GARDEN CITY COMMUNITY COLLEGE

ACADEMIC PROGRAM REVIEW REPORT

Nursing and Allied Health/Practical Nursing

Certification/Cert C

Professional Accreditation: Approval by Kansas State Board of Nursing,
Last reviewed October 2013

Last Approved GCCC Program Review: Spring 2011

Submitted on: February 2, 2018

Signature Page and Archiving

Dean of Institutional Effectiveness Date

President Date

Archiving:

Division Leader submits to Dean of Institutional Effectiveness, Planning and Research.

1. A complete electronic version of the Academic Comprehensive Program Review
2. All documentation (electronic and print)
3. A signed signature page (electronic and print)

GARDEN CITY COMMUNITY COLLEGE

Program Review
Faculty and Dean Verification

I verify I have been an active participant in the program review process and have read this Program Review Report to be submitted to the Program/Department Review Committee:

Elizabeth Wampler, Nursing Faculty — Date 5-9-18

Lorilynn Landgraf, Nursing Faculty — Date 5-9-18

Tracy Lamb, Nursing Faculty — Date 5-9-18

LaLani Kasselman, Nursing Faculty — Date 5-9-18

Shellie Emahizer, Nursing Faculty — Date 5-9-18

Lawrence Jenkins, Nursing Faculty — Date 5/9/18

I verify that this program review report is ready to be reviewed for feedback and action by the Program/Department Review Committee.

Patricia Zeller,
Director of Nursing Education and Allied Health — Date 5-9-18

As dean of the Academic or Technical Education and Workforce Development Division, I verify that this program review report is ready to be reviewed for feedback and action by the appropriate Program/Department Review Committee. If revisions to original submission of the report are requested (by the committee), I understand another signature by me will be required:

Chuck Pfeifer, Dean Technical Education and Workforce Development — Date 5/10/18

Table of Contents

Program Review Components

Component A - Mission and Context

A.1 Program Mission and Purpose State your program emphasis area's mission with purpose and how it helps to fulfill the broader mission of GCCC. Briefly describe where your program emphasis area fits within the college's structure (e.g. division/dept.) and what credentials and/or areas of specialization it grants. Briefly, discuss the trends in higher education related to the need for your program and identify how the program is responsive to the needs of the region or broader society it intends to serve.

The Mission of Garden City Community College focuses on the contributors to society. The GCCC Practical Nursing Program's mission is to contribute to the community as well as the health care system. These two missions work very well together to emphasize the impact of both the nursing program and the college to the surrounding areas. The surrounding communities thrive on the GCCC's nursing program as much of the nurses in healthcare are from GCCC. The GCCC nursing program meets with an advisory board biannually to stay current of the nursing needs in the area. The advisory board for 2016-2017 is attached. (next page)

GCCC Mission *"Garden City Community College exists to produce positive contributors to the economic and social well-being of society."* **GCCC Purpose** *"The goal of GCCC is to provide opportunities that encourage development of basic skills, critical thinking, and life experiences that enhance the quality of life. To achieve these goals and to foster student success, the college has developed comprehensive programs which address all of these purposes."*	**Practical Nursing Program Mission & Purpose** "The mission of the Garden City Community College Nursing Program is to meet the need for Licensed Practical nurses in the health care system and to provide the diverse community an opportunity for education in nursing. The nursing department provides a career ladder for individuals who choose nursing. Nursing education at Garden City Community College provides relevant knowledge and skills that enable the graduate to contribute to society as a nurse."
"produce positive contributors"	"contribute to society both as a nurse and as an individual"
"economic and social well-being of society"	"meet the need for Licensed Practical nurses in the health care system"

A.2 Progress Since Last Review Before commencing with this review, attach from your last review the Program Emphasis Area Goals with Recommended Action Steps (or equivalent) (include as Template Appendix A), as well as the Administrative Response to those goals (include as Template Appendix B), and your Strategic Planning Documents (Appendix D). Identify the original goals from your report as well as any new goals that emerged from your mid-cycle report and in the strategic planning process and provide evidence your progress toward accomplishing them. (If you don't have a copy, ask your Dean).

The Practical Nursing Program has Systematic Evaluation Plan (SEP) that looks at the entire program and the needs for the program. The previous Program Reviews have been completed along with the LPN-RN Completion Program (Associate Degree Nursing Program). The SEP and the Appendix is attached. (atch1)

The nursing faculty have created individual professional and personal goals. These goals were then compiled and the Nursing Department program goals were developed. Those goals were then looked at to assist with the Technical Division goals, which helped in the creation and alignment of the GCCC goals.

Advisory Board Member list 2016-2017

Michelle Langston	Director Surgery Services	Centura Health St. Catherine Hospital
Dora Leon	Director of Emergency Services	Centura Health St. Catherine Hospital
Mary White	Family Nurse Practitioner	Centura Health Siena Clinic
Larry Jenkins	Director of ICU/ Out-patient services / Radiology and Heart Center	Centura Health St. Catherine Hospital
Renee Hewlett	Director of Maternal Child Nursing	Centura Health St. Catherine Hospital
Joan Booker	APRN / Diabetes educator / GCCC Nursing Student contact	Centura Health St. Catherine Hospital
Elizabeth Wampler	ADN Nursing Faculty	Garden City Community College
Tracy Lamb	PN Nursing Faculty	Garden City Community College
Lorilynn Landgraf	PN Nursing Faculty	Garden City Community College
Lani Kasselman	PN Nursing Faculty	Garden City Community College
Patsy Zeller	Director of Nursing Education and Allied Health	GCCC

NOTE: The information for Data Tables required in Components B-E will be provided to the fullest extent possible by the Office of Institutional Effectiveness and Institutional Research (IE/IR). Data collection for faculty will be as of November 1 and student enrollment will be as of October 15 for students of the year prior to the submission of the report (follows IPEDS delineation). Programs ***may*** choose to update data beyond November 1 or October 15 of the year prior to the submission of the report. Data collection for student completion, GPA, and class size will end by June 30 of the year prior to the submission of the report. Programs may need to supplement the tables with information unavailable to IE/IR. In such cases, programs ***must*** specify collection methods and dates (or date ranges). For example, faculty data are recorded at the department level and may not accurately reflect the program assignment. The program is encouraged to review the faculty data provided by IE/IR and make adjustments according to the program records. Please provide IE/IR with any updated faculty data tables.

Data queries can be found in Earth Reports under Accreditation in the Program Review folder.

Component B - Faculty Characteristics and Qualifications

The following faculty classification definitions apply to the data exhibits in section B.

- Full-time faculty – faculty whose load is 100% of a full-time contract within the program/department
- Part-time faculty – faculty whose load is less than 100% of a full-time contract within the program/department

Table B.1 - Faculty Qualifications: Faculty listed below are those who taught courses for the program emphasis area within the 2017-2018 academic year as well as those on the 2018 faculty roster from the Dean's office as of November 1st. (Insert rows as needed).

Faculty Qualifications			
Name of Faculty Member	Highest Degree Earned and Date of Acquisition (provided by dept.)	Institution of highest degree (provided by dept.)	Certifications, practices, specialties, etc. related to the discipline that illustrate qualifications
[Full-time faculty listed here]			
Patricia Zeller	MSN 2010	University of Kansas	APRN FNP
Elizabeth Wampler	MSN 2010	University of Kansas	Community Health
Tracy Lamb	BSN 2015	Fort Hays State University	Expected completion of MSN 2019 (Fort Hays State University)
Lorilynn Landgraf	MSN 2016	Fort Hays State University	
LaLani Kasselman	ADN 2000	Colby Community College	Expected completion of BSN 2018 (National American University)
Shellie Emahizer	MSN 2017	Aspen University	
Lawrence Jenkins	MSN 2017	South Dakota State University	Clinical Nurse Leader
[Part-time faculty listed here]			
Sherri Williams	ADN 2003	Garden City Community College	Expected completion of BSN 2018 (Tabor College)
Patricia Miller	BSN 1983	Wichita State University	

Table B.2 - Faculty Demographics: Faculty listed below are those who taught courses for the program emphasis area within the academic year 2017-2018 as well as those on the 2018 faculty roster from the Dean's office as of November 1st.

Faculty Demographics						
	Full-time		Part-time		Total	
	Female	Male	Female	Male	Female	Male
a.) Faculty who are						
Non-resident (International)						
Asian						
Black, non-Hispanic						
Hispanic						
American Indian or Alaska Native						
Native Hawaiian / Pacific Islander						
Two or more races						
Race/Ethnicity Unknown (Or Decline to Identify)						
White, non-Hispanic	6	1	2		8	1
Totals						
c.) Number of faculty with doctorate or other terminal degree						
d.) Number of faculty whose highest degree is a master's, but not a terminal master's	4	1			4	1
e.) Number of faculty whose highest degree is a bachelor's	2		2		4	

B.3 Faculty Scholarship: Provide, in narrative tabular or report format, a comprehensive record of faculty scholarship since the last program review (last 5 years). In addition to traditional scholarship, include faculty accomplishments that have enhanced the mission and quality of your program (e.g., discipline-related service, awards and recognitions, honors, significant leadership in the discipline, etc.).

Conferences Attended:

- **OADN:** Fall 2016 (All faculty) and Fall 2017 PZ Nurse Educator conference: LEAD pre-conference with detailed hands-on education guidelines. General conference with breakout sessions (accreditation, curriculum, ethics, incivility, future of nursing, NCLEX future, and test writing.
- **KCADNE:** Fall 2013/ Fall 2014/ Fall 2015/ Fall 2016 /Fall 2017 (Kansas Commission or Associate Degree Nurse Educators) State wide conference for continued education and collaboration with educators across the state in Associate Degree Education.
- **NLN**- Fall 2015 LL/TL/AW National League of Nursing – National conference for nurse educators
- **Mountain Measurement:** Fall 2016 PZ; Fall 2017 PZ/TL/EW/LL/SE/LK --Conference designed to give instructions to nurse educators for statistical interpretation of NCLEX pass rates and comparisons.
- **NCSBN- National Council of State Board of Nursing:** Fall 2016/ Spring 2017/ Fall 2017 PZ (As Board Member of Kansas State Board of Nursing) Representative for Kansas State Board of Nursing: updates for NCLEX testing, future for international nursing, Nurse Compact, collaboration for board members across the United States, licensure, curriculum and continued dialogue for pass rates.
- **Core Curriculum for Practical Nursing with KBOR- Kansas Board of Regents:** Spring 2017/ Summer 2017/ Fall 2017 and Spring 2018. EW/ TL/ LL (work in progress) Update for re-alignment with team from across the state. Meetings held in Kansas City.

Committee work at GCCC:

EW—GC3 Educators Vice-President (Negotiated Agreement) Faculty representative for GCCC
EW—Faculty Senate GCCC
EW—Criterion 4A for HLC
TL—Faculty Handbook committee
TL—Criterion 4B for HLC
LL—Criterion 3A for HLC
LL—Written Communication review committee-- HLC
PZ—Wellness committee
PZ—Critical Thinking Committee

Leadership roles:

PZ—Kansas State Board of Nursing Education Committee 2012-2014—committee member
PZ—Kansas State Board of Nursing – Appointed Board member 2014-present
PZ—KSBN board member—appointed chair of the Education Committee 2014- present
PZ—KSBN APRN Committee--- Vice-chair 2014-present

Awards and Accomplishments:

EW—
--Outstanding GCCC Faculty of the year May 2017.
--Subject content expert for KSBN in the development of licensed Mental Health Technician
--Volunteer/ teach class X 3 times a year for ABC pregnancy center (2014-present)
--Advisory Board member for Family Crisis Services in Garden City (2017-present)
--Board member for Family Crisis Services in Garden City (2012-2017—2015-2016 Vice President)
--GC3 Educators Vice president 2017-2018
--Faculty Senate 2015-2016 (alternate)—2016-2017 (Junior senator)—2017-2018 (Senior senator)
--Collaboration with Jennie Barker Elementary School—Students and GCCC Nursing students coordinate health club every week (EW is point of contact)
-- Presenter for faculty training at GCCC, Spring 2018 on Outlook

PZ –
--Outstanding GCCC Support Staff of the year May 2017.
-- Delegate and voting member of NCSBN (National Council of State Boards on Nursing) 2017
--Appointed as board member to Kansas State Board of Nursing (2014-present)
--As member of KSBN—assigned as Chair of Education committee and V-Chair of APRN committee

--Assigned to Education committee member 2012-2014
--Member of Kansas Nursing Education and Practice team – support for KONL

SE
--Honor Role Society Member through Aspen University

LJ
--Recipient of the 2013 University of Kansas Registered Nurse Award for the 2013 BSN class
--Recipient of the Outstanding Graduate Student for the South Dakota State University College of Nursing May 2017 graduation.
--Presentation of a quality improvement project "Diabetic Teaching Tool in the ICU Microsystem: Inpatient Diabetic Education Checklist" poster presentation. To be presented in February 2018 at the American Association of College of Nurses 2018 Clinical Nurse Leader Summit.

LL
--Recipient of Kansas Board of Regents Nursing Educator Scholarship 2013-2016
--Recipient of Wagner Baccalaureate Merit Scholarship 2016 from FHSU
--Program Coordinator for PN program 2013-current

B.4 Department Scholarship Analysis: State the goals previously set by your department's emphasis area for scholarship production (previous review). Analyze whether goals were met and the factors that contributed to goal attainment. What changes or modifications are necessary in light of this analysis?

Department Goal for 2017-2018:
--All faculty to attend KCADNE conference every year as a statewide meeting with ADN nursing education—MET
--Fall 2013—El Dorado; Fall 2014- Hutchinson; Fall 2015—Johnson County; Fall 2016—El Dorado; Fall 2017—Great Bend
--All Faculty to attend one national conference for nursing education of accreditation work—MET
--Fall 2014-OADN St. Louis; Fall 2015—NLN Las Vegas; Fall 2016 OADN Dallas; Fall 2017 Mountain Measurement- Chicago

New Department Goal for 2017-2018—revised
--All faculty to attend KCADNE conference every year as statewide meeting with ADN nursing education Facilitate all faculty in Nursing Department at GCCC to attend one National conference of their choice (OADN/NLN/ Nurse Educator Boot Camp/ Accreditation Self-study conference). Changing with ½ of faculty to attend one conference and ½ attend another conference with the collaboration and sharing in a format such as "Lunch and Learn".

B.5 Analysis of Faculty Qualifications: From the evidence available, evaluate the qualifications and contributions of your faculty toward fulfilling the mission of the program emphasis area. Comment on the composition of your faculty in terms of diversity. Identify gaps in preparation, expertise, or scholarly production that need to be filled.

Meeting qualifications:
See B-1 Faculty Qualifications

Areas of experience and expertise:
PZ—
--Nursing education: 2005- present

--GCCC Nursing Director of Nursing Education and Allied Health: 2009-present
-- Acute care: 1978-2005
Areas of Acute care: Surgical floor nurse / Nurse Educator / Nursing Coordinator- House Supervisor / Department Supervisor for Medical Surgical / Employee Health nurse / Infection Control nurse.

EW—
--Nursing Education: 2004-present
--Community Nursing (Developmentally Disabled Adults): 2004-present
--Acute care: OR tech (1998-2000); PACU / Medical-Surgical Unit (2000-2005)

LL
--Nursing education: 2008-present
--Acute care: Maternal child 1996-present

TL
--Nursing education: 2011-present
--Acute care: 1988-2004
Medical-Surgical unit / ICU staff nurse / Nursing Coordinator
--Home Health: 1993-2011
Staff nurse / Supervisor / Coordinator

SE
--Nursing education: CNA and CMA instructor (2005-2011/2017) / PN Nursing Instructor 2017-present
--Long Term Care: 1995-2005 / 2011-2012 / 2017-present
Director of Nursing / MDS Coordinator / Staff Nurse
--Acute Care: 2010-2017
Manager for the Heart Center and Cath lab / Medical-Surgical Unit / Lead Operating Room circulator / Infection control prevention manager
-- Community Health Nurse: 2005-2010

LJ
--Nursing Education: Adjunct clinical instructor 2016-2017; Full time 2018 - present
--Acute Care:
ICU nurse (1993-2003) / ICU Department Supervisor (2003-2008) / Director of Critical Care (2008-2017)

LK
--Nursing Education: CNA and CMA (2015-2016); PN instructor 2016-present
--Acute care: 2000-2005
Medical Surgical / ER / OB / OR
--Long Term Care: 1995-2000 / 2006-2014 LPN, Staff RN, Assistant DON
--Community Health Nurse: 2006-2009
--Home Health: 1995-2000

Diversity:
All white faculty to include 6 female and 1 male.

Plan in place:
LJ mentored by EW
SE mentored by LL
--Continued support for peers with level meetings and PN / ADN. Also combined meetings with report from both levels.
--Scheduled meetings with full workdays, agendas to include:
KSBN Re-approval visit fall November 6-7, 2018
HLC revisit fall December 2018
Program review for PN
Ongoing questions and concerns for Student handbook or major concerns from student representatives

Summary to include Needs and Plan:

Composition of faculty as a whole is very diverse with the hiring of our newest faculty member in January of 2018. The new addition to our faculty was purposeful to help strengthen the faculty roster to increase depth of knowledge with added experience with intensive care experience. Here at GCCC we teach majority of our courses in a team-nursing model. We also use expertise across levels to strengthen awareness and continue to build on Patricia Benner's nursing model with novice to expert expectations.

Table B.6 - Full-Time Faculty Workload: For each of the past 5 years, report full-time faculty workload distribution based on the categories identified below. Include units assigned as overload.

Name of Nursing Faculty	Full Time / Part Time (Adjunct) determined by contact hours By Academic Year					
	12-13	13-14	14-15	15-16	16-17	17-18
Elizabeth Wampler	N/FT	N/FT	N/FT	N/FT	N/FT	N/FT
Lorilynn Landgraf	N/FT	N/FT	N/FT	N/FT	N/FT	N/FT
Tracy Lamb	N/FT	N/FT	N/FT	N/FT	N/FT	N/FT
LaLani Kasselman	AH/FT	AH/FT	AH/FT	AH/FT N/ADJ	N/FT	N/FT
Shellie Emahizer						N/FT
Lawrence Jenkins						F17 N/ADJ Sp18 N/FT
Patricia Zeller		N/X	N/X	N/X	N/X	N/X
Amy Waters	N/FT	N/FT	N/FT	N/FT		
Dennise Exstrom		N/FT	N/FT	N/FT		
Grace Donecker	N/FT					
Renee Hewlett (ADN only)					N/ADJ	
Anita Hoeme (ADN only)					N/ADJ	
Kitra Roth				AH/ADJ N/ADJ		
Sherri Williams						N/ADJ
Patricia Miller						F17 N/ADJ
Template for load configuration	FLC	FLC	CTH	CTH	CTH	CTH

Legend:
N= Nursing
AH= Allied Health

FT= full time
ADJ= Adjunct
X= extra hours

FLC= Faculty Load Credit
CTH= Contact Hours

B.6.1 Analysis of Faculty Workload: In what ways does faculty workload contribute to or detract from faculty ability to work effectively in the program emphasis area?

GCCC Nursing Department has approval from the Kansas State Board of Nursing to accept 40 students on the PN level and 40 students on the LPN-RN level. We have been limited here at GCCC nursing with the struggle to find qualified nursing faculty with the credentials required by the KSBN regulatory agency in rural Kansas. KSBN allows our nursing department to apply for Faculty Hire Exceptions for persons with ADN degrees to work as a nurse educator for the PN program with Plan of study to include the completion of an

advanced degree (BSN) the minimum requirement for PN educator. With salaries offered here in post-secondary education having difficulty competing with wages in industry for BSN and MSN prepared RN's, it has made the struggle real for our growing list of applications.

For the past three years 2014-2017, we have had an average of over 140 persons apply for our 30-40 spots in our PN program. GCCC nursing department has accepted the following numbers for the past years:

2012---20 students
2013---30 students
2014—40 students
2015—30 students
2016—30 students
2017—40 students

Several factors influence the number of students we are able to accept with the factors starting with, number of qualified faculty, opportunities for clinical rotations, and ultimately hinging on the amount of overload our faculty can handle while maintaining our highest level of expectation for delivery of nursing education. We share faculty between our LPN-RN and our PN program as the faculty aligned for LPN-RN level of education are also qualified to help with PN instruction, as they meet the requirements of the KSBN. With this sharing of nursing instructor, we can maintain the mandated ratio listed in the Kansas Nurse Practice Act with the regulations for the KSBN education requirements. The maximum of student to clinical instructor is 10:1. We are constantly in the process of maintaining the highest quality of nursing education while trying to offer this great opportunity to as many students as possible.

Table B.7 - Percentage of courses taught by each faculty classification: The following table includes the percentage of credit bearing courses taught by emphasis area faculty (by classification) during the five most recent years for which data are available.

Percentage of PN Courses Taught by Faculty					
Faculty Classification as of November 1	2012-13	2013-14	2014-15	2015-16	2016-17
Full-Time	100%	100%	100%	95%	100%
Part-time (Adjunct)				5%	
TOTAL	100%	100%	100%	100%	100%

Table B.8 - Student Faculty Ratio: The following table includes student to faculty ratios for the 5 most recent years. The ratios provided are based on the number of students enrolled in the program emphasis area and the faculty assigned to teach in the program emphasis areas. Program emphasis areas that offer courses in which students from outside the emphasis area often enroll (e.g., general studies courses), may wish to include additional data such as the average number of students per course taught by emphasis area faculty.

Student: Faculty Ratio—for Classroom only					
Academic Year	2012-13	2013-14	2014-15	2015-16	2016-17
# of Full-Time Faculty	2	3	3	3	3
# of Part-time*					
FTE Faculty	2	3	3	3	3

# of Full-Time Students (Admitted)	20***	30	40	30	30
# of Full-Time Students (20th day)	19***	28	37	29	30
# of Part-Time Students					
FTE Student	19	28	37	29	30
FTE Student: FTE Faculty Ratio**	19:1	28:1	37:1	29:1	30:1
Student: Faculty Ratio—for Clinical sites only	10:1	10:1	10:1	10:1	10:1
Number of Groups (10:1) for clinical	2	3	4	3	3

* These data are based on course data used for IPEDS reporting as well as faculty data (as of November 1) provided by IE/IR. Please correct as needed and notify IE/IR of any changes made to the data.
**Full-time equivalent (FTE) is calculated using the following formula:
Total # Full-Time Faculty (or Students) + One-third Total # Part-Time Faculty (or Students)
*** Only using student numbers from LPN class that was August- May (2012 Jan- Dec student numbers Not included in total)

B.8.1 - Analysis of Faculty Distribution: Comment on the adequacy or number of full-time vs. part-time faculty and the ability to deliver quality education.

Full-time faculty for our nursing department has proven to be one of the greatest strengths of our program. We are able to collaborate and share information on a daily basis with a great working relationship between both levels of our nursing program. The full-time status gives strength to the program and ongoing growth with experience in the classroom as well as the clinical experiences we are able to offer. We have some adjunct instructors that we are able to use as needed, but most often the adjunct position has become a place to grow our own instructors. Here at GCCC we are constantly recruiting for adjunct assistance, as that also helps give us a fresh view of industry and nursing education combined.

Table B.9. - Summary of Teaching Effectiveness: The following figure includes data derived from student end of course evaluations for the emphasis area.

Course evaluations for PN coursework reviewed for fall of 2017 helped the nursing department focus specifically on common threads noted for each course. The main struggle was the constant balancing act with delivery methods and students individual learning styles. Not only for faculty to continue to make conscious efforts to use variety, but help students find value in several ways to validate learning. With close examination of suggestions, the faculty as a whole has made several recommendations scheduled for fall 2018.

	PNRS 100 - Fall 2017		PNRS 102 - Fall 2017		PNRS 104 - Fall 2017		PNRS 105 - Fall 2017		PNRS 116 - Fall 2017	
EVAL QUESTION	**EVALUATION COMMENTS**	**FACULTY ACTION TAKEN**	**EVALUATION COMMENTS**	**FACULTY ACTION TAKEN**	**EVALUATION COMMENTS**	**FACULTY ACTION TAKEN**	**EVALUATION COMMENTS**	**FACULTY ACTION TAKEN**	**EVALUATION COMMENTS**	**FACULTY ACTION TAKEN**
Course as a Whole	Excellent-4 Very Good-17 Good-12 Fair-4		Excellent -8 Very Good - 11 Good - 8 Fair-9	• Put an example in the brochure, application on actual nursing schedule.	Very Good - 5 Good - 17 Fair - 11 Poor - 5		Excellent - 3 Very Good - 13 Good - 12 Fair - 6 Poor - 2 Very Poor-2		Excellent - 7 Very Good - 9 Good - 13 Fair-2	
Learning conceptual & factual knowledge	Excellent - 6 Very Good - 14 Good - 14 Fair - 3		Excellent - 9 Very Good - 14 Good - 9 Fair - 7		Very Good - 4 Good - 13 Fair - 15 Poor - 5 Very Poor-1		Excellent - 5 Very Good - 11 Good - 13 Fair - 5 Poor - 1 Very Poor-2		Excellent - 12 Very Good - 9 Good - 11 Fair - 1 Poor - 1	
Understanding written material in reading assignments									Excellent - 11 Very Good - 12 Good - 10 Very Poor-1	
Solving problems presented in course work	Excellent - 6 Very Good - 13 Good - 13 Fair - 5		Excellent - 10 Very Good - 11 Good - 8 Fair - 10		Very Good - 6 Good - 14 Fair - 13 Poor - 3 Very Poor-1		Excellent - 5 Very Good - 11 Good - 12 Fair - 6 Poor - 1 Very Poor-2		Excellent - 12 Very Good - 11 Good - 10 Very Poor-1	
Students aware of what they needed to do to prepare for class	Always - 11 Almost Always - 8 More than Half - 5 About half - 5 Less than half - 2		Always - 9 Almost Always - 9 More than Half - 7 About half - 11 Less than half - 1 Almost Never - 1	• Had a collaboration day with examples of how to do paperwork, expected outcomes.	Always - 1 Almost Always - 10 More than Half - 8 About half - 13 Less than half - 2 Almost Never - 1	• Continue to look at and evaluate testing & test reviews.	Always - 11 Almost Always - 8 More than Half - 9 About half - 5 Less than half - 1 Almost Never - 2		Always - 13 Almost Always - 11 More than Half - 4 About half - 6	

	Never - 1		Never-1		Never-2		Never-1			
Assigned readings & other out-of-class work helped learning process									Always-13 Almost Always-9 More than Half-3 About Half-8 Never-1	
Meaningful feedback on tests & other work provided									Always - 13 Almost Always - 8 More than Half - 5 About half - 6 Less than half - 2	
Simulation experiences helpful in learning skill or new concept	Always - 15 Almost Always - 9 More than Half - 6 About half - 6 Almost Never - 1 Never-1		Always - 17 Almost Always - 9 More than Half - 5 About half - 6 Almost Never - 1 Never-1	• Continue using hands on, & use of simulator's.	Always - 11 Almost Always - 9 More than Half - 3 About half - 7 Less than half - 4 Almost Never - 2 Never-2		Always - 12 Almost Always - 9 More than Half - 5 About half - 4 Almost Never - 5 Never-2	• Had an extensive collaboration day (PN/ADN). ADN full scenario PN assisted " Pilot trial clinical"	Always - 10 Almost Always - 8 More than Half - 3 About half - 7 Less than half - 3 Never-1	
Enough tests and graded homework assignments	Always - 19 Almost Always - 9 More than Half - 4 About half - 3 Less than half - 1		Always - 18 Almost Always - 10 More than Half - 8 About half - 5 Less than half - 1 Almost Never - 2 Never-1		Always - 10 Almost Always - 8 More than Half - 9 About half - 6 Less than half - 2 Almost Never - 1 Never-2		Always - 12 Almost Always - 10 More than Half - 7 About half - 5 Less than half - 1 Almost Never - 1 Never-1		Always - 15 Almost Always - 9 More than Half - 3 About half - 6	
Rate textbooks	Much Higher - 13 Higher - 6 Above Average - 3 Average - 14 Below Average - 1 Much Lower - 1		Much Higher - 12 Higher - 6 Above Average - 3 Average - 14 Below Average - 3 Much Lower - 1		Much Higher - 13 Higher - 6 Above Average - 4 Average - 13 Below Average - 2		Much Higher - 14 Higher - 7 Above Average - 1 Average - 14 Much Lower - 1		Much Higher - 4 Higher - 8 Above Average - 4 Average - 17 Much Lower - 1	

Intellectual challenge presented to student	Much Higher - 17 Higher - 8 Above Average - 7 Average - 6		Much Higher - 19 Higher - 8 Above Average - 5 Average - 7		Much Higher - 26 Higher -4 Above Average - 3 Average - 4 Lower-1	• Look at flow & schedule of exams.	Much Higher - 19 Higher - 6 Above Average - 4 Average - 6 Below Average - 1 Lower-1		Much Higher - 5 Higher - 7 Above Average - 7 Average - 15 Much Lower-1	
Amount of effort student put in course	Much Higher - 20 Higher - 12 Above Average - 2 Average - 3 Much Lower-1		Much Higher - 28 Higher - 6 Above Average - 1 Average - 3	• Learning activities/collaboration day, lots of prep.	Much Higher - 30 Higher - 5 Above Average - 1 Average - 2		Much Higher - 20 Higher - 7 Above Average - 3 Average - 2 Lower-1		Much Higher - 9 Higher - 6 Above Average - 4 Average - 14 Much Lower-1	
Amount of effort to succeed in course	Much Higher - 25 Higher - 8 Above Average - 1 Average - 4	• Consider changing schedules, reviewing objectives & make more specific reading assignments	Much Higher - 25 Higher - 7 Above Average - 4 Average - 3		Much Higher - 29 Higher - 4 Above Average - 2 Average - 3		Much Higher - 20 Higher - 7 Above Average - 4 Average - 3 Lower-1		Much Higher - 6 Higher - 7 Above Average - 5 Average - 15 Much Lower-1	• Look at scheduling. Possibly move up to same time as Foundations/Foundations Clinical.
Expect grade in course to be---	Much Higher - 16 Higher - 5 Above Average - 3 Average - 12 Much Lower-1 N/A - 1		Much Higher - 22 Higher - 5 Above Average - 5 Average - 5 Lower-1 N/A - 1		Much Higher - 8 Higher - 9 Above Average - 4 Average - 9 Lower-2 Much Lower - 2		Much Higher - 17 Higher - 11 Above Average - 4 Average - 2 Below Average - 1 Lower-1 Much Lower - 1		Much Higher - 7 Higher - 10 Above Average - 4 Average - 12 Much Lower-1	
What aspects contributed most to learning	Hands - on Lecture ATI/ Homework	• Will continue to use a variety of teaching methods to accommodate variety of learning styles	Simulators Hands-on	• Continue using hands on, & use of simulator's.	Homework ATI Evolve		Simulation Hands-on	Continue with full simulation scenario	Book Hybrid sessions	
	Flipped classroom	Incorporating differnet	Unorganized	Will explore opportunties	Flipped classroom	• Considering eliminating	Not clear expectations	• Changed the formatting of	Hybrid/no class lecture	• Keep it hybrid for now/

What aspects detracted from learning	Lack of communication	learning styles with "classroom scramble"	Not knowing expectations	with schedule for course work-- will be more proactive to help students know expectations	Hybrid Tight exam schedule	and/or reducing voice over power points, hybrid days to include different--- Check on schedule of exams	Med sheets	med sheets to med card.		consider a mix of class delivery
Suggestions for improving	No flipped classroom More organization	• Scheduled on calendar to do evals to be more accurate for students.	Clear defined expectations/ more guidance with practice lab time Less time at nursing homes	• Nursing homes are where most LPN's will work.	No VOPP/ No hybrid More organization	• Consider eliminating &/or reducing VOPP, hybrid days to include different activities.	Make clinical's and lecture connect more	• Look at incorporating pathophysiology or comorbidities.	Only one instructor- no team More face-to face	• Look at 1 instructor (Shellie E. Long term experience)

B.10 Other Evidence of Faculty Effectiveness: Program emphasis areas may provide additional evidence (not anecdote) of faculty effectiveness.

--Retention rate comparison 2012/ 13 = 50%(10/20)// 20115-16= 83.3%(25/30) This comparison reflects some changes over the five years with pilot ideas for sequencing of topics for PNRS 100 Foundations of Nursing, which remains the first class for nursing every year in fall.
GCCC PN program NCLEX-PN pass rate results for the last 5 years certainly reflects on student success as well as success shared by faculty and the nursing department. NCLEX-PN exam five year average pass rate for GCCC PN program was 98.26% with Kansas pass rate average at 89.90% and the National pass rate 83.3%.
-- Understanding that any student that has success with our PN program here at GCCC reflects dedication and willingness to learn as well as faculty and staff that perform job duties above defined work responsibilities. Faculty continually work on improvement of procedures and processes with the ultimate goal to be that of licensure for every student. Successful licensing of a student enables our nursing department to be able to wave the banner high with the GCCC mission to "produce positive contributors to the economic and social well-being of society".

Average for last 5 years of 98% return of student to complete LPN-RN course work within two academic years from PN completion. (Note: Over last 5 years job placement for successful LPN remains at 100%).

B.11 Analysis of Teaching Effectiveness: Using data from the data above, as well as other pieces of available evidence, evaluate the effectiveness of faculty in the classroom. When applicable, include an analysis of faculty effectiveness across delivery system (e.g., outreach locations, online, etc.).

General use of Face-to-face delivery with a small percent of hybrid content. Ongoing and deliberate analysis of evaluations from students—with purposeful adjustments to delivery methods. While paying particular attention to details when working with nursing concepts that seem to be difficult to grasp.

B.12 Faculty Summary Analysis: Based on evidence and responses provided above, provide a summary analysis of the quality and quantity of faculty associated with the emphasis area. Discuss how workload, course distribution, or other considerations impact the ability of the emphasis area to deliver excellent teaching to students. Identify resources, mentoring programs, or other services provided or made available by the department to ensure that faculty are developed professionally (this may include release time or funds provided to faculty for curricular and professional development). What changes, if any, should be implemented to ensure faculty effectiveness? Identify any needs related to faculty that impact delivery of a high-quality program.

Workload:
--GCCC nursing configures load for faculty with contact hours with full load being 21 contact hours. Classroom capacity limited to 40 students per class cohort (this limitation reflects governance by the Kansas State Board of Nursing approval process). Clinical settings are limited to a 10:1 ratio with ten students per one instructor aby the Kansas Nurse Practice Act. This document containing statues and regulations regarding nursing practice in Kansas.
--Each faculty member has specific areas of expertise and division of workload is completed with these areas in mind, with equality of load for all faculty in regards to number of contact hours for each contract
--Overload assignments are needed for increase number of students into the program in order to maintain required 10:1 ratio for clinical settings
--Last five years over 100 students had applied for 30-40 seats in our PN nursing program.

Resources:
--Continuous upgrade of equipment (simulators and lab equipment) and training for increased effectiveness of simulation use for clinical learning
--Perkins funds are made available for faculty to attend national and state conferences when schedule permits

--Each faculty member is required to share information gained at conferences for steady improvements with our educational delivery process to reflect the most current trends.
--Every new faculty member hired is assigned a mentor, which is another faculty member that is responsible to review our faculty handbook for nursing and complete new hiring processes
--Additional load is added to each faculty that is assigned a mentee
NOTE: Inpatient Acute Care hospital settings have been the mainstream for last 40 years for education of nursing students. This trend is shifting in that the majority of healthcare delivery for acute to chronic patients is swiftly becoming a delivery system that utilizes community services.
With this trend for shift of delivery, our faculty and staff here at GCCC nursing department are continuously monitoring industry needs from our graduating LPN students. Ever changing healthcare delivery, requires educational processes to keep pace and prepare students to be successful.

Needs:
---Continuation of need for additional adjunct instructors for assistance with delivery of clinical experiences. Additional adjunct instructors are needed to help decrease overload demands for full time instructors.

Component C - Quality of Curriculum and Student Learning

C.1 Curriculum Structure: Provide a brief overview of the course offerings and degree requirements of your program emphasis area. To what degree does the emphasis curriculum align with other comparable programs at other institutions and exemplify best practices for the discipline? Describe the process used by faculty to ensure the emphasis is current and competitive.

GCCC Practical Nursing Program has adopted the PN Core Curriculum. The PN Core Curriculum is a set of classes that practical nursing programs across the state have adopted for use by the Kansas Board of Regents and Kansas State Board of Nursing. This ensures that all schools utilizing the PN Core Curriculum offers standard guidelines for student learning. Upon completion of the PN Core Curriculum, the graduate will receive a Certification (Cert C) and is eligible to take the NCLEX-PN, which is the post graduate national licensing exam. The details of the PN Core Curriculum are attached. (Atch 2)
https://www.kansasregents.org/workforce_development/program_alignment/practical_nursing

C.2 Assessment of Student Learning: Attach your emphasis area's most updated Multi-Year Overall Assessment Plans (attach as Template Appendix C) and their Annual Assessment Reports since their last program review (attach as Template Appendix D). Briefly describe the direct and indirect measures your emphasis area uses to assess student learning. Analyze how well students are demonstrating each learning outcome within the emphasis area. If there is a culminating project in the emphasis area, include an objective evaluation of a sample of these products since undertaking the last program review. Use a rubric or other criteria to support your assessment of the culminating projects, and analyze the results of this evaluation. Specify the areas where students are not meeting expected levels of competency and provide an analysis of possible explanations for these results.

Annually the nursing department conducts a Systematic Evaluation Plan. These plans have a year to year comparison to easily identify changes that were made and the evaluation process of those changes.

As stated in the Nursing Student Handbook, "each nursing course is competency based in theory and performance. While content is separated in distinct courses, concepts are integrated throughout the nursing program with progression from simple to complex and concrete to abstract. Satisfactory progression throughout the entire program is essential." The clinical courses are where all of the distinct course work comes together. In many of the clinical courses the program outcomes are the actual student learning outcomes for that course. Each week of clinical there is a rubric style clinical evaluation tool (see attached). (Atch 3) At the end of each semester the weekly clinical evaluation tools are gathered to compile a final assessment using the Occupational Specific Workplace Skills Evaluation. This tool includes program outcomes and related clinical competencies (see attached). (4) In order to complete the practical nursing program, the student must be competent or mastered in all areas of the Occupational Specific Workplace Skills Evaluation tool.

Table C.3 - Curriculum Map of Program Emphasis Area Student Learning Outcomes: In the column headings across the top, list all student learning outcomes (ELO) from the emphasis area and in the column on the left, list the courses offered. Identify within the cells of the table, where each student learning outcome is introduced (I), the course(s) where it is reinforced (R) and the course(s) where students are expected to have mastered the student learning outcome (M) (See sample table below). Copy and paste the table if room for additional ELOs are needed, numbering the ELO sequentially. Add rows for courses as needed in the existing table.

See Curriculum Map attached

C.4 Assessment of Curricular Effectiveness: Using your emphasis area's curriculum map and the evidence collected from the assessment of student learning, outline your emphasis area's intended steps for improving student learning. Include any proposed changes to the curriculum that may be necessary.

During the Practical Nursing Program, many concepts are introduced in the classroom setting. These concepts are continually reinforced through that class or subsequent classes. However, during clinical is where the main reinforcement of concepts and eventual mastery of these program outcomes occur.

As stated in the Nursing Student Handbook, under Course Progression:

"Each nursing course is competency based in theory and performance. While content is separated in distinct courses, concepts are integrated throughout the nursing program with progression from simple to complex and concrete to abstract. Satisfactory progression throughout the entire program is essential."

The Practical Nursing Program is guided by Kansas Board of Regents and Kansas State Board of Nursing, which are working together to update the Kansas Practical Nursing Core Curriculum. By having adopted the Kansas PN Core Curriculum, GCCC nursing educators collaborate with other schools to keep the core curriculum effective in meeting the health care needs of Kansas. Currently, Kansas PN Core curriculum is looking at major changes to the curriculum, which GCCC anticipates on adopting as well.

C.5 Assessment of Diversity in the Curriculum: Describe and evaluate your emphasis area's efforts to create a culture of diversity through the curriculum. In what ways is your emphasis area being intentional about embedding diversity-related issues in the curriculum?

Diversity is a vital component in nursing, both in nursing care and the education of nurses. This is evident in the GCCC Practical Nursing Program's Philosophy, Conceptual Framework and Program Outcomes. The philosophy incorporates diversity and individuality of the clients and families that we care for, while respecting their values, cultures, motives and lifestyles. The conceptual framework includes the nursing process, professional behavior, basic needs, safety and environment. Completing practical nurse education and program outcomes provide relevant knowledge and skills that enable the graduate to contribute to society both as a practical nurse and as an individual.

C.6 Use of Continuous Assessment for Educational Effectiveness: Describe and evaluate the process that your emphasis area uses to annually evaluate the quality of curriculum and to assess student learning. Document how your emphasis area has used its assessment findings to impact area decisions. In what ways is this process effective toward making effective educational decisions? In what ways should the process change?

Upon completion of each course, each student fills out a course evaluation. Those course evaluations are looked at during nursing faculty meetings and reviewed. Each area is reviewed and commented on by faculty as a whole. Areas of concern are discussed at greater length and are the primary reasons for change. An example of change through the evaluation process was the identification of student struggles with the concepts of Pharmacology. After two years of similar concerns, the faculty decided to move this course to the second semester (previously was in the first semester). The evaluations the following year were closely analyzed, and it was decided to keep it in the second semester, as there was much greater success and understanding of the content. Items such as information delivery have been incorporated immediately based on student evaluations.

Component D: Student Enrollment and Success

Table D.1 Student Enrollment: The following table includes fall enrollment data disaggregated by gender and ethnicity for the five most recent years. The ethnicity categories are based on IPEDS requirements. Therefore, International (non-resident alien) students will only be reported in this category regardless of their ethnicity.

As of Fall Census	2012-13		2013-14		2014-15		2015-16		2016-17		Totals
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Non-resident (International)	0	0	0	0	0	0	0	0	0	0	0
Asian	1	0	0	0	0	0	0	0	2	0	3
Black, non-Hispanic	0	0	0	0	0	0	0	0	0	0	0
Hispanic	8	1	12	2	14	2	12	0	14	1	66
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian / Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
Two or more races	1	0	1	0	1	0	0	0	0	0	3
Race/ethnicity Unknown	0	0	1	0	0	0	0	0	0	0	1
White, non-Hispanic	8	0	12	0	20	0	14	3	12	1	70
Totals	18*	1	26	2	35	2	26	3	28	2	143

***(Only used class numbers for August- May class) 2012-2013—Transition from two LPN programs 1) Jan-Dec 2) August – May into just one in fall 2013 -17 August- May.**
NOTE: All student numbers reflect 20th day for fall semester.

D.2 <u>Recruitment and Enrollment:</u> Using the evidence provided, discuss your emphasis area's enrollment trends over the past five years, including any trends related to diversity. What events are happening within the profession, local or broader community that might explain enrollment trends? What does evidence suggest might be future enrollment trends for your area over the next 3-5 years? What, if any, changes to recruitment strategies would benefit the area so that it attracts a sufficient number of students who are a good fit?

---GCCC statistics reflect the numbers of 66 students over 5 years—Hispanic or other race, while another 70 students in the same 5-year period declare White as their ethnicity.
--- Student completion reflect a 7 % (10/ 143) male student enrollment over 5 years.
---Finney County has many diverse populations to include White (non-Hispanic), Hispanic and Asian. Our nursing program here at GCCC is somewhat reflective of the of this diversity and it can be seen in the total numbers over the five year reporting period with 70 students in the White category and 73 students made up mostly with Hispanic and Asian students.
---GCCC nursing has made their services available to all students that present to GCCC and are interested in the PN and/or the LPN-RN program here at GCCC. Our nursing faculty here at GCCC continue to advise students with pre-requisites for our 1 + 1 program as well as developmental classes for general education.
---Despite continued efforts from our developmental instructors, we have struggled with our reading requirement for application into our PN and ADN program. Our entrance for our PN nursing class has a requirement of a 12 or higher on a Nelson Denny reading comprehension test.
---After much collaboration with the reading faculty on the GCCC campus, we were able to offer a College Reading class specifically marked for pre-nursing students. GCCC offered this specialized reading class

during the fall of 2012, with one designated instructor as our constant catalyst for success. College Reading for nursing students continues with full and waitlist enrollment every semester.

Recruitment opportunities:
--Nursing department with allied health department teaming up to make sure any opportunity for recruitment will be met with some representation from our area. CNA is a pre-requisite for our PN program, so we work hand-in- hand in making sure Finney County and surrounding areas know about our nursing program here at GCCC.
--Some of the recruitment opportunities include career fairs at local and surrounding high schools, as well as middle school visits. We continue to be a part of all visits requested from admissions, with early enrollment of high school students, this enrollment setting are with either one-on-one consults or group tours. When nursing students are available, we have arranged for students to help with Exploration day. This Day was set aside for Junior and Senior high school students from surrounding area high schools to see what our nursing department is like, with hands-on activities to include CPR and taking Blood Pressures.

D.3 Student Fit with Program Mission: Using the student data provided, analyze the quality of students typically enrolled in the emphasis area. What are the student qualities sought by the emphasis area and to what degree do students and graduates exemplify those qualities? What changes, if any, are desired in the type of student enrolled in the emphasis area?

Pre-requisites for our PN program include:
--Nelson Denny of 12 or higher
--GPA 2.5 or higher
--Continued list of general education courses some of which are A & P I and A & P II each with a 4 hour credit.
--Entrance into the PN program was decided from a matrix score made from grades from A& P I and A & P II and the ND score.

For the last four years the number of applications for this PN program has been 100+ students.

D.4 Student Organizations: Identify and describe any national professional, honorary, other student organizations and/or activities sponsored by the department or faculty members in the emphasis area which enrich a student's educational experience.

The students in the department of nursing come together every year to form the Association of Nursing Students (ANS) committee. ANS has one of the nursing faculty every year as the sponsor. As part of this student committee they participate in community service activities, fundraising, outreach to future nursing students, as well as having representatives to the nursing faculty meetings and the campus wide Student Government Association.

D.5 Student Assistance: Describe any special assistance or services provided by the department for your students (e.g., grants, scholarships, assistantships, tutorial help, job placement, advising and career planning, and awards), and in particular any services provided by the department for students with special needs, which facilitate student success.

--Nursing Scholarships are awarded to students that have been accepted into the PN program every fall. This money is set aside for only nursing majors here at GCCC. (Every student accepted into the GCCC nursing program and has completed a nursing scholarship application, has received scholarship money.)

---We conduct a Career Fair every spring for our nursing students/ CNA students with vendors for hire and universities that offer advanced degrees above our ADN degree that is awarded after completion of our LPN-RN program.
--GCCC nursing students continue to receive opportunities for employment at a rate of 100%

D.6 Student and Alumni Achievement: Since the last program review, how have current students and/or alumni exemplified the mission and purpose of the emphasis area? In addition to discussing data produced above, this may include achieving influential positions, engaging in service or practice, acquiring advanced degrees or other significant scholarly accomplishments.

--Currently 98% of our PN students continue with advancement of degree, such as ADN with RN licensure.

Table D.7 - GPA Trend Analysis by Ethnicity: Data in the following table reflect the cumulative GPAs of students in the emphasis area compared to the overall institution (excluding new students without a GPA), disaggregated by ethnicity, for the five most recent years of fall enrollment. Fall enrollment data is a snapshot of enrollment as of Fall census.

--All nursing students accepted into the nursing PN program must have a Cumulative GPA of 2.5 or higher.

Table D.8 - Completions Analysis by Ethnicity: The completions table includes emphasis area completers disaggregated by gender and ethnicity for the five most recent completion cycles. A completion cycle includes graduates from the program between July 1st and June 30th of each year. The ethnicity categories are based on IPEDS requirements. Therefore, International (non-resident alien) students will only be reported in this category regardless of their ethnicity.

Graduated PN program Certificate Student Diversity—Completions**										
	2012-13		2013-14		2014-15		2015-16		2016-17	
Total	10/20				22/40		23/30		25/30	
	Graduated PN Cert Spring 2013		Graduated PN Cert Spring 2014		Graduated PN Cert Spring 2015		Graduated PN Cert Spring 2016		Graduated PN Cert Spring 2017	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Non-resident (International)										
Asian			1						3	
Black, non-Hispanic										
Hispanic	5		6		8	1	7		10	1
American Indian or Alaska Native										
Native Hawaiian / Other Pacific Islander										
Two or more races			2		2					1
Race/ethnicity Unknown										
White, non-Hispanic	13	1	9	1	11		13	3	10	

Note: student numbers reflect graduation (certificate) from PN program Spring semester.
*For purposes of these data, program refers to degree-granting, credential, certificate, and licensure emphasis areas.
**Data are based on past federal IPEDS reports. Whenever possible, areas should rely on the official IPEDS data. Given past variations in data collection report dates (e.g., inclusion of summer graduations), however, emphasis areas may supplement and elaborate on this exhibit with data they have kept internally.

D.9 - Evidence of Successful Completion: The following tables provide year-to-year retention rates, graduation rates, and time-to-degree rates for the five most recent year's data. Retention and graduation rate tables include individual year counts and percentages as well as five-year averages of counts and percentages. The time-to-degree table includes the number of completers within the completion cycle and the median time to completion in years. A completion cycle includes graduates from the emphasis area between July 1st and June 30th of each year. Emphasis areas may provide other sources of data or evidence to demonstrate student success; please specify timeframes used in this analysis.

Table D-9a – retention rates

One-year retention rates (Fall to Fall)											
5-year average		FA12-SP13		FA13-SP14		FA14-SP15		FA15-SP16		FA16-SP17	
# in Cohort	% retained	# in Cohort Enrolled Fall 2012	% retained at Graduation Spring 2013	# in Cohort Enrolled Fall 2013	% retained at Graduation Spring 2014	# in Cohort Enrolled Fall 2014	% retained at Graduation Spring 2014	# in Cohort Enrolled Fall 2015	% retained at Graduation Spring 2016	# in Cohort Enrolled Fall 2016	% retained at Graduation Spring 2017
30 (150/5)	66% 99/150	20	50% 10/20	30	63.3% 19/30	40	55% 22/40	30	76.6% 23/30	30	83.3% 25/30

Table D-9b – graduation rate (150% of time)

Same as table D. 9a—graduation information same—as all students were within 150% of time for PN program.

Table D-9c – Average semester credit hours for program graduates

Program Average Semester Credit Hours at Graduation														
Academic Year Graduates – Average Institutional and Transfer In Hours														
2012			2013			2014			2015			2016		
# Grad	Avg Inst SCH	Avg Tsf SCH	# Grad	Avg Inst SCH	Avg Tsf SCH	# Grad	Avg Inst SCH	Avg Tsf SCH	# Grad	Avg Inst SCH	Avg Tsf SCH	# Grad	Avg Inst SCH	Avg Tsf SCH
10	14	PN/48	19	14	PN/48	22	14	PN/48	23	14	PN/47	25	14	PN/47

D.10 <u>Retention and Student Success Analysis:</u> Summarize and evaluate the effectiveness of the emphasis area's recruitment and retention efforts as it relates to enrolling and graduating students who fit the mission of the emphasis area. Identify any areas in need of improvement for producing successful students. In the analysis, address the following elements:

a. What does the evidence from above data suggest regarding how well your emphasis area is producing successful students?
b. List specific events/activities that the emphasis area uses to increase student retention and degree completion.
c. Provide your best practices for tracking students who leave the emphasis area (without completing) and any follow up you may do with these students to determine why they have left.
d. Identify any areas in need of improvement for producing successful students.

GCCC nursing 5-year average for retention of students, to include the number of students enrolled with completion of students that complete our course work here for our PN program equals 66%.
--Continued improvement with the piloting of our "Supplemental Instruction" sessions lead by nursing faculty to help validate learning and reinforce difficult content for continued success.

--2015-2016 retention = 76%
--2016-2017 retention= 83.3%
--2017-2018 retention--- current and ongoing as of 1-24-2018= 90%
These percentage increases reflect continued improvement of processes and techniques for continued success of ALL students.

D. 10a. Graduation-Certification/ Pass rates / class 2013-2017

Table D 10a:

	Graduation Spring 2013 (2012-2013)	Graduation Spring 2014 (2013-2014)	Graduation Spring 2015 (2014-2015)	Graduation Spring 2016 (2015-2016)	Graduation Spring 2017 (2016-2017)
Admitted	20	30	40	30	30
20th Day	19	28	37	29	30
Complete with PN Cert.	10	19	22	23	25
Pass 1st time	10	19	21	22	25
% pass/year *	100%	100%	98.45%	95.65%	100%
Pass 2nd time	N/A	N/A	1	1	N/A
Total Pass	10/10 100	100	22/22 100	23/23 100	100

Note: This pass rate reflects-- current year of students testing

NOTE: **see KSBN NCLEX-PN pass rates 2012-2016**
https://ksbn.kansas.gov/prelicensure-undergraduate-nursing-programs/

D. 10a—Analysis:

- Table 10a reflects percent of students that passed NCLEX-PN first time testers and second attempts for current class with spring graduation.
- While published pass rates from KSBN website reflects NCLEX-PN pass rates for first time testers only. KSBN published results also reflects all students that tested in a specific calendar year, regardless of graduation date.
- Pass rate history reported from KSBN reflects testers of time period designated (This may include testers from previous years graduating class.

Component E: Academic Opportunities and Class Size

Table E.1 – Instruction Type: The following table includes the number of students enrolled by instruction types available through your department/program. Please add any additional data as applicable.

Special Study Option	Number of Students Who Participated/Number of SCH Generated for each Study Option Offered by the Program									
	Academic Year 2012-13		Academic Year 2013-14		Academic Year 2014-15		Academic Year 2015-16		Academic Year 2016-17	
	# of students	Total SCH	# of students	Total SCH	# of students	Total SCH	# of students	Total SCH	# of students	Total SCH
Outreach program (aggregate)										
Concurrent Enrollment (Outreach-HS)										
Dual Credit Enrollment (Outreach-HS)										
On-line courses-GCCC										
On-line courses-EDUKAN										
On-line courses-Contract										
Face to Face courses	20	600 20X30	30	900 30X30	33	1200 40X30	22	870* 30X29	25	870* 30X29
Internships/practica										
Independent study, tutorials, or private instruction										
Developmental courses										

Legend:
(*) reflects a decrease in credit hour for Med/ Surgical Clinical from 3 credit hours to 2. Total from 30 to 29.

Table E.2 - Class Size Analysis: Based on the definitions provided below, the following table includes student counts in each class-size category for the past 5 years. Data are reported for the number of *class sections* and *class subsections* offered in each class size category. For example, a lecture class with 100 students which also met at other times in 5 separate labs with 20 students each lab is counted once in the "100+" column in the Class Sections column *and* 5 times under the "20-29" column in the Class Subsections table. Note: data provided by IEPR for this table are from the annual class section report included in the Common Data Set and reflect annual class enrollment from the fall through the following summer semesters.

Class Sections: A class section is an organized course offered for credit, identified by discipline and number, meeting at a stated time or times in a classroom or similar setting, and not a subsection such as a laboratory or discussion session. Class sections are defined as any sections in which at least one degree-seeking student is enrolled for credit. The following class sections are excluded: distance learning classes and noncredit classes and individual instruction such as dissertation or thesis research, music instruction, independent studies, internships, tutoring sessions, practica, etc. Each class section is counted only once.

Class Subsections: A class subsection includes any subdivision of a course, such as laboratory, recitation, discussion, etc.; subsections that are supplementary in nature and are scheduled to meet separately from the lecture portion of the course. Subsections are defined further as any subdivision of courses in which degree-seeking students are enrolled for credit. The following class subsections are excluded: *noncredit* classes as well as individual instruction such as, music instruction, or one-to-one readings. Each class subsection is counted only once.

Class Size per Academic Year								
	9 or less	10-19	20-29	30-39	40-49	50-99	100+	Totals
2012-13 Class Sections		1						1
2012-13 Class Sub-Sections		2*						2
2013-14 Class Sections			1					1
2013-14 Class Sub-Sections			3*					3
2014-15 Class Sections				1				1
2014-15 Class Sub-Sections				4*				4
2015-16 Class Sections			1					1
2015-16 Class Sub-Sections			3*					3
2016-17 Class Sections			1					1
2016-17 Class Sub-Sections			3*					3
Totals Across 5 Years		3	12	5				20

NOTE: ** refers to clinical / lab groups of no more than 10:1*

Table E.3 Non-credit Courses: If your department offered non-credit courses during the past 5 academic years, please use the chart below to list the course(s) and the number of students who *completed* the course.

Non-credit Courses					
Academic Year	2012-13	2013-14	2014-15	2015-16	2016-17
Course	# of students completing	# of students completing	# of students completing	# of students completing	# of students completing
NA					

E.4 Academic Opportunities and Class Size Analysis: Using the evidence provided in all exhibits above, discuss the trends in the emphasis area's class sizes and, if relevant, the impact on student learning and emphasis area effectiveness. Note, in particular, downward or upward trends in class size and provide justification for those trends. When possible, identify the impact of special study options and individualized instruction on emphasis area quality. Make certain you address, if appropriate, all off-campus and on-line courses and/or programs.

From 2012-2014 there is an upward trend; in 2015-2016 the numbers stabilize at 28 and 29 respectively. Per the Kansas Nurse Practice Act, page 21," instructor to student ratio, including student's observational sites, shall be maintained at a 1-10 ratio during the clinical experience". Observational experiences should not constitute no more than 15% of the total clinical hours for the course. Clinical experiences with preceptors shall be no more than 20% of the clinical hours of the education program. The amount of students that are accepted each year are based upon the number of qualified staff members to meet the criteria from the Kansas Nurse Practice Act stated above. The maximum number is 40 students for the PN program and due to a lack of qualified nursing faculty to teach over the years has limited the programs ability to accept the maximum number of students allowed into the program, the number of students applying to the program continues to increase and put a demand on the program to seek more qualified nursing educators to teach the PN program. 2012 and on the recruitment of qualified staff has been an ongoing process through advertisement in the Kansas newsletter, and the colleges website under careers.

Component F - Student and Constituent Feedback

F.1 Student Feedback: Summarize available findings that relate to emphasis area quality from student surveys, focus groups, exit interviews or other student sources. Include their perceptions of how well the emphasis area met their needs, the area's strengths and weaknesses, and suggestions for improving the emphasis area. Describe the ongoing mechanisms that are in place to acquire and utilize student feedback regarding emphasis area quality. What changes need to be made to meaningfully incorporate students into the program review process?

Upon completion of each course, each student fills out a course evaluation. Those course evaluations are looked at during nursing faculty meetings and reviewed. Each area is reviewed and commented on by faculty as a whole. Areas of concern are discussed at greater length and are the primary reasons for change. Items such as information delivery have been incorporated immediately based on student evaluations. The students will also evaluate the instructors by course or semester (see Negotiated Agreement for specific details). These are given to the individual instructors for review as well as the Director of Nursing.

At the end of the program, the students will complete a program evaluation. Included in the program evaluation are areas that focus on textbooks and resources, clinical facilities, strengths, weaknesses, and areas needing improvement. These are reviewed by faculty as a whole and discussed as needed.

F.2 Alumni Feedback: Summarize the results from available alumni surveys, focus groups, or advisory committees as it relates to emphasis area quality. When possible, include data indicating how well the emphasis area met the alums' goals and expectations, how well they think the emphasis area prepared them for next steps professionally and academically, and any emphasis area changes they recommend.

Approximately six months after graduation the graduates are sent a survey in regards to their preparation for employment. Previously these were sent out by mail, however, this past year (2016) the graduates were sent a link via email. This resulted in a better return response. These were reviewed by faculty and discussed changes as needed.
The GCCC nursing program meets with an advisory board biannually to stay current of the nursing needs in the area. The advisory board is made up of former students, nurses in the community, professional staff from a variety of nursing facilities, as well as some educational support personnel.

F.3 Employer/Supervisor Feedback: Summarize the results from available surveys, job performance appraisals, intern or clinical supervisor evaluations, or other relevant data as it relates to student preparation or competence or emphasis area quality. Comment on the level of preparation given to students as a result of the emphasis area.

Approximately six months after graduation the employers/directors are sent a survey in regards to their graduate nurse preparation for employment. Previously these were sent out by mail, however, this past year (2016) the employers were sent a link via email. This resulted in a better return response. These were reviewed by faculty and discussed changes as needed. Generally the reports were that the students were very well prepared and would continue to hire nursing graduates from Garden City Community College.

F.4 Constituent Feedback Analysis: Analyze the emphasis area's overall effectiveness at utilizing student, alumni, and supervisor feedback as part of the assessment process. How well does the emphasis area solicit and respond to feedback, as well as communicate results of program review to its constituents, especially its current students?

See previous responses to F1-F3.

Component G - Resources and Institutional Capacities

G.1 Information Literacy and Library Resources: Information literacy can be understood as the ability to "recognize when information is needed and...to locate, evaluate, and use effectively the needed information" (from the Association of College and Research Libraries). Describe the degree to which library and information resources are adequate and available for students and faculty members in your department (onsite and remotely). What level of support and instruction is available to students and faculty in the areas of technology and information literacy? Provide examples of how students are meeting information literacy competencies and discuss the level of competency exhibited by students in the emphasis area. What resources are needed for your emphasis area in this area?

Saffell library has a variety of resources available for students both on and off campus (Proquest, EBSCOhost and Films on Demand). Students can access research databases off campus as well with their college issued network credentials. Saffell library personnel assist students with GCCC computer access to allow use of computers in the library or any of several computer labs on campus. The library committee removes resources from the nursing resource room that are older than 5 years.
https://gc3library.wordpress.com/ G1-1

All nursing courses are Canvas supported utilizing the learning management system to post documents for student access, administer quizzes, and to communicate to individual or groups of students through the conversations tool. Each Canvas course has a link to Student Resources with guides for Canvas, netiquette, GCCC policies, accommodations, bookstore, and calendars.
https://gardencitycc.instructure.com/courses/2713/pages/student-resources G1-2

Resources for faculty on Canvas include Canvas Training for Faculty, Faculty Policies and Procedures, Faculty Resources for Course Design and Dropout Detective 101. There is an online Chat with Canvas Support for students and faculty. There are Canvas Guides as well as the Canvas Support Hotline.
https://gardencitycc.instructure.com/courses G1-3

Information literacy for nursing students revolves around medical terminology. This is emphasized throughout the curriculum, especially in clinical courses requiring documentation of health care provided. Early competency by students is demonstrated through paper and pen documentation on GCCC nursing assessment, narrative, database, and medication forms. Nursing faculty review these assignments and provide the evaluation. Advanced competencies are demonstrated by students through a simulated (EHR) electronic health record, SIM Chart. Resources needed for this emphasis area include laptops or facility computers with online access. Student access is funded through student fees.
https://evolve.elsevier.com/education/nursing/simchart-for-nursing/?pageid=10707 G1-4

G.2 Resource Analysis: Discuss the process used by emphasis area faculty to secure needed resources for the emphasis area. Include innovative strategies that have resulted in successful resource acquisition. Evaluate the emphasis area's effectiveness at securing necessary resources to ensure emphasis area quality. What systems or processes are working well, and what improvements could be made to make non-budgeted resource acquisition successful?

The Nursing Department continues to utilize the Erdene Corley Simulation lab that was completed in 2009 from a Title V Grant for hands-on training for students. The simulation lab includes a hospital-ward like setting with 5 beds and 4 individual patient rooms. Nursing education in this area includes a variety of skills practice, competency evaluations, and simulations in a health-care like setting. Low and high fidelity simulators (patient mannequins) are used to practice assessments and provide nursing care in a safe learning environment. Perkins Funds and KBOR resources were requested for 2 new simulators to replace broke/outdated equipment in 2017. Jeremy Gigot is working with a private foundation to obtain funds for replacement of medium and low fidelity simulators, and an automated medication dispensing cabinet.

Table G.3 - Budget and Enrollment Analysis: Insert emphasis area data from at least five academic years. Contact Deans for data.

Academic Year	Operational Budget (do not include salaries)	+/- % change in budget from prior year	Program SCH Enrolled	+/- % change in SCH from prior year	+/- % change in income from prior year
2012-13	IS-603.91 SS-8410.00	n/a	20	n/a	n/a
2013-14	IS-1489.02 SS-16,559.00	IS+146% SS+97%	30	+26%	
2014-15	IS-2830.00 SS-24,262.00	IS+90% SS+47%	40	+42%	
2015-16	IS-2853.00 SS-28,282.00	IS+1% SS+17%	30	-15%	
2016-17	IS-1500.00 SS-22,945.00	IS-47% SS-19%	30	-3%	

G.4 Analysis of Acquired Resources: Since the last program review, identify each major emphasis area resource acquisition and its direct or indirect impact on emphasis area growth or improved quality. Discussions of impact should include the measureable effect of acquisitions such as new faculty, staff, equipment, designated classroom/office space, non-budgeted monies, awarded grants, scholarships, and other acquisitions by the emphasis area or faculty on student learning, enrollment, retention, revenue or other emphasis area indicators of educational effectiveness. Justify the program's use of resources through this analysis. When appropriate, discuss resource acquisitions that did not positively impact the emphasis area.

New faculty hired includes Lalani Kasselman who transferred from the Allied Health Department in 2016 and Shellie Emahizer hired in 2017. These faculty appointments replace resignations in 2015 and & 2016.
Supplemental instruction provided by nursing faculty has been offered since __2005_. This instruction is compensated to faculty based on load figured for student contact hours. Instructor led supplemental instruction has resulted in better retention of students who have difficulty with course work.
No new equipment has been obtained.
Ongoing scholarships are awarded to nursing students with designated nursing scholarships.

G.5 Resource Allocation Relative to Capacity: Analyze trends in the emphasis area's operational budget as it relates to emphasis area enrollment, emerging needs, and emphasis area goals. Has the budget increased or decreased in proportionate response to emphasis area growth? Using evidence obtained from this review and other data, discuss your emphasis area's enrollment trends and/or revenue streams as it relates to non-budgetary resource allocation. In other words, if an emphasis area has reduced enrollment or income, what steps have been taken to correct resource allocations or expenses; if an emphasis area has increased in size or income, what resources or capacities are needed to meet new demand? What is the impact of budget changes on educational effectiveness? For each necessary capacity, rank order its importance relative to other needs and estimate its cost. Describe planned efforts to obtain funding for these needed capacities.

The emphasis area LPN Program enrollment has seen increases and decreases. The maximum capacity for this program is 40 students as approved by the Kansas State Board of Nursing. The limitations for admitting less than the maximum have stemmed from various changes in the nursing department as a whole. The first major change was from 2012-2013 involving replacing the first year of the bilevel associate degree nursing program with the curriculum from the stand alone practical nursing program. After that a stand-alone practical nursing certification program was no longer offered in January. Trends down in admittance were mostly due to lack of qualified nursing faculty to teach, not a lack of qualified applicants. The budget for student supplies is directly tied to student fees. Therefore an increase in admissions should cover an increase in student supplies. The downward trend in instructional supplies budget present an ongoing challenge to provide updated supplies for teaching nursing courses.

Summary Conclusions

Strengths of GCCC Practical Nursing Program

- Strategic and purposeful use of "Supplemental Instruction" as a tool intended to help students "validate learning" of nursing concepts. Supplemental Instruction is a concentration of content review lead by nursing faculty to include content review of a recent exam as well as concepts needed for continued learning. PN program expectation is that supplemental instruction is a requirement for students that have test scores at 80% or below. This helps identify at risk students that may not be able to maintain passing test scores of 77%.
- PN program has piloted a new sequence of subjects for fall semester, with special attention to nursing process.
- Sequencing of classes for PN program changed in 2016 with the move of Pharmacology class from fall to spring. This change with sequence was in response to student evaluation of difficulty of Pharmacology and the constant struggle in first semester for PN program with retention of students. Content difficulty and concepts of Pharmacology piloted with second semester delivery.
- Retention rates for PN fall semester 2016 83.3% and after piloting sequence and purposeful use of supplemental instruction, 2017 retention rate were recorded at 90%.
- Consistency of successful program results with steady first time pass rates reflected with new statistics for 2017 PN program at 100%. For the past five years GCCC PN nursing program has ranked above the average for Kansas and National pass rates. Also noted in published Kansas results Garden City Community College ranked 2nd highest in the state with 98.24% five year average with PN first time pass rate for NCLEX-PN exam.
- Excellent pass rates for PN licensure at GCCC reflects the steady hand of full-time faculty retaining quality control with ongoing evaluation for continuous improvement to include use of tools as described above, like supplemental instruction.

Areas with opportunities for improvement in the GCCC Practical Nursing Program

- LPN employment opportunities largely involve the geriatric population and with this consistent need, an opportunity for GCCC PN program was to refocus on industry reality. With this opportunity our Gerontology class needs to start early in fall semester and with this emphasis our geriatric population nursing home clinical experiences can align with classroom work. (Plans in progress for fall 2018 to include change of classroom content to reflect emphasis of client population)
- Evaluation of skills for beginning PN students with input from clinical sites and nursing instructors continues to reflect increase need for sharper assessment skills. With increase disease processes and clients co-morbidities novice PN students struggle with analysis of assessment details and interventions to follow. Faculty identified specific needs to include focused workshop on assessment with acute care patients. (Plans in progress for focused assessment workshop in fall semester for PN students)
- GCCC Nursing Program both LPN-RN and PN programs have been working on collaboration with both levels of students with a "team nursing" approach. This collaboration has been evaluated by both levels of students and the response has been very positive. Specifically with peer mentoring helping boost confidence for PN students and LPN-RN students appreciating the opportunity to use newly developed skills of delegation / assignment of care. (Plans for continued use of this clinical design with some changes regarding placement and length of this experience in the semester)

SUMMARY OF GCCC GOALS (bolded)/ *Nursing Goals (italics)* – actions to achieve goals

2017-2018

1) **INCREASE STUDENT SUCCESS: (Increase the fall-to-fall retention rate)**

- *Pilot new sequence of subjects for fall semester- with special attention given to nursing process.*
  --Retention rate for fall semester 2016 83.3% and after pilot with changing of sequence of topics (nursing process) retention rate for fall semester 2017 90%.

2) STRENGTHEN THE OUTREACH AND TRANSFER PIPELINE: (Strengthen student success by increasing the percentage of AA and AS graduates who transfer to a four-year institution)

- *Increase awareness of specific need from industry for BSN preparation.*
  --95% of PN students –fall 2017 have plan of study to continue to LPN-RN for RN licensure. (All of which express long range plans to include RN-BSN)

3) DEFFERED MAINTENANCE/ FACILITIES PLANNING AND EXPANDING RESOURCES: (Personnel and professional development)

- *All faculty to attend KCADNE conference every year as statewide meeting with PN / ADN nursing Education*
- *Facilitate all faculty in Nursing Department at GCCC to attend one National conference of their choice (OADN / NLN/ Nurse Educator Boot Camp / Accreditation Self-study conference).*
  --This would be changing past years conference schedules with ½ of faculty to attend one conference and ½ attend another conference with the collaboration and sharing in a format such as "Lunch and Learn."

4) DEVELOP WORKFORCE DEVELOPMENT TRAINING PROGRAMS: (Develop or redesign programs (credit and noncredit) to meet community needs)

- *Increasing numbers for PN program to help with need for higher enrollment for LPN-RN with long term goal to be increased numbers of RN licensure.*

5) SUCCESSFULLY SATISFY HIGHER LEARNING COMMISSION REGIONAL ACCREDITATION: (Complete documentation requirements for HLC's accreditation process)

- *PN program to complete program review for evaluation with HLC review in December 2018.*
  --Complete and submit self-study Summer 2018.

Program Emphasis Area Goals with Recommended Action Steps

Emphasis Area Name: GCCC PN Program Date: 1-2018

Component Area	Specific Goal or Desired Outcome to Maintain or Improve Program Emphasis Area Quality.	Activity or Strategies to Achieve Goal (include responsible person)	Proposed start and end dates	Progress Metrics and timeframe for measurement	Resource requirement (in-kind & direct)	Priority of Resource Allocation (High, Medium, Low.)	Anticipated Impact on Educational Effectiveness & relation to GCCC Skills
A - Mission and Context	Pilot new sequence of subjects for fall semester 2017-with special attention given to nursing process.	Change sequence to make sure topic-Nursing Process is not first topic covered in PN course work PN faculty	Fall 2017 Eval—Sp 18	Retention rate and Evaluation with course review.	Summary of course evaluation from students	High	Increase student success (Increase the fall –to fall retention rate)
B - Faculty Characteristics and Qualifications	All faculty to attend KCANDE conference year as state wind meeting with PN/ ADN nursing education. Facilitate all faculty in nursing department at GCCC to attend one National conference of their choice (OADN / NLN/ Nurse Educator Boot Camp/ Accreditation Self-study conference) This would be a change with ½ of nursing faculty attending one conference and remaining ½ attending another.	Commit to conference with class schedule. All faculty and director of Nursing	Sp18 -Fa18	Attend conference As scheduled	Prof dev funds for registrar & travel	Med	Deferred maintenance / facilities planning and expanding resources (Personnel and professional development)

C - Quality of Curriculum and Student Learning	Increase awareness of specific need form industry for BSN preparation	Continued with advising ALL students regarding industry need for BSN for some positions --all faculty advising	Sp18-Fa18	Using graduate surveys—collect data regarding number of students that are pursuing advanced degrees after graduation here at GCCC	Continue to assist students by supplying information regarding advanced degree opportunities	Med	Strengthen the outreach and transfer pipeline (Strengthen student success bly increasing the percentage of AA and AS graduates who transfer to a four-year institution)
D - Student Enrollment and Success	Pilot new sequence of subjects for fall semester 2017-with special attention given to nursing process. Increasing numbers for PN program to help with need for higher enrollment for LPN-RN with long-term goal to be increased numbers of RN licensure.	Making sure all PN faculty communicate for specific sequence of foundational information. Nursing Process deliberately positioned near the front of the class, not first. Introducing concept early in the journey of nursing education with reinforcement every step after that introduction. –Increased enrollment with PN class to maximum of 40.	Change of sequence of content starting fall 2017—admitted 40 students fall 2017	- 36 students retained in the fall semester of 2017. (Retention rate of 90%) Fall 2017 PN accepted enrollment at 40 students	Making sure all the hours are covered with instructor for fall 2017 (director helping and adjunct instructors for clinical)	High	Increase student success (Increase the fall –to fall retention rate) Develop workforce development training programs (Develop or redesign programs—credit and non-credit—to meet community needs)
E - Academic Opportunities and Class Size	Increasing numbers for PN program to help with need for higher enrollment for LPN-RN with long-term goal to be increased numbers of RN licensure	Accepted 40 students for fall 2017	Fa17-Sp18	End of Fall semester 2017- with look at retention rates	Need more adjunct instructors for clinical numbers to be in line with request for no more than 10:1.	High	Develop workforce development training programs (Develop or redesign programs—credit and non-credit—to meet community needs)

F - Student and Constituent Feedback	Pilot new sequence of subjects for fall semester 2017-with special attention given to nursing process.	Purposeful sequence of content in Foundational nursing course with content "Nursing Process" not first or last of class presentation	Introduction of content in Foundations of Nursing and continued reinforcement	Fa17 comparison with Fa16	Retention rate after Fall semester	Med	Increase student success (Increase the fall –to fall retention rate)
G - Resources and Institutional Capacities	PN program to complete program review for evaluation with HLC review in December 2018.	Complete Program review as requested with corrections and additions after GCCC review team evaluates first draft	Follow timeline for completion	Completed and ready for review December 2018	Designated time in faculty meeting for continuous ongoing review.		Successfully satisfy higher learning commission regional accreditation (Complete documentation requirements for HLC's accreditation process)
Summary Conclusions	Continued team effort to help students to be successful here at GCCC and life-long learners	Mentoring students in nursing program with all aspects of LPN licensure and its responsibilities	Ongoing with admittance of students every fall and end of program scheduled for spring of the following semester	Continued monitoring retention and pass rates for LPN licensure (End goal for this program with LPN-RN as next step)	Professional development for all faculty to continue to help faculty receive tools that are needed for ultimate success.	High	This continued success with students completing course work and licensure, helps in the fulfillment of the mission at GCCC. Nursing continues to exist to produce positive contributors to the economic and social well-being of society—as LPN's.

GARDEN CITY COMMUNITY COLLEGE

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	DUE Annually: February		X								
1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.	DUE Annually: February		X								
1.3 Communities of interest have input into program processes and decision-making.	DUE Annually: May					X					
1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	DUE Bi-annually January & August	X					X				
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	DUE Annually: May					X					
1.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	DUE Annually: May					X					
1.7 When present, nursing program coordinators and/or faculty who assist with program administration are	DUE Annually: May					X					

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
academically and experientially qualified.											
1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	DUE Annually: May					X					
1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.	DUE Bi-annually August & January	X					X				
1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	DUE Annually: August						X				
1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	NOT APPLICABLE										
2.1 Full-time faculty hold a minimum of a graduate degree with a major in nursing. Full-/part-time faculty include those individuals teaching and/or evaluating students in classroom, clinical, or laboratory settings.	DUE Varies by birth month/yr of faculty	X	X	X	X	X	X	X	X	X	X

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
2.2 Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.	DUE Varies by birth month/ yr for faculty	X	X	X	X	X	X	X	X	X	X
2.3 Faculty (full- and part-time) credentials meet governing organization and state requirements.	DUE Varies by birth month/yr for faculty	X	X	X	X	X	X	X	X	X	X
2.4 Preceptors, when utilized, are academically & experientially qualified, oriented, mentored, & monitored, & have clearly documented roles & responsibilities.	DUE Bi-annually August & January	X					X				
2.5 The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.	DUE Ongoing	X	X	X	X	X	X	X	X	X	X
2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.	DUE Annually: May					X					
2.7 The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.	DUE Annually: April				X						
2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.	DUE Annually: May					X					

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	DUE Annually (Non-tenured): Every 3 years (tenured): May					X					
2.10 Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.	DUE Annually: May					X					
3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes.	DUE Annually: May					X					
3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the NLNAC contact information.	DUE Annually: May					X					
3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	DUE Annually: August						X				

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.	DUE Annually: May					X					
3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.	DUE Every Even year: May					X					
3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.	DUE Annually: October								X		
3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	DUE Annually: Septembe r							X			
3.8 Orientation to technology is provided, and technological support is available to students.	DUE Annually: November									X	
3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	NOT APPLICAB LE										
4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has	DUE					X					

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.	Every 3 years (May)					May 2014 May 2017					
4.2 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	DUE Bi-annually December & May					X					X
4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	DUE Annually: May					X					
4.4 The curriculum includes general education courses that enhance professional nursing knowledge & practice.	DUE Annually: November									X	
4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	DUE Annually: May					X					
4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.	DUE Annually: May					X					
4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.	DUE Annually: May					X					

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
4.8 The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	DUE Every 3 years:					X June 2014 June 2017					
4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes.	DUE Bi-annually December & May					X					X
4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.	DUE Annually: May					X					
4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	DUE Annually: June					X					
4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.	DUE Annually: May					X					
5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and	DUE Annually: April				X						

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
program outcomes, and commensurate with the resources of the governing organization.											
5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of the faculty, staff, and students.	DUE Annually: March			X							
5.3 Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.	DUE Bi-annually December & May					X					X
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.	DUE Bi-annually December & May					X					X
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; • The NLNAC Standards. The systematic plan of evaluation contains specific, measurable expected levels of achievement; appropriate assessment methods; & a minimum of	DUE Annually: May					X					

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
three (3) years of data for each component within the plan.**											
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.	DUE Bi-annually: December & May					X					X
6.3 Evaluation findings are shared with communities of interest.	DUE Bi-annually December & May					X					X
6.4 The program demonstrates evidence of achievement in meeting the program outcomes.	DUE Annually: May					X					
6.4.1 Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the national mean for the same 3-year period.	DUE Annually: October								X		
6.4.2 Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options.	DUE Annually: October								X		
6.4.3 Graduate Program Satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.	DUE Annually: October								X		

Criterion		Jan.	Feb.	March	April	May/June	July/Aug.	Sept.	Oct.	Nov.	Dec.
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.	DUE Annually: October								X		
6.4.5 Job Placement Rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.	DUE Annually: October								X		

STANDARD 1: Mission and Administrative Capacity The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.			
Criterion 1.1: The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	**Frequency of Assessment:** Annually by the Director and Admission and Progression (A&P) committee Due: Feb.	**Goal:** 1. The mission and philosophy of the nursing program are 100% congruent with the mission and philosophy of the college. 2. The mission and philosophy of the nursing program are clearly stated and published 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Director and A&P committee compare the mission and philosophy of the college and that of the Department of Nursing Education (DNE) to determine congruence.	2/20/15		
		2014-2015: A & P Reviewed and compared GCCC and DNE mission and philosophy statements; these are congruent. ***Benchmarks 1 & 2 met***	Missions and Philosophies are congruent; no action needed. Complete review annually. 2/20/15 ew/pz *See Appendix folder*
Criterion 1.2: The governing organization and nursing education unit ensure representation of the nurse administrator and nursing	**Frequency of Assessment:** Annually by	**Goal:** 1. Organizational charts will accurately reflect the relationship within the nursing department and the college 100% of the time.	

faculty in governance activities; opportunities exist for student representation in governance activities.	the Director of Nursing Education and faculty. Due: Feb.	2. The Director of Nursing Education will maintain membership on the Instructional Leadership Team (ILT) 100% of the time. 3. The faculty members of the nursing department will participate in institutional governance 50% of the time. 4. A student representative from the nursing program will influence the governance of the nursing department through attendance and participation in faculty and Student Government Association meetings 50% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education will assess the organizational charts to ensure clarity and accuracy of the reporting relationships of: ▪ GCCC administration ▪ Department of Nursing	2/20/15		
		2014-2015: GCCC is run by the board of trustees with the President being the reporting and acting position. Under the president are several different positions, including Vice-Presidents. The Director of Nursing Education reports directly to the Vice President of Instructional Services. The Director will attend weekly scheduled meetings for division directors facilitated by the VP of Instruction, this is known as the Instructional Leadership Team (ILT). DNE organizational chart represent the leadership of the Director of Nursing Education. Under that position, faculty work as a team to accomplish the	The GCCC organizational chart accurately reflects what is being carried out and is easy to understand. Complete review annually. *See appendix folder – Organizational chart* The DNE organizational chart revisions accurately reflects what is being carried out and it is easy to understand. *See appendix folder – Faculty Handbook*

		most conducive learning environment for students. ***Benchmark 1 & 2 met***	Complete review annually. 2/20/15ew/pz
The Director of Nursing Education will review the college internal governance assignment history for participation of nursing faculty in governance activities.	2/20/15		
		2014-2015: Nursing faculty participation on IG for the school year 14-15 revealed 4 out of 6 faculty serving on an IG committee. The internal governance has been restructured, and greatly reduced. There are very few committees to participate in currently. ***Benchmark 3 met***	Continue to document college committee participation. Complete review annually. *See appendix folder for committee documentation.* 6/14 ew/pz
	2/20/15		

The nursing faculty will review ANS nursing student bylaws which describe the role of students in nursing faculty meetings.		**2014-2015:** Nursing students are elected officials through ANS annually by the students to represent ANS at SGA and at faculty meetings. Reviewed DNEO bylaws which reflect student membership. Due to schedule conflicts, nursing student representation at faculty meetings and SGA meetings <50%: Students encouraged to send a written report if unable to attend. ***Benchmark 4 not met, students are encouraged to send a written report for every meeting, this is considered attendance. Will continue to work with students in this area.***	ANS advisor will continue to ensure election of these officers and will encourage participation in both SGA and faculty meetings. SGA meeting are held Wed. at noon, this is a conflict with most of the ADN (LPN-RN) schedule as this is a clinical day. The elected representatives has been encouraged to submitted an update on ANS to the SGA meetings. Faculty meetings have been adjusted to accommodate the attendance by nursing students. 5/1/15 EW/pz
Criterion 1.3: Communities of interest have input into program processes and decision making.	**Frequency of Assessment:** Bi-annually by the Director of Nursing Education Due: April and Oct.	**Goal:** 1. The Department of Nursing Advisory Council meets biannually and provides input in the long range planning of programs, reviews curriculum for relevance to the changing needs of the community and provides feedback regarding the employment needs of the area.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program

The Director of Nursing Education will meet with invested stakeholders to discuss program needs and outcomes.	Advisory: 10/28/14 4/14/15	**2015-2016:** Advisory Council Meeting was held	
		2014-2015: The advisory council meeting was held Oct. 28, 2014 in the Penka Building at GCCC. Progress report from accreditation (ACEN) was shared. Also discussed was the challenges and benefits of increasing enrollment. On April 14, 2015 the group again met at GCCC in the Penka Building. Updates were given on nursing applications for Fall 2015, review of pass rates, decrease in the number of nursing faculty available nationwide and the local effects, success of the health care career fair. The next meeting is scheduled Oct. 27, 2015. ***Benchmark met.***	Continue bi-annual Advisory Council meetings. See meeting minutes and membership list in Advisory Council notebook/Director's office. 5/1/15 PZ
Criterion 1.4: Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	**Frequency of Assessment:** Bi-annually by the Director of Nursing Education and faculty Due: Jan. & Aug.	**Goal:** 1. All agreements between the nursing education unit and external agencies are designed to promote excellence in nursing education, enhance the profession and benefit the community.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program

The Director of Nursing Education and faculty will meet with clinical agencies and representatives to discuss program needs and outcomes of GCCC Nursing programs and updates on their agencies that may affect the nursing program.	Inter-institutional: 8/26/14 2/24/15		
		2014-2015: 8/26/14 multiple conflicts, meeting cancelled. Information shared via email to the clinical facilities. Contact list was updated as this was where many of the conflicts arose. 2/24/15 met at GCCC in the Penka Building. Updated on GCCC plan for team nursing including both levels, IV certification course to be offered fall 2015, and preceptor use fall 2015. ***Benchmark met***	Contact list was updated for this committee. Plans to change to Feb. and Sept. to accommodate schedules better. See meeting minutes and membership list in Inter-institutional notebook/ Director's office. 3/15 pz
Criterion 1.5: The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	**Frequency of Assessment:** Annually by the Director of Nursing Education and the VP of Instructional Services Due: May	**Goal:** 1. The nursing administrator credentials will reflect the criteria established by the Kansas State Board of Nursing (KSBN) and ACEN 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program

The KSBN regulations relative to the transcripts and credentialing of the nursing administrator and the college job description for the nursing administrator are reviewed by the VP of Instructional Services with the Director of Nursing Education	5/15/15 4/15/16	**2015-2016:** Credentials are evaluated each year by the VP and discussed with the Director. A copy of this can be found in the Director's personnel file in Human Resources. ***Benchmark met***	Complete review annually. 4/15/16
		2014-2015: Credentials are evaluated each year by the VP and discussed with the Director. A copy of this can be found in the Director's personnel file in Human Resources. ***Benchmark met***	Complete review annually. 5/1/15 ew/pz
Criterion 1.6: The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	**Frequency of Assessment:** Annually by the Director of Nursing Education and the VP of Instructional Services Due: May	**Goal:** 1. The nursing administrator experience will reflect the criteria established by Garden City Community College, the Kansas State Board of Nursing (KSBN) and ACEN 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The KSBN regulations relative to the credentials of the nursing administrator and the college job description for the nursing administrator are reviewed by the VP of Instructional Services with the Director of Nursing Education	5/15/15 4/15/16	**2015-2016:** Credentials are evaluated each year by the VP and discussed with the Director. A copy of this can be found in the Director's personnel file. Assistant Director of Nursing – 2009-2010 Director of Nursing – Aug. 2010 -present	Completed Reviewed annually. Job description in appendix 4/15/16

		Benchmark met	
		2014-2015: Credentials are evaluated each year by the VP and discussed with the Director. A copy of this can be found in the Director's personnel file. Assistant Director of Nursing – 2009-2010 Director of Nursing – Aug. 2010 -present ***Benchmark met***	Completed review annually. Job description in appendix 5/15/15
Criterion 1.7: When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.	**Frequency of Assessment:** Annually by Director of Nursing Education Due: May	**Goal:** 1. The program coordinators and/or faculty that assist with program administration credentials will reflect the criteria established by the Kansas State Board of Nursing (KSBN) and ACEN 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The program coordinators/faculty are reviewed by the Director of Nursing Education annually.	5/15/15 4/15/16	**2015-2016:** Program coordinator are no longer being utilized for a variety of reasons. The duties are being completed by all faculty.	No longer used. 4/15/16

		2014-2015: The faculty that serve as program coordinators are Elizabeth Wampler, MSN, RN who serves as the PN coordinator. Has been teaching at GCCC for 11 years and holds an MSN. She was here when the PN program started and has taught on both the PN and ADN levels. The Simulation lab coordinator is Lorilynn Landgraf, BSN, RN. She has been teaching for several years and has her BSN. Amy Waters, MSN, RN is the ADN coordinator and has been teaching at GCCC in the ADN program since 2008, and several years at Pratt Comm. College. Tracy Lamb, RN is the clinical coordinator. She is the liaison and the main contact person for information regarding clinicals. She has been at GCCC for 4 years now and has worked in several of the clinical sites which makes her a good fit to the clinical coordinator. ***Benchmark met***	Completed review annually. The 2015-2016 there are plans for changes, the changes are as follows: Elizabeth Wampler – ADN Coord Amy Waters – Curriculum Coord Tracy Lamb – Clinical Coord Lorilynn Landgraf – PN Coord 6/15 ew
Criterion 1.8: The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	**Frequency of Assessment:** Annually by the VP of Instructional Services Due: May	**Goal:** 1. Annual performance evaluation of the Director of Nursing Education will reflect satisfactory performance of the administrative responsibilities of the Department of Nursing Education 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program

An annual performance evaluation is written by the VP of Instructional Services and discussed with the Director of Nursing Education	5/15/15		
		2014-2015: A performance evaluation is completed each year by the VP and discussed with the Director. The performance evaluation is placed on file in Human Resources. ***Benchmark met***	Complete annually. 5/15/15 pz
Criterion 1.9: The nurse administrator has the authority to prepare and administer the program budget with faculty input.	**Frequency of Assessment:** Bi-annually: Due: August & January	**Goal:** 1. The nurse administrator advocates for equity and has authority to prepare and administer the program budget. 2. Faculty actively participates in the nursing budget process.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education and the VP of Instructional Services will review the job description for the Director to ensure responsibility and authority to be documented, regarding budget preparation and allocation.	8/11/14 1/5/15		
		2014-2015: Review job descriptions; accessed through Human Resources. These include access and input to budget. At the beginning of each semester there is a technical meeting where budget is discussed among faculty and administration. ***Benchmark 1 met***	Continue yearly review of job description. 6/14 ew/pz

The nursing faculty will have input into the budget and will make requests related to resources for the nursing program to achieve its purposes and objectives. The nursing faculty will have access to the college plan and notification of available budgetary resources for faculty development.	8/11/14 1/5/15		
		2014-2015: : Budget goals discussed with faculty input and reviewed. ILT meeting held prior to the start of each semester to establish priorities for spending in the ILT meetings; establishes ILT strategic planning. The ILT (Nursing Director) then brings back to each department for input and evaluation. The Director of Nursing also meets individually with VP of Instructional Services monthly and as needed to discuss ongoing changes and concerns. See Standard Resources: Criterion 4.1; Use of technology ***Benchmark 2 met***	Refer to ILT meeting minutes; secretary for the VP of Instructional Services. *Strategic Plan by the ILT in appendix*
Criterion 1.10: Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	**Frequency of Assessment:** Annually by the Director of Nursing Education and the nursing	**Goal:** 1. Policies of the Department of Nursing Education are consistent with the policies of the college and when different are justified by the Department of Nursing Education purposes 100% of the time. 2. Policies of the Department of Nursing Education are congruent with the goals/objectives of the program of study 100% of the time. 3. Policies of the Department of Nursing Education are available and accessible to nursing faculty 100% of the time.	

	faculty as a whole Due: August		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
Nursing faculty will perform a comparative analysis of the employment policies that affect the nursing faculty listed in the Negotiated Agreement with those that affect the general faculty. Specific areas for analysis include: *non-discrimination, faculty appointment, academic rank, grievance procedure, promotion, salary and benefits, tenure, rights and responsibilities, termination, and workload.* The rationale for differences in policies that affect the nursing faculty from the general faculty will be explained and documented.	8/11/14		
		2014-2015: Nursing faculty are held to the same standards as all faculty 100% of the time. Nursing faculty are hired with 0.1% salary increase to base as Fair Market Value (FMV) incentive. This is described in the Negotiated Agreement. The PN group had a 2 week summer gerontology course, that they received additional pay for. ***Benchmark 1 met***	Complete review annually. See Negotiated Agreement on website: www.gcccks.edu During the negotiations, there was a committee that was formed to bring ideas on upcoming agreements. Amy, Tracy, Elizabeth, & Lorilynn were all on this committee. 1/15 ew

A copy of the negotiated agreement, the Kansas Nurse Practice Act and the Administrative Policies and Procedures of the college are provided to new faculty or as revisions are completed.	8/11/14		
		2014-2015: Copies of the negotiated agreement, Administrative Policies and Procedure along with a DNE faculty handbook are provided at the time of hire and available at www.gcccks.edu. A copy of the nurse practice act is available at www.ksbn.org ***Benchmark 2 & 3 met***	Complete review annually. 5/14 ew
Criterion 1.11: Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	**Frequency of Assessment:**	**Goal:** **1.**	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	**Meeting Minutes**	**Results of Data Collection & Analysis**	**Actions for Program**

STANDARD 2: Faculty and Staff
Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff are available to support the nursing education unit.

Criterion 2.1: Full-time faculty hold a minimum of a graduate degree with a major in nursing. Full- and part-time faculty include those individuals teaching and/or evaluating students in classroom, clinical, or laboratory settings.	**Frequency of Assessment:** Upon employment by Director of Nursing Education and the Human Resources Director at GCCC **Due:** Upon hire	**Goal:** 1. 100% of the full time ADN faculty members that are assigned responsibility for a course have a Master's Degree in Nursing 2. Rationale is provided for utilization of faculty who do not meet the minimum credential 100% of the time with differences explained. 3. 100% of the full time PN faculty members that are assigned responsibility for a course have a minimum of Bachelor's Degree in Nursing	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
Upon employment of each instructor verification of current Kansas RN licensure in addition to transcript with master's degree with major in nursing LPN-RN / ADN or Bachelor's degree in nursing PN; credentials for compliance with the requirements of the college, KSBN regulation (60-2-103), and ACEN requirements (LPN-RN /ADN); completed by the Director of Nursing Education and the Human Resources Director at GCCC	Completed upon hire 4/15/16	**2015-2016:** All LPN-RN/ADN faculty maintain current recorded transcript with Master's degree with Nursing Major. All full time PN faculty maintain current recorded transcript with Bachelor's Degree in Nursing. Adjunct/part-time faculty has faculty hire exception verification from KSBN. Faculty degree plans of study on file for Master's in nursing for PN faculty. ***Benchmarks 1, 2, & 3 met***	Continued ongoing licensure check for current renewal and updated curriculum vitae. 4/15/16
		2014-2015: All LPN-RN /ADN faculty maintain current recorded transcript with Master's degree with Nursing major. All PN faculty maintain current recorded transcript with Bachelor's Degree in Nursing or faculty hire exception verification from KSBN	Continued ongoing licensure check for current renewal and updated curriculum vitae 6/15 PZ

		Faculty degree plans of study on file and updated for full time PN faculty Since Fall 2010 we have had three (3) full time faculty with completed Master's Degree. ***Benchmarks 1, 2, & 3 met***	
Criterion 2.2: Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.	**Frequency of Assessment:** Upon employment by the Director of Nursing Education and the Human Resources Director at GCCC **Due:** Varies by birth month / year of each instructor	**Goal:** 1. The majority of part-time faculty members are credentialed with a minimum of master's Degree with a major in nursing 100% of the time; the remaining part-time faculty members hold a minimum of a baccalaureate degree with a major in nursing 100% of the time. 2. Rationale is provided for utilization of faculty who do not meet the minimum credential 100% of the time with differences explained.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
Upon hire, the Director of Nursing Education review faculty credentials for compliance with the requirements of the college, KSBN regulation (60-2-103), and ACEN requirements (LPN-RN /ADN)	Completed upon hire and updated as needed in Faculty Profiles	**2015-2016:** All LPN-RN/ADN faculty maintain current recorded transcript with Master's degree with Nursing Major. All full time PN faculty maintain current recorded transcript with Bachelor's Degree in Nursing. Adjunct/part-time faculty has faculty hire exception	Continued ongoing licensure check for current renewal and updated curriculum vitae. 4/15/16

Every two years at the time of RN licensure renewal, the Director of Nursing Education will review the faculty experiential and academic preparation and compare with KSBN and ACEN regulations related to faculty qualifications. Analysis will include current nursing licensure, curriculum vitae, and updated transcripts.	4/15/16	verification from KSBN. Faculty degree plans of study on file for Master's in nursing for PN faculty. ***Benchmarks 1 & 2 met***	
		2014-2015: All faculty are currently full time, no part time faculty employed as of fall 2014. Since Fall 2010 we have continued to retain three (3)full time faculty with completed Master's Degree ***Benchmarks 1 & 2met***	As of Fall 2014 no part time (Adjunct) LPN-RN / ADN faculty Fall 2013 no part time (Adjunct) faculty with our PN program 6/15 PZ
Criterion 2.3: Faculty (full- and part-time) credentials meet governing organization and state requirements.	**Frequency of Assessment:** Every two years at the time of the Kansas license renewal **Due:** Varies by birth month / year of each instructor	**Goal:** 1. All faculty members maintain current RN licensure in Kansas 100% of the time. 2. Credentials of faculty members are consistent with the KSBN criteria and ACEN standards (LPN-RN / ADN) for faculty 100% of the time. 3. Full time faculty workload is congruent with the guidelines in the Negotiated Agreement 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education analyzes the faculty documentation of professional development activities submitted by faculty for review. Analysis will include the search for	Completed upon hire and updated as needed in	**2015-2016:** All LPN-RN/ADN faculty maintain current recorded transcript with Master's degree with Nursing Major. All full time PN faculty maintain current recorded transcript with Bachelor's Degree in Nursing.	Continued ongoing licensure check for current renewal and updated curriculum vitae. There have been

evidence of maintenance of faculty expertise in their area of responsibility such as teaching, service, clinical practice and scholarship. Every two years at the time of RN licensure renewal, the Director of Nursing Education will review the faculty experiential and academic preparation and compare with KSBN and ACEN regulations related to faculty qualifications. Analysis will include current nursing licensure, curriculum vitae, and updated transcripts when applicable. Evaluation of professional development submissions will also include the KSBN requirements of 30 hours of continuing education at the time of license renewal.	Faculty Profiles 4/15/16	Adjunct/part-time faculty has faculty hire exception verification from KSBN. Faculty degree plans of study on file for Master's in nursing for PN faculty. Faculty are working in accordance to the negotiated agreement, however due to the shortage in nursing faculty in the spring semester, there are large overload hours, according to negotiations these must be pre-approved. ***Benchmarks 1,2, & 3 met***	no issues in the approval of overload hours for nursing. 4/15/16
		2014-2015: Professional development accomplishments in areas of expertise maintained. KSBN continuing education requirements maintained. ***Benchmarks 1, 2, & 3 met***	Faculty continues to submit professional development accomplishments 6/15 PZ
Criterion 2.4: Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.	**Frequency of Assessment:**	**Goal:** 1. Preceptors will have a current RN licensure in Kansas and at least 6 months of relevant experience 100% of the time. 2. Preceptors will go through an orientation that defines roles and responsibilities 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
Preceptors will have a current RN licensure in Kansas and at least 6 months of relevant experience. Preceptors will go through an orientation that defines roles and responsibilities.	4/15/16	**2015-2016:** Preceptors were used this year in the LPN-RN/ADN program. Each preceptor selected by the unit supervisor and was oriented with a packet of information that outlines roles and responsibilities. Each preceptor has completed a form that includes all information regarding their individual licensure and experiences.	Preceptor files are kept in the directors office. 4/15/16

		2014-2015: Preceptors not utilized at this time.	N/A
Criterion 2.5: The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.	**Frequency of Assessment:** Ongoing Prior to each semester as part of the planning process by the Director of Nursing Education and nursing faculty **Due:** Ongoing	**Goal:** 1. The number and type of faculty are adequate to carry out the purposes and objectives of the nursing program 100% of the time. 2. Part-time faculty workload is congruent with the administrative policies 100% of the time. 3. Part time (Adjunct) faculty workload is congruent with the guidelines in the Negotiated Agreement 100% of the time. 4. Faculty-to-student ratio in the clinical area is no more than one-to-ten 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education and the nursing faculty will review the Negotiated Agreement requirements related to the workload for full-time faculty versus part-time faculty. The Director of Nursing Education and nursing faculty will review the regulations regarding clinical faculty to student ratios and faculty clinical assignments.	8/11/14 12/5/14 1/5/14 5/15/15 4/22/16	**2015-16:** Faculty are working in accordance to the negotiated agreement, however due to the shortage in nursing faculty in the spring semester, there are large overload hours, according to negotiations these must be pre-approved. Part-time/adjunct instructors were utilized in the PN level both semesters, however, in the spring semester there was limited adjuncts available and the director of nursing helped to meet the needs for clinical ratios and clinical assignments.	Faculty assignment is watched on a continual basis to make sure that each assignment is within guidelines of the negotiated agreement and governing agencies.

		Benchmarks 1, 2, 3, & 4 met	Full time and adjunct positions are being advertised. 4/22/16
		2014-2015: Workload for full time faculty in congruence with GCCC faculty Negotiated Agreement, along with regulations of clinical ratios and clinical assignment; all reviewed by faculty and Director. No part-time faculty or adjuncts. ***Benchmarks 1, 2, 3, & 4 met***	Continued monitoring of faculty assignment workload PZ
Criterion 2.6: Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.	**Frequency of Assessment:** Director of Nursing and nursing faculty **Due:** May	**Goal:** 1. Commitment to scholarship will be reflected by the nursing program and consistent with that of the college 100% of the time. 2. Faculty show active participation in their professional organizations	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Nursing faculty will perform a comparison of the definition of scholarship as defined by the college and the nursing program. Faculty will seek methods to enhance faculty scholarship such as review of professional articles on education and nursing.	11/7/14 12/5/14 11/13/15	**2015-2016:** Faculty reports all professional development accomplishments as completed. Evaluation of scholarship on basis of teaching, application, integration, and discovery. Report of "pearls" from professional development shared with faculty meetings. ***Benchmarks 1 & 2 met***	Short reports from professional development events information and how these may be applied to our specific needs in our nursing program.
		2014-2015: Faculty reports all professional development accomplishments as completed. Evaluation of scholarship	Short reports from professional development events

		on basis of teaching, application, integration, and discovery. Report of "pearls" from professional development shared with faculty meetings. ***Benchmarks 1 & 2 met***	with "pearls" and how these may be applied to our specific needs in our nursing program.
Criterion 2.7: The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.	**Frequency of Assessment:** Director of Nursing and nursing faculty **Due:** Annually May	**Goal:** 1. Non-nurse faculty and staff are sufficient to achieve program outcomes	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The nursing faculty and the director of nursing will discuss the need and use of non-nurse faculty and staff toward the achievement of program outcomes.	5/15/15 4/22/16	**2015-2016:** The only position that is linked to the nursing program that is non-faculty is the building secretary. This is a crucial role in accomplishing tasks for the program. There has been discussion on the need for a nursing department student advisor. There are over 600 students associated with the nursing department currently. The nursing faculty are listed as the current advisors for all of these students. This has been discussed with the director of nursing education and the Vice President of Instruction on the development of this role. ***Benchmark met***	The building secretary is vital for the nursing program. Director of Nursing and the VP of Instruction are looking at adding a nursing student advisor. 4/22/16
		2014-2015: The only position that is linked to the nursing program that is non-faculty is the building secretary. This is a crucial role in accomplishing tasks for the program.	The building secretary is vital for the nursing program 5/15/15

		Benchmark met	
Criterion 2.8: Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.	**Frequency of Assessment:** Upon employment by the Director of Nursing Education and the Human Resources Director at GCCC **Due:** Upon hire	**Goal:** 1. 100% of new faculty (full and part-time) will participate in the college wide orientation 2. 100% of new faculty (Full and part-time) will be assigned a mentor 3. 100% of new faculty (full and part-time) will be provided with a nursing faculty handbook	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
All nursing faculty are oriented and mentored through the college orientation, assigned a mentor and receive the nursing faculty handbook upon hire.	Completed upon hire.	**2015-2016:** No new full time faculty, Adjuncts LK and KR were assigned a mentor, given the faculty handbook and were oriented to the nursing department. LK attended faculty orientation previously. KR attended adjunct orientation fall 2015. ***Benchmarks 1, 2, & 3 met***	Completed upon hire and as needed.
		2014-2015: No new faculty. N/A	
Criterion 2.9: Systematic assessment of faculty (full- and part-time) performance	**Frequency of Assessment:**	**Goal:** 1. 100% of faculty member will be evaluated in compliance with the Negotiated Agreement.	

demonstrates competencies that are consistent with program goals and outcomes.	Annually—(Non-Tenured) / Every three years—(Tenured): **Due:** May		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education will conduct a review of full-time tenured and probationary faculty in classroom or clinical performance in accordance with the evaluation guidelines in the Negotiated Agreement	4/10/15		
		2014-2015: Evaluations of faculty completed for tenured and probationary faculty in accordance with Negotiated Agreement ***Benchmark met***	Continued evaluations of all faculty 5/15 PZ
Criterion 2.10: Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.	**Frequency of Assessment:** Nursing Faculty Due: May	**Goal:** 1. 100% of faculty members will be proficient on the college's learning management system. 2. 100% of faculty members will have a contact person for support on the college's learning management system.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
Faculty members will be trained and utilize the learning management system for all nursing courses, and have a contact person for support.	4/22/16	**2015-2016**: Faculty are all trained on the current LMS of eCollege. Plans to implement Canvas LMS for fall 2016. Trainings are currently underway. Lecia Sims is the current contact person for Canvas and Judy Whitehill for eCollege. Faculty also utilize ATI and Evolve for supplemental resources. Each has training opportunities	Continue with LMS trainings as well as ATI and Evolve. 4/22/16

		for new users, and a full support team. All faculty have been trained on these systems. ***Benchmarks 1 & 2 met***	

STANDARD 3: Students Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.		
Criterion 3.1: Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes.	**Frequency of Assessment:** Annually by the Admission and Progression committee	**Goal:** 1. Student policies of the nursing program are consistent with the student policies of the college 100% of the time. 2. Differences are justified by the nursing program 100% of the time.

	Due: May		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The Nursing Admissions and Progression committee will perform a comparative analysis of the student policies of the college and of the nursing program to determine congruency, currency and comprehensiveness and to identify differences. Student policies included in the analysis include but are not limited to: - selection, admission and readmission - health requirements - attendance, grading and evaluation - academic progression - withdrawal/dismissal - graduation requirements - articulation/advanced placement - grievance procedures - non-discrimination - retention - financial aid - clinical dress code	5/15/15	**2015-2016:** Reviewed at the end of the semester for congruency for the upcoming year's student handbook (nursing and college). ***Benchmarks 1 & 2 met***	Completed review annually. Changes made by A&P committee.
		2014-2015: Reviewed at the end of the semester for congruency for the upcoming year's student handbook (nursing and college). ***Benchmarks 1 & 2 met***	Completed review annually. Changes made by A&P committee.
Nursing faculty will review the Nursing Student Handbook with nursing students at orientation with each new incoming class. The nursing faculty will review student files to verify receipt of	5/15/15	**2015-2016:** This is completed at the beginning of each fall in an orientation for both the PN and ADN class. Student files reviewed with a 100% return on verification slips of receiving the handbook. ***29/29 PN students and 30/30 ADN students***	Complete review annually.

the student policies as indicated by a form signed by the nursing student.		***Benchmarks 1 & 2 met***	
		2014-2015: This is completed at the beginning of each fall in an orientation for both the PN and ADN class. Student files reviewed with a 100% return on verification slips of receiving the handbook. ***Benchmarks 1 & 2 met***	Complete review annually.
The Admission and Progression committee will review the Academic Catalog, the college web site, college student handbook, application packets, program brochures, course syllabi, and nursing student handbook to ensure that the information is current and	12/15 2/4/16 updated website with Chris Managan 5/15/15	**2015-2016:** As part of A&P Committee tasks, the website, college student handbook, application packets, program brochures, course syllabi, and nursing student handbook are reviewed annually to assure accuracy and consistency. ***Benchmarks 1 & 2 met***	See faculty and A&P committee meeting minutes

accurate, clear and consistent in regard to the following published policies and procedures: ▪ college mission, philosophy and purpose ▪ admission policies ▪ health requirements ▪ tuition and fees ▪ financial aid ▪ graduation requirements ▪ licensing requirements ▪ academic policies ▪ academic calendar ▪ student services ▪ nursing program mission, philosophy and purpose ▪ nursing curriculum: program length, required courses, definition of clock and credit hours, ratio of clock to credit hours and specific credit hours required for each course		**2014-2015:** As part of A&P Committee tasks, the website, college student handbook, application packets, program brochures, course syllabi, and nursing student handbook are reviewed annually to assure accuracy and consistency. ***Benchmarks 1 & 2 met***	See faculty and A&P committee minutes for 2014 – 2015.
Criterion 3.2: Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.	**Frequency of Assessment:** Annually by A & P committee and Director of Nursing Education **Due:** May	**Goal:** 1. Information related to the nursing program is publicly accessible, current and accurate, clear and consistent 100% of the time.	
PLAN		**IMPLEMENTATION**	

Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The Admission and Progression committee will review the Academic Catalog, the college web site, college student handbook, application packets, program brochures, course syllabi, and nursing student handbook to ensure that the information is current and accurate, clear and consistent in regard to the following published policies and procedures: ▪ college and nursing program mission, philosophy and purpose ▪ admission policies ▪ health requirements ▪ tuition and fees ▪ financial aid ▪ graduation requirements ▪ licensing requirements ▪ academic policies ▪ academic calendar ▪ student services ▪ nursing curriculum: program length, required courses, clock and credit hours with ratio and specific credit hours required for each course ACEN Accreditation Status, and KSBN approval, including name, address and telephone numbers for both organizations are posted to the college website.	2/4/16 5/15/15	**2014-2015:** As part of A&P Committee tasks, the website, college student handbook, application packets, program brochures, course syllabi, and nursing student handbook are reviewed annually to assure accuracy and consistency. The website had some changes and the final version was changed on 2/4/16 with the help of IT and the webmaster. ***Benchmark met***	See faculty minutes See minutes of A&P committee
		2014-2015: As part of A&P Committee tasks, the website, college student handbook, application packets, program brochures, course syllabi, and nursing student handbook are reviewed annually to assure accuracy and consistency. The website is not up-to-date due to the fact that there is no webmaster to assist with changes. There were some inconsistencies found and those were reported however the changes were not made. We will continue to monitor this and when there is a webmaster for the college will get these changes made. ***Benchmark not met, there is no webmaster currently, but will get the website updated as soon as one is available.***	See faculty minutes See minutes of A&P committee Will update these when the position is filled.

Criterion 3.3: Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	**Frequency of Assessment:** Annually by students and nursing faculty **Due:** May/June	**Goal:** 1. Student records will reflect receipt and review of policies 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
Nursing faculty will review the Nursing Student Handbook with nursing students at orientation with each new incoming class. In addition, all students receive the handbook again in the Fall of the ADN level. The nursing faculty will review student files to verify receipt of the student policies as indicated by a form signed by the nursing student.	5/15/15	**2015-2016:** Admission and Progressions committee reviewed and update some policies. These were to be effective immediately for the incoming fall class. All faculty were involved in change of policy. ***Benchmark met***	Reviewed and made some changes that were updated and effective immediately.
		2014-2015: Admission and Progressions committee reviewed and made minor changes to policies in May of 2014 for August. All faculty members were included in the decision-making process with regard to changes in policy that were beyond graphical. Started discussion for changes for 2015-2016 school year, will finalize in August 2015. ***Benchmark met***	Academic catalog reviewed. Policies related to the nursing program are reviewed and reflected in the student handbook. Students are alerted to any changes. Review of student handbook is completed annually.
Criterion 3.4:	**Frequency of Assessment:**	**Goal:** 1. Nursing students are assigned a nursing faculty advisor 100% of the time.	

Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.	Annually by A & P committee and the director, with review by the faculty as a whole **Due:** May	2. Students are informed of the student support services and accessibility in writing via the Academic Catalog 100% of the time. 3. Student Support Services have qualified staff 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
Review the student evaluations of the course which includes an evaluation of the student support services as to its availability and use. Review information regarding student support services on the college website. Student support services include: ▪ health ▪ counseling ▪ academic advising ▪ career placement ▪ financial aid ▪ computer access ▪ library resources Student support services are communicated to students at orientation with each incoming class.	8/11/14 2/20/15 3/6/15 5/15/15 11/13/15 4/15/16	**2014-2015:** The academic catalog has been reviewed. Student course evaluations were reviewed by the faculty as a whole. Student resources available aren't limited to GCCC campus, but include community resources. These resources can be found on the GCCC website: www.gcccks.edu The admission packet is reviewed and revised during meetings. The packet contains an overview of documentation that the student must have completed and on-file prior to admission in the program. Advising assignments are divided up among nursing faculty. All pre-nursing and current nursing students are divided up with different nursing faculty. Each faculty member is responsible for their own advisees and setting up a schedule that the building secretary schedules with the students. ***Benchmarks 1, 2, & 3 met***	Continue to have Penka building secretary collect and compile student course evaluations as needed. Complete review annually. See faculty minutes

The Director of Nursing Education reviews the advisor assignment roster to ensure compliance.		**2014-2015**: The academic catalog has been reviewed. Student course evaluations were reviewed by the faculty as a whole in August 2014. Student resources available aren't limited to GCCC campus, but include community resources. These resources can be found on the GCCC website: www.gcccks.edu The admission packet is reviewed and revised during meetings. The packet contains an overview of documentation that the student must have completed and on-file prior to admission in the program. Advising assignments were changed this year to be divided up among nursing faculty instead of all pre-nursing with the Director of Nursing Education, and current students with faculty. Now all pre-nursing and current nursing students are divided up with different nursing faculty. Each faculty member is responsible for their own advisees and setting up a schedule that the building secretary schedules with the students. ***Benchmarks 1, 2, & 3 met***	Continue to have Penka building secretary review as needed. Complete review annually. See faculty minutes Revisions made Fall 2014.

Criterion 3.5: Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.	**Frequency of Assessment:** Annually by A & P committee and the director, with review by the faculty as a whole Due: May	**Goal:** 1. 100% of educational records are maintained in accordance with institution policies, and state and Federal guidelines. 2. Educational, Nursing Education Department, and financial records for enrolled, withdrawn and graduated students are maintained according to published policy 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The college Registrar will review the published policy regarding the maintenance and storage of student educational records. The Director of Nursing Education will review the policy regarding the storage or student records related to health data, evaluations and student issues. The nursing faculty will review student files to evaluate contents and deficiencies, as well as student compliance. • Immunizations • TB risk assessment/skin tests • Physical assessment	On going	**2015-2016:** Registrar's office maintains and stores all student educational records. Student records are in the possession of the Director of Nursing Education. They are stored under lock and key and faculty are given minimal access to only certain pieces of the student file. Nursing faculty evaluates student files for the above information on a continual basis throughout the school year to ensure compliance with GCCC policies and clinical facilities Student work-study has been updating student files and scanning electronically for an electronic record instead of a physical record. ***Benchmarks 1 & 2 met***	Director of Nursing Education will maintain storage of nursing student education records. Nursing faculty will continue to monitor and maintain these files throughout each semester.

• Current CPR • CNA • LPN licensure if applicable • Transcripts • Student Handbook receipt verification • Agreement for compliance with the Drug and Alcohol Testing Policy		**2014-2015:** Registrar's office maintains and stores all student educational records. Financial records are reviewed by the Vice President of Student Services and Athletics, Director of Financial Aid, Vice President of Instructional Services, Director of Counseling and Advising and the SGA sponsor. Student records are in the possession of the Director of Nursing Education. They are stored under lock and key and faculty are given minimal access to only certain pieces of the student file. Nursing faculty evaluates student files for the above information on a continual basis throughout the school year to ensure compliance with GCCC policies and clinical facilities ***Benchmarks 1 & 2 met***	Director of Nursing Education will maintain storage of nursing student education records. Nursing faculty will continue to monitor and maintain these files throughout each semester.
Criterion 3.6: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits. **Criterion 3.6.1:** A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	**Frequency of Assessment:** Executive VP of Finance and Operations and the Financial Aid Director Annual audit 3rd week of July Due: July	**Goal:** 1. The college complies with the Higher Education Reauthorization Act Title IV 100% of the time. 2. The student default rate will be below the federal default rate 100% of the time.	

Criterion 3.6.2: Students are informed of their ethical responsibilities regarding financial assistance. **Criterion 3.6.3:** Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.	Annual FISAP October 1st Due: October Monthly default monitoring		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The accounting firm of Lewis, Hooper and Dick audit the Title IV accounts. 3rd week of July The Financial Aid Director prepares the FISAP report annually. The Financial Aid Director monitors the default rate monthly and reports default rate to the Vice-President of Student Services / Athletic Director.	Director receives information when available, if changes are needed brings to faculty. No changes needed at this time.	**2015-2016:** Audit report received. Verification of FISAP report preparation received from Financial Aid Director. With the current Program Participation Agreement on file GCCC has been approved to participate in the Title IV programs through 6/30/2019. Verification of default rate and report received from Financial Aid Director. GCCC is below the 30% default rate (5.7% is the GCCC default rate) that would sanction the college from participating in the Title IV programs The financial aid staff at GCCC attends training, subscribes to professional organizations and works closely with the IT department as well as staff and faculty to stay abreast of new regulations in order to keep GCCC in compliance with the Higher Education Reauthorization Act. ***Benchmarks 1 & 2 met***	All students complete the Department of Education's Loan Entrance Counseling at www.studentloans.gov before they can borrow a student loan. They are also notified to do Loan Exit Counseling at the end of every period in which a federal student loan is dispersed to the student. *See appendix folder for reports.* *(available Mid-late August)*

		2014-2015: Audit report received. Verification of FISAP report preparation received from Financial Aid Director. With the current Program Participation Agreement on file GCCC has been approved to participate in the Title IV programs through 6/30/2019. Verification of default rate and report received from Financial Aid Director. GCCC is below the 30% default rate that would sanction the college from participating in the Title IV programs The financial aid staff at GCCC attends training, subscribes to professional organizations and works closely with the IT department as well as staff and faculty to stay abreast of new regulations in order to keep GCCC in compliance with the Higher Education Reauthorization Act. ***Benchmarks 1 & 2 met***	All students complete the Department of Education's Loan Entrance Counseling at www.studentloans.gov before they can borrow a student loan. They are also notified to do Loan Exit Counseling at the end of every period in which a federal student loan is dispersed to the student. *See appendix folder for reports.* *(available Mid-late August)*
Criterion 3.7: Records reflect that program complaints and grievances receive due process and include evidence of resolution.	**Frequency of Assessment:** Written complaints are reviewed and a resolution is determined as they occur. **Due:** September	**Goal:** 1. Due process, as outlined in the college student handbook, is followed 100% of the time for program grievances and complaints and formal records are maintained.	

PLAN		IMPLEMENTATION	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
All written complaints are summarized and reviewed annually by the Director of Nursing Education and the nursing faculty. The Director of Nursing Education addresses all complaints about the program, documents the number, type and resolution, trends the data and presents a summary to the faculty.		**2015-2016:** There were no grievances filed this year.	N/A
		2014-2015: There were no grievances filed this year.	N/A
Criterion 3.8: Orientation to technology is provided, and technological support is available to students.	**Frequency of Assessment:** Annually Due: November	**Goal:** 1. Students are oriented to technology used in the hybrid learning environment 100% of the time. 2. Technology support will be available for all students 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
MediTech (EHR) orientation provided by faculty before clinical experiences Student orientation provides information on: • BusterWeb • e-college/Canvas (2016) • Evolve • ATI	11/7/14 11/13/15	**2015-2016:** All students attend MediTech training through SCH and student orientations. Most orientation is done with PN students and one on one for any that are needing additional training or have not been through a recent Meditech training. Also included is the electronic charting orientation (SimChart). Links for tech support are provided for each area, as well as faculty assistance. ***Benchmarks 1& 2 met***	Review and discuss student evaluations of course resources for continuous improvement.

		2014-2015: All students attend MediTech training through SCH and student orientations. Most orientation is done with PN students and one on one for any that are needing additional training or have not been through a recent Meditech training. Links for tech support are provided for each area, as well as faculty assistance. ***Benchmarks 1& 2 met***	Review and discuss student evaluations of course resources for continuous improvement.
Criterion 3.9: Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	**Frequency of Assessment:**	**Goal:**	
PLAN		**IMPLEMENTATION**	
Frequency of Assessment / Assessment Method(s)		**Results of Data Collection & Analysis**	**Action for 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 health care environments.			
Criterion 4.1: The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes consistent with contemporary practice.	**Frequency of Assessment:** Annually by the Nursing faculty acting as a committee as a whole Due: May	**Goal:** 1. Curriculum is consistent with contemporary philosophy of nursing, health care delivery and is reflective of generally accepted competencies and/or standards for nursing practice 100% of the time. 2. Curriculum will reflect progression of learning from simple to complex 100% of the time. 3. Curriculum will be based on an organizing framework 100% of the time. 4. Curriculum defines course and student learning outcomes which drive the selection of the content, scope and sequencing of course work 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The nursing faculty, working as a committee as a whole, perform a review of the curriculum to confirm: ▪ instructional methods are congruent with the nursing program mission and philosophy ▪ organizing framework is relevant and serves as a guide throughout course, level and program objectives for classroom and clinical experiences ▪ the curriculum is organized to provide for progression from simple to complex, normal individual to	5/15/15	**2015-2016:** The curriculum reflects a progression of simple or foundations to complex and complicated care, normal or healthy to critically ill, concrete to abstract. The expectation that the student will demonstrate increased sophistication in the use of critical thinking remains as well. *The Practical Nursing curriculum continues to give students the knowledge, skills, attitudes, and abilities to begin their journey into a nursing career at the entry level.* The organizing framework consists of the philosophy for the program as well as the major curriculum threads which are incorporated into didactic and clinical instruction. We have separate course requirements for clinical and didactic and utilize a grading rubric for clinical courses, with clinical performance, clinical paperwork and clinical attendance as major features of the student grade.	Changes some terminology to better correlate with state and accreditation terms.

critically/emergently ill, concrete to abstract which includes classroom and clinical experiences and use of critical thinking skills ▪ Nursing and non-nursing course requirements are appropriate to the achievement of level and program objectives		*We continue with core competencies for the state curriculum for practical nursing programs.* Learning objectives were reviewed by the faculty as a whole and by compared by levels; minor changes in learning objectives were made in an effort to clarify and strengthen instruction. Results of ATI test scores and areas for review have guided this process. Prerequisite courses and co-requisite courses have been identified in the past and placed to provide for academic progression and transfer of knowledge. We continued with this structure for this academic year. *PNRS 105 Medical Surgical Nursing Clinical was decreased to 2 credit hours (previously was 3 credit hours) in accordance to changes that were made by the Kansas Board of Regents and Kansas State Board of Nursing.* ***Benchmarks 1, 2, & 3 met***	
		2014-2015: The curriculum reflects a progression of simple or foundations to complex and complicated care, normal or healthy to critically ill, concrete to abstract. The expectation that the student will demonstrate increased sophistication in the use of critical thinking remains as well. *The Practical Nursing curriculum continues to give students the knowledge, skills, attitudes, and abilities to begin their journey into a nursing career at the entry level.* The organizing framework consists of the philosophy for the program as well as the major curriculum threads which are incorporated into didactic and clinical instruction.	

		We have separate course requirements for clinical and didactic and utilize a grading rubric for clinical courses, with clinical performance, clinical paperwork and clinical attendance as major features of the student grade. *We continue with core competencies for the state curriculum for practical nursing programs.* Learning objectives were reviewed by the faculty as a whole and by compared by levels; minor changes in learning objectives were made in an effort to clarify and strengthen instruction. Results of ATI test scores and areas for review have guided this process. Prerequisite courses and co-requisite courses have been identified in the past and placed to provide for academic progression and transfer of knowledge. We continued with this structure for this academic year. *PNRS 105 Medical Surgical Nursing Clinical was decreased to 2 credit hours (previously was 3 credit hours) in accordance to changes that were made by the Kansas Board of Regents and Kansas State Board of Nursing.* ***Benchmarks 1, 2, & 3 met***	
The nursing faculty reviews nursing course outlines to ensure: ▪ Documentation of relationship between theory, learning	5/15/15	**2015-2016:** Curriculum course review completed by faculty. ***Benchmark 4 met***	No changes needed.

activities and clinical learning activities ▪ Learning activities lead to attainment of graduation competencies ▪ Instructional methods are clearly delineated		**2014-2015:** Curriculum course review completed by faculty. ***Benchmark 4 met***	No changes needed. aw
The Admissions and Progression committee and faculty as a whole will review course materials to ensure: ▪ Evaluation tools and methods are consistent with the course objectives and the clinical competencies of the course ▪ Evaluation tools exist which provides for regular feedback to students with timely indicators of student progress and academic standing ▪ Evaluation tools and methods are consistently applied ▪ Nursing course outlines and clinical tools for evidence of content related to collaboration with members of interdisciplinary health care team. ▪ Performs a comparative analysis of curriculum content, course, level, and program objectives with the current NCLEX test plan.	8/11/14 5/15/15	**2015-2016:** Evaluation tools are continuing to be fine-tuned, but seem to be having better response time. The students receive their evaluations back electronically on a weekly basis. These evaluations are leveled with the clinical competency statements. Interdisciplinary collaboration is introduced in semester one (1) and emphasized throughout the program and in clinical settings. Curricula, leveling, and program objectives correlate with current test plans. Course objectives and exams were reviewed in depth by level instructors with same-content to assure appropriate leveling. ***Benchmark 4 met***	Will continue to change the evaluation submission and return process, but it is improving with student education on this process. Refer to learning objectives. Refer to clinical evaluation tools.
		2014-2015: Evaluation tools are being fine-tuned, but seem to be having better response time. The students receive their evaluations back electronically on a weekly basis. These evaluations are leveled with the clinical competency statements. Interdisciplinary collaboration is introduced in semester one (1) and emphasized throughout the program and in clinical settings.	Will continue to change the evaluation submission and return process, but it is improving with student education on this process.

		Curricula, leveling, and program objectives correlate with current test plans. Course objectives and exams were reviewed in depth by level instructors with same-content to assure appropriate leveling. ***Benchmark 4 met***	Refer to learning objectives. Refer to clinical evaluation tools. Continue as 1+1 nursing program; established 2012-2013 first level is PN with core competencies. aw
Criterion 4.2: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	**Frequency of Assessment:** Biannually Due: December and May	**Goal:** 1. Students agree that the program of learning, campus resources, and opportunities for student involvement met their learning needs 80% of the time. 2. Faculty will use and review the established standardized tools for outcomes to guide curriculum 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
Students will formally evaluate each nursing course at its conclusion by completing a course evaluation form, which includes a section for evaluation of clinical facilities and invites students' written comments regarding their learning experiences at those facilities. The nursing faculty review learning needs of students and student evaluations to assure that the use of technology is:	8/11/14 2/13/15 5/15/15	**2015-2016:** Student suggestions are implemented whenever possible and whenever they would strengthen the program. Course evaluations are to be completed by the nursing students as they complete a course. Student evaluations and comments are compiled and reviewed by faculty in faculty meetings. GCCC Dept. of Nursing Education developed student learning outcome goals for PN and ADN programs, utilizing standardized test scores and NCLEX results.	Starting to implement an online format to collect the results in a more effective and efficient manner. Using the evaluations from previous classes to adjust content areas and focus

▪ Conducive to the attainment of course objectives ▪ appropriate to meeting the needs of students with varied learning styles ▪ Reflective of current nursing practice Nursing faculty will review the summary of graduate surveys to assess the perception of having knowledge and skills necessary for employment. Faculty will update and review the Student Learning Assessment goals and Results to assure progress.		***Benchmark 1 met*** **2014-2015:** Student suggestions are implemented whenever possible and whenever they would strengthen the program. Course evaluations are to be completed by the nursing students as they complete a course. Student evaluations and comments are compiled and reviewed by faculty in faculty meetings. GCCC Dept. of Nursing Education developed student learning outcome goals for PN and ADN programs, utilizing standardized test scores and NCLEX results. ***Benchmark 1 met***	spent to change upcoming classes. Continue to ensure that all courses and faculty evaluations are prepared and available by final course day and final semester date (on calendar). Continue integration of simulated experiences with evaluations throughout program. Continue to assure graduate survey collection of data by survey gizmo. The department of nursing education subscribes to current nursing journals for student and tries to attend conferences related to education on an annual basis or more.
Criterion 4.3: The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	**Frequency of Assessment:** Annually Due: May	**Goal:** 1. 100% of courses are reviewed to ensure integrity, rigor, and currency. 2. Course objectives are achieved through exams, learning activities, and evaluations 80% of the time.	

PLAN		IMPLEMENTATION	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The curriculum committee working as the nursing faculty as a whole, will review course syllabi and clinical evaluation tools. The faculty will complete item analysis and content analysis of course exams to ensure that the curriculum provides for attainment of knowledge and skills in community health concepts, health care delivery, critical thinking, communication, therapeutic interventions, ethics, values and accountability. These should correlate with the current NCLEX blueprint for both PN/RN. The nursing faculty will analyze course evaluations to identify trends of program strengths and weaknesses to detect the need for curriculum revision.	8/11/14 5/15/15	**2015-2016:** Course exams are evaluated for the level of question, based on Bloom's taxonomy. Faculty reviewed the test construction recommendations for level of difficulty on individual test items. Faculty continues to use benchmarks set for test construction by level. Course evaluations are to be completed by the nursing students as they complete each course. Student evaluations and comments are compiled and reviewed by faculty in faculty meetings. ***Benchmarks 1 & 2 met***	See test construction taxonomy blueprint and individual test analysis with benchmark reflected. Continue to collect student course and programs evaluations at end of course and program.

		2014-2015: Course exams are evaluated for the level of question, based on Bloom's taxonomy. Faculty reviewed the test construction recommendations for level of difficulty on individual test items. Faculty continues to use benchmarks set for test construction by level; these benchmarks were discussed and adjusted June 2013 to reflect revised NCLEX test plans. Student learning outcomes and exams were reviewed in depth last year. Course evaluations are to be completed by the nursing students as they complete each course. Student evaluations and comments are compiled and reviewed by faculty in faculty meetings. ***Benchmarks 1 & 2 met***	See test construction taxonomy blueprint and individual test analysis with benchmark reflected. Continue to collect student course and programs evaluations at end of course and program.
Criterion 4.4: The curriculum includes general education courses that enhance professional nursing knowledge and practice.	**Frequency of Assessment:** Annually: December	**Goal:** 1. Nursing program curricula will meet certification and degree requirements of the college 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program

The faculty as a whole will review program prerequisites and general education courses required for degree completion.	8/11/14 12/5/14	**2015-2016:** Faculty complete student degree checks to ensure completion of coursework each fall. The nursing program PN certification, AAS and AS degrees include general education courses 100% of the time. Developed an abstract diagram that shows the how all of the organizations are a guiding framework for the program outcomes and student learning outcomes for each course. These are the borders that hold the program accountable (NLN, QSEN, ANA, NCLEX test plan, KSBN, and KBOR). Faculty have discussed changing some of the pre-requisite courses in accordance to changes made through KBOR and KSBN. Possibilities of changing from an 8 hour A&P to a 5 hour A&P and including a Pathophysiology 3 hour. These have been discussed with the science department, but are looking at personnel changes and unsure when they can accommodate these changes.	Continue to complete degree checks for students annually. And talking with science about changes to the prerequisites.
		2014-2015: Faculty complete student degree checks to ensure completion of coursework each fall. The nursing program PN certification, AAS and AS degrees include general education courses 100% of the time. Developed an abstract diagram that shows the how all of the organizations are a guiding framework for the program outcomes and student learning outcomes for each course. These are the borders that hold the program accountable (NLN, QSEN, ANA, NCLEX test plan, KSBN, and KBOR). ***Benchmark met***	Continue to complete degree checks for students annually.
Criterion 4.5: The curriculum includes cultural, ethnic, and socially diverse concepts	**Frequency of Assessment:**	**Goal:** **1.** Each course will provide evidence of cultural, ethnic and socially diverse concepts.	

and may also include experiences from regional, national, or global perspectives.	Annually by faculty Due: May		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The curriculum committee working as the nursing faculty as a whole, will review course syllabi and clinical evaluation tools for integration of diversity within courses.	1/5/15 5/15/15	**2015-2016:** All courses each semester in both PN and LPN-RN years, include learning objectives relevant to socioeconomic, cultural, and ethnic diversity. Students are evaluated for care across the lifespan as well as skill, communication and safety; students are also evaluated each semester per KBOR Occupational Specific Workplace Skills document. One advantage that is available in Finney County is the immense cultural diversity. There is not a majority population in Finney County and the student are able to experience a variety of different patients from all cultures during clinical. ***Benchmark met***	Continue annual review of course syllabi for implementation of diversity within learning objectives. See course learning objectives. See clinical evaluation tools & KBOR assessment.
		2014-2015: All courses from semesters 1 – 4 include learning objectives relevant to socioeconomic, cultural, and ethnic diversity. Students are evaluated on consideration of individual and family unit needs; also evaluated per KBOR Occupational Specific Workplace Skills document. One advantage that is available in Finney County is the immense cultural diversity. There is not a majority population in Finney County and the student are able to	Continue annual review of course syllabi for implementation of diversity within learning objectives. See course learning objectives. See clinical evaluation tools & KBOR assessment.

		experience a variety of different patients from all cultures during clinical. ***Benchmark met***	aw
Criterion 4.6: The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.	**Frequency of Assessment:** Annually by faculty Due: May	**Goal:** 1. The classroom and clinical learning experiences use sound educational theory, evidence based practice and research, interdisciplinary collaboration, best practice standards.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The curriculum committee working as the nursing faculty as a whole, will review course syllabi and clinical evaluation tools to ensure sound education theory as foundation and for utilization of EBP and research, interdisciplinary collaboration, and best practice standards.	1/5/15 5/15/15	**2015-2016:** Current and sound educational theory has been gleaned from professional development opportunities for implementation into the program. Some examples of incorporation into learning settings include 'flipped' classroom teaching, collaborative learning, group activities, and 'hybrid' components of courses. Faculty understand the need to address various learning styles and strive to meet them. Interdisciplinary collaboration is introduced in semester one (1) and emphasized throughout the program and in clinical settings. Student assignments include review and discussion of professional nursing journal articles that reflect EBP and best practice standards. Best practice standards are updated regularly and introduced to students to maintain relevancy in practice. Students are expected to formulate teaching plans for patients based on best practices and individualized needs.	Continue professional development opportunities relevant to current nursing education and EBP for implementation into teaching.

		Benchmark met	
		2014-2015: Current and sound educational theory has been gleaned from professional development opportunities for implementation into the program. Some examples of incorporation into learning settings include 'flipped' classroom teaching, collaborative learning, group activities, and 'hybrid' components of courses. Faculty understand the need to address various learning styles and strive to meet them. Interdisciplinary collaboration is introduced in semester one (1) and emphasized throughout the program and in clinical settings. Student assignments include review and discussion of professional nursing journal articles that reflect EBP and best practice standards. Best practice standards are updated regularly and introduced to students to maintain relevancy in practice. Students are expected to formulate teaching plans for patients based on best practices and individualized needs. ***Benchmark met***	Continue professional development opportunities relevant to current nursing education and EBP for implementation into teaching. aw
Criterion 4.7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.	**Frequency of Assessment:** Due: Annually May	**Goal:** 1. Curriculum will include classroom and clinical learning experiences which facilitate student achievement of program outcomes/graduation competencies 100% of the time. 2. 100% of nursing courses will use 3 or more different evaluation methodologies to evaluate students. 3. AD student performance on comprehensive predictor tests will be at or above the 50th national percentile 80% of the time.	
PLAN		**IMPLEMENTATION**	

Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The nursing faculty will review the results of the ATI comprehensive predictor tests, RN and PN, providing the students with data regarding their performance and indications for areas to review before testing. The nursing faculty will compare the comprehensive predictor tests scores of students to national standards. The nursing faculty will compare program graduate performance on NCLEX to national scores for each prospective program. The nursing faculty will review the results of nursing course grades upon completion of each semester to evaluate student achievement.	5/15/15	**2015-2016:** The 2015 ADN class completed the ATI RN-Predictor, proctored and online. Of the 22 students completing, 86.4% exceeded the 50th percentile mark. The ADN program mean score of 68.5% was slightly above the national mean score of 67.9%. Four (4) students did not meet the 92% probability predictor score goal; those students remediated per handbook policy which included the Virtual ATI (VATI). NCLEX review courses were highly recommended by faculty as part of this remediation. The 2015 PN class completed the ATI PN-Predictor, proctored and online. Of the 23 students completing, 91.3% exceeded the 50th percentile mark. The PN program mean score of 75.1% was slightly above the national mean score of 68.4%. Three (3) students did not meet the 92% probability predictor score goal; those students remediated per handbook policy. The first time NCLEX pass rates for the ADN programs was 85.49%, Kansas average was 79.96%. The ADN program exceeded both the national and state scores for 2015 graduates. The first time NCLEX pass rates for the PN programs was 82.14%, Kansas average was 88.26%. The PN program exceeded both the national and state scores for 2015 graduates: **ADN 92.86*%, The PN first–time pass rate was 95.65%.*** Continued with tutoring availability and utilization for 2015-2016. ***Benchmarks 1 & 3 met***	Continue use of predictor testing, benchmarks and remediation plan. This year as part of the remediation plan we have purchased Virtual ATI as part of the ATI package. Which will be mandatory for the Refer to nursing student handbook policy. See policy in Student Handbook.

		2014-2015: The 2014 ADN class completed the ATI RN-Predictor, proctored and online. Of the 16 students completing, 16 exceeded the 50th percentile mark. The ADN program mean score of 68.1% was slightly above the national mean score of 68.8%. Five (5) students did not meet the 91% probability predictor score goal; those students remediated per handbook policy. NCLEX review courses were highly recommended by faculty as part of this remediation. The first time NCLEX pass rates for the ADN programs was 81.78%, Kansas average was 80.49%. The ADN program exceeded the state scores for 2014 graduates but not the national average: **ADN 81.25%, *The PN first–time pass rate was 100%.*** Continued with tutoring availability and utilization for 2014-2015. ***Benchmarks 1 & 3 met***	Continue use of predictor testing, benchmarks and remediation plan. Refer to nursing student handbook policy. See policy in Student Handbook. Aw

The faculty will complete item analysis and content analysis of course exams to ensure that the curriculum provides for attainment of knowledge and skills in community health concepts, health care delivery, critical thinking, communication, therapeutic interventions, ethics, values and accountability. These should correlate with the current NCLEX blueprint for both PN and RN. The faculty will utilize multiple evaluation methodologies to evaluate students.	5/15/15	**2015-2016:** Faculty completed a review of test construction recommendations for level of difficulty on individual test items, using Bloom's taxonomy. Faculty continues to use benchmarks set for test construction by level. Continue using these benchmarks to reflect revised NCLEX test plans. Along with leveling of questions, faculty use the NCLEX-PN and RN blueprints to guide the development of exams, objectives and competencies. Current NCLEX blueprints can be found at www.ncsbn.org Course objectives and exams were reviewed in depth by level instructors with same-content to assure appropriate leveling. A variety of evaluation tools have been utilized, from course/unit exams, group projects, presentations, performance, discussion boards, simulation, and standardized tests (ATI). ***Benchmark 2 met***	
		2014-2015: Faculty completed a review of test construction recommendations for level of difficulty on individual test items, using Bloom's taxonomy. This was previously implemented in the Fall of 2006, with an annual increase in the percentages of item difficulty for each level. Faculty continues to use benchmarks set for test construction by level. Continue using these benchmarks to reflect revised NCLEX test plans. Along with leveling of questions, faculty use the NCLEX-PN and RN blueprints to guide the development of exams, objectives and competencies. Current NCLEX blueprints can be found at www.ncsbn.org	

		Course objectives and exams were reviewed in depth by level instructors with same-content to assure appropriate leveling. A variety of evaluation tools have been utilized, from course/unit exams, group projects, presentations, performance, discussion boards, simulation, and standardized tests (ATI). ***Benchmark 2 met***	
Criterion 4.8: The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	**Frequency of Assessment:** Every 3 years Completed: June 2011 June 2014 Due: May 2017	**Goal:** 1. The curriculum meets the program length and standards set by the Kansas State Board of Nursing, the Kansas Board of Regents, and the College 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The nursing faculty will review the curriculum to ensure the program of study is within the range of 60-72 credits with no more than 60% of the total credits allocated to nursing courses. Perkins eligible programs must document >55% of total credits as technical courses.	06/10/2014 8/11/2014	**2015-2016:** Developed an abstract diagram that shows the how all of the organizations are a guiding framework for the program outcomes and student learning outcomes for each course. These are the borders that hold the program accountable (NLN, QSEN, ANA, NCLEX test plan, KSBN, and KBOR). Minor changes were made in 2014 to the curriculum involving credit hour in PNRS 105 decreasing it from 3 credit hour to 2 credit hour. This continues to meet the guidelines from KBOR and KSBN for ratios for theory and	Continue to review the alignment of the organizations and their requirements. Make changes as needed.

The nursing faculty will review the curriculum and ensure that the credit hour ratio does not exceed Theory 1:1 (one credit hour for one hour) Laboratory 1:3 (one credit hour for three hours of clinical or campus laboratory)		lab/clinical, as well as the college. The effects of this change did not seem significant and will remain the same for now. ***Benchmark met (evaluated every 3 years, but finalized the beginning of 2014-2015 school year).***	
		2014-2015: Developed an abstract diagram that shows the how all of the organizations are a guiding framework for the program outcomes and student learning outcomes for each course. These are the borders that hold the program accountable (NLN, QSEN, ANA, NCLEX test plan, KSBN, and KBOR). Minor changes have been made to the curriculum involving credit hour in PNRS 105 decreasing it from 3 credit hour to 2 credit hour. This continues to meet the guidelines from KBOR and KSBN for ratios for theory and lab/clinical, as well as the college. ***Benchmark met (evaluated every 3 years, but finalized the beginning of 2014-2015 school year).***	Continue to review the alignment of the organizations and their requirements. Make changes as needed.
Criterion 4.9: Practice learning environments support the achievement of student learning outcomes and program outcomes.	**Frequency of Assessment:** Director of Nursing Education, all nursing faculty	**Goal:** 1. 80% of the students will rate the clinical learning experiences relative to the achievement of course and program objectives satisfactorily. 2. 90% of the nursing faculty will agree that the clinical learning experiences support the attainment of course and program objectives and graduation competencies. 3. In order to advance successfully, students will meet clinical outcomes at a 77% or higher, 100% of the time.	

	Due: December and May		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The nursing faculty will review the evaluations by students regarding clinical facilities. Results of the review will be used to identify strengths and weaknesses of the clinical facilities used and for improvement of the clinical learning environment.	8/11/14 1/5/15 5/15/15	**2015-2016:** Faculty reviewed all course evaluations after collected and collated. Hard copies of these evaluations are on file in the Director's office. Students evaluated clinical experiences as mostly 'good' to 'excellent'. These results are discussed at inter-institutional and advisory meetings to guide changes and improvements. Currently we are trying to get these all moved over to survey gizmo, for an online evaluation and collection of data. ***Benchmark 1 met***	Minutes of meetings with clinical agencies on file in the office of the director.
		2014-2015: Faculty reviewed all course evaluations after collected and collated. Hard copies of these evaluations are on file in the Director's office. Students evaluated clinical experiences as mostly 'good' to 'excellent'. These results are discussed at inter-institutional and advisory meetings to guide changes and improvements. ***Benchmark 1 met***	Minutes of meetings with clinical agencies on file in the office of the director. Aw

The nursing faculty and hospital nursing administration will discuss the student learning environment and share information regarding the attainment of program objectives through clinical experiences. Inter-institutional meetings will be documented and made available to both agencies to facilitate communication and decisions made regarding the clinical learning environment.	1/5/15 5/15/15	**2015-2016:** Tracy Lamb was the clinical liaison for the academic year, and with the assistance of each program coordinator, developed clinical schedules and serving as the main contact. Faculty attended an Inter-institutional meeting in 9/22/15 & 5/11/16 with some clinical site representatives. Clinical site evaluations were discussed. ***Benchmarks 1 & 2 met***	Minutes of meetings with clinical agencies on file in the office of the director.
		2014-2015: Tracy Lamb was the clinical liaison for the academic year, and with the assistance of each program coordinator, developed clinical schedules and serving as the main contact. Faculty attended an Inter-institutional meeting in 8/26/14 & 2/24/15 with some clinical site representatives. Clinical site evaluations were discussed. ***Benchmarks 1 & 2 met***	Minutes of meetings with clinical agencies on file in the office of the director.
Nursing faculty will review the policy that in order to progress to the next course, they must pass with a performance/exam grade of 77% or higher.	Ongoing	**2015-2016:** All students that have advanced through the nursing program have passed each class or clinical with a 77% performance/exam and an overall grade of 77% or higher. No exceptions. ***Benchmark 3 met***	All students progressing must be passing.
		2014-2015: All students that have advanced through the nursing program have passed each class or clinical with a 77% performance/exam and an overall grade of 77% or higher. No exceptions. ***Benchmark 3 met***	All students progressing must be passing. aw

Criterion 4.10: Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.	**Frequency of Assessment:** Annually: May	**Goal:** 1. 100% of clinical evaluation tools assess student safety measures, including utilization of nationally established patient health and safety goal standards.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
Nursing faculty will review clinical evaluation tools for appropriateness, and inclusion of nationally established patient health and safety goal standards.	8/11/14	**2015-2016:** Clinical evaluation tool implemented to online format for ease of use, timely feedback return, and record maintenance. All clinical evaluation tools contain evaluation criteria emphasizing patient safety. Faculty reviewed online clinical evaluation tool before implementation and at end of academic year; tool found to be useful for evaluation of student safety measures, including safety, teamwork, and collaboration. ***Benchmark met***	Continue to utilize leveled clinical evaluation tools, providing feedback to students on competency regarding health and safety standards. See clinical evaluation tools
		2014-2015: Clinical evaluation tool implemented to online format for ease of use, timely feedback return, and record maintenance. All clinical evaluation tools contain evaluation criteria emphasizing patient safety. Faculty reviewed online clinical evaluation tool before implementation and at end of academic year; tool found to be useful for evaluation of student safety measures, including safety, teamwork, and collaboration. ***Benchmark met***	Continue to utilize leveled clinical evaluation tools, providing feedback to students on competency regarding health and safety standards. See clinical evaluation tools
Criterion 4.11: Written agreements for clinical practice agencies are current, specify	**Frequency of Assessment:** Annually by the Director	**Goal:** 1. Clinical contracts are current and specify expectations and responsibilities 100% of the time.	

expectations for all parties, and ensure the protection of students.	of Nursing Education and the clinical facilities Due: August		
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education will review all clinical contracts for currency and identification of specific expectations and responsibilities for all parties to agreement and cooperation.	8/11/14	**2015-2016:** Signed clinical contracts for each clinical agency providing a learning environment for the nursing program are on file in the Nursing Department. ***Benchmark met***	See clinical contracts; found in Director's office.
		2014-2015: Signed clinical contracts for each clinical agency providing a learning environment for the nursing program are on file in the Nursing Department. ***Benchmark met***	See clinical contracts; found in Director's office. aw
Criterion 4.12: Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.	**Frequency of Assessment:** Annually Due: May	**Goal:** 1. Faculty will use and review the established standardized tools for outcomes to guide curriculum 100% of the time. 2. Faculty will use and review student course and program evaluations at the end of courses and programs 100% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program

Faculty will review the PN & ADN student learning outcomes goals and evaluate. Course and program evaluations by students are collected and tabulated for discussion on potential changes needed for learning activities, instructional material, and evaluation methods.	1/5/15 5/15/15	**2015-2016:** Student learning outcome goals utilize standardized assessment scores that are used with all students, as well as NCLEX success data. Course and program student evaluations discussed. ***Benchmark met.***	Continue to review and evaluate.
		2014-2015: Student learning outcome goals utilize standardized assessment scores that are used with all students, as well as NCLEX success data. Course and program student evaluations discussed. ***Benchmark met.***	Continue to review and evaluate.

STANDARD 5: Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit.			
Criterion 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.	**Frequency of Assessment:** Annually Due: April	**Goal:** 1. The budget for the Department of Nursing will reflect the fiscal resources sufficient to support the purposes of the nursing program 100% of the time. 2. The Director of Nursing Education and the nursing faculty will have input into the development of the budget 100% of the time. 3. Nursing faculty will receive written notification of availability of funding to support professional development 100% of the time. 4. The nursing faculty will agree that availability of program support services for meeting operational needs of the nursing program is at the 75% level.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The Director of Nursing Education and Vice President of Instructional Services (2016 changed to VP for Instruction and Student Services and Chief Academic Officer) will review the job description for the Director to ensure responsibility and authority to document relative to budget preparation and allocation. The nursing faculty will have input into the budget and will make requests related to resources for the nursing program to achieve its purposes and objectives. The nursing faculty will have access to the college plan and notification of	10/10/14 10/17/14 11/4/14 11/7/14 12/5/14 12/15/14 2/13/15 2/20/15 4/10/15 5/15/15	**2014-2015:** Director-nursing & Allied Health structured compensation-job description was reviewed 5/5/15, no changes. Continue to have faculty input with technical division on Perkin's funding as well as college budget. Nursing	Director job description revised. Budget goals discussed with faculty input and reviewed. Faculty in the technical division have the opportunity to utilize

available budgetary resources for faculty development.		frequently gets to utilize these funds for education and equipment. • Minor issues with Meti's & Laerdal sent out for repairs • KCADNE conference, faculty attended • Patsy and Elizabeth to attend KBOR curriculum alignment conference • Faculty discussion regarding KCADNE education • OADN conference, faculty attended Student fees are closely looked at and decisions made based on previous years and current pricing. • Sim chart utilization used for first time of the year, ADNs will use for a full year and PNs 2nd semester. Virtual ATI review course, lab kits will be continued, will add 5 dollars to student fees for miscellaneous lab fees • Break down of student fees • Adaptive quizzing discussion, opted not to adopt • Discussion regarding sim chart, worth the price? ***Benchmarks 1, 2, 3, & 4 met***	Perkin's funds for professional development. Nursing takes advantage of these funds by attending conferences and continuing education.
Criterion 5.2: Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	**Frequency of Assessment:** Annually by nursing faculty	**Goal:** 1. Library holdings will demonstrate nursing titles and journals to support nursing student needs 50% of the time. 2. 80% of the faculty agree that the physical facilities are adequate to support the purposes or the nursing program.	

	Due: March	3. 80% of the students will rate the physical facilities as adequate to support the purposes of the nursing program.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program
The college librarian and library staff will conduct an inventory of all learning resources available in the library relative to nursing and communicate this to the nursing program. The nursing faculty will review college library holdings once a year and make recommendations to the college librarian as to suggested acquisitions. Student evaluations of the library resources will be reviewed for input into the selection process.	08/11/14 10/17/14 12/5/14 2/25/15 5/15/15	**2014-2015:** Library committee reviewed library books and made recommendations for acquisitions and deletions. Films on Demand purchased through library for student use 3/6/15- Additional purchases of videos with grant money Library evaluation included in student evaluations. ***Benchmarks 1, 2, & 3 met***	Library committee removed outdates >5 years (2009 or before) from nursing resource room on 06/14 Library committee removed outdates from college library 8/15/14. Saffell library has a variety of resources available for students both on and off campus (Proquest and Films on Demand). Continue to look at program and course evaluations and make changes as needed.

Criterion 5.3: Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.	**Frequency of Assessment:** Each semester by nursing faculty and Director of Nursing Education Due: Bi-annually: December & May	**Goal:** 1. 80% of the nursing faculty agrees that the learning resources are satisfactory in comprehensiveness, accessibility and currency and are developed with faculty input. 2. Students will report learning resources are satisfactory in comprehensiveness, accessibility and currency greater than 80% of the time.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program

Nursing faculty will review the student course evaluations for information related to learning resources.	8/12/14 12/5/14 5/15/15 8/6/15		
		2014-2015: Student evaluations showed textbooks were adequate 99% of the time. 100% of faculty agrees learning resources are satisfactory. ***Benchmarks 1 & 2 met***	Faculty reviewed student program and course evaluations.
Criterion 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.	**Frequency of Assessment:** Each semester by nursing faculty and Director of Nursing Education Due: Bi-annually December & May	**Goal:** 1. 80% of faculty agree that fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery. 2. 80% of students agree that fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)		Results of Data Collection & Analysis	Actions for Program

Faculty will participate in an on-going process of working cooperatively with other health programs on campus that utilize Penka classrooms, computer lab and the campus skills laboratory as a campus site. Nursing faculty will review the student course evaluations for information related to physical facilities.	2/24/14 8/12/14 12/5/14 5/15/15 8/6/15	**2015-2016:** Faculty will complete classroom, computer lab and campus laboratory requests as soon as possible prior to the next semester to allow the secretary to reserve space on the computerized EMS system. Faculty reviewed program and course evaluations 8/6/15. ***Benchmarks 1 & 2 met***	
		2014-2015: Faculty will complete classroom, computer lab and campus laboratory requests as soon as possible prior to the next semester to allow the secretary to reserve space on the computerized EMS system. Faculty reviewed program and course evaluations 8/6/15. ***Benchmarks 1 & 2 met***	Elizabeth and Lorilynn distributed calendars for both levels. Faculty will review courses and all calendars will be merged onto official calendar to check for overlap. Ann will utilize EMS room assignment system for assignment of classrooms/lab.

STANDARD 6: Outcomes Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing unit.		
Criterion 6.1: The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: • Student learning outcomes; • Program outcomes; • Role-specific graduate competencies; and • The ACEN Standards	**Frequency of Assessment:** Annually by nursing faculty and Director of Nursing Education Due: May	**Goal:** 1. 100% of the ACEN criteria will be reviewed and reported on annually 2. 100% of student learning outcomes (SLOs) will be reviewed and reported on annually 3. 100% of Program outcomes will be reviewed and reported on annually 4. 100% of New Graduate (NGOs or role specific graduate competencies) will be reviewed and reported on annually

The systematic plan of evaluation contains specific, measurable expected levels of achievement; frequency of assessment; appropriate assessment methods; and a minimum of three (3) years of data for each component within the plan.			
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The Systematic evaluation plan, will be updated on an annual basis. Including reviewing the ACEN criteria and updating as available.	5/15/15 Ongoing SEP	**2015-2016:** The ACEN Standards are found in ACEN 2013 Standards and Criteria Associate 1-6. And the new format for the SEP has been developed, including calendar for due dates. ***Benchmark 1 met***	Continue working on the SEP throughout the year (utilizing the calendar). Added a schedule at the front of the SEP that has helped in completing the SEP in a timely manner. Plans to start putting those items due in the meeting minutes.
		2014-2015: The ACEN Standards are found in ACEN 2013 Standards and Criteria Associate 1-6. And the new format for the SEP has been developed, including calendar for due dates. ***Benchmark 1 met***	Continue working on the SEP throughout the year (utilizing the calendar).
Program and Student learning outcomes will be reviewed with course and program evaluations making changes as needed. Program outcomes will verify that New Graduate or role-specific competencies are being met.		**2015-2016:** Student learning outcomes found in learning objectives of each course NURS 200, 201, 202,203, 204,211, 212,214 which are assessed by various methods including proctored examination and evaluation of clinical performance. Program outcomes are found in ADN student handbook including 1. Provider of	All documents reviewed and reflected upon by faculty with no revisions needed.

		care 2. Manager of Care 3. Member within the Discipline of Nursing. Role- specific graduate competencies are found on the GCCC DON Occupational Specific Workplace Skills (post-secondary) evaluation form. ***Benchmarks 2, 3, & 4 met***	
		2014-2015: Student learning outcomes found in learning objectives of each course NURS 200, 201, 202,203, 204,211, 212,214 which are assessed by various methods including proctored examination and evaluation of clinical performance. Program outcomes are found in ADN student handbook 2014-2015 pg. 5-6 including 1. Provider of care 2. Manager of Care 3. Member within the Discipline of Nursing. Role- specific graduate competencies are found on the GCCC DON Occupational Specific Workplace Skills (post-secondary) evaluation form. ***Benchmarks 2, 3, & 4 met***	All documents reviewed and reflected upon by faculty with no revisions needed.
Criterion 6.2: Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.	**Frequency of Assessment:** Bi-annually by nursing faculty and Director of Nursing Education Due: December & May	**Goal:** 1. 100% of the program changes are based on aggregated data obtained from multiple sources, including NCLEX pass rates, program outcome data, course evaluation data and ATI data, and are reported by cohort.	
PLAN		**IMPLEMENTATION**	

Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
Program changes are based on the data obtained from NCLEX pass rates, program outcomes and evaluations, student learning outcomes and evaluations, and ATI data. Changes are made in accordance to each organizing entity.	5/21/14 8/11/14 12/5/14 5/15/15 8/6/15 12/5/15	**2015-2016:** NCLEX pass rates are found on KSBN.org Program Outcomes Data is found on student program evaluation, clinical sites surveys, graduate surveys, and employer evaluations. Did have some financial aid issues by moving Gero to summer, was moved to the winter intersession (in between fall and spring semesters). This was successful in keeping the semesters limited to PN for 2 semesters. This worked well as the students had just finished clinicals in the nursing home. ***Benchmark met***	We have purchased Mountain Measurement, this will help with the results from NCSBN, and help with curriculum alignment and evaluations of each program.
		2014-2015: NCLEX pass rates are found on KSBN.org Program Outcomes Data is found on student program evaluation, clinical sites surveys, graduate surveys, and employer evaluations. Students did much better in Pharmacology in the spring semester, there were no major differences with clinical performance by reducing clinical from 3 hours to 2 hours. Did have some financial aid issues by moving Gero to summer, will move this to the winter intersession (in between fall and spring semesters).	Faculty met for course evaluations and plan of action on 12/5/14 & 5/15/15 for NURS 200,201,202,203,204,211,212,214.

		Benchmark met	
Criterion 6.3: Evaluation findings are shared with communities of interest.	**Frequency of Assessment:** Bi-annually by nursing faculty and Director of Nursing Education Due: December & May	**Goal:** 1. All program evaluation findings will be shared with advisory board and inter-institutional clinical group at 100% of meetings as data is gathered.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
Program evaluation findings will be shared with advisory board and inter-institutional clinical group.	8/29/14 2/24/15	**2015-2016:** Due to lack of attendance at advisory and inter-institutional meetings, membership and organization of these meetings will be changed in upcoming years. ***Benchmark not met***	No results were shared as no outside attendees were present.
		2014-2015: Information shared at all meetings. ***Benchmark met***	Program evaluation results reviewed and reflected at advisory and inter-institutional meetings.
Criterion 6.4: The program demonstrates evidence of achievement in meeting the program outcomes.	**Frequency of Assessment:** **6.4**-Annually by nursing faculty and Director of nursing education **Due:** May	**Goal:** 1. (6.4)All Criterion subsets 6.4.1/6.4.2/6.4.3/6.4.4/6.4.5 will meet goals as described to demonstrate achievement of program outcomes.	

Criterion 6.4.1: Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the national mean for the same 3-year period.	**6.4.1**-Annually by nursing faculty and Director of nursing education **Due:** May	2. (6.4.1)The pass rate of GCCC graduates taking the NCLEX-RN on the first attempt will be equal to or greater than the 3-year national mean for RN licensure and will be reported by cohort.
Criterion 6.4.2: Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options.	**6.4.2**- Annually by nursing faculty and Director of Nursing Education **Due:** May	3. (6.4.2) Completion rates will be 70% or higher
Criterion 6.4.3: Graduate Program Satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.	**6.4.3**- Annually by nursing faculty and Director of Nursing Education **Due:** (6 months after graduation) December	4. (6.4.3)90% of the students who complete a program survey will indicate they were satisfied with the program 5. (6.4.3) Graduates will report satisfaction with program preparation for assumption of an entry level graduate position 90% of the time.
Criterion 6.4.4: Employer Program Satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level	**6.4.4**-Annually by nursing faculty and Director of Nursing Education **Due:** (6 months after graduation) December	6. (6.4.4) Employers who respond to satisfaction surveys will report satisfactory graduate performance of an entry level practitioner 90% of the time.

positions six to twelve months post-graduation. **Criterion 6.4.5:** Job Placement Rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.	**6.4.5-** Annually by nursing faculty and Director of Nursing Education **Due:** (6 months after graduation)December	7. (6.4.5) Job placement rates of program graduates, for students seeking employment, will be 100% employment within one year of graduation.	
PLAN		**IMPLEMENTATION**	
Assessment Method(s)	Meeting Minutes	Results of Data Collection & Analysis	Actions for Program
The first attempt pass rates of GCCC graduates for NCLEX-RN will be equal to or greater than the 3-year national mean for RN licensure.	5/15/15 4/15/16	**2015-2016:** The NCLEX PN Kansas pass rate for 2015 graduates was 88.26%, national was 82.14%. GCCC PN had 95.65% pass rate. Individually and 3 year collective was above average (GCCC 3 year average 98.55%, above state 3 year 89.94%, above national 3 year 82.97%). The NCLEX RN Kansas pass rate for 2015 graduates was 79.96%, national was 85.49%. GCCC RN had 92.86% pass rate. The 3 year average for the RN program was 85.12%, national 3 year average was 83.44%, Kansas 3 year average was 78.11%. We were above the 3 year national and Kansas average. ***Benchmarks 1 & 2 met***	Reviewed and reflected on survey results.

		2014-2015: The NCLEX PN Kansas pass rate for 2014 graduates was 80.49%, national was 82.16%. GCCC PN had 100% pass rate. Individually and 3 year collective was above average. The NCLEX RN Kansas pass rate for 2014 graduates was 80.49%, national was 81.78%. GCCC RN had 81.25% pass rate. The 3 year average for the RN program was 85.7%, national 3 year average was 85.0%, Kansas 3 year average was 81.2%. We were above the 3 year national and Kansas average. ***Benchmarks 1 & 2 met***	Reviewed and reflected on survey results.
Completion rates will be reviewed each year by faculty and the Director of Nursing.	5/15/15	**2015-2016:** ADN completion for 2016 was 24/30 or 80%. PN completion for 2016 was 23/29. ***Benchmark 1 & 3 met.***	Greatly improved completion rates this year. Will continue to monitor on an annual basis.
		2014-2015: ADN completion for 2015 was 14/21 or 66.7%. ***Benchmark 1 met, 3 not met, had a completion rate of 66.7%, below the 70%. Will continue to look at program outcomes, student learning outcomes, and entrance requirements.***	Reviewed completion rates. This year there was a large number of personal issues among students, and lower number of students started this year. Do not feel that there is a problem with outcomes or entrance requirements at this time, but will closely monitor this at the end of the 2015-2016 school year.

Program surveys (at completion of schooling) and graduate surveys (6-12 months post-graduation) will be completed and reviewed by faculty and the Director of Nursing on an annual basis.	5/15/15	**2015-2016:** Graduate surveys for the 2015 grads were collected by faculty in hard copy format to assure a valuable return rate. 92.9% responded 100% rated satisfactory or higher in program preparation. ***Benchmarks 1, 4, & 5 met***	Reviewed surveys and continue to review this process.
		2014-2015: Starting fall of 2014 will send out evaluations electronically. However, returns were still very low. Obtain additional data do differentiate ADN/PN graduates. This year program surveys were done differently (sent out electronically) and had little feedback. All ratings were adequate or great. Will look at making this a mandatory event prior to graduation to help with return. ***Benchmarks 1, 4, & 5 met***	Reviewed surveys and continue to review this process.
Employer surveys will be sent out at 6-12 months post-graduation. Results will be reviewed with faculty and the Director of Nursing.	5/15/15	**2015-2016:** Employer surveys for the 2015 class were hand delivered to employers to assure a 100% return rate. 7 employer surveys and 100% agree or strongly agree that graduates are prepared for graduate level employment. ***Benchmarks 1 & 6 met***	Reviewed surveys and continue to review this process.
		2014-2015: Employer surveys sent out electronically this year, better return but having difficulty identifying PN/ADN graduates (will fix this for next year). Education or knowledge level was all agree or strongly agree; technical skills were 50%	Reviewed surveys and continue to review this process.

		agreed, 50% disagree; prepared was 100% disagree; communication was 50% disagree, 50% agree; professionalism was 50% agree, 50% disagree and continue to hire GCCC grads was 100% agree. We feel that the Likart Scale and format used for this electronically varies, and sometimes has strongly agree first and other times has strongly disagree first. We will continue to revise these forms as needed. ***Benchmarks 1 & 6 met***	
Job placement rates of program graduates will be collected with graduate surveys and reviewed with faculty and the Director of Nursing.	5/15/15	**2015-2016:** This information was collected on the graduate survey. And for the past 3 years 100% of students were placed in a related job. ***Benchmarks 1 & 7 met***	Reviewed surveys and continue to review this process.
		2014-2015: According to graduate surveys and knowledge of students, 100% of all 2014 graduates were placed in a related job. ***Benchmarks 1 & 7 met***	Reviewed surveys and continue to review this process.

C1
Atch 2

ABOUT ACADEMIC AFFAIRS DATA STUDENTS UNIVERSITIES & COLLEGES WORKFORCE DEVELOPMENT

IN THIS SECTION:

PRACTICAL NURSING

Information on the alignment requirements for the Practical Nursing Program

CIP Code: 51.3901
CIP Name: Licensed Practical/Vocational Nurse Training
Definition: A program that prepares individuals to assist in providing general nursing care under the direction of a registered nurse, physician or dentist. Includes instruction in taking patient vital signs, applying sterile dressings, patient health education, and assistance with examinations and treatment.

APPROVAL STATUS

The Practical Nursing Alignment was approved by the Kansas Board of Nursing on September 18, 2017, and subsequently received by the Kansas Board of Regents. Colleges are granted one year from the approval date to implement the alignment.

STATE BUSINESS AND INDUSTRY COMMITTEE RECOMMENDATION

The Kansas State Board of Nursing recommends the current curriculum requirements for accredited nursing programs as defined in the Nurse Practice Act be utilized as the basis for alignment. Participants must sit for the National Council Licensure Examination for Practical Nurses (NCLEX-PN) exam. All students should obtain the Practical Nurse (PN) credential which is required for employment.

ALIGNMENT MAP:

Click here (pdf)

Common Courses (12 credit hours)
Common Courses serve as potential articulation and transfer of coursework between secondary and postsecondary partners. These courses shall have the same title, credit hour allocation, and competencies. Institutions may add additional competencies based on local demand. The sequencing of common courses is determined by the institution.

KSPN Foundations of Nursing	4 credit hours (pdf)
KSPN Medical Surgical Nursing I	4 credit hours (pdf)
KSPN Pharmacology	3 credit hours (pdf)
KSPN Medical Surgical Nursing II	4 credit hours (pdf)
KSPN Maternal Child Nursing	3 credit hours (pdf)
KSPN Maternal Child Nursing Clinical	1 credit hour (pdf)
KSPN Gerontology Nursing	2 credit hours (pdf)
KSPN Mental Health Nursing	2 credit hours (pdf)

Common Courses with Flex Credits: (1-3 credit hours)

KSPN Foundations of Nursing Clinical	1-3 credit hours (pdf)
KSPN Medical Surgical Nursing I Clinical	1-3 credit hours (pdf)
KSPN Medical Surgical Nursing II Clinical	1-3 credit hours (pdf)

Support Courses (7 credit hours)
Institutions may utilize existing like courses which adhere to the agreed upon course lengths and competencies.

Human Anatomy and Physiology	4 credit hours (min)
Human Growth and Development	3 credit hours

LPN ALIGNMENT PROGRAM OUTCOMES
AT THE COMPLETION OF THE PRACTICAL NURSING PROGRAM, THE GRADUATE WILL DEMONSTRATE THE FOLLOWING IN A STRUCTURED SETTING:

1. Provide nursing care within the scope of the ethical and legal responsibilities of practical nursing.

2. Utilize the nursing process across the life span to identify basic human needs in health maintenance, health promotion and prevention of illness or when human needs are not being met to assist in meeting physical, spiritual and psychosocial needs.

3. Provide safe and skillful therapeutic care in simple nursing situations based on knowledge of biological, psychosocial and cultural needs of the individuals throughout the lifespan.

4. Demonstrate effective interpersonal relationships with the client, the client's family, and members of the interdisciplinary health care team.

5. Demonstrate responsibilities of the practical nurse as an individual who collaborates within the global healthcare system and the community.

To learn where this program is available in Kansas, visit the Kansas Career Technical Education Program Search.

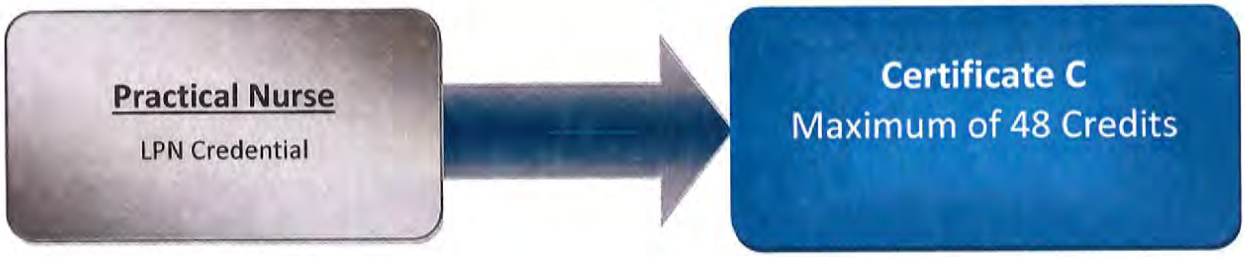
Kansas

LEADING HIGHER EDUCATION

Atch 2

Practical Nursing Program Alignment – Kansas Board of Regents
CIP: 51.3901

2014
9/18/2007
Amended
1/09/2014



Required Courses within Program

Common Courses	***22 credits:***
KSPN Foundations of Nursing	***4 credits***
KSPN Medical Surgical Nursing I	***4 credits***
KSPN Pharmacology	***3 credits***
KSPN Medical Surgical Nursing II	***4 credits***
KSPN Maternal Child Nursing	***2 credits***
KSPN Maternal Child Nursing Clinical	***1 credit***
KSPN Gerontology Nursing	***2 credits***
KSPN Mental Health Nursing	***2 credits***

Common Courses w/ Flex Credits	***3-8 credits:***
KSPN Foundations of Nursing Clinical	***1-2 credits***
KSPN Medical Surgical Nursing I Clinical	***1-3 credits***
KSPN Medical Surgical Nursing II Clinical	***1-3 credits***

Support Courses*	***7 credits:***
Human Anatomy & Physiology	***4 credits (min.)***
Human Growth & Development	***3 credits***

*Institutions may utilize existing like courses which adhere to the agreed upon course lengths and competencies.

Course list sequence has no implication on course scheduling by colleges.

Institutions may add additional competencies based on local demand.

Notes

Specifics pertaining to Practical Nurse program:

1. Program educational standards and outcomes are established by the Kansas State Board of Nursing.
2. Practical Nurses must be licensed to practice and
3. are regulated by the Kansas State Board of Nursing.
4. Program completers will be eligible to sit for the National Council Licensure Examination (NCLEX), the passing of which culminates in the Licensed Practical/Vocational Nurse (LPN) credential.
5. The identification of a few common technical courses to bridge articulation between secondary and postsecondary partners may provide opportunities for entry into a Practical Nurse program at a postsecondary educational institution.

Atch 3

Clinical evaluation

Criteria	Ratings			Pts
1. Applying critical thinking skills and the nursing process to assess, analyze, plan, implement and evaluate nursing care.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
2. Demonstrating accurate , clear and concise terminology in documentation, which objectively describes nursing assessments, interventions and client responses to therapy.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
3. Employing interpersonal and therapeutic communication skills utilizing developmental principles in working with individuals, families and members of the health care team.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
4. Performing level appropriate technical skills in administering safe nursing care. (i.e. MED ERROR)	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
5. Demonstrating caring behaviors by respecting the individuality of clients, maintaining confidentiality, and exploring coping behaviors and their impact on health care	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
6. Providing information from established teaching plans and considering significant characteristics of growth and development to guide clients and/or families to meet health needs.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
7. Identifying and responding to the client's values, beliefs and practices of different cultures and subcultures in planning nursing care.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
8. Managing and effectively organizing care of individuals and families with increasingly complex needs through collaboration with other members of the health care team.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
9. Demonstrating knowledge of the roles and functions of members of the health care team by incorporating team functions in the plan of care.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
10. Identifying and implementing nursing strategies which provide cost efficient care to assist the client toward a positive outcomes.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
11. Applying knowledge legal/ethical responsibilities to nursing practice, while adhering to current standards of practice. (i.e. HIPPA)	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
12. Recognizing and assuming responsibility for personal and professional behaviors and growth. (Clinical unprepared and attendance) - NI will be recorded for a tardy and U will be recorded for an absence without prior notification.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
13. Identifying the need for and promoting advocacy while respecting the client's dignity, choices and rights.	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
14. Promoting the professional image of nursing, and identifying with direction how the nurse could participate in the advancement of the profession. (i.e. Clinical Dress)	3.0 pts Satisfactory	1.0 pts Needs Improvement	0.0 pts Unsatisfactory	3.0 pts
				Total Points: 42.0

Attch

Garden City Community College, Department of Nursing
Occupational Specific Workplace Skills (Post-secondary)
Practical Nursing

Name _____
SS# _____

Directions: Evaluate the student by checking the appropriate number to indicate the degree of competency reached. Rate each task to reflect employability readiness.

Rating Scale: 4 – Mastered 2 - Needs Additional Training
3 – Competent 1 - No Exposure

Enrollment Date ___/___/___ Completion Date ___/___/___
Hours Completed _____

I certify that the student received training in the areas indicated.

Student Signature _____ Date ___/___/___

Instructor Signature _____ Date ___/___/___

Administrator Signature _____ Date ___/___/___

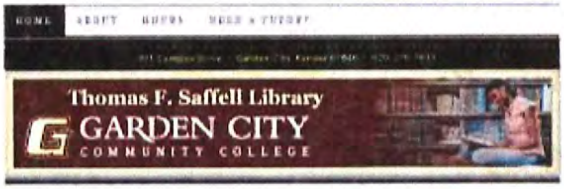
Clinical Performance			**Campus/Clinical Laboratory Procedures**			**Campus/Clinical Laboratory Procedures**			**Program Outcomes**		
I	**II**		**I**	**II**		**I**	**II**		**I**	**II**	
4	4	Utilizes the nursing process in caring for clients. Critical Thinking-Evaluation: Judge the relevancy of facts.	4	4	Utilizes the Six Rights of medication administration	4	4	Utilizes universal precautions.	4	4	Provide nursing care within the scope of the ethical and legal responsibilities of practical nursing.
3	3		3	3		3	3		3	3	
2	2		2	2		2	2		2	2	
1	1		1	1		1	1		1	1	
4	4	Identifies & maintains an environment that will ensure client safety.	4	4	Washes hands prior to, during, & after client cares.	4	4	Utilizes appropriate body mechanics.	4	4	Utilize the nursing process to identify basic needs of the client throughout the lifespan for health promotion and maintenance, or when biological, spiritual, cultural and psychosocial needs are not being met. Critical Thinking- Innovation: Originality: Articulate and apply information in a novel way.
3	3		3	3		3	3		3	3	
2	2		2	2		2	2		2	2	
1	1		1	1		1	1		1	1	
4	4	Demonstrates verbal & written communication as a member of the healthcare team with accuracy, clarity & promptness. Critical Thinking- Analysis: List/describe facts.	4	4	Identifies self to client & identifies client.	4	4	Appropriately communicates client responses by writing or verbalization. Critical Thinking-Inquiry: Ask relevant questions.	4	4	Demonstrate responsibilities of the practical nurse as an individual who collaborates within the healthcare system and the community.
3	3		3	3		3	3		3	3	
2	2		2	2		2	2		2	2	
1	1		1	1		1	1		1	1	
4	4	Demonstrates professional behaviors as a member of the health care team.	4	4	Explains procedure & it's purpose to client.	4	4	Completes procedures within an appropriate length of time	4	4	Provide safe and skillful therapeutic care in simple nursing situations based on knowledge of biological, cultural, spiritual, and psychosocial needs of the client throughout the lifespan. Critical Thinking-Synthesizing: Integrate/organize information in its contextual framework.
3	3		3	3		3	3		3	3	
2	2		2	2		2	2		2	2	
1	1		1	1		1	1		1	1	
			4	4	Provides privacy, comfort, & safety to client at all times.				4	4	Demonstrate effective interpersonal relationships with the client, the client's family, and members of the interdisciplinary health care team.
			3	3					3	3	
			2	2					2	2	
			1	1					1	1	

National Council Licensure Examination for Pratical Nurses
Program Summary of all First Time Practical Nurse Candidates Educated in Kansas
Through December 31, 2016

	2012	2013	2014*	2015	2016
Program	**% Pass**	**% Pass**	**% Pass**	**% Pass**	**% Pass**
Barton County Community College	91.67	96.67	96.43	78.95	87.50
Brown Mackie College – Kansas City	92.86	71.92	74.50	72.41	58.70
Brown Mackie College - Salina	90.91	89.29	85.11	84.09	64.15
Butler Community College	88.24	100.00	100.00	100.00	100.00
Coffeyville Community College	95.83	91.67	100.00	83.33	80.00
Colby Community College	84.91	87.50	85.11	89.47	79.49
Dodge City Community College	95.83	100.00	100.00	100.00	100.00
Donnelly College	85.00	71.43	37.78	44.44	75.00
Flint Hills Area Technical College	86.49	80.00	79.59	75.56	88.37
Garden City Community College	100.00	100.00	100.00	95.65	95.65
Highland Community College Technical Center	97.06	91.67	97.44	94.29	97.30
Hutchinson Community College	85.25	88.46	91.55	85.19	77.27
Johnson County Community College	96.55	96.30	94.74	91.67	89.58
Kansas City Kansas Community College	78.79	85.71	96.36	98.15	84.31
Labette Community College	94.87	100.00	100.00	90.91	100.00
Manhattan Area Technical College	100.00	96.97	100.00	96.88	94.74
Neosho County Community College	99.03	98.94	91.58	100.00	94.81
North Central Kansas Technical College – Beloit	97.37	100.00	100.00	94.29	96.43
North Central Kansas Technical College - Hays	91.18	96.67	97.06	100.00	100.00
Pratt Community College	98.15	86.67	82.61	76.92	83.33
Seward County Community College	100.00	90.91	90.10	96.00	95.83
Washburn Institute of Technology	82.61	85.25	92.31	91.76	90.70
Wichita Area Technical School	87.21	91.09	86.76	85.14	83.05
Kansas Pass Rate	**91.99**	**91.18**	**90.39**	**88.26**	**87.66**
National Pass Rate	84.23	84.63	82.16	82.14	83.73

* Passing Standard Increased April 2014
Passing rates obtained from NCS Pearson, Inc. & National Council of State Boards of Nursing

GC3library



Off-Campus Access for Research Databases!

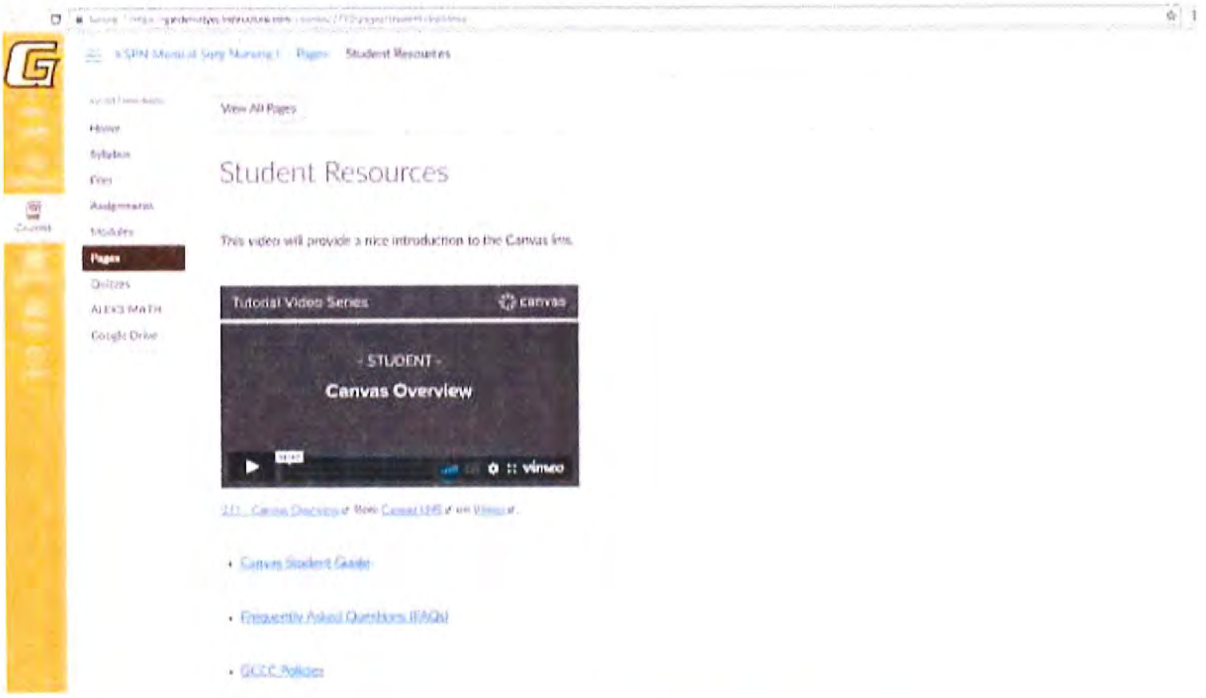
USERNAME:

PASSWORD:

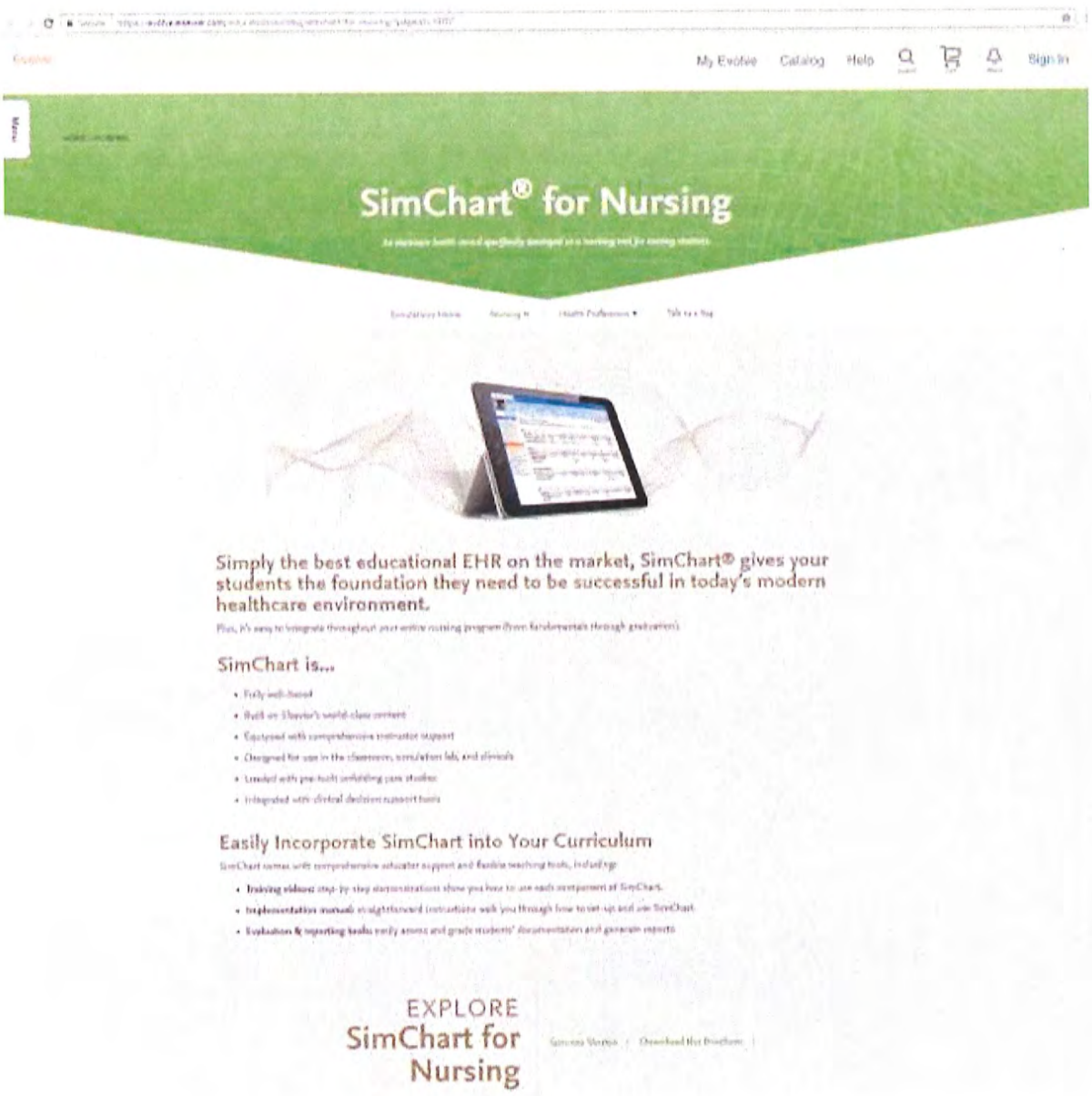
Garden City Community College

Library Catalogs

Research Databases


Student Resources
Pages
View All Pages
Student Resources
This video will provide a nice introduction to the Canvas lms.
Tutorial Video Series
canvas
- STUDENT -
Canvas Overview
vimeo
Canvas Student Guide
Frequently Asked Questions (FAQs)
GCCC Policies
Netiquette
Accommodations - Students with Disabilities
BruinBucks Bookstore - Textbooks
Library
Academic Calendar
Finals Schedule

Faculty Support


My Evolve
Catalog
Help
Sign In
SimChart® for Nursing
Simply the best educational EHR on the market, SimChart® gives your students the foundation they need to be successful in today's modern healthcare environment.
SimChart is...
Easily Incorporate SimChart into Your Curriculum
EXPLORE
SimChart for Nursing