College (WITC) Associate Degree Nursing Program reflect educational theory, collaboration, and research, and are consistent with best practice standards. The faculty of the nursing program at WITC believe in a student-centered learning environment.

Educational Theory

The basis for student centered learning is that students take responsibility for their own learning and work with the faculty to engage in the learning process. The nursing faculty members serve as a facilitator and mentor to the students as they progress through the learning process. In addition, principles of Knowles' Adult Education Theory are evident throughout the nursing curriculum, beginning with the philosophy and the conceptual framework and extending into instructional activities within the classroom, skills lab and clinical settings. Course objectives, content and learning activities are reviewed periodically at level meetings, faculty meetings and curriculum meetings.

Other educational theories such as Erikson's Stages of Development and Maslow's Hierarchy of Needs are introduced in the General Education courses and are applied in the nursing courses. Other examples of educational theories include the use of Gordon's Functional Health Patterns in the first and second semester care plans. Another educational theory is Bloom's Taxonomy. Progression in the nursing program curriculum is an essential element to move students from entry-level knowledge, skills and abilities, to the role of a graduate. As a student progresses through the nursing program, assessment activities measure higher level thinking. Bloom's Taxonomy of Educational Objectives is used as an educational theory when planning student learning. The nursing program uses Bloom's Taxonomy to guide increasing complexity in student learning activities and assessments.

Bloom's Taxonomy



Interprofessional Collaboration

Educating students to collaborate with other health care personnel occurs throughout the curriculum. This begins in level one of the program in Nursing Fundamentals with introducing students to the contributions of all members of the health care team. Leadership and collaboration are topics in

Health Alterations in the second semester of the program. In the third level, the team approach to patient care is discussed for specific diseases in Complex Health Alterations 1. In the Mental Health and Community concepts course, students complete a case study on collaboration during a natural disaster. During fourth semester, students work more independently and begin to assume the role of the registered nurse. In clinical practice in all four levels, students are given opportunities to interact with other professionals. Collaboration is evaluated as part of the student's weekly performance in the clinical setting. Topics related to interprofessional collaboration are discussed during clinical conference meetings.

Interprofessional collaboration is promoted throughout the nursing program. Collaboration is role modeled as nursing faculty work with other faculty on campus to implement the curriculum and support the students. This collaborative effort was seen by students as nursing faculty collaborated with General Science faculty to better align prerequisites with nursing courses. A survey was distributed in **March 2016** to all current nursing students requesting feedback on how they perceived their preparation in the general sciences. Following the survey's completion, an ITV meeting was held between the full nursing faculty and the full general science faculty. The goal of the meeting was to develop and pursue strategies for how the health science faculty and the nursing faculty can best work together for the success of the students. Both deans were present. Survey results were discussed and questions asked and answered between divisions. Each division reported gaining a better understanding of the other's curriculum. Plans were made to share competencies and learning activities and to meet again in the future to monitor student progress. Please refer to "Minutes for ADN-Gen Science Meeting" (Appendix J).

A second example of interprofessional collaboration is demonstrated when faculty invite guest speakers into the classroom. Students are able to witness how faculty works with individuals from the community. Examples of guest speakers are inviting a representative who lived in a women's shelter, a parish nurse, veteran's organizations, representatives from a program treating eating disorders, and local doulas. Students learn both how to refer patients to these groups and how participants in these organizations perceive them. Interprofessional collaboration is experienced first-hand in the clinical courses as students observe collaboration between units and departments as well as participate in interdisciplinary conferences and discharge planning activities. In the second semester care plan, students create a table with all collaborative chart entries and a description of how the collaboration contributes to patient care.

Research and Current Practice

Research based practice is reflected in the curriculum. The focus is on evidenced based practice. Students are not prepared to become researchers, but learn to implement the results of research. Searching the literature for evidence that supports their nursing practice is stressed throughout the

program. For example, in the clinical courses Introduction to Clinical Practice, Introduction to Clinical Care Management, Clinical Care Across the Lifespan, Intermediate Clinical Practice, Advanced Clinical Practice, and Clinical Transition, students are required to use peer-reviewed literature as resources for interventions. Nursing students use online resources associated with textbooks. Each textbook contains an annual update of evidence-based changes in practice. These are easily accessed on the textbook website. Evidence-based practice is formally reflected in an assignment in the final semester. In the course Management and Professional Concepts, students are assigned to examine the nurse's role in providing quality care based on evidence. Students present results to their peers. Please refer to "Evidence Based Practice Assignment from Management and Professional Concepts" (Appendix K).

Current practice is also reflected in the curriculum. The nursing program's decision to begin using HESI specialty and exit exams was partially based on the need for currency. HESI exam questions are updated regularly. One-third of the questions on each exam are updated each semester; therefore, all questions are new every three semesters. In addition, the online course used for Skills is updated yearly with any changes to current practice. As mentioned in the previous paragraph, all of the program's required textbooks have yearly updates for current practice. These are easily accessed by faculty and students and outlined during class.

As part of the program evaluation plan the curriculum and learning activities were reviewed to ensure that educational theory, inter-professional collaboration, research, and current standards of practice were included in the curriculum. Results of this review demonstrated that there is continual updating to include these topics in the curriculum and individual courses.

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

Evaluation methods used in the nursing program include direct observation of performance, skills lab checkoffs, simulation, written exams, oral presentations, care plans, standardized tests, graded case studies, practice exams or quizzes, and dosage calculation exams. Faculty use a formative weekly clinical feedback that leads to a summative clinical evaluation to assess performance. The WITC faculty value accurate assessment of student achievement.

The WITC nursing faculty use the end of program Student Learning Outcomes (SLO). Course competencies and clinical competencies are based on the end of program SLOs. Student evaluation within a course is based on the course competencies and is therefore reflective of the SLOs. All levels in the nursing program evaluate students on each of the competencies leading to the SLOs in at least one course. Progress toward SLO achievement is evaluated in multiple courses both summatively and formatively. All SLOs are evaluated prior to the student completing the program.

While WTCS nursing program course competencies and performance standards provide the structure for all assessments within the nursing program, there is still room for interpretation. In order to consistently apply the assessment criteria to all students, the faculty at WITC have developed grading criteria and assessment rubrics. These criteria and rubrics standardize evaluation and improve consistency among all faculty. Please see an example of a Sample Grading Rubric in Evidence Based Practice Assignment from Management and Professional Concepts course. (Appendix K)

Grading criteria and/or rubrics are used to evaluate written papers, skills lab demonstrations, oral presentations and clinical performance. All faculty teaching the same course meet at the full faculty face-to-face meetings in January, August, and May to review the grading criteria, syllabi, and course materials and to clarify questions about the implementation of the course prior to evaluating students. The grading criteria/rubrics are provided to students with other course materials on Blackboard at the beginning of the course.

A single grading scale is used for all nursing courses. Nursing students must earn an 80% or a “C” to pass the nursing courses. Prior to **January 2015**, the nursing program had used the same grading scale as the entire college, which allowed rounding up when the grade was within 0.5% of a higher grade. For example, students who earned 79.5% in either a theory or clinical course were considered to have passed. Faculty discussed a number of students who had passed with 79.5% and subsequently failed either courses or NCLEX-RN. In **January 2015**, the Dean requested and received approval of a new grading scale for the nursing program. This scale eliminated any rounding upward. The policy was updated and implemented in **January 2015** with the change reflected in all syllabi. Students were updated on the evaluation change by all faculty on the first day of classes. An addendum to the handbook was distributed. Each faculty member outlined the change in the syllabus and ensured that students were aware of the “Grading Scale and Rounding Policy” (Appendix L).

The nursing program has a policy that limits the number of times a student may fail, withdraw, or repeat a nursing course. If a student withdraws from the same course twice, this is considered one failure in that course. Failure to achieve 80% in any nursing course is also considered one course failure. Three total failures in any nursing course will result in academic dismissal from the nursing program. Two failures in the same course will also result in academic dismissal from the nursing program.

All students in the WITC nursing program receive the evaluation policy at general orientation and on the first day of class. The entire handbook is available on the Nursing Program Page, which is accessible through the college’s website. The nursing program’s practice is to announce, reinforce, and invite questions regarding changes in evaluation in the “Announcements” section on Blackboard. This sends an automatic email to all students who are registered for a course.

Competencies in theory courses are evaluated using the students' written, online, and oral assignments and exams on topics that relate to the main competencies of the course. Methods are typically multiple choice exams, written and online assignments, or oral presentations. Eighty percent of the course grade in a theory course comes from the multiple choice exams. Twenty percent of the course grade comes from assignments. All students must achieve an exam average of 80% and an assignment average of 80% to pass the course. Students receive regular feedback in courses in a number of different ways. The primary way students are kept informed of their status in a course is through the Blackboard Grade Center. Additional methods that inform students of their course status include face-to-face meetings with the instructor, weekly clinical feedback forms, and academic referrals to the program counselor.

Examples of written assignments are a medication teaching paper and reflective journaling. Examples of online assignments include adaptive quiz questions, case studies, and practice exams. Examples of oral assignments include mental health presentations, post-clinical presentations, and peer teaching. All exams are administered electronically using a lockdown browser. Grades are available immediately upon test submission. The student's weighted average is always available in the Blackboard Grade Center. Students who do not earn a passing score on a test or an assignment are encouraged to meet with the faculty person to review the test or assignment and to determine strategies for future success.

WITC offers only two nursing theory courses online (Mental Health and Community Concepts and Management and Professional Concepts) and only during the summer semester. All course material is presented online in the Blackboard course. To ensure security and rigor, all exams are taken in a proctored environment. Students are notified of the exam dates upon registration for the course. All assessment and evaluation activities for these two courses are the same as the activities required in the face-to-face courses.

A WITC Nursing Testing Blueprint has been developed to guide the progression to higher levels of learning. The goal was to follow the levels of Blooms taxonomy and systematically raise the difficulty level of the questions to better prepare students for NCLEX style questions. Faculty have also been adding more prioritization type questions. Please refer to Table 4.7: "WITC Nursing Test Plan Blueprint".

Table 4.7 WITC Nursing Test Plan Blue Print				
Bloom's	Semester 1	Semester 2	Semester 3	Semester 4
Knowledge (Remembering)	10-20%	0-15%	0-10%	0%
Comprehension (Understanding)	35-45%	20-30%	10-20%	0-10%

Application (Applying)	35-45%	35-50%	30-50%	30-55%
Analysis (Analyzing)	<5%	5-15%	20-45%	25-45%
Synthesis (Evaluating)	0%	5%	5-15%	10-20%
Evaluation (Creating)	0%	5%	<10%	5-15%

In an effort to assess student progression towards the end of program SLOs, and to reinforce theoretical reasoning and clinical decision making, the nursing program has integrated clinical simulations. Simulation is graded on a pass/fail basis. All students purchase an Evolve/Elsevier product entitled “Simulation Learning System RN 2.0” (SLS)”. The SLS package includes an observer rubric, which is used by the faculty for assessment. Please refer to “SLS Observer Rubric” (Appendix M).

Skills Lab courses utilize skill performance demonstration checklists, quizzes, and written assignments as well as simulations and role play as assessment methods. Students receive immediate feedback in the lab setting regarding skills demonstration. The instructor signs off on the student’s checklist with either a “competency met” or identifies what needs to be practiced and retested. The majority of nursing skills are taught and evaluated in the first semester course Nursing: Skills. Students are evaluated on both skills performance and theoretical rationale supporting the skill. Selected advanced skills are taught in the third semester nursing course, Nursing: Advanced Skills, while skills competency testing for those skills take place in Nursing: Intermediate Clinical Practice. Student’s grades in the skills lab courses are prorated based on skill performance.

In addition to skills lab and simulation, and to assure ongoing competence in skill performance, in 2013 faculty began using a “rusty skills” approach to ensuring clinical competence in nursing students. The majority of technical skills are taught in 1st semester of the nursing program in the Nursing Skills course. Students in 2nd, 3rd, and 4th semester are required to go through competency testing to verify their proficiency of previously learned skills prior to attending clinical. In 2nd and 4th semester this skills testing occurs at the beginning of each semester in the simulation lab. Students in 3rd semester are skills tested in the Advanced Skills Lab and Intermediate Clinical Practice. Students who do not demonstrate competence are referred back to skills lab to remediate. This method has improved the performance level of students in the lab and the clinical setting.

All clinical courses are graded using multiple methods of assessments. Students are evaluated using performance demonstration, discussions with faculty about the patient plan of care, as well as written assignments, journaling, and oral presentations. Between 40% and 50% of the clinical grade is based on the student’s clinical performance. This varies by course. Students must pass the clinical performance portion of the course in order to pass the course. All clinical evaluation tools have the SLO statements represented, which are leveled by clinical competencies. The clinical evaluation tool format and the grading scale is identical for all nursing courses. The level of achievement and the setting vary

from course to course and show increasing expectations of performance. Please refer to “Advanced Clinical Practice Clinical Evaluation Tool” (Appendix G).

In the clinical courses students receive weekly feedback addressing their ability to meet the competencies and areas requiring improvement. Students are informed weekly if they performed satisfactorily, if their performance needs further development, or if their performance was unsatisfactory for that week. Students also meet privately with faculty to discuss their performance at the mid-term and at the conclusion of the clinical experience. Additional meetings can occur at any time the faculty or the students choose.

The nursing program uses a national standardized testing service in each level of the program. Prior to **January 2015**, Assessment Technologies, Inc. (ATI) was used. Since that time, Health Education Systems, Inc. (HESI) is the testing service utilized by WITC. Each semester the students are required to take between one and four different content-specific specialty and exit exams per semester. These proctored tests account for 5%-10% of the clinical grade each semester. Immediate feedback is available to the students on their content knowledge. Students receive an individualized remediation plan based on the results. Students are required to complete the remediation to receive credit for the exam. Please refer to “WITC HESI Remediation Policy” (Appendix N). The practice of taking tests on the computer better prepares the student for taking NCLEX. Unproctored but graded HESI practice exams are included throughout the curriculum to prepare students for the proctored HESI exams.

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

The WITC Nursing Program is approved by the WI Board of Nursing and meets WITC and WTCS system requirements for program design. The presidents of the WTCS colleges have established standards for the number of credits in associate degree programs and have approved the 70 credit length of the WTCS associate degree nursing programs. The WTCS also specifies categories of General Studies courses that must be included in all Associate Degree programs. These include physical science, written and oral communication, and behavioral science courses. The nursing program total is 70 credits with 38 credits (54%) of nursing and 32 credits (46%) of General Studies/Electives. This meets ACEN, State Board of Nursing, WTCS and college requirements.

The manner of course sequencing will allow for program completion within four semesters. However, because most students complete General Studies and elective requirements prior to petitioning, most students will complete the program in six semesters (2 semesters of General Studies and 4 semesters of nursing). Many of the students choose to progress through the program at a slower pace. Please refer to Table 4.8: “WITC Curriculum sequence”.

Table 4.8		
WITC Curriculum Sequence		
Course Number	Course Title	Credits
Semester 1		
543-101	Nursing Fundamentals	2 cr
543-102	Nursing Skills	3 cr
543-103	Nursing Pharmacology	2 cr
543-104	Nursing: Introduction to Clinical Practice	2 cr
801-195	Written Communication	3 cr
809-198	Developmental Psychology	3 cr
806-177	General Anatomy and Physiology	4 Cr
		Total 19 credits
Semester 2	*Note: The successful completion of all first semester nursing courses is prerequisite to any second semester course	
543-105	Nursing Health Alterations	3 cr
543-106	Nursing Health Promotion	3 cr
543-107	Nursing Clinical Care Across the Lifespan	2 cr
543-108	Nursing: Intro to Clinical Management	2 cr
806-179	Advanced Anatomy & Physiology	4 cr
801-196	Oral/Interpersonal Communication	3 cr
		Total 17 credits
Table 4.8 (CONTINUED)		
WITC Curriculum Sequence		
Course Number	Course Title	Credits
Semester 3	*Note: The successful completion of all first year nursing courses is prerequisite to any third semester course	
543-109	Nursing Complex Health Alterations	3 cr
543-110	Mental Health Community Concepts	3 cr
543-111	Nursing Intermediate Clinical Practice	3 cr
543-112	Nursing Advanced Skills	1 cr
809-198	Introduction to Psychology	3 cr
806-197	Microbiology	4 cr
	Elective course	2 cr
		Total 18 credits
Semester 4	*Note: The successful completion of all third semester nursing courses is prerequisite to any fourth semester course	
543-113	Nursing Complex Health Alterations	3 cr
543-114	Management & Professional Concepts	2 cr
543-115	Nursing Advanced Clinical Practice	3 cr
543-116	Nursing Clinical Transitions	2 cr
809-196	Introduction to Sociology	3 cr
	Elective course	3 cr
		Total 16
		Program Total 70 credits

In the nursing program as well as in all other associate degree programs at WITC, a theory or didactic course is allotted 1 hour of classroom each week or a 1:1 ratio. Nursing Skills and Advanced Skills lab courses are calculated on a 1:2 ratio, with 2 hours each week for each credit in

the course. Finally, clinical time is calculated on a 1:3 ratio, with 3 hours in clinical each week for each 1 course credit.

Prior to program admission, students must complete certain prerequisites. There are requirements for math, chemistry and nursing assistant. Students are given several options for completing these requirements, or testing out of the requirements and therefore these requirements are not included in the 70 credit total. Not all students need to take these courses. For example; students need a level of math proficiency to be successful in the nursing program. This level of competence can be demonstrated by meeting a math score on the admission test, or by taking a math class.

Another example is chemistry competence. Chemistry is a prerequisite to the General Anatomy and Physiology course. However, this requirement can be met by high school biology, high school chemistry or a college chemistry class. Seventy-five percent of the students enter the nursing program with this chemistry requirement already met.

The final example of a program prerequisite is nursing assistant. Nursing assistant is a set of basic patient care skills required in nursing. These skills are not taught in the nursing program; they are expected in the first clinical rotation. Students can meet this requirement in a number of ways. Students can take a nursing assistant course at the college (they do not need to be certified to enter the program); students can already be a nursing assistant and be employed, they can take the Basic Nursing Skills course or they can transfer the skills in from another college. Therefore, 60% of entering nursing students do not need to complete a nursing assistant course.

The Dean completed a document review to look at how many students took nursing assistant within 3 years of starting the nursing program. As of **2015**, 40% of nursing students had completed the CNA program at WITC within the past three years. Because less than 60% of the CNA students matriculate into the core nursing program, this requirement is not included in the credit hours.

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

The skills laboratory and simulation lab are practice learning environments that facilitate students achieving the learning outcomes and program outcomes. The skills lab provides an opportunity for the students to practice skills in a safe learning environment. The students are taught specific skills by an MSN-prepared nursing instructor. Students need to demonstrate competence in the first level and third level skill courses. Students are given two attempts to safely perform a skill. If competency is not demonstrated after the second attempt, the student will not pass the course. The skills course grade is determined by successful completion of all skills. Students also have the opportunity to practice skills

during open lab time, which is available to them 3-5 hours per week and by appointment. Second and fourth semester students utilize open lab time to prepare for skills competency testing and simulations.

There is a simulation lab on each campus. The simulation lab is used by every student in each semester of the program to evaluate decision-making and prioritization skills. Students are assigned 1-4 days in the simulation lab every semester. The simulation lab allows faculty to determine student competence in psychomotor skills using controlled scenarios. The primary purpose of simulated activities is to assess student competence in a controlled environment. In the lab setting, students are given simulated clinical situations and must problem solve and determine the appropriate actions needed for the simulated patient situation. Simulation is graded on a pass/fail basis. All students purchase an Evolve/Elsevier product entitled “Simulation Learning System RN 2.0” (SLS). The SLS package includes an observer rubric, which is used by the faculty to assess the students

In all simulation scenarios, students are divided into four-member teams. Each team comprises a primary nurse, a secondary nurse, a family member, and a provider. Students rotate through each role with the simulation increasing in complexity. Prior to attending simulation, students in all semester complete and are evaluated on a “Pre-Simulation” exercise. This comprises gaining access to the electronic medical record (EHR) and investigating the medical diagnosis, pathophysiology, labs, and medications. In order to attend and participate in simulation, students must have submitted an electronic copy of this assignment as well as a concept map that includes the nursing diagnosis, interventions, and ongoing assessments for the simulated patient. These submissions are evaluated by the instructor prior to the simulation session. Please refer to Table 4.9: “Skills/Simulation Competency Relationship” to the SLOs.

Table 4.9 Skills/Simulation Competency Relationship to SLOs				
SLO	Semester 1	Semester 2	Semester 3	Semester 4
1	Primary nurse role in Simulation	Primary nurse role in Simulation	Primary nurse and team lead role in Simulation	Primary nurse and team lead role in Simulation
2	Documentation, SBAR in Skills and Simulation	Documentation, SBAR in Simulation; physician phone call in Simulation	Documentation, SBAR in Advanced Skills and Simulation; physician phone call in Simulation	Documentation, SBAR in Simulation; multiple physician phone calls regarding change in patient condition in Simulation
3	Dosage Calculation in Skills and Simulation; pre- and post-simulation exercises on pathophysiology of disorder	Dosage calculation in Simulation; pre- and post-simulation exercises on pathophysiology of disorder; discern gradual change in patient condition	Dosage Calculation in Advanced Skills and Simulation; pre- and post-simulation exercises on pathophysiology of disorder; discern urgent change in patient condition	Dosage calculation in Simulation; pre- and post-simulation exercises on pathophysiology of disorder; discern emergent change in patient condition
4	Nursing process on minority patient in Simulation	Nursing process on minority patient in Simulation	Nursing process on minority patient in Simulation	Nursing process on minority patient in Simulation
5	Medication safety, hand hygiene, and patient	Medication safety, hand hygiene, patient	Medication safety, hand hygiene, and patient	Medication safety, hand hygiene, and patient

	identification in Skills and Simulation	identification, patient allergy in Simulation; safely manage routine IV and IVPB	identification in Skills and Simulation; safely manage blood administration and IV push medication in Simulation	identification in Skills and Simulation; safely IV push medication in Simulation; catheterize patient with autonomic dysreflexia
6	Practice primary nurse role in Simulation	Practice primary nurse role in Simulation; consult physician	Practice team leader role in Simulation; consult physician, x-ray, and lab	Practice team leader role in Simulation; consult physician, x-ray, and lab; consult social worker and lead care conference
7	Electronic Medical Record use in Simulation	Electronic Medical Record use in Simulation	Electronic Medical Record use in Simulation	Electronic Medical Record use in Simulation

Another practice learning environment are the clinical sites. Students are assigned care for patients in hospitals and nursing homes with direct nursing staff and faculty supervision. Students are required to prepare prior to clinical and are graded on their performance.

Practice learning environments are evaluated by students as well as faculty. A newly-created end of program evaluation was completed by students just prior to graduation in **Spring 2016**. The evaluation included a ranking of the overall curriculum, overall clinical experiences, overall skills laboratory experiences, and how well the program addressed each SLO. As part of the program evaluation plan, the experiences are rated on a 5-point scale with 5 being the highest rating. The overall curriculum was rated 4 or greater by 77% of respondents. Clinical experiences were rated as 4 or greater by 91% of respondents. Addressing the end of program SLOs was rated at greater than 4 by 90.45% of respondents.

The skills lab and supplies received lower scores with 50% of respondents rating it at 4 or greater. Members of the Standard 5 committee have reviewed the evaluations and found that the skills lab and supplies were areas of needed improvement noted by the graduating students. For the students entering the program in **Fall 2016**, the Standard 5 committee designed and purchased a skills kit which was issued to each student. The kit comprises all of the supplies that the student would need for both Nursing Skills and Advanced Skills. With the semester several weeks underway, anecdotal reports show a positive reaction to the kits both from students and faculty.

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

Students participate in clinical experiences in all levels of the nursing program. Please refer to Table 4.10: "Clinical Courses in the Nursing Program".

Table 4.10 Clinical Courses in the WITC Nursing Program		
Course Number	Course Title	Credits
Semester 1		
543-102	Nursing Skills	3
543-104	Nursing: Introduction to Clinical Practice	2

Semester 2		
543-107	Nursing Clinical Care Across the Lifespan	2
543-108	Nursing: Intro to Clinical Management	2
Semester 3		
543-111	Nursing Intermediate Clinical Practice	3
543-112	Nursing Advanced Skills	1
Semester 4		
543-115	Nursing Advanced Clinical Practice	3
543-116	Nursing Clinical Transitions	2

The clinical experiences include activities that are evidence-based and reflect contemporary practice and nationally established and health and safety goals. The clinical experiences in the nursing program are primarily in long term care and acute care agencies. There are limited community clinical experiences. In the first semester, for example, clinical experiences include residents/patients who are generally stable and have lower acuity levels. Therefore, long-term care settings and less acute care settings are often utilized. In the second semester, students are able to experience nursing care of two or more patients as well as in specialty areas related to competencies for the course Clinical Care Across the Lifespan. Experiences may include inpatient, outpatient, and community sites involving obstetrics, pediatrics, or medium-level acute-or long-term care experiences. In the third semester, students gain experience in mental health as well as more complex and higher-acuity settings. In the fourth semester, students care for patients with acute and complex multi-system health care needs, collaborate and work with interdisciplinary teams, and take on leadership roles. The final course at WITC, Nursing Clinical Transitions, is a stand-alone course. Students have the opportunity to work with a preceptor who helps with the transition from the student role to the RN role on a one-on-one basis.

Several methods are utilized to determine appropriate sites for clinical rotations. Decisions regarding placement of students are determined by clinical competencies, availability of clinical units, and expertise of faculty to guide the clinical learning. The faculty and Dean review agency materials looking for support of nursing education, adequacy of daily census, standards of patient care, and continued accreditation status. At the beginning of each clinical rotation, students receive an orientation to the agency and its policies. Students receive orientation to the equipment and the electronic medical record, if applicable.

If a facility demonstrates an interest in becoming a practice facility, the Dean visits the facility to gather information about the proposed clinical site and completes a “Clinical Facility Selection” form to assure that the site meets the Wisconsin Board of Nursing requirements. Please refer to “Clinical Facility Selection Form” (Appendix O). If approved as a clinical site, and agreement is initiated. After a clinical site is chosen, it continues to be evaluated. The opportunity for students to meet the course competencies is considered when evaluating the clinical site. Continued placement of students at these clinical sites is

based on daily census, course competencies, clinical objectives, the willingness of staff to work with students, nurses practicing within the legal scope of practice, and faculty recommendation.

All clinical students receive orientation to the clinical agency by a WITC clinical instructor or by a representative of the clinical agency. First semester students prepare for a clinical day by visiting the unit and gathering data the day prior to the shift. As the student progresses in the program, preparation is typically done one hour prior to the start of the shift. Each clinical student receives weekly, mid-term, and final evaluation of work. In a situation of flagrant safety or professional violation of conduct, the program uses a “Critical Incident Report”. The instructor may ask the student to leave the unit immediately and even recommend to the Dean that the student be dismissed from the program.

The student to faculty ratio in most clinical courses, including Nursing Clinical Transitions, is 8:1 unless the facility requests that fewer students attend in a session. During the final course, Nursing Clinical Transitions, the preceptor works with only one student at a time, so the ratio is 1:1. Each of the WITC clinical instructors is responsible for eight precepted students. Medications are administered by students in all semesters. In the first semester, students are directly observed by the clinical instructor or the primary RN. In subsequent semesters, certain medications may be given by a student with verification by a team leader. Direct faculty observation is required for most medication administration.

Students on all four WITC campuses experience clinical in acute care settings with an electronic healthcare record (EHR). Students utilize the EHR to document care provided and access patient information. Through use of computers on the clinical unit, students are able to research diseases, medications, policies, and procedures. Students monitor and evaluate patients receiving patient controlled analgesia according to policies that follow Joint Commissions guidelines. The clinical sites are utilizing quality indicators and core measures. By increasing student awareness of these measures the student is able to implement the interventions designated by agency policies. This includes actions to decrease the risk of urinary catheter associated infections, effectively managing patients’ pain, providing influenza and pneumonia vaccinations, administering antibiotics in a timely manner, and providing patient education. Students work with the staff to implement protocols to decrease fall risk, prevent pressure ulcers, prevent deep vein thrombosis, and prevent surgical infections. It is essential that students understand that reimbursement is tied to these measures.

Hospital National Patient Safety Goals (NPSG) are discussed in all clinical courses during the student orientation. At the beginning of each semester, all clinical students attend a mandatory orientation addressing medication safety, HIPAA, and infection control. Depending on the clinical site and course, some students complete a quiz related to the safety goals. Students have ongoing opportunities to practice meeting the goals while providing patient care. Students at all acute care settings

are able to participate in National Safety Goal #1, which is “Improve the Accuracy of Patient Identification”. This is practiced when students scan patient identification armbands for medication administration, blood transfusions, and blood glucose monitoring. Students also ask each patient to state name and birthdate before providing any care.

Another example is that students practice the use Identify- Situation-Background-Assessment-Recommendation (ISBAR) communication. This communication technique is used to meet National Safety Goal #2, which is “Improve the Effectiveness of Communication among Caregivers”. Students also work to meet National Safety Goal #3, which is “Improve the Safety of Medication Administration”. While students are not labeling medications for perioperative and procedural settings, they do label syringes that are not prepared at the patient’s bedside for immediate administration. Students are also encouraged place labels on multiple running infusions to ascertain that medications and lines are properly linked. Students are expected to check International Normalized Ratios (INR) prior to administering warfarin and partial thromboplastin times or PTT when administering heparin to reduce the likelihood of complications associated with the use of anticoagulant therapy. Students work with the hospital staff to meet National Safety Goal #7, which is “Reduce the Risk of Health Care-associated Infections”. Students do this by complying with hand hygiene guidelines, implementing agency practices to prevent health care-associated infections due to multidrug-resistant organisms, and implementing evidence-based practices to prevent central line-associated bloodstream infections and surgical site infections. All of the acute care clinical sites used by the nursing program are accredited by the Joint Commission, and the long term care sites are approved by the State of Wisconsin.

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

The clinical practice learning environments allow students to achieve the student learning outcomes. Written agreements are in place between Wisconsin Indianhead Technical College and each agency that serves as a student clinical site for nursing courses prior to any student clinical experiences. Please refer to “Sample Clinical Agency Contract” (Appendix P).

The content of agreements evolves from a process of mutual development and acceptance of the responsibilities of the college and the health care agency. The faculty and Dean evaluate the proposed facility and determine if it is appropriate for clinical learning. Based on the recommendation of the nursing faculty, the Allied Health Technician on behalf of the Divisional Dean initiate the agreement. The agreements are signed by the Vice President of Human Resources & Risk Management and the clinical agency president or representative. The contract will remain in effect and automatically renew

unless either party notifies the other with six months' notice to discontinue. This length of notice assures that student learning will not be disrupted as it prevents termination of a clinical course in progress.

As part of the program evaluation plan, the Allied Health Technician reviews the clinical contracts and uploads them to the college's intranet. If any contracts are expired or out of date, the Allied Health Technician communicates this to the Dean. Even though many of the contracts are self-renewing, the nursing program set an ELA that all contracts will be reviewed every five years. As part of the program evaluation plan and this review process, the Allied Health Technician will monitor the age of the contracts and follow the process to ensure that all contracts are current.

The faculty has created an ELA for this standard to ascertain that all clinical sites are compliant with contemporary nursing practice and recorded in the SPE. The ELA requires that each year, all clinical agencies used by one of the four campuses will be reviewed for contemporary practice, evidence based care, census, and national patient health and safety goals. This review will be conducted by a member of the Standard 4 team. In this way, all clinical agencies will be completely reviewed for contemporary practice every four years. At the time of the writing of this self-study, all contracts are current within five years.

According to the contractual agreement, the college will have each student clearly identified as a student. To meet this obligation, students are required to wear uniforms with the WITC Associate Degree Nursing logo embroidered on scrub top and trousers. Students also must wear WITC-issued nametags any time clinical is in session.

The contract also requires that all nursing students comply with all health and background verifications required by the clinical agency. All student information is uploaded by the student into a central database managed by Castel Branch, Inc. The clinical coordinator for the college then provides this information to the clinical agencies. Students complete and sign an agreement to disclose any background or health issues to the clinical agency. The college also provides the clinical agencies with names, emails, clinical hours, and educational level of all students who will utilize the site.

The college will provide a qualified instructor and a curriculum plan identifying the educational needs of the students. The faculty will become aware of the agency's policies and procedures and will notify the appropriate personnel prior to starting the clinical rotation. The college will carry a general liability policy for both students and faculty. Finally, the program will assure that all students have signed a Clinical Verification Form to document that they have become aware of the hazards and risks of an occupation in the health field and are aware of Universal Precautions Procedures and Policies. Students are required to undergo HIPAA training each semester. This is provided and documented on each campus each semester on the first day of classes.

According to the clinical agreement, the agency will notify the college if a student is not able to participate in a clinical due to the caregiver background check or the health verifications. Students and faculty realize that the agency is the sole decider on who may come to that agency. The agency will retain responsibility for the safety of the patient, and will realize that the student is a participant in an educational program. The agency will orient the faculty and/or the student to the clinical site and will notify the instructor of any problems or concerns. The agency will make parking spaces, lockers, conference room space, and dining room facilities available if needed. The agency will notify the college within five working days if the agency receives any citations that would prohibit student use of that facility.

Once the agreement has been signed, the assigned clinical instructor will conduct an orientation and informational meeting with the clinical nurse manager (or designee) prior to each clinical rotation. This orientation meeting is intended to plan for the upcoming clinical rotation by reviewing clinical objectives, roles and responsibilities, and the general components of the clinical contract. Additionally, the clinical facilities provide WITC with information related to policies and procedures for the facility that students and faculty are expected to follow. This information is shared with the students during clinical orientation on the first day of classes. Each clinical facility has unique paperwork that students need to complete. This includes facility expectations of students and instructors. The agencies also provide dress code information, which is presented to the students on the first day of classes. Please refer to “Clinical Sites Utilized Spring and Fall 2016” (Appendix Q).

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

The WITC nursing program offers primarily face-to-face course delivery, with limited online offerings. In addition to the traditional classroom, skills lab, and clinical settings, two online nursing courses are offered, as well as interactive video conferencing (ITV –Telepresence) delivery. 543-110 and 543-114 are offered online every summer. ITV courses are not regularly scheduled, but are used to fill unexpected faculty vacancies.

WITC uses Blackboard as the electronic learning management system. In addition to offering complete courses online or ITV, all courses are web-enhanced through the use of a Blackboard template. Course competencies remain the same regardless of online or face-to-face delivery. The learning activities, instructional materials, and evaluation methods may be adjusted in the alternative delivery formats.

Both summer online courses are conducted via the Blackboard platform. In place of face-to-face lectures, podcasts and discussion boards are utilized. Case studies and assignments are all submitted

electronically as they are in face-to-face courses. All tests are given online and require an approved proctor. All instructor office information is provided in the syllabus. Instructors can be contacted via phone, email, skype, or chat room. If a student requires assistance, the Academic Support Center and the Learning Resource Center is available to online students through the WITC website.

Technology is widely available for students. There are several computer labs located around each of the WITC campuses, and are open to any student. Library services such as online databases and support services are available on each campus. Students have access to online activities, and materials both on campus and at home.

The WITC nursing program has incorporated Evolve into all courses, both online and in-person. Through Evolve, students are assigned case studies, practice exams and adaptive quizzes relevant to the curriculum in each course. They also have access to a wide variety of unassigned activities to enhance and facilitate their learning, as well as digital resources for their textbooks that include learning activities and study guides to reinforce learning.

The online courses include numerous discussion boards as a method of evaluation. A nursing program rubric for grading discussion boards has been developed. If a student takes more than one course online as he or she progresses through the program, the student can anticipate the same grading criteria in any core nursing course.

Multiple choice unit tests are used in online courses, Telepresence and face to face courses. Some enhanced courses also use online unit tests. It is the expectation that all of these tests are completed individually without resources. Exams are administered with a proctor and students may only access exams through the Respondus Lockdown browser, which prevents them from viewing other content while taking the exam.

In an effort to verify student identity and provide for test security, all students are required to sign in to Blackboard using their student ID and password. In addition, all exams require an approved proctor who can verify identity.

As required by ACEN for Follow-Up Report, please refer to “Program Checklist & COS” (Appendix R).

STANDARD 6

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

6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following; student learning outcomes, program outcomes, role-specific graduate competencies, and the ACEN Standards.

Nursing faculty at Wisconsin Indianhead Technical College recognize the value of ongoing systematic evaluation of the nursing program to support program improvement. At the time of the Accreditation Commission for Education in Nursing (ACEN) site visit in **Fall 2014**, reviewers found a lack of evidence that the systematic plan for evaluation (SPE) emphasized ongoing assessment and evaluation of the student learning outcomes (SLO), role-specific graduate competencies, and the ACEN Standards. After receiving detailed and helpful feedback in the site visitors' report, the entire faculty participated in addressing the need for ongoing assessment and evaluation in the program.

In **November 2014**, the Vice-President for Academic Affairs, along with the Dean attended the full faculty meeting to discuss the site visitors' preliminary report and to reassure the faculty that the college would provide ongoing support. The final notification was received from ACEN in **March 2015**. After the formal report was received, a full faculty meeting (full faculty comprises all full-time instructors) was held to discuss the site visitors' report and the needed SPE revisions as well as to address the need for future full faculty involvement. At this time, the full faculty acknowledged the importance of ongoing collection and evaluation of data.

In **May 2015**, at a full faculty meeting, the Dean announced that a portion of each faculty meeting in fall, winter, and spring would be used to update the SPE. In order to begin to address the site visitors' report as soon as possible, the Dean requested that any faculty interested in meeting with a consultant during the summer months should let her know via email. Several faculty members expressed interest.

In **June 2015**, a small group of faculty, the consultant, and the Dean met and began SPE revisions. With faculty input and advice from the consultant we developed a timeline for the completion of the required follow-up report. Please see Timeline for Follow-Up Report (Appendix C). According to this timeline, the first step would be to revise the SPE in summer 2015. The faculty members who were present were receptive to the consultant's use of a nursing care plan as an analogy, as it helped them understand the purpose of the SPE. The consultant demonstrated that identifying a problem, setting a goal, collecting data, and reevaluating progress would comprise the process of maintaining an SPE as a working document. At this meeting, the faculty, Dean, and consultant set the goal of designing a new SPE with well-defined expected levels of achievement (ELAs), clear time frames for the frequency of assessment, personnel responsible for data collection, the results obtained, and the actions taken. The revised plan included student learning outcomes, ACEN required program outcomes, role specific graduate competencies and all of the ACEN standards.

The decision was made to maintain the SPE on the college's shared drive so all faculty have access. The nursing program has 20 full-time faculty members. It was decided that each would be responsible to collect data on three or four criteria. The Dean and participating faculty divided the full faculty into teams and committees to begin implementation of the SPE as soon as faculty returned to work

in the fall. The format of the SPE was discussed and changed slightly for clarity and ease of use. The ELAs for each criterion were placed at the top of the page and the following five columns were created; 1) responsible person, 2) frequency of assessment, 3) assessment methods, 4) results of data collection and analysis, and 5) actions. This small faculty group discussed each standard to ensure that the criteria was not only fully addressed but also included specific and measurable components. Particular attention was given to 1) specific ELAs for each criterion, 2) data collection on SLOs, program outcomes, role-specific graduate competencies, and all ACEN standards; and 3) faculty participation in documentation. After reviewing the site visitors' comments the group felt that all of the comments would be addressed by the improvements to the SPE. The timeline specified that the revised SPE would be implemented for the 2015-2016 academic year. Therefore, the group decided to introduce the newly-designed SPE at the full faculty meeting in August. Please refer to "Faculty Meeting Minutes June 2015" (Appendix S).

In **August 2015** the entire faculty, the Dean, and the consultant met and reviewed the work that had been done to design the SPE and create measurable ELAs for each criteria. All faculty either agreed with their standard team assignment or chose a different area of participation. The consultant and Dean reviewed with the full faculty each criteria and ELA within the new SPE. Faculty members were given the opportunity to ask questions and request clarification. All faculty agreed on the importance of involvement in data collection and analysis for the SPE. Each faculty member voiced understanding of the responsibility to maintain an active SPE and agreed to participate on a standard committee. The faculty then met in work groups, divided by standard, to familiarize themselves with the standard, the criterion, and the ELAs. The faculty agreed that each committee member would collect the data, results, and actions assigned by the committee chair. The committee chair would then enter the information into the SPE.

In **January 2016**, sixteen faculty members, the Dean, and the consultant met to review the SPE. The discussion focused on Standards 4 and 6 in anticipation of writing the required follow-up report. In compliance with the timeline, entries had been made in each standard regarding data collected, results, and actions. This documentation had been entered into the SPE by the standard committee chairs. Because the timeline required work on standard 4 to be completed by the end of 2015, the standard 4 committee analyzed the data that had been collected, the results, and the actions planned for the curriculum. The committee for standard 6 also met briefly to plan work during the spring semester. A plan was made to review the entire SPE during the May full faculty meeting. The data, results, and action plans for standard 6 would be entered into the SPE by the standard 6 chair as it became available from outside agencies and as it was collected by the standard 6 committee members.

In **May 2016**, the full faculty and the Dean met to review the entire SPE. For the first time since the implementation of the new SPE, each standard's committee chair gave a complete report to the full

faculty. A majority of data was found to be entered for each standard, including data collected, results, and actions. The responsible committee chairs agreed to enter the remaining data before the semester ended. As a faculty we are beginning to see how the data collection and analysis can help us improve our program.

The nursing program added the data related to the Student Learning Outcomes and the Graduate Role Competencies into the SPE. The faculty wanted the data on SLOs and graduate competencies to be systematically reviewed and having this data in the SPE ensured that this data review and analysis would occur. The data was added to the SPE and is located at the end of Standard six, after criterion 6.4.5. To summarize, in the current SPE, all of the ACEN standards and criteria are divided among the faculty, who are divided into Standard Teams 1-6. Each semester the information is collected by the designated standard team, analyzed, compared with previous action items, and recorded in the SPE by the standard committee chair. If additional action items are required, these are documented also. The entire faculty meets each semester to monitor progress on each standard. This results in the entire faculty maintaining an overview of the program's progress, while a small team of faculty is responsible for each standard.

Because the standard committees are continually collecting and analyzing data, the actions taken by the program are based on evidence. At times it is noted that certain ELAs are not met. The SPE allows the committees and the Dean to clearly note which ELAs are not met and to address potential changes based on this. In the case of an ELA that is not met, the committee chair informs the Dean via email or phone. Depending on the criteria, the Dean may either ask that the standard committee discuss and resolve the problem or may place the item on the agenda at a full faculty meeting. Before the full faculty meeting, the standard committee chair may solicit ideas from the standard committee members. This may be via phone, email, or in-person discussion because the faculty are located at campuses up to 150 miles apart. The standard committee chair may then present the information to the full faculty. In some cases, the standard committee will have made a decision in cooperation with the Dean. In other cases, any proposals will be discussed by the full faculty. If so, the full faculty will vote to make a change. The faculty has voted to make changes only once yearly, in August unless it is absolutely necessary.

The SPE now serves as a working document that faculty utilize to measure and evaluate the degree to which student learning outcomes, ACEN required program outcomes, the ACEN standards and how the graduate role competencies are achieved.

6.2 Evaluation Findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision making for the maintenance and improvement of the student learning outcomes and the program outcomes

The nursing faculty at WITC recognize the importance of data collection for program improvement. During the ACEN **Fall 2014** site visit to WITC, visitors noted a lack of evidence that the nursing program utilized data sufficiently to inform program decision-making. After the visit, faculty endeavored to improve the process even before the final ACEN report was sent to the college. For example, in **December 2014**, a group of faculty developed a first draft of a table that would be used to collect and aggregate progress toward end-of-program student learning outcomes (SLOs) data using our clinical evaluation tools. The plan was to begin using these tables for SLO data collection the following semester.

Also in **December 2014**, the Dean and one faculty member began to separate the past three years' ACEN-required outcome data into cohorts by campus and program option. It was felt that this needed to be completed before any meaningful analysis could begin. The nursing program now collects, aggregates, and trends data on student progression toward all of the SLOs. Each clinical course now measures progression toward each SLO on every student. This data is collected on each student by means of an SLO Category Tracking Tool. Refer to "SLO Category Tracking Tool" (Appendix E). We are then able to track the number of students in each course who do not make sufficient progress toward each SLO. This allows us to look at the SLO data across all clinical courses and observe for trends, which are then used to improve the curriculum. Observation and analysis of trends in SLO progression and achievement also allow the faculty to determine whether any of the SLOs are not leveled correctly. Prior to the recent site visit we had not done anything like this.

To further address the lack of evidence noted by the site visitors, the Dean and faculty began to work with a consultant to better collect data on ACEN-required outcomes and base all program revisions on data. In **January 2015**, for the first time, the program began to monitor NCLEX-RN pass rates by campus and by program option. An example of how this data was used for program improvement is described below.

The Standard 6 team examined the transcripts of the students who did not pass NCLEX-RN. Nearly all of them had failed at least two nursing courses. Furthermore, an extremely unusual circumstance with a faculty member leaving in the middle of a semester had allowed several of the students who failed to remain in the program when they could have been academically dismissed. This was discussed with the Vice-President of Academic Affairs and the Dean. It was agreed that this would not be repeated in the future. Examination of transcripts of students who failed NCLEX throughout the data collection period (2011-2015) did show a pattern of these students failing two or more nursing courses. The faculty discussed this at a full faculty meeting in May 2016 and it was decided that the policy of academic dismissal would be changed to be more stringent. Currently a student would be academically dismissed for either three course failures or two failures in the same course. Beginning with

the Fall 2017 cohort, any student with two course failures will be academically dismissed. Please refer to “Faculty Meeting Minutes May 16, 2016” (Appendix T).

To further address other ACEN-required outcomes, in **June and July 2015** nursing faculty began to investigate variables affecting program completion. Faculty developed measurable ELAs for program completion based on program option. The faculty discussed several different variables that anecdotally affected student success and program completion. Program completion continues to be closely monitored. Another ACEN-required outcome was student and employer satisfaction. Prior to the site visit, satisfaction surveys were distributed by the college and were not program-specific. In **Summer 2015**, program-specific surveys were developed by the Dean and sent to college administration for approval. Once approved, these nursing-specific surveys were deployed and data collection began. A final ACEN-required outcome is job placement. At the time of the site visit, job placement information was collected every four years by the college. In **July 2015**, in an effort to collect nursing-specific data on initial employment, an employment-specific question was added to the new graduate follow-up survey. Informally, faculty are collecting job placement data to facilitate a comprehensive picture of program graduate employment.

The data on ACEN-required program outcomes is collected by the standard 6 team members on each of their respective campuses, reported, and entered into the SPE by the standard 6 chair. Three years of data, separated by cohort and program option, were entered into the SPE between July 2015 and May 2016. The standard 6 committee discussed the results and extensively researched the data, especially the data on program completion. The complete results were reported to the full faculty at a meeting in **May 6, 2016**. Refer to Appendix I: “Faculty Meeting Minutes May 6 & 12, 2016”.

At the time of this writing, the standard 6 team collects data on 1) performance on licensure exam, 2) program completion, 3) graduate satisfaction, 4) employer satisfaction, 5) job placement, 6) measurement of SLO attainment, and 7) measurement of graduate role competency attainment. This data is collected by campus and program option. As a point of clarification, WITC has two program options; generic ADN and LPN progression. WITC nursing classes are offered on four campuses; Ashland, New Richmond, Rice Lake, and Superior. The findings of data collection are used to make program decisions such as course offerings, learning activities, assessment methods, program policies and schedule changes. NCLEX pass rates dropped in the fourth quarter of **2014**. In examining this drop, the faculty discussed possible reasons. In **January 2015**, the result of this discussion showed faculty agreement that the reason may have been twofold. Firstly, the faculty felt that the high rate of turnover among staff may have resulted in a lack of alignment between learning activities and the end-of-program SLOs. Secondly, the faculty also felt that it would be an improvement if students had the opportunity to be assessed in a more standardized way. A literature review was completed on curriculum alignment and various types of

standardized testing. As a result, the program discontinued both ATI testing products and many course assignments that had not been updated in a very long time. The program began using Elsevier learning activities and HESI products in **January 2015**. Faculty determined that these products would provide better alignment of the curriculum, better measurement of progress toward SLO attainment, and more accurate trending and tracking of data. Please refer to “Faculty Meeting Minutes January 2015” (Appendix U).

One example of trending and tracking data is the program’s use of results obtained from HESI Specialty and RN Exit Exams. These results are utilized to assess individual student progress toward the SLOs. The HESI Exams were implemented in **January 2015**. Based on available data comparing HESI scores to NCLEX-RN success, the nursing program decided upon a benchmark of 900 for each exam. The benchmark is tied to credit in each individual nursing course. Students are required to reach this benchmark and/or remediate according to their areas of greatest deficiency. Individual 4th semester instructors monitor student RN HESI scores. Each student who takes the RN Exit is required to either achieve 900 and/or remediate. The student receives a study packet based on exam results and may use this for an NCLEX study plan. The HESI RN Exit data is also used to consider changes in the curriculum. For example, data on the RN Exit Exam results were collected for **Fall 2015**. Because the HESI Exams were initiated in **January 2015**, it was felt that the students taking the RN Exit Exam would have had two semesters to acclimate to the process. The Fall results were measured on three campuses, because the Ashland campus only admits students once a year; therefore, they have no Fall semester graduates. The HESI Exam results were analyzed by the standard 6 chair. If the percentage of students who answered a question correctly was greater than 10% below the national average on two out of three campuses, the subject was considered as an area of concern.

In **Spring 2016**, the data was again analyzed. Data revealed certain areas of weakness in both Fall and Spring. At the **May 2016** full faculty meeting, changes in the learning activities and assessments were agreed upon. For example, students did not answer questions on the HESI exams regarding restraints correctly, so a module on restraints was added to the Nursing Skills course. Another area of concern on the HESI exams was concepts in respiratory function and alterations. Because students in the curriculum specifically study the respiratory system in the second and third semesters but not the fourth semester, it was felt that there may be some need for review prior to graduation. A respiratory simulation was added to the fourth semester. Refer to “Faculty Meeting Minutes May 12, 2016” (Appendix I).

NCLEX Program Reports by Mountain Measures, Inc. are also now used to track and trend data. In **2014-2015**, an area of concern was defined as a percentile rank without significant improvement vs. similar programs, vs. programs in our jurisdiction, or vs. national programs. This data was compared with

the HESI data. Please refer to “HESI/Mountain Measurements Areas of Concern” (Appendix V). The concepts that appeared in both were prioritized for changes in learning activities and assessments.

In addition to tracking and trending HESI and Mountain Measurements, the nursing program also tracks, trends, and analyzes data related to the ACEN-required program outcomes. After this data is analyzed by faculty, improvements to the program are implemented. Examples of data collection and analysis along with resulting program changes are listed in the table below. Refer to Table 6.2: “Data Collected, Trended, and Analyzed in the Nursing Program”.

TABLE 6.2			
Data Collected, Trended, and Analyzed in the Nursing Program			
Data Collected	Frequency	Who reviews	Changes Made as a Result of Data
NCLEX	Each semester	Standard 6 team Dean Full faculty	Below the Line curriculum - all learning activities deleted and EAQ and Case Studies were implemented Implemented HESI Specialty and Exit Exams Implemented HESI Practice Tests Academic dismissal policy made more stringent Increased grading scale Discontinued group exams
Program completion	Each semester	Standard 6 team Dean	Stopped rounding of course grades Implementation of academic coaches Developed and implemented an introductory course for all LPN to ADN students due to low program completion Require remediation for all HESI scores <900 benchmark
Feedback from students	Monthly	Dean and campus lead	Penalty for late assignments Implemented HESI Practice Exams
TABLE 6.2 (CONTINUED)			
Data Collected, Trended, and Analyzed in the Nursing Program			
Data Collected	Frequency	Who reviews	Changes Made as a Result of Data
HESI RN Exit exam	Each semester (December and May)	Standard 6 team 4 th semester faculty Dean	Began cross-referencing HESI RN Exit Exam results with Mountain Measure results looking for areas needing remediation
Mountain measures NCLEX results	Each cohort	Standard 6 chair Dean Full faculty	Pediatric exam questions added to every theory course Respiratory case study added to 4 th semester Skills unit on restraints added to basic and advanced skills
Course Reports	Each semester	Individual faculty Course lead Course team	Faculty review student results and agree on changes
Clinical Performance	Each semester	Individual faculty Dean Standard 6 chair	This measures progress toward SLO achievement All students not meeting this benchmark must re-take the course This data supported the need for a more stringent academic dismissal policy

6.3 Evaluation findings are shared with communities of interest.

Nursing faculty members value the program’s communities of interest and acknowledge them as stakeholders in the program’s success. Faculty believe stakeholders have a right to be informed on the outcomes of the nursing program. Recognized communities of interest include: current nursing students,

the community at large, future nursing students, employers, clinical site partners, Advisory Committee members, college administration, the Wisconsin Technical College System (WTCS) State Office, Wisconsin Board of Nursing, ACEN, baccalaureate partners, and the WTCS system curriculum committee.

The ADN program has many stakeholders and the program strives to share outcome data with all parties. The program outcome data is shared with the Wisconsin Board of Nursing and ACEN through required annual reports. The required reports comprise information on substantive changes in the program and data on employment, completion rates, and NCLEX-RN pass rates. Information shared also comprises data on program operations including numbers of students enrolled and number of graduates, program length and credits, faculty credentials, preceptors, complaints, methods of delivery, standardized testing, partnerships, and the systematic program of evaluation. These reports are submitted in the fall of each year.

The WTCS requires outcome data related to program completion and NCLEX pass rates in an annual report. This is submitted to the WTCS by the WITC Office of Institutional Effectiveness. In addition, the WTCS requires Technical Skills Attainment (TSA) data to be collected for each graduate. TSA measures the knowledge, skills, and abilities of graduates from each program at the college. Each program can choose an independent 3rd party instrument to verify graduate competence. For the nursing program, the TSA third party assessment of graduate competence is the NCLEX-RN results which are shared with the WTCS state office. The NCLEX pass rates for individual students and for the college are publicly available on the Wisconsin Board of Nursing website.

There are additional examples of sharing program outcomes with communities of interest. For example, the Nursing Advisory Committee meets annually via teleconference at each of the four nursing campuses. Members of the committee include nursing clinical representatives that support the program. During the meetings outcome information about the program is shared and there are discussions regarding the results which include a report of NCLEX-RN, job placement, program completion, curriculum changes, and student assessment and evaluation. Finally, new activities within the nursing program are discussed and members report on institutional changes. Additionally, the institutions receive summaries of the students' Clinical Site Evaluations when available.

An example of sharing outcome information is through the WTCS Curriculum Advisory Group. The state curriculum advisory group is made up of nursing faculty and managers from each WTCS nursing program. Outcome data is shared with the WTCS nursing curriculum advisory committee. This committee reviews data related to course completion, program completion, NCLEX pass rates, and Mountain Measure NCLEX reports. Low results in any area are analyzed and the committee tries to determine if the results are related to a single college variable or if it is related to the state curriculum.

Another example of outcome sharing is the public disclosure process. One strategy for sharing program outcome information with the general public is through the public disclosure page on the nursing program home page on the college website. The public disclosure page identifies the nursing program's graduation rate, the NCLEX pass rates and the subsequent job placement rates for nursing graduates. This information is publicly accessible for all potential students, employers and any other interested individuals.

A final method of information sharing is the program review process that is required by both the college and the state. At WITC, all academic programs undergo a formal review on a regular basis as part of continuous improvement efforts. The purpose of the academic program review is to determine the strengths and challenges of the existing program and to set strategies and plans of continuous improvement in order to provide future learners with more competitive skills, viable knowledge, and a quality education. Included in the data collected for the program review are statistics for program completion, assessment of student learning (SLOs), advisory committees, and collaboration across the college. This information is collected and shared with WITC college administration and the WTCS compliance office.

6.4.1 Performance of Licensure Exam

Graduate performance on the national licensing exam (NCLEX) is an essential measure of program effectiveness. The results of the NCLEX exam are monitored closely for each graduating class by the Standard 6 team and the Dean and documented in the SPE. In order to set our goals to match the requirements of ACEN, the nursing faculty have adopted the ELA of "the program's three year mean for the licensure exam pass rate will be at or above the national mean for this same three-year period" as an acceptable measure of the expected level of achievement. Most recently ACEN has changed their ELA to an annual measure of 80%. Therefore, the data in the table below is listed with a percentage for each cohort and each campus location.

NCLEX-RN pass rate data is collected by the Dean and the Standard 6 team. NCLEX- RN data is tracked for each semester graduating class and by each campus location. Names of the students within each graduating cohort are compared with initial dates of licensure obtained from the Minnesota and Wisconsin State Boards of Nursing.

The Standard 6 team has analyzed the data looking for trends or commonalities as to specific locations or cohorts. In **May 2016**, the most recent cohort, the program average for first-time NCLEX-RN success was 88.67%. All locations had greater than 86.7%. When the **December 2015** cohort tested, the pass rate was above the national average with the exception of the New Richmond campus. Several

students in the New Richmond graduating cohort did not pass NCLEX-RN on the first attempt. A majority of these students had failed and/or withdrawn from multiple nursing courses.

Analysis also revealed that December graduates in **2014 and 2015** scored lower on NCLEX-RN. When examining these students, it was found that a large portion of the students who failed NCLEX-RN were students who had either failed a course or been academically dismissed from the program and had returned. Because the literature is in general agreement that failures in nursing courses reduce the likelihood of NCLEX-RN success, the Dean and faculty have developed and will implement a new academic failure and dismissal policy. The NCLEX-RN results per campus and within each cohort are described below. Please refer to Table 6.4.1A: “WITC Generic ADN Nursing Program NCLEX-RN Results”. For the three-year average of NCLEX-RN pass rates, refer to Table 6.4.1B: “Three-year Average of NCLEX-RN Pass Rates”.

Table 6.4.1A							
WITC Generic ADN Nursing Program NCLEX-RN results							
Campus Location	May 2016	Dec 2015	May 2015	Dec 2014	May 2014	Dec 2013	May 2013
Ashland	88.9% n (9)	No students	92.3% n (13)	No students	60% n (10)	No students	70% n (10)
New Richmond	87.5% n (16)	58% n (12)	95.2% n (21)	84.6% n (13)	81.8% n (22)	87.5% N (8)	61% n (18)
Rice Lake	88.9% n (9)	87.5% n (8)	93.3% n (15)	94.1% n (17)	88.9% n (9)	90% n (10)	81.3% n (16)
Superior	86.7% n (15)	90% n (10)	94.1% n (17)	66.6% n (15)	80.9% n (21)	77% n (13)	92.3% n (13)
Total	88.67%	78.5%	93.7%	82%	79%	84.83%	76.15%

*NCLEX results were tracked prior to 2013 but not broken down by campus.

Table 6.4.1B Three-year Average of NCLEX-RN Pass Rates			
	2012-2014	2013-2015	2014-2016
WITC 3-Year Average	88.4%	85.45%	84.4%
National ADN 3-Year Average	83.3%	80.9%	81.3%

It was also noted that during spring of 2014, the program and college underwent a time of intense turnover in faculty, program leadership, and college administration. This coincided with a drop in pass rates for the May 2014 graduates. Because of the drop in pass rates during 2014, the Dean was required to submit an improvement plan to the Wisconsin Board of Nursing. This plan was submitted in April 2015 and approved in May 2015. In addition, the plan for substantive change was submitted to ACEN in Spring 2016 and approved in Fall 2016. Please refer to “Wi BON Approval of Improvement Plan and ACEN Approval of Substantive Change” (Appendix W).

The plan included data-driven curricular and assessment changes, increased NCLEX-RN preparation, use of learning facilitators, and increased faculty utilization of the SPE. The faculty and Dean discussed the ways that turnover in personnel may have affected the students’ ability to be successful on the NCLEX-RN. It was determined that there was a need for more standardized learning activities and standardized assessments that would remain the same even when there was faculty or leadership turnover; therefore, curricular changes were made in January of 2015. By the time the May 2015 cohort tested, the group did exceptionally well with a program average of 93.7%. All campuses were above 92.3%. The May 2015 cohort, having been the first group to test after the curricular changes were made, showed a marked improvement in their pass rate on every campus.

Data is also collected and aggregated for the LPN progression students. LPN progression students enter the program each summer. Because WITC does not have a stand-alone Practical Nursing program, many of the students completed LPN education at different institutions. WITC students are able to take the NCLEX-PN after completing one year of courses in the WITC nursing program. Some of the LPN progression students have completed the one year, left school to work as an LPN, and returned to WITC to join an LPN progression cohort.

All LPN progression students join and move forward with a cohort of third semester students on their respective campuses. Faculty have noted in the past that LPN progression students struggled academically, particularly with third semester theory courses, NCLEX-RN style questions, and care planning. An optional summer course for LPN progression students, Roles and Concepts in Nursing, had been offered for many years. With faculty input, the Dean made a decision to require LPN progression

students to take this summer course prior to entering third semester courses. This was implemented in Summer 2015.

It was also noted that the LPN progression students passed NCLEX-RN at a lower rate than the generic students. Because the number of LPN progression students is small, a single student who failed had a large effect on the percentage. There is limited data to track at this time, but the cohort graduating after taking the summer course had a pass rate of 100%. Data continues to be collected and aggregated on LPN progression students. In the summer of 2016, the Roles and Concepts course was updated by the instructor. The competencies were re-written to better align with the curriculum. Students were required to participate in additional on-line and assessment activities, including a HESI Specialty exam. Instructors from the Academic Support were enlisted to help the students with study skills, prioritization, and test-taking. Refer to Table 6.4.1C: “WITC LPN Progression Nursing Program NCLEX-RN Results”.

Table 6.4.1C WITC LPN Progression Nursing Program NCLEX-RN Results							
Campus/Location	May 2016	Dec 2015	May 2015	Dec 2014	May 2014	Dec 2013	May 2013
Ashland	No graduates	0% n (2)	50% n (2)	No graduates	0% n (1)	No graduates	100% n (2)
Table 6.4.1C (CONTINUED) WITC LPN Progression Nursing Program NCLEX-RN Results							
New Richmond	No graduates	0% n (5)	No graduates	No graduates	No graduates	No graduates	No graduates
Rice Lake	100% n (2)	33.3% n (6)	100% n (1)	No graduates	100% n (1)	No graduates	No graduates
Superior	No graduates	66.7% n (6)	100% n (1)	No graduates	0% n (1)	No graduates	No graduates
Total	100%	31.6%	75%	No graduates	33%	No graduates	100%

*NCLEX results were tracked prior to 2013 but not broken down by campus.

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

Program completion is defined as the number of students who begin nursing core courses and graduate within 150% of the prescribed time. Because the ADN program is four semesters, 150% is six

semesters. The LPN to ADN progression program is three semesters, so 150% will equal four semesters to graduation. The faculty has determined ELA #1 as “70% of all generic students will complete the program within 150% (6 semesters)” and ELA #2 as “60% of all LPN progression students will complete the program within 150% (4 semesters)”.

Program completion is calculated in the following manner for the generic traditional ADN students. The starting roster for the first semester Fundamentals course is printed, and that determines the starting cohort. At the end of six semesters, the number of students who have graduated is calculated as the program completion rate. Each semester the Standard 6 chair and the Dean meet to review the statistics. Please refer to Table 6.4.2A: “Nursing Program Completion Rates for Generic ADN Students”.

Table 6.4.2A Nursing Program Completion Rates for Generic ADN Students ELA is “70% of all generic students will complete the program within 150% (6 semesters)”							
Campus	Fall 2013- Spr 2016	Spr 2013- Fall 2015	Spr 2012- Fall 2015	Spr 2012- Fall 2014	Fall 2011- Spr 2014	Spr 2011- Fall 2013	Fall 2010 Spr 2013
Ashland	71.4% (n=14)	No graduates	69% (n= 16)	No graduates	56% (n=16)	No graduates	76% (n=17)
New Richmond	87.5% (n=24)	72% (n=18)	71% (n=24)	47% (n=15)	61% (n=23)	81% (n=16)	70% (n=24)
Rice Lake	70.8% (n=24)	61.5% (n=13)	57% (n=23)	50% (n=14)	70.8% (n=24)	66% (n=15)	58% (n=24)
Superior	68% (n=25)	47% (n=17)	70% (n=20)	55.5% (n=18)	64% (n=25)	36% (n=22)	46% (n=24)
Total	68% (n=87)	60.6% (n=48)	66% (n=83)	51% (n=47)	63.6% (n=88)	58.5% (n=53)	60.6% (n=89)

In an effort to determine possible reasons for student non-completion, the Standard 6 chair collects the names of students who did not finish in either six (for generic ADN) or four (for LPN progression) semesters. The Standard 6 committee member on each campus then researches possible reasons for the non-completion. These are then entered into the SPE. Typical reasons are academic failure, personal problems, working FT, or financial difficulties. The Standard 6 committee reviews these reasons and presents them to the full faculty for discussion and recommendations. Patterns and commonalities are used to recommend program changes.

Program faculty continues to note that one of the third semester courses contributes to a lack of student progression. Complex Health Alterations 1 is the course with the highest failure and withdrawal rate in the program. Since 2012, a tutor has been provided for this course. At the beginning of the tutoring program, which was funded by a Perkins grant, the tutor was available for all nursing students. In 2012, the pass rate for Complex Health Alterations 1 was 75%. Individual campuses saw sporadic improvement, but the program as a whole did not see an increase in completion rates. In 2013, the because Complex Health Alterations 1 was isolated as the biggest hindrance to program progression and

completion, the tutor was made available to only students in Complex Health Alterations 1. During 2013, the pass rate for Complex Health Alterations 1 was 82%. In 2014, faculty began requiring the tutor to attend the class for which he or she was providing help. Refer to “Faculty Meeting Minutes January 2015” (Appendix U).

In 2014, the pass rate for Complex Health Alterations 1 was 81%. Therefore, in an effort to increase the pass rate for Complex Health Alterations 1 even more, in 2015, the tutors underwent a training program to increase academic coaching skills. This training focused not only on academic skills but also on personal, financial, career, and other concerns. At the end of 2015, the pass rate for Complex Health Alterations 1 was 86.4%. Data will continue to be analyzed to determine if this is affecting program completion.

The Fall 2013 cohort was the first admitted under the competitive petition process. Their expected completion date was Spring 2016. The program ELA was met for this cohort. Continuing analysis of completion rates will be needed to determine if the competitive admission process is responsible for the improvement.

For students who enter the nursing program as LPNs, program completion is defined as the graduation within 150% of the prescribed time. All LPN progression students enter the program in the summer and are required to take the course “ADN Roles and Concepts”, which is designed to help the entering LPN students make the transition to the ADN program. Program completion is calculated by comparing the roster of the ADN Roles and Concepts course to the students who graduated after four semesters. Please refer to Table 6.4.2B: “Nursing Program Completion Rates for LPN Progression Students”.

Table 6.4.2B Nursing Program Completion Rates for LPN Progression Students ELA is “60% of all LPN progression students will complete the program within 150% (4 semesters)”					
Campus	Sum 2015- Fall 2016	Sum 2014- Fall 2015	Sum 2013- Fall 2014	Sum 2012- Fall 2013	Sum 2011- Fall 2012
Ashland	0% (n=1)	100% (n=2)	50% (n=2)	100% (n=2)	100% (n=2)
New Richmond	No students	No students	0% (n=1)	No students	No students
Rice Lake	100% (n=3)	50% (n=2)	33% (n= 3)	No students	0% (n=1)
Superior	No students	55.5% (n=3)	100% (n=3)	0% (n=1)	100% (n=3)
Total	75% (n=4)	33% (n=7)	55% (n=9)	67% (n=3)	83% (n=6)

A review of the past several years of data on program completion revealed that generic ADN students completed at a higher rate than the LPN to ADN students. As noted previously, one of the LPN progression entry requirements, initiated in 2013, is completion of a course named “ADN Roles and Concepts”. This course is designed to assist these progression students in making the transition from working as an LPN to academic success in ADN courses.

In reviewing the data from 2014 and 2015, the course requirement did not seem to be affecting LPN completion rates. In an effort to address this ongoing concern, the instructor for the ADN Roles and Concepts course created new competencies and learning activities that would better align with the curriculum. Students in the course were also given a standardized exam similar to the exams that will be given to their cohort during the third and fourth semesters of the program. Furthermore, starting in 2016, faculty from Academic Support visited the class to assist students with study skills and time management. The first class to benefit from these changes is the Summer 2016 class, who should complete their program by Fall 2017.

The average for the graduating cohorts between Fall 2012 and Fall 2016 is 62.5%. This meets the overall program's ELA. However, certain cohorts did not meet the ELA. There were really no patterns or trends identified when looking at the data by individual campus. The group sizes are very small; therefore, a single failure on a campus or even in the program results in a large change in the completion rate. The cohort completing in Fall 2016, which is the most recent, did meet the ELA. In Fall 2016, the full faculty examined the LPN completion rates. The faculty determined that some of the students who had not completed had taken the required course but not received a passing grade. The decision was made to require an average of 80% or greater in the required "ADN Roles and Concepts" course for entry into the third semester cohort. In addition, the Dean has created a checklist for LPN progression that will be shared with the academic counselors. This checklist includes a detailed list of the program requirements, the time commitment, and the academic rigor. The Dean has scheduled meetings with the academic counselors on each campus to outline the need for student awareness of resources and requirements.

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

Prior to the 2014 ACEN site visit, WITC measured graduate program satisfaction on the graduate follow-up survey which was completed 6-12 months after graduation. Per college and state policy, this survey was only sent every four years and was not program specific. After learning this method did not fulfill the requirements of 6.4.3, the Dean developed a nursing program end of program survey to be completed at the time of graduation. The Dean also developed a nursing program graduate follow up to be completed 6-12 months after graduation. Moreover, the SPE was updated to reflect the development of the surveys and an expected level of achievement (ELA) was decided on by the nursing faculty. The ELA for graduate satisfaction is "90 % or higher of graduates will recommend or highly recommend the WITC Nursing Program." Please refer to "End-of-Program Satisfaction Survey Tool" (Appendix X).

As of spring 2016, the end of program survey is completed in the Nursing Clinical Transition course during the final testing day. Since this survey is completed in class using a provided Survey

Monkey link, the response rate has been 100%. Although the survey was developed in 2015, it had to be approved and branded by Human Resources before it could be implemented. This created a lag in the time from development to deployment. It was first administered to students in May 2016.

On the end of program survey, students are asked to rate the following areas regarding support services, computer labs and technology, orientation, study areas on campus, library, overall nursing curriculum, clinical sites, preceptorship, online courses, and the student learning outcomes. Other areas of data collection include rating the general education courses. The survey asks students “would you recommend nursing to others?” and “would you recommend nursing at WITC to others?” Please refer to Table 6.4.3A: “Nursing End of Program Satisfaction Survey Quantitative/Qualitative Results”.

Table 6.4.3A		
Nursing End of Program Survey Quantitative/Qualitative Results		
ELA: 90% or higher of graduates will recommend or highly recommend WITC		
Graduating Class	Survey Return Rate	Students that would recommend or highly recommend WITC nursing program
May 2016 (n=44)	44/44	42/44 (95% ELA Met)
Comment examples	HESI was expensive Highly recommend WITC Always room for improvement with technology Great program (3 responses) Good clinical sites Supportive staff	

As of fall 2016, in addition to the "End of Program" survey, the program has implemented a graduate follow up survey. Prior to Fall 2016, the survey was not program-specific. Every October, the college Institutional Effectiveness department sends both an email and a hard copy graduate follow up survey to all of the graduates for the past 2 classes. One year after graduation it is difficult to find an email that is current for students, so the graduate survey is still sent via postal mail. The graduates receive the survey between 6 - 12 months after graduation. In order to increase our return rate, follow up phone calls are made and surveys are resent.

The graduate follow-up surveys are sent by mail with an online survey link in the cover letter as an option. A survey link is also sent to the graduates preferred email address. Three requests by each method are sent during the data collection period to attain the highest percentage responses, and may be followed up with phone calls if graduates have not yet responded. All nursing graduates of the 2014-15 academic year were sent the graduate follow up survey. One hundred ten (110) nursing graduates were surveyed and 101 responded for a 92% response rate overall.

The graduate follow-up survey includes satisfaction related to preparation in the areas of the SLOs. The survey also includes demographic information about employment. The program’s goal was to

make the survey concise as an incentive to return the completed survey. The ELA for graduate satisfaction is “90 % of the responses on the graduate satisfaction survey to the question (Please rate your overall satisfaction with your nursing education at WITC) will be either prepared or very well prepared.” Results are returned to Institutional Effectiveness who compiles the results. It is the responsibility of the standard 6 committee to review the results and if needed make recommendations to the faculty as a whole. Please refer to “Graduate Program Satisfaction Survey Tool” (Appendix Y). Please refer to Table 6.4.3B: “Nursing Graduate Follow up Survey Results”.

6.4.3B Nursing Graduate Follow-up Survey Results ELA: 90% of the responses on the graduate satisfaction survey to the question “Please rate your overall satisfaction with your nursing education at WITC” will be either prepared or very well prepared		
Campus/Location	May 2015	December 2014
Ashland	92% (13)	No graduates
New Richmond	90% (n=21)	85% (n=13)
Rice Lake	94% (n=17)	70% (n=18)
Superior	100% (n=15)	54.5% (n=13)
Total	94% (n=66)	66.5% (n=44)

In addition to the surveys used in the nursing department, the college as a whole utilizes the Noel-Levitz Student Satisfaction Inventory (SSI). This surveys are conducted every other year in the spring semester and are not program specific. The satisfaction question is: “Rate your overall satisfaction with your experience at WITC.” Response Options are: 1) not satisfied at all; 2) not very satisfied; 3) somewhat dissatisfied 4) neutral; 5) somewhat satisfied; 6) satisfied; 7) very satisfied. The overall WITC 2016 score was 5.94. In future surveys, the college will be able to separate results by program.

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

The nursing faculty believe that it is important to monitor employer satisfaction with WITC nursing program graduate preparation. The WITC nursing program strives to graduate well-prepared nursing students who will meet the needs of the clinical partners. To monitor employer satisfaction by the WITC nursing program, a survey is utilized.

Annually in March, the college Institutional Effectiveness department sends employer satisfaction surveys asking about specific nursing graduates. Institutional Effectiveness asks the students permission during the graduate follow-up survey to contact the employer. The graduate follow-up survey is mailed in October and the employer survey is mailed in March. The Dean is working with Institutional Effectiveness to send an aggregated survey with the hope of increasing response rates. Historically, the

College procedure has been to ask graduate permission to survey the employer. Therefore, there has been a challenge to collect sufficient data.

Prior to the 2014 site visit, the employer satisfaction survey had been sent out every four years by the college. The nursing program has worked with Institutional Effectiveness to increase the frequency of the nursing employer survey to yearly. Since the site visit, data from employer satisfaction has been collected from one survey cycle.

The survey has been traditionally sent to employers via the postal mail. It is a challenge to get results so the program has done several things to improve return rates such as send an electronic survey. The return rate for this survey was 100% with 48/48 completed. In order to achieve the high response rate, personal requests were made.

The survey asks the employers to rate a single graduate nurse in terms of preparedness as a professional nurse. Program satisfaction is determined by the following ELA: “90% of the employers responding to the survey will rate the graduate at 3 or above in response to the first question “The graduate was prepared for their first nursing position”. The employers rated the graduates at 100% with the preparedness of WITC graduates for nursing practice.

The employer survey contains questions regarding each of the SLOs. The survey also includes questions regarding how the WITC graduates compare to other associate degree graduates. The tool has one question related to employer hiring practices of WITC nurses. The survey also has space for additional comments to enable the program to collect qualitative data. Comments were trended and analyzed with a majority of comments indicating that students were well-prepared for clinical practice. Employers generally commented that students seemed to have adequate clinical time in the program. Two areas that were mentioned by more than one employer were “needing more experience in recognizing patient change in condition” and “need more practice in documentation”. See Table 6.4.4: “Nursing Program Employer Survey Results”.

Table 6.4.4	
Nursing Program Employer Survey Results	
ELA: 90% of the employers responding to the survey will rate the graduate at 3 or above in response To the first question “the graduate was prepared for their first nursing position”	
Campus/Location	March 2016
Ashland	100% (n=7)
New Richmond	100% (n= 14)
Rice Lake	100% (n=15)
Superior	100% (n=12)
Total	100% (n=48)

The survey results are placed on the shared drive under nursing/evaluations. These surveys are available for nursing faculty to review. This information is also discussed at the Nursing Advisory

Committee held in the fall each academic year. The program ELA for employer satisfaction is 90% and it has been met during this initial survey. Please refer to a blank copy of the tool “Nursing Program Employer Survey” (Appendix Z).

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

Job placement information is collected in a number of different ways. The college collects job placement information on all graduates using the graduate follow up survey. The college information is compiled based on email and mail surveys conducted from October through March of each academic year. This information is broken down by program. The college job placement information and the nursing program have very high return rates.

In addition, the nursing program has continued to informally collect nursing graduate job placement data. A small college has informal ways to collect job placement data as well. Examples include graduate phone calls to faculty to report NCLEX success and talk about new jobs, and faculty seeing graduates in clinical settings while doing clinical rotations. Advisory Committee members report at meetings when WITC nursing graduates have been hired at their facility.

The nursing program job placement data is recorded in the SPE that documents each graduate's NCLEX performance and the graduates initial first job placement. In an effort to collect data on initial employment, a question was added to the new nursing graduate follow-up survey. “Was your nursing job in acute or long term care and was it for the number of hours you wanted?” The majority of the nursing graduates are employed in long term care and acute care. The data indicates: 60% in Acute Care, 39% in LTC and 1% in other (MD office, home care, insurance companies, prison health care, or unknown). Overall, graduates from the nursing program at WITC are securing employment, primarily in the acute care and long-term care settings. The latest data reveals that at least 95% of graduates are employed in nursing within six months of graduation. The program consistently meets the ELA of 70% of nursing program survey respondents will be employed in nursing within 1 year of graduation.

When reviewing the data collected by the college, 95% of all WITC’s 2014-2015 graduates are employed at the six-month interval. 51% of these graduates are employed in the WITC district. This is an indicator of our programs contribution to the Wisconsin workforce.

When looking at the ADN job placement data from 2012-2013, the results improved from 98% employed to 100% employed. The job placement rates for LPN to ADN students also remained very good at 100% for 2012-2013 and 100% for 2014-2015. Historically job placement rates were not aggregated by campus or location. After the 2014 ACEN site visit, job placement has been tracked on the graduate follow-up survey by campus location. Please see Table 6.4.5: “Nursing Program Initial Job Placement Rates”.

6.4.5 Nursing Program Initial Job Placement rates ELA: 70% of nursing survey respondents will be employed in nursing within 1 year of graduation						
Campus/Location	2015 Generic Students	2015 LPN to ADN Graduates	2014 Generic Students	2014 LPN to ADN Graduates	2013 Generic Students	2013 LPN to ADN Graduates
All locations not broken out by campus	100% (n=95)	100% (n=4)	99% (n=93)	100% (n=3)	98% (n=84)	100% (n=2)
Ashland	100% (n=13)	100% (n=2)				
New Richmond	100% (n=29)	No graduates				
Rice Lake	100% (n=31)	100% (n=1)				
Superior	100% (n=22)	100% (n=1)				