

Portland Community College
Program Review
Nursing
April 15, 2011

SAC Chair

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Portland Community College Program Review-Nursing

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I. Introduction

The Nursing Department SAC conducted a self-study in the fall of 2010 in preparation for the National League of Nursing Accrediting Commission (NLNAC) and the Oregon State Board of Nursing (OSBN) accreditation processes. Data from the program were gathered and analyzed by faculty and the Program Director. The NLNAC and OSBN standards focus on the following areas: Mission and Administrative Capacity; Faculty and Staff; Curriculum; Students; Records; Resources, Facilities and Services; and Outcomes. The NLNAC/OSBN Self Study was written from the data will be used to inform this program review, including the analysis of strengths, areas needing improvement and future plans.

This report will be divided into the following areas as outlined by the PCC Academic Program/Discipline Review guidelines:

Section I. Program Review

- 1) Program/Discipline Overview
- 2) Curriculum
- 3) Needs of Students and the Community
- 4) Faculty
- 5) Facilities and Support
- 6) Outcomes and Assessments
- 7) Recommendations

Section II. Summary of Self Study report

- 1) Strengths
- 2) Areas Needing Improvement
- 3) Future Plans.

I. Program Review

1. Program/Discipline Overview:

The Nursing Program is viewed as a robust, active department in the College, and many of the nursing student applicants complete the majority of their pre-requisite work at Portland

Community College. The program has maintained a reputation of excellence in the community, and participates in nursing education and practice issues, regionally, statewide and nationally.

The Associate Degree Nursing program began at PCC in 1967. Since its inception, a variety of curricular models have been implemented in the nursing program. In 1971, the faculty adopted a prepackaged program titled “Learning Experience Guides for Students”. This curriculum focused on student learning needs by providing small modules of content that identified specific objectives and learning. In 1987, the faculty designed a curriculum based on the Self-Care theory, and due to the many changes confronting nursing and the health care system, in fall of 2001, another curricular revision was implemented. In 2007 the faculty approved the adoption of the Oregon Consortium for Nursing Education (OCNE) curriculum and proceeded to revise the curriculum for implementation in 2010.

This year the PCC Nursing Program is experiencing possibly its most exciting curriculum change, as it implements the OCNE nursing curriculum. OCNE is a partnership of Oregon nursing programs dedicated to educating future nurses. Faculty from eight community colleges, including PCC and Oregon Health & Science University School of Nursing has created a shared curriculum taught on all consortium campuses. Through OCNE, students can complete coursework for the Bachelor of Science Degree in Nursing from OHSU without leaving their home community. Students on community college campuses have the option of completing the associate of applied science degree in nursing and being eligible to sit for the RN licensure exam and/or continuing directly to distance delivered senior level coursework required for the Bachelor’s degree.

This OCNE curriculum is an innovative design based on a set of core competencies that will provide the community with nurses who can provide care to individuals, families and communities in health promotion, acute or chronic illness and at the end of life. The graduate from PCC’s program is skilled in clinical judgment, culturally appropriate and relationship-centered care, systems thinking, leadership, evidence-based practice and lifelong learning. Along with the seamless transition to OHSU for baccalaureate completion, PCC also maintains an articulation agreement with Linfield College, which provides the PCC graduate another option for furthering their nursing education.

The 2010-2011 academic year represents the transition year for the OCNE courses while the second year courses are completing their final year of the pre-OCNE curriculum. In 2011-

2012 both years will have fully implemented the curriculum and graduate data will inform on how to progress for the next 5 years.

A. What are the educational goals or objectives of this program/discipline, and how do they compare with national or professional program/discipline trends or guidelines? Have they changed since the last review, or are they expected to change in the next five years?

The PCC Nursing Program, in accordance with the mission of the college, provides access to affordable, quality education to a diverse population. The program offers the student entry-level nursing education to assume the role of the professional registered nurse. The program provides opportunities for personal growth and the attainment of academic goals leading to an Associate of Applied Science in nursing degree with the option of pursuing a baccalaureate degree through seamless transition into other statewide education programs.

In the fall of 2007, the nursing program SAC reviewed the college and program missions and philosophies, and compared them to the OCNE competencies, academic guidelines, and standards to determine if the curriculum aligned with what the college and program value. The curriculum was approved by the faculty in the spring of 2007, due in part to this work, which helped confirm the benefits for students and the program, and alignment with the college mission and philosophy.

During the 2009-10 academic year, PCC looked at the current mission and philosophy statements for the college due to new accreditation criteria from NWCCU and also as part of the college's strategic plan. The nursing program participated in round table meetings to update the mission and philosophy for congruence. Review and updating of the program mission and philosophy was completed in spring 2009 to incorporate the work of the college and OCNE curricular change.

The Nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. As shown below (Table 1.a), the mission statements of the college and the nursing program have a five (5) point congruency related to pivotal themes of quality, access, diversity, personal growth and goal attainment, as well as symmetry (Table 1.b), between the college's and the nursing program's philosophy and value statements.

Table 1.a Comparison of Portland Community College and Nursing Program Mission Statements – 5 point congruency

Portland Community College Mission Statement	Nursing Program Mission Statement
<p>“Portland Community College provides <i>quality education</i> (2) in an atmosphere that encourages the full realization of each individual’s potential. The college offers <i>students of all ages, races, cultures, economic levels and previous educational experiences</i>(3) opportunities for <i>personal growth</i>(4) and <i>attainment of their goals</i>.(5) To achieve its mission PCC offers <i>accessible(1)</i> and affordable education to the residents of its 1,500 square mile district and to the residents of its service districts.” ... (December 2003)</p>	<p>“The PCC Nursing program, in accordance with the mission of the college, provides <i>access(1)</i> affordable, <i>quality education(2)</i> to a <i>diverse population.(3)</i> The program offers the student entry-level nursing education to assume the role of the professional registered nurse. The program provides opportunities for <i>personal growth(4)</i> and <i>attainment of academic goals(5)</i> leading to an Associate of Applied Science in Nursing degree with the option of pursuing a baccalaureate degree through seamless transition into other statewide education programs.” ... (Reviewed/Revised 2009-2010)</p>

Table 1.b Comparison of “Key Words/Phrases” in Portland Community College and Nursing Program Philosophy and Value Statements

Portland Community College (key words/phrases from Philosophy and Values Statements)	Nursing Program (key words/phrases from Philosophy and Values Statements)
<p>“Recognize, accept and encourage differences in personal, racial, ethnic and cultural backgrounds” (Philosophy)</p>	<p>“... Individuals and society share rights and responsibilities for health. Health is influenced by one’s culture, lifestyle, physical, spiritual, mental and social factors, as well as one’s stage of development” (Philosophy)</p>
<p>“Relate to others openly and responsibly” (Philosophy)</p>	<p>“Central to nursing education is a positive, caring, supportive and respectful student-teaching relationship which promotes growth toward professional and personal development” (Philosophy)</p>
<p>“Acquire the tools and motivation to continue learning throughout life.” (Philosophy)</p>	<p>“PCC graduate is prepared to assume responsibility for lifelong learning necessary to maintain safe and effective nursing practice, professional growth, and leadership in nursing and healthcare...” (Philosophy)</p>
<p>“An environment that encourages expressions of original ideas and creative solutions” (Values)</p>	<p>“We remain open to new ideas, new solutions and new paradigm shifts” (Values)</p>
<p>“Open and honest communication” (Values)</p>	<p>“... we participate as active listeners...” “We strive to create an environment where caring, humanness, honesty and respect are exuded and expressed towards one self and others.” (Values)</p>
<p>“Teamwork and cooperation” (Values)</p>	<p>“We are accountable to ourselves and to the group in the decision making process” (Values)</p>

The Nursing Program voluntarily maintains national accreditation through the NLNAC and compulsory accreditation through the OSBN. Faculty chose to seek reaccreditation by the NLNAC despite straddling two curricula; this attests to their confidence in their ability to provide quality education at the highest national standards. The combined NLNAC and OSBN site visit was conducted March 8-10th, 2011. The preliminary summary of the accreditors' findings found our program to be in compliance with all standards except for one. They recommended accreditation for 8 years pending official approval of their reports. The one area that was not in compliance with the standards of the NLNAC is in regards to faculty. The NLNAC has requirements for faculty credentials that are higher than the OSBN and that at this time our program does not meet. This will be identified in this report under section 4) Faculty.

Since 2004 PCC faculty have participated with statewide nursing education leaders and researchers in the development of the OCNE curriculum. In June, 2004 a faculty member began as a liaison for PCC working with the statewide group and providing information to the department. The PCC SAC faculty voted to join OCNE in May 2007, with implementation planned for Fall Term 2010. The SAC used the statewide standards and agreements to format PCC's delivery of the curriculum to best serve the student population, clinical partner availability, community needs and national health concerns.

B. What changes have been made as a result of the last program review?

In the last program review the areas identified for improvement as requested by the NLNAC and OSBN that relate to this topic are:

1. Create and use a systematic evaluation plan
2. Include additional measurement instruments to compare PCC student achievement with national norms
3. Increase NCLEX pass rate
4. Implement the plan for a faculty/program policy manual

As discussed above, the Program Evaluation Plan is in use and has been since 2004-2005. Several measurements are in use for assessment of student achievement as evidenced in the Program Evaluation Plan (Appendix A). The NCLEX pass rate has consistently been in the 90% range until 2010, and although still above the OSBN standard of 85%, this decrease is indicative

of a national trend expected after changes in the exam. The NCSBN reviews the test plans for the NCLEX-RN once every three years and recommends changes to the test Plan, and the rationale for these changes can be found in the study published by NCSBN entitled Report of Findings from the 2008 Practice Analysis: Linking the NCLEX-RN® Examination to Practice.

The policies and procedures of the nursing program are reviewed and updated regularly, and are in compliance with the OCNE standards and agreements and are consistent with the College policies, except where there are needed differences related to clinical experiences and the different regulations the clinical institutions must adhere to when students are in their facilities.

2. Curriculum: reflect on learning outcomes and assessment, teaching methodologies, and content in order to improve the quality of teaching, learning and student success.

The OCNE curriculum incorporates active learning methodologies including case based teaching and discussion, evidenced based learning and practice, and a reduction in content specifics for more concept based learning. The curriculum prepares the student to demonstrate competency as an entry level nurse in today's health care environments and academically to seamlessly transfer to the university to continue their education.

During planning for implementation of the OCNE curriculum there was rigorous review by the faculty in the SAC committee meetings and by college wide committees. Approvals for the standardized curriculum elements were obtained from faculty. Decisions about OCNE program elements that could be individualized to our college were referred to small committees made up of faculty, brought to the SAC committee, discussed and approved. College approvals were obtained for all the new courses and the entire degree revision package. Program credit hours were changed as were student prerequisites and the college has participated in review and clarification of wording in catalogs and public literature about the credit hour requirements and program length.

The first year of the nursing curriculum begins with a focus on health promotion for individuals, families and communities, and progresses to nursing and health issues in chronic and then acute illness. The second year student returns to issues in chronic and acute health issues but with an increasing complexity, and further exploration of care management, delegation and professionalism concepts introduced in the first year. Completion of the AAS program ends in

an Integrated Practicum experience and a more individualized application of concepts learned over the two nursing program years.

The program outcomes are identified as OCNE Professional Competencies (Appendix C). There are 10 core competencies that the professional nurse embodies and they are used to evaluate the graduate. They are leveled throughout the program and the student is assessed based on various benchmarks in the program. Course outcomes provide the guide for content delivery which is dispersed through a variety of learning environments. Students function as intentional learners and are provided opportunities to experience health care concerns in cultures other than their own and explore nursing issues from local, national, and global perspectives. Students demonstrate the ability to read, evaluate and use evidence in their practice and practice as leaders of care and change agents.

Clinical education is a key component of the curriculum. Clinical learning encompasses experiences in the nursing lab, the simulation lab, off campus clinical projects as well as the more traditional clinical facility based experiences settings. Clinical learning is evaluated through the course outcomes and the core competencies. Five types of learning experiences are identified in the clinical education model: concept based, case based, intervention skill based, focused direct client care, and the Integrative Practicum. Concept Based Learning Activities (CBLA) insures students get consistent exposure and practice with core concepts despite being in different clinical settings. Students experience content through case based teaching that is done in the classroom, lab and SIM. Intervention skill based experiences are used in the lab, SIM and clinical areas to build proficiency in knowing how and why of performing interventions as well as to provide repetition for development of psychomotor and interpersonal skills. Focused direct client care enables the student to gain progressive experience in care delivery and practicing in the professional nursing role. The Integrative Practicum provides students the opportunity to apply all the elements of prior learning and to transition into practice. Clinical partners have been introduced to the new curriculum and will continue to be provided information about how the students learning goals and abilities might be different from previous experiences with students from PCC.

A. Addressing Course-Level Outcomes: Identify and give examples of assessment-driven changes made to improve attainment of course-level student learning outcomes. Where sequences exist, also include assessment-driven changes to those sequences. (CTE programs may address this in section 6).

The nursing program course outcomes are consistent with the OCNE agreements and guidelines and approved by PCC; the statewide curriculum is approved by the OSBN and State Board of Education. See Appendix B OCNE Course Mapping Tool and section 6.

B. Addressing College Core Outcomes

i. Describe how the College Core Outcomes are addressed in courses, and/or aligned with program and/or course outcomes.

ii. Please revisit the Core Outcomes Mapping Matrix for your SAC and update as appropriate.

As demonstrated in the OCNE Course Mapping Tool (Appendix B) PCC faculty reviewed all courses and mapped the course outcomes to the College Core Outcomes. This was important as the program method of measurement is competency and not outcomes. There are 10 core competencies that the professional nurse embodies and are used to evaluate the graduate. They are leveled throughout the program and the student is assessed based on various benchmarks in the program. Course outcomes provide the guide for content delivery which is dispersed through a variety of learning environments. All of the College Core Outcomes are addressed throughout the nursing program curriculum, with Community and Environmental Responsibility to a lesser extent than the others.

Communication is stressed in every course; especially the nursing core courses as students' interaction with clients and other health care providers form the basis of their work in the clinical settings. Students learn to use communication to establish professional and therapeutic relationships and assessment is done through multiple choice question exams and faculty observation in various clinical care settings.

In determining how to care for a client, the student has to apply learned **Critical Thinking and Problem Solving** skills. They initially are guided in self-assessment of values and bias, they learn the Nursing Process which provides a tool for clinical decision making and are exposed to frequent and varied client care situations where they must make decisions, plan

and implement interventions and evaluate their actions and thoughts. The students are assessed through multiple question exams similar to their NCLEX exam, their clinical actions and paperwork and selected projects.

Cultural Awareness appears in every course. Students at PCC will continue to have opportunities to interact with diversity concepts as the Pre-OCNE and OCNE course outcomes all address cultural, ethnic, and socially diverse concepts affecting nurses and nursing care. The outcomes guide the student to develop care that is unique to each individual, family, and community. The population of the Portland Metro area is one of the most diverse areas in Oregon and provides the student with opportunities to practice the concepts of culturally sensitive care which they learn. Student learning is also facilitated through case studies that include exploration of cultural aspects of health and illness, and specific classroom content on transcultural nursing.

The OCNE Competencies (Appendix C) are the guiding document for **Professional Competence** in the nursing program. The achievement of professional competence is benchmarked for the student to see where they are along the continuum of learning about functioning as a nurse (Appendix D). Students learn about the standards, scope, and ethics of practice and the organizations and agencies that develop them and who provide oversight. Assessment of learning is done in multiple ways including clinical performance evaluation, multiple choice questions exams, through projects, and written papers.

Self-Reflection is also a competency students must develop and demonstrate throughout the program. Students are expected to complete reflection journals during their clinical experiences and are provided guidelines for this activity. Several other activities in the program require the student to complete a self-reflection about their experience and these activities are assessed through rubrics.

Finally, the **Community and Environmental Responsibility** Core Outcome is not as apparent in the nursing program curriculum. The work students do to demonstrate this outcome can be extrapolated from the projects that require them to provide health teaching to community groups, assess for impact of health delivery systems, and develop discharge plans that may include community resources. The nursing program chose to eliminate the previously used paper version of the syllabi and study guides which the student purchased each term and replaced them with on-line materials on D2L. Students are encouraged to use on-line sources for reference and

most of their required texts provide on-line supplemental resources. In addition, the required ATI product includes on-line resources that students use to prepare for lab skill practice and they have the option to eliminate the text versions of their materials for on-line texts, which the faculty are discussing whether to use.

C. Assessment of College Core Outcomes (Note: for Career and Technical Education (CTE) programs, Core Outcomes that have been mapped into the Degree and Certificate outcomes may be addressed in that section 6B instead). This section may refer to, include or summarize the results of annual Core Outcomes assessments carried out over the last 5 years.

i. Describe the strategies that are used to determine how well students are meeting the College Core outcomes.

Assessment of College Core Outcomes was done after the 2003 PCC Program Review and was planned for review every three years thereafter. The 2004 Program Evaluation Plan provides evidence of the assessment of congruency with college outcomes and the data on student achievement of program outcomes in 2004. In 2007 the assessment of College outcomes was done in SAC as discussed in section 1), A.

Because the College Core Outcomes closely align with the program competencies and course outcomes, assessment is achieved through regular program activities. There are multiple ways student achievement is assessed at the course level including multiple choice exams, standardized tests, teaching projects and evidenced based papers, clinical practice evaluation, and skill performance. Program outcome assessment is done using various measures to determine if the program is meeting educational goals and student outcomes that are consistent with the college mission and nursing professional standards.

The assessment of the College Core Outcomes can be seen in the Course Content Mapping Tool (Appendix B) and envisioned in the OCNE Benchmark Tool (Appendix D).

ii. Summarize the results of assessments of these outcomes (SACs may refer and /or link to the Annual Reports, but work should be summarized here.)

The Oregon State Board of Nursing standard is for schools of nursing to maintain 85% or better on 1st time pass rates over a two year period. PCC has been in compliance with this standard and Table 1.c shows the 1st time pass rate for PCC over the last three years. These

reports are reviewed in the Program Evaluation Committee meetings and shared with the faculty as a whole during SAC meetings. The final class from the Pre-OCNE curriculum will graduate in 2011 and these measures will reflect the OCNE curriculum in 2012.

Table 1.c – NCLEX Pass Rates

Graduate Year	NCLEX Pass Rate
2008	92%
2009	95%
2010	88%

The NCLEX pass rates are discussed in Section 1.

Assessments for the OCNE curriculum and student achievement of College Core Outcomes has not been completed as this is the first year of implementation. Attention is being given to measuring the achievement of these outcomes as evidenced in the Program Evaluation Plan.

iii. Identify and give examples of assessment-driven changes that have been made to improve students' attainment of the Core Outcomes.

The Pre-OCNE and OCNE curriculum, by the nature of the nursing profession, closely connect with the College Core Outcomes. Changes to the OCNE curriculum served to further strengthen this connection and provided clearer alignment with the expected professional competencies.

The Program Evaluation Committee will convene in April and part of their work will be to begin assessing for fidelity with the OCNE agreements and standards as well as curricular and instructional components. This committee will inform on any modifications that may be needed in the fall of 2011 for the first year courses and for adjustments that may be needed as the second year courses begin. Programmatically, tracking of OCNE completion and NCLEX-RN pass rates will be part of the data collection activity charged to this committee. Identifying the number of students who choose the A.D.N. exit option, tracking those who continue on to the BSN option either seamlessly through OHSU or through articulation with Linfield College will also be key data points related to outcomes, along with tracking those students who choose to by-

pass the A.D.N. exit and transfer directly into the fourth year at OHSU. Data related to the success of students who find they need to leave the program either for academic or other reasons will continue to be collected and monitored as part of tracking outcomes.

D. To what degree are courses offered in a Distance modality? Have any significant revelations, concerns or questions arisen in the area of DL delivery?

There are no DL courses in the nursing program. The use of MyPCC, Blackboard and/or Desire2Learn are used to enhance the face to face aspects of all the nursing courses. The use of paper products for the syllabi and what was previously referred to as the “Study Guide” are no longer in use. Information about the use and student expectations related to this technology is provided in course syllabi as well as direct links for assistance on the platforms themselves.

E. Has the SAC made any curricular changes as a result of exploring/adopting educational initiatives (e.g., Service Learning, Internationalization of the Curriculum, Inquiry-Based Learning, Honors, etc)? If so, please describe.

Conversion to the OCNE curriculum and participation in the consortium was done in response to the need for an adequate supply of nurses and nursing faculty for the future of health care. OCNE provides the student options for graduating with an AAS in Nursing and for continuing their education by transitioning to a baccalaureate degree program through our OCNE partner Oregon Health Sciences University.

F. Identify and explain any other significant changes that have been made to course content and/or course outcomes since the last review.

In the last program review the areas identified for improvement as requested by the NLNAC and OSBN that relate to this topic are:

1. Provide clarity in credit hours

Careful attention to clarifying the OCNE credit hours was done and approved by the Degrees and Certificates Committee in Oct of 2010.

3. Needs of Students and the Community: are they changing?

A. What is the effect of student demographics on instruction, and have there been any notable changes since the last review?

Data collected from our program shows an increased diversity in our student population in not just ethnicity, but also gender. Nursing has predominately been a female profession but the increase in men entering our program presents a change in those demographics. We have held a Male Nursing Forum group prior to the implementation of OCNE and if the need arises to provide additional support to the male students in the program we can reinstitute it.

Table 3.a Ethnicity Demographics of Portland, Oregon, Portland Community College, Nursing Students and Faculty of PCC, 2009

	White (non-Hispanic)	Hispanic	Asian/Pacific Islander	African American	Native American
City of Portland	77.9%	6.8%	6.7%	6.6%	1.1%
Portland Community College	71%	8.4%	8.1%	6%	1.6%
PCC Nursing Students	75.8%	6.5%	11.8%	5.4%	0.5%

B. Describe current and projected demand and enrollment pattern. Include discussion of any impact this will have on the program/discipline.

Current demand for entry into the program remains high and applicant numbers are stable at approximately 700 viable applicants. However, we are challenged with the competitive profile of the top applicants - they can go to any OCNE school and all schools can potentially have these same applicants in their admission process. In a review of the admission and entry processes from 2010, the following data and recommended changes are provided:

The 2010

- Essay invitation was extended to 160 applicants
- 143 applicants sat for Essay
- 79 applicants started the program
- Applicants were notifying PCC that they were going somewhere else as late as end of August although acceptance to a program for all OCNE students was June 15th, of which we had 100 seats taken at that time.

The following changes will be made for the 2011 admissions process:

- Extend essay invitation to 160 applicants – Plan to admit 80 students
- Have a meeting with the accepted students in early summer for a point of contact prior to Fall orientation – Plan for June 2011
- Have a process set up for students to meet with Jan after accepting a seat for review of graduation requirements and for another point to contact prior to Fall orientation

The major curricular transition occurring in the 2010-2011 academic year, demonstrates two very different admission processes. The pre-OCNE admission process, for the class admitted fall 2009, consisted of a 2.5 GPA for three pre-requisite courses. Based on that qualification, applicants were assigned a lottery number, and at the end of winter term, a lottery would occur. Faculty and staff from Nursing and non-nursing departments, as well as, the Health Advising Office, and nursing student alumni would participate in pulling lottery numbers to identify the applicants who would be offered a seat in the program, along with an applicant alternate list.

Admission into the Class of 2010 was guided by the common admissions process for all partner OCNE schools. The qualifying GPA is 3.0 and the admission criteria is a point-based system and this was determined based on evidence about nursing school success indicators.

Pre-OCNE expected level of graduate achievement within two years of entry into the program was greater than 83%. Graduation rates for students who successfully completed the program in two years or who left for non-academic reasons in 2008, 2009 and 2010 graduating classes were 90%, 84%, and 88% respectively. OCNE graduation will be followed with the class starting in fall 2010 with a new benchmark of 85%. Several data points will be used to track graduation in two year, academic and non-academic attrition, as well as those students who graduate after re-entry.

C. What strategies are used within the program/discipline to facilitate access and diversity?

Access and diversity continues to be targeted through the identification of discretionary points. All OCNE schools can choose how to use 12 points in the admission points system and the SAC has been in discussion of ways to use the points to increase diversity in the pool of accepted essayists. Faculty are exploring ways to assess for student language strengths at pre-admission through established college services. This is an attempt to support student success prior to entry rather than discovering student need when the student is struggling and facing failing grades. The ESOL department has agreed to explore ways to assess verbal skills and then recommend course work to prepare students prior to program entry. The OCNE collects

data on access and diversity and, through the consortium committees; changes can be made to the partner school agreements related to level of diversity, as well as strategies for strengthening access within the current admissions process.

Students are supported by an array of services once they enter the nursing program. In the first year of the program, students can participate in a two credit course, led by first year faculty Linda Eby. This course, “Study Skills for College Learning – NUR” is an added resource for all first year students who are looking for additional support for the rigorous environment of a nursing program. In the second year of the program, while it is not a specific course, nursing faculty Margaret (Peggy) Sherer, provides optional time to second year students for a similar support experience called “Parallel Support”. Juanita Joy, full-time 2nd year nursing faculty, is the liaison with the College’s Office of Student Disabilities, and provides support for nursing students in the Program who are referred to, or come into, the program with accommodation needs.

Prior to the OCNE implementation the program offered an LPN to RN entry point. This ended in 2009 and currently the OCNE is exploring ways to institute this entry again.

In the last program review the areas identified for improvement as requested by the NLNAC and OSBN that relate to this topic are:

1. Increase the number of minority student admissions and graduates
2. Increase student retention and graduation rate
3. Create admission criteria that are inclusive yet reflective of individuals who have capacity to achieve the program outcomes
4. Develop a policy for advanced placement to assure that all students meet the equivalent of the program’s curriculum and standards

D. Has feedback from students, community groups, transfer institutions, business, industry or government been used to make curriculum or instructional changes (not been addressed elsewhere in this document)? If so, describe.

PCC’s Nursing Advisory Committee is made up of practice nurse educators from acute care hospitals, the Oregon State Hospital, long-term care facilities, as well as current nursing students, alumni and faculty. This body has provided much needed feedback about pursuing continued national accreditation when the program was exploring other options. The decision to

seek continued national accreditation was informed by this body, providing the feedback that substantiated the value of such designation. This committee has also been part of the decision making related to the transition from an associate to full participating partner of OCNE and the seamless progression to BSN with OHSU.

One student focused change instituted this year is the student participation in providing feedback to the program. For the first time, students will have a student representative attending first year faculty meetings. Prior to this change, nursing student representatives were able to meet with one faculty liaison to provide student input to the faculty. This change is meant to provide increased access for students to all first faculty and to provide student input and feedback to the faculty group.

With the implementation of OCNE, the program has introduced Survey Monkey to the students to provide feedback each term. This information will be used to identify needed program revisions. Along with discrete items, students have the opportunity to provide narrative feedback on these tools. In an effort to provide a user friendly evaluation tool for students, the 36 item question survey used in prior courses through Blackboard has been made revised to a more concise set of 16 discrete questions in an effort to identify particular elements of each course students may provide feedback.

Pre-OCNE second year students continue to use the Black Board evaluations used by the program prior to OCNE. In 2010 students used Survey Monkey for the first time. Pre-OCNE evaluations and Survey Monkey data are reviewed by teams I and II and used to provide quantitative and qualitative data to determine if changes need to be made to the course or clinical. A threshold for making change is 85% as decided by the SAC.

4. Faculty: reflect on the composition, qualifications and development of the faculty.

Currently there are 17 full-time faculty and 1 full-time academic professional. Of the 17 full-time faculty 10 have taught in the nursing program between 10-30 years. The 14 part-time faculty can be found teaching in the clinical components of the courses that include lab, clinical, simulation or any combination of the three. A number of these part-time faculty represent that pool of nurses actively being mentored, while they are educationally preparing to transition their practice to that of nurse educator.

A. Provide information on

i. Quantity and quality of the faculty needed to meet the needs of the program/discipline.

The seventeen PCC nursing full-time faculty members meet or exceed the minimum OSBN qualifications as evidenced by all full-time faculty holding at least a master's degree in nursing. Two of those faculty, also hold a doctorate in education and two other faculty are currently in doctoral education programs with estimated completion by June 2013.

In the campus-based skills lab there is a full-time academic professional position held by a nurse who is at an associate degree level of preparation which does not meet the NLNAC accreditation standard. Colleen Caraher has held this position at PCC for the last 25 years. As Skills Lab Facilitator, she provides significant leadership in the skills lab setting with responsibility for the operational over-sight and scheduling of the skills lab each term, along with the teaching she holds an Educator Associate faculty appointment with Oregon State Board of Nursing due to a board rule exception. However, any future hiring for replacement of this position will start at the master's degree with a major in nursing.

All full-time faculty and the full-time academic professional nurse positions in the skills lab, hold current unencumbered Oregon nursing licenses, and one full-time faculty who provides clinical teaching in Vancouver, Washington, also has a current, unencumbered nursing license in Washington.

ii. Extent of faculty turnover and changes anticipated for the future.

The Nursing Department has a stable and experienced faculty group, as well as, a strong mentoring philosophy for nurses who are interested in moving their practice into the education arena. There are several faculty in the department who will be eligible for retirement in the coming years. This will present challenge and opportunity for the program. In the past when a faculty person retired they often returned in some adjunct capacity in the lab or in clinical which has ensured their level of expertise is not completely lost; this pattern continues with recently retired faculty. New faculty have joined the department in the past 5 years and are developing their educational abilities in the new curriculum and they bring fresh perspectives and new ideas to the program.

Mentoring in a nursing program is pivotal to retention and recruitment of both full- and part-time nursing faculty. PCC's Nursing Program has long valued the need to mentor new faculty. However, up until winter 2008 the workload and staffing of mentoring activities was not

formalized within the department. With budgetary support from the College the Faculty Department Chair (FDC) position was made available to the Nursing Program and enhances the department's ability to more actively mentor and assist not only part time faculty but full time as well. In other departments in PCC who have a Program Director position, the director has the dual role of FDC and Director.

PCC's nursing faculty, prior to the formalized position approved by the College of FDC, recognized a weakness in the mentoring activities in the department. In an effort to provide a more consistent and standardized way of approaching mentoring, the faculty (Alisa Schneider, lead) created the Nursing Faculty Orientation Manual which is provided to all new full- or part-time faculty.

New full-time faculty are typically assigned specifically to either the first year or second year of the nursing program based on clinical expertise and programmatic needs. Within that full-time faculty group, a mentor is identified for the first year of teaching for the new faculty. Also, each faculty member of that teaching team is committed to the mentoring of a new faculty on that team, even though there is one specific faculty assigned. This is not a formal process and is faculty lead.

For part-time faculty, the FDC begins the mentoring process at the time of hire. The FDC works closely with the part-time faculty to not only identify the program and college requirements to successfully make the transition into the new faculty role, but also is the consistent contact on campus. The FDC also visits the clinical settings where the new faculty is teaching with students.

iii. Extent of the reliance upon adjunct faculty and how they compare with full-time faculty in terms of educational and experiential backgrounds.

Use of part time faculty in the Nursing Program is considered for an entire instructional year for continuity of instruction as it relates to the clinical areas part-time faculty are typically teaching – lab, simulation or clinical. When planning for the academic year, the college supports our needs for faculty by providing part time faculty a reasonable assurance of some workload for the next year. Additionally part time faculty can secure assignment rights which contractually guarantee them instructional work for at least one term. Also non-teaching compensation is identified for part-time faculty to identify the hours they spend in faculty meetings each term; the clinical part-time faculty can identify a limited amount of non-instructional hours that represent

time spent in the clinical setting preparing for student learning. Professional development is supported with a focus on education or clinical practice and faculty provide evidence of this activity every one to three years depending on assessment timing as defined by faculty contract.

For the 2010-2011 academic year we increased part-time faculty numbers to account for the new OCNE clinical model faculty are implementing this year. This increase in numbers has allowed for one faculty in clinical to have one stable group of students and maintain a ratio of no greater than 1:8 – which is projected to have a level of continuity for students clinically not previously experienced. This model is also projected to enhance the concept-based learning activities being introduced in the OCNE curriculum.

Currently, the majority of PCC's part-time nursing faculty do not hold a minimum of a master's degree with a major in nursing, yet all part-time faculty hold a current, unencumbered Oregon nursing license. Of the fourteen part-time faculty, four are master's prepared and three are actively completing their master's degree with a major in nursing education. When those three faculty complete their master's, PCC will have this NLNAC criterion at 50% attainment level.

Part-time faculty who are not credentialed at the master's in nursing level are used as part-time lab and clinical faculty because they have extensive clinical and /or teaching experience. Most of the part-time faculty have active nursing positions in hospital settings where the program places students. In mentoring the part-time faculty the Faculty Department Chair has provided support as these faculty take the role of educator in their clinical facilities. The fact that they work in the facilities where they are teaching clinical has proved to be a positive connection in that they can navigate quicker, smoother student completion of all the clinical requirements for the facility which increases the actual time faculty and students have for direct clinical learning opportunities.

iv. How the faculty composition reflects the diversity and cultural competency goals of the institution.

Nursing has a shortage of qualified nursing faculty nationally and locally and this has presented challenges for hiring. The pool for open positions has historically been low, and not representative of the student population of the college or the community. Currently the faculty is comprised of women, except for one male adjunct clinical faculty. There is ethnic diversity within the faculty yet again not at the level of the student population or community. The

program exerts its best efforts to recruit and hire diverse applicants given the scarcity of faculty available to teach.

Faculty do engage in cultural competency training, education, and experiences. New faculty go through the college cultural awareness training. Several faculty travelled abroad through the PCC Office of International Education and shared their experiences with the SAC and students. The PCC Illumination Project has been a part of the curriculum with student and faculty participation.

Priscilla Loanzon, developed the “Ten Best Culturally Responsive Teaching Practices” poster and did a presentation for the PCC community and faculty, after attending the summer intercultural institute. She also developed and taught the first year student course “A Culture of Caring: Student Nurses Learning in Multicultural Settings” which focused on early professional socialization, an innovative project funded by PCC.

B. Report any changes the SAC has made to instructor qualifications and the reason for the changes.

The instructor qualifications had not been updated for several years so the following updates were made in 2010 to the Nursing Instructor requirements based on the OSBN and NLNAC:

The RN degree program adheres to the Oregon State Board of Nursing Division 21 Standards for Approval: Nursing Faculty 851-021-0045 which includes requirements, with exceptions, that each:

Nurse Educator:

- (A) hold at least a master’s degree in nursing or a baccalaureate degree in nursing, and a master’s in a related field with a post-master’s certificate in nursing from a program that is at least two semesters or three quarters in length,
- (B) have at least three years of nursing experience and hold a current, unencumbered license to practice as a registered nurse in Oregon.

Nurse Educator Associate:

- (A) hold at least a bachelor’s degree in nursing with no less than two years of nursing experience and hold a current, unencumbered license to practice as a registered nurse in Oregon.

Clinical Lab Teaching Assistant:

- (A) Hold at least the educational level of preparation for which students are being taught; and
- (B) Have at least two years of nursing experience.

Any exceptions to these rules shall be submitted in writing to the Oregon State Board of Nursing and shall include rationale for the request. The Board may grant exceptions for any of the following circumstances:

- (a) The education and experience qualifications are deemed equivalent to the requirements; or
- (b) The individual has a baccalaureate in nursing, a masters or doctorate in a related field, and relevant nursing experience. The background of the individual is related to the teaching assignment and is complementary to the faculty mix, or
- (c) Substantial effort has been made to recruit a qualified faculty member, and the appointed individual is pursuing the needed qualifications; or
- (d) Substantial effort has been made to recruit a qualified faculty member, and the individual without full qualification is appointed for one year. The exception may be extended for one year with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (c) above.

Additionally, national accreditation by the National League for Nursing Accrediting Commission recommends that full-time Associate Degree RN faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their area of responsibility.

C. How have professional development activities of the faculty contributed to the strength of the program? If such activities have resulted in instructional or curricular changes, please describe.

Beginning in 2007 all nursing program faculty has been working on the transition to the OCNE curriculum. PCC Nursing Program faculty have been engaged since that time with the activities that reflect evidence-based teaching and clinical practices that occur yearly at the OCNE statewide faculty meeting in Eugene, Oregon. Each spring all participating OCNE schools meet to review and inform the teaching and clinical practices implemented by all consortium schools. All full time faculty, the Skills Lab Facilitator and the Program Director have attended at least one day of these staff development, mentoring, and networking

conferences. Two full time faculty hold Certified Nurse Educators credentials, one faculty has a Certificate in Nursing Education, one faculty is a nursing textbook author and several faculty have attended computer training in-services about use of on-line textbook and faculty resources from publishers as well as through PCC.

During the development and now the implementation phase of the OCNE curriculum, full and part-time faculty were asked to identify areas where they need more information or assistance and the SAC meetings became the mechanism for faculty to get this information. Multiple ways of providing curricular information have been utilized in the SAC meetings and faculty have opportunity to provide their input, share what they may have learned from other consortium schools, hear from faculty from consortium schools directly and work on projects to actively participate in developing the curricular components unique to PCC and learn new ways of teaching or delivering content. The faculty continue to discuss with the director and through the SAC how to continue meeting this criterion.

An example of how faculty demonstrate the use of evidence based teaching is through the development and use of Concept Based Learning. Because of the numerous different clinical sites and the various availability of consistent clinical opportunities, CBL activities (CBLA) were developed to enhance the students' exposure to and deeper learning of essential concepts. A specific example is for concepts related to oxygenation: all students in every clinical setting in NRS 111 are assigned to read about and prepare to assess a person with an oxygenation issue. The clinical faculty identifies clients that students can explore history and present data on and perform assessments related to oxygenation. The students then determine client issues, concerns, and needs, often working together in groups of 2 or more, and then determine and discuss with the faculty and student group their process and findings. Students then complete reflective journal based on the experience completing the CBLA and provide this to the faculty who also can then give feedback to the student.

Faculty, with Director support, complete and update the Annual Faculty form. For probationary faculty, annual review occurs for the first three years of teaching and after the probationary period all faculty officially submit this information every three years as defined by faculty contract. Faculty experience and academic preparation are identified by their area of clinical expertise, as well as, areas they have an interest in teaching. Faculty, annually, have opportunity for professional development in education and/or opportunities in clinical areas of

expertise, and although PCC is experiencing some budgetary constraints in supporting 100% of those opportunities, there is budget identified to support some portion of professional development activity. Faculty keep records of their professional development activities and are part of the one to three year assessment process for full-time faculty at PCC.

A general discussion initiated in the Nursing Department SAC in the 2010-2011 academic year is the possibility of using portfolios for nursing faculty. Activities to explore doing this will begin in February 2011, during which time a stop gap measure for identifying departmentally faculty annual development activities is being used with an existing form adapted to include this information.

The preceding text addresses the following areas identified for improvement from the last program review, as requested by the NLNAC and OSBN:

1. Examine and monitor faculty workload, especially in light of program expansion
2. Strengthen cultural competence of the faculty
3. Strengthen the faculty mentoring process
4. Faculty consider the factors in the OSBN standard related to faculty/student ratio and develop policy related to any identified need for a lower ratio than 1:9 or related to the 1:10-12 for final practicum.
5. Take into account in planning for expansion that all aspects of faculty function will be affected by the addition of 32 more students and assure that the faculty will be able to continue to carry out its responsibilities.

Two other areas identified for improvement from the last program review, as requested by the NLNAC and OSBN are:

1. Review and modify the preceptorship guidelines for NUR 208 to assure that they include all elements of the OSBN standards.
2. If preceptors are used in any context other than NUR 208, develop guidelines for that use and assure that they include all required elements.

The preceptorship guidelines were updated following the 2003 review and are regularly reviewed by second year faculty. New guidelines are needed as the OSBN has identified the Clinical Teaching Associate as the nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The guidelines and policies are currently being worked on and will be in place prior to the spring term of 2012.

5. Facilities and Support

A. Describe how classroom space, computers/technology and library/media, laboratory space and equipment impact student success.

The HT building, which houses the Nursing Program has finite classroom and student spaces available. In the last two years with the increase in student enrollment that coincided with the economic downturn, classroom space has been challenging at best district wide.

Currently, nursing instruction on the Sylvania campus occurs:

Theory Instruction

Both first and second year theory instruction occurs in the ST building, which is located on the opposite side of the campus for the Nursing Program department. This is due to the fact the ST building contains the largest classroom space available on the Sylvania campus. While it is generally field no room is a “dedicated” room on campus the theory classroom environment in the ST is utilized by nursing the majority of the time.

Nursing Skills Lab

The Nursing Skills lab is located in the second floor of the HT building and was remodeled during the last bond passage and contains patient beds, manikins, computers and equipment commensurate with the teaching/learning environment of a Nursing Skills Lab. There is also the video lab space in which small groups of students convene to address specific patient care scenarios each term in the type of learning environment.

Clinical Simulation Lab

The Simulation Lab is located on the third floor of the HT building and has a control room and patient care area with two hospital beds and one Laerdal SimMan which is utilized for student learning in selected patient care scenarios applicable to the theory content of any given term. With the current bond there is discussion of creating a “dedicated” debriefing room which currently does not exist. This has been a challenge as the room that is currently used for debriefing is a general purpose classroom and created space and scheduling issues most terms. Recently, as a result of a meeting with campus interested parties, a workable arrangement has been implemented, to use until bond remodel decisions can be made and completed.

Allied Health Computer Lab

Also on the third floor of the HT building is HT 301 – which is a thirty computer lab that is used by other allied health department, along with nursing. The new Pharmacology courses in OCNE are accessing this space for the first time this term to provide proctored on-line testing. This is also the space the program does clinical charting orientation each term for selected facilities, as well as the proctored essay needed for applicants who qualify each year. In the current bond remodel this space is identified as needed for the Biology department. Other appropriate space is being identified in the HT building for relocation of this much needed resources.

Faculty Offices

There is nursing faculty offices space for full- and part-time faculty in HT 126. This is also the location of the Program Director's office. Each full-time faculty is assigned an individual cubicle and there are two cubicles identified for part-time faculty use while on campus. There is a conference room/faculty library resource space in this location that provides privacy for student conference, phone conferences and small meetings if it is available. There is a front reception desk in this space and the part-time instructional administrative assistant, Debbie Imus, is available to faculty and has access to the Director's calendar.

Nursing Program Office

HT 120 is the main Nursing Program Office. There is one full-time and one part-time instruction administrative assistant in this office. This is also the office the current student files are kept, along with evaluative documents, fax machine and the Image Now technology. A student desk is also provided in this space. Any student working in this position is not in or is not planning to be part of the Nursing Program.

Nursing Program Faculty Lounge/Meeting room

HT 122 is the room which first and second year faculty meetings, coordinator meetings, skills lab team meetings occur. There is also a microwave, sink, refrigerator that provides an environment for faculty to break and nourish themselves during the work day. Division leader's group meetings can also occur in this space, outside the lunch and faculty meeting schedule, due to the limited conference space available in the HT building. Scheduling for this room as well as HT 119B another small conference room is under the direction of the Nursing Program.

Full-time faculty cubicle spaces are an on-going challenge for a large student body of first and second year students in providing private conferencing space when faculty are advising

and meeting with students. The one small conference room in HT 126 is not adequate for the number of students and faculty in the program and faculty must be creative and proactive to find “doors” to secure space appropriate for one-on-one faculty/student interactions.

B. Describe how students are using the library or other outside-the-classroom information resources.

Sylvania’s library is the Nursing Program’s direct link for the students. Allie Flanary, Reference Librarian, is identified as a resource for the faculty and students related to library materials and use of resources. Students mainly use the on-line library resources but often use the facility for studying and for access to the computers. The nursing program adheres to the standards and guidelines for OCNE partner schools related to use of the library resources to seek and retrieve evidence for use in teaching, learning and the practice of nursing. The OSBN Standards for Approval of Nursing Programs also requires educational services and resources to include adequate library services and holdings. The OCNE Library Standards and Guidelines and accompanying list of recommended holdings has been given to Allie and she oversees that the library services meet these standards.

In the nursing skills lab, there are a variety of resources available to students while in this teaching/learning environment. There are videos, DVDs, books, reference literature that complement the required textbooks and other faculty material provided in the program. The lab facilitator works directly with faculty from both first and second year in an effort to align the term appropriate resources for students. Also, in the skills lab and in the nursing program in general ATI materials (tests, online resources, skills lab videos) are purchased and incorporated in skills lab experiences. There is a computer at each patient’s bedside in the skills lab, and the program continues to work towards a robust use of the bedside technology available for skills lab “patients”.

In the clinical simulation lab there are also reference materials and support resources for students for their day of care in the simulated clinical environment. The introduction of “pre-simulation” learning activities have required faculty to provide “patient” specific resources for students to prepare for their care event, during any day in simulation. This new addition to the simulation experience has enabled students to enter the care experience with increased

confidence related to accessing resources to prepare for care and immediacy of the care experience with a high fidelity patient mannequin.

C. Provide information on clerical, technical, administrative and/or tutoring support.

Once admitted into the Nursing Program, students are assigned a faculty adviser for each academic year of the program. Faculty adviser and advisee groups meet during the weeks of any given term to provide student support and a venue for additional faculty interaction related to theory, lab, simulation, and clinical. The faculty advisor also tracks individual students' progress and refers them to resources and services as needed.

In the first term of the program, Jan Cromie, one of the three administrative assistants for the program, reviews with students their transcripts and identifies any additional needed course work as they work towards graduation. Jan works closely with faculty advisers and the nursing students who are identified in needing additional course work throughout the program to assist students meeting those graduation requirements. As students enter the second year of the program, Jan works closely with the program director and second year faculty, in identifying students to the graduation office of PCC, in preparation for graduation in June of any given year.

Beginning in fall of 2009, the Nursing Program began the work of transitioning to a shared drive on the College's network, in which all faculty have access to programmatic policies, minutes from all faculty meetings, as well as all course materials. Along with the program itself moving to an electronic community, the transition from a printed "Study Guide" for students each term occurred this year with the implementation of the OCNE curriculum. A huge challenge this year is the switch from Blackboard to the Desire2Learn learning platform.

Within the Nursing Program, a number of extra resources are available. An integral component to promotion of student success is the Nursing Laboratory and its staff. The ratio for faculty to student in the Nursing Skills lab is 1 faculty to 6 students. The small student groups lend extra student support in a practice environment on campus that provides an atmosphere conducive to learning and that is supportive of the students, as well as the curriculum. Also, the resources of 1st year Nursing Student Success course and Parallel Support activities for 2nd year provide one more mechanism for students to access related to academic success in the Program.

D. Provide information on how Advising, the Office for Students with Disabilities and other student services impact students.

The nursing program has a designated Health Admissions Advisor- Lindsay Suave. The Health Admissions office develops advising and admission literature in collaboration with the nursing SAC and Director. Prospective students can attend information sessions that are offered on various campuses as posted on the website and at the Health Admissions office on the Sylvania campus.

The nursing department has an active relationship with the OSD office through our PAL Jaunita Joy. Students receive services for testing and other accommodation needs, however scheduling and space constraints add additional challenges to our ability to accommodate all students who are approved for services.

Students are referred to the counseling center for support of personal and stress related issues. Students needed assistance with writing, language, or math issues are referred to the student success and multicultural center.

At the start of the 2008 and 2009 academic years, the SAC participated in activities where they explored student services available on campus. Faculty participated in a “scavenger hunt” to locate where student resources are located on campus and then developed them into a table based on student concerns that might come up and what resource they could direct the student to. This document has been provided to new faculty as well in the New Faculty Orientation manual.

E. Describe current patterns of scheduling (such as class size, duration, times, location, or other) address the pedagogy of the program/discipline and the needs of students.

The Nursing Program class, lab, and clinical scheduling is complex due to the varied learning environments the students are experiencing. In 2009 and 2010 the SAC explored new ways to schedule classes and learning experiences in preparation for the implementation of the OCNE curriculum, taking into account pedagogy and institutional considerations. Jeanette Bauman informed on discussions of classroom space and the Student MAX consortium, made up of area clinical and education partners in Oregon (Portland Metro area) and Southwest Washington (Vancouver area), informs on clinical site availability.

In order to accommodate for the large number of students (90-100) the Pre-OCNE curriculum first year class time was offered on Mon. or Tues. 8-12 and the student could register for one day or the other. The intent was to split the class into equal groups of approximately 50 students to allow for discussion or small group work. Currently, this system works for the fall term of the first year of the OCNE curriculum, but not for the winter and spring terms. This is because there are 3 courses the students are taking, Nursing, Pathophysiology (Patho) and Pharmacology (Pharm). This requires the students to be in class as a large group on Mon. and Tues. for Patho and Pharm, and then they are split into two groups for Nursing classes on Wed. Classroom availability and faculty workload limits account for the difficulty in providing student discussion time of content and case based instructional methods.

Lab times were offered Mon, Tues, or Wed. days and a few evening hour times, which the student also chose based on their classroom time. This process is limited in the OCNE curriculum in the winter and spring for the previously mentioned class requirements, but students continue to choose their lab time from available options. First year simulation is held on a Thurs. or Fri. when the student is not in clinical. This is a 6-8 hour experience that incorporates extensive student/faculty discussion of content and experience (debriefing). The student also observes other students in their simulation activity through video feed into a classroom adjacent to the simulation lab. The simulation lab and the classroom scheduling is dependent on availability of the classroom adjacent to the SIM lab which poses a significant complication in scheduling these experiences for the students and faculty.

Clinical experiences were generally held Thurs and Fri day times and continue to be scheduled this way. However, due to clinical capacity issues within the Portland Metro area, some adjustments to the days and times for both years are needed due to constraints of the clinical partners.

The second year schedule for the OCNE curriculum is being developed based on lessons learned from the first year as well as the unique scheduling needs of these students who need to attend clinical at a greater number of hours and varied days and times.

In the last program review the areas identified for improvement as requested by the NLNAC and OSBN that relate to this topic are:

1. Improve physical facilities, i.e., skills lab and office space.
2. Develop long term plans for significant improvement in office and conference space to

support faculty work.

3. Provide in the plan for expansion assurance that all space as well as services and resources will meet the needs of the expanded program.
4. Assure that any negotiated agreement for in-kind services be consistent in all respects with the Board standards for approval.

The skills lab and office space renovation was completed in fall 2003, according to the past program review report, and may have been adequate for the needs at that time. Current growth in the numbers of students enrolled and numbers of faculty administering the program; increased use of Simulation; and increased awareness and regulation around student privacy rights heightens the need for classroom space to accommodate appropriate size classes to implement current instructional methods; designated space for SIM debriefing; and faculty work space that is private to address student needs.

6. For Career and Technical Education (CTE) Programs only : to ensure that the curriculum keeps pace with changing employer needs and continues to successfully prepare students to enter a career field.

A. Evaluate the impact of the Advisory Committee on curriculum and instructional content methods, and/or outcomes.

PCC's Nursing Program has a strong history of seeking communities of interest to assist in the program's processes and decision making activities. These communities, who may be internal or external stakeholders, have been pivotal in providing substantive information to guide the nursing program through a multiple decision points along a shifting program change.

The college community, who is a significant internal stakeholder, participates regularly in the decision making activity in the Nursing program. This participation is provided through various groups, such as the college curriculum committee, PCC's Faculty Federation and Classified union, as well as, the non-nursing Subject Area Curriculum Committees academically linked to the Nursing Program.

The OSBN is a consistent community of interest in its direct relationship to PCC's nursing program. As the regulatory body for nursing in Oregon, OSBN mandates nursing practice and education through its Oregon Administrative Rules (OARs). PCC considers itself directly linked to OSBN, not only because of this regulatory function, but also as a constituent of

the Board. OSBN regularly seeks input from statewide programs, and invites participation at a state level when there are challenges or changes being explored. PCC recently participated on an OSBN taskforce looking at reviewing and recommending change in rule language for Division 21, which is the OAR governing nursing education in the state.

PCC's Nursing Advisory Committee is made up of practice nurse educators from acute care hospitals, the Oregon State Hospital, long-term care facilities, as well as current nursing students, alumni and faculty. This body has provided much needed feedback about pursuing continued national accreditation when the program was exploring other options. The decision to seek continued national accreditation was informed by this body, providing the feedback that substantiated the value of such designation. This committee has also been part of the decision making related to the transition from an associate to full participating partner of OCNE and the seamless progression to BSN with OHSU.

PCC's most valuable community of interest is our students. They influence and impact the nursing program's processes and decision making, sometimes on a daily basis. The curriculum, the practice sites, the teaching itself directly affect student stakeholders, and therefore, they provide the program with valuable guidance. Along with the direct presence in governing activities, useful feedback from students is sought regularly. The recent purchase of Survey Monkey has assisted the program in obtaining survey data from students in a timely and organized manner. Survey Monkey can analyze the data quickly, providing a nimble way of implementing process improvement strategies. Feedback from students is provided through surveys that include: course evaluations, clinical site evaluations, simulation surveys, graduate surveys, instructor evaluations, exit interview. The course evaluations are used in planning meetings as it relates to maintaining or changing identified aspects of each course. This planning is done in each year's respective faculty meetings, and tracked in their meeting minutes.

The Program Evaluation Plan, during the last 2-3 years of the development phase of OCNE transition has had less than optimal interaction with the Program Evaluation Committee. However, the re-engagement of this committee, with a significant charge of collecting data and identifying other data points for evaluation related to the OCNE curriculum, is currently underway.

Prior to Winter Term 2011, the Evaluation Committee consisted of one faculty from 1st year and one from 2nd year with the Program Director as chair. During a recent Coordinator

meeting it has been determined that a deeper sample of faculty is needed, and the immediacy of reviewing the new curriculum as it rolls out is an urgent need. The Program Director is scheduling and formalizing the new structure needed for this work.

It is speculated that ad hoc committees may be needed to address issues that surface related to the new curriculum and the data points that are required for evaluation purposes.

Graduate Surveys

The Nursing program surveys the graduates from the prior graduating class approximately six months post-graduation. This typically falls in February following graduation. This has been a mailed survey with less than robust returns. The Program is looking to change this process from a one-time mailing, to sending electronically the initial survey via the Survey Monkey tool, and then for those graduates who do not respond to the electronic version, mailing a survey to those graduates specifically. Table 6.a shows the results we have gathered from graduates 6 months after graduation. The table contains only 3 elements of the survey; the complete results will be available upon request.

**Table 6.a- Student Satisfaction Survey Results
Nursing Program Graduate Satisfaction Survey**

Graduating Class	Return Percentage	Satisfaction with Services (more than adequate – adequate)	Satisfaction with Preparation with Role of the Nurse (more than adequate – adequate)	Recommend PCC’s Nursing Program to Others – “Yes”
2007	35% return rate	93%	93%	90%
2008	46% return rate	89%	94%	97%
2009	37% return rate	97%	96%	100%

Since 2003 the Portland metro area has had a clinical placement organization – StudentMAX Connection – that has been working on the issues related to clinical placement for nursing students. This organization is represented by both educational partners in the region as well as clinical partners. Throughout the academic year the StudentMAX Connection meets monthly to address clinical placement issues, along with rolling over placements in spring term

to prepare for the next academic year. The clinical placements are done on an electronic data base that both education and clinical partners share. PCC, as one of the larger nursing programs, has played an active role in this organization, and is represented on its Executive Council.

B. Degree and Certificate Outcomes [From the 2010 Interim Accreditation report: the college must show “progress in demonstrating, through regular and systematic assessment, that student who complete their programs have achieved the intended learning outcomes of degrees and certificates.]

This section may refer to, include or summarize the results of annual assessments carried out over the last 5 years.

i. List your degree and certificate student learning outcomes, and identify the strategies that are in place to assess them

See OCNE Competencies Appendix C & Course Content Mapping Tool Appendix B.

In addition to our regular assessment of program outcomes and graduate licensing pass rate data (as discussed in section 1) the nursing program SAC participated in the college wide 2009-2010 initiative for assessment of College Core Outcomes. This assessment served to introduce faculty to a rubric for evaluating clinical and SIM activities and demonstrated alignment of the pre-OCNE curriculum with college core outcomes. This assessment project was done in the Simulation lab and was done to demonstrate one of the ways the Nursing Program assesses critical thinking. The recommendations from our faculty after this assessment project were to work on interrater reliability and practice with the rubric if used in the future for SIM or clinical. Student demonstration of critical thinking was at the level expected for the term. The SAC continues to discuss ways to assess for learning important concepts in SIM but will not continue with using a rubric in this setting at this time.

ii. Summarize the results of the assessments of these outcomes.

The PCC Nursing Program Evaluation Plan provides a guide and tracking mechanism for achievement of program goals and assessment (Appendix A). The components are made up of accreditation, professional, and regulatory standards. The major indicators of meeting our goals are demonstrated in the “Required Outcomes” section, page 13, which shows how students continue to demonstrate NCLEX (licensing exam) pass rates at or above the national NLCEX

pass rate for first time test takers. Further detail on these measures can also be found in the annual NCLEX reports from Mountain Measurements (available on request) that gives the program an overall picture of comparison of like-sized programs in the state and nationally.

iii. Identify and give examples of assessment-driven changes that have been made to improve students' attainment of degree and certificate outcomes.

PCC faculty determined the ATI Comprehensive predictor that has been used prior to OCNE would be a data point for comparison as the program transitions into the full two years of OCNE. See also 2).

C. Review job placement data for students over the last five years, including salary information where available. Forecast future employment opportunities for students.

Starting in 2002-03, many of Oregon's schools of nursing took up the challenge, due to what was forecasted as a major nursing shortage in the state, to double enrollment in nursing education programs in the state. PCC, as well as most programs in the Portland metro area, increased student numbers in an effort to address this need. However, in 2009, the economic downturn that continues to impact health care employers in Oregon and specifically the Portland metro area, started to impact PCC nursing graduates. The Nursing Program has gathered job placement information via the student survey, but due to the fact that response rates have been less than 50%, identifying with certain this data point has been difficult. This year the program has initiated a phone survey to the graduates of 2010 in an effort to obtain a clearer data set for the graduates from June 2010. All indications from the major employer hospital systems point to a continued slowing or freezing of hiring new nursing graduates. Nursing education partners, including PCC, continue to work with nurse leaders in the practice arena to identify strategies to address this specific time in history, when jobs are difficult to find for new nursing graduates and the nursing shortage is still looming. This may be a time in Oregon nursing history is looked back on as nursing's perfect storm.

There is a change in the workplace community, especially with large hospital employers seeking or gaining magnet status. This impacts our students if they choose to exit and seek employment with the ADN. This change has in part driven our implementation of the OCNE curriculum. The economy has adversely impacted our students as well. Graduates face long

wait periods and multiple application processes before they can secure a job in the current market. The down turn in the economy and the seeming lack of nursing positions distracts from the real nursing and nursing faculty shortage, which will resurface as the down turn recedes.

Obtaining data on job placement remains a challenge for the program. The Nursing Program regularly seeks to obtain information from and about graduates at the 6 month mark after graduation from the program. The indicators for demonstrated achievement of competencies appropriate to role preparation mainly are sought from the employers of PCC's nursing graduates. The gathering of this information has, for many years, been obtained from the clinical employers in the Nursing Advisory committee, and has not produced strong data for program review related to this criterion. However, with the program use of Survey Monkey, the first survey to employers was used this Fall Term in the attempt to gather more robust data about how graduates are demonstrating role preparation in the work setting.

The clinical agencies that are the large metropolitan hospital settings, who do employer numbers of PCC Nursing graduates, were surveyed using the roster from StudentMAX, the regional clinical placement consortium. The survey link was sent to the nurse educator contacts at the hospital partners, in the hopes of receiving a more robust number of responses. The elements of the survey were based on the five NLN criteria used for Employer Satisfaction Surveys where are: "Critical Thinking", "Communication", "Nursing Intervention", "Leadership/Management", and "Professional Growth". The response results were N=2. Results for this first attempt at collecting employer data in this way is shown in Table 6.b the example of data for "Critical Thinking" and "Communication":

D. Analyze any barriers to degree or certificate completion that your students face, and consider the reason that students may leave before completion.

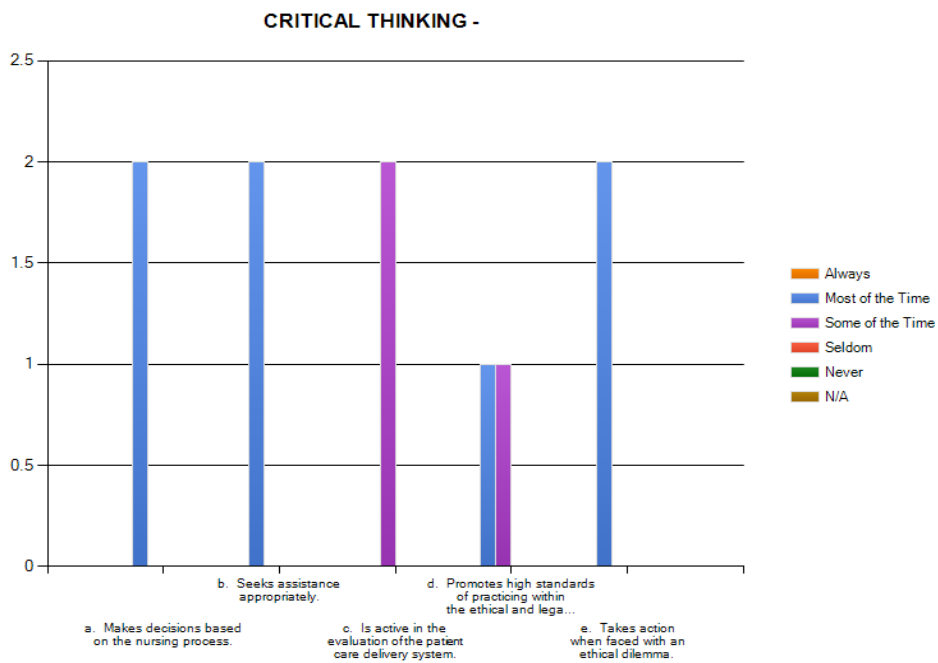
Barriers to degree completion that are tracked are academic and non-academic. With the lottery system, prior to the OCNE admissions process, students who did not complete demonstrated a mismatch between the academic rigor of the program and their academic ability. Some students waited for up to 6 years before being drawn in the lottery and some, when they were chosen, had to weigh the realities of the program schedule requirements against their own personal commitments.

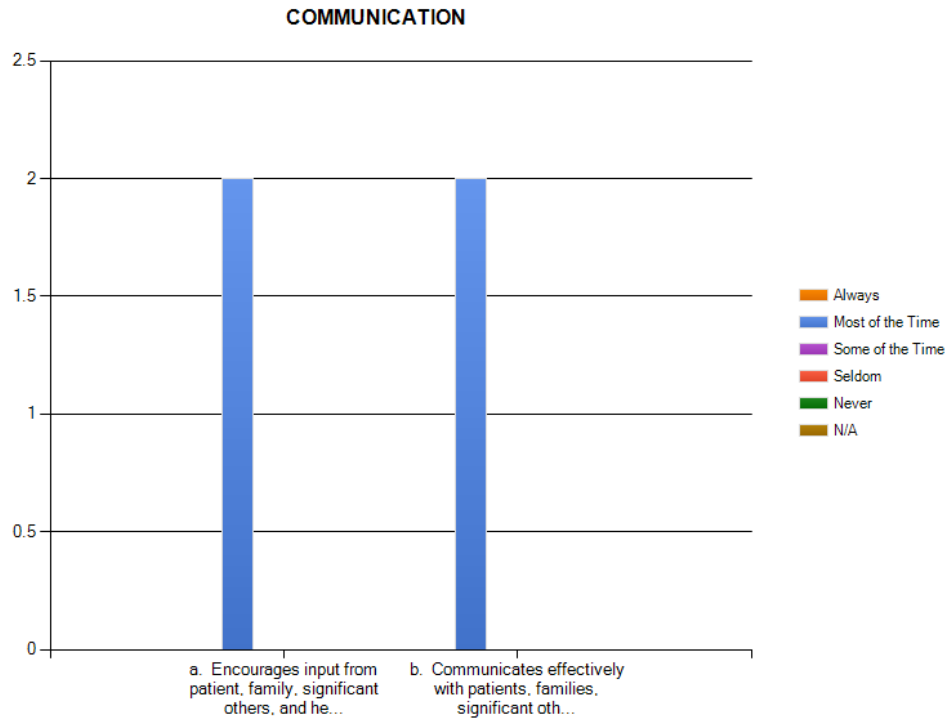
Language and communication barriers continue for students who are non-native English speaking. Despite meeting the academic prerequisite requirements, as well as a written essay for

admission into the OCNE curriculum, difficulties with verbal and listening/interpreting skills in the fast paced health care environment can present barriers to successful completion.

The first year of the OCNE curriculum presents a level of academic rigor and schedule commitment that some students did not expect. The first course of the OCNE curriculum focuses on health promotion concepts with social sciences as the basis of their studies followed by the second and third terms which consist of three courses each that are heavily focused on biologic sciences. One of the aspects of the Pre-OCNE program that this first class of students did not have was the Student Mentors. This Pre-OCNE program matched second year and first year students for the purpose of mentoring, problem solving, and support.

Table 6.b Employer Satisfaction Results





E. Describe and explain any additional changes (not already addressed above) that have been made to the program since the last program review.

The shift to OCNE has provided the impetus for the Nursing Program to create new ways of gathering student, faculty, and program and outcome data. PCC's Nursing Program is now able to enjoy the support and resources of the larger OCNE community (7 other partner community colleges and the 6 campuses of Oregon Health Sciences University). Along with that support, the program is also able to use the larger data pool available that has been collected from all partner schools who currently deliver the full OCNE curriculum. These data relate to fidelity scales used for program and faculty review, as well as partner schools outcome results.

The Nursing Program Evaluation Committee has been re-energized with the task of monitoring student outcomes as the OCNE curriculum is implemented. Programmatically, tracking of OCNE completion and NCLEX-RN pass rates will be part of the data collection activity charged to this committee. Identifying the number of students who choose the A.D.N. exit option, tracking those who continue on to the BSN option either seamlessly through OHSU or through articulation with Linfield College will also be key data points related to outcomes, along with tracking those students who choose to by-pass the A.D.N. exit and transfer directly

into the fourth year at OHSU. Data related to the success of students who find they need to leave the program either for academic or other reasons will continue to be collected and monitored as part of tracking outcomes.

7. Recommendations

A. Identify recommendations related to teaching and learning based on assessment of student learning outcomes (course, degree, certificate and/or College Core Outcomes)

Based on student feedback and surveys:

The grading scheme of the nursing courses changed from P/NP to a letter grade scale with the implementation of OCNE. The SAC will revisit the level of point structure for the course grades as well as points for course work requirements such as papers and projects to provide credit for work done.

Sequencing of testing will be done that will provide time between exams of concurrent courses as well as between a summary exam and a final exam. This will give students opportunity for remediation and to seek and receive faculty assistance.

Based on faculty feedback:

In order to address the barriers to completion, it is recommended that the Student Mentor program be reinstated and follow through on assessing for student language strengths at pre-admission. Early communication and orientation for students will help connect students the program and services early.

B. Identify recommendations relevant to areas such as maintaining a current curriculum, professional development, access and success for students, obtaining needed resources, and being responsive to community needs. (For recommendations that require additional funding, please identify those that are of greatest importance to the SAC)

See the Strengths, Areas Needing Improvement and Future Plans as presented in the NLNAC and OSBN Self Study Report.

II. Summary of Self Study Report

1. Strengths

- Stability of core of experienced full-time faculty

- New robust admissions requirements for the OCNE incoming class
- Program support of students with access to Nursing Student Success Program for 1st year, Parallel Support for 2nd year, Independent Study for re-entry nursing students.
- Support of the OCNE as the curriculum has been implemented on 7 other partner community college campuses and 5 partner OHSU campuses with evaluation and research currently underway.
- LARGO – the learning activities repository for all faculty to access and use shared learning activities developed and implemented by PCC faculty and partner school faculty.
- Strong participation in StudentMAX Connection – the regional clinical placement organization – providing not only a mechanism for nursing student placement in clinical, but also the mechanism for education and practice to meet monthly informing each of particular issues/concerns as it relates to students and graduates in multiple clinical facilities.
- NCLEX pass rates stable and robust for first time pass rates averaging 92% for 2007, 2008, 2009. However NCLEX-RN pass rate for the class of 2010 did drop, possibly due to the raising of the NCLEX-RN standard. That will be a flagged data point for future evaluation.

2. Areas Needing Improvement:

- Improve data gathering mechanisms for student and employer satisfaction
- With the transition from a lottery system, which by random selection lent itself to a diverse student applicant pool, to a point-based system for admission into the program, identifying other ways to maintain and enhance the diversity of the nursing student admitted into the program, with an eye to the support services pre-admission for applicants whose first language is not English.
- Work towards a more robust attendance from clinical partners at the Nursing Advisory Committee meetings, or look to ways to access the resources available each month at the StudentMAX Connection meeting that has education and practice partners regularly meeting and how to mine the practice input using this body.
- Identify additional ways to represent student voices in the overall program activities.
- Streamline communication links between faculty, college and greater PCC community.

- Strengthen interdisciplinary links between the nursing program, college and clinical partners.

3. Future Plans

- Continued evaluation and data collection as the 1st PCC OCNE class graduates June 2012.
- Work with the Oregon State Board of Nursing in identifying better ways of data collection for licensed new graduates and employment statistic
- Work with the larger college administration to identify the direction of RN nursing education district wide.

Other areas from the last program review identified for improvement as requested by the NLNAC and OSBN that do not relate to any topic in this report are:

1. Clarify who is the nurse administrator for the program and correct the inconsistencies between the job description and actual functions of the Program Director
2. That the administrative functions of the Program Director, and the associated job description, include the OSBN required elements.

The issues related to program administration were resolved and the Program Director has delineated duties and a job description that accurately depicts their role and responsibilities.

List Appendices:

- A. Program Evaluation
- B. Course Content Mapping Tool
- C. OCNE Competencies-PDF separate attachment
- D. OCNE Benchmarks-PDF separate attachment

APPENDIX A

PCC Nursing Program Evaluation Plan

PCC Nursing Program Evaluation Plan – 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
Mission and Philosophy	<p>100% congruency in the mission and philosophy of PCC and the Nursing Program as evidenced by:</p> <ul style="list-style-type: none"> • written material • program decisions • curriculum content (concepts, threads, outcomes) • admission standards and criteria. 	<p>Evaluation of mission and philosophy statements at the end of the academic year to identify the reflection of the college's mission, values, and goals as they relate to the curriculum, outcomes, handbooks and working during the academic year in review</p>	<p>Comparative analysis of program mission, philosophy, program outcomes, program changes for congruency with one another and with PCC as a whole</p>	<p>During the 2009-10 academic year PCC started to look at the current mission and philosophy statements for the college due to new accreditation criteria from NWCCU and also as part of the college's strategic plan. The nursing program participated in round table meetings to update the mission and philosophy for congruence. During SAC faculty worked on changing this for the program to keep it congruent with changes of the college and to also align the program with the new OCNE curriculum occurring Fall 2010.</p>	<p>Changes made during SAC for the program's mission, philosophy and value statements to align with college and changes with OCNE as noted in SAC meeting minutes.</p>

PCC Nursing Program Evaluation Plan 2009-2010

Plan		Implementation			
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
Governance	<p>Participation of 100% of the faculty in at least 2 department committees.</p> <p>Thirty percent of committees will have student membership.</p> <p>Twenty percent of faculty will participate in college-wide or state-wide committees.</p>	Annually in fall	<p>Review of standing committees, review of membership, including students, at SAC meeting in fall. This information reflected in SAC minutes.</p>	<p>Review of committee membership in fall 2009</p> <ul style="list-style-type: none"> • SAC • Educational technology • Screening/Admission • Scholarship • Pinning (student membership) • Program Evaluation • Advisory Board (student membership) • Student Representative, first and second year (student membership) • Coordinator's • Clinical Simulation • Clinical evaluation task force • Contract ed cohort <p>Review student participation in committees – to provide closer proximity of students to day to day work of the program</p>	<p>With OCNE work groups interdepartmentally expanded for development teams transition to teach teams</p> <p>Lab and Simulation working with clinical evaluation created the "Clinical Umbrella" committee related to OCNE curriculum change</p> <p>1st year team looking to add student rep(s) to faculty meetings – see team 1 minutes</p>
Nursing Program Director Authority	<p>Administrator of the Nursing Program is 100% qualified to direct program. Position description gives authority to Nursing Program Director for development and administration of program. Program Director involved in college-wide discussions</p>	At time of appointment and annually	<p>Analysis of transcripts, references, RN license, Curriculum Vitae and comparison to position description</p> <p>Analysis of program director position description</p>	<p>Position Description identifies Nursing Program Director as having authority over nursing program for development and administration of program, including budget allocation</p> <p>Director fully qualified.</p> <p>Appointment and emails for meetings related to nursing</p>	<p>Director review of independent nurse consultant information to provide possible options for nursing education at Rock Creek Campus related to bond promises.</p> <p>Director continued involvement in planning at</p>

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
Nursing Program Director Authority (con't)	that would impact the Nursing Program		Nursing Program Director is part of meetings that impact nursing program	program include program director	Rock Creek as it impacts the nursing program
Policies Affecting Nursing Department faculty and staff.	100% of policies affecting the nursing faculty and staff are consistent with PCC as an institution and are accessible, and include: <ul style="list-style-type: none"> ❖ non-discrimination ❖ faculty appointment and hiring ❖ academic ranking ❖ grievance procedures ❖ promotion ❖ salary and benefits ❖ rights and responsibilities ❖ continuous appointment ❖ termination ❖ workload 	Every 3 years	Analysis and comparison of policies in the following: <ul style="list-style-type: none"> • Nursing Department Faculty Policy Manual • Faculty and Academic Professional Agreement between Portland Community College District and Portland Community College Faculty Federation 	Review of workload policy in contract and utilization in the Nursing Program needed	SAC review of Nursing Department Policy and Procedures – see policy committee minutes SAC approval of new policies related to OCNE changes – see SAC meeting Continue faculty use of workload template related to change in curriculum and release for implementation
Faculty Qualifications	100% of full-time and part-time faculty are qualified, maintain continuing education records, maintain expertise in their areas of responsibility, and are approved by the OSBN.	At time of appointment and Annual updating	Comparative analysis of faculty files with qualifications, including transcripts, licenses and certification, continuing education documentation, OSBN faculty appointment forms	Faculty profile form	Faculty updating of continuing education, licenses, Faculty appointment forms sent to OSBN for PT clinical faculty Change in faculty qualification on college website reflecting future hiring requirements for nursing faculty

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
Number and Utilization of Faculty	<p>Faculty/student ratio will not exceed OSBN requirements of 1:8 in clinical setting.</p> <p>Faculty/student ratio in lab will be adequate to insure student completion of lab skills in timely manner.</p> <p>Full-time faculty will do all theory and advising responsibilities.</p> <p>Clinical and lab faculty will consist of no more than 25% part-time instructors.</p>	Annually	Analysis of faculty assignments.	<p>Faculty/student ratio does not exceed 1:8 in any setting.</p> <p>Lab ratio 1:6</p> <p>17 FT faculty/1 FT Academic Professional</p> <p>Review of OCNE and clinical model – will be increasing percentage of part-time faculty to trial a clinical change with 1 static group of students with 1 faculty per clinical group.</p>	<p>Admission number fluctuating due to new admission process. Higher faculty to student ratio will be enjoyed for 2010-2011</p> <p>Hire 3 new part time faculty for change in clinical model trial for 10-11</p>
Faculty assessment	100% of faculty is evaluated according to contract.	<p>Every three years for FT continuous faculty. At the end of second term and then every three years for PT faculty.</p> <p>Annually for 3 years for probationary faculty.</p>	All evaluations to include student evaluation, classroom and clinical visit by director, and may include peer evaluation. A self-assessment is also required. In addition, annual goals are required of each faculty.	<p>Faculty Assessments have been behind – going into 10-11 2 faculty are behind on their 3 year assessments</p> <p>Probationary full time faculty are on schedule for assessments</p> <p>Faculty Department Chair to continue to assess part-time faculty in clinical and lab</p> <p>Classified employees assess in March 2011 will suffice for 09-10 and 10-11 academic year.</p>	Assessment schedule set for 10-11
Faculty scholarship	Adequate funds available to provide equitable access professional development by faculty	Annually	Budget analysis and faculty requests for funding; assessment of other sources of funding i.e., PCC Staff Development funding; grant	09-10 funds dispersed on a request basis – some faculty did not request so larger funding available for those interested	INACSL Conference in June – Maternal Child conference, Diabetes conference, NSNA National conference, NLN Education Summit,

PCC Nursing Program Evaluation Plan 2009-2010

Plan		Implementation			
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
Faculty Scholarship (con't)	<p>Overall, faculty will evidence diversity of scholarship activities including:</p> <ul style="list-style-type: none"> • Professional presentations • Grant awards • Publications • Post-masters and doctoral studies • Course development • Professional organization membership 	Annual report of scholarly activities within nursing department	Faculty file review	<p>10-11 budget will be divided up between all faculty with maximum amount identified for each to share equally</p> <p>Information gathered sporadically – requesting from SAC new tool to include this information on the Annual Faculty Requirement form currently used for college and clinical requirements</p>	<p>ONCE spring term Faculty Development</p> <p>Implement 2010-11 – see SAC minutes</p>
Student Policies	<p>100% of student policies will be congruent with PCC as a whole and will address the following:</p> <ul style="list-style-type: none"> • Non-discrimination • Selection and admission • Academic progression • Student evaluation/grading • Retention • Withdrawal/dismissal • Graduation Requirements • Grievance/complaints and appeal procedures • Financial aid • Transfer of credit • Recruitment 	Annually	Comparative analysis of Nursing Program Student policies, Admission policies, and PCC Student policies to determine consistency.	Policies brought to SAC 09-10	Changes and need for 2 student handbooks related to OCNE and pre-OCNE students and different admissions as well as no re-entry for pre-OCNE cohort

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
	<ul style="list-style-type: none"> Health requirements Validation of prior learning/articulation <p>2. 95% of student policies are followed consistently and exceptions are documented.</p>		<p>2. Student course evaluations; student complaints and grievances</p>		
Student Support Services	<p>100% of student nurses have access to support services.</p> <p>Information about all services is published and accessible to students. .</p> <p>Students who use services will rate services as being helpful at least 80% of the time.</p>	<p>Annual review of use of OSD services by students</p> <p>Annual review of Student Success participation.</p> <p>Annual review of publications related to nursing.</p> <p>Annual analysis</p>	<p>Program Accommodation Liaison coordinator records (Juanita Joy)</p> <p>Nursing Program Student Success Coordinator records (Linda Eby)</p> <p>Looking for greater than 90% satisfaction with information about student</p>	<p>Review of Graduate surveys identify 2008 less than 90% benchmark achieved on satisfaction with information about services</p>	<p>Review in Coordinators meeting for dissemination finding to faculty.</p> <p>Monitor evaluations for trends</p> <p>Working with Health Advising Office to start with applicant pool for information about services.</p>

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
		of course evaluation by students. Graduate survey	services		
Student Scholarships and other funding through Nursing Program	Annual Giving Tree continues Nursing program working directly with PCC Foundation	Annually	Foundation liaison with Therese Vogel, Faculty Department Chair 1 st Annual Alumni BBQ in Spring 2010 Assess need and use of Giving Tree	Giving tree conducted with much need and response Transition occurred with all scholarship funding being transferred to the foundation for increase in matching dollars – need for active program communication with Foundation office highlighted	Scholarship committee chair to be direct communication link for the Foundation related to reading of essays, and candidate selection for nursing scholarships
Progression of Curriculum	100% of faculty participates in decision making related to curriculum development. 90% agree that the organizing framework has a logical progression of course outcomes and learning activities to achieve the Nursing Program Outcomes. Adhering to OCNE agreements regarding curriculum	Annually	Faculty review of prerequisite courses, concept threads, course outcomes and learning activities, course evaluation tools. SAC discussion Analysis of program requirements related to OCNE agreements and to address content “creep” and use of Fidelity Scales	Due to OCNE work Program Evaluation Committee not at level of activity needed	Recommendations made by these task forces 2. 10-11 Program Evaluation to be part of the OCNE curriculum roll-out
Technology	95% -100% of faculty use one or more examples of educational technology in the	Annually	Faculty survey Student Evaluation	Needs assessment for a shared electronic mechanism for the program	“H” drive work initiated in 08-09 and continue implementation and use in

PCC Nursing Program Evaluation Plan 2009-2010

Plan		Implementation			
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
	classroom & nursing skills				09-10 for full expectation of use in 10-11 Current technology for courses = BlackBoard – this is changing and will potentially change to a non- Blackboard product in 10-11
PRE-OCNE CURRICULUM Achievement of PCC Nursing Program Outcomes <ul style="list-style-type: none"> • Biophysical Sciences • Critical Thinking Skills and Nursing Process • Communication • Organization and 	Using data from prior curriculum Last review and closing analysis will be done Summer 2011		Student Surveys Employer Surveys ATI Data NCLEX results		

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
Management <ul style="list-style-type: none"> Health Promotion/teaching/community principles Legal, ethical, and caring OCNE Curriculum Achievement of PCC Nursing Program Outcomes using OCNE competencies	Level I Level II AAS Completion	At the end of the 1 st year At the end of Winter Term 2 nd year End of program	Benchmark Rubric ATI Data Benchmark Rubric ATI Data Benchmark Rubric ATI Data Student Surveys Employer Surveys NCLEX results		
Clinical Practice Sites	80% of students agree that clinical sites facilitate achievement of course learning outcomes and provide a variety of learning opportunities 100% of students will be placed in approved sites.	Quarterly data collection. Annual trending of data	Analysis of data from clinical evaluation tool Clinical rotation schedules.	Clinical site student evaluations reviewed by teams. Participation in StudentMAX	Continue with current clinical sites Increase other clinical site options related to capacity issues – look to LTC potentials outside the 1 st term of the program

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
	100% of facilities used have current contract 100% of faculty will evaluate clinical sites	Annually Annually Annually	Pat Delplanche –safety and risk department. Copies in director’s office Survey	Clinical Grid Placement group. 100% of students have been placed in approved sites. However, each term All sites with current contracts	Continue to hold the Peds, L&D, Mental Health, Community specialty sites for student opportunity Maintain enrollment to 80-100 assessing annual based on site availability All current
Nursing Program Fiscal Resources Nursing Program Fiscal Resources (con’t)	The Nursing Program Budget is adequate to support the delivery of education in order to meet outcomes as evidenced by: <ul style="list-style-type: none"> • Adequate staffing to provide identified ratio in lab and clinical settings. • Adequate supplies • Up to date learning environment, including technological support. • Faculty and staff office space that provides the ability to work as well as conference with students. • 100% of the faculty have input into the budget. 	Annually	Workload analysis Analysis of budget Faculty feedback, Student course evals Faculty evaluation of office and conference space, supplies, tech support SAC minutes for Faculty input into budget	Clinical ratio remains at a maximum of 1:8 in clinical 1:6 ration in lab No faculty survey data SAC minutes show input in	Additional Nursing Instructor on budget for that was not filled for 10-11 – will begin hiring in Spring 2011 – did not need to fill due to lower admission numbers and temporary position maintained for 10-11. Contract Education co-hort which has 2 full time faculty assigned will complete Dec 10 and the 2 faculty will return to the program

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
				budget: equipment requests, travel requests, communication about budget	
Program Support Services	Administrative and clerical support services are sufficient for operation of the Nursing Program	Annually	Budget analysis Work production analysis	One full –time administrative assistant Two part –time Administrative assistants One part time instructional assistant in skills lab Student work prn	
Learning Resources	80% of students will rate that the learning resources are current and sufficient to meet program outcomes. 100% of faculty have input into development and maintenance of learning resources.	Annually Annually	Analysis of course evaluations by students, Graduate surveys Assessment of SAC minutes	Data pending for this area	Trending data
Physical Facilities	100% of faculty have up to date office space and access to private conference space. 100% of classrooms used by the nursing faculty have capability for computer/VCR programs, overhead projector. 90% of students will rate the skills lab equipment and space as adequate to meet learning needs.	Every 3 years Every 3 years Annually Every 3 years	Analysis of office space, classrooms Student course evaluations Faculty survey		

PCC Nursing Program Evaluation Plan 2009-2010					
Plan			Implementation		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis	Actions
	100% of faculty will have access to meeting space.				
Published Program Information	100% consistency in information about the nursing program in published documents.	Annually	Comparison of information in PCC catalogue, Nursing Program brochure, Nursing Program Website, student handbook	outdated information found on OCNE and Pre-OCNE information available on website for clinical partners related to "Technical Standards" adopted from statewide OCAP work	Submit correction and corrections made through Health Advising Office Fall Term 2010

Program Evaluation Plan – Overview of Required Outcomes of: Graduation Rates, NLCEX performance, Program Satisfaction – Employer & Student

Required Outcomes	Expected Level of Achievement	Actual Level of Achievement	Action and Time Frame
Graduation Rates	1. >85% of A.D.N. students will graduate within two years of entry into the program (new benchmark was at 83%)	Pre-OCNE attrition for the 2 years in the program = Graduating class of: 2008 – 90% 2009 - 84% 2010 - 88%	Admission criteria change: OCNE admission agreements change PCC admissions from lottery to point based with GPA of 3.0 on pre-requisites which represents an increase in admission requirement will be tracking attrition with OCNE co-hort which started Fall 2010

Required Outcomes	Expected Level of Achievement	Actual Level of Achievement	Action and Time Frame
		OCNE attrition will be followed with class starting in Fall 2010	
Performance on NCLEX	1. 90% of the graduates will achieve first-time successful pass rate in the licensure exam cumulative bi-annually	2008 92% 2009 95% 2010 88% (Plans underway for analyzing NCLEX results as they pertain to the major curricular change to OCNE – first graduating class – Spring 2012)	2010 graduates took the NCLEX that had standard increases in “Manager of Care” component – working with 2 nd year faculty – PCC 2010 rate lower than past 3 years and Mountain Measurement reports are showing a decline in “Manger of Care” for our graduates 2 nd year Faculty Coordinator has data to be review with faculty for 2011 - See Team 2 faculty meeting minutes Reviewed NCLEX Program Reports for trends in SAC meetings and Program Evaluation Committee meetings in 10-11
Employment Rates	100% of graduates will find employment within 4-6 month after graduation	Verification of achievement not available – Phone survey Winter Term 2011 to Graduates of 2010 NOTE: Anecdotal information via Facebook is that we are not meeting this criteria	Re-evaluate data from phone survey – participate at state level with work force and education partners to problem-solve current state of graduate employment issues Winter 2011 10-11 Participate in state wide work related to new grads and employment rates
Program Satisfaction			
Graduate	90% of graduates would recommend PCC Nursing Program as an indicator for satisfaction	2007 – 90% 2008- 97% 2009 - 100%	Graduates for 2010 – first to be surveyed electronically and by mail, as well as phone survey regarding current employment status Note: Need to work on other criteria for survey related to

Required Outcomes	Expected Level of Achievement	Actual Level of Achievement	Action and Time Frame
			OCNE
Employer	<p>90% of PCC Gradate Employers are satisfied with the graduates based on the 1991 NLN New Graduate competencies</p> <p>NOTE: This will need to be re-visited for OCNE graduates related to data specifying those competencies and employer satisfaction with those graduates</p>	Surveys through the advisory committee have not been successful.	<p>Using StudentMAX as a vehicle for employer feedback</p> <p>Using Survey Monkey to key Facility Nurse Educators in the major health systems hospital that employ PCC graduates (Providence, Legacy, Kaiser, Tuality, Oregon State Hospital) – Send surveys in Fall 2010 and re-evaluate at end of 10-11 academic year</p>

APPENDIX B
OCNE Course Mapping Tool

NRS Course, Competency, Outcome, Assessment Mapping

110-Fall term 2010-assessments completed during the weeks of fall term 2010.

1.Course Outcome	2. Program Competency	3. Maps to a Core PCC Outcome	4. Assessment Setting/ Method	5. When will assessment take place
1. Conduct a culturally and age appropriate health assessment, and interpret health data, such as screening for biological and psychosocial health risks, evidence of safe and healthy habits, developmental tasks and vulnerabilities, family functioning.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values	Cultural Awareness	Community Health Promotion Teaching Project and Paper	Plan due week 4, completed project week 10
2. Develop a plan of care that is family-centered, and developmentally and culturally appropriate using evidence such as clinical guidelines and integrative literature reviews, to help facilitate a client's health behavior change.	9. Makes sound clinical judgments	Community and Environmental Responsibility	Community Health Promotion Teaching Project and Paper	Plan due week 4, completed project week 10
3. Use effective communication to establish a therapeutic relationship and advocate for a health behavior change based on assessment of health risks.	7. A competent nurse practices relationship-centered care; 8. A competent nurse communicates effectively	Communication	Clinical performance-clinical evaluation tool	Mid clinical approximately week 6 and Final week 9
4. Design and evaluate a health behavior change for self and for a selected client using relevant evidence and family/cultural data.	2. Develops insight...through reflection, self-analysis...	Critical Thinking and Problem Solving	Self Health Promotion Contract	Contract write up due-week 4, self evaluation due week 10
5. Demonstrate beginning understanding of selected nursing frameworks, including the legal ethical base for practice, and their application to the practice of nursing.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values	Professional Competence	Summary I,II and comprehensive Final multiple choice exams	Summary I week 5 Summary II week 10 Final week 11
6. Recognize the importance and relevance of reflection and its influence on personal and professional behavior.	2. Develops insight...through reflection, self-analysis, et	Self-Reflection	Clinical –Reflective Journal	Part of Clinical evaluation- Mid clinica, approximately week 6 and final week 9
7. Demonstrate understanding of effective learning strategies in a performance-based curriculum.	3. A competent nurse is an intentional learner; 10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Critical Thinking and Problem Solving	Summary I, II and Comprehensive Final	Summary I week 5 Summary II week 10 Final week 11
8. Demonstrate understanding of the importance of fulfilling commitments to the team in completing assignments.	5. A competent nurse collaborates as part of a health care team	Professional Competence	Community Health Promotion Teaching Project and Paper	Plan due week 4, completed project week 10

NRS 111-Winter term 2011-assessments completed during the weeks of Winter term 2011.

1.Course Outcome	2. Program Competency	1. Maps to a Core PCC Outcome	2. Assessment Setting/ Method	5. When will assessment take place
1. Conduct a health assessment that is family-centered and both developmentally and culturally appropriate. Interpret resulting health data, focusing on mental and functional status, ADLs and IADLs; coping/ adaptive strategies used by client/family; lived experience of chronic illness, including recognition of stigma and its impact on vulnerable populations, and impact of illness on family functioning.	2. Develops insight...through reflection, self-analysis... 3. A competent nurse is an intentional learner	Self-Reflection	Family-Centered Health Assessment Project-Project/paper rubric	Weeks 8-10
2. Provide safe and effective, developmentally and culturally appropriate care to clients with chronic illness including safely and effectively assisting clients with ADLs & IADLs; addressing comfort needs (physical and emotional); teaching clients about self-assessment and self-management in conditions such as depression, general anxiety and chronic pain, and addressing basic questions about prognosis of illness.	9. Makes sound clinical judgments	Critical Thinking and Problem Solving	Multiple Choice Exams Clinical Performance-Clinical Evaluation Tool	Mid-term and Final weeks Mid and Final Clinical Evaluation periods
3. Develop and implement a family-centered plan of care for a client with a chronic illness that incorporates evidence-based intervention strategies, assessment data, child and family developmental considerations, and a deep understanding of the patient's perspective and illness experience within the framework of exacerbation, trajectory, and plateau.	7. A competent nurse practices relationship-centered care	Cultural Awareness	Teaching CBLA-Clinical Evaluation Tool	Mid and Final Clinical Evaluation periods
4. Identify roles and functions of members of the health care team in order to provide care for the chronically ill.	5. A competent nurse collaborates as part of a health care team		Multiple Choice Exams Clinical Performance-Clinical Evaluation Tool	Mid-term and Final weeks Mid and Final Clinical Evaluation periods
5. Use therapeutic communication skills in the development of therapeutic relationships with patients and families.	8. A competent nurse communicates effectively	Communication	Clinical Performance-Clinical Evaluation Tool	Mid and Final Clinical Evaluation periods
6. Recognize potential legal and ethical issues related to client autonomy across the lifespan in at risk populations. Apply ANA Code of Ethics in the care of the chronically ill.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values	Professional Competence	Civil Commitment Hearing Project-Reflection Rubric	TBA

NRS 112-Spring term 2011-assessments completed during the weeks of spring term 2011.

1.Course Outcome	2. Program Competency	3. Maps to a Core PCC Outcome	4. Assessment Setting/ Method	5. When will assessment take place
1. Conduct a culturally and age appropriate health assessment and interpret health data focusing on physiologic, developmental, and behavioral parameters of condition manifestation progression and resolution, and the client response to acute conditions/processes.	7. A competent nurse practices relationship-centered care	Cultural Awareness	Clinical Performance-Clinical Evaluation Tool	Mid and Final Clinical Evaluation periods
2. Develop plans of care that are family-centered, developmentally and culturally appropriate, using evidence including clinical guidelines and integrative literature reviews to implement care plans safely for patients with common acute conditions/processes and manage common symptoms such as acute pain and acute anxiety; follow evidence based procedures for performing skills safely; use expected illness trajectory; monitor progress toward recovery; occurrence of complications and client's response to interventions.	9. Makes sound clinical judgments 10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Critical Thinking and Problem Solving	APA Paper on Acute Care Issues- Project/paper rubric	Weeks 8-10
3. Identify potential legal and ethical issues related to patient decision-making and informed consent in acute care settings. Apply ANA Code of Ethics to care of patients with acute conditions/processes.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values	Professional Competence	Multiple Choice Exams	Mid-term and Final weeks
4. Use therapeutic communication skills in the development of therapeutic relationships with patients and families.	7. A competent nurse practices relationship-centered care;	Communication	Clinical Performance, Clinical Reflection Journal-Clinical Evaluation Tool	Mid and Final Clinical Evaluation periods
5. Identify roles of health care team members involved in providing care to patients and families with acute conditions/processes.	5. A competent nurse collaborates as part of a health care team		Clinical Performance, Clinical Reflection Journal-Clinical Evaluation Tool Multiple Choice Exams	Mid and Final Clinical Evaluation periods Mid-term and Final weeks
6. Discuss delegation needs for patient care with experienced nurses.	5. A competent nurse collaborates as part of a health care team 3. A competent nurse is an intentional learner	Professional Competence	Clinical Performance-Clinical Evaluation Tool	Mid and Final Clinical Evaluation periods

NRS 221 Fall term 2012-assessments completed during the weeks of Fall term 2012.

1.Course Outcome	2. Program Competency	3. Maps to a Core PCC Outcome	4. Assessment Setting/ Method	5. When will assessment take place
1. Conduct a health assessment that is in-depth, evidence-based, family-centered, and both developmentally and culturally appropriate Interpret health data, focusing on functional issues associated with complexities of co-morbid conditions in relation to ADL's and IADL's; manifestations of psychiatric diagnoses and their impact on client self-care; psychosocial issues and the impact of the illness on individual development and family function; the client's personal, social and cultural interpretation of the meaning of the illness and the impact on the client's family; capacity for and engagement in self care; and, opportunities for health behavior change.	10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Professional Competence	Clinical Performance, Clinical Journal, critical event maps- Clinical evaluation tool Chronic illness theory Chronic mental health Theory-3 Multiple Choice Exams	Mid and final evaluations Mid-term, second week 10 and comprehensive final
2. Develop and use evidence-based interventions, individualized to client and family needs, specifically to: establish meaningful relationships with clients/families; support client and family in development of capacity for self-health care management; address caregiver needs for preparedness, predictability and enrichment; manage symptoms/manifestations for specific disorders;	9. Makes sound clinical judgments	Critical Thinking and Problem Solving	Clinical Performance, Clinical Journal, critical event maps, Simulation lab-Clinical evaluation tool Chronic Illness/Condition Self-Management Project Symptom management Theory- 3 Multiple Choice Exams	Mid and final evaluations Mid-term Mid-term, second week 10 and comprehensive final
3. Incorporate measures to enhance quality of life in the plan of care by facilitating client in personal definition of quality of life, and addressing client needs for preparedness, predictability and enrichment.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values	Professional Competence	Ethical Decision-Making Project-Grading Rubric	Week8 or final
4. Identify and use community resources to provide support for the client and family care giving by supporting the client in negotiating the health care system; and accessing appropriateness of resources in meeting the client/family needs, (e.g. accessibility, financial feasibility, acceptability).	6. Practices in, utilizes, contributes to health-care system		Self-Help/ Support Project-grading Rubric	Week 10
5. Communicate, as appropriate, with all agencies involved in patient care to assure continuity of care across settings (e.g. schools, day care, adult foster care,	8. A competent nurse communicates effectively	Communication	Theory content- 3 Multiple Choice Exams	Mid-term, second week 10 and comprehensive final

etc.) by negotiating with others to modify care; and advocating for clients.			Clinical Performance, Clinical Journal-Clinical evaluation tool	Mid term and final evaluations
6. Support patients and families across the life-span who choose palliative care or are experiencing transitions at the end of life by negotiating with others to develop or modify patient care; describing the epidemiology of dying: where, when, how people die; dying trajectories across the lifespan; using developmentally and culturally appropriate communication with patients and families at EOL; using appropriate assessment techniques for individuals and families experiencing life threatening illness; and, assessing family capacity to provide care, care giving strain, strengths, and resources.	7. A competent nurse practices relationship-centered care;	Cultural Awareness	Symptom management and palliative care theory-3 Multiple Choice Exams Clinical Performance, Clinical Journal-Clinical evaluation tool	Mid-term and final Mid-term, second week 10 and comprehensive final Mid term and final evaluations
7. Analyze impact of health care delivery system issues, policy and financing on individual and family care by comparing basic funding mechanisms for chronic illness; identifying decision-making issues for chronic care based on funding resources; and accessing appropriateness of resources in meeting the client/family needs, (e.g. accessibility, financial feasibility, acceptability).	6 Practices in, utilizes, contributes to health-care system	Community and Environmental Responsibility	Health care delivery and case management theory-3 Multiple Choice Exams Chronic mental health theory- Multiple Choice Exams Clinical Performance, Clinical Journal	Mid-term, second week 10 and comprehensive final Mid-term, second week 10 and comprehensive final Mid term and final evaluations

NRS 222 Winter term 2012-assessments completed during the weeks of winter term 2012.

1.Course Outcome	1. Program Competency	2. Maps to a Core PCC Outcome	3. Assessment Setting/ Method	5. When will assessment take place
<p>1. Conduct evidence-based assessment, using age, and developmentally and culturally appropriate communication skills, specifically by: monitoring a variety of data and accurately interpreting obvious deviations from expected patterns in increasing complex acute conditions (e.g. co-morbidities, complications, high-risk pregnancies, acute psychosis, life threatening situations, diverse health beliefs); recognizing potential problems and rapidly changing physiologic and behavioral situations; recognizing pathophysiological changes and symptoms experienced by the patient which are associated with the dying process; regularly monitoring patient's level of comfort and ability to manage symptoms and symptom distress; assessing family's response to client's illness; and recognizing impact of individual development, as well as family development and dynamics on physiologic and behavioral status.</p>	<p>7. A competent nurse practices relationship-centered care.</p>	<p>Cultural Awareness Professional Competence</p>	<p>Theory class, Case Studies -3 Multiple Choice Exams Clinical Performance-Clinical evaluation tool Video Lab End of Life issues- verbal feedback from faculty and peers watching video performance</p>	<p>Mid-term, second week 10 and comprehensive final Mid term and final evaluations, Student Self Evals Various-student sign up</p>
<p>2. Develop and use evidence-based, individualized, developmentally appropriate interventions that are dynamic and based on changing needs of client and family.</p>	<p>9. Makes sound clinical judgments</p>	<p>Professional Competence</p>	<p>Clinical Performance-Clinical evaluation tool Evidence Based Paper-New Medication or Intervention for Acute Illness-Grading Rubric(to be developed)</p>	<p>Mid term and final evaluations, Student Self Evals Due TBA</p>
<p>3. Collaborating with health care team members to provide comfort and symptom management.</p>	<p>5. A competent nurse collaborates as part of a health care team 8. A competent nurse communicates effectively</p>	<p>Communication</p>	<p>Clinical Performance-Clinical evaluation tool Concepts of Professionalism Paper -Grading Rubric (to be developed)</p>	<p>Mid term and final evaluations, Student Self Evals Due TBA</p>
<p>4. Develop discharge plans in collaboration with client, family and health care team members.</p>	<p>4 Demonstrates leadership in nursing and healthcare 6 Practices in, utilizes, contributes to health-care system</p>	<p>Community and Environmental Responsibility</p>	<p>To Be Developed –possible Community Service Project-Participation Rubric</p>	<p>Due TBA</p>
<p>5. Reflect on experiences in caring for clients with acute</p>	<p>2. Develops</p>	<p>Self-Reflection</p>	<p>Theory-Self Paced Activities</p>	<p>Various-student sign up</p>

conditions.	insight...through reflection, self-analysis...		Modules (SPAM) Clinical Performance, Clinical Journal-Clinical evaluation tool	Mid term and final evaluations
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NRS 224-Spring term 2012-assessments completed during the weeks of Spring term 2012.

1.Course Outcome	4. Program Competency See attached list	5. Maps to a Core PCC Outcome	6. Assessment Setting/ Method	5. When will assessment take place
1. Make sound clinical judgments based on an increasingly complex knowledge base and experience in care selected populations	9. Makes sound clinical judgments	Critical Thinking and Problem Solving	Clinical Performance-Clinical Evaluation Tool, Clinical Reflective Journal, self-assessment and plan completed by student	Mid Clinical and Final evaluation weeks
2. Set priorities in the provision of care with attention to client needs and available resources.	7. A competent nurse practices relationship-centered care		Delegation Lab- required practice green sheet reporting tool Cardiac Arrest Simulation- Verbal feedback and debriefing	Week 2 Week 3
3. Practice self-reflection and self-analysis and identify areas for improvement.	2. Develops insight...through reflection, self-analysis...	Self-Reflection	Clinical Reflective Journal- Clinical Evaluation Tool NCLEX Prep/Student Readiness Plan	Mid clinical and final clinical weeks Pass/No Pass criteria, Self assessment and plan must be completed
4. Advocate for inclusion of client/family uniqueness in all aspects of care.	7. A competent nurse practices relationship-centered care	Cultural Awareness	Legal/Ethical Case Studies- students produce PowerPoint presentation , Legal/Ethical Case Study Grading Rubric	Summary 2 exam and Final exam
5. Identify costs and benefits of resource options for client care.	6. Practices in, utilizes, contributes to health-care system	Community and Environmental Responsibility	Changes in Nursing and Healthcare Project-Part 1 and 2 Ticket Grading Rubric	Time to be determined (course in development)
6. Regularly evaluate and augment own leadership in client and team situations in the selected population.	2. Develops insight...through reflection, self-analysis...	Self-Reflection	Event maps,Clinical judgment Model-Event Map Scoring Tool Clinical journal	Mid clinical and final clinical weeks Mid clinical and final clinical weeks
7. Delegate to and evaluate others ensuring that the task is within their scope of practice.	4. Demonstrates leadership in nursing and healthcare		Clinical Practicum, Clinical Evaluation Tool	Mid clinical and final clinical weeks
8. Access, evaluate and integrate new learning into practice.	3. A competent nurse is an intentional learner		Evidence Based Teaching Project-Evidence Based Teaching project Rubric	Week 10

9. Identify a vision and influence others to share the vision to support quality of care.	4. Demonstrates leadership in nursing and healthcare		Changes in Nursing and Healthcare Project- Part 3 Ticket Grading Rubric	Time to be determined (course in development)
10. Demonstrate commitment to new and continuing learning opportunities; expand repertoire of learning activities and experiences with other health care team members, especially those who hold different points of view.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values 3. A competent nurse is an intentional learner	Professional Competence	Evidence Based Teaching Project-Evidence Based Teaching project Rubric Event maps,Clinical judgment Model-Event Map Scoring Tool	Week 10 Mid clinical and final clinical weeks
11. Demonstrate competent performance when evaluated against national standards and criteria accepted in selected populations and/or settings.	1. A competent nurse's personal and professional actions are based on a set of shared core nursing values	Professional Competence	NCLEX Prep/Student Readiness Plan	Pass/No Pass criteria, Self assessment and plan must be completed
12. Promote collaborative teamwork and empower others.	8. A competent nurse communicates effectively	Communication	Evidence Based Teaching Project-Evidence Based Teaching project Rubric Event maps (2)- Event Map Scoring Tool	Week 10 Mid clinical and final clinical weeks

NRS 230-Winter term 2011-assessments completed during the weeks of Winter term 2011.

1.Course Outcome	7. Program Competency See attached list	8. Maps to a Core PCC Outcome	9. Assessment Setting/ Method	5. When will assessment take place
1. Use current, reliable sources of information to access pertinent information about drugs and natural products, focusing on identification of appropriate reliable sources of information in specific nursing situations; rapid retrieval of pertinent information from a current drug guide; and accurate retrieval of information from a comprehensive drug information source.	10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Critical Thinking and Problem Solving	Small group project-Herbal Drug Case Study presented in on-line format week 7, use of on-line drug resources/ databases and journals for answering study questions- Case Study Grading Matrix used-1 faculty evaluates Multiple Choice Exam	Week 8, Final exam week 11
2. Monitor and evaluate the effectiveness of drug therapy, focusing on selection and interpretation of basic focused nursing assessments to detect therapeutic effects, side effects and adverse reactions, and drug-drug, drug-food, and drug-natural product interactions for specific classes of drugs, surveillance for vulnerability to negative effects of specific classes of drugs based on age, developmental physiology, and concurrent pathophysiology, psychopathology or other factors.	9. Makes sound clinical judgments	Professional Competence	Clinical performance-with application of pharmacology principles in the context of individual drug-therapy preparation, administration and evaluation of prescribed medications for clients Clinical evaluation tool	Clinical grading criteria, mid clinical and final evaluations
3. Teach patients, family members, and others from diverse populations regarding safe and effective use of drugs and natural products, focusing on self-management of specific classes of over-the-counter and prescription drugs that are used episodically, self-management of specific classes of drugs that are taken for chronic conditions, how the action of specific classes of drugs relates to developmental, maturational, aging, neurochemical, and pathophysiological processes, or normal physiology, which side/adverse effects of specific classes of drugs and natural products to self-manage and which ones to report to health professionals, and how	7. A competent nurse practices relationship-centered care	Cultural Awareness	Small group project-Drug Case Study presented in on-line format week 7, focus on self care with the use of herbal preparations and prescription drugs. Case Study Grading Matrix used-1 faculty evaluates Multiple Choice Exam And Clinical performance; Clinical evaluation tool	Week 8, Final exam week 11 Mid clinical and Final evaluations

to avoid or recognize drug-drug, drug-food, and drug-natural product interactions with specific classes of drugs.				
4. Identify appropriate nursing interventions to increase therapeutic benefits and reduce potential negative effects of drug therapy, focusing on identification of basic nonpharmacological nursing interventions that potentially enhance the effectiveness of specific classes of drugs and assessment of barriers to adherence to drug therapy with specific classes of drugs.	9. Makes sound clinical judgments	Professional Competence	Small group project-Drug Case Studies Case Study Grading Matrix used-1 faculty evaluates Multiple Choice Exam And Performance in Lab	Week 8, module quizzes and Final exam week 11 Lab criteria and skills evaluation
5. Communicate appropriately with other health professionals regarding drug therapy, focusing on using appropriate technical language related to pharmacology, explaining drug mechanisms of action and their relationship to normal physiology, and reporting pertinent information about an individual's response to specific classes of drugs or natural products.	8. A competent nurse communicates effectively	Communication	Small group project-Drug Case Studies -Case Study Grading Matrix used-1 faculty evaluates Multiple Choice Exams Lab And Clinical performance-Clinical evaluation tool	Week 8, module quizzes and Final exam week 11 Lab criteria and skills evaluation Mid clinical and Final evaluations

NRS 231-Spring term 2011-assessments completed during the weeks of spring term 2011.

1.Course Outcome	10. Program Competency See attached list	11.Maps to a Core PCC Outcome	12.Assessment Setting/ Method	5. When will assessment take place
1. Use current, reliable sources of information to access pertinent information about drugs and natural products, focusing on finding and interpreting pertinent current information from a drug guide, comprehensive drug information sources, and electronic databases, and accessing and interpreting pharmacology-focused articles in current professional journals.	10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Professional Competence	Clinical Drug Case Presentation- Individual in class presentation, 1 faculty grades and peer feedback.	Week 8
2. Monitor and evaluate the effectiveness of drug therapy, focusing on selection, interpretation, and prioritization of focused nursing assessments to detect therapeutic effects, side effects and adverse reactions, and drug-drug, drug-food, and drug-natural product interactions, and surveillance for vulnerability to negative effects of specific classes of drugs based on age, developmental physiology, concurrent pathophysiology, psychopathology or other factors.	9. Makes sound clinical judgments	Critical Thinking and Problem Solving	Clinical Drug Case Presentation-in class On-line Module Quizzes Comprehensive In Class Final Clinical Performance-Clinical Evaluation Tool	Week 8-10 Week 4,7,and 10 Week 11 Clinical Mid term and Final evaluation weeks (TBA)
3. Teach persons, patients and/or family members, from diverse populations regarding safe and effective use of drugs and natural products, focusing on self-management of specific classes of over-the-counter and prescription drugs that are used episodically, self-management of multiple drugs that are taken concurrently for chronic conditions, how the action of specific classes of drugs relates to pathophysiological processes, neurochemical processes or normal physiology, which side/adverse effects of specific classes of drugs and natural products to self-manage and which ones to report to health professionals, and how to avoid or recognize drug-drug, drug-food, and drug-natural product interactions with specific classes of drugs.	8. A competent nurse communicates effectively	Communication	Clinical Teaching Handout/Visual Aid-developed for individual clinical client presentation On-Line Module Quizzes Comprehensive In Class Final Clinical Performance-Clinical Evaluation Tool	Weeks 8-10 Weeks 4,7, and 10 Week 11 Clinical Mid term and Final evaluation weeks (TBA)
4. Identify appropriate nursing interventions to increase therapeutic benefits and reduce potential negative effects of drug therapy, focusing on identification of basic nonpharmacological nursing interventions that potentially	9. Makes sound clinical judgments	Professional Competence	Clinical Performance-Clinical Evaluation Tool Individual Class Presentation of	Clinical Mid term and Final evaluation weeks (TBA) Weeks 8-10

enhance the effectiveness of specific classes of drugs, assessment of barriers to adherence to drug therapy with specific classes of drugs, and recognition and basic strategies for reduction of polypharmacy in older adults			Clinical Drug Case-Drug Case Study Grading Matrix Module Content- Module quiz and Final Exam	Weeks 4 and 11
5. Communicate appropriately with other health professionals regarding drug therapy, focusing on using appropriate technical language related to pharmacology, explaining drug mechanisms of action and their relationship to normal physiology, and prioritizing and reporting pertinent information about an individual's response to specific classes of drugs or natural products.	5. A competent nurse collaborates as part of a health care team 8. A competent nurse communicates effectively	Communication	Individual Class Presentation of Clinical Drug Case-Drug Case Study Grading Matrix Clinical Performance-working with other health care team members on client assessment and in medication administration evaluation process- Clinical Evaluation Tool	Weeks 8-10 Clinical Mid term and Final evaluation weeks (TBA)

NRS 232-Winter term 2011-assessments completed during the weeks of winter term 2011.

1.Course Outcome	3. Program Competency See attached list	4. Maps to a Core PCC Outcome	5. Assessment Setting/ Method	5. When will assessment take place
1. Access current, reliable information about selected pathophysiological processes, including cellular adaptation, injury, and death; inflammation and tissue healing; fluid and electrolyte imbalances; and physiologic response to stressors.	10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Professional Competence	Poster Presentation on Pathophysiologic Condition- Grading Rubric	Various –student sign up
2. Select and interpret basic focused nursing assessments based on knowledge of clinical manifestations of and developmental considerations in selected pathophysiological processes in patients across the life span.	9. Makes sound clinical judgments	Professional Competence	3 Multiple Choice Exams	3 times during term-approximately 3 weeks apart
3. Teach persons from diverse populations regarding selected pathophysiological processes, focusing on explaining how the risk factors relate to specific pathophysiological processes, describing selected pathophysiological processes in appropriate terms, explaining how the signs and symptoms relate to specific pathophysiological processes, explaining which signs and symptoms to report to a health professional, explaining how developmental factors relate to pathophysiology.	7. A competent nurse practices relationship-centered care;	Cultural Awareness	Poster Presentation and Project on Pathophysiologic Condition with Oral Instruction to an Individual -Grading Rubric	Various-student sign up
4. Communicate effectively with other health professionals regarding selected pathophysiological processes, focusing on using appropriate technical language, clarifying technical details of pathophysiological processes, reporting pertinent information about a patient’s status.	8. A competent nurse communicates effectively 5. A competent nurse collaborates as part of a health care team	Communication	Poster Presentation on Pathophysiologic Condition- Grading Rubric	Various –student sign up

NRS 233-Spring term 2011-assessments completed during the weeks of Spring term 2011.

1.Course Outcome	6. Program Competency See attached list	7. Maps to a Core PCC Outcome	8. Assessment Setting/ Method	5. When will assessment take place
1. Access and interpret current, reliable information about selected pathophysiological processes.	10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence	Professional Competence	Poster Presentation on Pathophysiologic Condition- Grading Rubric	Various –student sign up
2. Select and interpret focused nursing assessments based on knowledge of clinical manifestations, developmental considerations, and potential complications of selected pathophysiological processes in patients across the lifespan.	9. Makes sound clinical judgments	Professional Competence	3 Multiple Choice Exams	3 times during term- approximately 3 weeks apart
3. Teach persons from diverse populations regarding selected pathophysiological processes, focusing on explaining how the risk factors relate to specific pathophysiological processes, describing selected pathophysiological processes in appropriate terms, explaining how the signs and symptoms relate to specific pathophysiological processes, explaining which signs and symptoms to report to a health professional, and explaining how developmental factors relate to pathophysiology, symptom experience, symptom reporting, and symptom management.	7. A competent nurse practices relationship-centered care;	Cultural Awareness	Poster Presentation and Project on Pathophysiologic Condition with Oral Instruction to an Individual - Grading Rubric	Various-student sign up
4. Communicate effectively with other health professionals regarding selected pathophysiological processes, focusing on using appropriate technical language, clarifying technical details of pathophysiological processes, and prioritizing and reporting pertinent information regarding a patient’s status.	8. A competent nurse communicates effectively 5. A competent nurse collaborates as part of a health care team	Communication	Poster Presentation on Pathophysiologic Condition- Grading Rubric	Various –student sign up

OREGON CONSORTIUM FOR NURSING EDUCATION (OCNE)

Curriculum Competencies

Update Approved: May 2009

Next Review: 2011

The competencies defined by faculty in OCNE partner programs are based on a view of nursing as a theory-guided, evidenced-based discipline. The competencies recognize that effective nursing requires a special kind of person with particular values, attitudes, habits and skills. Accordingly there are two categories of competencies, professional competencies, and nursing care competencies. Professional competencies--define the values, attitudes and practices that competent nurses embody and may share with members of other professions; nursing care competencies--define relationship capabilities that nurses need to work with clients and colleagues, the knowledge and skills of practicing the discipline and competencies that encompass understanding of the broader health care system. In all cases, the client is defined as the recipient of care, is considered active participant in care, and includes the individual, family or community. Nursing care competencies recognize that a competent nurse provides safe care across the lifespan directed toward the goals of helping client (individuals, families or communities) promote health, recover from acute illness and/or manage a chronic illness and support a peaceful and comfortable death.

Professional Competencies:

- 1. A competent nurse's personal and professional actions are based on a set of shared core nursing values** through the understanding that...
 - 1.1 Nursing is a humanitarian profession based on a set of core nursing values, including: social justice (from the ANA statement), caring, advocacy, protection from harm, respect for self and others, collegiality, and ethical behavior, and that a competent nurse embodies these values.
 - 1.2 There are ethical dilemmas embedded in clinical practice; an obligation of nurses is to notice, interpret respond and reflect on these dilemmas using ethical principles and frameworks as a guideline.

- 2. A competent nurse develops insight through reflection, self-analysis, and self-care** through the understanding that...
 - 2.1 Ongoing reflection, critical examination and evaluation of one's professional and personal life improves nursing practice.
 - 2.2 Reflection and self-analysis encourage self-awareness and self-care.
 - 2.3 Pursuing and advocating healthy behaviors enhance nurses' ability to care for client.

- 3. A competent nurse is an intentional learner** with the understanding that...
 - 3.1 Engaging in intentional learning develops self-awareness of the goals, processes, and potential actions of student learning and the effects on client care.
 - 3.2 Purposely seeking new, relevant knowledge and skills guides best practice development.
 - 3.3 Integrative thinking establishes "connections between seemingly disparate information and sources of information" that will be applicable to new situations.
 - 3.4 There is an array of communication and information technologies available to enhance continuous, intentional learning.

- 4. A competent nurse demonstrates leadership in nursing and health care** through the understanding that...
 - 4.1 An effective nurse is able to take a leadership role to meet client needs, improve the health care system and facilitate community problem solving.
 - 4.2 A competent nurse effectively uses management principles, strategies and tools.
 - 4.3 An effective nurse is skilled in working with assistive nursing personnel including the delegation of responsibilities and supervision.

- 5. A competent nurse collaborates as part of a health care team** through the understanding that...
 - 5.1 The client is an essential member of the healthcare team.
 - 5.2 Successful health care depends on a team effort, and collaboration with others in a collegial team is essential for success in serving clients.
 - 5.3 Learning and growth depend on receiving and using constructive feedback; effective team members must be both open to feedback and able to give useful feedback in a constructive manner.
 - 5.4 Supporting the holistic development of colleagues creates an environment that positively impacts client care.

- 6. A competent nurse practices within, utilizes, and contributes to the broader health care system** through the understanding that...
 - 6.1 Professional nursing has a legally defined scope of practice and a professionally defined standard of practice.
 - 6.2 The components of the system (e.g., resources, constraints, regulations) must be considered when coordinating care and developing interdisciplinary planning.
 - 6.3 The effective nurse contributes to improvements of the health care system through the collection and analysis of data and involvement in policy decision-making processes and political activities.
 - 6.4 The effective nurse engages in developing system-level initiatives to improve patient safety and to mitigate error.
 - 6.5 An effective nurse contributes to improving access to health care.
 - 6.6 Each nurse has the responsibility for effective and efficient management and utilization of health care resources.
 - 6.7 Nurses establish and maintain networks, often using technology to improve health care delivery outcomes.

- 7. A competent nurse practices relationship-centered care** through the understanding that...
 - 7.1 Effective care is centered around a relationship with the client that is based on: empathy and caring, a deep understanding of the care experience, developing mutual trust and respect for the autonomy of client.
 - 7.2 The effectiveness of nursing interventions and treatment plans depends, in part, on the attitudes, beliefs and values of clients and these are influenced both by how professionals interact with clients and by the intervention itself.
 - 7.3 Clients reflect the culture and history of their community and their broader population, and that these must be considered in developing nursing interventions.

- 8. A competent nurse communicates effectively** through the understanding that...
- 8.1 Effective use of therapeutic communication, to establish a caring relationship, to create a positive environment, to inform clients, and to advocate is an essential part of all interventions.
 - 8.2 Accurate and complete communication must occur with both clients and other providers and is essential to ensure patient safety and provide for comprehensive continuity of care.
 - 8.3 Successful communication requires attention to elements of cultural influences, variations in the use of language and a participatory approach.
 - 8.4 Effective health teaching requires attunement to the clients' perspective, their previous understanding, and their ease of access to health information or degree of health literacy.
 - 8.5 Good communication requires selection and use of appropriate communication modalities and technologies.
- 9. A competent nurse makes sound clinical judgments** through the understanding that...
- 9.1 Noticing, interpreting and responding require use of best available evidence, a deep understanding of the client experience and community influences, recognition of contextual factors as well as one's own biases that may influence judgments, and sound clinical reasoning.
 - 9.2 Effective nursing judgment is not a single event, but concurrent and recurrent processes that include assessment (data collection, analysis and diagnosis), community and client participation in planning, implementation, treatment, ongoing evaluation, and reflection.
 - 9.3 Nurses use a variety of frameworks, classification systems and information management systems to organize data and knowledge for clinical judgment. The choice of framework for assessment and intervention takes into account the client's age and cultural perspective, the individual and family capacity for involvement in care, the influence of community and the primary focus of care.
 - 9.4 Clinical judgment involves the accurate performance of skills (cognitive, affective and psychomotor) in the delivery of care while maintaining patient and personal safety.
- 10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence,** coupled with a deep understanding of client experience and preferences, through the understanding that...
- 10.1 There are many sources of knowledge, including research evidence, standards of care, community perspectives, practical wisdom gained from experience, which are legitimate sources of evidence for decision-making.
 - 10.2 Knowledge from the biological, social, medical, public health, and nursing sciences is constantly evolving; nurses use information technology to access current and reliable information in order to update their knowledge continuously.
 - 10.3 Nurses need to know how to learn new interventions independently, because the definition of "best practice" of interventions is continuously modified, and new interventions are constantly being developed.

OREGON CONSORTIUM FOR NURSING EDUCATION (OCNE)

Competency Rubrics and Benchmarks

Update Approved: May 2009

Next Review: 2011

A rubric is an assessment tool that is designed to convey performance expectations, provide systematic feedback to students about their performance and promote student learning. The Curriculum Committee for the Oregon Consortium for Nursing Education (OCNE) has developed rubrics describing performance levels for each of the 10 competencies guiding the curriculum. These rubrics can be used as an assessment tool for students in either clinical practice or in simulation, in situations that require the student to demonstrate one or more competencies. The rubrics can be used alone or in combination, depending on the demands of the performance task and the level of the student.

Each rubric has several components: (1) a statement of the competency to be demonstrated; (2) a scale which describes how well or poorly the student performs during a competency demonstration; (3) dimensions which lay out the parts of the competency which are vital to successful achievement; (4) descriptions of the dimensions at each level of performance.

The performance levels for each of the ten competencies in the curriculum are referred to as “benchmarks”. Benchmarks are specified for four levels within the nursing curriculum: the end of the first year of nursing courses, the end of the winter term of the second year of nursing courses (when students may transfer to OHSU for completion of the BS coursework), the end of the AAS scope of practice course (when students will complete requirements for the AAS and be eligible to sit for the RN licensure exam), and the end of the 3rd year of the nursing curriculum (when students will complete nursing course requirements for the bachelors degree). It is expected that students across all consortium programs will demonstrate achievement of the benchmarks before progressing to the next level of the curriculum.

Progress toward each of the level benchmarks is expected in each course of the curriculum. These benchmarks are reflected in clinical evaluation tools, as well as grading rubrics for specific assignments such as written term papers, cases analyses, concept maps, and reflective journals.

In addition to meeting the level benchmarks associated with specific competencies, students are required to provide safe care according to established standards within the RN scope of practice and adhere to individual schools’ code of conduct and policies as outlined in student handbooks. Students are expected to integrate all competencies into their practice, as they are relevant to the situations and as they achieve higher levels of benchmarks. Integration is a broad reaching platform where students combine all 10 competencies, as they are relevant to the situation into their nursing practice and affects the plan of care for clients populations, and systems.

This ability to integrate new knowledge and skills into practice evolves over time and will be:

- In the Beginning Level, the nurse is beginning to identify in their practice the competencies and relate them to client, and population outcome.
- In Level 1 many of the competencies, as they are relevant to the situation, are seen in the practice of the nurse, but are identified or exhibited as separate competencies.
- In Level II the nurse may be integrating the majority of competencies, as they are relevant to the situation into their practice, though this may be inconsistently exhibited, and through thoughtful self reflection can correct their practice.
- In the AAS Completion Level, the nurse is able to integrate the majority of the competencies, as they are relevant to the situation, into their practice consistently, and through thoughtful self-reflection the nurse corrects their practice.
- In Level III the nurse is able to integrate all 10 competencies, as they are relevant to the situation, fully, complexly, and consistently when immersed in their practice without major exceptions of a competency.

OCNE Competency #1: A competent nurse's personal and professional actions are based on a set of shared core nursing values.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
ANA Code of Ethics (used as a reflection of nursing's shared core values)	Integrates professional values with personal values; works with colleagues to create a shared climate for core values.	Deliberately incorporates each provision of the ANA Code of Ethics in practice.	Incorporates the provisions of the ANA Code of Ethics into practice with minimal prompting.	Articulates the nine provisions in the ANA Code of Ethics; Self-assesses own performance in relation to each provision. Begins to integrate into care.	Knows that there is a code of ethics for nurses; articulates some of the elements in a general or vague sense.
INTEGRATION OF ETHICAL PRINCIPLES and Frameworks Noticing/recognizing ethical dilemmas inherent in clinical situations	Analyzes policies which have inherent dilemmas such as social justice vs. individual autonomy. Identifies ethical principle(s) involved.	Works with team members to assure that patient's rights are protected by institutional policies and practices. Identifies dilemmas in which individual rights are in conflict with the greater good.	Identifies when clinical practices and protocols may be at odds with individual patients rights. Articulates dilemmas, with pertinent facts.	Recognizes when own values are at odds with values of client and/or family. Recognizes biases that may be introduced into clinical reasoning as a result of personal values. Identifies obvious ethical dilemmas in which there are two or more viable options.	May not identify ethical dilemmas in practice. Unaware of own values or biases and how these may influence interpretation of client's values or wishes.
Interpretation and Responding to dilemmas		Facilitates discussion among patients, families and other stakeholders to consider courses of actions and consequences and to reach decisions. Helps families work through the emotional aspects of ethical dilemmas.	Identifies stakeholders in ethical dilemmas Can apply ethical principles to identify choices, possible consequences.	Seeks assistance from colleagues or instructor to interpret own biases and values and their influence. Can articulate ethical principles but may not see application in particular context.	May act without recognition of influence of own biases, or of the existence of a dilemma. Does not involve stakeholders in ethical decision. Is unaware of choices, and ethical frameworks that may assist identification of choices and possible consequences.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Reflection on ethical dilemmas			Engages in reflection about choices, considering ethical frameworks, and the implications for future situations.	Reevaluates own values and biases through reflection, and their impact on future clinical situations. Ethical dilemmas occasionally included in reflective assignments.	Unaware of value of reflective process. Ethical dilemmas not addressed in reflective assignments.

OCNE Competency #2: A competent nurse develops insight through reflection, self-analysis and self-care.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Reflective process	<p>Uses multiple resources in establishing insightful, reflective evaluation and plan for change.</p> <p>Includes individual, professional and societal factors and implications.</p> <p>Develops specific self-monitoring strategies derived from sound reasoning and problem-solving strategies.</p> <p>Establishes plan for change.</p>	<p>Uses multiple resources including best available evidence and multiple resources in establishing insightful, reflective evaluation and plan for change.</p> <p>Inter-relates personal and professional behaviors with relevance identified to both self and the profession.</p>	<p>Demonstrates recognition of the importance and relevance of reflection.</p> <p>Identifies areas for improving personal and professional behaviors.</p>	<p>Continues to seek external feedback and assistance in reflective process.</p> <p>Can set realistic goals with consultation.</p> <p>Recognizes value of a structured plan for self-reflection and self-renewal.</p> <p>Uses established procedures and forms for self-reflection.</p>	<p>Lacks understanding of the focus, importance and relevance of reflection.</p> <p>Does not interrelate personal and professional behaviors in self reflection.</p>
Self-Analysis of personal and professional behaviors	<p>Practices self-monitoring strategies for complex professional and personal situations.</p> <p>Reflects on implications, of personal and professional behaviors towards established standards of the profession.</p>	<p>Practices self-monitoring strategies for uncomplicated professional and personal situations.</p>	<p>Questions personal and professional established patterns of behavior and thought.</p> <p>Acknowledges possible implications for self and practice with occasional prompting.</p>	<p>Identifies own established patterns of behavior and thought.</p> <p>Beginning development of self-monitoring, and insight to possible implications for practice or self.</p>	<p>Does not question own established patterns of behavior and thought.</p> <p>Analysis is non-specific and/or idealistic.</p>
Self Renewal			<p>Participates in a personal plan for self renewal in the physical, mental, social, and spiritual dimensions.</p> <p>Consistently prioritizes based on personal and professional values and principles.</p>	<p>Talks about and is considering committing to a lifelong plan for self renewal.</p>	<p>May not have any plan for self renewal, but is interested in learning about what this entails.</p>

OCNE Competency #3: A competent nurse engages in intentional learning.

DIMENSION	Level III At completion of NRS 425. (If not indicated, same as AAS completion)	AAS Completion At completion of NRS 224. (Same as Level II unless otherwise indicated)	Level II End of winter term of second year of OCNE curriculum	Level I End of first year of OCNE curriculum	Beginning
Attitudes toward learning	Promotes and role models intentional learning to peers and healthcare team members.	Views all situations as learning to be embraced identifying relevant aspects that contribute to best practices. Shares new learning with peers.	Seeks new learning experiences beyond the limits of assignments. Recognizes that information continually evolves. Readily identifies and takes responsibility for own learning needs.	Increasingly open to new learning opportunities; decreasing reactivity to change and multiple, valid points of view. Recognizes own learning needs with assistance.	Perceives that knowledge and skills for competent practice are static.
Active learning	Adapts and evaluates learning for specific situations; critically reflects on, and incorporates changes needed for similar and new situations.	Expands repertoire of learning styles. Recognizes importance of remaining current in practice and demonstrates this by regularly reading nursing literature.	Actively engages in learning, evaluates and integrates new learning into practice. Articulates learning needs, style, and processes. Seeks information out of interest, beyond the limits of assignments. Curious, identifies perplexing questions and seeks answers.	Completes assigned learning activities and occasionally initiates additional learning activities. Recognizes own learning styles and participates in activities that enhance own learning styles.	Completes assigned learning activities. Does not initiate additional learning activities. Looks for rules that can be applied. Wants to be told what to do and how to do it. Requires substantial direction to comprehend purposes of intentional learning. Has difficulty recognizing own learning style.
Use of Technology	Mentors others in health care applications of technology tools, resources, expanding practice and research knowledge. Participates in integration of proven technological advances into practice.	Uses standard technology resources efficiently and effectively in practice and to enhance own learning.	Uses standard technology resources in practice with minimal assistance and enhance own learning.	Uses standard technology resources in practice with assistance.	Has limited knowledge of technology-based health care applications, and relevance of technology to enhance own learning.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
	Explores more advanced options for technology in practice.				

OCNE Competency #4: A competent nurse demonstrates leadership in nursing and healthcare.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Leadership development and evaluation	<p>Uses personal characteristics of effective leadership (e.g., confidence, risk-taking, openness, enthusiasm) to inspire team members toward achieving client/agency goals, and diminish resistance among others.</p> <p>Regularly evaluates and augments own leadership behaviors.</p> <p>Mentors others in leading effective meetings and in conflict resolution.</p>	<p>Engages in intentional professional development to improve leadership characteristics and skills.</p> <p>Effectively applies principles of communication to lead meetings and manage conflict in some situations.</p>	<p>Understands consequence of making leadership decisions with limited information.</p> <p>Actively participates in team meetings.</p>	<p>Begins to use own leadership abilities primarily relying on a basic set of leadership strategies independent of situation or team characteristic.</p> <p>Reluctant to lead.</p> <p>Attends team meetings.</p>	<p>Limited recognition of own leadership ability and responsibility.</p> <p>Concern remains focused on own clinical performance.</p> <p>Unprepared to lead.</p>
Supervision	<p>Provides coaching as well as feedback to increase personnel's abilities and sense of teamwork.</p>	<p>Provides some positive and constructive feedback to others.</p> <p>Evaluates performance, explains decisions, solicits suggestions and supports progress.</p>	<p>Identifies need for feedback to be given on specific aspects of performance but is unable to provide without assistance.</p> <p>Recognizes difference between positive and constructive feedback.</p>	<p>Begins to recognize leadership issues and responsibilities.</p>	<p>May have limited recognition of nursing leadership responsibilities for identifying and resolving individual client care.</p> <p>May not recognize when to provide feedback and may be uncomfortable providing feedback to peers and others.</p>

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Delegation	<p>Mentors and delegates to others in somewhat complex situations, requesting assistance from more experienced nurses as needed.</p> <p>Promotes collaborative teamwork. Empowers others.</p>	<p>Mentors those who they are delegating to with supervision/ assistance.</p> <p>Delegates to others, ensuring that the task is within their scope of practice, that they are competent to perform the task, and that they receive clear communication and feedback in regard to their performance.</p>	<p>Explains the purpose and desired outcome of the task and the time frame in which the task is to be completed.</p>	<p>Identifies laws and regulations and what they say about delegation to various levels and categories of personnel.</p> <p>Acknowledges delegation as a needed modality to improve client care.</p> <p>Consults with experienced nurse regarding delegation needs for client care.</p>	<p>May be focused on own clinical performance rather than the performance of others.</p> <p>May not identify tasks that could be delegated.</p>
Change Management	<p>Uses outcome data.</p> <p>Provides leadership in the modification of client care and /or organizational issues toward identified outcomes.</p> <p>Analyzes issues, resources, and support affecting decisions or changes with assistance from more experienced nurses as needed.</p>	<p>Identifies a vision of quality patient care and influences others to share the vision.</p> <p>Provides leadership in the modification of individual client care OR (contributes ideas for changes in individual client care.) and /or organizational issues toward identified outcomes.</p> <p>Delegates to, and evaluates others, ensuring that the task is within their scope of practice, that they are competent to perform</p>	<p>Recognizes need for change in client care and/or modifications in organizational issues.</p>	<p>Reluctant to lead.</p> <p>Maintains an open mind to new possibilities, alternatives and options.</p> <p>Respectful of diversity, builds unity, demonstrates generosity.</p>	<p>May have limited recognition of own leadership ability and responsibility.</p> <p>Has limited ability to lead.</p>

		the task and that they receive clear communication and feedback regarding their performance.			
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OCNE Competency #5: A competent nurse collaborates as part of a health care team.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Teamwork	<p>Seeks opportunity to work with healthcare team members with different points of view; uses every interaction as an opportunity to build relationships; follows through on commitments.</p> <p>Collaborates effectively with individuals, families and communities to achieve optimal health outcomes.</p>	<p>Initiates collaboration and seeks consultation with other team members.</p> <p>Proactively builds team relationships; offers assistance without being asked; is affirming and problem-solution oriented.</p>	<p>Readily consults within the health care team; sees self as a participant in collaborative interactions.</p> <p>Works well with team members who have varying points of view; enters into team relationships and readily accepts and fulfills assignments and commitments.</p> <p>Actively contributes to teamwork; offers help and assists team with problem solving and decision making; and share.</p> <p>Information necessary to make informed decision.</p>	<p>Consultation and collaboration focused more on own peers, faculty and nursing staff rather than on other health care team members.</p> <p>Fulfills assignments and commitments on time.</p> <p>May have discomfort with teamwork and need encouragement to offer help or engage in problem solving and decision making</p>	<p>Consults with peers and faculty; limited collaboration with nursing staff or other health team members.</p> <p>Does not identify self as a member of a team.</p> <p>Limited initiative to assist other staff members.</p> <p>Works primarily in isolation; focused on completing own assignments; seldom asks for help or feedback.</p>
Use of feedback	<p>Gives timely and appropriate feedback to team members focused on behaviors.</p> <p>Readily differentiates constructive from non-constructive feedback; analyzes self-evaluation and feedback received, reflects on, then verbalizes how feedback could be valuable and used in future situations.</p>	<p>Regularly and realistically self evaluates own performance: compares self-evaluation with feedback received, verbalizes intent to use the constructive feedback in future situations.</p>	<p>Variably gives feedback in a timely and appropriate manner.</p>	<p>Beginning to give feedback to team's members. Reflects on constructive feedback, and usually incorporates its relevance into future behaviors/ nursing practice. Developing ease with self-evaluation.</p> <p>Results are more balanced with positive and negative aspects.</p>	<p>Unwilling to give feedback to team members.</p> <p>Reacts to constructive feedback as criticism.</p> <p>Quickly verbalizes response to feedback without reflecting on its validity or relevance.</p> <p>Overly negative in self evaluation; does not see the benefit of self-</p>

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					evaluation.
Collegial development	Provides positive example and facilitates others' efforts to increase their wellness priorities and behaviors.	Recognizes need to manage physical health variables and emotional stressors and sets priorities and time boundaries; asks for assistance and feedback from team members.	Consistently supports peers in their efforts toward wellness.	Occasionally supports peers in their efforts toward wellness.	May allow rigors of school to compromise efforts to maintain physical and emotional health. May undermine peer efforts toward wellness.

OCNE Competency #6: A competent nurse practice within, utilizes and contributes to the broader health-care system.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
RESOURCE UTILIZATION					
Networks	Maintains networks with stakeholders, multidisciplinary professionals and community leaders on behalf of clients. Actively participates in at least one community partnership.	Makes contacts among community agencies that provide services for clients.	Recognizes current and needed networks within the immediate clinical area.	Verbalizes an understanding of the need and importance of developing professional networks.	Focuses on relationship with the nurse assigned to the same client(s) in the clinical setting.
System Resource Management	Intervenes for improved health management within agency. Identifies current barriers and inconsistencies in resource utilization within a health care system. Obtains data for analyzing health care resource problems.	Lists benefits and costs affecting resource options to meet needs of client or community health care situation.	Is aware of the practice needs at the system levels. Increasing awareness of practice needs and resources at individual, family, and/or community level.	Has limited knowledge of traditional healthcare system resources and their impact on health care. Limited knowledge of data needed to identify resource issues.	

DIMENSION	Level III At completion of NRS 425. (If not indicated, same as AAS completion)	AAS Completion At completion of NRS 224. (Same as Level II unless otherwise indicated)	Level II End of winter term of second year of OCNE curriculum	Level I End of first year of OCNE curriculum	Beginning
IMPROVING HEALTH CARE SYSTEM					
Data	Uses data and information science to make decisions about the allocation and distribution of system information to improve the health for a specific client or population.		Obtains data to identify areas for improving health care access for client/population. Begins to understand the connection between information science and health care improvement.	Uses available data to identify healthcare access issues for client/population.	Focuses on current care situation; unable to identify data sources.
Regulations	Acknowledges and evaluates the impact of laws, regulations, structure, rules, informatics and guidelines on resource utilization and impact on health care provided to client/population.		Identifies impact of laws, regulations, structures, rules, informatics and guidelines on resource availability for health care for individuals, families and the community.	Identifies one or more policies or regulations affecting resource availability in a specific health care situation.	Uncertain about the role and impact of regulations, laws on the utilization of resources needed to improve health care.
Patient Safety	Participates in system-level initiatives to mitigate patient error.		Recognizes system level factors that might result in error, and takes actions to prevent error with individual patients.	Takes individual actions (e.g. 6 rights) & responsibility to protect patient safety. Recognizes factors that may put their own patient at risk and takes actions to prevent error.	Through popular press, may be aware of the prevalence of error in health care.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
IMPROVING ACCESS TO HEALTH CARE					
Access to Care	<p>Recommends actions to address practice issues and policies that are barriers to health care access.</p> <p>Works in partnership with community agencies to ensure full spectrum of services are delivered.</p>	<p>Participates in recommending actions to address barriers to health care for clients.</p> <p>Participates in making recommendations for improving health care access for client/population.</p>	<p>Assists clients to reduce barriers to accessing optimal health care. Identifies practice issues and policies that impact access to health care.</p>	<p>Assists clients to recognize barriers to accessing optimal health care. Describes client characteristics and situations in which access to health care needs improvement.</p> <p>Identifies basic healthcare access issues for assigned client.</p>	<p>Is unaware of barriers to accessing optimal health care. Has limited ability to identify practice issues and applications to broader healthcare issues affecting client/population access to care.</p>
Referrals	<p>Seeks broadening knowledge of practice needs and resources at individual, family and/or community level.</p> <p>Makes referrals to local community resources with consideration to client situation/needs.</p>	<p>Periodically makes referrals to local community resources.</p> <p>Makes contacts among community agencies to learn what services are available.</p>	<p>Seeks to learn more about referral agencies within the community.</p>	<p>Demonstrates limited knowledge of the need or the process of initiating referrals.</p> <p>Limited knowledge of community resources.</p>	
Policy Decision-making Processes	<p>Implements actions to review and/or improve access to health care for diverse populations.</p>		<p>Identifies political and policy making processes and actions to improve health care and solve access problems.</p>	<p>Recognizes that nursing role involves policy and political action in order to make changes and improve equality/health care access.</p>	<p>Unsure how to take action to address health disparities or lack of health care access as part of nursing role.</p>

OCNE Competency # 7: A competent nurse practices relationship-centered care.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Readiness for Relationships	Provides immediate inclusion of patient story/history, values. Gives unconditional attention and regard for patient/client needs.	Consistently sets and respects appropriate boundaries.	Integration and adaptation of personal style with expected professional relationship style. Intentionally moves out of personal comfort zones to accommodate patient needs.	Developing self-assessment of personal relationship style. Awareness of personal discomfort with intermittent attempts to initiate meaningful interactions. Aware of professional boundaries.	Focuses on own personal history. Avoidance of uncomfortable aspects of relationships. Unaware of personal comfort zone. May not be observant of professional boundaries.
Relationship Development	Models effective relationship development. Relationship itself becomes part of the therapeutic intervention and care experience for both nurse and patient/client.	Demonstrates value of relationship by expending time and energy. Acknowledges and accepts client/family attitudes.	Adapts care to individual client/ family needs.	Attempts to establish rapport. Recognizes importance of relationship by eliciting client/family story.	Relationship development is either avoided or exceeds professional boundaries.
Adaptation for Uniqueness	Prioritizes and integrates patient preferences.	Values, promotes and advocates for inclusion of client/ family uniqueness in all aspects of care.	Uses understanding of cultural, economic, environmental and social differences to assess uniqueness of individual client. Incorporates understanding of client's/family's perspective into plan of care.	Identifies and describes aspects of a number of cultures including own. May apply these descriptions stereotypically to members of a cultural group without individual assessment. Describes current issues for	Holds stereotypic views of clients/families. Fails to recognize cultural differences, or the impact of social, racial, environmental and economic inequalities on individual's perspectives. Automatic universal approach to care.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
			Collaborates with client in care planning.	equality and health care access. Attempts to understand the meaning of the health event/illness/death to the client/family across the lifespan.	Lack of inclusion of patient/client input/preferences.

OCNE Competency #8: A competent nurse communicates effectively.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Therapeutic Communication Skills	Adapts verbal and nonverbal communication styles in complex client situations. Effectively utilizes verbal and nonverbal approaches for effective therapeutic communication in complicated client situations.	Effectively refocuses communication toward goals. Effectively utilizes verbal and nonverbal approaches for effective therapeutic communication in non-complicated client situations.	Establishes goals for therapeutic interactions. Readily elicits client's and family's communication. Caring apparent through tone and nonverbal.	Shows basic understanding of therapeutic communication strategies but with varying success at implementation. Listens to clients. Uses open-ended questioning to elicit psychosocial data with increasing confidence. Notices more cues from client.	Communication is task focused without therapeutic goal. Interacts on a social level. Avoids questioning for personal information. Inappropriate verbal, and/or nonverbal communication. Unaware of own affect and tone.
Accurate Communication Within Health Care Team	Provides accurate and complete verbal and written communications incorporating context and complexity of the situation. Promotes collaborative interactions within all members of the health care team. Participates in the adoption of new communication technologies.	Provides accurate and complete verbal and written communications in regards to typical clinical situations. Selects and uses appropriate modality or technology for intra & interprofessional communication.	Seeks verbal collaboration with other health care team members. Discriminates relevant/irrelevant details. Identifies strengths & limitations of different modalities & technologies for intra and interprofessional communication.	Written communication shows increasing consistency in accuracy and format. Shows greater comfort in interactions with nursing staff than with other health care team members. Identifies multiple modalities for intra- and interprofessional communication.	Over or under reports; lacks organization of content. Needs assistance to discriminate relevant from irrelevant detail.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
Providing Health Teaching And Information	<p>Uses population based analytic methods to identify population health education needs.</p> <p>Adapts health behavior change interventions for client populations.</p> <p>Designs and implements population-based health education programs to address learning needs of population in collaboration with communities being served.</p>	<p>Designs and implements health education programs to address learning needs of client/client groups.</p>	<p>Adapts health behavior change interventions for the individual client.</p> <p>Assesses client's learning needs, learning styles, and variables impacting the teaching-learning process. Uses appropriate materials.</p> <p>Spontaneously incorporates health care knowledge and education into routine.</p> <p>Creates individualized health teaching materials.</p>	<p>Uses interventions for health behavior change.</p> <p>Initiates standardized health teaching.</p> <p>Beginning to recognize client variables impacting learning or health care education needs.</p> <p>Focus of communication may be to own actions and plan of care, with limited participation elicited from client and family.</p>	<p>Omits informing client of the plan of care or rationales for own actions.</p> <p>May feel awkward initiating health teaching.</p> <p>May give advice.</p> <p>Does not identify client's learning needs and priorities.</p>
Impact of Culture and other variations	<p>Able to appropriately reflect the client's message without distortion or bias.</p> <p>Modifies approaches to clients based on assessment of the client's background and negotiate mutually satisfactory strategies to for care populations based on cultural variations.</p>	<p>Modifies approaches to clients based on assessment of the client's background and negotiate mutually satisfactory strategies for care with individuals and families.</p> <p>Integrates multiple overt variables into the interaction in uncomplicated client situations; notices subtle variables.</p>	<p>Knowledgeable of own communication skills and deficits. Recognizes own cultural biases and inexperience.</p> <p>Recognizes need for variation in care due to cultural differences.</p>	<p>Developing self-awareness of own cultural and language variations.</p> <p>Identifies key cultural variables that effect communication in client situations.</p> <p>Aware of cultural and language differences.</p> <p>Recognize need for variation in care due to cultural differences.</p>	<p>Lack of awareness of cultural and language variations as a barrier to effective communication.</p> <p>May be unaware of variations that impact communication.</p> <p>Appears judgmental in approach.</p>

OCNE Competency #9: A competent nurse makes sound clinical judgments

Modified with permission from the Lasater Clinical Judgment Rubric©. Lasater, K. (2007) Clinical judgment development: Using simulation to create a rubric. Journal of Nursing Education, 46, 496-503. January 2007.

DIMENSION	<u>Level III</u> At completion of NRS 425. (If not indicated, same as AAS completion)	<u>AAS Completion</u> At completion of NRS 224. (Same as Level II unless otherwise indicated)	<u>Level II</u> End of winter term of second year of OCNE curriculum	<u>Level I</u> End of first year of OCNE curriculum	<u>Beginning</u>
EFFECTIVE NOTICING INVOLVES:					
Focused Observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information.	Useful information is noticed, sees the most subtle signs.	Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle signs.	Attempts to monitor a variety of subjective and objective data. Seeks assistance when overwhelmed by the array of data; focuses on the most obvious data, missing some important information.	Confused by the clinical situation and the amount/type of data; observation is not organized and important data is missed, and/or assessment errors are made.
Recognizing Deviations from Expected Patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment.		Recognizes most obvious patterns and deviations in data and uses these to continually assess.	Identifies obvious patterns and deviations, missing some important information; asks for coaching on how to continue the assessment when unsure.	Focuses on one thing at a time and misses most patterns/deviations from expectations; misses opportunities to refine the assessment.
Information Seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family.	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; pursues important leads.	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; occasionally does not pursue important leads.	Makes limited efforts to seek additional information from the client/family; often seems not to know what information to seek and/or pursues unrelated information.	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the client and family and fails to collect important subjective data.

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EFFECTIVE INTERPRETING INVOLVES:					
Prioritizing Data	Focuses on the most relevant and important data useful for explaining the client's condition.	Generally focuses on the most important data and seeks further relevant information.	Generally focuses on the most important data and seeks further relevant information, but may occasionally overemphasize less relevant data.	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data.	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data.
Making Sense of Data	Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success. Uses a variety of electronic sources of information and information systems to further the plan of care.	Interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale. Consistently seeks information from a variety of electronic sources and information systems to make care decisions.	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale. Asks for coaching in complicated cases. Actively seeks information from a variety of electronic sources to assist in decision making.	In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance. Begins to seek information for a variety of electronic sources to assist in decision making.	Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an intervention.

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EFFECTIVE RESPONDING INVOLVES:					
Calm, Confident Manner	Assumes responsibility: delegates team assignments, assess the client and reassures them and their families.		Generally displays leadership and confidence, and is able to control/calm most situations; may show stress in particularly difficult or complex situations.	Is tentative in the leader's role; reassures clients/families in routine and relatively simple situations, but becomes stressed and disorganized easily.	Except in simple and routine situations, is stressed and disorganized, lacks control, making clients and families anxious/less able to cooperate.
Clear Communication		Communicates effectively; explains interventions; calms/reassures clients and families; may direct and involve team members, explaining and giving directions; checks for understanding. Effective in establishing rapport.	Generally communicates well; explains carefully to clients, gives clear directions to team; may need coaching in establishing rapport.	Shows some communication ability (e.g., giving directions); communication with clients/families/team members is undimensional. Displays caring and beginning competence.	Has difficulty communicating; explanations are confusing, directions are unclear or contradictory, and clients/families are made confused/anxious, not reassured.
Well-Planned Intervention/Flexibility	Interventions are tailored for the client; monitors client progress closely and is able to adjust treatment/intervention as indicated by the client response.	Develops interactions based on relevant patient data; monitors progress regularly, adjusts interventions as needed.	Develops interventions based on relevant patient data; monitors progress regularly. Developing comfort with adjusting interventions as needed. Consistently well organized.	Develops interventions based on the most obvious data; monitors progress, but is unable to make adjustments based on the patient response. Generally well-organized.	Focuses on developing a single intervention addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur.
Being Skillful	Shows mastery of necessary nursing skills.	Displays proficiency in the use of most nursing skills.	Displays proficiency in the use of most nursing skills; could improve speed or accuracy.	Is hesitant or ineffective in utilizing nursing skills.	Is unable to select and/or perform the nursing skills.

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EFFECTIVE REFLECTING INVOLVES:					
Evaluation/Self-Analysis	Independently evaluates/analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives.	Independently evaluates/analyzes personal clinical performance, noting decision points, identifies alternatives and evaluating choices against alternatives.	Evaluates/analyzes personal clinical performance with minimal prompting, primarily major events/decisions; key decision points are identified and alternatives are considered.	Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices.	Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions/choices without evaluating them.
Commitment to Improvement	Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses.	Demonstrates a desire to improve nursing performance: reflects on and evaluates experiences; identifies strengths/weaknesses.	Demonstrates a desire to improve nursing performance: reflects on and evaluates experiences; identifies strengths/weaknesses; could be more systematic in evaluating weaknesses.	Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious, and needs external evaluation.	Appears uninterested in improving performance or unable to do so; rarely reflects; is uncritical of him/herself, or overly critical (given level of development); is unable to see flaws or need for improvement.

OCNE Competency #10: A competent nurse uses the best available evidence.

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Access information sources	Routinely frames relevant search questions and can effectively narrow search to locate a limited number of most relevant sources. Assesses search results to determine whether alternative information retrieval systems should be utilized. Fluid incorporation of current knowledge from other disciplines.	Constructs specific search strategy using appropriate terms and commands for the information retrieval system. Seeks and integrates current knowledge from other disciplines.	Uses assistance effectively to frame questions and to construct and implement effective search strategies.	Seeks local resources to answer specific questions— e.g., unit procedure manuals, and practicing nurses. Can conduct broad data-base search using digital retrieval systems, including the internet. Able to independently find literature in one database. Recognizes needed information sources from other disciplines.	Relies on easily accessible information (peers, instructors, textbooks). Is unaware of presence or use of data-based information sources. Needs assistance to integrate knowledge from other disciplines.
Evaluation of Evidence	Evaluates research and other evidence for reliability, validity, accuracy, authority, and point of view or bias, making a judgment about overall quality of evidence.	Explains findings of studies to clients or colleagues.	Evaluates the arguments supporting opinions. Evaluate the overall strength of evidence supporting a practice. Read and summarize original research (qualitative, quantitative, clinical trials).	Recognizes the difference between data-based publications & opinions. Reads and summarizes integrative reviews and clinical practice guidelines.	Accepts all published information as accurate. Does not differentiate opinion from data-based evidence. Accepts views of others as accurate, especially those perceived to be in authority.

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Use of evidence in clinical judgment	Uses epidemiological investigations to identify populations at risk. Considers results of intervention studies in designing appropriate nursing care.	Re-evaluates policies, procedures or standard of practice when evidence supports a change. Utilizes research evidence to refine own nursing practice.	Selects and/or writes plans of care that incorporate evidence from integrative reviews and clinical practice guidelines. Seeks research evidence to refine own nursing practice.	Decision-making is rule-based. Looks for supporting evidence for nursing interventions. Identifies potential implications for practice from integrative reviews and clinical practice guidelines. Understands that information continually evolves.	Needs assistance to adapt care even in the face of evidence supporting change. Has difficulty questioning standards of practice.