

# Appendices 2008-2009 through 2010-2011

Submitted to the

Commission on Collegiate Nursing Education by the University of Kentucky College of Nursing

December 7, 2011





# Mission

The University of Kentucky is a public, land grant university dedicated to improving people's lives through excellence in education, research and creative work, service, and health care. As Kentucky's flagship institution, the University plays a critical leadership role by promoting diversity, inclusion, economic development, and human well-being.

## Vision

The University of Kentucky will be one of the nation's 20 best public research universities.

## Values

The University of Kentucky is guided by its core values:

- Integrity
- Excellence
- Mutual Respect and Human Dignity
- Diversity and Inclusion
- Academic Freedom
- Shared Governance
- Work-life Sensitivity
- Civic Engagement
- Social Responsibility

## IA-1

## Mission, Vision and Values

## MISSION

The mission of the University of Kentucky College of Nursing is to foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment.

The University of Kentucky College Of Nursing endeavors to be one of the nation's top nursing programs among public research universities.

## VISION

The University of Kentucky College Of Nursing endeavors to be one of the nation's top nursing programs among public research universities.

## VALUES

- caring and commitment
- community engagement
- cooperative learning
- excellence, creativity and innovation
- inclusive community
- open and honest communication
- health and wellness of all persons
- respect and integrity
- appreciation of contributions of others
- interdisciplinary collaboration
- life-long learning
- shared leadership

Mission, Vision and Values approved by College of Nursing Faculty 3/7/07. Values revised and approved by College of Nursing Faculty 3/2/10.



# 2009-2014 Strategic Plan

The mission of the University of Kentucky College of Nursing is to foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment.

Our Vision: The University of Kentucky College of Nursing endeavors to be one of the nation's top nursing programs among public research universities.

## Aims

- 1. Prepare nurses to lead an ever-changing heath care environment.
- Contribute to the knowledge base of the discipline through an active program of nursing and interprofessional research.
- **3.** Engage in collaborative and cooperative relationships for the purpose of modeling excellence in nursing education, research, service and practice.

## Values

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- · cooperative learning
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## Preamble

Since 1960, the University of Kentucky College of Nursing has lead the way in nursing education in the Commonwealth of Kentucky. The College was established as one of the original units in Chandler Medical Center. The Baccalaureate Program began in 1960; the Master's Program began in 1969 and was the first in Kentucky; the PhD Program began in 1986 and was one of the first in the region; and the Doctor of Nursing Practice began in 2001, the first in the country. The College of Nursing will celebrate its 50th anniversary in 2010.

The college strives to be one of the nation's top nursing programs through excellence in nursing education, research, practice, and service in an ever-changing health care environment. Our first-time pass rate for BSN graduates taking the National Council Licensure Examination over the last five years has been an average of 97%. Our rankings exemplify our accomplishments. The PhD Program is ranked 10th out of 99 private and public PhD programs in nursing (2008 Academic Analytics, LCC Report). The College is ranked 33rd among all U.S. schools of nursing, with \$1.3 million total in National Institutes of Health funding in 2008. The College's Graduate Program is tied at 26th among graduate schools of nursing according to U.S. News & World Report in its 2008 edition of America's Best Graduate Schools.

The College had 762 students in Fall 2009, including 69% who are enrolled in the Undergraduate Program and 31% enrolled in the Graduate Program. Men represented 11.4% (87) of the nursing student body, 7.6% were minorities (58), and there were 11(1.4%) international students. There are more than 5,000 College of Nursing alumni; 3,000 live in Kentucky, including more than 1,000 in Fayette County.

Outstanding faculty members are committed to providing an excellent academic experience for our students based upon their clinical experiences and research endeavors. Nearly 70% of 57 full-time faculty members hold doctoral degrees and three hold an endowed professorship or chair. Five faculty are fellows in the American Academy of Nursing.

**College of Nursing Goal 1.** Attract, retain, and graduate outstanding and diverse students while engaging them in nationally prominent nursing education programs.

University of Kentucky Goal 1. Prepare students for leading roles in an innovation-driven economy and global society. The College of Nursing has a long tradition of preparing baccalaureate and graduate prepared nurses to meet the health care needs of the Commonwealth and nation and for preparing the next generation of nurse scientists. The College was the first to offer a Master's Program in Kentucky, one of the first to offer a PhD Program in the region, and the first in the nation to offer a DNP Program.

#### **Objective 1.1** Recruit highly qualified students.

Strategy 1.1.1 Refine admission criteria for direct admit to the major as freshman.

- Strategy 1.1.2 Assure that admission criteria support recruitment of highly qualified students.
- Strategy 1.1.3 Market graduate programs regionally, nationally, and internationally.
- Strategy 1.1.4 Target enrollment of high achieving minority, international, and male students.
- Strategy 1.1.5 Determine desirability and feasibility of offering a CRNA program.

## <u>Objective 1.2</u> Provide academic resources and scholarly opportunities to support student retention and success.

Strategy 1.2.1	Actively engage in advising of pre-nursing, nursing
	majors, and graduate students to support retention
	and timely graduation.
Strategy 1.2.2	Formalize opportunity for undergraduate students
-	to pursue "Nursing Honors" option.

Strategy 1.2.3 Implement BSN-DNP option in response to 2015 initiative for advanced practice nursing.

- Strategy 1.2.4 Prepare PhD graduates for research careers that generate high impact science.
- Strategy 1.2.5 Implement a graduate teaching certificate in nursing.
- Strategy 1.2.6 Actively engage in Interprofessional Education, Practice, and Research initiatives.
- Strategy 1.2.7 Assure that programs address emerging issues in health care (e.g., patient safety, emergency preparedness, geriatrics).
- Strategy 1.2.8 Redesign graduate courses to be offered in accessible formats that are responsive to the needs of students, including new graduates and adult learners.
- Strategy 1.2.9 Evaluate curricular and student needs for elective and specialty courses and seminars, with particular attention to interdisciplinary learning activities, in each program and develop an implementation plan, as needed.

#### **Metrics**

By 2014 the College of Nursing will demonstrate achievement of Goal 1 as indicated by the following metrics:

- Metric 1.1-1 Number of males in the nursing student body will increase.
- Metric 1.1-2 Number of entering minority and international students that matriculate will increase over the previous year.
- Metric 1.1-3 Students admitted to undergraduate professional nursing program will have a minimum cumulative and science GPA of 3.25 on 4.0 scale.
- Metric 1.1-4 The NCLEX pass rate will exceed 90% of first time test takers.
- Metric 1.2-1 The Nursing Honors option for BSN students is implemented.
- Metric 1.2-2 The number of students who matriculate who meet the admission criteria for the DNP and PhD Programs will increase by 5% annually.
- Metric 1.2-3 Enroll 90% of graduate students whose career goal is to become a faculty member in the College of Nursing graduate teaching certificate program.
- Metric 1.2-4 Of MSN and DNP graduates who sit for national certification, at least 90% will be certified within a year of graduation.
- Metric 1.2-5 Within a year of graduation 90% of PhD graduates will obtain positions in which research is a major component or will pursue postdoctoral work such as a postdoctoral fellowship or mentored scientists.
- Metric 1.2-6 Design and implement a minimum of 2 elective courses in the DNP Program addressing emerging issues in health care.
- Metric 1.2-7 Number of nursing faculty engaged in Center for the Advancement of Interprofessional Health Care initiatives.

**College of Nursing Goal 2.** Attain national and international prominence in practice, scholarship, and research.

University of Kentucky Goal 2. Promote research and creative work to increase the intellectual, social and economic capital of Kentucky and the world beyond its borders. As a practice discipline, the College of Nursing recognizes the centrality of practice to providing high quality nursing education programs. The College actively pursues practice opportunities, both within UK HealthCare and beyond, that support faculty and staff practice, as well as create exceptional learning environments. A diverse portfolio of scholarship and research also serves as a foundation for high quality undergraduate and graduate nursing education programs. Nursing faculty and staff support students along the educational continuum to engage in interdisciplinary scholarship and research.

#### Objective 2.1 Increase extramural research funding.

- Strategy 2.1.1 Actively participate in UK's Center for Clinical and Translational Sciences.
- Strategy 2.1.2 Enhance College's research standing through strategic faculty hires while supporting teaching and practice.
- Strategy 2.1.3 Pursue formal University recognition for the College's research centers with the goal of mentoring junior faculty in developing funded programs of research.
- Strategy 2.1.4 Increase post-doctoral opportunities within the College.
- Strategy 2.1.5 Increase grant support for students.

#### <u>Objective 2.2</u> Support practice initiatives through promotion of scholarship and the dissemination of outcomes at state, national, and international meetings.

Strategy 2.2.1 Faculty engaged in practice who are committed to scholarship will have time and resources for scholarly activities.

#### Metrics

By 2014 the College of Nursing will demonstrate achievement of Goal 2 as indicated by the following metrics:

- Metric 2.1-1 Annually, 60% of regular title series faculty will have extramural research funding.
- Metric 2.1-2 Extramural research funding will increase by 5% annually.
- Metric 2.1-3 Data-based research presentations and publications will increase by 5% annually.
- Metric 2.1-4 Maintain top 10th percentile ranking among the private and public PhD programs in Nursing (Academic Analytics).
- Metric 2.2-1 Full-time clinical title series faculty who are committed to scholarship will have a minimum of 10% time on their D.O.E. for scholarship.
- Metric 2.2-2 Regional, national, or international presentations of practice initiatives will increase by 10% annually.

# **College of Nursing Goal 3.** Develop the human and physical resources of the College to achieve the institution's top 20 goals.

University of Kentucky Goal 3. Develop the human and physical resources of the University to achieve the institution's top 20 goals. Aspirations to achieve the University's top 20 goals require that we support faculty to further develop their knowledge and expertise as outstanding teachers, practitioners, scholars, and researchers. In order to meet this challenge, it is also essential that we have knowledgeable staff whose work compliments that of faculty and administration. Physical resources must also be attended to including, but not limited to, sufficient space and high quality information technology support.

# <u>Objective 3.1</u> Enhance use of technology to meet the education, research, and service needs.

Strategy 3.1.1 Implement a cohesive plan for using technology, including information technology, data management, and educational technology.

# <u>Objective 3.2</u> Assure resources that support high-quality instruction, research/scholarship, practice, and service.

- Strategy 3.2.1 Assure that classrooms in College of Nursing Building are equipped to meet educational needs.
- Strategy 3.2.2 Optimize processes and infrastructure that support increased grant development and management.
- Strategy 3.2.3 Work with UK HealthCare Enterprise leadership to assure that structures are in place to support undergraduate and graduate students clinical experiences and faculty practice, research/ scholarship, and service opportunities.
- Strategy 3.2.4 Acknowledge the contributions of clinical preceptors.

## <u>Objective 3.3</u> Develop faculty in their roles as teacher, scholar, researcher, and/or practitioner.

- Strategy 3.3.1 Implement philosophy of advising and academic support across all academic programs and evaluate effectiveness.
- Strategy 3.3.2 Enhance faculty development in the area of technology for education (e.g., simulation and computer based instruction), research, and service.
- Strategy 3.3.3 Explore additional strategies, including technology, that facilitate the faculty's work across roles, locations, and time.
- Strategy 3.3.4 Implement faculty development plan which includes an infrastructure for faculty peer mentorship and enhances efforts to assist faculty in achieving promotion and/or tenure.
- Strategy 3.3.5 Provide faculty with release time for professional development in their role or specialty area.

#### **Objective 3.4** Increase extramural program funding.

Strategy 3.4.1 Develop faculty expertise in obtaining HRSA grants by providing ongoing training in grant writing to faculty.

## <u>Objective 3.5</u> Increase philanthropic support for the College.

Strategy 3.5.1	Develop plan for increasing faculty and staff
	participation in development.
Strategy 3.5.2	Expand number of donors that support the
	College of Nursing.

#### Metrics

By 2014 the College of Nursing will demonstrate achievement of Goal 3 as indicated by the following metrics:

- Metric 3.1-1 Seventy percent of undergraduate clinical courses will use high fidelity simulation technology to enhance learning experiences.
- Metric 3.1-2 The technology plan will be in place.
- Metric 3.2-1 The College of Nursing building will have one classroom with greater than 100 computers to accommodate large classes.
- Metric 3.2-2 College of Nursing classrooms that seat more than 20 students will have podiums with built in monitors.
- **Metric 3.2-3** The number of faculty practicing will increase by 20%.
- Metric 3.3-1 Ninety percent of mentees in the Faculty Peer Mentorship program will report satisfaction with the program.
- Metric 3.4-1 At least one HRSA grant will be submitted annually.
- Metric 3.5-1 Philanthropic support will increase by 10% annually.
- Metric 3.5-2 Portfolio of donors managed by the College will reach 50.
- Metric 3.5-3 The College's development officer will make 100 personal visits annually to donor prospects.
- Metric 3.5-4 Funding for nursing scholarships will increase by 10% annually.
- Metric 3.5-5 An endowment will be established to support student travel to conferences for scholarly presentations or leadership activities.
- Metric 3.5-6 There will be increased philanthropic support for College of Nursing Research Centers.

# **College of Nursing Goal 4.** Support an environment that promotes diversity of thought, culture, gender, and ethnicity.

University of Kentucky Goal 4. Promote diversity and inclusion. The College of Nursing faculty, staff, and students are committed to providing an inclusive environment that supports the success of all persons. The opportunity to learn and work with men and woman who have different thoughts, cultural experiences, and ethnic backgrounds enriches our personal and professional experiences and enhances our graduates' abilities to meet the health care needs of all persons in the Commonwealth and in the nation.

# <u>Objective 4.1</u> Attract and retain talented and diverse faculty and staff.

- Strategy 4.1.1 Develop strategy for one-on-one recruitment of diverse faculty and staff members.
- Strategy 4.1.2 Implement faculty and staff retention plan which includes factors in addition to salary.
- Strategy 4.1.3 Develop a plan for work-life enhancement.
- Strategy 4.1.4 Incorporate information from faculty and staff exit interviews in recruitment and retention efforts.

## <u>Objective 4.2</u> Promote student, faculty, and staff understanding of, and respect for, diversity.

- Strategy 4.2.1 Assure that the value of diversity is integrated into nursing curriculum and co-curricular activities.
- Strategy 4.2.2 Seek opportunities with funding to engage students and faculty in formal international and inter-cultural opportunities, both on-campus and in regional, national, and international settings.
- Strategy 4.2.3 Identify and use community, university and medical center resources that support student, faculty, and staff understanding of diversity and culturally competent care.

#### Metrics

By 2014 the College of Nursing will demonstrate achievement of Goal 4 as indicated by the following metrics:

- Metric 4.1-1 Increase number of minority full-time faculty members.
- Metric 4.1-2 Increase number of male full-time faculty members.
- Metric 4.1-3 Greater than 75% of faculty and staff will report satisfaction with work environment.

Metric 4.2-1 Strive to maintain level of performance on UK Climate for Learning Survey item "Faculty and staff work proactively to remove barriers to success for diverse student populations."

- Metric 4.2-2 The number of active international partnerships will increase by 20%.
- Metric 4.2-3 The number of students engaged in UK supported international experiences (beyond US borders) will increase by 20%.

### College of Nursing Goal 5. Enhance the health and quality of life of Kentuckians.

University of Kentucky Goal 5. Improve the quality of life of Kentuckians through engagement, outreach and service. The College of Nursing's engagement, outreach, and service initiatives occur within the framework of a public, research-extensive, land grant university. As a practice discipline, the faculty are deeply committed to enhancing the health and quality of life of Kentuckians. This commitment is evidenced through a vibrant continuing education program offered throughout the Commonwealth, participation in statewide initiatives related to the nursing workforce and health, engagement in professional organizations, and active involvement in clinical initiatives.

# <u>Objective 5.1</u> Engage the College in service to the University, state, region, and nation.

- Strategy 5.1.1 Offer high quality continuing education.
- Strategy 5.1.2 Promote collaboration with nursing faculty and clinicians across the Commonwealth through the provision of continuing education offerings focused on evidence-based practice.
- Strategy 5.1.3 Work collaboratively with other Kentucky colleges, universities, health care agencies and institutions, other organizations, and policymakers to shape the future of nursing in Kentucky.
- Strategy 5.1.4 Support faculty and staff involvement in community engagement initiatives.
- Strategy 5.1.5 In collaboration with other colleges, organize activities that engage the community in healthy ways.

## <u>Objective 5.2</u> Promote the College within Kentucky and regionally, nationally, and internationally.

- Strategy 5.2.1 Provide visible leadership in statewide organizations and initiatives that address health and health care needs in Kentucky.
- Strategy 5.2.2 Prioritize key University, state, regional, national, and international education, research and clinical meetings for faculty and student presentations and attendance to assure College's visibility.
- Strategy 5.2.3 Facilitate and support faculty appointment to key University, local, state, national and international organizations boards, review committees, etc.
- Strategy 5.2.4 Market programs and accomplishments of faculty and students.

#### <u>Objective 5.3</u> Enhance the excellence and sustainability of the College's clinical initiatives within UK HealthCare and the larger community.

Strategy 5.3.1	Clarify and address practice financial incentives and release time.
Strategy 5.3.2	Support faculty practice by securing funding.
Strategy 5.3.3	Evaluate practice initiatives in relation to College's
	mission and strategic plan.
Strategy 5.3.4	Increase College's visibility within UK HealthCare.

#### Metrics

By 2014 the College of Nursing will demonstrate achievement of Goal 5 as indicated by the following metrics:

Metric 5.1-1 At least 4 College of Nursing continuing education programs will be provided annually by nursing faculty to areas beyond Fayette County.
Metric 5.1-2 Increase by 25% the number of faculty participating in community engagement initiatives.
Metric 5.1-3 Develop at least one new community collaborative with an external stakeholder.
Metric 5.2-1 Sustain the number of health-related committee, board, or leadership positions external to the College held by nursing faculty.
Metric 5.3-1 Increase by the margin of practice revenue over expenses.
Metric 5.3-2 Increase faculty FTE funded by UK HealthCare.

## Background

In January 2009, the Governance Council began working on the 2009-2014 College of Nursing draft strategic plan. With the input of the Faculty Council, the decision was made to not form a separate work group (as was done for previous strategic plan), but instead involve the Governance Council membership. The Governance Council spent 6 meetings working on the draft plan, in addition to doing work outside of meeting times. Input from faculty and staff was solicited in a forum on April 6, 2009 as well as during the April 24, 2009 faculty meeting. Feedback on Goal 4 was solicited in November, 2009 from Connie Ray, Vice President for Institutional Research, Planning, and Effectiveness and Dr. J.J. Jackson, Vice President for Institutional Diversity.

Goals 1 and 2 were reviewed, and voted on, at the December 15, 2009 Faculty meeting. In December, 2009 Susan Carvalho, Assistant Provost for International Programs, and Connie Ray, reviewed the entire plan and provided feedback, which has been incorporated in preparation for the January 12, 2010 faculty meeting. Goals 3 and 4 (except for metric 4.5 and 4.6) were reviewed and voted on at the January 12, 2010 Faculty meeting. Goal 4 metrics 4.5 and 4.6 and Goal 5 were reviewed and voted on at the February 8, 2010 Faculty meeting.

## UNIVERSITY OF KENTUCKY – COLLEGE OF NURSING (CON) EVALUATION PLAN - OUTCOME INDICATORS FOR BSN Program (Traditional, 2<sup>nd</sup> Degree, RN-BSN) 2009-2010

BSN Program Target	Source of	Who	When	Who Reviews	Current Outcome Indicators	Outcome met/
Outcomes/Indicators	Evidence	Collects	Assessed			Actions Taken
Admission Criteria: Highly qualified students ≥ 3.25 average cumulative and science GPA on 4.0 scale for students admitted to professional nursing program	Student Database	Student Services	Annually	Undergraduate Program Committee (UPC); Associate Dean for Undergraduate (UG) Studies	Traditional Student Admission Data $(N = 168)$ $3.56$ Average Cum GPA $3.57$ Average Science GPA $2^{nd}$ Degree Student Admission Data $(N = 32)$ $3.00$ Average Cum GPA $3.00$ Average Science GPA <b>RN-BSN Student Admission Data</b> Average cumulative GPA of $3.1$ $(2008-2009)$	<u>Traditional Students</u> —met <u>2<sup>nd</sup> Degree Students</u> —not met Actions recommended: market 2 <sup>nd</sup> degree option to highly qualified students; implement twice yearly admission; notify students early with admission decisions in order to enroll highly qualified students who are applying to several nursing
Student Performance $\geq 75\%$ of students withcumulative GPA of $\geq 3.0$ at graduation(3.0 cumulative GPA isminimum for acceptanceinto graduate school); $\geq 50\%$ of studentsgraduate with UK honors(i.e., $\geq 3.4$ cumulativeGPA)	Student Database	Student Services	Annually	Undergraduate Program Committee (UPC); Associate Dean for Undergraduate (UG) Studies	Total Number of 2009-2010 CON Graduates: $N = 128$ Dec. 2009 ( $N = 54$ graduates) $89\%$ (48 of 54) had $\geq 3.0$ GPA $30\%$ graduated with UK honorsMay 2010 ( $N = 74$ graduates) $96\%$ (71 of 74) had $\geq 3.0$ GPA $55\%$ graduated with UK honorsRN-BSN Students: $= 73\%$ of RN-BSN option graduates earned $\geq 3.0$ cumulative GPA• 40% ( $n = 26$ ) of graduates $(N = 64)$ have a cumulative GPA of $\geq 3.4$	Outcome met; no action recommended.

(Note: Expanded Enrollment began with 2007-2008 Admission to Professional Nursing Program)

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BSN Program Target Outcomes/Indicators	Source of Evidence	Who Collects	When Assessed	Who Reviews	Current Outcome Indicators	Actions Taken
Student Satisfaction with BSN Program ≥ 75% of students rate items indicating satisfied or highly satisfied overall with UK nursing program	UK Graduating Senior Survey (Results for College of Nursing)	University Database	Annually	UPC; Associate Dean for UG Studies	<ul> <li>UK Graduating Senior Survey 2009- 10 (# nursing respondents: N = 121- 122) (% agree or strongly agree)</li> <li>90% - <u>Students would recommend</u> <u>Program</u> (Ques. 6j)</li> <li>98% - Faculty knowledgeable in their subject matter (Ques. 6f)</li> <li>97% - Faculty accessible outside of classroom (Ques. 6e)</li> <li>97% - Faculty treated students with respect (Ques. 6g)</li> <li>97% - Students improved critical thinking and analytical skills (Ques. 2K)</li> <li>86% - Overall satisfaction with UK Experience (Ques. 12)</li> </ul>	Outcome met; no action recommended.
Student Satisfaction with Advising ≥ 75% of students rate items indicating satisfied or very satisfied overall with advising	UK Graduating Senior Survey (Results for College of Nursing)	University Database	Annually	UPC; Associate Dean for UG Studies	UK Graduating Senior Survey 2009- 10 (# nursing respondents: <i>N</i> = 120- 121) (% agree or strongly agree) 73% - <u>Advisor is someone I would</u> <u>recommend</u> (Ques. 8d) 79% - Advisor was accessible when needed (Ques. 8b)	Outcome not met; increase from 68% (2008-09) to 73% (2009- 10) for "student would recommend advisor." Action: solicited feedback from 2009-2010 graduating seniors on advising expectations via brief survey: what they appreciated most/most helpful; expected to receive from advising; at least one suggestion; grade for advising experience (faculty and professional advisor) Dec 2009 (34 of 59; 58%); Student rating (based on 4.0) 3.5 = Faculty advising 2.6 = Professional. May 2010 (66 of 73; 90%) 2.9 = Faculty advising 1.8 = Professional. Student recommendations provided to improve advising.

BSN Program Target Outcomes/Indicators	Source of Evidence	Who Collects	When Assessed	Who Reviews	Current Outcome Indicators	Actions Taken
NCLEX-RN Pass Rates > 90% of graduates will pass the nursing licensure examination on the first attempt	KY Board of Nursing (KBN) NCLEX-RN Pass Rates (85% required)	Associate Dean for UG Studies	Annually	UPC; Associate Dean for UG Studies	<u>Dec. 2009</u> - 98% (53 of 54) first-time pass rate <u>May 2010</u> – 99% (71 of 75) first- time pass rate. *71 of 75 reported by KBN as of 9/10/10	Outcome met; no action recommended.
Time to Degree Completion ≥ 80% of graduating BSN students will complete their professional nursing program within 3 years of entering their first clinical nursing course < 10% overall attrition from time of entering first clinical nursing course in professional nursing program	Student Tracking Database	Student Services	Annually	UPC; Associate Dean for UG Studies	<ul> <li>84% of Dec.2009 - May 2010 graduates completed the program in 3 years (i.e.,141 students enrolled in cohort scheduled to graduate 2009- 2010; 118 graduated on time)</li> <li>92% (n = 130) attrition from time of entering first clinical nursing course in professional nursing program</li> <li><u>RN-BSN Students</u>: 100% graduate in 3 years</li> <li>Of the 78 graduates (2001-2008) 55% (n = 49) graduated in one calendar year</li> <li>24% (n = 28 of 117; 2001-2008) attrition rate</li> </ul>	Outcome met; no action recommended.
Employment Rate $\geq$ 80% of graduates who have positions (if desired) commensurate with their education at the time of graduation	CON Graduating Senior Employment Survey	Student Services; Associate Dean for UG Studies	Annually	UPC; Associate Dean for UG Studies	Dec. 2009-52% of graduates were employed at time of graduation $(n = 28 \text{ of } 54 \text{ graduates}).$ May 2010 – 21% of graduates were employed at time of graduation $(n = 15 \text{ of } 72 \text{ graduates} - 2 \text{ did not}$ respond).37% total employment rate for 2009- 2010 graduates	Partially met; anticipate improvement in employment rate of graduates when economy right sizes. Work with local nurse executives to identify hiring plans and share information with upcoming graduates

BSN Program Target Outcomes/Indicators	Source of Evidence	Who Collects	When Assessed	Who Reviews	Current Outcome Indicators	Actions Taken	A-4
Alumni Satisfaction ≥ 90% of alumni are satisfied or very satisfied with their education 1-5 years post graduation	5-year survey of alumni (1-5 years post graduation)	Associate Dean for UG Studies	Every five years (2009) (2014)	UPC; Associate Dean for UG Studies	2009 survey: Response rate: 10%; $n = 49$ (of 483 alumni contacted; Dec 2003-May 2008 graduates) 98% - Very satisfied (71%) or Satisfied (27%)	Outcome met; no action recommended.	4 -
<b>Employer Satisfaction</b> $\geq$ 90% of employers are satisfied or very satisfied with quality of graduates	5-year survey of employers UK BSN grads (1-5 years post graduation)	Associate Dean, UG Studies	Every five years (2009) (2014)	UPC; Associate Dean for UG Studies	2009 survey: Response rate: 4%; $n = 18$ (of 483 alumni contacted for survey of employers; Dec 2003-May 2008 graduates) 100% - Very satisfied (72%) or Satisfied (28%)	Outcome met; no action recommended.	CCNES
High Fidelity SimulationUse by Clinical Courses $\geq$ 70% of clinical courseswill use high fidelitysimulation technology toenhance learningexperiences.	Yearly survey of clinical course coordinators	Associate Dean, UG Studies	Every year	UPC; Associate Dean for UG Studies	2008-2009: 55%, $n = 6$ of 11 clinical courses 2009-2010: 55%, $n = 6$ of 11 clinical courses (one is an RN-BSN course that does not use simulation—N514, Health Assessment)	Unchanged from last year. Developed and trained Undergraduate Simulation Squad (Abshire, Kral, Miller) to provide support to undergrad faculty for high fidelity simulation in clinical courses.	Self Study: 2011 Unive

Patricia V. Burkhart, PhD, RN Associate Dean, Undergraduate Studies DATE-- UPC for review and recommended action

DATE-- UG Faculty voted unanimously to accept report and recommended actions

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## **MSN Program Goals**

## MSN Program Goals

- 1. Evaluate theory, research, and clinical knowledge for development and implementation of innovative approaches to care
- 2. Provide advanced practice nursing care consistent with the ANA standards of care and professional performance
- 3. Analyze factors that influence advanced practice nursing, health and health care (including biological, psychological, social, economic, cultural, political, ethical, legal, and geographic factors)
- 4. Evaluate the outcomes of advanced practice nursing and health care using appropriate research methods
- 5. Use theory in the management of health care resources to deliver effective and efficient clinical services and programs
- 6. Collaborate with others to meet the health needs of populations
- 7. Contribute to the advancement of health and health care through leadership in practice and the profession
- 8. Collaborate with others to identify and resolve ethical issues in health care practices, research, and policies

## **DNP Program Goals**

## DNP Program Objectives: Approved Fall 2010

The program will prepare graduates who:

- 1. Are expert practitioners for diverse populations and systems who engage in leadership to create practice environments that improve health care outcomes
- 2. Promote evidence- based innovations, technologies, and scholarship in nursing and health care delivery to improve practice.
- 3. Synthesize scientific, theoretical, and policy data from a variety of disciplines to improve health care systems and health outcomes for individuals and populations.
- 4. Collaborate in inter/intraprofessional networks that promote diversity and optimize care in complex health care systems
- 5. Create an environment that supports personal and professional development to enhance health care outcomes and life quality for populations

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CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP



**KENTUCKY BOARD OF NURSING** 

Steven L. Beshear Governor

April 16, 2010

312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222-5172 Phone (502) 429-3300 (800) 305-2042 Fax (502) 429-3311 www.kbn.ky.gov

Patricia V. Burkhart, PhD, RN Program of Nursing Administrator University of Kentucky - College of Nursing 315 CON Bldg., 751 Rose Street Lexington Kentucky 40536-0232

Dear Dr. Burkhart:

During the meeting of the Kentucky Board of Nursing held April 15 and 16, 2010, the Board reviewed the results of the National Council Licensure Examination (NCLEX) for the graduates of the Baccalaureate Program of University of Kentucky - College of Nursing, Lexington. Based on the 98 percent pass rate for first-time NCLEX writers, the Board acted to continue Full approval status for the prelicensure Program of Nursing. A certificate indicating your Kentucky approval status is enclosed.

Should you have any questions regarding the actions of the Board, or if we may be of further assistance to you, please contact Patricia Spurr, EdD, MSN, RN, Nursing Education Consultant, at the Board office at (502) 429-3333 or <u>Patricia.Spurr@ky.gov</u>.

Sincerely,

JIMMY T. ISENBERG, PhD, RN PRESIDENT

By: Charlotte F. Beason, EdD, RN, NEA Executive Director

Enclosure

cc: Jane Kirschling, DNS, RN, Dean Lee T. Todd, Jr., PhD



CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP



KENTUCKY BOARD OF NURSING

**Steven L. Beshear** Governor 312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222-5172 Phone (502) 429-3300 (800) 305-2042 Fax (502) 429-3311 www.kbn.ky.gov

February 21, 2011

RECEIVED OFFICE OF THE PRESIDENT UNIVERSITY OF KENTUCKY MAR 1 2011

Jane Marie Kirschling, DNS, RN University of Kentucky - College of Nursing 760 Rose Street 315 CON/HSLC Building Lexington, Kentucky 40536-0232

Dear Dr. Kirschling:

During the meeting of the Kentucky Board of Nursing held February 11, 2011, the Board reviewed the recommendations of the Education Committee concerning the Doctorate of Nursing Practice (DNP) program of the University of Kentucky - College of Nursing, Lexington.

The Board approved the recommendation: That in accordance with 201 KAR 20:061, Doctor of Nursing Practice (DNP), the letter of accreditation from the Commission on Collegiate Nursing Education (CCNE) for the University of Kentucky's existing DNP program be accepted for the granting of Full approval status.

Should you have any questions regarding this matter, or if we may be of further assistance to you, please contact Patricia Spurr, EdD, MSN, RN, Nursing Education Consultant, at the Board office (502) 429-3333 or <u>Patricia.Spurr@ky.gov</u>.

Sincerely,

CAROLE A. KOMARA, MSN, RN PRESIDENT

By: Charlotte F. Beason, Ed.D., RN, NEA Executive Director

PS/lh

cc: Lee T. Todd, Jr., PhD



CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP IB-1 **General Education Implementation – CHANGE UNDERGRADUATE PROGRAM FORM** 

#### 1. General Information:

College: <u>Nursing</u>		Department:	
Major Name: <u>Nursing</u>	ng	Degree Title:	BSN
Formal Option(s), if any:		Specialty Field w, Formal Options, i	
Requested Effective Dat	ate: FALL '11, <i>IF</i> RECEIVED	BY UNDERGRA	ADUATE COUNCIL BY FRIDAY, APRIL 8.
Contact Person: Pat	tricia Burkhart	Phone: <u>3-6253</u>	Email: <u>Pvburk2@email.uky.edu</u>

#### 2. General Education Curriculum for this Program:

The new General Education curriculum is comprised of the equivalent of 30 credit hours of course work. There are, however, some courses that exceed 3 credits & this would result in more than 30 credits in some majors.

- There is no foreign language requirement for the new Gen Ed curriculum.
- There is no General Education Electives requirement.

Please list the courses/credit hours currently used to fulfill the University Studies curriculum: PSY 100, CHE 103, ANA 109, STA 200

General Education Area	Course	Credit Hrs
I. Intellectual Inquiry (one course in each area)	· · · ·	
Arts and Creativity	<u>Choose from</u> <u>approved</u>	<u>3</u>
Humanities	<u>Choose from</u> <u>approved</u>	<u>3</u>
Social Sciences	<u>PSY 100</u>	<u>4</u>
Natural/Physical/Mathematical	<u>BIO 103</u>	<u>3</u>
II. Composition and Communication		
Composition and Communication I	CIS or WRD 110	3
Composition and Communication II	CIS or WRD 111	3
III. Quantitative Reasoning (one course in each area)		
Quantitative Foundations <sup>1</sup>	<u>Choose from</u> <u>approved</u>	<u>3</u>
Statistical Inferential Reasoning	<u>STA 210</u>	<u>3</u>
IV. Citizenship (one course in each area)		
Community, Culture and Citizenship in the USA	<u>Choose from</u> <u>approved</u>	<u>3</u>
Global Dynamics	<u>Choose from</u> <u>approved</u>	<u>3</u>
	otal General Education Hours	<u>31</u>

#### If moving from USP to Gen Ed results in unallocated hours, please indicate below how that allocation will be

<sup>&</sup>lt;sup>1</sup> Note that MA 109 is NOT approved as a Quantitative Foundations course. Students in a major requiring calculus will use a calculus course (MA 113, 123 or 137) while students not requiring calculus should take MA 111, PHI 120 or another approved course.

made. See <u>http://www.uky.edu/Faculty/Senate/files/Forms/Gen\_Ed\_Pgm\_Changes.html</u> for an example. Students will take 2-3 elective credits to complete 120 hours for BSN. CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

## UNIVERSITY OF KENTUCKY COLLEGE OF NURSING

## 2010-2011 Report on Diversity Programs and Activities Prepared for the UK Office of Institutional Diversity by Dean Kirschling and Kerrie Moore August 22, 2011

During the 2010-2011 academic year the Dean continued to meet once a semester with the College's Diversity Advisory Committee (includes external and internal stakeholders) and minority students (co-facilitated by Penne Allison from UKHC). Information from these sessions are shared with the appropriate administrators, faculty, and staff in order to foster a culture of inclusivity within the College.

The following Exhibits, Visitors, Presentations/Speaking Requests and Other Activities had a large minority audience:

**Exhibits:** Talked to potential students at a variety of events including:

- National Black Nurses Association (NBNA), Aug 4-8, 2010
- American Assembly of Men in Nursing (AAMN), Sept 23-25, 2010
- Attended all Come See for Yourself Events Kacy, Kerrie or both; and students
- UK Graduate School Professional Showcase, Oct 2010
- 6<sup>th</sup> Annual Latino / Multicultural Fair (ELKF?), Nov 17, 2010
- Kentucky State University (KSU) School of Nursing, Feb 16, 2011

**<u>Visitors</u>**: Provided 2-3 hour hands-on learning sessions to the following groups:

- CARES Freshman Summer Program, July 14, 2010
- BCTCS Latino Leadership Camp, July 29, 2010
- Girls Enjoy Math and Science (GEMS), Oct 30, 2010
- Minority College Awareness Program (MCAP), Nov 20, 2010
- Linlee School, Dec 9, 2010
- Girl Scout First Aid Badge Workshop, April 16, 2011

## Presentations / Speaking Requests:

- U of L MAPS visit, Oct 12, 2010
- UK's House Calls, Oct 12, 2010
- Dunbar High School Career Center, Nov 16, 2010
- Center for Student Involvement, Feb 1, 2011
- UK Health Colleges Reception @ UK on Main, Feb 23, 2011
- 4<sup>th</sup> Annual Multicultural Health Careers Open House, March 5, 2011
- KY Girls STEM Conference, June 29, 2011

## Other Activities:

- Lyman T. Johnson Awards: Nominated (2) undergraduate students for Torch Bearer Awards and Latoya
   B. Lee won. Nominated (3) alumni for Torch of Excellence Awards. Participated in the Lyman T. Johnson Awards Reception, October 23, 2011
- Experienced Based Career Education (EBCE): Worked with (1) minority student over a four month period with shadowing placements in the hospital and at the College

## University of Kentucky College of Nursing DNP Program Committee: November 16, 2009

Issue (lead)	Key Points	Actions to be Taken	Time Frame/Who	Actions Taken
Minutes	Minutes approved	Send minutes to all DNP	Corree/ this week	Approval of
October 19		faculty		minutes
NUR 910	S. Lock passed out proposed document. One change to wording in pre-	Send to total faculty	Chair/ next faculty	Motion
Syllabus	requisites discussed. Add: Exceptions may be made by program		meeting	approved
proposal (S.	director.			
Lock)	Discussion:			
	Howard- in talking with Kate- 920 will become a higher level			
	clinical specialty course in the future.			
	Brockopp-Representatives from Vanderbilt were here today-			
	their post-master's program is only 3 semesters. We need to			
	think about what we are requiring in our program.			
	Motion: Move forward with proposed syllabus.			
Policy for 6	Discussion:	Let advisors and students	Prior to end of	Sharon- moves
credit	If student enrolls in 6 credit hours and then does not complete	know that advisor must	semester/ Kathy	for approval o
enrollment	the capstone, what do we do?	approve enrollment on 6		motion.
option in 910	Motion: Prior to the end of the Fall semester for registration in the	credits of 910.		
	Spring semester, if a student plans to enroll for more than 3 hours in			Motion
	910, the student needs to have IRB approval, and have 2 papers			approved
	completed and approved by the student's committee. An exception			
	may be made by the committee for a student relative to student			
	loans.			
Composition	Discussion:	Continue same structure	June	
and reporting	Track coordinators concerned that not all faculty have input in	for remainder of year.	meeting/committee	
structure	program. We said we would try the new structure for a year.	Discuss at later meeting.		
	This is the mid point of the year.		December meeting/	
		Discuss reporting at next	committee	
	Bylaws state that we report to total faculty.	meeting.		
Policies and	Current policy is located in graduate student handbook.	Change written policies in	Kathy/ prior to	Approved
procedures-		handbook	Spring semester	changes to
Readmission	Bulleted list includes criteria for students with outstanding course			policy
	work.			
	Add: For students with outstanding grades, base application and			
	admission decisions on College protocol on DNP faculty review- and 2			

Issue (lead)	Key Points	Actions to be Taken	Time Frame/Who	Actions Taken
	other bulleted items.			
P& P- Leave of absence	See draft policy from Kathy. Change to 2 semesters – not 4. Delete sentence about capstone project. Students must discuss with advisor, not strongly encouraged. Put statement on advisor first, then formal request next.	Change written policies in handbook	Kathy/ prior to Spring semester	Approved changes to policy
P&P-Time limits on degrees	Recommend 7 years instead of 6 with 2 year extensions total of 9 years	Change written policies in handbook	Kathy/ prior to Spring semester	Approved changes to policy
Assessment and accreditation	Discussion: Marsha Watson from Assessment office came to talk with the curriculum committee chairs about accreditation. SACS focuses on indirect and direct evidence. We are doing what is required in the essentials, but we aren't using the language.			
	When we did the assessment documents, we looked at the essentials, not the objectives within the essentials.			
Tools: DNP objectives with essentials	We have a few gaps in the post MSN courses. This document should be draft 1. We need to possibly have a peer review of the courses as well.	Set up work groups to tweak essentials	This semester/ Pat/ Corree	
	Course objectives need to be tweaked for language. Idea- group courses together to work on objectives: leadership, specialty, methods. 920 may need more than just a little tweaking of objectives. Kate and track coordinators to meet on 920.	Move courses into clusters on tool	This semester/ Pat/ Corree	
	Plan- work in faculty clusters based on content of courses and how they fit.			
Program	Marsha Watson said we should only have 4 or 5 objectives- see draft	Take objectives to track		
objective	of possible changes.	coordinators and then		
changes	See changes	total faculty		
Checklist	See checklist from NONPF document			
Listing specialty on transcript	Kathy is following up on this			
Clinical nurse specialist certification	We are going to have to have faculty certified CNS involved in the track			
Advising days	Date for advising- Friday and Saturday March 26 and 27 best days-			

Issue (lead)	Key Points	Actions to be Taken	Time Frame/Who	Actions Taken	]
for Spring	registration begins March 29 <sup>th</sup> - Monday.				]
	This conflicts with scholarship showcase.				IB-2
Student petition	Would like to waive NUR 912 due to course that was taken in past MBA program for student.	Waived requirement of 912		waived	
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Future Agenda Ite	ems:				
Reporting structu					2011 University of Kentucky BSN,
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Clinical mentor le	tter and form- take letter and tweak it review next meeting				ŝity
NUR 910 discussio					of K
Program objective	es				(en
Policy/ Procedure					tuc
Curriculum mappi					N N
Advising procedu	re				NS6
Next Meeting:					V, MS
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#### University of Kentucky College of Nursing 2009-2014 Expanded Strategic Plan: 2009-2010 Annual Report and 2010-2011 Administrative Oversight of Strategies February 4, 2011

### MISSION

The mission of the University of Kentucky College of Nursing is to foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment.

#### VISION

The University of Kentucky College of Nursing endeavors to be one of the nation's top nursing programs among public research universities.

### AIMS

- 1. Prepare nurses to lead an ever-changing heath care environment.
- 2. Contribute to the knowledge base of the discipline through an active program of nursing and interprofessional research.
- 3. Engage in collaborative and cooperative relationships for the purpose of modeling excellence in nursing education, research, service and practice.

### VALUES

- caring and commitment
- community engagement
- cooperative learning
- excellence, creativity and innovation
- inclusive community
- open and honest communication
- health and wellness of all persons
- respect and integrity
- appreciation of contributions of others
- interdisciplinary collaboration
- life-long learning
- shared leadership

#### Preamble

Since 1960, the University of Kentucky College of Nursing has lead the way in nursing education in the Commonwealth of Kentucky. The College was established as one of the original units in Chandler Medical Center. The Baccalaureate Program began in 1960; the Master's Program began in 1969 and was the first in Kentucky; the PhD Program began in 1986 and was one of the first in the region; and the Doctor of Nursing Practice began in 2001, the first in the country. The College of Nursing will celebrate its 50<sup>th</sup> anniversary in 2010.

The college strives to be one of the nation's top nursing programs through excellence in nursing education, research, practice, and service in an ever-changing health care environment. Our first-time pass rate for BSN graduates taking the National Council Licensure Examination over the last five years has been an average of 97%. Our rankings exemplify our accomplishments. The PhD Program is ranked 10<sup>th</sup> out of 99 private and public PhD programs in nursing (2008 Academic Analytics, LCC Report). The College is ranked 33<sup>rd</sup> among all U.S. schools of nursing, with \$1.3 million total in National

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Institutes of Health funding in 2008. The College's Graduate Program is tied at 26<sup>th</sup> among graduate schools of nursing according to U.S. News & World Report in its 2008 edition of America's Best Graduate Schools.

The College had 762 students in Fall 2009, including 69% who are enrolled in the Undergraduate Program and 31% enrolled in the Graduate Program. Men represented 11.4% (87) of the nursing student body, 7.6% were minorities (58), and there were 11(1.4%) international students. There are more than 5,000 College of Nursing alumni; 3,000 live in Kentucky, including more than 1,000 in Fayette County.

Outstanding faculty members are committed to providing an excellent academic experience for our students based upon their clinical experiences and research endeavors. Nearly 70% of 57 full-time faculty members hold doctoral degrees and three hold an endowed professorship or chair. Five faculty are fellows in the American Academy of Nursing.

# College of Nursing Goal 1. Attract, retain, and graduate outstanding and diverse students while engaging them in nationally prominent nursing education programs.

## University of Kentucky Goal 1. Prepare students for leading roles in an innovation-driven economy and global society.

The College of Nursing has a long tradition of preparing baccalaureate and graduate prepared nurses to meet the health care needs of the Commonwealth and nation and for preparing the next generation of nurse scientists. The College was the first to offer a Master's Program in Kentucky, the first to offer a PhD Program in the region, and the first in the nation to offer a DNP Program.

**<u>Objective 1.1</u>** Recruit highly qualified students.

### Related Mission Area: Education

Assessment Methods: Demographic data on nursing student body will be tracked, cumulative and science GPA for applicants to the undergraduate professional nursing program will be tracked, whether or not admission criteria for graduate programs were met will be tracked, and decision on offering CRNA program will be made.

## **Related UK Metric:**

- ✓ Metric 4-2. Increase the proportion of students from diverse ethnic groups and other underserved populations
- Strategy 1.1.1 Refine admission criteria for direct admit to the major as freshman. Completed 2009-2010
- Strategy 1.1.2 Assure that admission criteria support recruitment of highly qualified students. 2010-2011ongoing, primary leads Patricia Burkhart and Patricia Howard
- Strategy 1.1.3 Market graduate programs regionally, nationally, and internationally. 2010-2011 ongoing, primary lead Terry Lennie, secondary lead Patricia Howard
- Strategy 1.1.4 Target enrollment of high achieving minority, international, and male students. 2010-2011 ongoing, primary leads Terry Lennie and Patricia Howard, secondary lead Patricia Burkhart
- Strategy 1.1.5 Determine desirability and feasibility of offering CRNA program. 2010-2011 ongoing, primary leads Patricia Howard and Jane Kirschling

By 2014 the College of Nursing will demonstrate achievement of Goal 1 as indicated by the following metrics:

Metric 1.1-1 Number of males in the nursing student body will increase.<sup>1</sup>

- Fall 2008 11% or 76 of 679 nursing students were male
- Fall 2009 11% or 87 of 762 nursing students were male [same as benchmark]

# Metric 1.1-2 Number of entering minority and international students that matriculate will increase over the previous year.'

<sup>&</sup>lt;sup>1</sup> Tracked by Kerrie Moore

UK College of Nursing 2009-2010 Annual Report and 2009-2014 Strategic Plan

#### CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

- 2008-2009, 320 new students matriculated into the undergraduate and graduate programs. Of the 320, 26 or 8.1% were minority or international students, including 13 (8.2%) in the traditional BSN program [includes 1 international student], 4 (12.9%) in the second degree program, 4 (10.5%) in the RN to BSN program, 2 (3.1%) in the MSN program, 3 (27.3%) in the PhD program [includes 1 international student], and 0 in the DNP program
- 2009-2010, 301 new students matriculated into the undergraduate and graduate programs. Of the 301, 30 or 10.0% were minority or international students, including 18 (11.0%) in the traditional BSN program, 5 (17.9%) in the second degree program[includes 1 international student], 2 (5.6%) in the RN to BSN program, 0 in the MSN program, 1 (12.5%) in the PhD program [includes 1 international student], and 4 (7.7%) in the DNP program [increased by 4 students over benchmark]
- Metric 1.1-3 Students admitted to undergraduate professional nursing program will have a minimum cumulative and science GPA of 3.25 on 4.0 scale.<sup>2</sup>
  - Fall 2008/Spring 2009 a) Traditional BSN students, average cumulative GPA 3.42 and science GPA 3.34; b) 2<sup>nd</sup> degree BSN students, average cumulative GPA 3.0 and science GPA 2.75; and c) RN-BSN students, average cumulative GPA 3.09
  - Fall 2009/Spring 2010 a) Traditional BSN students, average cumulative GPA 3.56 and science GPA 3.57; b) 2<sup>nd</sup> degree BSN students, average cumulative GPA 3.0 and science GPA 3.0; and c) RN-BSN students, average cumulative GPA 3.07[met]
- Metric 1.1-4 The number of students who matriculate who meet the admission criteria for the DNP and PhD Programs will increase by 5% annually.<sup>3</sup>
  - 11 of 17 or 64.7% of DNP matriculates (applied, admitted and enrolled in 2008-2009) met admission criteria; 5 of 8 or 62.5% of PhD matriculates (applied, admitted and enrolled in 2008-2009) met admission criteria
  - 17 of 50 or 34% of DNP matriculates (applied, admitted and enrolled in 2009-2010) met admission criteria; 2 of 7 or 28.5% of PhD matriculates (applied, admitted and enrolled in 2009-2010) met admission criteria.[decreased by 30/7% for DNP admissions and 34% for PhD admissions]

Analysis of Results and Reflections: Although the number of male nursing students increased by 11, to total percentage remained the same. The number of minority and international students increased by 4 and the overall percentage increased by 1.9%. Students admitted to the traditional undergraduate nursing program continued to have strong cumulative (3.56. and science (3.57) GPAs. During 2009-2010 the undergraduate faculty refined the admission criteria for direct admit to the nursing major as a freshman. Students admitted to the 2<sup>nd</sup> degree undergraduate program and the RN to BSN program did not meet the minimum of a 3.25 cumulative and science GPA. In addition, the DNP and PhD students who met the admission criteria dropped precipitously from the benchmark year, 2008-2009. The College must continue to aggressively recruit to all programs in order to attract highly qualified students as well as more men and minority and international students.

**Improvement Actions:** Continue to prioritize recruiting at professional nursing meetings as well as advertisements to reach targeted populations – men, minority, and international students. Undergraduate Student Admission and Progression Committee, DNP Program Committee, and PhD Program Committees continue to monitor applicant pool and admission criteria. Submit program proposal on CRNA DNP option to Vice President for Health Affairs and Provost.

**Objective 1.2** Provide academic resources and scholarly opportunities to support student retention and success.

Related Mission Area: Education

<sup>&</sup>lt;sup>2</sup> Tracked by Patricia Burkhart

<sup>&</sup>lt;sup>3</sup> Tracked by Kathy Collins

UK College of Nursing 2009-2010 Annual Report and 2009-2014 Strategic Plan

#### CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

Assessment Methods: NCLEX pass rate, enrollment of graduate students with a faculty career goal in College of Nursing graduate teaching certificate program, MSN and DNP certification rates, and PhD graduates who accepted a position in which research is a major component will be tracked. In addition, implementation of a Nursing Honors option for BSN students, number of additional elective courses in the DNP program, number of DNP courses offered in distributed format, and nursing faculty participation in initiatives of the Center for the Advanced of Interprofessional Health Care will be tracked.

## **Related UK Metrics:**

- ✓ Metric 1-5. Increase the six-year graduation rate to 64 percent.
- ✓ Metric 1-7. Exceed benchmark averages on pass rates of first-time test takers in professional programs with licensure examinations.

Strategy 1.2.1 Actively engage in advising of pre-nursing, nursing majors, and graduate students to support retention and timely graduation. 2010-2011 ongoing, primary lead Patricia Howard, secondary lead Terry Lennie

- Strategy 1.2.2 Formalize opportunity for undergraduate students to pursue "Nursing Honors" option. 2010-2011 not a priority of administration at this time
- Strategy 1.2.3 Implement BSN-DNP option in response to 2015 initiative for advanced practice nursing. 2010-2011 ongoing, primary lead Patricia
- Strategy 1.2.4 Prepare PhD graduates for research careers that generate high impact science. 2010-2011 ongoing, primary lead Terry Lennie, secondary lead Lynne Hall
- Strategy 1.2.5 Implement a graduate teaching certificate in nursing. 2010-2011 ongoing, lead Patricia Howard
- Strategy 1.2.6 Actively engage in Interprofessional Education, Practice, and Research initiatives. 2010-2011 ongoing, primary leads Patricia Burkhart and Jane Kirschling, secondary leads Patricia Howard and Suzanne Prevost
- Strategy 1.2.7 Assure that programs address emerging issues in health care (e.g., patient safety, emergency preparedness, geriatrics). 2010-2011 ongoing, primary leads Patricia Burkhart and Patricia Howard
- Strategy 1.2.8 Redesign graduate courses to be offered in accessible formats that are responsive to the needs of students, including new graduates and adult learners. 2010-2011 ongoing, primary lead Patricia Howard
- Strategy 1.2.9 Evaluate curricular and student needs for elective and specialty courses and seminars, with particular attention to interdisciplinary learning activities in each program and develop an implementation plan, as needed. 2010-2011 ongoing, primary lead Patricia Howard and Terry Lennie

By 2014 the College of Nursing will demonstrate achievement of Goal 1 as indicated by the following metrics:

### Metric 1.2-1 The NCLEX pass rate will exceed 90% of first time test takers.<sup>2</sup>

- 2008 NCLEX pass rate 95%, 93 graduates tested; Kentucky pass rate 91%; national pass rate 88%
- 2009 NCLEX pass rate 98%, 87 graduates tested; Kentucky pass rate 90%; national pass rate 90% [met]
- Metric 1.2-2 The Nursing Honors option for BSN students is implemented.<sup>2</sup> 2009-2010 no action taken on this Nursing Honors option due to other priorities
- Metric 1.2-3 Enroll 90% of graduate students whose career goal is to become a faculty member in the College of Nursing graduate teaching certificate program.<sup>4,5</sup>
  - Certificate program will be implemented in 2010-2011
- Metric 1.2-4 Of MSN and DNP graduates who sit for national certification, at least 90% will be certified within a year of graduation.<sup>4</sup>
  - Of 2008 graduates, 26 of 26 (100%) were certified within a year of graduation
  - Of 2009 graduates, 37 or 38 (97.4%) were certified within a year of graduation [met]

<sup>5</sup> Tracked by Terry Lennie

<sup>&</sup>lt;sup>4</sup> Tracked by Patricia Howard

UK College of Nursing 2009-2010 Annual Report and 2009-2014 Strategic Plan

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- Metric 1.2-5 Within a year of graduation 90% of PhD graduates will obtain positions in which research is a major component or will pursue postdoctoral work such as a postdoctoral fellowship or mentored scientists.<sup>5</sup>
  - Of 2007-2008 graduates, 67% of 6 PhD graduates obtained research focused position
  - Of 2008-2009 graduates, 86% of 7 PhD graduates obtained research focused position [increased by 19%]
- Metric 1.2-6 Design and implement a minimum of 2 elective courses in the DNP Program addressing emerging issues in health care.<sup>4</sup>
  - 2009-2010 re-organized and offered in summer 2010 NUR 752 Culturally Competent Healthcare: Client, Clinician, And Organizational Perspectives; determined additional on-line courses suitable for electives in the DNP program available in the University during 2010 summer session; prioritized the importance of an elective that focused on proposal development and assigned development for offering spring 2011
- Metric 1.2-7 Number of nursing faculty engaged in Center for the Advancement of Interprofessional Health Care initiatives.<sup>9</sup>
  - 2008-2009 11 of 49 Full-time Faculty (22.4%) faculty involved in Center initiatives
  - 2009-2010 14 of 54 Full-time Faculty (25.9%) faculty involved in Center initiatives

Analysis of Results and Reflections: The NCLEX pass rate, certification rates for MSN and DNP students, and percent of PhD graduates who obtained a position in which research is a major component exceeded targets. The College of Nursing graduate teaching certificate program was approved and will be implemented in 2010-2011, faculty began to address concerns related to DNP elective offerings, and faculty designed 10 additional DNP courses in the distributed learning format. No progress was made on a Nursing Honors option for BSN students.

**Improvement Actions:** Continue to offer high quality education programs that are responsive to the needs of undergraduate and graduate nursing students. Have placed Nursing Honors option on hold until the University determines how best to proceed with honors options.

# College of Nursing Goal 2. Attain national and international prominence in practice, scholarship, and research.

University of Kentucky Goal 2 Promote research and creative work to increase the intellectual, social and economic capital of Kentucky and the world beyond its borders.

As a practice discipline, the College of Nursing recognizes the centrality of practice to providing high quality nursing education programs. The College actively pursues practice opportunities, both within UK HealthCare and beyond, that support faculty and staff practice, as well as create exceptional learning environments. A diverse portfolio of scholarship and research also serves as a foundation for high quality undergraduate and graduate nursing education programs. Nursing faculty and staff support students along the educational continuum to engage in interdisciplinary scholarship and research.

**Objective 2.1** Increase extramural research funding.

## Related Mission Area: Research

Assessment Methods: Track regular title series faculty who have extramural research funding, total amount of extramural research funding, number of data-based research presentations and publications, and Academic Analytics percentile ranking of PhD program.

## **Related UK Metrics:**

✓ Metric 2-1. Increase total annual research expenditures, as reported to the National Science Foundation in science and engineering fields, to \$430 million.

- ✓ Metric 2-2. Increase the five-year total for journal publications to 10,000.
- Strategy 2.1.1 Actively participate in UK's Center for Clinical and Translational Sciences. 2010-2011 ongoing, primary lead Lynne Hall
- Strategy 2.1.2 Enhance College's research standing through strategic faculty hires while supporting teaching and practice. 2010-2011 ongoing, primary leads Lynne Hall and Jane Kirschling
- Strategy 2.1.3 Pursue formal University recognition for the College's research centers with the goal of mentoring junior faculty in developing funded programs of research. 2010-2011 ongoing, primary lead Lynne Hall
- Strategy 2.1.4 Increase post-doctoral opportunities within the College. 2010-2011 ongoing, not a priority of administration at this time
- Strategy 2.1.5 Increase grant support for students. 2010-2011 ongoing, primary lead Lynne Hall (research) and Patricia Howard (training)

By 2014 the College of Nursing will demonstrate achievement of Goal 2 as indicated by the following metrics:

## Metric 2.1-1 Annually, 60% of regular title series faculty will have extramural research funding.<sup>6</sup>

- 2008-2009 71% (10 of 14) had extramural research funding
- 2009-2010 76% (13 of 17) had extramural research [increased 5% over benchmark]
- Metric 2.1-2 Extramural research funding will increase by 5% annually.<sup>6</sup>
  - 2008-2009 total extramural research funding was \$2,473,259 (primary) and \$6,505,078 (collaboratively)
  - 2009-2010 total extramural research funding was \$5,430,841 and the total of all extramural funding was \$5,746,087 (primary) and \$10,884,155 (collaborative—includes research and non-research funding)[substantial increase in funding; however, percent could not be calculated since data was not available for last fiscal year]

Metric 2.1-3 Data-based research presentations and publications will increase by 5% annually.<sup>6</sup>

- 2008-2009 number of data-based research presentations was 64 and publications was 56 for a total of 119
- 2009-2010 number of data-based research presentations was 70 and publications was 24 for a total of 94 [presentations increased by 9% over benchmark and publications decreased by 43%]
- Metric 2.1-4 Maintain top  $10^{th}$  percentile ranking among the private and public PhD programs in Nursing (Academic Analytics).<sup>5</sup>
  - 2008 UK PhD program in nursing ranked 10<sup>th</sup> out of 99 private and public PhD programs in nursing, Academic Analytics, LLC report

Analysis of Results and Reflections: The overall percent of regular title series faculty who had extramural research funding increased by 5% (to 76%) and exceeded goal of 60% and total amount of extramural research funding increased. We were not able to calculate the percent of increase in funding because benchmark data was not available. Data-based research presentations increased by 9% however, publications decreased by 43%. The decrease in publications may be attributable to when investigators are in their funding cycle.

**Improvement Actions:** Continue to actively support faculty grant productivity as well as support faculty presentation and publication of research.

**Objective 2.2** Support practice initiatives through promotion of scholarship and the dissemination of outcomes at state, national, and international meetings.

## Related Mission Area: Research

<sup>&</sup>lt;sup>6</sup> Tracked by Lynne Hall

UK College of Nursing 2009-2010 Annual Report and 2009-2014 Strategic Plan

Assessment Methods: Track clinical title series faculty D.O.E. time allotted for scholarship as well as presentations of practice initiatives.

## **Related UK Metric:**

✓ Metric 2-2. Increase the five-year total for journal publications to 10,000.

- Strategy 2.2.1 Faculty engaged in practice who are committed to scholarship will have time and resources for scholarly activities. 2010-2011 ongoing, primary lead Suzanne Prevost, secondary lead Patricia Howard
- By 2014 the College of Nursing will demonstrate achievement of Goal 2 as indicated by the following metrics:
  - Metric 2.2-1 Full-time clinical title series faculty who are committed to scholarship will have a minimum of 10% time on their D.O.E. for scholarship.<sup>7,8</sup>
    - 2008-2009 7 of 9 clinical title series had time on their D.O.E. for scholarship, range of time 2.3 to 15%
    - 2009-2010 6 of 8 clinical title series had time on their D.O.E. for scholarship, range of time 3% to 15.5% [no change over benchmark]
  - Metric 2.2-2 Regional, national, or international presentations of practice initiatives will increase by 10% annually.<sup>8</sup>
    - 2008-2009 number of presentations of practice initiatives was 41
    - 2009-2010 number of presentations of practice initiatives was 83 [increased 102% over benchmark]

Analysis of Results and Reflections: Clinical title series faculty D.O.E. time devoted to scholarship remained stable with a range of 3% to 15.5%. Presentations of practice initiatives increased by 102%, for a total of 83.

**Improvement Actions:** Continue to support clinical title series faculty having time for scholarship, as desired and continue to support presentation of practice initiatives.

# College of Nursing Goal 3. Develop the human and physical resources of the College to achieve the institution's top 20 goals.

University of Kentucky Goal 3. Develop the human and physical resources of the University to achieve the institution's top 20 goals.

Aspirations to achieve the University's top 20 goals require that we support faculty to further develop their knowledge and expertise as outstanding teachers, practitioners, scholars, and researchers. In order to meet this challenge, it is also essential that we have knowledgeable staff whose work compliments that of faculty and administration. Physical resources must also be attended to including, but not limited to, sufficient space and high quality information technology support.

**Objective 3.1** Enhance use of technology to meet the education, research, and service needs.

Related Mission Area: Education, research, and service

Assessment Methods: Plan for using technology is implemented.

Related UK Metric: n/a

<sup>&</sup>lt;sup>7</sup> Tracked by Karen Minton

<sup>&</sup>lt;sup>8</sup> Tracked by Suzanne Prevost

UK College of Nursing 2009-2010 Annual Report and 2009-2014 Strategic Plan

Strategy 3.1.1 Implement a cohesive plan for using technology, including information technology, data management, and educational technology. 2010-2011, primary leads Jane Kirschling and Karen Minton

By 2014 the College of Nursing will demonstrate achievement of Goal 3 as indicated by the following metrics:

- Metric 3.1-1 Seventy percent of undergraduate clinical courses will use high fidelity simulation technology to enhance learning experiences.<sup>2</sup>
  - 2008-2009 55%, n = 6 of 11 undergraduate clinical courses used high fidelity simulation technology
  - 2009-2010 55%, n = 6 of 11 undergraduate clinical courses used high fidelity simulation technology [same as benchmark]

**Metric 3.1-2** The technology plan will be in place.<sup>7</sup>

Work on plan will begin summer 2010

Analysis of Results and Reflections: Use of high fidelity simulation technology in undergraduate clinical courses remained stable at 55% (target 70%). Work on technology plan began.

**Improvement Actions:** Continue to encourage use of high fidelity simulation, have increased faculty member's time to devote to this work in 2010-2011. Continue discussions across the health professions education programs, as well as UK HealthCare, on the use of simulation. UK HealthCare has committed to developing a simulation center in A.B. Chandler Hospital in Fall 2010. Continue work on technology plan, with draft being available for faculty and staff review during 2010-2011 academic year.

**Objective 3.2** Assure resources that support high-quality instruction, research/scholarship, practice, and service.

Related Mission Area: Education, research, and service

Assessment Methods: Classroom with at least 100 computers will be completed and classrooms which hold 20 or more students will have podiums with built in monitors. Track number of faculty practicing.

## Related UK Metric: n/a

- Strategy 3.2.1 Assure that classrooms in College of Nursing Building are equipped to meet educational needs. 2010-2011 ongoing, primary leads Patricia Burkhart, Patricia Howard, Terrie Lennie, and Karen Minton
- Strategy 3.2.2 Optimize processes and infrastructure that support increased grant development and management. 2010-2011 ongoing, primary leads Lynne Hall and Karen Minton
- Strategy 3.2.3 Work with UK HealthCare Enterprise leadership to assure that structures are in place to support undergraduate and graduate students clinical experiences and faculty practice, research/scholarship, and service opportunities. 2010-2011 ongoing, primary lead Suzanne Prevost, secondary leads Patricia Howard and Jane Kirschling
- Strategy 3.2.4 Acknowledge the contributions of clinical preceptors. 2010-2011 ongoing, primary leads Patricia Howard and Suzanne Prevost

By 2014 the College of Nursing will demonstrate achievement of Goal 3 as indicated by the following metrics:

- Metric 3.2-1 The College of Nursing building will have one classroom with greater than 100 computers to accommodate large classes.<sup>7</sup>
  - 2009-2010 Federal Earmark received to build large computer testing center/classroom on 6<sup>th</sup> floor, construction to begin summer 2011
- Metric 3.2-2 College of Nursing classrooms that seat more than 20 students will have podiums with built in monitors.<sup>7</sup>

CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

 2009-2010 0 of 14 classrooms that seat 20 students or more had podiums with built in monitors (5 of the classrooms have real podiums; however, no monitors)

## Metric 3.2-3 The number of faculty practicing will increase by 20%.<sup>8</sup>

- 2008-2009 15 of 49 (30.6%) full-time faculty were practicing
- 2009-2010 17 of 54 (31.4%) full-time faculty were practicing [increased .8% from benchmark]

Analysis of Results and Reflections: Received federal earmark to remodel 6<sup>th</sup> floor to include 120 seat computer classroom. Design and construction will begin in 2010-2011. No progress was made on installing podiums with monitors in classrooms that hold at least 20 students. Faculty practicing remained stable at 31%.

**Improvement Actions:** Continue work on computer classroom and advocacy with UK on installing podiums with monitors. Continue to explore faculty practice opportunities.

**Objective 3.3** Develop faculty in their roles as teacher, scholar, researcher, and/or practitioner.

Related Mission Area: Education, research, and service

Assessment Methods: Mentees satisfaction with Faculty Peer Mentorship.

## Related UK Metric: n/a

- Strategy 3.3.1 Implement philosophy of advising and academic support across all academic programs and evaluate effectiveness. 2010-2011 ongoing, primary leads Patricia Burkhart, Patricia Howard, and Terry Lennie
- Strategy 3.3.2 Enhance faculty development in the area of technology for education (e.g., simulation and computer based instruction), research, and service. 2010-2011 ongoing, primary leads Patricia Howard, secondary leads Lynne Hall and Suzanne Prevost
- Strategy 3.3.3 Explore additional strategies, including technology, that facilitate the faculty's work across roles, locations, and time. 2010-2011 ongoing, primary leads Jane Kirschling and Karen Minton
- Strategy 3.3.4 Implement faculty development plan which includes an infrastructure for faculty peer mentorship and enhances efforts to assist faculty in achieving promotion and/or tenure. 2010-2011 ongoing, primary leads Faculty Council (faculty peer mentorship) and Associate Deans with reporting relationships
- Strategy 3.3.5 Provide faculty with release time for professional development in their role or specialty area. 2010-2011 ongoing, Coordinating Council

By 2014 the College of Nursing will demonstrate achievement of Goal 3 as indicated by the following metrics:

- Metric 3.3-1 Ninety percent of mentees in the Faculty Peer Mentorship program will report satisfaction with the program.<sup>9</sup>
  - 2009-2010 \_\_ of \_\_ (\_\_\_\_%) of mentees reported satisfaction [data not available at this time]

Analysis of Results and Reflections: Mentee satisfaction with Faculty Peer Mentorship program not available at this time.

Improvement Actions: Faculty Council to review results when available and make changes, as indicated.

**Objective 3.4** Increase extramural program funding.

## Related Mission Area: Education

<sup>&</sup>lt;sup>9</sup> Tracked by Faculty Council

UK College of Nursing 2009-2010 Annual Report and 2009-2014 Strategic Plan

## Assessment Methods: Track submission of HRSA grants.

## Related UK Metric: n/a

Strategy 3.4.1 Develop faculty expertise in obtaining HRSA grants by providing ongoing training in grant writing to faculty. 2010-2011 determine faculty interest in writing HRSA grants, primary leads Patricia Howard and Suzanne Prevost

By 2014 the College of Nursing will demonstrate achievement of Goal 3 as indicated by the following metrics:

Metric 3.4-1	At least one HRSA grant will be submitted annually. <sup>10</sup>	
	<ul> <li>2009-2010 no new HRSA grants were submitted</li> </ul>	

Analysis of Results and Reflections: Preliminary work was done on a HRSA grant to support DNP and PhD programs but was not submitted during 2009-2010 academic year.

Improvement Actions: Pursue HRSA funding opportunities.

**Objective 3.5** Increase philanthropic support for the College.

Related Mission Area: Education

Assessment Methods: Track amount of philanthropic support, including funding for scholarships and research centers; number of donors managed by College; number of personal visits to donor prospects; and, establishment of endowment to support student travel to conferences.

## Related UK Metric: n/a

Strategy 3.5.1 Develop plan for increasing faculty and staff participation in development. 2010-2011, primary lead Jane Kirschling

Strategy 3.5.2 Expand number of donors that support the College of Nursing. 2010-2011, primary lead Jane Kirschling

By 2014 the College of Nursing will demonstrate achievement of Goal 3 as indicated by the following metrics:

Metric 3.5-1	<ul> <li>Philanthropic support will increase by 10% annually.<sup>11</sup></li> <li>2008-2009 philanthropic support totaled \$287,197</li> <li>2009-2010 philanthropic support totaled \$356,888[increased 24.2% over benchmark]</li> </ul>
Metric 3.5-2	<ul> <li>Portfolio of donors managed by the College will reach 50.<sup>11</sup></li> <li>2008-2009 portfolio of donors was 24, including 3 couples, and 6 as secondary, includes 1 couple</li> <li>2009-2010 portfolio of donors was 24, including 2 couples, and 8 as secondary, includes 1 couple [same as benchmark]</li> </ul>
Metric 3.5-3	<ul> <li>The College's development officer will make 100 personal visits annually to donor prospects.<sup>11</sup></li> <li>2008-2009 16 personal visits</li> <li>2009-2010 27 personal visits and 56 tasks and 65 constituents [increased from benchmark by metric may not be realistic]</li> </ul>

<sup>&</sup>lt;sup>10</sup> Jane Kirschling

<sup>&</sup>lt;sup>11</sup> Tracked by Laurel Martin

IB-3	CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP
Metric 3.5-4	<ul> <li>Funding for nursing scholarships will increase by 10% annually.<sup>11</sup></li> <li>2008-2009 \$54.200 funding for nursing scholarships</li> </ul>
	<ul> <li>2009-2010 \$66, 400 nursing for nursing scholarships [increased 22.5% from benchmark]</li> </ul>
Metric 3.5-5	An endowment will be established to support student travel to conferences for scholarly presentations or leadership activities. <sup>11</sup>
	<ul> <li>2009-2010 no progress to date</li> </ul>
Metric 3.5-6	<ul> <li>There will be increased philanthropic support for College of Nursing Research Centers. <sup>11</sup></li> <li>2008-2009 there was \$44,600 in support for Centers (Acct #1215394440)</li> <li>2009-2010 there was \$0 in support for Centers (Acct #1215394440) [decreased from</li> </ul>

**Analysis of Results and Reflections:** Philanthropic support for the College increased by 24.2%, exceeding goal of 10%, and scholarships (a focus of the College's 50<sup>th</sup> anniversary campaign), increased by 22.5%. Increased philanthropic support for research centers and endowment for student travel was not realized. College's portfolio of donors remained stable at half the desired number; however, personal visits increased and tasks and constituents are now being tracked.

**Improvement Actions:** Continue to focus on philanthropic support and building the College's donor portfolio. Continue emphasizing scholarships given President's scholarship initiative and College celebrating 50<sup>th</sup> anniversary.

# College of Nursing Goal 4. Support an environment that promotes diversity of thought, culture, gender, and ethnicity

University of Kentucky Goal 4. Promote diversity and inclusion.

benchmark]

The College of Nursing faculty, staff, and students are committed to providing an inclusive environment that supports the success of all persons. The opportunity to learn and work with men and woman who have different thoughts, cultural experiences, and ethnic backgrounds enriches our personal and professional experiences and enhances our graduates' abilities to meet the health care needs of all persons in the Commonwealth and in the nation.

**Objective 4.1** Attract and retain talented and diverse faculty and staff.

Related Mission Area: Education, research, and service

Assessment Methods: Track number of full-time minority and male faculty members and faculty and staff satisfaction with work environment.

## **Related UK Metric:**

- ✓ Metric 4-1. Ensure that all educational and administrative units implement strategies to achieve inclusive excellence.
- Strategy 4.1.1 Develop strategy for one-on-one recruitment of diverse faculty and staff members. 2010-2011, primary lead Faculty Recruitment Committees
- Strategy 4.1.2 Implement faculty and staff retention plan which includes factors in addition to salary. 2010-2011, primary lead Faculty Council and Coordinating Council

Strategy 4.1.3 Develop a plan for work-life enhancement. 2010-2011, Faculty Council with input from staff (if desirable0 Strategy 4.1.4 Incorporate information from faculty and staff exit interviews in recruitment and retention efforts. 2010-

2011 develop plan for exit interviews, primary lead Jane Kirschling and Karen Minton

By 2014 the College of Nursing will demonstrate achievement of Goal 4 as indicated by the following metrics:

IB-3	CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP
Metric 4.1-1	<ul> <li>Increase number of minority full-time faculty members.<sup>12</sup></li> <li>2008-2009 number of minority faculty was 3 of 52</li> <li>2009-2010 number of minority faculty was 4 of 54[one additional minority faculty member joined the College]</li> </ul>
Metric 4.1-2	<ul> <li>Increase number of male full-time faculty members.<sup>12</sup></li> <li>2008-2009 number of male faculty was 1 of 52</li> <li>2009-2010 number of male faculty was 1 of 54[no change over benchmark]</li> </ul>
Metric 4.1-3	<ul> <li>Greater than 75% of faculty and staff will report satisfaction with work environment.<sup>9</sup></li> <li>Spring 2009 70 faculty and staff responded to College of Nursing survey and rated thei individual morale as follows: Staff 6.08 on 10 point scale (10 reflected higher morale), Undergraduate faculty 6.96, and Graduate faculty 5.24.</li> </ul>

Analysis of Results and Reflections: One additional minority faculty member joined the College full-time. No additional male faculty were hired full-time. Faculty and staff satisfaction with the work environment was not assessed. Faculty Council continues to work on strategies for measuring satisfaction with the work environment on an annual basis.

**Improvement Actions:** Continue recruitment efforts targeted on minority and male faculty members. Finalize plans for measuring faculty and staff satisfaction annually.

Objective 4.2 Promote student, faculty, and staff understanding of, and respect for, diversity.

Related Mission Area: Education, research, and service

Assessment Methods: Track student response on UK Climate for Learning Survey targeted item as well as number of active international partnerships and number of students engaged in UK supported international experiences.

### **Related UK Metric:**

- ✓ Metric 4-4. Improve student, faculty, and staff ratings on the extent to which UK is an inclusive community, according to results of a university-wide survey.
- Strategy 4.2.1 Assure that the value of diversity is integrated into nursing curriculum and co-curricular activities.2010-2011 ongoing, primary leads Patricia Howard and Terry Lennie, secondary lead Patricia Burkhart
- Strategy 4.2.2 Seek opportunities with funding to engage students and faculty in formal international and inter-cultural opportunities, both on-campus and in regional, national, and international settings. 2010-2011 ongoing, primary leads Terry Lennie and Suzanne Prevost
- Strategy 4.2.3 Identify and use community, university and medical center resources that support student, faculty, and staff understanding of diversity and culturally competent care. 2010-2011 ongoing, primary lead Jane Kirschling

By 2014 the College of Nursing will demonstrate achievement of Goal 4 as indicated by the following metrics:

- Metric 4.2-1 Strive to maintain level of performance on UK Climate for Learning Survey item "Faculty and staff work proactively to remove barriers to success for diverse student populations".<sup>13</sup>
  - Spring 2008 UK Climate for Learning Survey item #18 UK Mean 3.48 (2,720 respondents) and College of Nursing mean 3.66 (280 respondents).

## Metric 4.2-2 The number of active international partnerships will increase by 20%.<sup>8</sup>

- 2008-2009 partnerships totaled 12:
  - Shoulder to Shoulder, Ecuador H. Feld, S. Warden, K. Ashford
  - PUCE, Quito S. Warden

<sup>&</sup>lt;sup>12</sup> Tracked by Nancy McDevitt

<sup>&</sup>lt;sup>13</sup> Tracked by Jane Kirschling
- PUCE, Santo Domingo S. Warden
- Manipal University, India S. Prevost
- Princess Nora University, Saudi Arabia J. Kirschling and P. Burkhart
- Wolverhampton University, England M. Hardin-Pierce
- Trinity College, Ireland D. Moser
- University of Technology, Sydney, Australia D. Moser
- University of Sterling, Scotland D. Moser, T. Lennie, M. Chung
- Taiwan National University D. Moser
- Queen's University, Ireland S. Frazier
- Prince Songkla University, Thailand L. Hall
- 2009-2010 partnerships totaled 19 [increased by 63%]:
  - Shoulder to Shoulder, Ecuador S. Warden, K. Ashford, K. Wheeler
  - PUCE, Quito, Ecuador S. Warden
  - PUCE, Santo Domingo, Ecuador S. Warden
  - Manipal University, India S. Prevost
  - Wolverhampton University,, England M. Hardin-Pierce
  - Trinity College, Ireland D. Moser
  - University of Technology, Sydney, Australia D. Moser
  - University of Sterling, Scotland D. Moser, T. Lennie, M. Chung
  - Taiwan National University, D. Moser
  - Birzeit University, Palestine, J. Kirschling and S. Prevost
  - University of Tarapaca, Chile A. Quelopana
  - University of Michoacan, Mexico via NKU P. Burkhart,
  - Seoul National University, Republic of Korea, D. Moser T. Lennie, M. Chung
  - Daegu University, Republic of Korea D. Moser, T. Lennie, M. Chung
  - Yonsei University, Republic of Korea D. Moser, T. Lennie, M. Chung
  - International Nurse Faculty Migration Team S. Prevost,
  - University of KwaZulu-Natal, South Africa K. Moore
  - Queen's University, Ireland S. Frazier
  - Prince Songkla University, Thailand, L. Hall
- Metric 4.2-3. The number of students engaged in UK supported international experiences (beyond US borders) will increase by 20%.<sup>8</sup>
  - 2008-2009 2 nursing students participated in Shoulder to Shoulder
  - 2009-2010 3 nursing students participated in Shoulder to Shoulder [increased by one student]

Analysis of Results and Reflections: The College's international partnerships increased by 63%; however, the extent of the partnerships varied from initial inquiries to active involvement. Student involvement in UK supported international experiences remains very small.

**Improvement Actions:** Assess College's readiness to actively engage in international partnerships and continue to pursue nursing student involvement in UK supported international experiences.

# College of Nursing Goal 5. Enhance the health and quality of life of Kentuckians.

University of Kentucky Goal 5. Improve the quality of life of Kentuckians through engagement, outreach and service.

The College of Nursing's engagement, outreach, and service initiatives occur within the framework of a public, researchextensive, land grant university. As a practice discipline, the faculty are deeply committed to enhancing the health and quality of life of Kentuckians. This commitment is evidenced through a vibrant continuing education program offered throughout the Commonwealth, participation in statewide initiatives related to the nursing workforce and health, engagement in professional organizations, and active involvement in clinical initiatives.

**<u>Objective 5.1</u>** Engage the College in service to the University, state, region, and nation.

Related Mission Area: Service

Assessment Methods: Tracking continuing education offerings, faculty involvement in community engagement initiatives, and development of new community collaborative with external stakeholders.

# **Related UK Metric:**

- ✓ Metric 5-1. Increase the number of faculty and staff reporting outreach and engagement activities on the Engagement Measurement Instrument (EMI) to 1,000.
- ✓ Metric 5-2. Increase outreach, service, and engagement contacts made with individuals in providing university knowledge and expertise to improve lives and benefit communities.

Strategy 5.1.1 Offer high quality continuing education. 2010-2011 ongoing primary lead Suzanne Prevost

- Strategy 5.1.2 Promote collaboration with nurse faculty and clinicians across the Commonwealth through the provision of continuing education offerings focused on evidence-based practice. 2010-2011 ongoing, primary lead Suzanne Prevost
- Strategy 5.1.3 Work collaboratively with other Kentucky colleges, universities, health care agencies and institutions, other organizations, and policymakers to shape the future of nursing in Kentucky. 2010-2011 ongoing, primary lead Jane Kirschling, secondary leads Patricia Howard and Suzanne Prevost
- Strategy 5.1.4 Support faculty and staff involvement in community engagement initiatives. 2010-2011 ongoing, primary leads Suzanne Prevost and Karen Minton
- Strategy 5.1.5 In collaboration with other colleges, organize activities that engage the community in healthy ways. 2010-2011, primary lead Suzanne Prevost

By 2014 the College of Nursing will demonstrate achievement of Goal 5 as indicated by the following metrics:

Metric 5.1-1	<ul> <li>At least 4 College of Nursing continuing education programs will be provided annually by nursing faculty to areas beyond Fayette County.<sup>8</sup></li> <li>2008-2009 4 live CE programs were provided by nursing faculty to audiences beyond Fayette County</li> <li>2009-2010 6 live CE programs were provided by nursing faculty to audiences beyond Fayette County; 3 additional live CE programs were planned for locations beyond Fayette County, but had to be cancelled due to low registration [met]</li> </ul>
Metric 5.1-2	<ul> <li>Increase by 25% the number of faculty participating in community engagement initiatives. <sup>8</sup></li> <li>2008-2009 19 nursing faculty reported community engagement initiatives through the 2008-2009 UK engagement survey</li> <li>2009-2010 community engagement initiatives will be collected and reported during the university's Fell. 2010 survey</li> </ul>
Metric 5.1-3	<ul> <li>university's Fall, 2010 survey process</li> <li>Develop at least one new community collaborative with an external stakeholder.<sup>8</sup></li> <li>2009-2010 One new community collaborative was established; the Community-Based Education Model for Cardiovascular Risk Reduction in Rural Appalachian Kentucky by the RICH Heart Team was selected and funded as one of UK's Commonwealth Collaborative Projects [met]</li> </ul>

Analysis of Results and Reflections: Target for offering continuing education programs beyond Fayette County was exceeded with 6 offerings. A new community collaborative – Community-Based Education Model for Cardiovascular Risk Reduction in Rural Appalachian Kentucky – was initiated.

IB-3

**Improvement Actions:** Continue to offer continuing education through the Commonwealth, support faculty in existing and new community collaborative with external stakeholders, and encourage faculty to report engagement activities via UK's Engagement Measurement Instrument (EMI).

**Objective 5.2** Promote the College within Kentucky and regionally, nationally, and internationally.

Related Mission Area: Education, research, service

# Related UK Metric: n/a

- Strategy 5.2.1 Provide visible leadership in statewide organizations and initiatives that address health and health care needs in Kentucky 2010-2011 ongoing, primary leads Patricia Howard, Jane Kirschling, and Suzanne Prevost
- Strategy 5.2.2 Prioritize key University, state, regional, national, and international education, research and clinical meetings for faculty and student presentations and attendance to assure College's visibility 2010-2011 ongoing, primary lead Coordinating Council
- Strategy 5.2.3 Facilitate and support faculty appointment to key University, local, state, national and international organizations boards, review committees, etc. 2010-2011ongoing, primary lead Coordinating Council
- Strategy 5.2.4 Market programs and accomplishments of faculty and students 2010-2011 ongoing, primary lead Jane Kirschling, secondary lead Lynne Hall (Inquiring Minds)

By 2014 the College of Nursing will demonstrate achievement of Goal 5 as indicated by the following metrics:

Metric 5-2.1 Sustain the number of health-related committee, board, or leadership positions external to the College held by nursing faculty.<sup> $\delta$ </sup>

- 2008-2009 Nursing faculty held 104 leadership positions on health-related committees, boards, or offices external to the College
- 2009-2010 Nursing faculty held 179 leadership positions on health-related committees, boards, or offices external to the College [increased 72% from benchmark]

Analysis of Results and Reflections: Nursing faculty are actively engaged in health-related committees, boards, and leadership positions external to the College (179 positions).

Improvement Actions: Continue to actively engage in leadership positions.

**Objective 5.3** Enhance the excellence and sustainability of the College's clinical initiatives within UK HealthCare and the larger community

# Related Mission Area: Service

Assessment Methods: Track practice revenue over expense and number of faculty FTE funded by UK HealthCare.

# Related UK Metric:

- ✓ Metric 5-2. Increase outreach, service, and engagement contacts made with individuals in providing university knowledge and expertise to improve lives and benefit communities.
- Strategy 5.3.1 Clarify and address practice financial incentives and release time. 2010-2011 ongoing, primary leads Karen Minton and Suzanne Prevost
- Strategy 5.3.2 Support faculty practice by securing funding. 2010-2011 ongoing, primary lead Suzanne Prevost
- Strategy 5.3.3 Evaluate practice initiatives in relation to College's mission and strategic plan. 2010-2011 ongoing, primary lead Suzanne Prevost
- Strategy 5.3.4 Increase College's visibility with in UK HealthCare. 2010 ongoing, primary leads Patricia Burkhart, Jane Kirschling, Karen Minton, and Suzanne Prevost

Assessment Methods: Track number of health-related committee, board, or leadership positions external to the College held by nursing faculty.

By 2014 the College of Nursing will demonstrate achievement of Goal 5 as indicated by the following metrics:

Metric 5.3-1	<ul> <li>Increase the margin of practice revenue over expenses.<sup>7,8</sup></li> <li>2008-2009 practice income \$1,005,572 and practice expense \$1,004,461 for a margin of \$1,111</li> <li>2009-2010 practice income \$1,354,380 and practice expense \$1,189,749 for a margin of \$164,631 [this includes a \$134,000 grant from the Good Samaritan Foundation to support our practices which will not be funded next year. We are currently seeking other sources of extramural funding to support these initiatives.] [increased over benchmark]</li> </ul>
Metric 5.3-2.	<ul> <li>Increase faculty FTE funded by UK HealthCare.<sup>7</sup></li> <li>2008-2009 7 faculty FTE funded by UK HealthCare</li> <li>2009-2010 7 faculty FTE funded by UK HealthCare [remained same]</li> </ul>

Analysis of Results and Reflections: Practice revenue over expense increased while faculty FTE funded by UK HealthCare was stable at 7 FTE.

**Improvement Actions:** Continue to pursue practice revenue strategies and opportunities for faculty FTE funded by UK HealthCare.

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**Background about plan development:** In January 2009, the Governance Council began working on the 2009-2014 College of Nursing draft strategic plan. With the input of the Faculty Council, the decision was made to not form a separate work group (as was done for current strategic plan), but instead involve the Governance Council membership. The Governance Council has spent 6 meetings working on the draft plan, in addition to doing work outside of meeting times. Input from faculty and staff was solicited in a forum on April 6, 2009 as well as during the April 24, 2009 faculty meeting. Feedback on Goal 4 was solicited in November, 2009 from Connie Ray, Vice President for Institutional Research, Planning, and Effectiveness and Dr. J.J. Jackson, Vice President for Institutional Diversity.

Goals 1 and 2 were reviewed, and voted on, at the December 15, 2009 Faculty meeting. In December, 2009 Susan Carvalho, Assistant Provost for International Programs, and Connie Ray, reviewed the entire plan and provided feedback, which has been incorporated in preparation for the January 12, 2010 faculty meeting. Goals 3 and 4 (except for metric 4.5 and 4.6) were reviewed and voted on at the January 12, 2010 Faculty meeting. Goal 4 metrics 4.5 and 4.6 and Goal 5 were reviewed and voted on at the February 8, 2010 Faculty meeting.

The Coordinating Council reviewed the plan in June 2010 to set priorities for the coming academic year. The College's faculty and staff received the 2009-2010 Annual Report at the August 23, 2010 Faculty/Staff meeting and the Dean provided a summary of areas of focus for 2010-2011. The Governance Council reviewed the 2009-2010 Annual Report on September 24, 2010 and recommended changes to the Strategic Plan. These changes were incorporated into this document and the format was revised to be consistent with UK's expectations for reporting progress. February, 2011 – in fall, 2010, Nancy McDevitt entered the College's Strategic Plan and other elements as outlined in this document into the UK Blackboard Outcomes module.

jk-749

UNIVERSITY OF KENTUCKY COLLEGE OF NURSING

# Curriculum Taskforce Report to UPC

# To the Undergraduate Program Committee

Kathy Wagner, Taskforce Chairperson 2/12/2010

# Curriculum Taskforce Report to the Undergraduate Program Committee

## **TASKFORCE MEMBERS**

**Faculty:** Kathy Wagner (Chair), Pat Burkhart (Associate Dean, Undergraduate Studies); Sophomore Representatives: Karen Butler, Carol Riker, Claudia Diebold; Junior Representatives: Jennifer Cowley, Carrie Gordy; and Senior Representatives: Gia Mudd, Darlene Welsh

**Practice Partners:** Jill Blake (Quality Improvement/Patient Safety); Debra Hall (Evidence Based Practice); and Carla Teasdale/Kendra Foreman (Informatics)

## **MEETING DATES**

12/4/2009, 1/7/2009, and 1/29/2009

## BACKGROUND

During the fall semester of 2009, the Undergraduate Program faculty underwent a self-analysis of undergraduate courses, mapping course objectives against the new AACN Essentials of Baccalaureate Education for Professional Nursing Practice (Finalized in October of 2008). This endeavor resulted in a curriculum map of the Undergraduate Nursing Program that included where each AACN Essential End-of-Program Outcome was introduced, reinforced, emphasized, or applied in each course. [See Appendix A]

During the curriculum mapping process, a data collection limitation was identified, based on issues with the wording of some of the AACN Essentials outcomes. Course faculty had difficulty interpreting the meaning of certain outcomes, which frequently resulted in indecision and mapping alterations with each new draft of the document. To reduce error, the faculty joined together to walk through each Essential and discuss outcomes that were not understood.

At the November 6, 2009 Undergraduate Program Committee (UPC) meeting, a summary of findings was submitted to UPC members and content deficits were discussed. [See Appendix B]

Major identified concerns included:

- Genetics and genomics
- Quality Improvement and Patient Safety
- Nursing Informatics
- Evidence-based practice
- Insufficient evidence of appropriate leveling across the current curriculum of some aspects of core knowledge as identified by the new AACN Essentials document.

A curriculum taskforce was then formed to investigate the content deficits and make recommendations. The taskforce was composed faculty representatives from each year of the nursing curriculum, identified faculty experts (AACN, GNEC, QSEN, and genetics), and practice partners from Chandler Medical Center at the University of Kentucky who were experts in quality improvement and patient safety, evidence-based practice, and informatics. The taskforce was given a preliminary deadline of February 12, 2010 to report back to UPC.

# TASKFORCE REPORT

Due to the short deadline for taskforce work, it was decided to focus our attention on the three major identified deficit areas from the November 6<sup>th</sup> UPC report, to include:

- Essential II: Basic Organization and Systems Leadership for Quality Care and Patient Safety;
- Essential III: Scholarship for Evidence-Based Practice; and
- Essential IV: Information Management and Application of Patient Care Technology.

While the taskforce did not focus on the genetics/genomics issue, it recognizes that this deficit needs to be addressed; thus a recommendation is made regarding it.

In January of this year, 31 Nurse Residents at UK Hospital were surveyed regarding their perceptions of the amount of information they received during their BSN education about Essentials core knowledge including nurse sensitive patient outcomes, quality improvement and patient safety, evidence-based practice, and others). The purpose of the survey was to gain insight into what core concept knowledge our BSN graduates are carrying forward into practice. Data from the survey indicated that 50 percent or less of UK nursing graduates (N=13) perceived that they had received either "some" or a "significant amount" of information about the concepts. Greater than 50 percent perceived that they had applied three concepts (patient safety [85%], evidence-based practice [69%], and nurse-sensitive patient outcomes [62%]) during their education; while 25% or less perceived that they had applied concepts in quality improvement [23%], critical incidents [23%], and levels of evidence [25%]. The survey also suggested a potential disparity between education and practice regarding information received and what is applied as new nurses. For example, while approximately 41% (average) of all those surveyed indicated that they received a significant amount of information about nurse-sensitive patient outcomes, 71% indicated that they apply this concept to their practice on a daily basis. [See Appendix C for additional data]

# 1. Quality Care and Patient Safety

The taskforce rapidly concluded that the concepts of quality improvement/patient safety, nursesensitive indicators, evidence-based practice, and nursing informatics are tightly interwoven in practice. While we found strong evidence that patient safety is emphasized throughout the curriculum, quality care (improvement) and nurse-sensitive indicators are not apparent. There is little evidence that our current curriculum provides adequate foundational education to address these concepts as they exist in the practice settings.

# Recommendations:

- 1a. That the Undergraduate Nursing Program hold a workshop at the end of Spring 2010 semester to update the faculty on the nomenclature and concepts relative to the new quality improvement and patient safety initiatives, and evidence-based practice. Emphasis should be placed on nurse-sensitive indicators/outcomes and planning nursing care based on evidencebased practice (EBP). This should include rewording/rebuilding of nursing plans of care to be consistent with the new nomenclature.
- 1b. That BIO 208: Microbiology be moved out of the nursing curriculum and placed as a prenursing requirement to make potential room for additional emphasis on the AACN Essentials.
- 1c. That UPC consider the desirability of adding a course early in the curriculum that provides foundational information on quality improvement, nurse-sensitive indicators (and their

relationship to patient safety) and nursing informatics with its role in quality care and patient safety.

# 2. Evidence-Based Practice

There is little evidence that the concepts of evidence-based practice (EBP) are being taught and applied in an organized, leveled manner throughout the curriculum. The taskforce recognizes that some courses are likely employing some EBP concepts without students (and perhaps faculty) recognizing that evidence-based practice is actually being used. It is also aware that the research course has been altered toward an emphasis of EBP. From our discussion, we concluded that this may be partly a generational issue since many of our faculty come from a different, earlier tradition of nursing practice, and use terms and concepts that are more familiar to us than the new nomenclature and concepts set forth in the evidence-based practice literature.

## Recommendations:

- 2a. See 1a.
- 2b. That the Undergraduate Program adopt a specific EBP model that will be applied consistently throughout the curriculum.
- 2c. That UPC consider recommending a formal redesigning of the research course to place more emphasis on evidence-based practice. We also suggest that the course be relocated to earlier in the curriculum to provide foundational information (including introduction to an EBP model and levels of evidence) from which the rest of the nursing courses can reinforce and apply that crucial knowledge throughout the curriculum.
- 2d. That UPC consider requiring that all clinical courses integrate EBP into their topics and/or activities to reinforce the concepts throughout the curriculum.
- 2e. That clinical courses redesign their nursing plans of care to be consistent with the EBP nomenclature (e.g., rather than including "Rationale", require "Evidence for Planned Interventions").

# 3. Information Management (Informatics)

Information management is an integral part of monitoring quality improvement and patient safety and entering and tracking patient data. Currently, information management as applied to our students appears to be primarily centered on how to input patient data into computer patient data systems. There is no evidence that foundational concepts on the relationships that exist between quality improvement/patient safety, policy development, and use of patient data systems exists in the curriculum.

Recommendation: See 1c.

# 4. Genetics/Genomics

All undergraduate nursing students should receive formal foundational education in genetics and genomics. While these concepts seem to be applied in multiple nursing courses, there is currently no evidence that foundational knowledge is a part of the prenursing or nursing curriculum.

Recommendation:

• That UPC consider the best way to place more emphasis (and provide foundational information) on genetics and genomics in the curriculum by exploring the following (or other) options:

- <u>Option 1</u>: Provide a foundational segment on genetics/genomics in one of the early nursing courses and then integrate genetics lectures as applicable across the curriculum.
- <u>Option 2</u>: Investigate whether a course is available on the UK campus that includes foundational knowledge of genetics and genomics at a level appropriate to BSN nursing students.
- <u>Option 3</u>: Develop a one- to two-credit applied science genetics/genomics course for our nursing curriculum to be placed early in the curriculum.

# **Supportive Articles/Documents**

- AACN. (2009). The essentials of baccalaureate education for professional nursing practice and tool kit. Accessed online January 2010. Available for download at <a href="http://www.aacn.nche.edu/education/essentials.htm">http://www.aacn.nche.edu/education/essentials.htm</a>.
- AHRQ. (ND). AHRQ patient safety network glossary. Accessed online January 2010 at <u>www.psnet.ahrq.gov/glossary.aspx</u>.
- Montalvo, I. (2007). The national database of nursing quality indicators<sup>™</sup> (NDNQI ®). *The Online Journal* of Issues in Nursing, 12(3). Accessed 2/11/2010 at <u>http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Tableof</u> <u>Contents/Volume122007/No3Sept07/NursingQualityIndicators.aspx</u>
- National Database of Nursing Quality Indicators. (ND). Nurse-sensitive quality indicators. Information can be accessed online January 2010 at http://www.safestaffingsaveslives.org/WhatisSafeStaffing/OneMinuteEssays/NDNQI.aspx

Needleman, J., & Buerhaus, P. (2003). Editorial: Nurse staffing and patient safety: current knowledge

- and implications for action. International Society for Quality in Health Care, 15(4):275-277.
- Needleman, J., Buerhaus, P., Mattke, S., Stewart, M. & Zelevinsky, K. (2002). Nurse-staffing levels and the quality of care in hospitals. *N Engl J Med*, *346*(22):1715-1722.
- Russell-Babin, K. (2009). Seeing through the clouds in evidence-based practice. *Nursing Management*. Accessed online: January 2010 at <u>www.nursingmanagement.com</u>.

## UNAAC Meeting Minutes August 29, 2010

#### **Guest Speakers**

Kevin Pinto is a 2<sup>nd</sup> degree student and spoke to the group about the Center for Courageous Kids. This organization is a camp located outside of Bowling Green, KY. The Center offers weekend and summer programs for children with chronic disease and disabilities. The camp opened three years ago and provides fishing, archery, arts and crafts, and horseback riding. The website is courageouskids.org.

Anne Jacoby came to speak to the group about the Light the Night Walk for the Leukemia and Lymphoma Society. The walk will be on September 11<sup>th</sup>. You can participate in the walk or just donate money. The team Anne is walking for is Team Amy. Amy has been battling CML Leukemia for 7 years now. Every day she continues to face the difficulties associated with her cancer. The walk is a nationwide effort to bring hope to people battling blood cancers. Dean Jane Kirschling was also in attendance and welcomed the group to the start of a new year.

#### **Volunteer Opportunities**

UKCON Student Conduct Committee needed one new member. The committee is only used when there is a dispute over an ethical issue with a particular student. Krystal Beatty volunteered.

Navigators will plan to take place during September. Possible dates are 9/8 and 9/15 at 3pm. The volunteers were: Krystal Beatty and Caitlyn Smith. Still need approximately 3 more. The Blood Drive is Sept. 17 in room 407. Can also donate at the Central Kentucky blood center. Volunteers to distribute flyers are Erica Holloway, Lauren Barnett, Ashley Hysong, Nicole Prince, Alysia Powell, Sierra Baltimore, and Raven Bartlett. An ad will be placed in the Weekly dose and an email will be sent out to the CON listserv (Kelsey King). Donating blood does count as an event.

**Elections** - 2<sup>nd</sup> semester sophomore elections must be done before the next meeting. Voting will be done via Blackboard and nominations will be posted on Blackboard for the class to read.

**Guest Speakers** – The group was most interested in hearing the infectious disease nurse talk. Also interested in having Kerrie Moore to come talk about scholarships at the October meeting. Those who are attending the Sigma Theta Tau leadership summit in September will also discuss anything important they learned.

Fundraising

Alysia Powell and Krystal Beatty volunteered to help come up with fundraising ideas. The idea of clipboards, windbreakers, and bake sales were also discussed.

Alysia introduced the idea of Nurse Wars. Other nursing schools from the surrounding area would come to the competition to compete and answer questions. There could be t-shirts made for the event and a bake sale at the event. Paula will consult with Dr. Burkhart to discuss if this idea is possible.

Krystal Beatty came up with the idea of tote bags, t-shirts, and hoodies for larger sale items. Also retractable badge holders and pen lights as smaller items.

**Boo Bash** – The group selected Tuesday October 26 for the date. Paula will reserve space on the 3<sup>rd</sup> floor. Will talk more about publicizing the event at the September meeting.

Attendance – Contracts were signed and everyone understands that they must participate in two events per semester and can only miss one meeting.

Meeting Dates: Sept. 19th, Oct. 17th, Nov. 21st, Dec. 12th

# DNP End of Program Evaluation 2009-10 - Spring SurveyMonkey 2010

# 1. 1. What was your primary purpose in pursuing doctoral preparation?

	Response Percent	Response Count
Clinical practice	0.0%	0
Administration	33.3%	1
Practice research	0.0%	0
Teaching	33.3%	1
Practice and teaching	33.3%	1
Other (please specify)	0.0%	0
	answered question	3
	skipped question	0

# 2. 2. Present employment status:

	Response Percent	Response Count
Full-time, nursing	100.0%	3
Part-time, nursing	0.0%	0
Full-time, non-nursing	0.0%	0
Part-time, non-nursing	0.0%	0
Unemployed, looking for employment	0.0%	0
Unemployed by choice	0.0%	0
Other (please specify)	0.0%	0
	answered question	3
	skipped question	0

# 3. If not employed, skip to #8. 3. Indicate your current primary employer; if more than one job, indicate primary employer.

	Response Percent	Response Count
PhD-granting university	33.3%	1
Four-year college or non-PhD- granting university	0.0%	0
Community college	33.3%	1
Health care agency or institution	33.3%	1
Business or industry	0.0%	0
Government	0.0%	0
Self-employed or private practice	0.0%	0
Not employed for pay	0.0%	0
Other (please specify)	0.0%	0
	answered question	3
	skipped question	0

# 4. 5. What is your primary area of responsibility in your present position?

	Response Percent	Response Count
Administration or management	33.3%	1
Clinical practice	0.0%	0
Teaching	66.7%	2
Clinical research	0.0%	0
Scholarship (research, grants, etc.)	0.0%	0
Evaluation (quality assurance program, projects)	0.0%	0
Other (please specify)	0.0%	0
	answered question	3
	skipped question	0

# 5. 6. Have your responsibilities changed since receiving your DNP degree? Response Response Percent Count Yes 1 33.3% No 66.7% 2 Please supply further detail: 2 answered question 3 skipped question 0

# 6. 7. Did the DNP program prepare you for your present position?

Response Count	Response Percent	
2	66.7%	Yes
1	33.3%	No
1	Please explain:	
3	answered question	
0	skipped question	

# 7. 8. Please indicate the extent to which your DNP program prepared you to do the following:

	Poorly prepared	Somewhat prepared	Prepared	Well prepared	Rating Average	Response Count
a. Integrate clinical expertise with population focused care management, research, and health care policy to provide leadership in health care.	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
<ul> <li>b. Design, implement, manage, and evaluate care delivery systems to meet the needs of populations</li> </ul>	0.0% (0)	33.3% (1)	33.3% (1)	33.3% (1)	3.00	3
c. Apply clinical, political, organization, and economic theories to care delivery systems to improve health outcomes for populations	0.0% (0)	0.0% (0)	66.7% (2)	33.3% (1)	3.33	3
d. Develop networks and manage constituencies in complex health systems.	0.0% (0)	0.0% (0)	66.7% (2)	33.3% (1)	3.33	3
e. Plan, manage, evaluate and re- direct continuous personal and professional self-development.	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	4.00	3
f. Solve problems that affect health and health care delivery through clinical leadership.	0.0% (0)	33.3% (1)	33.3% (1)	33.3% (1)	3.00	3
g. Create environments that foster innovation and risk taking.	0.0% (0)	0.0% (0)	66.7% (2)	33.3% (1)	3.33	3
<ul> <li>h. Create practice environments in which decision are based on critical analysis of levels of evidence.</li> </ul>	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	4.00	3
				answered	question	3
				skipped	question	0

# 8. 9. Please rate the following resource-related aspects of your DNP Program:

	Poor	Fair	Good	Excellent	Rating Average	Response Count
a. Graduate student advisement services	0.0% (0)	33.3% (1)	0.0% (0)	66.7% (2)	3.33	3
b. Computer resources	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
c. Financial aid opportunities	0.0% (0)	33.3% (1)	33.3% (1)	33.3% (1)	3.00	3
d. Library resources	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	4.00	3
e. Student handbook	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	4.00	3
f. Application process	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
				answered	question	3
				skipped question		

# 9. 10. Please rate the following aspects regarding DNP program structure:

	Poor	Fair	Good	Excellent	Response Count
a. Clarity of program requirements	0.0% (0)	0.0% (0)	66.7% (2)	33.3% (1)	3
b. Flexibility of the program	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3
c. The weekend format of the program	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	3
d. Opportunity for student networking	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	3

Ideally, how frequently (or often) do you recommend that DNP courses meet during the academic semester (monthly, 3 times per semester, etc.)?

answered question 3 skipped question 0

2

# 10. 11. Please rate the following experiences you had in the DNP Program:

	Poor	Fair	Good	Excellent	Rating Average	Response Count
a. Quality of teaching-learning process	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
b. Intellectual climate of program	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (3)	4.00	3
c. Commitment of faculty to students' progress in the program.	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
d. Quality of faculty mentoring	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
e. Scholarship development	0.0% (0)	0.0% (0)	33.3% (1)	66.7% (2)	3.67	3
	answered question				3	
skipped question					0	

# 11. 12. In regards to the Capstone Project, please rate your level of satisfaction with your:

	Very satisfied	Satisfied	Somewhat satisfied	Not satisfied	N/A	Rating Average	Response Count
a. Advisor/chair involvement	66.7% (2)	33.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.33	3
b. Clinical mentor	100.0% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	1.00	3
c. Other committee member(s)	66.7% (2)	33.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.33	3
d. Preparation for IRB process	33.3% (1)	66.7% (2)	0.0% (0)	0.0% (0)	0.0% (0)	1.67	3

Please explain if you answered "somewhat satisfied" or "not satisfied." 0

answered question	3
skipped question	0

# 12. 13. What were the barriers to success in your program?

	Response Count
	3
answered question	3
skipped question	0

13. 14. What helped you to be successful in your program?	
	Response Count
	2
answered question	2
skipped question	1

14. 15. Based on your work as a DNP graduate, what changes would you recomme made to the program?	nd be
	Response Count
	2
answered question	2
skipped question	1

# 15. 16. Why did you choose the practice doctorate instead of the research doctorate?

Respons Count	
answered question	
skipped question	

# 16. 17. Would you recomme the UK DNP Program in Nursing to someone interested in pursing this degree? Response Percent Response Percent Response Count Yes 100.0% 3 No 0.0% 0 If no, please explain: 0

skipped question 0

3

answered question

# 17. 18. Since your admission to the DNP program, indicate your number of accomplishments.

	0	1	2	3	4	5	6
Publications	33.3% (1)	33.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (C
Paper presentations	0.0% (0)	33.3% (1)	33.3% (1)	0.0% (0)	0.0% (0)	33.3% (1)	0.0% (C
Poster presentations	50.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)	50.0% (1)	0.0% (0)	0.0% (C
Grants awarded	0.0% (0)	50.0% (1)	0.0% (0)	50.0% (1)	0.0% (0)	0.0% (0)	0.0% (C
Other awards (community service/professional organizations)	0.0% (0)	33.3% (1)	33.3% (1)	33.3% (1)	0.0% (0)	0.0% (0)	0.0% (C

10 of 15

18. 19. For the purpose of conducting this program evaluation (this is not an evaluation of you), we would like to contact your current employer. Please supply the information in the boxes below. *Note: your identity will be kept confidential in program evaluation process.* 



19. Employer contact autho	rization:	
	Response Percent	Response Count
Checking this box indicates my authorization for University of Kentucky College of Nursing to contact my employer.	100.0%	3
	answered question	3
	skipped question	0
20. Contact:		
	Response Percent	Response Count
Checking this box indicates my authorization for the University of Kentucky College of Nursing to contact me with follow-up questions regarding this survey.	100.0%	3
	answered question	3
	skipped question	0

Q5. 6.	Have your responsibilities changed since receiving your DNP degree?	
1	At least not yet-but it has only been less than1 month!	Aug 17, 2010 3:51 PM
2	Recommended to develop the DNP program at my worksite	May 27, 2010 7:08 AM

Q6. 7.	Did the DNP program prepare you for your present position?	
1	Yes, it assisted me in applying research and analyzing programs.	May 27, 2010 7:08 AM

1at least 4 times in semesterAug 17, 2010 3:51 PM	Q9. 10.	Please rate the following aspects regarding DNP program structure:	
	1	at least 4 times in semester	Aug 17, 2010 3:51 PM

# **Q9. 10. Please rate the following aspects regarding DNP program structure:**

2 4 times a semester

May 27, 2010 7:08 AM

Q12. 13. What were the barriers to success in your program?				
1	personal computer skills time being a perfectionist	Aug 17, 2010 3:51 PM		
2	Inconsistent patterns and responsiveness between instructors including receipt of syllabi and responsiveness to emails. Also, I have heard from multiple students that some faculty were too slow returning graded papers.	May 27, 2010 10:12 AM		
3	Distance and lack of advisement.	May 27, 2010 7:08 AM		

Q13. 14. What helped you to be successful in your program?			
1	encouagement from family, friends, faculty, and advisor; networking with classmates	Aug 17, 2010 3:51 PM	
2	A great connection with my committee chair. Also, I felt we had good communication including a mutual understanding of the agreed upon timelines an expectations on both our parts. Also, advice early on in the program to focus my efforts towards my capstone topic increased my efficiency.	May 27, 2010 10:12 AM	

	5. Based on your work as a DNP graduate, what changes d you recommend be made to the program?	
1	Advise students to have a capstone idea ASAP, allowing for assignments to focused on that from the first semester; Less group work-there are usually those who put forth more effort than others	Aug 17, 2010 3:51 PM
2	Some more consistency between faculty in responsiveness, handling committee responsibilities and committee chair roles.	May 27, 2010 10:12 AM

Q15. 16. Why did you choose the practice doctorate instead of the research doctorate?		
1	More useful to me and of greater interest to still retain clinical practise applications; Shorter program	Aug 17, 2010 3:51 PM
2	Flexibility in scheduling with the combination of distance learning and classroom; less interest in a research focus.	May 27, 2010 10:12 AM
3	I chose the DNP because I continue to practice part time as an FNP	May 27, 2010 7:08 AM

### Q17. 18. Since your admission to the DNP program, indicate your number of accomplishments.

	capstone	
2	Chamber of commerce Board;Board Chair Women Leading Ky;Treasurer for Board of Commissioners NLNAC	May 27, 2010 10:12 AM
3	Faculty Excellence in Teaching Award, Innovative Teaching Award from KNA	May 27, 2010 7:08 AM

# Q18. 19. For the purpose of conducting this program evaluation (this is not an evaluation of you), we would like to contact your current employer. Please supply the information in the boxes below. <i>Note: your identity will be kept confidential in program evaluation process.<i>

	Name and title of supervisor	
1	Nancy Powell, Interim Associate Dean of Health Division	Aug 17, 2010 3:51 PM
2	William G. Sisson, CEO	May 27, 2010 10:12 AM
3	Dr. Mary Bennett	May 27, 2010 7:08 AM
	Name of organization	
1	Somerset Community College	Aug 17, 2010 3:51 PM
2	Central Baptist Hospital	May 27, 2010 10:12 AM
3	Western Kentucky University	May 27, 2010 7:08 AM
	Street address	
1	808 Monticello Rd.	Aug 17, 2010 3:51 PM
2	1740 Nicholasville Road	May 27, 2010 10:12 AM
3	1906 College Heights Blvd	May 27, 2010 7:08 AM
	City	
1	Somerset	Aug 17, 2010 3:51 PM
2	Lexington	May 27, 2010 10:12 AM
3	Bowling Green	May 27, 2010 7:08 AM
	State	
1	КҮ	Aug 17, 2010 3:51 PM
2	Ку	May 27, 2010 10:12 AM
3	KY	May 27, 2010 7:08 AM
	Zip Code	

Q18. 19. For the purpose of conducting this program evaluation (this is not an evaluation of you), we would like to contact your current employer. Please supply the information in the boxes below. <i>Note: your identity will be kept confidential in program evaluation process.<i>

1	42501	Aug 17, 2010 3:51 PM
2	40503	May 27, 2010 10:12 AM
3	42101	May 27, 2010 7:08 AM
	Phone number	
1	606 689-8501	Aug 17, 2010 3:51 PM
2	(859) 260-6104	May 27, 2010 10:12 AM
3	270 745 3391	May 27, 2010 7:08 AM
	Employer's E-Mail Address	
1	nancy.powell@kctcs.edu	Aug 17, 2010 3:51 PM
2	bsisson@bhsi.com; tflora@bhsi.com	May 27, 2010 10:12 AM
3	mary.bennett@wku.edu	May 27, 2010 7:08 AM

From: Mcdevitt, Nancy P
Sent: Tuesday, May 04, 2010 4:51 PM
To: Kirschling, Jane
Subject: Task Status Report: Community of Interest Document, Governance Council Review

Jane,

Here is the original statement and below it are the changes made at 10/5/09 Faculty Meeting.

# **College of Nursing Statement on Community of Interest**

(approved October 2000)

The community of interest reflects both internal and external entities which directly or indirectly affect or relate to the College.

# External

1. **Prospective students**: Prospective students are defined as any individual seeking admission to the College of Nursing programs.

Rationale: The primary reason for existence is students.

2. Alumni of the University of Kentucky, College of Nursing: Alumni are defined as graduates of the College.

**Rationale**: Maintaining quality contact with alumni is an important aspect of the mission. Their contributions to the College and its programs are highly valued and result in program changes.

3. **Benefactors, supporters and preceptors**: Benefactors, supporters and preceptors are defined as contributors to the College. Contributions may be in the form of time, goods and services, or monetary contributions.

**Rationale**: The support of the benefactors, supporters and preceptors is essential to assist the College in meeting its mission, goals and objectives.

4. **Consumers**: Consumers are defined as persons, groups, or communities who benefit from the College of Nursing mission to foster health and wellbeing.

**Rationale**: This group drives nursing's social mandate as a discipline. In addition, as a land-grant institution, there is an obligation to serve the Commonwealth.

5. **Partners**: Partners are defined as peers (including health professions organizations), employers of graduates, health providers, and policy bodies who assist in efforts to foster health and wellbeing.

**Rationale**: A collaborative and cooperative relationship with these entities is essential to the future of the College's resources: human, fiscal, regulatory, to meet the mission.

6. **Governing bodies**: Governing bodies are defined as those entities that set standards, policies, and laws which regulate the activities of the College.

**Rationale**: These entities play a role in regulating programs and continued operation as a College.

Internal

1. Students of the University of Kentucky, College of Nursing: Students are defined as persons enrolled in the program.

Rationale: The primary reason for existence is students.

2. **Faculty and staff**: Faculty and staff are defined as those persons who provide leadership, education, research, and service with the College.

**Rationale:** these persons operationalize the mission, philosophy, goals and objectives of the College.

3. The University of Kentucky and the Chandler Medical Center:

**Rationale:** The parent institution governs the activities of faculty, staff and students. It is also responsible for official approval of the programs and program changes.

The following is from the October 5, 2009 Faculty meeting minutes:

College of Nursing Community of Interest (statement included on agenda)

Faculty reviewed the 6 external and 3 internal entities listed on the handout. For External item 5, Partners, faculty thought additional entities should be recognized besides health professions organizations, so External item 5 will change to read: Partners are defined as peers (including health professions organizations, institutions of higher education, etc.), employers of graduates, health providers, and policy bodies who assist in efforts to foster health and wellbeing. Internal item 3 will change to read: The University of Kentucky and UK HealthCare.

Action Item: A motion was made and seconded to accept the suggested changes.

Vote: Yes – 100%

Nancy

College of Nursing Advisory Council

The College of Nursing is pleased to announce that we have formed an Advisory Council. The purposes of the Advisory Council, which will meet annually, include:

- A. Providing advice and counsel to the dean on matters for which external advice is critical. This may include long range planning and philanthropic endeavors as well as advice on achieving the College's goals for national and international prominence in teaching, service and research.
- B. Increasing awareness of the College of Nursing in Kentucky and across the nation.
- C. Serving as an advocacy network and ambassadors for the College of Nursing.

In October the College's Advisory Council met at Spindletop for a day and a half. They received an overview of the College's teaching, research, and service contributions. In addition, Dean Kirschling provided them with challenges that the College is facing as it grows its academic programs and research portfolio. Council members advised Dean Kirschling and Dr. Patricia Burkhart, Director of the Undergraduate Program, on three questions related to our undergraduate program expansion. The questions included:

- 1. How does the College of Nursing foster an environment for BSN students that is welcoming, inclusive, and at a minimum representative of the Commonwealth's demographics?
- 2. What does the College of Nursing need to do to ensure that the UK BSN program is responsive to the needs of the Commonwealth?
- 3. How does the College of Nursing differentiate the UK BSN program from others in the market?

The facilitated conversation was very productive and Dr. Burkhart has been working with faculty and staff to implement a number of the suggestions from Council members.

Members of the Advisory Council include:

Dr. Elizabeth Weiner Mrs. Julia C. Morris Dr. Marilyn J. Musacchio, PhD, RN, FAAN Ms. K. Jane Younger	Mrs. Agnes L. Black Mrs. Lisa S. Barton Mrs. Linda B. Gorton Ms. Vicki S. House Mr. Lennie G. House
Ms. Pamela C. Hagan Ms. Ginny L. Kolter	Dr. Barbara R. Teague Mrs. Karen S. Hill
Ms. Sally G. Siebert Dr. Karen H. Sexton	Dr. James W. Holsinger, Jr. Dr. Juanita W. Fleming
Ms. Diana J. Weaver	Ms. Jenny D. Dorris
Mrs. Christine L. Mays	Ms. Janet A. Snapp
Mrs. Kathleen G. Kopser Dr. Patricia A. Calico	Mrs. Nancy Dickenson-Hazard Dr. Janet S. Carpenter
Mr. Anthony W. Burgett	Mr. Roy L. Hobbie Jr.
Dr. Carol Ireson	Mrs. Sheila E. Highgenboten

August 2, 2010

Name Address City, State Zip

Dear :

Another academic year is about to begin and the building is literally buzzing with renovation sounds as several projects are moving forward. We look forward to having you back on campus for our annual External Advisory Board Meeting on Friday, September 17 and Saturday, September 18<sup>th</sup>.

The 2010-2011 academic year will be a special one as the University of Kentucky College of Nursing will celebrate its 50<sup>th</sup> Anniversary with a series of events beginning in August 2010 and concluding in May 2011. The first undergraduates were admitted in 1960 and the first degrees were awarded in May 1964. Today, the College of Nursing enjoys national rankings and an average 97% first-time pass rate for BSN graduates taking the NCLEX (National Council Licensure Examination) over the past nine years.

This celebration will underscore the innovative leadership provided by the college during its first fifty years and its impact but, more importantly, it will highlight the key role the University of Kentucky College of Nursing will play in the future quality of life for Kentuckians because of the contributions that our graduates will continue to make in the years ahead.

We have a full agenda that will begin on Friday, September 17, 2009 at Noon when we will kick off the **External Advisory Board Meeting** with a welcome, introductions and lunch at the Boone Center. We look forward to our time together and getting your feedback on a variety of topics including:

- Year in Review
- Update on College Practice and Outreach Activities by Suzanne Prevost, Associate Dean for Practice and Community Engagement
- An update on fundraising activities and the 50<sup>th</sup> Anniversary Scholarship Campaign from Laurel Martin, Director of Alumni and Development.
- Update on Nursing at UKHC with Colleen Swartz, Chief Nurse Executive for UK HealthCare

We will conclude at 5pm and make plans to head across the street to Maxwell Place for our **Founder's Day Reception** in honor of our  $50^{\text{th}}$  Anniversary.

This intimate reception will be hosted by President Lee T. Todd and First Lady Patsy Todd at Maxwell Place from 5:30pm until 7:30pm for the external advisory board, donors, campus dignitaries and members of the original team that helped to establish the College of Nursing and College of Medicine on September 23, 1960.

The next morning, we invite you to join us for our **Celebrating the Future of Nursing Scholarship Banquet** which will be held from 10 am until Noon at the Historic Spindletop Hall. This event allows us to celebrate nursing's future with donors, their families and those who benefit from their generosity. The event is hosted by the University of Kentucky College of Nursing and the College's Emeritae Faculty.

Following the scholarship banquet, you are invited to enjoy football in Commonwealth Stadium as the Kentucky Wildcats host Akron at Commonwealth Stadium. We have enough tickets for your spouses or significant others to join us as well.

I am looking forward to sharing the accomplishments of the past year and hearing your thoughts on our future as we continue the work of this important Council of the College of Nursing.

We are excited to invite you to attend our annual meeting of the College of Nursing Advisory Council. Again, thank you so much for agreeing to serve in this role and for being a part of the University of Kentucky College of Nursing in this way. Sincerely,

Jane Marie Kirschling, DNS, RN, FAAN Dean and Professor

JK

# University of Kentucky College of Nursing External Advisory Board Meeting

Please complete and return this form using the reply envelope provided to University of Kentucky College of Nursing, Attn: Laurel Martin, Director of Alumni and Development, 315 CON Bldg, Lexington, Kentucky 40536-0232 or to <u>laurel.martin@uky.edu</u> no later than September 1, 2010.

Full Name \_\_\_\_\_

Credentials \_\_\_\_\_

- 1. \_\_\_\_ I can \_\_\_\_ I cannot attend the 2010 External Advisory Board Meeting to be held at the Boone Center on Friday, September 17 from Noon until 5:00pm.
- 2. \_\_\_\_ I can \_\_\_\_ I cannot attend the 50<sup>th</sup> Anniversary Founder's Day Reception hosted by President Lee T. Todd and First Lady Patsy Todd at Maxwell Place from 5:30 until 7:30pm on Friday, September 17<sup>th</sup>. I will be bringing \_\_\_\_\_ as my guest.
- 3. \_\_\_\_\_ I can \_\_\_\_\_ I cannot attend the *Celebrating the Future of Nursing Scholarship Banquet* which will be held from 10 am until Noon at the Historic Spindletop Hall.
- 4. \_\_\_\_\_ I am \_\_\_\_\_ I am not interested in receiving \_\_\_\_\_\_ tickets for the football game to be held on Saturday, September 18<sup>th</sup> when UK hosts Akron at Commonwealth Stadium.



# University of Kentucky College of Nursing External Advisory Council Weekend Friday, September 17<sup>th</sup> and Saturday, September 18<sup>th</sup>

# Celebrating our 50<sup>th</sup> Anniversary

## Friday, September 17, 2010

## External Advisory Board Meeting at Boone Center

12:00noon-1:00pm	Welcome, Introductions and Lunch
1:00pm-1:30pm	Year in Review Dean Jane Kirschling
1:30pm-2:45pm	Update on College Practice and Outreach Activities Suzanne S. Prevost, RN, PhD, COI Associate Dean - Practice and Community Engagement
2:45pm-3:00pm	Break
3:00pm-3:45pm	Development Activities and Overview of 50 <sup>th</sup> Anniversary Scholarship Campaign Laurel Raimondo Martin, Director of Alumni and Development
3:45pm-4:30pm	Update on Nursing at UK HealthCare Colleen Swartz MSN, MBA, RN Chief Nurse Executive for UK HealthCare
4:30pm- 5:00	Closing Remarks Dean Jane Kirschling

## Founder's Day Reception at Maxwell Place

5:30 until 7:30pm Join us for our Founder's Day Reception hosted by President Lee T. Todd and First Lady Patsy Todd in honor of our 50<sup>th</sup> Anniversary. Spouses and Significant Others Invited to Join Us

### Saturday, September 18, 2010

# Celebrating the Future of Nursing Scholarship Banquet at Historic Spindletop Hall

10:00am until Noon Make plans to attend this third annual event that allows us to celebrate the future of nursing at our annual scholarship banquet.
7:00pm Kick Off Kentucky Wildcats host Akron at Commonwealth Stadium. A limited number of tickets are available so let us know if you would like to go to the game and if you will need a guest ticket.

#### APPOINTMENT, PROMOTION AND TENURE CRITERIA AND EVIDENCE OF HIGH MERIT, COLLEGE OF NURSING - page 1

#### UNIVERSITY OF KENTUCKY COLLEGE OF NURSING APPOINTMENT, REAPPOINTMENT, PROMOTION AND TENURE CRITERIA BY TITLE SERIES and EVIDENCE OF HIGH MERIT

	reern	Levieweu rublications and rresent	auons.	
	"Average" Annual Expectations by Tit	le Series (includes typical DOE tin	me assigned for Scholarship <sup>1</sup> ) and	Rank
Domis	Clinical Title Series	Special Title Series	Regular Title Series	Research Title Series
Rank	(scholarship 10%, if applicable)	(scholarship 20-25%)	(research 50%)	(research 100%)
Assistant Professor				
Durantation	1 <sup>st</sup> author every 2 years, regional	1 <sup>st</sup> author ever 2 years, regional	1 <sup>st</sup> author every year,1 regional	1 <sup>st</sup> author every year, 1 regional
Presentation	OR	or national	or national	or national
Publication <sup>2,3</sup>	1 publication every 2 years,	1 publication every year with	2 data-based every year with 1 as	3 data-based every year with 1 as
Publication	substantive contribution	pattern of 1 <sup>st</sup> authorship	1 <sup>st</sup> author	1 <sup>st</sup> author
Associate Professor				
Presentation	1 <sup>st</sup> author every 2 years, regional	1 <sup>st</sup> author every 2 year, 1	1 <sup>st</sup> author every year, 1 national	1 <sup>st</sup> author every year, national or
Presentation	or national	national or international	or international	international
Publication <sup>2,3</sup>	1 <sup>st</sup> outbox over 2 veers	1 publication every year with	2 data based every year with 1 as	3 data based every year with 1 as
Publication	1 <sup>st</sup> author every 2 years	pattern of 1 <sup>st</sup> authorship	1 <sup>st</sup> author	1 <sup>st</sup> author
Professor				
Description	1 <sup>st</sup> the second second second second	1 <sup>st</sup> author every year, 1 national	1 <sup>st</sup> author every year, 1 national	1 <sup>st</sup> author every year, 1 national
Presentation	1 <sup>st</sup> author every 2 years national	or international	or international	or international
Publication <sup>2,3</sup>	1 <sup>st</sup>	1 publication every year with 1 <sup>st</sup>	2.5 data based every year with 1	3.5 data based each year with 1
Publication	1 <sup>st</sup> author every 2 years	author every 2 years	as 1 <sup>st</sup> author	as 1 <sup>st</sup> author

Peer Reviewed Publications and Presentations:

journals and will be in press or published.

<u>-1</u>

<sup>&</sup>lt;sup>1</sup>When a faculty members DOE scholarship time is less than the "typical assigned" percentage, annual expectations for presentation and publication will be adjusted accordingly. <sup>2</sup> For clinical title series and special title series, in press or published manuscripts in peer reviewed journals, book chapters, and monographs will be considered. It is expected that across years that a faculty member in one of these title series will publish in peer reviewed journals. For regular and research title series, it is expected that publications will be in peer reviewed

<sup>&</sup>lt;sup>3</sup> Data-based, senior authored manuscripts are considered to have equal weight as first authored papers if the manuscript is based on data from the senior author's program of research.

LECTURER TITLE SERIES				
Lecturer Appointment	Lecturer Reappointment	Senior Lecturer Appointment and Reappointment		
<ul> <li>A. GENERAL REQUIREMENTS <ol> <li>Minimum of Master's degree in nursing</li> <li>Active Kentucky license as a registered nurse</li> <li>Certification in clinical area of practice, if appropriate</li> <li>Evidence of clinical competence</li> </ol> </li> </ul>	<ul> <li>A. GENERAL REQUIREMENTS <ol> <li>Minimum of Master's degree in nursing</li> <li>Active Kentucky license as a registered nurse</li> <li>Certification in clinical area of practice, if appropriate.</li> </ol> </li> <li>4. Maintain clinical competence</li> </ul>	<ul> <li>A. GENERAL REQUIREMENTS <ol> <li>Meet lecturer general requirements</li> <li>Minimum of 5 years of continuous service as a full-time Lecturer or demonstrated excellence in a non-academic setting</li> </ol> </li> </ul>		
<ul> <li>B. TEACHING/ADVISING/OTHER</li> <li>INSTRUCTIONAL ACTIVITIES</li> <li>1. Potential for effective teaching</li> <li>2. Potential for satisfactory student advising</li> </ul>	<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES</li> <li>1. Demonstrate teaching effectiveness<sup>4</sup></li> <li>2. Satisfactory advising, as assigned</li> </ul>	<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES</li> <li>1. Evidence of excellence in teaching<sup>4</sup> or excellence in the individual's area of expertise and potential for teaching excellence</li> <li>2. Potential for satisfactory student advising, if initial appointment is at Senior Lecturer; otherwise satisfactory advising, as assigned.</li> </ul>		
C. RESEARCH/CREATIVE PRODUCTIVITY Not required	C. RESEARCH/CREATIVE PRODUCTIVITY Not required	C. RESEARCH/CREATIVE PRODUCTIVITY Not required		
<ul> <li>D. SERVICE (the appointee should have the potential to serve) <ol> <li>University or College<sup>5</sup></li> <li>Public as relates to expertise</li> <li>Profession, membership in relevant professional organizations</li> </ol> </li> </ul>	<ul> <li>D. SERVICE         <ol> <li>University or College, membership as elected or appointed<sup>5</sup></li></ol></li></ul>	<ul> <li>D. SERVICE         <ol> <li>University or College, membership as elected or appointed<sup>5</sup> <ul></ul></li></ol></li></ul>		
E. PROFESSIONAL RECOGNITION Not required	E. PROFESSIONAL RECOGNITION Not required	E. PROFESSIONAL RECOGNITION Not required		

<sup>&</sup>lt;sup>4</sup>Faculty are encouraged to use a teaching portfolio, and student evaluations, and/or peer to document teaching effectiveness and excellence.

<sup>&</sup>lt;sup>5</sup> Faculty are expected to submit their name annually for two College of Nursing standing committees, the Faculty Council constructs the ballot and there is the potential that the faculty member will be elected to serve on 2 committees. In addition to standing committees, faculty are encouraged to volunteer to serve on Task Forces.

CLINICAL TITLE SERIES (see individual position descriptions)				
Clinical Instructor Appointment	Clinical Instructor Reappointment	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul> <li>A. GENERAL REQUIREMENTS <ol> <li>Hold the terminal degree or other professional certification relevant to the clinical area (the latter shall be expressly identified in the position description request)</li> <li>Demonstrate clinical competence</li> <li>Active Kentucky license as a registered nurse</li> <li>Certified as advanced practice registered nurse, as appropriate</li> <li>Hold a master's degree in nursing</li> <li>Hold a doctoral degree if associate or full graduate status is applicable<sup>6</sup></li> <li>Have the potential for significant professional growth in the clinical area, and contribution in the areas of clinical practice and instruction</li> </ol> </li> </ul>	A. GENERAL REQUIREMENTS Continue to meet general requirements for Clinical Instructor	A. GENERAL REQUIREMENTS Meet qualifications of Clinical Instructor and in addition must both have a terminal degree (as determined by the profession) and provide evidence appropriate to the profession of recognition at least at the local level. The requirement for a terminal degree at this rank, for exceptional professionals with a national reputation as being among the best in their field, may be waived <sup>7</sup>	A. GENERAL REQUIREMENTS Meet the qualifications of Clinical Assistant Professor, including having a terminal degree, and have exercised substantial commitments in practice and instruction	A. GENERAL REQUIREMENTS Meet the qualifications of Clinical Associate Professor and provide evidence to demonstrate that in the opinion of colleagues and administrators the individual is an outstanding practitioner
<ul> <li>B. TEACHING/ADVISING/ OTHER INSTRUCTIONAL ACTIVITIES</li> <li>1. Potential for effective</li> </ul>	<ul> <li>B. TEACHING/ADVISING/ OTHER INSTRUCTIONAL ACTIVITIES         <ol> <li>Developing teaching</li> </ol> </li> </ul>	B. TEACHING/ADVISING/ OTHER INSTRUCTIONAL ACTIVITIES 1. Demonstrate teaching	B. TEACHING/ADVISING/ OTHER INSTRUCTIONAL ACTIVITIES 1. Excellence in teaching <sup>4</sup>	B. TEACHING/ADVISING/ OTHER INSTRUCTIONAL ACTIVITIES 1. Continued excellence in
<ul><li>teaching, including clinical</li><li>Potential for satisfactory student advising</li></ul>	expertise <sup>4</sup> , as assigned 2. Satisfactory advising, as assigned	<ul> <li>effectiveness<sup>4</sup></li> <li>2. Satisfactory advising, as assigned</li> <li>3. Serve as a member on DNP advisory</li> </ul>	<ol> <li>Satisfactory advising, as assigned</li> <li>Chair or serve on DNP advisory committee(s) and/or Co-chair or serve</li> </ol>	<ul> <li>teaching<sup>4</sup></li> <li>2. Satisfactory advising, as assigned</li> <li>3. Evidence of effective student mentoring</li> </ul>

<sup>&</sup>lt;sup>6</sup> Terminal degree specified for associate or full graduate status as recommended by the Medical Center Clinical Sciences Academic Area Advisory Committee in October 2008. <sup>7</sup>Waiver of the terminal degree requirement includes: (i) the positive majority vote of the tenured and tenure-eligible faculty in the educational unit who are at or above the rank of Assistant Professor, (ii) the positive recommendation of the unit administrator and college dean, (iii) the positive recommendation of the appropriate Academic Area Advisory Committee, and the approval of the Provost.
	CLINICAL TITL	E SERIES (see individual po	sition descriptions)			
Clinical Instructor Appointment	Clinical Instructor Reappointment	Clinical Assistant Professor	Clinical Associate Professor	<b>Clinical Professor</b>		
		committee(s), and/or PhD advising committee(s) as an associate graduate faculty member (if applicable), as requested	on PhD advisory committee(s) as an associate graduate faculty member (if applicable), as requested	4. Chair or serve on DNP advisory committee(s) and/or Co-chair or serve on PhD advisory committee(s) as an associate graduate faculty (if applicable), as requested		
C. RESEARCH/CREATIVE PRODUCTIVITY Not required	C. RESEARCH/CREATIVE PRODUCTIVITY Not required	C. RESEARCH/CREATIVE PRODUCTIVITY Demonstrates potential for productive involvement in scholarly activities related to clinical service, as applicable	C. RESEARCH/CREATIVE PRODUCTIVITY Productive involvement in scholarly activities related to clinical service that contribute to regional reputation, as applicable	C. RESEARCH/CREATIVE PRODUCTIVITY Productive involvement in scholarly activities related to clinical service that contribute to national reputation, as applicable		
<ul> <li>D. SERVICE (the appointee should have the potential to serve)</li> <li>1. University/College<sup>5</sup></li> <li>2. Public as relates to expertise</li> <li>3. Clinical practice as defined as appropriate<sup>8</sup></li> </ul>	<ul> <li>D. SERVICE <ol> <li>University or College, membership as elected or appointed<sup>5</sup></li> <li>Public as relates to expertise</li> <li>Profession, membership in relevant professional organizations</li> <li>Satisfactory clinical performance</li> </ol> </li> </ul>	<ul> <li>D. SERVICE <ol> <li>University and College, as elected or appointed<sup>5</sup></li> <li>Public as relates to expertise</li> <li>Profession, active participation in relevant professional organization(s) at local or state levels</li> <li>Engage in clinical practice in area of expertise<sup>8</sup></li> </ol></li></ul>	<ul> <li>D. SERVICE <ol> <li>University/College, <ul> <li>beginning leadership in</li> <li>college and university</li> <li>committees, as elected or</li> <li>appointed<sup>4</sup></li> </ul></li></ol> </li> <li>Public, leadership in</li> <li>community service <ul> <li>activities as relates to</li> <li>expertise</li> </ul> </li> <li>Professional beginning <ul> <li>leadership in relevant</li> <li>professional</li> <li>organization(s) at state</li> <li>and regional levels</li> </ul> </li> <li>Engage in clinical <ul> <li>practice and serve as a</li> <li>mentor to other advanced</li> <li>practitioners<sup>8</sup></li> </ul> </li> </ul>	reputation, as applicable D. SERVICE 1. University/College, leadership in college and university committees, as elected or appointed <sup>5</sup> 2. Public, sustained leadership in community activities as relates to expertise 3. Profession, leadership in relevant professional organizations at the regional or national levels 4. Engage in clinical practice, to include leading clinical practice initiatives and/or interdisciplinary teams <sup>9</sup>		
E. PROFESSIONAL RECOGNITION Not required	E. PROFESSIONAL RECOGNITION Not required	E. PROFESSIONAL RECOGNITION Local reputation as an excellent clinician	E. PROFESSIONAL RECOGNITION Regional reputation as excellent clinician	E. PROFESSIONAL RECOGNITION Regional, and perhaps national, recognition as an excellent clinician		

<sup>&</sup>lt;sup>8</sup> Clinical practice definitions refined per feedback from the Medical Center Clinical Sciences Academic Area Advisory Committee in October 2008.

SPECIA	<b>AL TITLE SERIES</b> (see individual position desc	riptions)	
Assistant Professor (Tenure Track)	Associate Professor	Professor	
<ul> <li>A. GENERAL REQUIREMENTS The person who is appointed or promoted to this rank shall present evidence of: <ol> <li>An earned doctoral degree in nursing or a related field</li> <li>Certification in clinical area of practice if included in position description</li> <li>Potential for professional growth in scholarship</li> <li>Potential for developing teaching excellence</li> <li>Potential to affectively engage in service</li> </ol> </li> </ul>	A. GENERAL REQUIREMENTS Continue to meet general requirements for Assistant Professor and have exercised substantial commitments in instruction, scholarship, and/or practice, if applicable	A. GENERAL REQUIREMENTS Continue to meet general requirements for Associate Professor and evidence to demonstrate that in the opinion of colleagues and administrators the individual is an outstanding teacher, scholar, and practitioner, as applicable	
<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES <ol> <li>Developing teaching expertise<sup>4</sup></li> <li>Satisfactory advising, as assigned</li> <li>Serve as a member on DNP advisory committee(s) and/or PhD advisory committee(s) as an associate graduate (if applicable), as requested</li> </ol></li></ul>	<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES <ol> <li>Excellence in teaching<sup>4</sup></li> <li>Satisfactory advising, as assigned</li> <li>Chair or serve on DNP advisory committee(s) and/or co-chair or serve as a member on PhD advisory committee(s) as an associate graduate faculty member (if applicable), as requested</li> </ol></li></ul>	<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES <ol> <li>Continued excellence in teaching<sup>4</sup></li> <li>Satisfactory advising, as assigned</li> <li>Evidence of effective student mentoring</li> <li>Chair or serve on DNP advisory committee(s) and/ or Chair or serve on of PhD advisory committee(s) as a full member of graduate faculty (if applicable), as requested</li> </ol></li></ul>	CCNE Self Study:
C. RESEARCH/CREATIVE PRODUCTIVITY Demonstrates potential for productive involvement in scholarly activities	C. RESEARCH/CREATIVE PRODUCTIVITY Productive involvement in scholarly activities that contribute to state or regional reputation	C. RESEARCH/CREATIVE PRODUCTIVITY Productive involvement in scholarly activities that contribute to national reputation, as applicable	/: 2011
<ul> <li>D. SERVICE <ol> <li>University and College, as elected or appointed<sup>5</sup></li> <li>Public as relates to expertise</li> <li>Profession, active participation in relevant professional organization(s) at local or state levels</li> <li>Engage in clinical practice as applicable and appropriate to expertise</li> </ol></li></ul>	<ul> <li>D. SERVICE <ol> <li>University/College, beginning leadership in college and university committees, as elected or appointed<sup>5</sup></li> <li>Public, leadership in community service activities as relates to expertise</li> <li>Professional beginning leadership in relevant professional organization(s) at state and regional levels</li> <li>Engage in clinical practice as applicable and appropriate to expertise</li> </ol> </li> </ul>	<ul> <li>D. SERVICE <ol> <li>University/College, leadership in college and university committees, as elected or appointed<sup>5</sup></li> <li>Public, sustained leadership in community activities as relates to expertise</li> <li>Profession, leadership in relevant professional organizations at the regional or national levels</li> <li>Engage in clinical practice as applicable and appropriate to expertise</li> </ol></li></ul>	2011 University of Kentucky BSN, MS
E. PROFESSIONAL RECOGNITION Local recognition for excellence in specialty area <sup>9</sup>	E. PROFESSIONAL RECOGNITION State and regional recognition for excellence in specialty area <sup>7</sup>	E. PROFESSIONAL RECOGNITION National or international recognition in specialty area <sup>7</sup>	, MS

<sup>9</sup> Faculty are expected to have developed expertise in a specialty area(s) beyond their baccalaureate education. Examples of specialty areas include, but are not limited to, oncology, informatics, advanced practice, innovative pedagogy, for example simulation.

	<b>REGULAR TITLE SERIES</b>	
Assistant Professor (Tenure track)	Associate Professor	Professor
<ul> <li>A. GENERAL REQUIREMENTS The person who is appointed or promoted to this rank shall present evidence of: <ol> <li>Active Kentucky licensure as a registered nurse</li> <li>An earned doctorate in nursing or a related field</li> <li>Certification in specialty, if appropriate.</li> <li>Potential for professional growth in the field of research</li> <li>Potential for developing teaching excellence</li> <li>Potential to affectively engage in service</li> </ol> </li> <li>For reappointment, person will continue to meet general requirements, including demonstrating professional growth in field of research and the following.</li> </ul>	A. GENERAL REQUIREMENTS For reappointment, person will continue to meet general requirements of Assistant Professor and will demonstrate professional growth in field of research	A. GENERAL REQUIREMENTS For reappointment, person will continue to meet general requirements of Assistant Professor and will demonstrate professional growth in field of research
<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES <ol> <li>Developing teaching expertise<sup>4</sup></li> <li>Satisfactory advising, as assigned</li> <li>Serve as a member on DNP advisory committees and/or PhD advisory committees as an associate graduate, as requested</li> </ol> </li> </ul>	<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES</li> <li>1. Excellence in teaching<sup>4</sup></li> <li>2. Satisfactory advising, as assigned</li> <li>3. Chair or serve on DNP advisory committee(s) and/or co-chair or serve as member on PhD advisory committee(s) as an associate graduate faculty member, as requested</li> </ul>	<ul> <li>B. TEACHING/ADVISING/OTHER INSTRUCTIONAL ACTIVITIES <ol> <li>Continued excellence in teaching<sup>4</sup></li> <li>Satisfactory advising, as assigned</li> <li>Evidence of effective student mentoring</li> <li>Chair or serve on DNP advisory committee(s) and/ or chair or serve on of PhD advisory committee(s) as a full member of graduate faculty, as requested</li> </ol></li></ul>
C. RESEARCH/CREATIVE PRODUCTIVITY Initiates own program of funded research	<ul> <li>C. RESEARCH/CREATIVE PRODUCTIVITY <ol> <li>Continuous improvement and contribution in research as evidenced by presentations, publications, consultations, and/or grant development</li> <li>Sustained program of funded research</li> <li>Regional and national reputation in research</li> <li>Mentorship of others in research</li> </ol></li></ul>	<ul> <li>C. RESEARCH/CREATIVE PRODUCTIVITY         <ol> <li>Outstanding achievements in research supported by grants or contracts</li> <li>Outstanding contributions in research as evidenced by presentations, publications, consultations, and/or grant development</li> <li>Sustained program of funded research</li> <li>Mentorship of others in research</li> </ol> </li> </ul>
<ul> <li>D. SERVICE <ol> <li>University and College, as elected or appointed</li> <li>Public as relates to expertise<sup>5</sup></li> <li>Profession, active participation in relevant professional organization(s) at local and state levels</li> </ol> </li> </ul>	<ul> <li>D. SERVICE <ol> <li>University/College, beginning leadership in college and university committees, as elected or appointed<sup>5</sup></li> <li>Public, leadership in community service activities as relates to expertise</li> <li>Professional beginning leadership in relevant professional organization(s) at state and regional levels</li> </ol> </li> </ul>	<ul> <li>D. SERVICE <ol> <li>University/College, leadership in college and university committees, as elected or appointed<sup>5</sup></li> <li>Public - sustained leadership in community activities as relates to expertise</li> <li>Profession - leadership in relevant professional organizations at the national or international levels</li> </ol> </li> </ul>
E. PROFESSIONAL RECOGNITION Local reputation in research area	E. PROFESSIONAL RECOGNITION Regional reputation in a research area	E. PROFESSIONAL RECOGNITION National or International reputation for excellence in research area

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RESEAR	CH TITLE SERIES (see individual position des	scriptions)
Research Assistant Professor	Research Associate Professor	Research Professor
<ul> <li>A. GENERAL REQUIREMENTS The person who is appointed to this rank shall present evidence of:</li> <li>1. Active Kentucky licensure as a registered nurse</li> <li>2. An earned doctorate in nursing or a related field</li> <li>3. Potential to demonstrate independent capability for conducting reliable research supported through contracts, grants, or other designated funds</li> <li>4. Show potential for professional growth in the field of research</li> </ul>	A. GENERAL REQUIREMENTS Person will continue to met the requirements for Assistant Professor rank and demonstrate professional growth in field of research	A. GENERAL REQUIREMENTS Person will continue to meet general requirements, including demonstrating professional growth in field of research and the following
For reappointment, person will continue to meet general requirements, including demonstrating professional growth in a field of research and the following		
B. TEACHING/ADVISING/OTHER	B. TEACHING/ADVISING/OTHER	B. TEACHING/ADVISING/OTHER
INSTRUCTIONAL ACTIVITIES Not required	INSTRUCTIONAL ACTIVITIES Not required	INSTRUCTIONAL ACTIVITIES Not required
unless indicated in position description, if required	unless indicated in position description, if required	unless indicated in position description, if required
see Assistant Professor criteria for Regular Title Series	see Associate Professor criteria for Regular Title Series	see Professor criteria for Regular Title Series
C. RESEARCH/CREATIVE PRODUCTIVITY Assist	C. RESEARCH/CREATIVE PRODUCTIVITY	C. RESEARCH/CREATIVE PRODUCTIVITY
with, and initiate own, program of funded research	<ol> <li>Continuous improvement and contribution in research as evidenced by presentations, publications, consultations, grant development, and funding</li> <li>Regional and national reputation in research</li> <li>Mentorship of others in research</li> </ol>	<ol> <li>Outstanding achievements in research supported by grants or contracts</li> <li>Outstanding contributions in research as evidenced by presentations, publications, consultations, grant development and funding</li> <li>Mentorship of others in research</li> </ol>
D. SERVICE	D. SERVICE	D. SERVICE
<ol> <li>University/College, as indicated in position description and as elected or appointed<sup>5</sup></li> <li>Public, as indicated in position description</li> <li>Profession, membership in appropriate professional organization(s)</li> </ol>	<ol> <li>University/College, as indicated in position description and as elected or appointed<sup>5</sup></li> <li>Public, as indicated in position description</li> <li>Profession, membership in appropriate professional organization(s)</li> </ol>	<ol> <li>University/College, as indicated in position description and as elected or appointed<sup>5</sup></li> <li>Public, as indicated in position description</li> <li>Profession, membership in appropriate professional organization(s)</li> </ol>
E. PROFESSIONAL RECOGNITION Local reputation	E. PROFESSIONAL RECOGNITION State or regional	E. PROFESSIONAL RECOGNITION National or
in research area	reputation for research area	international reputation for excellence in research
		area

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#### **Examples of Evidence in Support of High Merit**

Faculty who elect to apply for "high merit" should provide evidence for exceeding rank expectations in one or more mission – teaching, research/scholarship, and service, which includes practice, for the period under review. High merit is awarded for accomplishments within the calendar year(s) under review.

Examples include:

- 1. Professional recognition, including at the
  - a. local level for Lecturer and Clinical Instructor
  - b. state level for Senior Lecturer
  - c. regional for Assistant Professor (all series)
  - d. national Associate Professor (all series) or Clinical Professor
  - e. international for Professor (all series)
- 2. Creative pedagogy which has been sustained and disseminated in peer reviewed venues
- 3. Substantive participation in a public organization because of expertise (for example, American Cancer Society), including at the
  - a. local level for Lecturer and Clinical Instructor
  - b. local or state level for Senior Lecturer
  - c. state or regional for Assistant Professor (all series)
  - d. national level for Associate Professor (all series)
  - e. national or international level for Professor (all series)
- 4. Leadership in a public organization because of expertise (for example, American Cancer Society), including at the
  - a. local or state level for Assistant Professor (all series)
  - b. regional level for Associate Professor (all series)
  - c. national level for Professor (all series)
- 5. Leadership in professional organization, including at the
  - a. local level for Lecturer and Clinical Instructor
  - b. state level for Senior Lecturer
  - c. regional level for Assistant Professor
  - d. national level for Associate Professor
  - e. international level for Professor
- 6. Participation in clinical initiatives outside of DOE that strengthens College's relationships across discipline and setting for lecturer
- 7. Engage in clinical practice innovation that positively impacts patient and/or delivery system outcomes and that strengthen College's relationships across disciplines and settings for Clinical Instructor
- 8. Influence clinical practice beyond assigned clinical setting and DOE (e.g., practice guidelines adopted across multiple settings, statewide conference on best-practices)
- 9. Active engagement in research/scholarship (for example, collaborate with established research team) that exceeds expectation for DOE, rank and title series, as applicable
  - a. Substantive contribution to peer reviewed presentations and/or publications for Lecturer, Senior Lecturer and Clinical Instructor
  - b. Substantive contribution to scholarly creativity that produces book chapters, audiovisual learning tools, or other published/manufactured educational materials for Lecturer and Senior Lecturer
  - c. Substantive contribution to peer reviewed publication(s)<sup>2</sup> that describe practice innovation, teaching innovation, and/or unique contribution to the literature that exceeds expectations for DOE and rank within clinical and special title series and for Lecturers/Senior Lecturers
  - d. Substantive contribution to peer reviewed data based publications<sup>2</sup> that exceed expectations for rank and regular and research title series
- 10. Serving an editorial board as an Associate Professor (all title series) or as editor of a journal for Professor (all title series)
- 11. Service on regional research grant review panels for Assistant Professor and national research grant review panels for Associate Professor
- 12. Invited and serve as consultant on a funded grant for Assistant Professor
- 13. Invited and serve as a Visiting Professor as an Associate Professor

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#### APPOINTMENT, PROMOTION AND TENURE CRITERIA AND EVIDENCE OF HIGH MERIT, COLLEGE OF NURSING – page 9

- 14. Participate in policy initiatives related to health care, including at the
  - a. local level for Lecturer, Senior Lecturer, Clinical Instructor, and Assistant Professor (all title series)
  - b. state level for Associate Professor (all title series)
  - c. national level for Professor (all title series)
- 15. Sustained mentorship of others (e.g., students, pre- or post-doctoral fellow, other health care professionals) in scholarship, research, practice innovation, or teaching innovation that exceeds DOE

#### NOTES:

- 1. Approved by College of Nursing Faculty April 2008.
- 2. Members of the 2007 and 2008 Merit Task Force included Lynne Jensen, Jane Kirschling, Gina Lowry, Debra Moser, Melanie Harden-Pierce, Leslie Scott, Ruth Staten, and Darlene Welsh.

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#### XVI. Appendix II

#### Faculty Workload Policy Statement - University System (Approved by Board of Trustees)

#### A. <u>Introduction</u>

The University of Kentucky is the Commonwealth's primary land grant institution, and its three-fold mission of instruction, research, and service is unique among the public colleges and universities in Kentucky. The faculty is responsible for the discovery, creation, and transmission of knowledge and skills across the generations as well as the advancement of culture in our society. The University serves students and scholars from across the Commonwealth as well as from beyond its borders. Across a wide variety of areas and disciplines, the University provides an environment in which new ideas are fostered. Its faculty members disseminate that knowledge to students in baccalaureate through graduate and professional degree programs, and in continuing education at all levels.

Because the University is a comprehensive teaching and research institution, the academic units, faculties, programs, and students are heterogeneous. The students served by its programs, the qualifications and responsibilities of faculty members who provide instruction, and the many benefits to the Commonwealth are not easily categorized.

To provide the breadth of academic programs required of the University, the faculty performs a complex combination of duties. In this document these collective duties are termed WORKLOAD. Workload may be defined as all faculty activities related to essential professional activities and responsibilities: teaching, research and creative activity, interacting with students, clinical care, institutional and professional service, service to the community, and professional development. The essential character of workload is established for all the diverse types of faculty appointments in the guidelines for reappointment, promotion, and tenure within the University and in the distribution of effort agreement that directs each faculty member's working schedule. Workload management requires the realistic assignment of a faculty member's time and University resources.

Faculty members are independent professionals without prescribed working hours. For some, the work period fits a conventional work day, five days a week. For most, the work day is more flexible, and ultimately more time consuming. Commonly, heavy time commitments to teaching, grading, and research fill days, late nights, and weekends during the fall and spring semesters. During the summer months many faculty members commit to rigorous research or academic preparation schedules. Because of the flexible, overlapping, and complex nature of academic work, and because many faculty members are able to set their own schedules within a class-time framework, time spent in any one of the three areas of teaching, research, and service varies from day to day and may change markedly from semester to semester.

Many studies indicate that most University faculty members work an average of fiftyfive hours per week. [See, for example, Harold E. Yuker, <u>Faculty Workload: Research, Theory,</u> <u>and Interpretation</u> ASHE-ERIC Higher Education Research Report No.10. (Washington,

DC:Association for the Study of Higher Education, 1984)]. The work Week includes activities in a multitude of environments such as libraries, laboratories, and formal and informal settings around the University and elsewhere. Such activities include teaching and advising, constructing and scoring examinations, reading and grading papers, mentoring graduate students, directing graduate thesis and dissertation research, administrative duties, governance work, research and creative work, keeping abreast of developments in one's professional field, and providing professional services. The faculty work year ranges from nine to twelve months. Many faculty members are not compensated for some months each year, yet they spend these months preparing new courses, in professional development, and preparing research or creative projects for publication, exhibition, or performance.

Faculty workload includes formal classroom instruction, from undergraduate through postdoctoral levels, which may be measured by semester credit hours; laboratory, studio, and clinical contact hours; and informal non-classroom teaching. Workload includes research, or those activities that have as their goal a specific scholarly production, whether it be nonsponsored, individual research, or organized research supported by extramural funding. Workload also includes external service activities performed by faculty members on behalf of the general public, and internal service, or work on behalf of colleagues, students, and University units, and professional activities. While teaching, research, and service may be regarded as separate activities, in practice, these three workload components are rarely distinct. Administrative flexibility is required to assign and assess research, service, and teaching. Therefore, workload assignments should be determined by educational unit administrators who understand the abilities and interests of their individual faculty members.

The standard for teaching-only working assignments for regular-title appointment faculty members is twelve undergraduate credit hours per semester, or the equivalent effort in teaching-related responsibilities. The workload standard for research- or service-only assignments would be equivalent in time and effort to the teaching-only assignment. Most University System faculty members will not have such singular focus assignments but will divide their time among teaching, research, and service responsibilities. Specific guidelines for determining credit hour workload equivalents should be developed at the educational unit level and should recognize the variability of teaching assignments, such as class size and level; research involvement; and service responsibilities.

Appropriate workload management by educational unit administrators would best meet departmental and college responsibilities by maximizing the application of faculty expertise through a Differentiated Distribution of Effort or DDE. The rationale for a DDE stems from the recognition that the University's three-part mission is an aggregate institutional mission, not necessarily the mission of each individual faculty member. The DDE will permit the department chair or unit director, with approval by the dean or the appropriate administrative officer, to assure fairness in the distribution of responsibility among faculty members. The merit evaluation system should reflect the reality of workload distributions and the amount of effort that constitutes a full load equivalent.

#### B. Faculty Workload

#### 1. <u>Teaching</u>

One role of the University of Kentucky is to offer course work and degree programs to students which are on a par with those at the leading public universities in the country. Teaching is broadly defined to include formal classroom instruction, which may be measured by semester credit hours, but also includes laboratory, studio, and clinical contact hours. Courses may consist of lectures, discussion and quiz sections, laboratory exercises, field studies, industrial and clinical practice, and seminars. Formal classroom teaching includes conception, design, and preparation; research; performance; individual tutoring and mentoring; and evaluation of student accomplishment.

Teaching extends beyond the formal classroom setting. Since some of the most valuable teaching frequently occurs in one-on-one sessions outside the classroom, every contact between students and faculty members is a teaching opportunity. In these settings, formal credit hours do not measure the actual contact hours faculty members spend with students, yet such instruction often accounts for a major portion of the work week for the faculty members involved. Much undergraduate laboratory, studio, and field work is informal. At the graduate level most education combines informal and formal classroom teaching. Beyond-the-classroom education has many aspects of an apprenticeship. For example, students in the health care professions learn from faculty as they treat patients. For these students, such experience may be the single most important component of the educational process.

Teaching also includes advising, whether it be advising lower division class members, upper division majors, graduate students working on thesis or dissertation research, supervision of internships, or guidance given students enrolled in professional programs. Teaching and advising may merge in many programs to become one process. Therefore, the teaching portion of the overall workload will vary among individuals, from program to program, and from semester to semester, depending upon the teaching duties of each person. Faculty members may teach fewer courses when actual contact hours substantially exceed formal credit hours, as they usually do in laboratory, studio, clinical, and field work assignments.

Professional development is also of primary importance since to be effective teachers it is mandatory that faculty members know and understand the intellectual and practical status of each subject they teach, and follow disciplinary advances through the professional literature and other appropriate creative forums. This workload component cannot be measured by the number of courses or credit hours taught. Nevertheless, it is at the heart of all University System academic programs.

#### 2. <u>Research and Other Creative Activity</u>

Because the University of Kentucky is the Commonwealth's primary research institution, faculty members are expected to maintain research programs on a par with those at the best benchmark institutions. Therefore, most faculty members are selected on the basis of their ability to make original research contributions. Research includes those activities that have

as their goal a specific scholarly production and may be non-sponsored, individual research, or organized research supported by extramural funding. Research results in a collective advancement of knowledge which may have applied, theoretical, or aesthetic attributes, and it has a central role in enhancing teaching. An effective research program also underwrites professional development.

Research styles and methods vary widely from one discipline to another. For example, the historian may spend long hours in the University library and in bibliographic collections across the globe in order to interpret our heritage. The engineer may form an academic-industry team to enhance robot design and thereby improve work place productivity. The musician, artist, poet, and architect create sounds, visions, words, and structures which will uplift community spirit.

Research output can be measured by quality and number of productions or publications, and, in some fields, by awards, contracts, and grants received.

#### 3. <u>Service</u>

Based upon the faculty member's professional expertise, service includes activities established and maintained by the University on behalf of the general public, or external service. Also included is internal service or work on behalf of University units, and professional activities.

The University of Kentucky is committed to providing public service to the Commonwealth and its residents. Specific examples of such external service include agricultural extension work; diagnostic and regulatory activities whereby faculty members bring agricultural information and research findings to farming communities, agribusiness, and the general public. Also included are health care services; service on committees that support the implementation of the Kentucky Educational Reform Act; and advising county governments, student or civic organizations.

The University depends upon its faculty members to provide many academic governance functions, and this work comprises a part of their internal service. For example, faculty members serve on admission committees, faculty search committees, review panels, reappointment, promotion and tenure committees, budget and program task forces, minority recruitment committees, and many others. Faculty members may serve in formal administrative positions for a period, but they are expected to maintain active research programs and teach.

Faculty members are also responsible for service to their professional disciplines. They edit and manage journal publications, and serve on editorial boards that evaluate the quality of research manuscripts submitted for publication. They serve as officers of professional organizations, constitute groups that advise state and federal governments, sit on national panels that select research grant applications for funding, organize and chair scholarly and public meetings and symposia, and serve in advisory capacities to government, industry, and social service organizations.

#### 4. Interactions Among Teaching, Research, and Service

Individual faculty members' workloads consist of three separate components: teaching, research, and service. For most academic disciplines, these components are rarely clearly distinct. Teaching and research become one for most physical science, life science, social science, humanities, and engineering faculty projects, where research by the faculty member is inseparable from teaching research methods to graduate students and postdoctoral fellows. Research and service are inseparable when the research involves issues relevant to the community or the Commonwealth, such as programs to assess drug abuse or improve the health of Kentucky farmers. Teaching and service are one when the teaching is in a community health care center or a demonstration school. Research and teaching missions are often combined in programs other than those leading to baccalaureate and graduate degrees. For example, a faculty member may be doing research on reading which affects teaching in the secondary education classroom or is applied to adult literacy programs in the community.

#### C. <u>Principles for Implementing Faculty Workload Policies at the University of Kentucky</u>

1. Each educational unit is responsible to its dean or appropriate administrator for contributing to three mission areas: teaching, research, and service. The chair or administrator best knows and understands unit needs and the abilities and interests of their faculty members. Therefore, individual faculty workloads (be they regular-, extension-, special-, clinical-, or research-title series; librarian series; or adjunct series), are determined by, or in consultation with, the educational units most familiar with those responsibilities. Unit administrators should be allowed latitude in making individual workload assignments, and care should be taken that all of a faculty member's contributions to the institution be considered.

2. Policies and practices shall assure that full-time, regular-title series faculty members have comparable total effort; individual distributions of teaching, research, and service may vary but should not result in reduced effort for some individuals within an educational unit. By their nature, other title series faculty appointments carry more definitive workload specifications.

3. The workload for an individual faculty member would be equivalent to:

a. A teaching-only assignment in which the person would teach some combination of classes and engage in associated teaching-related activities that, given the qualifications in Section B (1) above, would be equal to twelve undergraduate credit hours. At the University of Kentucky, the standard teaching-only workload is twelve undergraduate credit hours per semester, or the equivalent in other teaching, research, and service responsibilities.

b. A research-only assignment equivalent to teaching twelve undergraduate credit hours in which the person would direct research activities, supervise research team members, administer grants and contracts, prepare grant proposals, and/or engage in other research activities as described in Section B (2) above, sufficient to maintain a vigorous research program comparable to successful full-time researchers in the same or comparable fields at the best of our benchmark institutions.

c. A service-only assignment in which the person would engage in activities, such as those described in Section B (3) above, for the equivalent of teaching twelve undergraduate credit hours.

In practice, few faculty members with regular-title appointments would have such a singular focus but would combine teaching, research, and service responsibilities, such that their aggregate workload would be equivalent to any one of these assignments.

University faculty members are the products of rigorous graduate and post graduate education, and possess unique talents and abilities. Appropriate workload management by educational unit administrators would seek to best serve student interests and meet departmental responsibilities by maximizing the application of faculty expertise through a Differentiated Distribution of Effort or DDE. The rationale for a DDE stems from the recognition that the University's three-part mission -- teaching, research, and service -- is an aggregated institutional mission, not necessarily the mission of each individual faculty member. Therefore, to implement a DDE, workload should be conceived of as variable individual efforts which, when aggregated at the educational unit level, allow that unit to meet its academic responsibilities and contribute to the overall University mission. To enhance the ability of a particular educational unit to meet its academic responsibilities, individuals may be assigned asymmetrical workload distributions that emphasize one or two mission areas, rather than all three. Because of promotion and tenure requirements, a DDE heavily weighted toward one area would normally be inappropriate for untenured faculty members who are full time and regulartitle series, since there is an expectation that excellence be demonstrated in each of the three mission areas.

The DDE should also permit the department chair or unit director, with approval by the dean or appropriate administrative officer, to assure fairness in the distribution of responsibility among faculty members. For example, since the University of Kentucky is the Commonwealth's primary research institution, and faculty members are expected to establish research programs, an individual whose research has produced an internationally recognized body of work and has obtained external funding support may be assigned to teach one or two courses per semester. Their remaining academic effort would be allotted to research and service. This effort would constitute a full academic workload, and the definition of full load and contact hour will vary across departments. The chair might assign another faculty member, whose research program and service responsibilities are limited, to teach three or four courses. Such an assignment would be reevaluated on a regular basis, in conjunction with a regular faculty review period.

These are examples, and many other DDE combinations are possible. The merit evaluation system should reflect the reality of workload distributions and the amount of effort that constitutes a full load equivalent. 4. Considerations for adjusting workload distributions for an individual should relate to:

a. Difficulty, scope, size, and level of courses taught (e.g., number of preparations, development of new courses or revisions of existing courses, type of instruction, class size, use of teaching assistants, advisement and mentoring activities, etc.);

b. Research responsibilities and/or service expectations.

5. Research, service, and non-classroom teaching are more difficult to quantify than formal classroom teaching but are, nevertheless, assessed according to merit evaluation and reappointment, promotion, and tenure guidelines. Policies and practices shall assure that full-time faculty members have comparable total effort, although individual distributions of teaching, research, and service may vary.

#### D. <u>Expectations and Outcomes</u>

In support of this workload policy, the University System will operate in consideration of the following:

#### 1. <u>Expectations</u>

a. That faculty members in each educational unit should participate fully with unit administrators in determining appropriate specific guidelines and procedures for assigning workloads;

b. That faculty members should participate fully at the college and university levels to develop and implement general workload guidelines;

c. That each academic unit should clarify and formalize their criteria and procedures to assure that all faculty members within the unit have comparable workloads;

d. That reappraisals of workload policy within educational units should occur at regular intervals to respond to university and college missions and to adjust to changes in size, structure, and curricular demands; and,

e. That those policies and practices should be made clear to all faculty members each year.

2. <u>Outcomes</u>

a. On behalf of the Commonwealth of Kentucky, the University faculty aspires to accomplish a three part mission: to create knowledge through research; to preserve and disseminate knowledge through teaching; and to serve the public and academic

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community through the application of learning and expertise. This workload statement seeks to achieve these ideals through the realistic management of faculty time and University resources.

b. The University faculty places high value upon the process and product of scholarship, and seeks to make University students and Commonwealth residents the chief beneficiaries of that scholarship. Teaching must be informed by research that has currency; to do otherwise would be to offer outdated ideas and solutions to tomorrow's problems. Faculty members will seek to underwrite their own research programs through proposals to external funding sources. Research awards will enhance those resources provided by the Commonwealth and, in addition to supporting research, will greatly benefit teaching and service productivity.

c. University System teaching and research programs will provide students studying at the University at all levels -- undergraduate through postdoctoral -- with the best educational experience that faculty and resources can provide. Thus, a university education will foster a cadre of graduates who will be informed and skilled citizens, providing leadership for the Commonwealth's business, industry, professions, and government.

d. University programs will also contribute to the life of the community by helping individuals to define and pursue personal goals which enrich their own lives and which ultimately contribute to the well-being of the Commonwealth's citizens.

e. Given these commitments on the part of university faculty members, this workload statement seeks to assure the faculty, in turn, that their assignments will be equitable and recognition and reward will be based upon the quality of their accomplishments. University Senate Meeting Update for CON Faculty 2-14-2011

- Presidential Search Committee update from Faculty Representative Lee Meyer
  - www.uky.edu/presidentialsearch
- > Proposed New Graduate Certificate in Teaching Nursing was approved by the Senate
- Proposal to create Undergraduate Certificates defined as 12 or more credits that are crossdisciplinary, but with a thematic consistency, and form a distinctive complement to a student's major and degree program, or leads to the acquisition of a defined set of skills or expertise that will enhance the success of the student upon graduation.
- Approved a Proposal to change Senate Rules to allow Honorary degrees to be conferred in December commencement in addition to May for the purpose of enhancement of the December commencement convocation. Also increased the number of these degrees to five from three.
- Senate endorsed a change in the Governing Regulation for the BoT that will make regularly scheduled meetings open to the Public and members of the University community; the agenda for these meetings shall be released to the general public at least three full business days prior to the board meeting.
- Senate endorsed a proposed new Senate rule on Excused Absences for Religious Holidays Faculty shall give students the opportunity to make up work w hen students notify them that religious observances prevent the students from doing their work at its scheduled time. Faculty should indicate in their syllabus how much advanced notice is required from the student requesting such an accommodation. Faculty may consult the Offices of Institutional Diversity, the Dean of Students, and the Ombud for consultation to determine whether the holiday in question warrants an accommodation.

Your CON Senators,

Melanie Hardin-Pierce (reporting)

Jenna Hatcher

Debra Anderson

#### UNIVERSITY OF KENTUCKY COLLEGE OF NURSING 2011-2012 FACULTY COMMITTEES (Membership to be completed with students, ex officio members, non-faculty representatives)

#### FACULTY COUNCIL

Karen Butler Peggy Hickman Wanda Lovitz Marcia Stanhope Jessica Wilson

#### UNDERGRADUATE PROGRAM COMMITTEE

Karen Butler Jennifer Cowley Jan Forren Carrie Gordy Julia Hall Gina Lowry Joanne Matthews Mary Jayne Miller Gia Mudd Kathy Wagner Lee Anne Walmsley Darlene Welsh Jessica Wilson

#### **DNP PROGRAM COMMITTEE**

Debra Anderson Melanie Hardin-Pierce Marcia Stanhope Elizabeth Tovar

#### **MASTERS PROGRAM COMMITTEE**

Debra Anderson Kristin Ashford Jenna Hatcher Kate Moore

#### PhD PROGRAM COMMITTEE

Susan Frazier Rebecca Dekker Debra Reed Carolyn Williams

#### UNDERGRADUATE STUDENT ADMISSION AND PROGRESSION COMMITTEE

Rebecca Dekker Joanne Matthews Celeste Phillips-Salimi Carolyn Williams

#### PROMOTION, APPOINTMENT, AND TENURE ADVISORY COMMITTEE

Susan Frazier Sharon Lock Debra Moser Mary Kay Rayens Carol Riker

#### FACULTY PRACTICE COUNCIL

Mollie Aleshire – elected practice faculty Leslie Scott – elected practice faculty Elizabeth Salt – elected practice faculty Amy DelRe – Administrative Services Assistant for Practice contracts, ex officio (non-voting) Jane Kirschling – Dean, ex officio (non-voting) Karen Minton – Business Officer, ex officio (non-voting) Suzanne Prevost – Associate Dean for Practice and Engagement, ex officio (non-voting) Two community representatives from affiliated practice sites, appointed by the Associate Dean for Practice and Engagement, who serve as ex-officio (non-voting). One representative from staff who practice, ex-officio (non-voting).

#### FACULTY SEARCH COMMITTEE

Pat Howard – Chairperson Jenna Hatcher Karen Stefaniak Kathy Wagner

#### **CONTINUING EDUCATION ADVISORY COMMITTEE (COLLEGE OF NURSING)**

Suzanne Prevost – Director of Continuing Education and Chairperson Hazel Chappell – Assistant Director of Continuing Education Carrie Gordy – elected faculty for 2-year term Julia Hall – elected faculty for 1-year term Director of Nursing Practice Improvement, University of Kentucky Hospital. Associate Medical Center Director for Patient Care, Veteran's Administration Medical Center. Three members at large from the nursing community representing primary, secondary, and tertiary clinical facilities.

#### **GOVERNANCE COUNCIL**

# Standing Members:Jane Kirschling, Dean and Chairperson<br/>Pat Burkhart, Associate Dean for Undergraduate Studies<br/>Pat Howard, Associate Dean for MSN and DNP Studies<br/>Lynne Hall, Associate Dean for Research and Scholarship

ID-2	CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP
	Terry Lennie, Associate Dean for PhD Studies Suzanne Prevost, Associate Dean for Practice and Engagement Karen Minton, Administrative Staff Officer Brenda Ghaelian, Director of Information Technology Faculty Council Chairperson
Elected Members:	Kacy Allen-Bryant (full time faculty) Vacancy (full time faculty) Leslie Scott (full-time practice faculty) Debra Moser (research faculty) Demetrius Abshire (part-time faculty) Vacancy (staff representative)

#### HEALTH CARE COLLEGES COUNCIL

Gia Mudd (Member) term expires 8/31/12 Elizabeth Tovar (Alternate) term expires 8/31/12 Darlene Welsh (Member) term expires 8/31/13 Ana Maria Quelopana (Alternate) term expires 8/31/13

#### **UNIVERSITY SENATE**

Senators:	Melanie Hardin-Pierce – term expires 8/15/13
	Debra Anderson – term expires 8/15/14
	Gina Lowry – term expires 8/15/14

## **Transfer Credit Policy**

## TRANSFER OF CREDIT Kentucky Postsecondary Education Transfer Policy

The General Education Transfer Policy facilitates the transfer of credits earned in general education and twelve hours of course work in a major for students moving from one Kentucky public college or university to another Kentucky public college or university. The general education core



transfer component reflects the distribution of discipline areas universally included in universitywide lower division general education requirements for the baccalaureate degree. Under this agreement, a student may satisfy the general education discipline requirements at their current college and have that requirement completion accepted at the university or college to which they may transfer. In addition, the Baccalaureate Program Transfer Frameworks identify 12 hours of course work in a major which may be successfully transferred. Each framework represents a specific guide to the exact courses a student needs; therefore, students who plan to transfer from one public institution to another to complete their Baccalaureate degree should work closely with their advisor to take full advantage of the Policy. For more specific information about the Policy, contact the Registrar's Office, 12 Funkhouser Building, (859) 257-9532.

## **Credit Earned at Kentucky Community and Technical Colleges and Other Institutions**

The University accepts collegiate-level degree credits earned at a fully accredited college or university. "Fully accredited" means that the institution is a member in good standing of one of the six regional academic accrediting associations. Transfer work from institutions outside the United States is evaluated on an individual basis from the official transcripts.

The Office of Undergraduate Admission and University Registrar generally determines the transferability of completed course work. Then, the dean of the college in which the student enrolls will determine *how* the transferred course work applies toward degree requirements. When the student attends the Advising Conference, an advisor will explain how the transfer work has been applied. However, students may want to consult individual departments in advance, so they may become familiar with degree requirements in their prospective program.

The transferability of course credit earned at two-year institutions is limited to a total of 67 semester hours.

Transfer applicants should note that regardless of the number of transfer hours the University may accept, all candidates for a bachelor's degree must complete 30 of the last 36 hours of their program at UK.

A minimum grade of D- is required on all courses transferred to UK. Some colleges and departments may require a higher grade in order for the course to satisfy degree requirements.

Grade point averages (GPA's) from other institutions do not transfer to the University of Kentucky. When students begin at UK, a new GPA is established after the first semester of classes. However, all grades, all courses and all previously attended institutions are included and counted in the admission process.

## TRANSFER ADMISSION TO THE UNIVERSITY

Students at other colleges or universities, including community colleges, are eligible to transfer to UK if they:

- 1. would have been selectively admitted to UK when they entered the first institution attended provided they have a cumulative grade-point average of 2.0 or better for all college-level work attempted. Applicants must **also** have a cumulative grade-point average of 2.0 or better for all college-level work attempted at the last institution attended, provided at least 12 credit hours (or the equivalent thereof) was attempted there.
  - or
- 2. would not have been selectively admitted to UK but have completed 24 semester hours or more and achieved a cumulative grade-point average of 2.0 or better for all college and university work attempted. Applicants must **also** have a cumulative grade-point average of 2.0 or better for all work attempted at the last institution attended.

Please note that grade-point averages are computed by the Office of Undergraduate Admission and University Registrar and reflect the grade and credit for each course attempted, regardless of the practice of the offering institution of waiving the low grade for a repeated course.

Grade point averages (GPA's) from other institutions do not transfer to the University of Kentucky. When students begin at UK, a new GPA is established after the first semester of classes. However, all grades, all courses and all previously attended institutions are included and counted in the admission process.

## TRANSFER EQUIVALENCY DATABASE

The University of Kentucky currently has almost 500,000 established course equivalencies from many colleges and universities around the country. To find a complete listing of the course equivalencies already established from your institution, please visit our <u>Transfer Equivalency</u>

<u>database</u>. Please note that if your institution and/or courses are not listed here, it does not mean that credit will not be awarded. Please contact the Transfer Equivalency Office at 859/257-9532 for more information.

## **TRANSFER EQUIVALENCY GUIDE**

Want to know more about how your transfer courses are equated to UK courses? Should you bring a syllabus for any of your transfer courses? What does GEED mean on my UK transcript? Click <u>here</u> to find out more about the Transfer Equivalency process.

## **Appeal of Transfer Course Equivalencies**

## For courses within the students major or minor:

The ultimate authority of transfer course equivalencies rests with the department chairperson or designated rep through which similar courses are offered at the University of Kentucky. Students who wish to appeal the evaluation of transfer equivalencies for major or minor courses may do so through the appropriate department head. When making an appeal, students must be prepared to provide supporting documentation (e.g., a course syllabus, course description from the other institution's catalog, examples of work). Department chairpersons who wish to approve a revision to a transfer equivalency must inform the Transfer Equivalency Office in Room 10 Funkhouser.

## For courses counting toward USP (University Studies Program):

Courses taken at UK or elsewhere that are not designated USP courses may be petitioned through the USP Exceptions Committee in the Central Advising Service and Transfer Center in 109 Miller Hall. Transfer work that does not have a specific UK equivalency (e.g., shows as NEEDEVAL, NEEDSYLL, NEEDDESC on the unofficial transcript) must be evaluated by the Transfer Equivalency Office in Room 10 Funkhouser before a petition will be reviewed.

In order to submit a Petition, please do the following

- Fill out and print a copy of the <u>University Studies Program Exceptions Committee</u> <u>Petition Form</u> (PDF).
- Complete the form, attach a course description and/or syllabus and bring the Petition and other materials to Central Advising Service and Transfer Center in 109 Miller Hall.
- The USP Exceptions Committee will rule on your request for an exception to be made within two weeks.
- You and your Academic College will be notified by email once the decision has been made and recorded in Degree Planner -APEX.
- <u>Text Only|Mobile</u>

- © University of Kentucky
  Site development: <u>Site Lab</u>
  Last updated: 9/09/11
  <u>An Equal Opportunity University</u>

#### **Classroom Improvemei**

As submitted to Facilities Management/Pi

Apr-11

Room	Suggestion	
115	- Seats - many are broken and/or loose	
	- Desk tops are broken or in need of repair	
	- Microphone needed	
	- Remote Control for Power Point presentations	
	- Poduim in front of classroom so the faculty member	r
	can look at it	
	- Numerous light bulbs are out	
	- Temperature is extreme - either freezing	
	or sweltering	
	- Computer needs updating	
	- Sound System improvement	
201	- Microphone needed	
	- Remote Control for Power Point presentations	
501B	- Lighting improvements are needed	
	- Temperature Control Needed	
	- IT equipment is old; have trouble getting	
	internet	
	- No way to contact TASC for IT help	
	- White board needs replacing	
	- Computer needs SPSS	
	- Replace Blinds with Shades	
General	Doduing with computer screens are peeded	

G

- Improvements Poduims with computer screens are needed
  - in all classrooms allows the speaker to see the PP slides while facing audience
  - Videoconferencing capability in some of the classrooms Skype - needed a wide screen camera mount and Adobe Connect Pro
  - Chairs that are comfortable
  - Tables in small classrooms shouldn't be crammed in
  - Smaller classrooms equip with larger screens for PP to make visualization better
  - A small computer equiped room would be useful

filename: 2011-2012 Classroom Improvements

#### nts

rovost Office

#### Action

PPD will be repairing
PPD will be repairing
Request placed through MC Audio Visual Dept
Request placed through MC Audio Visual Dept
Item placed on Provost List

PPD will be replacing

PPD will be working on the Heat and Air issue

Request placed through MC Audio Visual Dept Request placed through MC Audio Visual Dept

Request placed through MC Audio Visual Dept Request placed through MC Audio Visual Dept

PPD will be working on the Heat and Air issue PPD will be working on the Heat and Air issue Request placed through MC Audio Visual Dept

Request placed through MC Audio Visual Dept Item placed on Provost List Request placed through MC Audio Visual Dept Item placed on Provost List

Quantity w/*FBM	High Fidelity Simulation:
1	Laerdal Simman Adult
1	Laerdal SimBaby
1	Gaumard Noelle Maternal & Neonatal Birthing Simulator
1	Gaumard Baby Hal Newborn Infant Simulator
1	Gaumard Adult Hal Male Simulator
1	Laerdal NLN Scenario Set - Simulation in Nursing Education I
1	Laerdal NLN Scenario Set - Simulation in Nursing Education II
1	Laerdal American Heart Association ACLS Scenario
Quantity w/*FBM	Medium Fidelity Simulation:
1	Nasco Crisis Chris w/EKG rhythm simulator & upper airway
	management
1	Laerdal VitalSim Mega Code Child
1	Laerdal Noelle Maternal Neonatal Birthing Simulator
1	Armstrong Medical: Cardiac Rhythm Simulator w/ Hemodynamic/Peds
	waveforms (*con't on next line)
	(*can be used with any mannequin using the
-	bedside cardiac monitor system)
1	Fetal Heart Rate & Contraction Simulator /used with Noelle birthing
	simulator's
1	Blood Pressure Simulator
Quantity w/*FBM	Anatomy task trainers:
1	Fetal Development trainer models w/uterus & Fetus x 5 development
	levels
1	Nasogastric Intubation cross-section model
1	Life Size Anatomy Torso 56 dissectible structures and 36 removable
1	parts, w/ male or female genital
1	Medical Skeleton flexible w/painted muscle attachments/ mounted w/
1	stand
1	Female anatomy trainer cross-section model
1	Male anatomy trainer cross-section model Uncircumsised Male part
1	
	Lab Computer
14	Desktop Including Media Centers
14	Laptop in Secure Cart
10	
Quantity w/*FBM	Task Trainer Mannequins/ models / Full Body Mannequins (FBM)
2	Chester Chest

1	Pitting Edema Simulator
3	Simulaids Pelvic exam trainer
1	Nasco Lifeform Pelvic exam trainer
1	Company unknown: Pelvic exam trainer
2	Simulaids Prostate trainer (Zack)
2	Nasco Lifeform Prostate trainer
1	Task Trainer Ear model w/ Interchangeable tympanic membrane
	advanced slides
1	Torso Auscultation Trainer w/heart sound and breath sounds
1	Laerdal 9 year old child w/heart, breath and abdominal sounds
1	Laerdal Newborn w/heart and breath sounds
1	Gaumard Noelle birthing mother (*see medium fidelity simulators)
1	Nasco Fundus Assessment trainer
1	Deluxe Nurse training Baby multi purpose
1	Geriatric Gerri full body mannequin trainer
9	Hip injection trainer w/anatomical bone's for accurate landmarking
1	Hip injection trainer (no anatomical bone's for landmarking ) Visible
_	slice section of nerves & arteries
10+5FBM =14	Laerdal: Trach, suction & N/G Insertion Task Trainer + *FBM
3	Arm Intradermal Injection trainer (3B Scientific/American)
9	Adult IV arm Trainer (Nasco) (2 new IV arm trainers (2 brand new IN
	arm trainers in the case)
1	Adult Advanced Venipucture IV arm Trainer with Radial Artery
	(Nasco)
2	Stump Mannequins task trainer bandage application, 1 two stump arm
	mannequin & 1 two stump leg
5	*FBM - Full Body Trainer (interchangeable abd wounds & catheter
	insertion parts can be used w/trainer)
10+5FBM = 15	Catheterization & Enema Trainer w/abdomen (interchangeable abd
	wounds can be used w/trainer) con't
	*Catheterization & Enema Trainer w/abdomen (one brand new in
	the case, parts secured)
10 + 5FBM = 15	Interchangeable Abd wound trainer w/"incision & drain"
1	Interchangeable Abd wound trainer closed, w/staples, no drain
3	Interchangeable Abd wound trainer incision simple sutured, no drain (we
	could add a drain)
10	Interchangeable Abd no wound w/one opening
3	Interchangeable Abd trainer w/ three stoma's
4	Interchangeable Abd trainer open gaping packing wound
10 + 5FBM = 15	Interchangeable Thigh trainer open gaping packing wounds
1	Interchangeable Thigh wound trainer traumatic injury needs
	debridement
13	Interchangeable Female part for catheter insertion
15	Interchangeable Male part for catheterinsertion
2	Interchangeable Arm pad wound trainer w/decubitus

1	Interchangeable Diabetic Foot wound trainer w/open wounds							
	Wound Care Decubitus Trainer (Inservice Home Care Training							
	Simulator)							
5	*FBM - Full Body Trainer (interchangeable abd wounds & catheter							
	insertion parts can be used w/trainer)							
	*FBM - Full Body Task Trainer option:							
	*N/G tube insertion and Trach Care and Sunction							
	*2 IV pad sites (one each arm)							
5	*Abd good for interchangeable for abd complicated wounds							
5	*Legs have area usable for interchangeable packing thigh wounds							

WkNo	Date Simulation Requests	Course	Faculty	Support	Support→-	Staff Co	ver			Time	Event	Mannequin	room	CourseColor
WkNo	August	Course	Coord.	Faculty	Staff	Done	TA/SLI	Done	п	Time	Event	Mannequin	Multible rooms	861
1/2wk	Tuesday, August 23, 2011	Burkhart	PK/DA	PK/DA	C.Witt	$\checkmark$			GW	8-4p		GW: Adult Hal & bed to 401	All rooms/ 407 till 6p	863 Lab
1/2wk	Wednesday, August 24, 2011	863Lec/Sim	JW 863B	P.Kral	Carole H	$\checkmark$			GW	8-4p	Rm of Errors/Code/SBAR/Lifting etc.	GW-Simman Code/PK facilitator	405/E/G/J/401/GLASSRm/401	863LEC/Sim
1/2wk	Thursday, August 25, 2011	863Lec/Sim	JW 863A	P.Kral	$\bigcirc$				GW	8-1P	Rm of Errors/Code/SBAR/Lifting etc.	GW-Simman Code/PK facilitator	405/E/G/J/401/GLASSRm/401	869
Wk 1	Monday, August 29, 2011	COM-Med	BrianJudge			$\checkmark$			GW	9a-11a	OB Med School Deliveries	Old Noelle	405E	871
Wk 1	Monday, August 29, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$			GW	8-5p	PYXIS ORIENT	PYXIS Machine/PK facilitator	401/GLASSroom	873Ped
Wk 1	Tuesday, August 30, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$			GW	8-5p	PYXIS ORIENT	PYXIS Machine/PK facilitator	401/GLASSroom	875OB
Wk 1	Tuesday, August 30, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	Room of Errors	GW: CC-MegaCodeKid	407A-RED	886
Wk 1	Wednesday, August 31, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$			GW	8-5p	PYXIS ORIENT	PYXIS Machine/PK facilitator	401/GLASSroom	
Wk 1	Wednesday, August 31, 2011	863Lec/Sim	JW 863A		Carole H.	$\checkmark$			GW	11:45-2:15p	COPD-RespDistress: O2 Sats+Devices/Spirocare	GW-Simman/Carole facilitator	CardiacMonitor/405-J/LEC Rm	Day of wk
													*401 (Nsg-Pac's in 405-C )	Monday
														Tuesday
														Wednesday
														Thursday
											Fall 2011 G Version Pg 1			Friday

Wk No	September	Course	Coord.	Faculty	Staff	StaffCov	TA/SLI	Done	п	Time	Event	Mannequin	Multible rooms	CourseColor
Wk 1	Thursday, September 01, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$			GW	8-5p	PYXIS ORIENT	PYXIS Machine/PK facilitor	401/GLASSroom	861
Wk 1	Thursday, September 01, 2011	863Lec/Sim	JW 86B		C.Witt	$\checkmark$			GW	11:45-2:15p	COPD-RespDistress: O2 Sats+Devices/Spirocare	GW-Simman/CWitt facilitator	CardiacMonitor405-J/LEC Rm	863 Lab
Wk 1	Thursday, September 01, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			cc-	8-5p	Room of Errors	GW: CC-MegaCodeKid	407A-RED	863LEC/Sim
Wk 2	Tuesday, September 06, 2011	863Lec/Sim	JW 863B		C.Witt	$\checkmark$			GW	11:45-2:15p	Sim Cardiac/ PVS	CVS Torso/ Pitting Edema Sim.	405G/405J/LEC Rm	869
Wk 2	Tuesday, September 06, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	VitalSignPractice: Pulse Ox/B/P Sim.	GW: CC-Adult Hal & MegaCodeKid	413 & 405E	871
Wk 2	Wednesday, September 07, 2011	863Lec/Sim	JW 863A		Carole H.	$\checkmark$			GW	11:45-2:15p	Sim Cardiac/ PVS	CVS Torso/ Pitting Edema Sim.	405G/405J/LEC Rm	873Ped
Wk 2	Thursday, September 08, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	VitalSignPractice: Pulse Ox/B/P Sim.	GW: CC-Adult Hal & MegaCodeKid	413 & 405G	875OB
Wk 3	Tuesday, September 13, 2011	863Lec/Sim	JW 863B		$\bigcirc$				GW	11:45-2:15p	NeuroSens: Req 1 Staff & 1Lab Intern	GW-Adult Hal & 1 Low Fid. Simulator	2 stations 405E & 405G	886
Wk 3	Tuesday, September 13, 2011	871	JC		C.Witt	$\checkmark$			GW	11-2:25p	Blood Adm. Simulation	GW-Simman/Cheryl facilitator	405J	886
Wk 4	Tuesday, September 13, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	Growth & Development & VS Comp's	Reserve infant mannequin	407/407E-Orange/413	
Wk 3	Wednesday, September 14, 2011	863Lec/Sim	JW 863A		Carole H.	$\checkmark$			GW	11:45-2:15p	NeuroSens: Req 1 Staff & 1Lab Intern	GW-Adult Hal & 1 Low Fid. Simulator	2 stations 405E & 405G	
Wk 3	Thursday, September 15, 2011	863Lec/Sim	JW 863B	J.Wilson	C.Witt	$\checkmark$			GW	11:45-2:15p	Nut: Req 1 Lab Intern/or 1TA/JW in 1Rm	GW-Simman/2 Low Fid Simulator	2 stations 405G & 405J ?GLAS	SRm
Wk 4	Thursday, September 15, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	Growth & Development & VS Comp's	Reserve infant mannequin	407/407E-Orange/413	
Wk 4	Monday, September 19, 2011	863Lec/Sim	JW 863A	J.Wilson	C.Witt	$\checkmark$			GW	11:45-2:15p	Nut: Req 1 Lab Intern/or 1TA/JW in 1Rm	GW-Simman/2 Low Fid Simulator	2 stations 405G & 405J ?GLAS	SRm
Wk4	Tuesday, September 20, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	HEENT: MicroViewProjectionOtoScope	Ear Modle	407	Day of wk
Wk4	Thursday, September 22, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	HEENT: MicroViewProjectionOtoScope	Ear Modle	407	Monday
Wk4	Thursday, September 22, 2011	иксн	TeresaChas	e		$\checkmark$			GW	2-4:30p	ChildrensHospital	SimBaby	405E	Tuesday
Wk 4	Friday, September 23, 2011	886/Sim	D.Welsh	DW/P.Kra	C.Witt	$\checkmark$			GW	10-3:30p	Code/Video Stream to 407/OB/Peds	PK-Simman+GW-VideoStream to 407	405J	Wednesday
	Continued 866 D.Welsh	886/Sim	D.Welsh	DW/P.Kra	C.Witt	$\checkmark$			GW	10-3:30p		Noelle/ SimBaby/ Baby Hal	405G OB & 405E Peds	Thursday
Wk 5	Monday, September 26, 2011	863Lec/Sim	JW 863A		C.Witt	$\checkmark$			GW	11:45-2:15p	Pain Sim:	GW-Simman+VideoStreamClassroom	405J	Friday
Wk 5	Monday, September 26, 2011	COM-Med	Brian Judge			$\checkmark$			GW	9a-11a	OB Med School Deliveries	Old Noelle	405E	Friday
Wk 5	Tuesday, September 27, 2011	869Lec/Sim	LAW	LAW	SLI:Boock				GW	9a-11am	Pain Sim:	GW-Simman+VideoStreamClassroom	405J	
Wk 5	Tuesday, September 27, 2011	863Lec/Sim	JW 863B		$\bigcirc$				GW	11:45-2:15p	Pain Sim:	GW-Simman+VideoStreamClassroom	405J	
Wk 5	Tuesday, September 27, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$				8-5p	BSE*TSE Models/ABD/Axilla/Genatilia:	TouchyFeely/CathModel/TSE/BSE	407 + Take Apart Torso	
Wk 5	Wednesday, September 28, 2011	863Lec/Sim	JW 863A		Carole H.	$\checkmark$			GW	11-3p	Chronic&AcuteWounds+the Kit+Drains	"cath" mannequins w/wounds	405/E/G/J/407/LEC Rm ?GLASSF	Rm
Wk 5	Thursday, September 29, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$				8-5p	BSE*TSE Models/ABD/Axilla/Genatilia:	TouchyFeely/CathModel/TSE/BSE	407 + Take Apart Torso	
Wk 5	Thursday, September 29, 2011	863Lec/Sim	JW 863B		C.Witt	$\checkmark$			GW	11-3p	Chronic&AcuteWounds+the Kit+Drains	"cath" mannequins w/wounds	405/E/G/J/407/LEC Rm	
											Fall 2011 G Version Pg 2			

Wk No	October	Course	Coord.	Faculty	Staff	StaffCov	ver	Done	п	Time	Event	Mannequin	Multible rooms	CourseColor
Wk 6	Monday, October 03, 2011	863Lec/Sim	JW 863A		Carole	$\checkmark$			GW	11:45-2:15	Urinary:	GW: Noelle+VideoStreamClassroom	405G	861
Wk 6	Tuesday, October 04, 2011	863Lec/Sim	JW 863B		C.Witt	$\checkmark$			GW	11:45-2:15	Urinary:	GW: Noelle+VideoStreamClassroom	405G	863 Lab
Wk 6	Tuesday, October 04, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	CVS/Resp/PVS:	Chest Torso/Doppler/EdemaSimulator	407	863LEC/Sim
Wk 6	Thursday, October 06, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$			GW	8-5p	CVS/Resp/PVS:	Chest Torso/Doppler/EdemaSimulator	407	869
Wk 6	Thursday, October 06, 2011	875/OB	J. Hall	J.Hall	$\bigcirc$	$\checkmark$			GW	8-6p	OB Simulation	GW: JH-Noelle/ Baby Hal	405G	871
Wk 7	Monday, October 10, 2011	863Lec/Sim	JW 863A		C.Witt	$\checkmark$			GW	1:50-2:20p	F&E:	GW: Simman+VideoStreamClassroom	405J	873Ped
Wk 7	Monday, October 10, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$				8a-5p	Lab IV Therapy:	5 Full body Manneq. & 4 IV Arms	401	875OB
Wk 7	Tuesday, October 11, 2011	863Lec/Sim	JW 863B		C.Witt	$\checkmark$			GW	1:50-2:20p	F&E:	GW: Simman+VideoStreamClassroom	405J	886
Wk 7	Tuesday, October 11, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$				8a-5p	Lab IV Therapy:	5 Full body Manneq. & 4 IV Arms	401	
Wk 7	Wednesday, October 12, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$				8a-5p	Lab IV Therapy:	5 Full body Manneq. & 4 IV Arms	401	Day of wk
Wk 7	Thursday, October 13, 2011	863 Lab	P.Kral	P.Kral	LABclass	$\checkmark$				8a-5p	Lab IV Therapy:	5 Full body Manneq. & 4 IV Arms	401	Monday
Wk 8	Friday, October 14, 2011	923Grad.	KR/NC			$\checkmark$			GW	8a-12n	ABN HS&BS & Stridor, whezes, retrac	GW: Simman & SimBaby	405J & 405E	Tuesday
Wk 8	Monday, October 17, 2011	863Lec/Sim	JW 863A		Carole	$\checkmark$			GW	11:30-2:15	Peri-Op:	GW: Simman+VideoStreamClassroom	405J	Wednesday
Wk 8	Tuesday, October 18, 2011	863Lec/Sim	JW 863B		C.Witt	$\checkmark$			GW	11:30-2:15	Peri-Op:	GW: Simman+VideoStreamClassroom	405J	Thursday
Wk 8	Wednesday, October 19, 2011	869Prentral	LW/MQ	*AMQ	G.Scott/Boo	$\checkmark$			GW	8-5p	Prenatal Simulation Event	GW: Noelle/ Simman	405G & 405J & 403	Friday
Wk 9	Monday, October 24, 2011	COM-Med	Brian Judge						GW	9a-11a	OB Med School Deliveries	Old Noelle	405E	
											Fall 2011 G Version Pg 3			

Wk No	November	Course	Coord.	Faculty	Staff	StaffCov	ver D	onel	т	Time	Event	Mannequin	Multible rooms	CourseColor
Wk10	Wednesday, November 02, 2011	875/OB	J. Hall	J.Hall	Carole H.	$\checkmark$		c	SW	8-6p	OB Simulation	GW: JH-Noelle/ Baby Hal	405G	861
Wk11	Monday, November 07, 2011	863Prenatal	JW/MQ	AMQ/PK	$\bigcirc$			e	sw	7:30-5:30p	Prenatal Event Day	GW: AMQ-Noelle/ PK-Simman	405/G/J & 401 3rd station	863 Lab
Wk11	Monday, November 07, 2011	863Lec/Sim	Celeste		???			e	sw	11:45-2:15	Pediatric Simulation+VideoStreamLecRm	GW: Baby Hal	405E	863LEC/Sim
Wk11	Tuesday, November 08, 2011	863Prenatal	JW/MQ	АМQ/РК	$\bigcirc$			e	sw	7:30-5:30p	Prenatal Event Day	GW: AMQ-Noelle/ PK-Simman	405/G/J & 401 3rd station	869
Wk11	Tuesday, November 08, 2011	863Lec/Sim	Celeste		7			e	sw	11:45-2:15	Pediatric Simulation Lecture Rm	GW: Baby Hal	Lecture Room	871
Wk11	Tuesday, November 08, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$		c	sw	8-5p	Simulation Emersion Event	GW: CC-Adult Hal	405E	873Ped
Wk11	Wednesday, November 09, 2011	863Prenatal	JW/MQ	АМQ/РК	Carole H.	$\checkmark$		e	sw	7:30-5:30p	Prenatal Event Day	GW: AMQ-Noelle/ PK-Simman	405/G/J & 401 3rd station	875OB
Wk11	Wednesday, November 09, 2011	863Lec/Sim	Celeste		71			G	sw	11:45-2:15	Pediatric Simulation+VideoStreamLecRm	GW: Baby Hal	405E	886
Wk11	Thursday, November 10, 2011	863Prenatal	JW/MQ	АМQ/РК	$\bigcirc$			e	sw	7:30-5:30p	Prenatal Event Day	GW: AMQ-Noelle/ PK-Simman	405/G/J & 401 3rd station	
Wk11	Thursday, November 10, 2011	863Lec/Sim	Celeste		7			c	sw	11:45-2:15	Pediatric Simulation Lecture Rm	GW: Baby Hal	Lecture Room	
Wk11	Thursday, November 10, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$		c	sw	8-5p	Simulation Emersion Event	GW: CC-Adult Hal	405E	Day of wk
Wk12	Monday, November 14, 2011	863 Sim/Day	JW 863	P.Kral	C.Witt=SetUp	$\checkmark$		c	SW	9-3:30p	Simulation Emersion Event	GW-Simman/PK-Noelle/TA-MegaCodeK	405/G/J/ 401/GLASSRm	Monday
Wk12	Monday, November 14, 2011	863Lec/Sim	Celeste		???			e	sw	11:45-2:15	Pediatric Simulation+VideoStreamLecRm	GW: Baby Hal	405E	Tuesday
Wk12	Tuesday, November 15, 2011	863 Sim/Day	JW 863	P.Kral	C.Witt/SetUp	$\checkmark$		e	sw	9-3:30p	Simulation Emersion Event	GW-Simman/PK-Noelle/TA-MegaCodeK	405/G/J/ 401/GLASSRm	Wednesday
Wk12	Tuesday, November 15, 2011	863Lec/Sim	Celeste		?;			e	sw	11:45-2:15	Pediatric Simulation Lecture Rm	GW: Baby Hal	Lecture Room	Thursday
Wk12	Tuesday, November 15, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$		c	sw	8-5p	Simulation Emersion Event	GW: CC-Adult Hal	405E	Friday
Wk12	Wednesday, November 16, 2011	863 Sim/Day	JW 863	P.Kral	Carole H.	$\checkmark$		e	sw	9-3:30p	Simulation Emersion Event	GW-Simman/PK-Noelle/CC-MegaCodeK	405/G/J/ 401/GLASSRm	
Wk12	Thursday, November 17, 2011	863 Sim/Day	JW 863	P.Kral	C.Witt	$\checkmark$		e	sw	9-3:30p	Simulation Emersion Event	GW-Simman/PK-Noelle/	405/G/J/ 401/GLASSRm	
	Continued 863 SimDay	863 Sim/Day	JW 863	P.Kral	C.Witt	$\checkmark$		e	sw	9-3:30p		TA-MegaCodeKid or KB or CWitt	405/G/J/ 401/GLASSRm	
Wk12	Thursday, November 17, 2011	861	C Catlett	Cathy C.	Carole H.	$\checkmark$		c	sw	8-5p	Simulation Emersion Event	GW: CC-Adult Hal	405E	
Wk13	Monday, November 21, 2011	863 Lab/PK	Celeste+	2clinical	Carole H.	$\checkmark$		e	sw	8-5p	Pediatric Simulation: Adult Hal +	GW: PK-SimBaby/BabyHal/MegaCodeKi	405G/J/401/GLASSRm	
Wk13	Monday, November 21, 2011	COM-Med	Brian Judge			$\checkmark$		e	sw :	9a-11a	OB Med School Deliveries	Old Noelle	405E	
Wk13	Tuesday, November 22, 2011	863 Lab/PK	Celeste+	2clinical	C.Witt/SetUp	$\checkmark$		e	sw	8-5p	Pediatric Simulation	GW: PK-SimBaby/BabyHal/MegaCodeKi	405G/J/401/GLASSRm	
Wk14	Monday, November 28, 2011	863Lec/Sim	JW 863A	P.Kral	C.Witt/SetUp	$\checkmark$		e	sw	11-3p	Death & Dying: whole class of 40-ish	GW: PK-Adult Hal in a bed	403Tables+Chairs must be moved	
Wk14	Monday, November 28, 2011	873PedsSim	C.Gordy	C.Gordy	Carole H.	$\checkmark$		e	sw	8-2p	<b>PediatricSimulationEmersionEvent</b>	GW: CG-SimBaby/* <i>BabyHal</i> /MegaCode	405E	
Wk14	Monday, November 28, 2011	875/OB	J. Hall	J.Hall	C.Witt/SetUp	$\checkmark$		e	sw	8-6p	OB Simulation	GW: JH-Noelle/*Baby Hal	405G	
Wk14	Tuesday, November 29, 2011	863Lec/Sim	JW 863B	P.Kral	C.Witt/SetUp	$\checkmark$		e	sw	11-3p	Death & Dying: whole class of 40-ish	GW: PK-Adult Hal in a bed	403Tables+Chairs must be moved	
Wk14	Tuesday, November 29, 2011	873PedsSim	C.Gordy	C.Gordy	$\bigcirc$	$\checkmark$		c	sw	8-7p	PediatricSimulationEmersionEvent	GW: CG-SimBaby/* <i>BabyHal</i> /MegaCode	405E	
Wk14	Tuesday, November 29, 2011	875/OB	J. Hall	J.Hall	$\bigcirc$	$\checkmark$		c	sw	8-6p	OB Simulation	GW: JH-Noelle/*Baby Hal	405G	
Wk14	Wednesday, November 30, 2011	873PedsSim	C.Gordy	C.Gordy	Carole H.	$\checkmark$		e	sw	8-2p	<b>PediatricSimulationEmersionEvent</b>	GW: CG-SimBaby/BabyHal/MegaCodeK	405E	
Wk14	Wednesday, November 30, 2011	869/Sim	LW	LW	G.Scott/Boocl	$\checkmark$		e	sw	7:30-5p	SimDay:RmErrors/Code/NG-Mtg/Cath's	GW: Simman/Noelle/2 Low Fid.	405G&405J&403/GLASSRm o	r 413
Wk14	Wednesday, November 30, 2011									8a-5p	Open Practice		GLASSRoom	
												#Julia&Carrie 11/28&11/29 reserved BabyHo	1	
											Fall 2011 G Version Pg 4			

Week	December	Course	Coord.	Faculty	Staff	StaffCov	er	Done	IT	Time	Event	Mannequin	Multible rooms	
Wk14	Thursday, December 01, 2011	873PedsSim	C.Gordy	C.Gordy	C.Witt/SetUp	$\checkmark$			GW	8-7p	<b>PediatricSimulationEmersionEvent</b>	GW: CG-SimBaby/BabyHal/MegaCodeKi	405E	
Wk14	Friday, December 02, 2011	FAF			C.Witt	$\checkmark$				10-3p	Cover FAF			
Wk15	Monday, December 05, 2011	NurseReside	ency	P.Kral	мјм/сн	$\checkmark$			GW	9:30-10:30	Simulation Code:	GW: Simmam	405J	
	GW-Greg Williams/SLI-Skills Lab I	ntern												

### Nursing Research Papers Day: November 18, 2011

07:30-08:15 am	Registration
08:15-08:20 am	Welcome Colleen Swartz, R.N., D.N.P, M.B.A. Chief Nurse Executive/UKHC
08:20-09:50 am	<b>Keynote Speaker</b> Marla J DeJong, PhD, RN, MS, CCRN, CEN Executive Director of the TriService Nursing Research Program, Uniformed Services University of the Health Sciences, Bethesda, MD
09:50-10:20 am	Poster Presentation/Break
10:20-10:50 am	Implement and Evaluate an Early Warning System: An Effective Counter Measure in the Battle Against Clinical Deterioration: Colleen Swartz, R.N., D.N.P, M.B.A
10:50-11:20 pm	The Influence of Interpersonal Relationships on Nurse Manager Work Engagement and Proactive Work Behavior: Nora Warshawsky, PhD, RN
11:40-12:10 pm	Nurses Conducting Research in the Clinical Setting Mary Rose Bauer, Carrie Makin, Heather Morton, ?
12:10-1:10 pm	Lunch
CONCURRENT SESSION	IS- Participants may attend the session of their choice
1:10-1:40 pm	Utilizing the Evidence to Improve Neonatal Outcomes: Lisa McGee, MSN, RN
	<b>Precipitants of Admission for Exacerbations of Heart Failure:</b> Debra Moser, DNSc, RN, FAAN
1:40-2:10pm	An Evidence-Based Approach to Address Tobacco Dependence Treatment in Mental Health and Addictions Settings: Chizimuzo T.C. Okoli
	Ventilator Days are Significantly Longer in Patients with Cardiac or Renal Co-Morbidity: Susan K. Frazier, PhD, RN
2:10-2:40 pm	Nurses Take Center Stage: Nurse Driven Bedside Rounds: Krysta Clark, RN, BSN
	A Silent Killer of A Silent Population: Rob Sutter, RN

IIB-3	CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP
2:40-3:10 pm	<b>Evidence-based Standardized Management of Alcohol Detox</b> <b>Patients; Outcomes of a Medicine and Nursing Collaborative:</b> Glenn Evans, RN, BSN, RN-BC, CCRN-CMC, CEN, NE- BC, CNML
	The Effect of A Protocol on Delivery of Goal Directed Therapy and Mortality in Patients with Sepsis: Pam Branson, MSN, RN
3:10-3:25 pm	Break
3:25-3:55 pm	An Examination of Maternal Stress, Inflammatory Markers, and Preterm Labor in Caucasians and African American Pregnant Women throughout Pregnancy: Cecilia Akomaa Boateng
	Lessons from the Field: Sharing the Evidence and Putting it to Practice: Marla J DeJong, PhD, RN, MS, CCRN, CEN
3:55-4:25	Impact of Front End Redesign in A Community Emergency Department: Penne Allison, RN, BSN, MSOM
	Regular Monitoring of Lower Extremity Edema Predicts Cardiac Event-Free Survival in Patients with Heart Failure; Kyoung Suk Lee, MSN, RN
4:25-4:30 pm	Wrap-Up



## UK College of Nursing 2011-2012 Organizational Structure

Administrative, Faculty Governance Structure, and Committee Reporting Relationships November 1, 2011
Name	Rank	Degrees	Area of Teaching Responsibility	Area of Expertise	]
ABSHIRE, DEMETRIUS A	INSTRUCTOR	MSN (NURSING) 2009 UNIV OF KENTUCKY	NUR 860 FOUNDATIONS FOR PROFESSIONAL NURSING	ADULT HEALTH NURSING, CLINICAL SKILLS LAB	10-1
(P)		BSN (NURSING) 2006 UNIV OF KENTUCKY	NUR 882 SPECIAL TOPICS IN NUR: SKILLS LAB INTERN		`
ALESHIRE, MOLLIE E	ASSISTANT PROFESSOR	DNP (NURSING) 2010 UNIV OF KENTUCKY	CLM 241 HLTH/MED CARE DELIV SYS	FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE	,
(F)	T NOT ESSON	MSN (NURSING) 2003 UNIV OF KENTUCKY	HSM 241 HLTH/MED CARE DELIV SYS	PRACTITIONER	
		BSN (NURSING) 1999 BEREA COLLEGE		PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE PRACTITIONER	
ALLEN-BRYANT, KACY T	LECTURER	MSN (NURSING) 2006 UNIV OF KENTUCKY	NUR 883 PUBLIC HEALTH NURSING	PUBLIC HEALTH NURSING	
(F)		CERT GRAD (GERONTOLOGY) 2006 UNIV OF KENTUCKY			CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP
		BSN (NURSING) 2000 UNIV OF KENTUCKY			itudy: 2
ANDERSON, DEBRA G	ASSOCIATE PROFESSOR	PHD (NURSING) 1993 OREGON HEALTH SCIENCES UNIV	NUR 767 DISSERTATION RESIDENCY CREDIT	PUBLIC HEALTH NURSING	2011
(F)	TENURED	SCIENCES UNIV	NUR 872 CLI REASONING QUANT QUAL, & EPIDEM APPROACH		Univ
		MSN (NURSING) 1983 INDIANA UNIVERSITY			/ers
		BSN (NURSING) 1977 INDIANA CENTRAL UNIVERSITY			ity of K
ARRON, LESLIE	INSTRUCTOR	MSN (NURSING) 1994 UNIV OF KENTUCKY	NUR 869 INTR TO NUR CARE ACRS LFSPN 2ND DEG STU	PARENT CHILD NURSING	entu
(P)		BSN (NURSING) 1988 EASTERN KENTUCKY UNIVERSITY			cky BSt
ASHFORD, KRISTIN B	ASSISTANT PROFESSOR	PHD (NURSING) 2007 UNIV OF KENTUCKY	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, CERTIFIED WOMEN'S HEALTH	, M
(F)		MSN (NURSING) 2000 UNIV OF LOUISVILLE		NURSE PRACTITIONER	SN a
		BSN (NURSING) 1991 WASHBURN UNIVERSIT			nd DNF

BAILEY, KATHRYN H	INSTRUCTOR	MSN (NURSING) 2010 UNIV OF ALABAMA	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	ADULT HEALTH NURSING
(P)		BSN (NURSING) 2009 UNIV OF ALABAMA		
BARNETT, JANINE M (P)	INSTRUCTOR	MSN (NURSING) 2007 UNIV OF KENTUCKY BSN (NURSING) 2000 UNIV OF KENTUCKY	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, NEONATAL/PERINATAL
BATTEN, JENNIFER M	INSTRUCTOR	BSN (NURSING)	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	EMERGENCY NURSING
(P)				PEDIATRIC, PEDIATRIC NURSING
BEEBE, LESLIE M	LECTURER	MSN (NURSING) 1988 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	PSYCHIATRIC/MENTAL HEALTH NURSING
(F)		BSN (NURSING) 1978 SPALDING COLLEGE	NUR 881 PSYCHIATRIC-MENTAL HEALTH NURSING	
BIDDLE, MARTHA J	ASSISTANT PROFESSOR	PHD (NURSING) 2011 UNIV OF KENTUCKY	NUR 705 ACUTE&CHRONIC ILLNESS NUR THERAPEUTCS II	CERTIFIED CLINICAL NURSE SPECIALIST, ACUTE AND CRITICAL
(F)		MSN (NURSING) 2002 UNIV OF KENTUCKY	NUR 920 ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS	CARE ADULT NURSING
		BSN (NURSING) 1987 THOMAS MORE COLLEGE	NUR 946 MNG SYMPTOMS ACUTE & CHR ILL ADV PRA NUR	
BOWMAN, ROXANNE K	INSTRUCTOR	MSN (NURSING) 2004 UNIV OF KENTUCKY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE
(P)		BSN (NURSING) 2001 UNIV OF CINCINNATI		PRACTITIONER
BROCKOPP, DOROTHY A	PROFESSOR TENURED	PHD (COUNSELING PSYCHOLOGY) 1982 SUNY OF BUFFALO	NUR 767 DISSERTATION RESIDENCY CREDIT	PSYCHIATRIC & COMMUNITY MENTAL HEALTH NURSING
(F)		MS(PSYCHIATRIC/MENTAL HEALTH NURSING) 1978 SUNY OF BUFFALO	NUR 781 INDEPENDENT STUDY IN NUR	
		BSN (NURSING) 1975 SUNY OF BUFFALO		

BURKHART, PATRICIA V	ASSOCIATE PROFESSOR	PHD (NURSING) 1996	UNIV OF PITTSBURGH	NUR 781 INDEPENDENT STUDY IN NUR	PARENT CHILD NURSING
(F)	TENURED	MSN (NURSING) 1986 UNIVERSITY	WEST VIRGINIA	NUR 882 SPECIAL TOPICS IN NUR: RESEARCH INTERNS	
		BSN (NURSING) 1972		NUR 882 SPECIAL TOPICS IN NUR: DEANS COLLOQ	
				NUR 895 ELECTIVE STUDY IN NURSNG	
BURTON, CHRISTINA A (P)	INSTRUCTOR	BSN (NURSING) 2006 UNIVERSITY	EASTERN KENTUCKY	NUR 885 HIGH ACUITY NURSING	ADULT HEALTH NURSING
BUTLER, KAREN M	ASSISTANT PROFESSOR	DNP (NURSING) 2006	UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	ADULT HEALTH NURSING
(F)		MSN (NURSING) 1990	UNIV OF KENTUCKY	NUR 900 PROCESS OF NURSING LEADERSHIP	
		BSN (NURSING) 1977 CAROLINA	UNIV OF NORTH		
CATLETT, CATHY A	LECTURER	MSN (NURSING) 2009	MCKENDREE COLLEGE	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	ADULT/CRITICAL CARE NURSING
(F)		BSN (NURSING) 1984 UNIVERSITY	EASTERN KENTUCKY		
CHEVES, ELIZABETH P	INSTRUCTOR	MSN (NURSING) 1991 CINCINNATI	UNIV OF	NUR 881 PSYCHIATRIC-MENTAL HEALTH NURSING	PSYCHIATRIC/MENTAL HEALTH NURSING
(P)		BSN (NURSING) 1987 ( KENTUCKY	UNIV OF		
CHUNG, MISOOK L	ASSOCIATE PROFESSOR	PHD (NURSING) 2001	UNIV OF KENTUCKY	NO TEACHING ASSIGNMENTS (RESEARCH FACULTY)	ADULT/CRITICAL CARE NURSING
(F)		MSN (NURSING) 1990 UNIVERSITY	EWHA WOMEN'S		
		BSN (NURSING) 1986 UNIVERSITY	EWHA WOMEN'S		

COWLEY, JENNIFER B	SENIOR LECTURER	MSN (NURSING) 1987 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING
(F)		BSN (NURSING) 1981 EASTERN KENTUCKY UNIVERSITY		
CROUCH, STACEY R (P)	INSTRUCTOR	MSN (NURSING) 2011 REGIS COLLEGE BSN (NURSING) 2006 MOREHEAD STATE	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, OBSTETRICS AND WOMEN'S CARE
CULP-ROCHE, AMANDA D (P)	INSTRUCTOR	UNIVERSITY MSN (NURSING) 2009 UNIV OF KENTUCKY BSN (NURSING) 2006 CLARION STATE COLLEGE	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE PRACTITIONER
DARVILLE, AUDREY K (F)	ASSISTANT PROFESSOR	MSN (NURSING) 1998 UNIV OF KENTUCKY BSN (NURSING) 1978 VALPARAISO UNIVERSITY	NUR 923 APPLS OF ADV HLTH ASSESSMENT	FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE PRACTITIONER
DAVIS, ANDREA C (P)	INSTRUCTOR	BSN (NURSING) 2000 EASTERN KENTUCKY UNIVERSITY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING
DEKKER, REBECCA L (F)	ASSISTANT PROFESSOR	PHD (NURSING) 2010 UNIV OF KENTUCKY MSN (NURSING) 2006 UNIV OF KENTUCKY BSN (NURSING) 2002 CALVIN COLLEGE	NUR 870 PATHOPHARMACOLOGY II	CERTIFIED ADULT CLINICAL NURSE SPECIALIST
DIEBOLD, CLAUDIA M (P)	SENIOR LECTURER	MSN (NURSING) 1993 ARKANSAS STATE UNIVERSITY BSN (NURSING) 1992 AUBURN UNIVERSITY	NUR 884 CAREER MANAGEMENT IN NUR	ADULT HEALTH NURSING
DOBIAS, JILL (P)	INSTRUCTOR	MSN (NURSING) 1994 AZUSA PACIFIC UNIVERSITY BSN (NURSING) 1983 EAST TENNESSEE STATE UNIVERSITY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING

DUNN, JUDI C	INSTRUCTOR	BSN (NURSING) 1978 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	PEDIATRIC NURSING	]
(P)					IID-1
EL-MALLAKH, PEGGY	ASSISTANT PROFESSOR	PHD (NURSING) 2005 UNIV OF KENTUCKY	NUR 723 ADVANCED PRACTICE PSYCHIATRIC NURSING I	ADULT PSYCHIATRIC-MENTAL HEALTH NURSING	
(F)		MSN (NURSING) 1998 UNIV OF KENTUCKY	NUR 920 ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS		
			NUR 966 PSYCH MENTAL HEALTH NUR PRACTITIONER I		
FARMER, SARA B	INSTRUCTOR	BSN (NURSING) 1999 UNIV OF KENTUCKY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	CRITICAL CARE NURSING	-
(P)					CCNE
FELD, HARTLEY C	INSTRUCTOR	MSN (NURSING) 2007 UNIV OF KENTUCKY	NUR 883 PUBLIC HEALTH NURSING	PUBLIC HEALTH NURSING	Sel
(P)		BSN (NURSING) 1999 LOYOLA UNIVERSITY OF CHICAGO			f Study
FORREN, JANET L	ASSISTANT PROFESSOR	PHD (NURSING) 2009 UNIV OF KENTUCKY	NUR 872 CLI REASONING QUANT QUAL, & EPIDEM APPROACH	ADULT HEALTH NURSING	201
(F)		MSN (NURSING) 1989 UNIV SOUTHERN MISSISSIPPI			1 Unive
		BSN (NURSING) 1975 MISSISSIPPI COLLEGE			ersity o
FRAZIER, SUSAN K	ASSOCIATE PROFESSOR	PHD (NURSING) 1996 THE OHIO STATE UNIVERSITY	NUR 767 DISSERTATION RESIDENCY CREDIT	ADULT/CRITICAL CARE NURSING	- Ken
(F)	TENURED	MS (NURSING) 1990 THE OHIO STATE UNIVERSITY	NUR 792 QUANTITATIVE METHODS IN NURSING RESEARCH		Self Study: 2011 University of Kentucky BSN, MSN a
		BS (NURSING) 1972 THE OHIO STATE UNIVERSITY			ı, MSN ز

N and DNP

FUGATE, STEPHANIE J	INSTRUCTOR	MSN (NURSING) 2007 UNIV OF KENTUCKY	NUR 885 HIGH ACUITY NURSING	CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE
(F)		BSN (NURSING) 2004 UNIV OF KENTUCKY		PRACTITIONER
		BS (BIOLOGY/BIOLOGICAL SCIENCES, GENERAL) 2001 UNIV OF KENTUCKY		
GANAHL, BRIGETTE	INSTRUCTOR	BSN (NURSING) 2000 EASTERN KENTUCKY UNIVERSITY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	ADULT HEALTH NURSING
(')				
GORDY, CARRIE M	ASSISTANT PROFESSOR	MSN (NURSING) 1994 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE
(F)		BSN (NURSING) 1991 UNIV OF KENTUCKY	NUR 873 NURSING CARE OF CHILDREARING FAMILIES	PRACTITIONER
GOWIN, BRANDI G	INSTRUCTOR	BSN (NURSING) 2009 EASTERN KENTUCKY UNIVERSITY	NUR 885 HIGH ACUITY NURSING	ADULT/CRITICAL CARE NURSING
(P)				
GRAVES, JACQUELYN A	INSTRUCTOR	BSN (NURSING) 1971 NORTHERN ILLINOIS UNIVERSITY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	PUBLIC HEALTH NURSING
(P)				
HAHN, ELLEN J	PROFESSOR TENURED	PHD (NURSING) 1992 INDIANA UNIVERSITY	NUR 767 DISSERTATION RESIDENCY CREDIT	PUBLIC HEALTH NURSING
(F)		MSN (NURSING) 1991 INDIANA UNIVERSITY	NUR 779 DOCTORAL SEMINAR	
		MA(HEALTH TEACHER EDUCATION)1977 THE OHIO STATE UNIVERSITY	NUR 781 INDEPENDENT STUDY IN NUR	
		BSN (NURSING) 1975 CASE WESTERN RESERVE UNIVERSITY		
HALL, JULIA J	LECTURER	MSN (NURSING) 2004 UNIV OF KENTUCKY	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, OBSTETRICS
(F)		BSN (NURSING) 1992 EASTERN KENTUCKY UNIVERSITY		

HALL, LYNNE A	PROFESSOR TENURED	DRPH (MATERNAL AND CHILD HEALTH) 1983 UNIV OF NORTH CAROLINA	NUR 767 DISSERTATION RESIDENCY CREDIT	MAT/CHILD HEALTH NURSING	]_
(F)		MSN (NURSING) 1977 CLEMSON UNIVERSITY		FAMILY HEALTH CARE - NURSING	ID-1
		BSN (NURSING) 1974 CLEMSON UNIVERSITY			
HAMMONS, JANE C	INSTRUCTOR	BSN (NURSING) 2011 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT/CRITICAL CARE NURSING	-
(P)					
HAMPTON, DEBRA C	INSTRUCTOR	PHD (NURSING) 1996 UNIV OF CINCINNATI	NUR 902 NURSING LEADERSHIP IN HLTH CARE SYSTEMS	MANAGEMENT AND NURSING ADMINISTRATION, ADULT	-
(P)		MSN (NURSING) 1981 UNIV OF CINCINNATI	NUR 914 EC/FIN ASPCTS CLI: POP-BASD HLTH CARE DE	HEALTH NURSING	CCNE
		BSN(NURSING)1975 EASTERN KENTUCKY UNIVERSITY			Self Study: 2011 University
HARDIN-FANNING, FRANCES	ASSISTANT PROFESSOR	PHD (NURSING) 2010 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	ADULT HEALTH NURSING	ıdy: 2
(F)	FROFESSOR	MSN (NURSING) 2005 UNIV OF KENTUCKY	NUR 880 LEADERSHIP/MGMT IN NURSING CARE DELIVERY		011
(')		BSN (NURSING) 2004 UNIV OF KENTUCKY			Univers
HARDIN-PIERCE, MELANIE	ASSISTANT	DNP (NURSING) 2006 UNIV OF KENTUCKY	NUR 520 SP TOPS IN NURSING: ADULT ACNP II	ADULT/CRITICAL CARE NURSING,	
G	PROFESSOR	CERT GRAD (ACUTE CARE NURSE	NUR 781 INDEPENDENT STUDY IN NUR	CERTIFIED ACUTE CARE NURSE PRACTITIONER	of Kentucky BSN,
(F)		PRACTITIONER) 1998 UNIV OF KENTUCKY			tuck
		MSN (NURSING) 1992 UNIV OF KENTUCKY	NUR 915 FOUNDATIONS OF PROGRAM PLANNING		y B:
			NUR 941 ACUTE CARE NUR PRACTR ACUTELY ILL ADULTS		
		BSN (NURSING) 1986 UNIV OF KENTUCKY			NSN
					MSN and DNP
			1		

HARLEY, JOHN P	ASSISTANT PROFESSOR	PHD (BIOLOGY/BIOLOGICAL SCIENCES, GENERAL) 1969 KENT STATE UNIV	NUR 921 PATHOPHYSIOLOGY	BIOLOGY, BIOLOGICAL SCIENCES
(P)		MA(BIOLOGY/BIOLOGICAL SCIENCES, GENERAL) 1966  KENT STATE UNIV		
		BA(BIOLOGY/BIOLOGICAL SCIENCES, GENERAL) 1964 YOUNGSTOWN STATE UNIVERSITY		
HARRISON, MARY MARGARET	INSTRUCTOR	MSN (NURSING) 1989 UNIV OF KENTUCKY	NUR 873 NURSING CARE OF CHILDREARING FAMILIES	PARENT CHILD NURSING
(P)		BSN (NURSING) 1982 GEORGETOWN UNIVERSITY		
HATCHER, JENNIFER	ASSISTANT PROFESSOR	PHD (NURSING) 2006 UNIV OF KENTUCKY	NUR 770 PHILOSOPHICAL FOUNDATIONS OF NURSING SCI	ADULT/CRITICAL CARE NURSING
(F)		MSN (NURSING) 2003 W VIRGINIA UNIV		
		BSN (NURSING) 2001 W VIRGINIA UNIV		
HATFIELD, TONYA	INSTRUCTOR	MSN (NURSING) 2007 UNIV OF KENTUCKY	NUR 885 HIGH ACUITY NURSING	CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE
(P)		BSN (NURSING) 2000 UNIV OF KENTUCKY		PRACTITIONER
HAURYLKO, CAROLE J	INSTRUCTOR	BSN (NURSING) 2009 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	PARENT CHILD NURSING, CLINICAL SKILLS LAB
(P)		KENTOCKI		
HAY, NNEKA	INSTRUCTOR	BSN (NURSING) 2001 KING'S COLLEGE	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING
(P)				
HEDGECOCK, SUSAN	INSTRUCTOR	MSN (NURSING) 2004 UNIV OF KENTUCKY	NUR 883 PUBLIC HEALTH NURSING	PUBLIC HEALTH NURSING
(P)		BSN (NURSING) 2001 MOREHEAD STATE UNIV		

HENSLEY, VICTORIA R	INSTRUCTOR	MSN (NURSING) 2005 UNIV OF KENTUCKY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE
(F)		BSN (NURSING) 2000 UNIV OF KENTUCKY	NUR 869 INTR TO NUR CARE ACRS LFSPN 2ND DEG STU	PRACTITIONER
			NUR 873 NURSING CARE OF CHILDREARING FAMILIES	
HICKMAN, ANNE E (P)	INSTRUCTOR	MSN (NURSING) 2011 UNIV OF KENTUCKY BSN (NURSING) 2008 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	FAMILY HEALTH CARE - NURSING CERTIFIED FAMILY NURSE PRACTITIONER
HICKMAN, MARGARET J	ASSOCIATE PROFESSOR	EDD (EDUCATIONAL LEADERSHIP AND ADMINISTRATION, GENERAL) 1982 BALL	NUR 601 THEORETICAL BASIS ADV PRACTICE NURSING	COMMUNITY HEALTH NURSING AND ADMIN.
(P)	TENURED	STATE UNIVERSITY	NUR 924 CONCEPTS/THEORIES/MODELS FOR ADV PRA NUR	
		MSN (NURSING) 1978 INDIANA UNIVERSITY	NUR 971 ADV PRA PUBLIC HLTH NUR II-MGT POP HLTH	
		BSN (NURSING) 1966 SUNY OF BUFFALO		
HOWARD, PATRICIA B	PROFESSOR	PHD (NURSING) 1992 UNIV OF KENTUCKY	NUR 900 PROCESS OF NURSING LEADERSHIP	PSYCHIATRIC/MENTAL HEALTH
(F)	TENURED	MSN (NURSING) 1980 UNIV OF KENTUCKY	NUR 981 IND STUDY IN NURSING	NURSING
		BSN (NURSING) 1979 UNIV OF LOUISVILLE		
HUBBARD, CHRISTY L	INSTRUCTOR	BSN (NURSING) 2004 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING
(P)				
HUDSON, CINDY K	INSTRUCTOR	MSN (NURSING) 2007 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING
(P)		BSN (NURSING) 2002 UNIV OF KENTUCKY		
JENNINGS, NANCY M	INSTRUCTOR	BSN (NURSING) 1986 UNIV OF KENTUCKY	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, OBSTETRICS
(P)				

JENSEN, LYNNE A	ASSOCIATE PROFESSOR	PHD (NURSING) 2007 UNIV OF KENTUCKY	NUR 920 ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS	CERTIFIED ADULT NURSE PRACTITIONER
(F)		MS (NURSING) 1979 SUNY OF BUFFALO BSN (NURSING) 1975 BOSTON COLLEGE		
KELLENBARGER, TRICIA A (P)	INSTRUCTOR	MSN (NURSING) 2011 WALDEN UNIVERSITY, ONLINE BSN (NURSING) 2003 OHIO UNIVERSITY	NUR 854 ADV CONCEPTS PROF NUR	ADULT/CRITICAL CARE NURSING
KELSO, LYNN A (F)	ASSISTANT PROFESSOR	MSN (NURSING) 1991 CASE WESTERN RESERVE UNIVERSITY CERT GRAD (PRIMARY HEALTH CARE NURSING) 1993 UNIV OF PITTSBURGH BSN (NURSING) 1984 WEST VIRGINIA UNIVERSITY	NUR 781 INDEPENDENT STUDY IN NUR	CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE PRACTITIONER
KIRSCHLING, JANE M (F)	PROFESSOR TENURED	DNS (PSYCHIATRIC/MENTAL HEALTH NURSING) 1984 INDIANA UNIVERSITY-PURDUE UNIVER MSN (NURSING) 1982 INDIANA UNIVERSITY- PURDUE UNIVER BSN (NURSING) 1980 VITERBO COLLEGE	NO TEACHING ASSIGNMENTS	PSYCHIATRIC/MENTAL HEALTH NURSING
KLOHA, NANCY R (F)	INSTRUCTOR	DNP (NURSING) 2011 UNIV OF KENTUCKY MSN (NURSING) 1977 INDIANA UNIVERSITY BSN (NURSING) 1975 UNIV OF EVANSVILLE	NUR 923 APPLS OF ADV HLTH ASSESSMENT	FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE PRACTITIONER

ISN and DNP

KRAL, PAULA R	LECTURER	MSN (NURSING) 1986 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	ADULT HEALTH NURSING, CLINICAL SKILLS LAB	]_
(F)		BSN (NURSING) 1980 EASTERN KENTUCKY UNIVERSITY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN		IID-1
KURTZ-OGILVIE, WHITNEY L	LECTURER	MFA (CREATIVE WRITING) 2005 SCHOOL OF THE ART INST OF CHICAGO	NO TEACHING ASSIGNMENTS	WRITING (NON-NURSE)	
(F)					
LANCASTER, TAMELA S	INSTRUCTOR	BSN (NURSING) 1992 UNIV OF KENTUCKY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	CRITICAL CARE NURSING	
(P)					
LENNIE, TERRY A	PROFESSOR TENURED	PD FELLOW (NEUROBEHAVIOR) 1995 UNIV OF MICHIGAN-ANN ARBOR	NUR 767 DISSERTATION RESIDENCY CREDIT	MEDICAL SURGICAL NURSING	CCNE
(F)		PHD (NURSING AND PSYCHOLOGY) 1993 UNIV OF WISCONSIN-MADISON	NUR 779 DOCTORAL SEMINAR		Self Study:
		MS (NURSING) 1988 UNIV OF WISCONSIN- MADISON			ıdy: 2011
		BSN (NURSING) 1981 MARQUETTE UNIVERSITY			
LITTRELL, MARGARET (P)	INSTRUCTOR	MSN (NURSING) 1986 UNIV OF KENTUCKY BSN (NURSING) 1975 UNIV OF KENTUCKY	NUR 923 APPLS OF ADV HLTH ASSESSMENT	PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE PRACTITIONER	University of Ke
					of Kei

ASSOCIATE	PHD (NURSING) 1990 UNIV OF SOUTH	NUR 605 EVIDENCE-BASED NURSING PRACTICE	FAMILY HEALTH CARE - NURSING,
PROFESSOR	CAROLINA		CERTIFIED FAMILY NURSE
TENURED		NUR 632 COMPREHENSIVE PATIENT MGMT I: FNP	PRACTITIONER
	CAROLINA	NUR 633 COMPREHENSIVE PATIENT MGT II: FNP	
	BSN (NURSING) 1975 UNIV OF NORTH	NUR 727 PRIMARY CARE ADV PRACT NURSING SEMINAR	
		NUR 767 DISSERTATION RESIDENCY CREDIT	
		NUR 910 CLINICAL RESIDENCY	
		NUR 920 ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS	
		NUR 930 PROB IN ADV PRA NUR: FNP	
		NUR 961 PRIMARY CARE NUR PRACTITIONER SEMINAR II	
		NUR 981 IND STUDY IN NURSING	
LECTURER	MSN (NURSING) 1998 BELLARMINE COLLEGE	NUR 855 ADV HEALTH ASSESSMENT	FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE
	CERT GRAD (FAMILY NURSE PRACTITIONER)	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	PRACTITIONER
		NUR 866 PATHOPHARMACOLOGY I	
	BSN (NURSING) 1994 W VIRGINIA UNIV		
SENIOR	PHD (NURSING) 2007 UNIV OF KENTUCKY	NUR 854 ADV CONCEPTS PROF NUR	MEDICAL SURGICAL NURSING
LECTURER			
	MSN (NURSING) 1999 UNIV OF KENTUCKY	NUR 886 SYNTHESIS OF CLI KNOWLEDGE NUR PRACT	
	BSN (NURSING) 1994 MIDWAY COLLEGE		
INSTRUCTOR	MSN (NURSING) 1998 UNIV OF KENTUCKY	NUR 881 PSYCHIATRIC-MENTAL HEALTH NURSING	
	BSN (NURSING) 1976 EDINBORO STATE		PSYCHIATRIC/MENTAL HEALTH NURSING CLINICAL NURSE
	TENURED	PROFESSOR TENUREDCAROLINAMSN (NURSING) 1985UNIV OF NORTH CAROLINABSN (NURSING) 1975UNIV OF NORTH CAROLINALECTURERMSN (NURSING) 1975LECTURERMSN (NURSING) 1998BSN (NURSING) 1998BELLARMINE COLLEGE CERT GRAD (FAMILY NURSE PRACTITIONER) 1997SENIOR LECTURERPHD (NURSING) 1994W VIRGINIA UNIV 	PROFESSOR TENURED       CAROLINA       NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP         MSN (NURSING)       1985       UNIV OF NORTH       NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP         NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP       NUR G33       COMPREHENSIVE PATIENT MGMT1: FNP         NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP       NUR G33       COMPREHENSIVE PATIENT MGMT1: FNP         NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP       NUR G33       COMPREHENSIVE PATIENT MGMT1: FNP         NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP       NUR G33       COMPREHENSIVE PATIENT MGMT1: FNP         NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP       NUR G33       COMPREHENSIVE PATIENT MGMT1: FNP         NUR G32       COMPREHENSIVE PATIENT MGMT1: FNP       NUR 767       DISSERTATION RESIDENCY         NUR 910       CLINICAL RESIDENCY       NUR 920       ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS         NUR 920       ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS       NUR 920       ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS         LECTURER       MSN (NURSING)       1998       BELLARMINE COLLEGE       NUR 863       PROF NURSING CARE ACROSS THE LIFESPAN         NUR 850       NUR S10G)       1994       W VIRGINIA UNIV       NUR 866       PATHOPHARMACOLOGY I         SENIOR       NURSN (N

MCCALLIE, DEEANNA D (P)	INSTRUCTOR	BSN (NURSING) 2008 EASTERN KENTUCKY UNIVERSITY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	CRITICAL CARE NURSING	IID-1
MCCOY, TINA M (P)	INSTRUCTOR	MSN (NURSING) 2008 UNIV OF KENTUCKY BSN (NURSING) 1992 EASTERN KENTUCKY UNIVERSITY	NUR 873 NURSING CARE OF CHILDREARING FAMILIES	MAT/CHILD HEALTH NURSING, NEONATAL/PEDIATRIC ADVANCED TRANSPORT NURSE	
MCINTOSH, TARA N (P)	INSTRUCTOR	BSN (NURSING) 2000 EASTERN KENTUCKY UNIVERSITY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	EMERGENCY NURSING	
MEEGAN, SARA S (P)	INSTRUCTOR	MSN (NURSING) 2007 UNIV OF KENTUCKY BSN (NURSING) 1999 UNIV OF KENTUCKY	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, OBSTETRICS CERTIFIED FAMILY NURSE PRACTITIONER	CCNE Self S
MOORE, KATHRYN M (F)	ASSISTANT PROFESSOR	DNP (NURSING) 2007 CASE WESTERN RESERVE UNIVERSITY MSN (NURSING) 1996 VANDERBILT UNIVERSITY BSN (NURSING) 1995 TENNESSEE STATE UNIVERSITY, MAIN	NUR 633 COMPREHENSIVE PATIENT MGMT II: ACNP NUR 920 ADV NUR PRACTICE IN DYNAMIC HLTH CRE SYS	ADULT/CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE PRACTITIONER CERTIFIED ADULT NURSE PRACTITIONER GERONTOLOGY - NURSING, CERTIFIED GERONTOLOGIC NURSE PRACTITIONER	CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP
MOSER, DEBRA K (F)	PROFESSOR TENURED	DNSC (NURSING) 1992 UNIV OF CALIFORNIA MN (NURSING) 1988 UNIV OF CALIFORNIA BS (NURSING) 1977 HUMBOLDT STATE UNIVERSITY	NUR 767 DISSERTATION RESIDENCY CREDIT	ADULT/CRITICAL CARE NURSING	entucky BSN, MSN
MOULTON, KENDRA (P)	INSTRUCTOR	BSN (NURSING) 2006 UNIV OF NEVADA-LAS VEGAS	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	CRITICAL CARE NURSING	and DNP

MUDD, GIA T	ASSISTANT PROFESSOR	PHD (NURSING) 2007 UNIV OF TEXAS HLTH SCI CTR	NUR 883 PUBLIC HEALTH NURSING	PUBLIC HEALTH NURSING	]_
(F)		MSN (NURSING) 2002 UNIV OF TEXAS HLTH SCI CTR MPH (PUBLIC HEALTH, GENERAL) 2002 UNIV OF TEXAS HLTH SCI CTR			IID-1
		BSN (NURSING) 1988 UNIV OF LOUISVILLE			
OKOLI, CHIZIMUZO T	ASSISTANT PROFESSOR	PHD (NURSING) 2005 UNIV OF KENTUCKY	NO TEACHING ASSIGNMENTS FALL 2011	PUBLIC HEALTH NURSING	1
(F)	FROFESSOR	MSN (NURSING) 2002 UNIV OF KENTUCKY BSN (NURSING) 1999 UNIV OF KENTUCKY		SUBSTANCE ABUSE NURSING	CCNE Self St
PATTERSON, KELLY (P)	INSTRUCTOR	BSN (NURSING) 2011 INDIANA WESLEYAN UNIV	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT/CRITICAL CARE NURSING	study: 201
PETERSON, MARILYN (P)	INSTRUCTOR	BSN (NURSING) 1981 UNIV OF N CAROLINA AT CHARLOTTE	NUR 883 PUBLIC HEALTH NURSING	PUBLIC HEALTH NURSING	1 Univers
PHILLIPS-SALIMI, CELESTE (F)	ASSISTANT PROFESSOR	PHD (NURSING) 2009 INDIANA UNIVERSITY MSN (NURSING) 2004 INDIANA UNIVERSITY BSN (NURSING) 1999 INDIANA UNIVERSITY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	PEDIATRIC CLINICAL NURSE SPECIALIST CERTIFIED PEDIATRIC ONCOLOGY NURSE	tudy: 2011 University of Kentucky BSN

PREVOST, SUZANNE S	PROFESSOR TENURED	PD FELLOW (GERIATRIC NURSING RESEARCH) 2008 UNIV OF ARKANSAS FOR MED SCIENCE	NUR 919 STRAT ANALYSIS QLTY IMPRVMNT NUR & HC	ADULT HEALTH NURSING	]_
(F)		PHD (NURSING) 1992 TEXAS WOMANS UNIVERSITY		GERIATRIC NURSING RESEARCH	IID-1
		MSN (NURSING) 1986 MEDICAL UNIV. OF S. CAROLINA			
		BSN (NURSING) 1982 VILLA MARIA COLLEGE			
PROUD, MATTHEW E	INSTRUCTOR	BSN (NURSING) 2002 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING	
(P)					CCNE
QUELOPANA, ANA MARIA (F)	ASSISTANT PROFESSOR	DNS (NURSING) 2006 AUTONOMOUS UNI.OF NUEVO LEON	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN NUR 869 INTR TO NUR CARE ACRS LFSPN 2ND DEG STU	MAT/CHILD HEALTH NURSING, NEONATOLOGY NURSING AND MIDWIFERY	Self S
		BS (BIOLOGY/BIOLOGICAL SCIENCES, GENERAL) 1998 UNIVERSITY OF TARAPACA	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES		tudy: 2
		BS (NURSE MIDWIFE/NURSING MIDWIFERY) 1981 UNIV OF CHILE			011 Un
RAY, ROBIN	INSTRUCTOR	MSN (NURSING) 2009 UNIV OF KENTUCKY	NUR 883 PUBLIC HEALTH NURSING	PUBLIC HEALTH NURSING	ivers
(P)		BSN (NURSING) 2003 UNIV OF KENTUCKY			ity of K
RAYENS, MARY K	PROFESSOR TENURED	PHD (STATISTICS) 1993 UNIV OF KENTUCKY	NO TEACHING ASSIGNMENTS FALL 2011	BIOSTATISTICS	(entu
(F)	TENORED	MS (STATISTICS) 1989 UNIV OF KENTUCKY			cky E
		BS (BIOLOGY/BIOLOGICAL SCIENCES, GENERAL) 1986 UNIV OF ILLINOIS-URBANA-CHAMPAIGN			Self Study: 2011 University of Kentucky BSN, MSN and
					SN an

REED, DEBORAH B	PROFESSOR TENURED	PHD (NURSING) 1996 UNIV OF KENTUCKY	NUR 767 DISSERTATION RESIDENCY CREDIT	PUBLIC HEALTH NURSING
(F)		MSN (NURSING) 1992 UNIV OF KENTUCKY	NUR 790 KNOWLEDGE DEVELOPMENT IN NURSING	
		BSN (NURSING) 1974 UNIV OF KENTUCKY		
RICHARDSON, AMY E	INSTRUCTOR	BSN (NURSING) 2006 MOREHEAD STATE UNIVERSITY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING
(P)				
RIKER, CAROL A	ASSOCIATE PROFESSOR	MSN (NURSING) 1974 UNIV OF KENTUCKY	NUR 860 FOUNDATIONS FOR PROFESSIONAL NURSING	PUBLIC HEALTH NURSING
(P)		BS (NURSING) 1967 UNIV OF MICHIGAN	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	
ROBERTS, KITTYE R	INSTRUCTOR	MSN (NURSING) 1985 UNIV OF TENNESSEE- MEDICAL	NUR 923 APPLS OF ADV HLTH ASSESSMENT	FAMILY HEALTH CARE - NURSING
(P)		BSN (NURSING) 1967 UNIV OF TENNESSEE- MEDICAL		PRACTITIONER
ROHR, JEANNE M	INSTRUCTOR	MSN (NURSING) 2010 UNIV OF KENTUCKY	NUR 881 PSYCHIATRIC-MENTAL HEALTH NURSING	PSYCHIATRIC/MENTAL HEALTH NURSING
(P)		BSN (NURSING) 2000 MEDICAL UNIV OF SOUTH		
SALT, ELIZABETH G	ASSISTANT PROFESSOR	PHD (NURSING) 2009 UNIV OF KENTUCKY	NUR 866 PATHOPHARMACOLOGY I	ADULT HEALTH NURSING, CERTIFIED ADULT NURSE
(F)		MSN (NURSING) 2005 UNIV OF KENTUCKY		PRACTITIONER
		BSN (NURSING) 2001 UNIV OF KENTUCKY		
SCHULLER, JUAWANNA L	INSTRUCTOR	MSN (NURSING) 1997 UNIV OF KENTUCKY	NUR 861 FAMILY HLTH PROMO & COMM ACROSS LIFESPAN	FAMILY HEALTH CARE - NURSING
(P)		BSN (NURSING) 1993 UNIV OF KENTUCKY		CERTIFIED FAMILY NURSE PRACTITIONER

SCOTT, LESLIE K (F)	ASSISTANT PROFESSOR	PHD (NURSING) 2004 UNIV OF KENTUCKY MSN (NURSING) 1997 UNIV OF KENTUCKY	NO TEACHING ASSIGNMENTS FALL 2011	PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE PRACTITIONER	IID-1
		BSN (NURSING) 1993 GARDNER-WEBB COLLEGE			ذ ا
SETTERS, MELISSA (P)	INSTRUCTOR	BSN (NURSING) 1993 UNIV OF KENTUCKY	NUR 875 NURSING CARE OF CHILDBEARING FAMILIES	MAT/CHILD HEALTH NURSING, OBSTETRICS	
SHUMAKER, SHANNON C (P)	INSTRUCTOR	MSN (NURSING) 2010 UNIV OF KENTUCKY BSN (NURSING) 2000 EASTERN KENTUCKY UNIVERSITY	NUR 869 INTR TO NUR CARE ACRS LFSPN 2ND DEG STU	CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE PRACTITIONER	CCNE S
SIZEMORE, EDWARD A (P)	INSTRUCTOR	MSN (NURSING) 2009 EASTERN KENTUCKY UNIVERSITY BSN (NURSING) 2000 EASTERN KENTUCKY UNIVERSITY	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	ADULT HEALTH NURSING FAMILY HEALTH CARE - NURSING CERTIFIED FAMILY NURSE PRACTITIONER	Self Study: 2011
STANHOPE, MARCIA K (F)	PROFESSOR TENURED	DSN (NURSING) 1981 UNIV OF ALABAMA- UNIV COLLEGE MSN (NURSING) 1971 EMORY UNIVERSITY BSN (NURSING) 1967 UNIV OF KENTUCKY	NUR 605 EVIDENCE-BASED NURSING PRACTICE NUR 910 CLINICAL RESIDENCY NUR 915 FOUNDATIONS OF PROGRAM PLANNING	COMMUNITY HEALTH NURSING AND ADMIN.	1 University of Kentu

STEFANIAK, KAREN A*	ADJUNCT ASSISTANT	PHD (STUDIES IN HIGHER EDUCATION) 1998 UNIV OF KENTUCKY	NUR 880 LEADERSHIP/MGMT IN NURSING CARE DELIVERY	MAT/CHILD HEALTH NURSING
(F)	ASSISTANT PROFESSOR	UNIV OF KENTUCKY MSN (NURSING) 1982 UNIV OF KENTUCKY BSN (NURSING) 1967 SOUTHERN ILLINOIS UNIVERSITY	NUR 882 SPECIAL TOPICS IN NUR: NURS PRACT INTRN NUR 900 PROCESS OF NURSING LEADERSHIP NUR 902 NURSING LEADERSHIP IN HLTH CARE SYSTEMS NUR 910 CLINICAL RESIDENCY NUR 914 EC/FIN ASPCTS CLI: POP-BASD HLTH CARE DE	LEADERSHIP
THOMAS, DAWN A (P)	INSTRUCTOR	MSN (NURSING) 2005 UNIV OF KENTUCKY BSN (NURSING) 1997 UNIV OF KENTUCKY	NUR 885 HIGH ACUITY NURSING	ADULT/CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE PRACTITIONER
TOVAR, ELIZABETH G (F)	ASSISTANT PROFESSOR	PHD (NURSING) 2007 UNIV OF TEXAS MEDICAL MSN (FAMILY PRACTICE NURSING) 2003 UNIV OF TEXAS MEDICAL BSN (NURSING) 1998 UNIV OF N CAROLINA- WILMINGTON BA (PSYCHOLOGY, GENERAL) 1998 UNIV OF N CAROLINA-WILMINGTON	NUR 919 STRAT ANALYSIS QLTY IMPRVMNT NUR & HC NUR 961 PRIMARY CARE NUR PRACTITIONER SEMINAR II	ADULT/CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE PRACTITIONER FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE PRACTITIONER COMMUNITY AND HOME HEALTH NURSING
TURNER, LISA M (P)	INSTRUCTOR	MSN (NURSING) 2001 UNIV OF VIRGINIA BSN (NURSING) 2000 UNIV OF VIRGINIA	NUR 883 PUBLIC HEALTH NURSING	COMMUNITY AND HOME HEALTH NURSING

WAGNER, KATHLEEN D (P)	LECTURER	EDD (INSTRUCTION AND ADMINISTRATION) 2006 UNIV OF KENTUCKY	NUR 885 HIGH ACUITY NURSING	ADULT/CRITICAL CARE NURSING
		MSN (NURSING) 1987 UNIV OF KENTUCKY BSN (NURSING) 1982 UNIV OF KENTUCKY		
WALMSLEY, LEE A (P)	INSTRUCTOR	MSN (NURSING) 2003 UNIV OF KENTUCKY BSN (NURSING) 1978 UNIV OF KENTUCKY	NUR 869 INTR TO NUR CARE ACRS LFSPN 2ND DEG STU	ADULT HEALTH NURSING
WARSHAWSKY, NORA E	ASSISTANT PROFESSOR	PHD (NURSING) 2011 UNIV OF NORTH CAROLINA	NUR 919 STRAT ANALYSIS QLTY IMPRVMNT NUR & HC	COMMUNITY HEALTH NURSING AND ADMIN.
(F)		MSN (NURSING) 2005 UNIV OF HAWAII BSN (NURSING) 1982 UNIV OF PITTSBURGH		NURSING, HEALTH SYSTEMS AND PUBLIC ADMIN.
WATSON, ADRIA M (P)	INSTRUCTOR	MSN (NURSING) 2004 UNIV OF KENTUCKY BSN (NURSING) 1998 UNIV OF MISSISSIPPI	NUR 855 ADV HEALTH ASSESSMENT	ADULT/CRITICAL CARE NURSING, CERTIFIED ACUTE CARE NURSE PRACTITIONER
WELSH, J. DARLENE (F)	ASSISTANT PROFESSOR	PHD (EDUCATIONAL PSYCHOLOGY) 2006 UNIV OF KENTUCKY MSN (NURSING) 1989 UNIV OF KENTUCKY BSN (NURSING) 1987 UNIV OF KENTUCKY BS (LIBERAL ARTS AND SCIENCES/LIBERAL STUDIES) 1977 MOREHEAD STATE UNIVERSITY	NUR 886 SYNTHESIS OF CLI KNOWLEDGE NUR PRACT	ADULT/CRITICAL CARE NURSING

WHATLEY, DEBORAH R (P)	INSTRUCTOR	MSN (NURSING) 1992 UNIV OF KENTUCKY BSN (NURSING) 1988 CLEMSON UNIVERSITY	NUR 881 PSYCHIATRIC-MENTAL HEALTH NURSING	PSYCHIATRIC/MENTAL HEALTH NURSING
WHEELER, KATHY (F)	ASSISTANT PROFESSOR	PHD (EDUCATION, TEACHING AND LEARNING) 2006 CAPELLA UNIVERSITY, ONLINE MSN (NURSING) 1981 UNIV OF KENTUCKY BSN (NURSING) 1978 UNIV OF KENTUCKY	NUR 727 PRIMARY CARE ADV PRACT NURSING SEMINAR NUR 924 CONCEPTS/THEORIES/MODELS FOR ADV PRA NUR	FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE PRACTITIONER
WILLEY, MARIA D (P)	INSTRUCTOR	MSN (NURSING) 2010 UNIV OF KENTUCKY BSN (NURSING) 2007 UNIV OF KENTUCKY	NUR 885 HIGH ACUITY NURSING	ADULT/CRITICAL CARE NURSING FAMILY HEALTH CARE - NURSING, CERTIFIED FAMILY NURSE PRACTITIONER
WILLIAMS, CAROLYN A (F)	PROFESSOR TENURED	PHD (EPIDEMIOLOGY) 1969 UNIV OF NORTH CAROLINA MS (PUBLIC HEALTH/COMMUNITY NURSE/NURSING) 1965 UNIV OF NORTH CAROLINA BSN (NURSING) 1961 TEXAS WOMANS UNIVERSITY	NUR 778 PROSEM IN CONTEMPORARY HLTH&NUR PLCY ISS	FAMILY HEALTH CARE - NURSING,         FAMILY HEALTH CARE - NURSING,         CERTIFIED FAMILY NURSE         PRACTITIONER         PUBLIC HEALTH NURSING         EPIDEMIOLOGY         PARENT CHILD NURSING,         CERTIFIED PEDIATRIC NURSE         PRACTITIONER         ADULT HEALTH NURSING
WILLIS, ERIN E (P)	INSTRUCTOR	MSN (NURSING) 2010 UNIV OF KENTUCKY	NUR 873 NURSING CARE OF CHILDREARING FAMILIES	PARENT CHILD NURSING, CERTIFIED PEDIATRIC NURSE PRACTITIONER
WILSON, JESSICA L (F)	LECTURER	MSN (NURSING) 2000 SPALDING COLLEGE BSN (NURSING) 1996 MIDWAY COLLEGE	NUR 863 PROF NURSING CARE ACROSS THE LIFESPAN	ADULT HEALTH NURSING

WITT, CHERYL D	INSTRUCTOR	BSN (NURSING) 2003 UNIV OF KENTUCKY	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT/CRITICAL CARE NURSING		
(P)					IID-1	
YARBERRY, TARA L	INSTRUCTOR	ADMINISTRATION/MANAGEMENT) 2007 UNIV	NUR 871 FAM CENTERED CARE ADLTS W/COM HLTH PROBS	ADULT HEALTH NURSING		
(P)		OF KENTUCKY BSN (NURSING) 2002 UNIV OF KENTUCKY				
*FULL-TIME TEMPORARY ADJUNCT FACULTY						

#### APPOINTMENT PROCEDURE FOR ADJUNCT FACULTY

- 1. Nominated for adjunct faculty appointment by an administrator, a single faculty member, or groups of faculty members.
- 2. Person nominating presents to Dean written rationale for appointment, including nature and extent of participation.
- 3. At the Dean's request, PATA Committee may review applicant's credentials and rationale for appointment and make recommendation to the Dean regarding appointment and rank.
- 4. The appointment procedure for adjunct faculty is consistent with the appointment procedure for regular faculty.
- 5. For appointment to the graduate faculty the credentials would be evaluated by the graduate faculty of the College of Nursing.

Name	Rank	Degrees	Area of Teaching Responsibility	Area of Expertise
BENNETT, KIMBERLY	INSTRUCTOR	MSN (NURSING) 2005 EASTERN KENTUCKY UNIV BSN (NURSING) 2003 EASTERN KENTUCKY UNIV	PRECEPTOR**	CERTIFIED FAMILY NURSE PRACTITIONER, GERONTOLOGICAL NURSING
BRIN, AMY	INSTRUCTOR	MSN (NURSING) 2007 VANDERBILT UNIV BSN (NURSING) 2006 VANDERBILT UNIV	PRECEPTOR**	CERTIFIED PEDIATRIC CLINICAL NURSE SPECIALIST, PALLIATIVE CARE SPECIALIST
BROWN, JOANNE	INSTRUCTOR	MSN (NURSING) 1998 UNIV OF KENTUCKY	PRECEPTOR**	CERTIFIED FAMILY NURSE PRACTITIONER
BUCKLER, LACEY	INSTRUCTOR	MSN (NURSING) 2006 UNIV OF KENTUCKY BSN (NURSING) 2003 UNIV OF KENTUCKY	PRECEPTOR**	CERTIFIED ACUTE CARE NURSE PRACTITIONER
COLE, REBECCA	INSTRUCTOR	MSN (NURSING) 1994 UNIV OF KENTUCKY BSN (NURSING) EASTERN KENTUCKY UNIV	PRECEPTOR**	CERTIFIED FAMILY NURSE PRACTITIONER
FELTNER, FRANCES	INSTRUCTOR	MSN (NURSING) 2008 EASTERN KENTUCKY UNIV BSN (NURSING) 2004 EASTERN KENTUCKY UNIV	PRECEPTOR**	ADVANCED PRACTICE RURAL PUBLIC HEALTH NURSING- ADMINISTRATION
HACKER, JANELL	INSTRUCTOR	MSN (NURSING) 2005 UNIV OF LOUISVILLE BSN (NURSING) 1999 UNIV OF KENTUCKY	PRECEPTOR**	CERTIFIED NEONATAL NURSE PRACTITIONER

HOLMES, SHARON	ASSOCIATE PROFESSOR	MSN (NURSING) 1982 UNIV OF KENTUCKY	HSM 241 (COORDINATES CLASS LECTURES)	NURSING ADMINISTRATION, PARENT/CHILD NURSING
		BSN (NURSING) 1972 UNIV OF KENTUCKY		
HOOPER, GWENDOLYN	INSTRUCTOR	MSN (NURSING) 1999 UNIV OF KENTUCKY BSN (NURSING) UNIV OF ARKANSAS FOR MEDICAL SCIENCES	PRECEPTOR**	CERTIFIED FAMILY NURSE PRACTITIONER, UROLOGY/MEDICAL SURGICAL NURSING
HOWARD, PATTI K.	ASSISTANT PROFESSOR	PHD (NURSING) 2004 UNIV OF KENTUCKY MSN (NURSING) 1990 UNIV OF KENTUCKY BSN (NURSING) 1983 UNIV OF	PRECEPTOR**	EMERGENCY NURSING
KINNAIRD, SALLY	INSTRUCTOR	KENTUCKY MSN (NURSING) 1983 UNIV OF KENTUCKY BSN (NURSING) 1971 EMORY UNIV	NUR 873 NURSING CARE OF CHILDREARING FAMILIES (UNDERGRADUATE CLINICAL SUPERVISION)	PARENT/CHILD NURSING
LEE, KIYOUNG	ASSISTANT PROFESSOR	SCD (AIR POLLUTION/INDUSTRIAL HYGIENE) 1993 HARVARD UNIV MS (INDUSTRIAL HYGIENE) 1990 UNIV OF MICHIGAN MPH (ENVIRONMENTAL HEALTH) 1988 SEOUL NATIONAL UNIVERSITY BS (PLANT PATHOLOGY) 1986 SEOUL NATIONAL UNIVERSITY	RESEARCHER/NON-NURSE	NOT APPLICABLE
MOLENAAR, LORI	INSTRUCTOR	MSN (NURSING) 1989 UNIV OF KENTUCKY BSN (NURSING) 1983 WRIGHT STATE UNIV	PRECEPTOR**	CERTIFIED CLINICAL NURSE SPECIALIST CHILD/ADOLESCENT PSYCHIATRIC/MENTAL HEALTH NURSING

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PAGE, CECILIA	INSTRUCTOR	MSN (NURSING) 1984 MEDICAL COLLEGE OF GEORGIA BSN (NURSING) 1979 VANDERBILT UNIV	NUR 917 TECHNOLOGY FOR TRANSFORMING NURSING HEALTHCARE	PARENT/CHILD NURSING
PETERSON, SUSAN	INSTRUCTOR	MSN (NURSING) 1988 UNIV OF KENTUCKY BSN (NURSING) 1972 UNIV OF KENTUCKY	PRECEPTOR**	CERTIFIED FAMILY NURSE PRACTITIONER
RINKER, GWENDOLYN	ASSISTANT PROFESSOR	PHD (NURSING) 2009 UNIV OF KENTUCKY MSN (NURSING) 1999 UNIV OF MICHIGAN-ANN ARBOR BSN (NURSING) 1995 ROBERTS WESLEYAN COLLEGE	PRECEPTOR**	CERTIFIED FAMILY NURSE PRACTITIONER
STEFANIAK, KAREN*	ASSISTANT PROFESSOR	<ul> <li>PHD (STUDIES IN HIGHER EDUCATION) 1998</li> <li>UNIV OF KENTUCKY</li> <li>MSN (NURSING) 1982 UNIV OF</li> <li>KENTUCKY</li> <li>BSN (NURSING) 1967 SOUTHERN</li> <li>ILLINOIS UNIV</li> </ul>	NUR 880 LEADERSHIP/MGMT IN NURSING CARE DELIVERY NUR 882 SPECIAL TOPICS IN NUR: NURS PRACT INTRN NUR 900 PROCESS OF NURSING LEADERSHIP NUR 902 NURSING LEADERSHIP IN HLTH CARE SYSTEMS NUR 910 CLINICAL RESIDENCY NUR 914 ECONOMIC/FINANCIAL ASPECTS CLINICAL: POP-BASD HLTH CARE DELIVERY SYSTEMS	MATERNAL/CHILD HEALTH NURSING, LEADERSHIP

STOLTZ, REGINA	INSTRUCTOR	MSN (NURSING) 1997 UNIV OF	PRECEPTOR**	CERTIFIED PEDIATRIC NURSE
		KENTUCKY		PRACTITIONER
		BSN (NURSING) 1984 ALFRED UNIV		
STRINGFELLOW, VICKI	INSTRUCTOR	MSN (NURSING) 2002 NORTHWESTERN	PRECEPTOR**	CERTIFIED PEDIATRIC NURSE
		STATE UNIV		PRACTITIONER-ACUTE CARE, PRIMARY CARE
		BSN (NURSING) 2000 MCNEESE STATE		
		UNIV		
THOMPSON, DONNA	INSTRUCTOR	MSN (NURSING) 2003 UNIV OF	PRECEPTOR**	CERTIFIED WOMEN'S HEALTH
		LOUISVILLE		NURSE PRACTITIONER
		BSN (NURSING) 1992 UNIV OF		
		KENTUCKY		
*FULL-TIME TEMPORARY	ADJUNCT FACUL	TY T		I
**NO ASSIGNED TEACHI	NG			
No ASSIGNED TEACHIN	10			

IID-3

## **Procedure for Initiating Clinical Education Agreements**

The Requesting Faculty Member will:

- a. Identify an agency in which course objectives can be met and discuss with course coordinator if necessary.
- b. Complete a Request for Clinical Education Agreement form, which includes evaluating the appropriateness of the site for meeting course objectives.
- c. Sign and submit form to the Office of Clinical Affairs. This request must be in place prior to any contractual arrangements being made.

The Clinical Education Coordinator will:

- a. Send three copies of the standard Clinical Education Agreement to the agency for review and signature; instruct the agency to return all three copies in the accompanying letter.
- b. Recommend the agreement to the Dean of the College of Nursing for approval and signature.
- c. Send all three copies to the University's Office of Legal Counsel for review and signature by the Vice President of Academic Affairs; will retain one copy for the College files and the Office of Legal Council will send an executed contract to the agency when it has been signed by all parties.
- d. Notify the faculty member in writing when the agreement has been finalized.

In the event the standard Clinical Education Agreement is not acceptable to the agency, efforts are made to amend the agreement to address agency concerns while not compromising the position of the University, Medical Center, or College of Nursing. Any changes must be approved by University's Office of Legal Counsel.

Students may not begin clinical rotations until the faculty member has been notified in writing by the Clinical Education Coordinator for Clinical Affairs that the agreement has been finalized.

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# CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP Kentucky Board of Nursing

**Preceptorship Verification Form** 

312 Whittington Parkway, Suite 300 Louisville, KY 40222

If you wish to claim preceptorship hours as a way of validating continued competency, this form *can be used* as a means to document participation. USE OF THIS FORM IS NOT REQUIRED

Participation as a preceptor is equivalent to fifteen ( long as each of the following criteria is met: (201 K	15) contact hours of continuing competency validation as AR 20:215)
<ul> <li>Criteria:</li> <li>a minimum of 120 clock hours;</li> <li>shall be a one-to-one relationship between the precepte</li> <li>may involve more than one (1) student or employee;</li> <li>shall be evidenced by written documentation from the</li> </ul>	or and nursing student or employee undergoing orientation; educational institution or preceptor's supervisor
Licensee Name:	License #:
	Location:
The preceptorship was with:	
Name:	Credential: Creden
Dates of preceptorship:# of hours	S:
Signature of Faculty Member/Facility Manager Verifying:	
Position/School:	Phone Number:
The preceptorship was with:	
Name:	Credential: Credential: RN/LPN INursing Student
Dates of preceptorship:	# of hours:
Signature of Faculty Member/Facility Manager Verifying:	
Position/School:	Contact Phone Number: ()
The preceptorship was with:	
Name:	Credential: Credential: RN/LPN INursing Student
Dates of preceptorship:	# of hours:
Signature of Faculty Member/Facility Manager Verifying:	
Position/School:	Contact Phone Number: ()
Continuing Education	ne manner that you would maintain a c Certificate of Attendance ing the current licensure period)

#### University of Kentucky College of Nursing

#### NUR 886- Synthesis of Clinical Knowledge for Nursing Practice

#### **Preceptor & Agency Evaluation**

Questions answered by each student via Survey Monkey at the end of each semester.

Question	Possible response to each question
<ol> <li>My nurse preceptor was available to answer questions and help with patient care.</li> </ol>	Highly agree Agree Neutral
<ol> <li>My preceptor maintained ultimate responsibility for the patients to whom I was assigned.</li> </ol>	Do not agree
<ol> <li>As my skills and knowledge increased, my preceptor allowed me more independence.</li> </ol>	
<ol> <li>My preceptor provided adequate guidance as I learned to perform new skills.</li> </ol>	
<ol> <li>My preceptor provided constructive feedback about my nursing actions in this setting.</li> </ol>	
<ol> <li>My preceptor was positive about serving as a resource to nursing students.</li> </ol>	
<ol> <li>This clinical setting provided adequate opportunities for application of information gained in the classroom setting.</li> </ol>	
<ol> <li>The other nursing staff in this department served as positive role models for professional nursing.</li> </ol>	-
<ol> <li>The other nursing staff provided constructive feedback about my nursing actions in this setting.</li> </ol>	
10. Provide any evaluation comments that you wish about your Synthesis Clinical Experience.	Post comments into response box

#### UNIVERSITY OF KENTUCKY COLLEGE OF NURSING

The Faculty Evaluation of Clinical Facility Form is to be completed at the conclusion of each academic year or rotation, whichever is most appropriate.

One copy of the form is to be placed in the agency folder in the Dean's office. The faculty member completing the form will retain one copy. One copy will be given to the Director of Nursing Service <u>or</u> Coordinator of Educational Programs of the agency being evaluated.

### FACULTY EVALUATION OF CLINICAL FACILITY

NAME OF FACILITY		
ADMI	NISTRATOR	
NURSING DIRECTORED. PREP		
UNIT(	S) BEING EVALUATED	
NUME	BER OF STUDENTS USING UNIT	
I.	Is the stated or written philosophy implemented?	
II.	Were students able to achieve course/program objectives? If not, explain.	
III.	List the positive aspects of the educational experience.	
	A. Faculty's Perspective:	

B. Agency's Perspective:

C. Student's Perspective:

IV. List any negative aspects of the educational experience.

A. Faculty's Perspective:

B. Agency's Perspective:

C. Student's Perspective:

- V. What recommendations were made to resolve negative aspects of the educational experience?
- VI. Were problems resolved to the satisfaction of both faculty and agency?
- VII. Is the agency willing to continue to accept students for educational experiences?
- VIII. Recommendation for Utilization (do or do not recommend)
- IX. Additional Comments

X. Date Evaluation Conference was held \_\_\_\_\_

XI. List of those present (include title)

Faculty Signature\_\_\_\_\_

Course Title and Number\_\_\_\_\_

Evidence III-A.1. Relationship Among the University of Kentucky College of Nursing Mission, Aims and Student Learning Outcomes of the BSN Program

College of Nursing Mission	College of Nursing Aims	Student Learning Outcomes of BSN Program
The mission of the University of Kentucky College of Nursing is to foster health and well- being among the people of Kentucky, the	Prepare nurses to lead in an ever-changing health care environment	Demonstrates leadership, responsibility and accountability in addressing health care issues.
region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment.		Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings.
	Contribute to the knowledge base of the discipline through an active program of nursing and interprofessional research.	Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.
	Engage in collaborative and cooperative relationships for the purpose of modeling excellence in nursing education, research, service and practice.	Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.
		Employs interprofessional communication and collaboration in providing safe, high quality care to improve client health outcomes.

#### Course **Course Learning Outcomes** NUR 860: Foundations for 1. Develop effective behaviors for success as a nursing student **Professional Nursing** 2. Explore the history and uniqueness of nursing as a discipline 3. Begin development of professional behavior NUR 861: Family Health Promotion 1. Develop self awareness and analyze personal biases. and Communication Across the 2. Demonstrate awareness and sensitivity to human diversity. Lifespan 3. Communicate effectively with peers, clients, and members of interdisciplinary and intra-agency teams. 4. Demonstrate professional behavior. 5. Examine mental health and stress issues in healthy individuals and families. 6. Demonstrate beginning competence in health screening and assessment of individuals and families across the lifespan. 7. Demonstrate critical thinking skills in classroom and clinical settings. 8. Collaborate with clients across the lifespan to promote and maintain health. 9. Integrate principles of teaching/learning into health assessment and promotion. 10. Integrate concepts of growth and development into health assessment and promotion. 11. Demonstrate ability to perform nursing assessment and psychomotor skills with individuals and families. 12. Utilize the nursing process to promote and maintain health in families and individuals. NUR 863: Professional Nursing Care 1. Provide professional nursing care using evidence-based Across the Lifespan principles in a variety of settings. 2. Utilize the nursing process to provide professional nursing care to individuals across the lifespan 3. Demonstrate ability to perform nursing assessment and psychomotor skills (with) individuals and families across the lifespan. 4. Differentiate between normal and abnormal assessment findings. 5. Demonstrate the ability to apply principles of asepsis when providing professional nursing care. 6. Demonstrate knowledge and skills in patient safety when providing professional nursing care. 7. Demonstrate professional behaviors, organizational skills and management of basic patient care. 8. Apply concepts of pharmacology in class activities and in the clinical setting. 9. Incorporate diversity considerations into nursing care including

#### Evidence III-A.2 Undergraduate Course Learning Objectives, (Spring 2011)

Course	Course Learning Outcomes
	<ul> <li>race, culture, age, sexuality and gender.</li> <li>10. Work collaboratively with other health care professionals to identify appropriate resources for identified client needs/deficits.</li> <li>11. Utilize principles of teaching-learning and discharge planning.</li> <li>12. Use computer technologies to access information, communicate with others, and document care.</li> </ul>
NUR 864: Pathophysiology E- Learning Course (RN-BSN only)	<ol> <li>Analyze human responses to pathological conditions.</li> <li>Describe the pathophysiology of diseases and conditions within individual clients across the lifespan.</li> <li>Identify risk factors that can contribute to pathological changes.</li> <li>Use research to explain pathophysiology of diseases and conditions.</li> </ol>
NUR 866: Pathopharmacology I	<ol> <li>Analyze human responses to pathological conditions.</li> <li>Describe the pathophysiology of diseases and conditions within individual clients across the lifespan.</li> <li>Use research to explain the pathophysiology of diseases and conditions.</li> <li>Explain the impact of pharmacologic agents on the disease process.</li> <li>Explain the pharmacologic principles underlying the use of specific medications in the treatment of major health problems.</li> </ol>
NUR 869: Introduction to Professional Nursing Care Across the Lifespan for Second Degree Students	<ol> <li>Incorporate diversity considerations into nursing care including race, culture, age, sexuality, and gender.</li> <li>Demonstrate professional behavior, critical thinking, organizational skills, and management in lecture, clinical, and laboratory settings.</li> <li>Demonstrate ability to perform health screening, assessment, and psychomotor skills with individuals and families across the lifespan.</li> <li>Demonstrate aseptic principles, patient safety, and evidence-based principles of health care in lecture, clinical, and laboratory settings.</li> <li>Collaborate with clients to promote and maintain health.</li> <li>Utilize discharge planning and teaching-learning principles.</li> <li>Work collaboratively with other health care professionals to identify appropriate resources for identified client needs/deficits and assist families with care giving guidelines.</li> <li>Apply concepts of pharmacology in class/clinical activities.</li> <li>Integrate concepts of growth and development into health assessment and promotion.</li> </ol>

Course	Course Learning Outcomes
	<ol> <li>Communicate effectively with peers, clients, and members of interdisciplinary and intra-agency teams.</li> <li>Provide professional nursing care using evidence-based principles in a variety of settings.</li> <li>Utilize the nursing process to provide professional nursing care to individuals across the lifespan.</li> </ol>
NUR 870: Pathopharmacology II	<ol> <li>Analyze human responses to pathological conditions.</li> <li>Describe the pathophysiology of diseases and conditions within individual clients across the lifespan.</li> <li>Use research to explain the pathophysiology of diseases and conditions.</li> <li>Explain the impact of pharmacologic agents on the disease process.</li> <li>Explain the pharmacologic principles underlying the use of specific medications in the treatment of major health problems.</li> </ol>
NUR 872: Family-Centered Care of Adults with Common Health Problems	<ol> <li>Develop care strategies based on concepts relevant to common health problems of adults.</li> <li>Collaborate within the health care system to provide family- centered, situationally appropriate, and culturally competent nursing care for the adult.</li> <li>Apply evidence-based theory to solve problems experienced by individuals/families affected by common health problems.</li> <li>Employ effective communication skills to enhance collaborative planning/intervention strategies related to the health care of adults.</li> <li>Plan for continuity of care across multiple settings.</li> <li>Apply principles of pharmacological monitoring, evaluation, and education to nursing care of adults.</li> </ol>
NUR 872: Clinical Reasoning: Quantitative, Qualitative and Epidemiological Approaches	<ol> <li>Describe the history, philosophical bases and relevance of quantitative, qualitative and epidemiological approaches to health care problems.</li> <li>Use the findings of qualitative, quantitative and/or epidemiological approaches to address clinical problems.</li> <li>Examine legal and ethical issues related to quantitative, qualitative and epidemiological approaches to clinical problems.</li> <li>Communicate findings from quantitative, qualitative and epidemiological studies to lay and professional audiences.</li> </ol>
NUR 873: Nursing Care of Childrearing Families	<ol> <li>Develops care strategies based on concepts relevant to childrearing families.</li> <li>Collaborates within the health care system to provide family-</li> </ol>

Course	Course Learning Outcomes
	<ul> <li>centered, situationally appropriate, and culturally competent nursing care for the childrearing family.</li> <li>3. Applies evidence based knowledge to help solve problems experienced by childrearing families.</li> <li>4. Employs effective communication skills to enhance collaborative planning/intervention strategies related to the health care of childrearing families.</li> <li>5. Plans for continuity of care across multiple settings</li> </ul>
NUR 875: Nursing Care of Childbearing Families	<ol> <li>Develops care strategies based on concepts relevant to childbearing families.</li> <li>Collaborates within the health care system to provide family- centered, situational appropriate, and culturally competent nursing care for the childbearing family.</li> <li>Applies research and theory based knowledge to help solve problems experienced by childbearing families.</li> <li>Employs effective communication skills to enhance collaborative planning/intervention strategies related to the health care of childbearing families.</li> <li>Plans for continuity of care across multiple settings.</li> <li>Integrates a philosophy of nursing and utilizes professional nursing standards when caring for childbearing families.</li> <li>Demonstrates responsibility and accountability for professional behavior.</li> <li>Employs theories of leadership and management in providing nursing care to childbearing families.</li> </ol>
NUR 880: Leadership Management in Nursing Care Delivery	<ol> <li>Examine leadership/management principles in relation to current and emerging organizational systems.</li> <li>Examine the professional nurse's role in care management in a variety of settings.</li> <li>Analyze nursing leadership activities, which involve resource management.</li> <li>Explore political, ethical and legal issues affecting management of health care delivery.</li> <li>Explore leadership and management theory in the context of current nursing organizational systems.</li> </ol>
NUR 881: Psychiatric-Mental Health Nursing	<ol> <li>Explain theory, concepts, and principles basic to psychiatric- mental health nursing.</li> <li>Use the nursing process in identifying and treating human responses to actual and potential complex psychiatric-mental health problems.</li> <li>Incorporate research findings in providing care to patients with psychiatric illness.</li> <li>Identify legal and ethical issues related to psychiatric-mental</li> </ol>
Course	Course Learning Outcomes
--	---
	<ul> <li>health nursing.</li> <li>5. Implement selected treatment modalities in caring for clients with psychiatric illnesses.</li> <li>6. Employ a variety of communication strategies in caring for patients with psychiatric illnesses.</li> </ul>
NUR 882-01: Nurse Scholars' Seminar	<ol> <li>Analyze major nursing concepts (e.g., research, practice, organization, administration) as they apply to nursing practice.</li> <li>Collaborate with peers, faculty and practitioners to design a project that reflects students' goals within nursing practice.</li> </ol>
NUR 882-02: Research Intern Program	<ol> <li>Complete human subjects' protection training. All research interns are required to complete the on-line course on Protection of Human Subjects as part of the intern experience. The research faculty mentor will guide the research intern through this process. Web-based human protection training instructions can be found at: http://www.research.uky.edu/ori/ORIForms/CITI_instructions .doc</li> <li>Participate in and contribute to research team meetings</li> <li>Assist with recruitment, screening, and tracking of participants in a study</li> <li>Assist with data management</li> <li>Assist in the development of a grant application</li> <li>Assist in the development of a manuscript, research poster, or PowerPoint presentation</li> <li>Develop a scholarly presentation with an abstract for submission to the Student Scholarship Showcase (usually due in January)</li> <li>Develop a scholarly paper for submission to <i>Kaleidescope</i>, University of Kentucky Journal of Undergraduate Scholarship (usually due March 30) http://www.uky.edu/Kaleidoscope/</li> </ol>
NUR 883: Public Health Nursing	<ol> <li>In collaboration with communities, assess the health needs of diverse populations according to national standards of care, and in response to the changing health care delivery system.</li> <li>Plan, implement, and evaluate population-focused services according to national standards of care.</li> <li>Examine policy and advocacy issues.</li> <li>Differentiate between community based nursing practice and community health nursing practice.</li> <li>Analyze conceptual models relevant to public health nursing.</li> <li>Analyze nursing and community responses to current and emerging public health problems.</li> <li>Apply pharmacological knowledge within community and public health settings.</li> </ol>

Course	Course Learning Outcomes
	8. Apply strategies for population-focused communication (e.g., media advocacy).
NUR 884: Career Management in Nursing	<ol> <li>Develop a career plan that includes a plan for marketing oneself.</li> <li>Develop a plan for continuing professional development.</li> <li>Explore possible traditional and non-traditional career choices and advanced practice options.</li> <li>Participate in activities designed to promote success on NCLEX.</li> </ol>
NUR 885: High Acuity Nursing	<ol> <li>Collaborate with other members of the health care team to deliver family-centered nursing care of client with complex health problems.</li> <li>Analyze factors that contribute to the development of complex health problems.</li> <li>Exercise judgment in prioritizing care of the client and family with complex health problems across the lifespan.</li> <li>Differentiate care strategies based on concepts unique to high acuity pediatric, adult, and gerontologic clients.</li> <li>Use critical thinking to anticipate, prevent, and manage common high-risk complications.</li> <li>Analyze data to plan and implement nursing care to improve client outcomes.</li> <li>Evaluate effectiveness of client care strategies and alter plans of care as needed to improve client outcomes.</li> <li>Given specific client situations, plan the administration, monitoring, evaluation, and client education for selected categories of drugs.</li> <li>Demonstrate an understanding of the interrelatedness of body systems.</li> </ol>
NUR 886: Synthesis of Clinical Knowledge for Nursing Practice	<ol> <li>Collaborate with members of the health care system to manage nursing care of clients (individuals, families, or communities).</li> <li>Analyze factors that contribute to health and wellness of clients.</li> <li>Use critical thinking to develop, implement, and evaluate interventions that promote wellness of clients.</li> <li>Apply principles of communication, leadership, and management in the delivery of care and evaluation of outcomes to clients.</li> <li>Apply principles of pharmacological monitoring, evaluation, and education to nursing care in a selected setting.</li> </ol>
NUR 511: End of Life Care in the Acute Care Setting (elective)	1. Describe the role of the healthcare professional in providing quality end-of-life care for patients across the lifespan.

Course	Course Learning Outcomes
	<ol> <li>Identify the need for collaboration with other disciplines to provide quality end-of-life care.</li> </ol>
	3. Use critical thinking to develop, implement, and evaluate interventions that promote quality at the end-of-life.
	<ol> <li>Integrate principles of hospice and palliative care across settings to promote quality care at end-of-life.</li> </ol>
	<ol><li>Discuss pharmaceutical agents used in the treatment of pain and other common end-of-life symptoms.</li></ol>

#### MINUTES: Undergraduate Faculty Meeting

- **DATE:** Friday, April 1, 2011
- PRESENT: Patricia Burkhart (presiding), K. Allen, K. Butler, J. Cowley, C. Diebold, C. Gordy, J. Hall, F. Hardin, V. Hensley, A. Jacoby, P. Kral, G. Lowry, M. J. Miller, G. Mudd, C. Phillips-Salimi, A. Quelopana, K. Robertson (student), K. Wagner, L. Walmsley, D. Welsh, J. Wilson, C. Witt, J. Davis, P. Teachey
- I. Approval of Minutes Faculty approved to accept the February 4, 20011 minutes with one minor correction.

#### II. Announcements and Faculty Celebrations

#### A. Faculty Celebrations

- 1. G. Lowry was named the "Teacher Who Made a Difference."
- 2. K. Allen is expecting a baby in August.
- 3. K. Wagner has a new grandchild.
- 4. G. Mudd is engaged.
- 5. E. Salt is engaged.
- 6. Anne Jacoby will be leaving CON at the end of the semester. Faculty thanked Anne Jacoby for her contributions to the CON during her tenure.

#### **B.** Announcements

- 1. P. Burkhart reminded faculty to save samples of students' work such as papers or care plans in preparation for the upcoming Self-Study.
- 2. K. Wagner will send faculty a form for students to sign giving permission to share their work.
- 3. P. Burkhart reminded faculty that in an effort to improve cost savings in the area of copying/paper, they needed to continue having bookstore sell course work packets and putting the syllabus up on Blackboard.
- 4. P. Burkhart purchased two copies of an abridged *Robert's Rules* and will make them available to Chairs of USAPC and UPC.
- 5. UG faculty will once again have the opportunity to attend the Faculty Development Workshop at a reduced registration fee of \$50.00 and also earn CE credits. The workshop is May 9<sup>th</sup> and 10<sup>th</sup>.
- 6. K. Butler announced faculty has decided to not prohibit a student from going to clinicals if they don't have their HepB titer, although it is still required. The rationale is that there is only a small percentage of students who require titer. Most students have all immunizations in place before classes begin.

#### III. Old Business

- A. Recruitment of faculty for UG program P. Burkhart gave faculty an update regarding new hires.
  - Cathy Catlett has accepted FT lecturer position and will start July 1. Cathy will work in NUR 861 lab, teach a NUR 863 clinical and co-teach NUR 860 with Demetrius Abshire. Also, 15% of Cathy's time will be reserved for working with HRSA grants on simulation.
  - 2. Stephanie Fugate has accepted a FT position and will be working in High Acuity course.

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- 3. Katie Bailey has been offered a FT position to co-teach in Pathopharm with Elizabeth Salt and teach 3 clinical courses.
- 4. P. Burkhart reported there is still one regular title series line open. The CON also has the option of offering a 75-80% FTE hiring package for a faculty who teach part-time clinical equivalent to that percentage of the workload.
- 5. Fran Hardin has been hired into a regular title series track. She will continue to teach in the undergraduate program and 50% of her time will be devoted to research.
- **B.** Incomplete grade for students who do not complete faculty/course evaluations K. Butler reported that several UG faculty had brought the process of giving incomplete grades to students who do not complete faculty and course evaluations to the attention of faculty council for discussion and review. There was much discussion of UG faculty regarding the process as follows:
  - 1. Faculty believes the evaluation process is necessary and productive.
  - 2. Faculty does not like the process, spending many hours reminding students to do the evaluations, giving incomplete grades when students fail to do the evaluations, and then changing grade if student finally completes the evaluation.
  - 3. For fall 2011, faculty agreed to pilot a new process, not withholding grades if faculty evaluations were not posted and assess whether the student response rate is the same.

Action Item : C. Gordy made a motion, seconded by G. Mudd to pilot for one semester a new process whereby students are encouraged to complete on-line faculty evaluations but a grade is not withheld if they do not. The motion was passed unanimously by *straw vote*.

#### **IV. New Business**

- **A.** Kristina Robertson, student representative to UG Faculty Committee, reported that April 16<sup>th</sup> will be Badge Day for Girl Scouts with volunteers from the CON helping with the event.
- **B.** Conceptual Framework K. Wagner shared the first draft of the Conceptual Framework which incorporates the AACN Essentials of Baccalaureate Education and QSEN Essentials. The last revision was made in 1999.
  - 1. QSEN and ANCC Essentials have been incorporated in the framework.
  - 2. Faculty reviewed the entire document.
  - 3. Faculty suggested adding "Information management" under program learning outcomes.
  - 4. K. Wagner will make corrections and send final to faculty.
- C. August UG Faculty Retreat P. Burkhart asked faculty for input on a time for the August UG Faculty retreat.

1. Faculty agreed on August 19, 2011, 9am – 3:00pm. Retreat will be held at the CON followed by a social at Boone Center at 3pm.

#### V. Committee Reports

- A. Undergraduate Program Committee (UPC) Darlene Welsh, Chair of UPC reported the following:
  - 1. UPC who reviewed the Conceptual Framework in their meeting earlier today recommends that UG Faculty accept the Conceptual Framework document as presented with minor changes discussed in UG faculty meeting.

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> Action Item: A motion was made and seconded by faculty to accept the Conceptual Framework as recommended by UPC., seconded by G. Mudd to pilot for one semester a new process whereby students are encouraged to complete on-line faculty evaluations but a grade is not withheld if they do not. The motion was passed unanimously.

2. Some minor changes have been made to NUR 854 course descriptions. G. Lowry reported there are no changes in what is being taught in the course . Course descriptions have been "tweaked" to made objectives and outcomes match. UPC recommends that these minor changes be accepted.

Action Item: A motion was made and seconded by faculty to accept the changes to the course description for NUR 854. The motion was passed unanimously.

3. NUR 866 is a pre-req and NUR 870 is a co-req to NUR 871. UPC recommends if a student fails NUR 866, he/she cannot progress to NUR 870/871 (co-requisites). Discussion followed. Faculty expressed concern that if a student cannot progress to NUR 871 and cannot take clinicals for 6 months, it will be difficult for the student to succeed in clinicals. Students will be responsible for reviewing the skills.

Action Item: G. Lowry made a motion and V. Hensley seconded the motion to implement the new rule regarding progression into NUR 870/871, if student fails NUR 866 (pre-req). The motion passed unanimously.

- B. Undergraduate Student Admission and Progression Committee (USAPC) Vicki Hensley, Chair of USAPC reported the following:
  - 1. USAP recommended a slate of students for student awards at Pinning May and asks UG Faculty to vote on these students. Undergraduate Faculty chose the following students for awards:
    - a. Faculty Award Cecelia Boateng
    - b. Central Baptist Award Alyssa Chappell
    - c. Nightingale Award Jamie and Maureen Rothing
    - d. Maurice Clay Award (presented in May only by the University) Sarah Cole
  - 2. USAPC will be reviewing applications to the 2<sup>nd</sup> degree program and making decisions.
  - 3. The College will accept 45 students into the RN-BSN program
- **C.** Curriculum Revision Task Force Faculty was surveyed about the best way to proceed with curriculum revision and agreed they do not know the best way to go about the task. A process needs to be designed. Further discussion will occur at the August 19, 2011 undergraduate faculty retreat.
  - 1. K. Butler recommended the course coordinators meet and brainstorm about the process and then bring back some ideas to the UG Faculty.
  - 2. J. Wilson suggested the August Retreat have all UG faculty involved.

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#### VI. Other – Future Undergraduate Faculty Meetings

- **A.** UG faculty will change to having meetings once per month during the academic year 2001-2012.
  - 1. Meetings will be held the first Friday of every month, 1-3pm.
  - 2. Meetings will alternate with regular UG Faculty meetings and UG curriculum revision meetings.
  - 3. September and November will be regularly scheduled UG faculty meetings, while October and December will be curriculum revision meetings.
- **B.** The undergraduate faculty retreat be August 19, 2011 in CON 411. It will focus on BSN curriculum re- visited.
- VII. Adjournment Meeting adjourned at 3pm. Next UG faculty meeting will be September 2, 2011 in Room 315T.

Respectfully submitted,

Peg Teachey, Recorder

#### Evidence III-A.4

# Relationship of BSN Nursing Program Terminal Outcomes, Program Core Concepts and AACN Essentials

BSN Program Terminal Outcomes	Corresponding Core Concepts	AACN Essentials
Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.	Evidence-based practice Health promotion and disease and injury prevention Professionalism Clinical reasoning	III, VII, VIII, IX
Demonstrates leadership, responsibility and accountability in addressing health care issues.	Information management Healthcare systems and policy	IV, V
Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings.	Health promotion and disease and injury prevention Culturally competent care Patient centered care	VII, VIII, IX
Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.	Information management Clinical reasoning	IV, IX
Employs interprofessional communication and collaboration in providing safe, high quality care to improve client health outcomes.	Quality improvement and patient safety Information management Communication and interprofessional collaboration Patient centered care	II, IV, VI, IX

# D.2 Relationship Among the University of Kentucky College of Nursing Mission, Philosophy, Goals Program Objectives and Student Outcomes for the MASTER OF SCIENCE IN NURSING Program

College of Nursing Mission	College of Nursing Goals	Objectives of MSN Program	Assessment Method & Criteria	Results of Assessment of Student Outcomes	Use of Results to Improve	CSF
The mission of the University of Kentucky College of Nursing is to foster health through well- being among people of Kentucky, the region, and the world through excellence in nursing education, research, and service.	1. Prepare nurse leaders practice in ever- changing health-care environment.	#2 Provide advanced practice nursing care consistent with ANA standards of care and professional performance.	Qualified candidates are selected for admission. Admission criteria for students entering the MSN program: -GPA of 3.0 or above in BSN program -GRE total score of 1350 or above	Highly qualified students were recruited and matriculated into MSN program: 2008-2009 GPA GRE 2009-2010 GPA GRE 2010-2011 GPA GRE	Students are no longer admitted to the MSN program.	3

CSF = Medical Center Critical Success Factor #3 = Recruit and Graduate Outstanding Students

College of Nursing Mission	College of Nursing Goals	Objectives of MSN Program	Assessment Method & Criteria	Results of Assessment of Student Outcomes	Use of Results to Improve	CSF
The mission of the University of Kentucky College of Nursing is to foster health through well- being among people of Kentucky, the region, and the world through excellence in nursing education, research, and service.	1. Prepare nurse leaders practice in ever- changing health-care environment	#2 Provide advanced practice nursing care consistent with ANA standards of care and professional performance.	Students completing the graduate program with a GPA qualifying them for doctoral study: 90% of students completing	Exit Average GPA: 2008-2009 2009-2010 2010-2011 % Eligible for DNP or PhD Admit 2008-2009 2009-2010 2010-2011 Certification: 2008-2009 100% 2009-2010 97.4%	Students no longer admitted to MSN program. Students were encouraged to write appropriate certification examination Nurse practitioner faculty	3
			the graduate program who choose will pass certification examinations	2010-2011	provided ongoing review of results to continually strengthen the program	
		#5 Use theory in the management of health care resources to deliver effective and efficient clinical services and programs.	Students required to complete 600-810 hours of clinical practicum Progress reports identify how course objectives met and theory guiding practice	Annual course evaluations of extent to which NUR 604 (Leadership in Advanced Practice Nursing) and NUR 605 (Evidence-based Nursing Practice) students are able to apply health services theories to clinical programming.		3

College of Nursing Mission	College of Nursing Goals	Objectives of MSN Program	Assessment Method & Criteria	Results of Assessment of Student Outcomes	Use of Results to Improve	CSF
The mission of the University of Kentucky College of Nursing is to foster health through well- being among people of Kentucky, the region, and the world through	2. Contri- bute to the knowledge base of the discipline through active program of nursing and inter- disciplinary research.	#1 Evaluate theory, research, and clinical knowledge for development and implemen- tation of innovative approaches to care.	Students are expected to develop clinical practice innovation based on evidence in NUR 605 (Evidence-based Nursing Practice). They are evaluated by clinical faculty supervisor and seminar faculty. These evaluations make up the grade for the course.	Students satisfactorily achieved stated objectives (and assessment criteria) to progress through program.	MSN Specialty teams monitored results by specialty and recommended curricular improvements as necessary.	3
excellence in nursing education, research, and service.		#3 Analyze factors that influence advanced practice nursing, health and health care (including biologic, psychologic, social,	At least 90% of MSN students will graduate within 3 years of their 1st specialty course.	Graduation of outstanding students from the MSN program who complete program within 3 years 2008-2009 % 2009-2010	Criteria met, continue to monitor.	3
		economic, cultural, political, ethical, legal and geographic factors.	At least 90% of MSN graduates who sit for advanced practice certification will pass on the first test.	2010-2011 % pass rate on advanced practice certification exams: 2008-2009 100 % 2009-2010 97.4% 2010-2011	Criteria met, continue to monitor.	

College of Nursing Mission	College of Nursing Goals	Objectives of MSN Program	Assessment Method & Criteria	Results of Assessment of Student Outcomes	Use of Results to Improve	CSF
The mission of the University of Kentucky College of Nursing is to foster health through well- being among people of Kentucky, the region, and the	2. Contri- bute to the knowledge base of the discipline through active program of nursing and inter- disciplinary	#4 Evaluate the outcomes of advanced practice nursing and health care using appropriate research methods.	Students learn to evaluate levels of evidence in NUR 602 (Research Methods in Advanced Practice Nursing and NUR 605 (Evidence-based Nursing Practice). At least 90% of students will earn A's or B's in those classes.	Grades A or B in NUR 602: 2008-2009 % 2009-2010 2010-2011 Grades A or B in NUR 605 2008-2009 % 2009-2010 2010-2011	Student and faculty evaluations of the course are used to make improvements.	3
world through excellence in nursing education, research, and service.	research.	#7 Contribute to the advancement of health and health care through leadership in practice and in the profession.	At least 50% of respondents to the 5 year survey of graduates will report some kind of leadership role in practice or the profession.	Need info		3

College of Nursing Mission	College of Nursing Goals	Objectives of MSN Program	Assessment Method & Criteria	Results of Assessment of Student Outcomes	Use of Results to Improve	CSF
The mission of the University of Kentucky College of Nursing is to foster health through well- being among people of Kentucky, the region, and the world through	3. Engage in collabor- ative and cooperative relation- ships for the purposes of modeling excellence in nursing	#6 Collaborate with others to meet the health care needs of populations.	At least 50% of CON academic clinical practice will include collaborative relationships with other health care agencies or groups. MSN students have many of their clinical experiences in at least one of the College's Academic Clinical Practice sites.	In 1999, 2000, 2001, and 2002, 100% of the contracts between CON academic clinical program and other health care agencies or groups were signed. All contracts represent collaborative relationships.	Annual contract negotiations have resulted in strengthening scheduling patterns to provide continuity of care and refining systems for handling clinical information to provide seamless care while protecting confidentiality.	3
excellence in nursing education, research, and service.	practice.	#8 Collaborate with others to identify and resolve ethical issues in health care practices.	At least 50% of respondents to the MSN Five Year Alumni Survey report will have colla- borative practice agree- ments or participating on interdisciplinary teams	50% of respondents of 2001 survey indicated they have collaborative practice agreements and 70% are on interdisciplinary teams	Continue to emphasize collaborative interprofessional practice.	3
			interdisciplinary teams. Evaluation of compre- hensive exam questions Grades on clinical specialty courses	Comprehensive examination Questions address ethical issues in practice.	Monitor examinations for content re: ethics and student success in passing exams. Students with less than B grade not allowed to progress in clinical	

#### Evidence III-A.5

College of Nursing Mission, Program Aims and Values, and BSN Program Terminal Outcomes

College of Nursing Program Mission	College of Nursing Program Aims	College of Nursing Program Values	BSN Program Terminal Outcomes
The mission of the University of Kentucky College of Nursing is to foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment.	Prepare nurses to lead in an ever- changing health care environment Contribute to the knowledge base of the discipline through an active program of nursing and interprofessional research. Engage in collaborative and cooperative relationships for the purpose of modeling excellence in nursing education, research, service and practice.	<ul> <li>Caring and commitment</li> <li>Community engagement</li> <li>Cooperative learning</li> <li>Excellence, creativity and innovation</li> <li>Inclusive community</li> <li>Open and honest communication</li> <li>Health and wellness of all persons</li> <li>Respect and integrity</li> <li>Appreciation of contributions of others</li> <li>Interdisciplinary collaboration</li> <li>Life-long learning</li> <li>Shared leadership</li> </ul>	Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death. Demonstrates leadership, responsibility and accountability in addressing health care issues. Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system. Employs interprofessional communication and collaboration in providing safe, high quality care to improve client health outcomes.

Mission, Vision, Aims and Values approved by College of Nursing Faculty February 2010

#### Curriculum Mapping of Undergraduate Curriculum - Preliminary Examination Summary

(Based on AACN Essentials)

K. Wagner Report to UPC - November 6, 2009

The following is a brief summary of possible MAJOR issues in our curriculum based on the initial review of our undergraduate nursing curriculum.

KEY:

I = Introduce

R = Reinforce

E = Emphasis (Major Theme)

A = Apply

#### Essential I: Liberal Education for the Baccalaureate Generalist Nursing Practice

• No comments. The essential outcomes appear to be adequately represented throughout our curriculum

#### Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

#### • Preliminary Review Comments/Questions

- 1. There appears to be a major deficit in the area of **patient safety and quality improvement**.
- 2. Outcomes require further scrutiny and probably action plan with particular focus on patient safety and quality improvement.
- 3. Should patient safety and quality improvement be introduced at beginning of curriculum and threaded throughout the curriculum?

#### Essential III: Scholarship for Evidence Based Practice

- Preliminary Review Comments/Questions
  - 1. Currently, coverage of EBP is rather scant. Should evidence-based practice be introduced at the beginning of the curriculum and incorporated into each clinical course (minimally) throughout the curriculum?

#### Essential IV: Information Management and Application of Patient Care Technology

- Preliminary Review Comments/Questions
  - 1. Outcomes 10-12 Have little to no indication that they are covered in our curriculum (Outcome 10 has a patient safety and quality improvement focus a probable deficit)
  - 2. Refer to AACN Essentials Tool Kit to examine ways in which 10-12 can be strengthened in our program.
  - 3. Need to consider how these outcomes can be threaded into our curriculum regarding where they should be reinforced, emphasized, and applied.

#### Essential V: Health Care Policy, Finance, and Regulatory Environments

#### • Preliminary Review Comments/Questions

- 1. Currently, unless the student takes HSM 241 before the senior year, students may not be introduced to the concepts before they are being reinforced or applied.
- 2. Is it sufficient for us to have only two courses (Leadership/Management and Public Health) being the primary source of meeting these outcomes?
- 3. Are these outcomes being adequately met in our current curriculum?

#### Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Preliminary Review Comments/Questions
  - 1. Where in the curriculum are Outcomes 4 and 5 emphasized (E)? If they are not being emphasized anywhere, where should they be emphasized?

#### Essential VII: Clinical Prevention and Population Health for Optimizing Health

- Preliminary Review Comments/Questions
  - 1. Should outcomes 8 and 9 be introduced earlier in the curriculum?
  - 2. For those missing E placement, where should E be present?
  - 3. Outcomes 8-13 currently seem to have scant representation in our curriculum is this sufficient?

#### Essential VIII: Professionalism and Professional Values

• No major deficits/problems noted

#### Essential IX: Baccalaureate Generalist Nursing Practice

- Preliminary Review Comments/Questions
  - 1. Since this essential has a major clinical practice focus, should the outcomes be reflected throughout the entire curriculum, particularly in all clinical courses?

#### **Additional Questions:**

- 1. Does NUR 869 adequately reflect coverage of the Essentials as noted in NUR 860, 861, and 863 on the curriculum map to reflect equivalent preparation for meeting outcomes?
- 2. Is each outcome in the curriculum represented adequately in regard to being introduced first, reinforced, emphasized and applied? If not, what steps need to be taken to correct this?
- 3. This preliminary curriculum mapping suggests that genetics and genomics may not being adequately covered at this time, what steps should be taken to remedy this?
- 4. This preliminary curriculum mapping suggests that patient safety and quality improvement concepts may not being adequately covered at this time, what steps should be taken to remedy this?
- 5. Is evidence-based practice receiving the emphasis that is should, if not, what steps should be taken to remedy this?
- 6. Is nursing informatics receiving sufficient coverage in our curriculum? If not, what steps should be taken to remedy this?
- 7. Multiple outcomes throughout the Essentials are missing either I, A, R, or E actions, what if anything should be done to correct these on an individual basis?

#### **PROPOSED NEXT STEPS**

- > Task Force 10-12 (K. Wagner+6 faculty--one rep from each semester + UK Healthcare Reps for QI,EBP,
  - Informatics + student rep)
    - Chair: K.Wagner
    - Soph: K.Butler; C.Diebold
    - Junior: J.Cowley; C.Gordy
    - Senior: G.Mudd; D.Welsh

UK HealthCare Partners: Jill Blake –QI; Debra Hall–EBP; Carla Teasdale, ICIS-- Informatics

Identified Faculty Experts (Attending Relevant Conferences)

- K.Butler AACN Baccalaureate Conference (BSN Essentials Questions)
- J.Cowley & A. Jacoby—QSEN conference
- C.Diebold & D. Reed GNEC
- L.Walmsley & G Lowry—Adult Learning
- G. Mudd—Genetics
- UK HealthCare Partners: Jill Blake –QI + Debra Hall—EBP; + Informatics—Carla Teasdale, ICIS-Informatics
- > Task Force Charge
  - Determine that there is adequate attention to each Essential in the curriculum
  - Determine that there is appropriate leveling of each essential across the curriculum
  - Develop Action Plan: Recommend improvements in curriculum to support Essential

≻	Timeline for Undergraduate Program:
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Academic Semester	Task	Venue	Date
Fall 2009	Curriculum mapping BSN curriculum with BSN ESSENTIALS	UG meeting—begin map and levels Course coordinators submit completed course matrix K.Wagner send completed curriculum map to Course Coordinators	Sept 4, 2009 Sept 15, 2009 Sept. 29, 2009
	Identify deficits in BSN curriculum (BSN Essential missing or not at appropriate level in CON curriculum)	UPC meeting: review and approve curriculum map UPC meeting: identify deficits Undergrad meeting: discuss and agree on deficits	Oct 2, 2009 Nov 6. 2009 Nov 6, 2009—vote on map and deficits
Spring 2010	Plan/Strategies to resolve deficits	UPC meeting Undergrad meeting UPC meeting Undergrad meeting	Feb 12, 2010 Feb 12, 2010 Mar 5, 2010 Apr, 2010—vote on plan/strategies
Fall 2010	Evaluate program outcomes	UPC meetings, retreats Undergrad meetings –approvals	
Spring /Summer 2011	Write self-study		
Fall 2011	Submit self-study		
Spring 2012	CCNE Visit		

UNIVERSITY OF KENTUCKY COLLEGE OF NURSING

# Curriculum Taskforce Report to UPC

### To the Undergraduate Program Committee

Kathy Wagner, Taskforce Chairperson 2/12/2010

#### Curriculum Taskforce Report to the Undergraduate Program Committee

#### **TASKFORCE MEMBERS**

**Faculty:** Kathy Wagner (Chair), Pat Burkhart (Associate Dean, Undergraduate Studies); Sophomore Representatives: Karen Butler, Carol Riker, Claudia Diebold; Junior Representatives: Jennifer Cowley, Carrie Gordy; and Senior Representatives: Gia Mudd, Darlene Welsh

**Practice Partners:** Jill Blake (Quality Improvement/Patient Safety); Debra Hall (Evidence Based Practice); and Carla Teasdale/Kendra Foreman (Informatics)

#### **MEETING DATES**

12/4/2009, 1/7/2009, and 1/29/2009

#### BACKGROUND

During the fall semester of 2009, the Undergraduate Program faculty underwent a self-analysis of undergraduate courses, mapping course objectives against the new AACN Essentials of Baccalaureate Education for Professional Nursing Practice (Finalized in October of 2008). This endeavor resulted in a curriculum map of the Undergraduate Nursing Program that included where each AACN Essential End-of-Program Outcome was introduced, reinforced, emphasized, or applied in each course. [See Appendix A]

During the curriculum mapping process, a data collection limitation was identified, based on issues with the wording of some of the AACN Essentials outcomes. Course faculty had difficulty interpreting the meaning of certain outcomes, which frequently resulted in indecision and mapping alterations with each new draft of the document. To reduce error, the faculty joined together to walk through each Essential and discuss outcomes that were not understood.

At the November 6, 2009 Undergraduate Program Committee (UPC) meeting, a summary of findings was submitted to UPC members and content deficits were discussed. [See Appendix B]

Major identified concerns included:

- Genetics and genomics
- Quality Improvement and Patient Safety
- Nursing Informatics
- Evidence-based practice
- Insufficient evidence of appropriate leveling across the current curriculum of some aspects of core knowledge as identified by the new AACN Essentials document.

A curriculum taskforce was then formed to investigate the content deficits and make recommendations. The taskforce was composed faculty representatives from each year of the nursing curriculum, identified faculty experts (AACN, GNEC, QSEN, and genetics), and practice partners from Chandler Medical Center at the University of Kentucky who were experts in quality improvement and patient safety, evidence-based practice, and informatics. The taskforce was given a preliminary deadline of February 12, 2010 to report back to UPC.

#### TASKFORCE REPORT

Due to the short deadline for taskforce work, it was decided to focus our attention on the three major identified deficit areas from the November 6<sup>th</sup> UPC report, to include:

- Essential II: Basic Organization and Systems Leadership for Quality Care and Patient Safety;
- Essential III: Scholarship for Evidence-Based Practice; and
- Essential IV: Information Management and Application of Patient Care Technology.

While the taskforce did not focus on the genetics/genomics issue, it recognizes that this deficit needs to be addressed; thus a recommendation is made regarding it.

In January of this year, 31 Nurse Residents at UK Hospital were surveyed regarding their perceptions of the amount of information they received during their BSN education about Essentials core knowledge including nurse sensitive patient outcomes, quality improvement and patient safety, evidence-based practice, and others). The purpose of the survey was to gain insight into what core concept knowledge our BSN graduates are carrying forward into practice. Data from the survey indicated that 50 percent or less of UK nursing graduates (N=13) perceived that they had received either "some" or a "significant amount" of information about the concepts. Greater than 50 percent perceived that they had applied three concepts (patient safety [85%], evidence-based practice [69%], and nurse-sensitive patient outcomes [62%]) during their education; while 25% or less perceived that they had applied concepts in quality improvement [23%], critical incidents [23%], and levels of evidence [25%]. The survey also suggested a potential disparity between education and practice regarding information received and what is applied as new nurses. For example, while approximately 41% (average) of all those surveyed indicated that they received a significant amount of information about nurse-sensitive patient outcomes, 71% indicated that they apply this concept to their practice on a daily basis. [See Appendix C for additional data]

#### 1. Quality Care and Patient Safety

The taskforce rapidly concluded that the concepts of quality improvement/patient safety, nursesensitive indicators, evidence-based practice, and nursing informatics are tightly interwoven in practice. While we found strong evidence that patient safety is emphasized throughout the curriculum, quality care (improvement) and nurse-sensitive indicators are not apparent. There is little evidence that our current curriculum provides adequate foundational education to address these concepts as they exist in the practice settings.

#### Recommendations:

- 1a. That the Undergraduate Nursing Program hold a workshop at the end of Spring 2010 semester to update the faculty on the nomenclature and concepts relative to the new quality improvement and patient safety initiatives, and evidence-based practice. Emphasis should be placed on nurse-sensitive indicators/outcomes and planning nursing care based on evidencebased practice (EBP). This should include rewording/rebuilding of nursing plans of care to be consistent with the new nomenclature.
- 1b. That BIO 208: Microbiology be moved out of the nursing curriculum and placed as a prenursing requirement to make potential room for additional emphasis on the AACN Essentials.
- 1c. That UPC consider the desirability of adding a course early in the curriculum that provides foundational information on quality improvement, nurse-sensitive indicators (and their

relationship to patient safety) and nursing informatics with its role in quality care and patient safety.

#### 2. Evidence-Based Practice

There is little evidence that the concepts of evidence-based practice (EBP) are being taught and applied in an organized, leveled manner throughout the curriculum. The taskforce recognizes that some courses are likely employing some EBP concepts without students (and perhaps faculty) recognizing that evidence-based practice is actually being used. It is also aware that the research course has been altered toward an emphasis of EBP. From our discussion, we concluded that this may be partly a generational issue since many of our faculty come from a different, earlier tradition of nursing practice, and use terms and concepts that are more familiar to us than the new nomenclature and concepts set forth in the evidence-based practice literature.

#### Recommendations:

- 2a. See 1a.
- 2b. That the Undergraduate Program adopt a specific EBP model that will be applied consistently throughout the curriculum.
- 2c. That UPC consider recommending a formal redesigning of the research course to place more emphasis on evidence-based practice. We also suggest that the course be relocated to earlier in the curriculum to provide foundational information (including introduction to an EBP model and levels of evidence) from which the rest of the nursing courses can reinforce and apply that crucial knowledge throughout the curriculum.
- 2d. That UPC consider requiring that all clinical courses integrate EBP into their topics and/or activities to reinforce the concepts throughout the curriculum.
- 2e. That clinical courses redesign their nursing plans of care to be consistent with the EBP nomenclature (e.g., rather than including "Rationale", require "Evidence for Planned Interventions").

#### 3. Information Management (Informatics)

Information management is an integral part of monitoring quality improvement and patient safety and entering and tracking patient data. Currently, information management as applied to our students appears to be primarily centered on how to input patient data into computer patient data systems. There is no evidence that foundational concepts on the relationships that exist between quality improvement/patient safety, policy development, and use of patient data systems exists in the curriculum.

Recommendation: See 1c.

#### 4. Genetics/Genomics

All undergraduate nursing students should receive formal foundational education in genetics and genomics. While these concepts seem to be applied in multiple nursing courses, there is currently no evidence that foundational knowledge is a part of the prenursing or nursing curriculum.

Recommendation:

• That UPC consider the best way to place more emphasis (and provide foundational information) on genetics and genomics in the curriculum by exploring the following (or other) options:

- <u>Option 1</u>: Provide a foundational segment on genetics/genomics in one of the early nursing courses and then integrate genetics lectures as applicable across the curriculum.
- <u>Option 2</u>: Investigate whether a course is available on the UK campus that includes foundational knowledge of genetics and genomics at a level appropriate to BSN nursing students.
- <u>Option 3</u>: Develop a one- to two-credit applied science genetics/genomics course for our nursing curriculum to be placed early in the curriculum.

#### **Supportive Articles/Documents**

- AACN. (2009). The essentials of baccalaureate education for professional nursing practice and tool kit. Accessed online January 2010. Available for download at <a href="http://www.aacn.nche.edu/education/essentials.htm">http://www.aacn.nche.edu/education/essentials.htm</a>.
- AHRQ. (ND). AHRQ patient safety network glossary. Accessed online January 2010 at www.psnet.ahrq.gov/glossary.aspx.
- Montalvo, I. (2007). The national database of nursing quality indicators<sup>™</sup> (NDNQI ®). *The Online Journal* of Issues in Nursing, 12(3). Accessed 2/11/2010 at <u>http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Tableof</u> <u>Contents/Volume122007/No3Sept07/NursingQualityIndicators.aspx</u>
- National Database of Nursing Quality Indicators. (ND). Nurse-sensitive quality indicators. Information can be accessed online January 2010 at http://www.safestaffingsaveslives.org/WhatisSafeStaffing/OneMinuteEssays/NDNQI.aspx

Needleman, J., & Buerhaus, P. (2003). Editorial: Nurse staffing and patient safety: current knowledge

- and implications for action. International Society for Quality in Health Care, 15(4):275-277.
- Needleman, J., Buerhaus, P., Mattke, S., Stewart, M. & Zelevinsky, K. (2002). Nurse-staffing levels and the quality of care in hospitals. *N Engl J Med*, *346*(22):1715-1722.
- Russell-Babin, K. (2009). Seeing through the clouds in evidence-based practice. *Nursing Management*. Accessed online: January 2010 at <u>www.nursingmanagement.com</u>.

#### Evidence III-A.4

#### **Curriculum Framework for the Baccalaureate Program**

#### [Accepted in Undergraduate Faculty Meeting on 4/1/2011]

The curriculum framework is designed to produce an entry-level professional nurse for generalist nursing practice. The program's core concepts are consistent with the 2008 American Association of Colleges of Nursing (AACN), *The Essentials of Baccalaureate Education for Professional Nursing Practice*, and the six Quality & Safety Education for Nurses (QSEN) competencies. The curriculum provides a solid liberal education in the sciences, arts, and humanities to provide a broad knowledge base from which to draw and apply to nursing practice and as a responsible citizen.

The core concepts of the nursing program curriculum are:

- Patient-Centered Care
- Communication and Interprofessional Collaboration
- Clinical Reasoning
- Professionalism
- Culturally Competent Care
- Health Care Systems and Policy
- Evidence-Based Practice
- Quality Improvement and Patient Safety
- Information Management
- Health Promotion and Disease and Injury Prevention

#### **Patient-Centered Care**

Patients and designees are empowered and recognized as full partners in the relationship with the caregivers. This care results in compassionate and coordinated care based on respect for the patient's preferences, values, and needs.

#### **Communication and Interprofessional Collaboration**

Professional nursing involves recognition of the unique attributes and contributions of individuals and groups to achieve health goals collectively. The nurse should be able to function effectively within nursing and inter-professional teams and foster open communication, mutual respect, and shared decision-making to achieve high quality and safe patient care. The patient and family are viewed as active partners.

#### **Clinical Reasoning**

Clinical reasoning is "the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family (Benner, et al., 2009, p.85)." Clinical reasoning may involve employment of a variety of advanced thinking skills, such as critical or creative thinking, critical reflection, or scientific reasoning. Through clinical reasoning, the nurse is able to adapt care appropriately based on the changing status and needs of the patient.

#### Professionalism

Professionalism is commitment to self-conduct and demeanor that demonstrate the values of nursing and supports autonomous practice. These values include continuing pursuit of knowledge, ethical conduct based on ANA Code of Ethics, accountability, respect for human dignity and social justice, and participation in development of new nursing knowledge and evidence.

#### **Culturally Competent Care**

Nurses, in all professional relationships, should "practice with compassion and respect for the inherent dignity, worth and uniqueness of every individual" (ANA, 2001). In order to be culturally competent, nurses must develop self awareness and be able to demonstrate knowledge and understanding of the client's culture while accepting and respecting differences. Nursing care is culturally competent when the care delivered is adapted to be congruent with the client's culture. Nurses must develop the ability to deliver culturally competent care in order to be effective in establishing a therapeutic relationship with patients, and to accurately assess, develop, implement and evaluate nursing interventions designed to meet diverse patients' needs.

#### **Healthcare Systems and Policy**

Policies impact nursing practice and healthcare systems. Principles of advocacy, policy, finance, and regulatory process are included in the undergraduate curriculum to prepare the baccalaureate nurse for their application in a variety of healthcare environments.

#### **Evidence-Based Practice**

Professional nursing is grounded in the translation of evidence into nursing practice. Evidence-based practice integrates the best available current evidence with clinical expertise and client preferences and values for the delivery of optimal health care. The use of evidence-based practice in nursing promotes clinical effectiveness by enhancing the ability to 1) identify a clinical issue and form a question, 2) use effective search techniques to find and appraise evidence, 3) apply relevant and individualized approaches to care, and 4) evaluate the outcomes.

#### **Quality Improvement and Patient Safety**

The baccalaureate nurse is prepared to understand quality improvement concepts, processes, and outcome measures. Graduates analyze the effectiveness and safety of nursing care delivery and apply knowledge of complex systems and change processes to achieve desired outcomes in the populations they serve.

#### **Information Management**

Professional nursing requires competence in navigating, documenting, and planning patient care using electronic health records to provide safe patient care. The professional nurse needs to access and "use information and technology to communicate, manage knowledge, mitigate error, and support decision making" (Johnson, 2010, p.1).

#### Health Promotion and Disease and Injury Prevention

Health promotion and disease and injury prevention across the lifespan are essential elements of baccalaureate nursing practice at individual and population levels, and are necessary to improve population health. At the individual level, this includes knowledge about growth and development as well as evidence-based clinical prevention practices. At the population level, this involves identifying determinants of health, prioritizing primary prevention, actively identifying and reaching out to those who might benefit from a service, and using available resources to assure best overall improvement in the health of the population.

Program Learning Outcomes	Corresponding Core Concepts	AACN Essentials
Applies a systematic process consistent with professional standards and evidence- based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.	Evidence-based practice Health promotion and disease and injury prevention Professionalism Clinical reasoning	III, VII, VIII, IX
Demonstrates leadership, responsibility and accountability in addressing health care issues.	Information management Healthcare systems and policy	IV, V
Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings.	Health promotion and disease and injury prevention Culturally competent care Patient centered care	VII, VIII, IX
Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.	Information management Clinical reasoning	IV, IX
Employs interprofessional communication and collaboration in providing safe, high quality care to improve client health outcomes.	Quality improvement and patient safety Information management Communication and interprofessional collaboration Patient centered care	II, IV, VI, IX

#### Relationship of Nursing Program Learning Outcomes, Program Core Concepts and AACN Essentials

#### Bibliography

- American Association of Colleges of Nursing (AACN). (2011). Available online at http://www.aacn.nche.edu/.
- American Association of Colleges of Nursing (AACN). (2008). *The Essentials of Baccalaureate Education* for Professional Nursing Practice. Available online at <u>http://www.aacn.nche.edu/</u>.
- American Nurses Association (2001). Code for nurses with interpretive statements. Washington, DC: Author.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, *55*(3). pp. 122-131.

Johnson, J.K. (2010). Health informatics competency resource paper. AACN QSEN Education Consortium.

Quality and Safety Education for Nurses (QSEN). (2011). Available online at http://www.qsen.org/.

#### University of Kentucky College of Nursing

# Proposed Criteria for current MSN enrolled students who wish to transition into BSN-DNP curriculum effective with Fall 2009 term. Application deadline, March 31, 2009:

- MSN student must be in good standing
- Current GPA in courses required by College of Nursing to complete the MSN degree of 3.30 or greater
- No course work with incomplete grades assigned
- Students would be eligible on a competitive, space available basis.

### Course Substitutions for MSN students who wish to Transition into BSN-DNP Curriculum: (MSN degree is not awarded in BSN-DNP program)

MSN COURSE SUBSTITUTIONS	BSN-DNP Course	Credits (Did:Clin)	Comments
NUR 653	<ul> <li>NUR 921 –Pathophysiology (Direct patient care: NP or CNS) or</li> <li>Nsg Mgmt: Option for HA incl. HA 623&amp; 635 or</li> <li>Public Health: Epi (non- duplicative)</li> </ul>	3	
NUR 601	NUR 924- Concepts, Theories & Models	3	Will waive one credit hour
STA 570, EDP/EPE 557, MATH 640, STAT 703 (w/in 5 yrs of N903)	Statistics (Stats must be completed within 5 years of enrolling in NUR 903- Biostats	3-4	
NUR 604	NUR 900-Process of Nsg Leadership	3	
NUR 652	<ul> <li>NUR 922- Pharmacology (Direct patient care: NP or CNS)         <ul> <li>or</li> </ul> </li> <li>Nsg Mgmt: Option MFS Lean Courses             <ul> <li>or</li> </ul> </li> <li>Public Health: Community Assessment</li> </ul>	4	Will waive one credit hour
NUR 514 & 631 (Total 4 cr.) or	NUR 923 – Adv Assessment or	3(2:1)	

NUR 631(3cr) & NUR 635 (1 cr.)	NUR 926 – Systems Assessment		
Total 4 cr.			
NUR 602	NUR 602/925 - Research Meth in APN	3	
NUR 704, 712, 722, 725, 732 or 750	NUR XXX – APRN/Sys Mgt I (Specialty seminar)	3(3:0)	
*can use MSN course not applied above or below	ELECTIVE	3	
None	NUR 915-Found EBP/Prog Plan	4	
None	NUR 902-Leadership in HC Sys	3	
None	NUR 778 - Health Policy	3	
TBD by Track if applicable-	NUR XXX: APRN/Sys Mgt II	5 (2:3)	
None	NUR 903- Biostatistics	4	
None	NUR 904- Epidemiology	3	
None	NUR 916- Eval for Improvement	3	
TBD by track if applicable	NUR XXX- APRN/Sys Mgt III	5 (2:3)	
None	NUR 917- Tech for Nsg /HC	3	
None	NUR 918- Protect of Human Sub	1	
None	NUR 620/930-CLINICAL NSG	2 (0:2)	
None	NUR 914-Econ & Finance	4	
None	NUR 919- Strategic Analysis	3	
None	NUR 920-Pract in Dynam HC Sys	3 (1:2)	
None	NUR 910- Clinical Residency	3 +3 =6	Two semesters/ 6 hours

Transition students MUST complete a minimum of 77 credits to be awarded DNP degree.

10/20/2008 recommended by DNP committee to MPC 11/17/2008 revised by DNP committee 12/05/2008 reviewed by MPC

12/05/2008 revised /revised by DNP committee

02/06/2009 approved by MPC

02/10/2009 approved by MSN Track Coordinators

02/16/2009 reviewed/approved by DNP Committee

### **GENERAL REGULATIONS**

#### **REGISTRATION AND CLASSIFICATION**

All students expecting graduate credit must be enrolled in the Graduate School. Graduate students will conform to the general registration schedule of the University and may not enter later than the last allowable date set by the Registrar. Before registering, graduate students should obtain approval of their proposed schedule from their advisor(s).

#### CHANGES IN GRADUATE SCHOOL REQUIREMENTS

When Graduate School or degree program requirements are changed after a course of study has begun, the students shall have the option of fulfilling either the old or the new requirements. If students elect to fulfill the old requirements but find that necessary resources (e.g., courses, instruction in particular skills) are no longer available, they may make reasonable substitutes with the approval of the Dean of the Graduate School upon recommendation of the Director of Graduate Studies.

In the event that students interrupt their work on a graduate degree (i.e., are not enrolled) for one calendar year or more, the Dean of the Graduate School shall determine, upon recommendation of the Director of Graduate Studies, whether the old requirements or the new requirements shall apply. In the event students have not completed the requirements for the graduate degree five years after the effective date of a change in degree requirements, the new requirements shall apply unless determined otherwise by the Dean of the Graduate School.

### STUDENT RESPONSIBILITY

It is the student's responsibility to be informed concerning all regulations and procedures required by the course of study being pursued. In no case will a regulation be waived or an exception granted because a student pleads ignorance of the regulation or asserts that information was not presented by advisors or other authorities. Therefore, the student should become familiar with the Graduate School Bulletin, including 1) the section presenting the requirements for degrees and 2) the specific program offerings and requirements.

The Director of Graduate Studies in the student's major program should be consulted concerning course requirements, any deficiencies, the planning of a program, and special regulations. Programs may have degree requirements that are not listed in the Bulletin. It is to be noted that the Dean of the Graduate School interprets the Graduate School Bulletin. Only the Graduate Council may waive requirements stated in this Bulletin.

	AACN DNP Essentials							
DNP Courses	I.Scientific Underpinnings of Practice	II.Organizational and Systems Leadership for Quality Improvement and Systems Thinking	III.Clinical Scholarship and Analytical methods for Evidence-Based Practice	IV.Information Systems/ Technology and Patient Care Technology for the Improvement and Transformation of Health Care	V. Health Care Policy for Advocacy in Health Care	VI. Interprofessional Collaboration for Improving Patient and Population Health	VII.Clinical Prevention and Population Health for Improving the Nation's Health	VII. Advanced Nursing Practice
NUR 778					$\checkmark$			
NUR 900	$\checkmark$	$\checkmark$				$\checkmark$		
NUR 902	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	
NUR 903	$\checkmark$		$\checkmark$					
NUR 904	$\checkmark$		$\checkmark$				$\checkmark$	
NUR 910	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
NUR 914	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
NUR 915	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$			$\checkmark$	
NUR 916	$\checkmark$		$\checkmark$					
NUR 917	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$		
NUR 918		$\checkmark$			$\checkmark$	$\checkmark$		
NUR 919	$\checkmark$	$\checkmark$		$\checkmark$		$\checkmark$	$\checkmark$	
NUR 920	$\checkmark$				$\checkmark$		$\checkmark$	$\checkmark$
NUR 921	$\checkmark$							$\checkmark$
NUR 922			$\checkmark$			$\checkmark$		$\checkmark$
NUR 923								$\checkmark$
NUR 924								$\checkmark$
NUR 925	$\checkmark$		$\checkmark$					
NUR 930						$\checkmark$		$\checkmark$
NUR XXXI					$\checkmark$		$\checkmark$	$\checkmark$
NUR XXXII						$\checkmark$		$\checkmark$
NUR XXXIII	$\checkmark$					$ $ $\checkmark$		$\checkmark$

\*Course number and title:

NUR 778 Proseminar in Contemporary Health and Nursing Policy Issues

NUR 900 Process of Nursing Leadership

NUR 902 Nursing Leadership in Healthcare Systems

NUR 903 Applied Biostatistics for Outcomes Evaluation

NUR 904 Epidemiology Applied to the Design and Evaluation of Nursing and Health Services

NUR 910 Clinical Residency

NUR 914 Economic and Financial Aspects of Clinical & Population-based Healthcare Systems

NUR 915 Foundations of Evidence Based Practice & Program Planning in Nursing

NUR 916 Evaluation for Improvement of Clinical Practice and Outcomes

NUR 917 Technology for Transforming Nursing & Healthcare

NUR 918 Protection of Human Subjects

NUR 919 Strategic Analysis for Quality Improvements in Nursing and Healthcare

NUR 920 Advanced Nursing Practice in Dynamic Healthcare Systems

NUR 921 Pathophysiology

NUR 922 Pharmacology

NUR 923Applications of Advanced Health Assessment

NUR 924 Concepts, Theories and Models

NUR 925 Research Methods in Advanced Practice Nursing

NUR 930 Problems in Clinical Nursing

NUR XXXI - NUR XXXIII Advanced Practice Nurse or Systems Management Specialty Courses

### CROSSWALK TABLE

#### Commission on Collegiate Nursing Education's (CCNE) Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs (2009) & National Task Force on Quality Nurse Practitioner Education's (NTF) Criteria for Evaluation of Nurse Practitioner Programs (2008)

CCNE Standard/Key Element	NTF Criterion
<b>STANDARD I:</b> The mission, goals, and expected aggregate student	
and faculty outcomes are congruent with those of the parent institution,	
reflect professional nursing standards and guidelines, and consider the	
needs and expectations of the community of interest. Policies of the	
parent institution and nursing program clearly support the program's	
mission, goals, and expected outcomes. The faculty and students of	
the program are involved in the governance of the program and in the	
ongoing efforts to improve program quality.	
<u>I-A</u> : The mission, goals, and expected student outcomes are	
congruent with those of the parent institution and consistent with	
relevant professional nursing standards and guidelines for the	
preparation of nursing professionals.	
<b><u>I-B</u></b> : The mission, goals, and expected student outcomes are reviewed	
periodically and revised, as appropriate, to reflect:	
professional nursing standards and guidelines; and	
the needs and expectations of the community of interest.	
<b><u>I-C</u></b> : Expected faculty outcomes in teaching, scholarship, service, and	
practice are congruent with the mission, goals, and expected student	
outcomes.	
<b><u>I-D</u></b> : Faculty and students participate in program governance.	<b><u>II-A</u></b> : Any admission criteria specific to the NP program/track
	reflect ongoing involvement by NP faculty. II-B: Any progression and graduation criteria specific to the
	NP program/track reflect ongoing involvement by NP faculty.
	<u>III-A</u> : NP faculty members provide ongoing input into the
	development, evaluation, and revision of the NP curriculum.
I-E: Documents and publications are accurate. References to the	
program's offerings, outcomes, accreditation/approval status,	
academic calendar, recruitment and admission policies, transfer of	
credit policies, grading policies, degree completion requirements,	
tuition, and fees are accurate.	

CCNE Standards/Key Elements	NTF Criterion
<ul> <li>I-F: Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.</li> <li>I-G: There are established policies by which the nursing unit defines</li> </ul>	
and reviews formal complaints.	
STANDARD II: The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes. II-A: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	<u>IV-A(2)</u> : Facilities and physical resources support the implementation of the NP program/track. <u>IV-A</u> : Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.
<b><u>II-B</u></b> : Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	
<b>II-C</b> : The chief nurse administrator:	
■ is a registered nurse (RN);	
holds a graduate degree in nursing;	
<ul> <li>is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;</li> </ul>	
is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and	
provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.	

CCNE Standards/Key Elements	NTF Criterion
II-D: Faculty members are:	<b><u>I-A</u></b> : The directors/coordinator of the NP program is certified
sufficient in number to accomplish the mission, goals, and expected	as a nurse practitioner and has the responsibility of overall
student and faculty outcomes;	leadership for the nurse practitioner program.
academically prepared for the areas in which they teach; and	<b><u>I-B</u></b> : The lead NP faculty member is nationally certified in the same population-focused area of practice and provides
experientially prepared for the areas in which they teach.	direct oversight for the nurse practitioner educational
	component or track.
	<b>IV-A(1):</b> Faculty resources support the teaching of the
	didactic components of the NP program/track.
	IV-B(1): A sufficient number of faculty is available to ensure
	quality clinical experiences for NP students. NP faculty have
	ultimate responsibility for the supervision and evaluation of
	NP students and for oversight of the clinical learning
	environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.
	<b>V-A</b> : NP programs/tracks have a sufficient mix of full-time
	and part-time faculty to adequately support the professional
	role development and clinical management courses for NP
	practice.
	V-A(1): Faculty have preparation and current expertise
	appropriate to area(s) of teaching responsibility.
	<u>V-B</u> : Non-NP faculty have expertise in the area in which they are teaching.
	V-A(2): NP program faculty who teach the clinical
	components of the program/track maintain current licensure
	and certification.
II-E: When used by the program, preceptors, as an extension of	IV-B(3)(a): A preceptor must have authorization by the
faculty, are academically and experientially qualified for their role in	appropriate state licensing entity to practice in his/her
assisting in the achievement of the mission, goals, and expected	population-focused and/or specialty area.
student outcomes.	<b>IV-B(3)(b):</b> A preceptor must have educational preparation
	appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.
	<b>IV-B(3)(c):</b> Preceptors are oriented to program/track
	requirements and expectations for oversight and evaluation
	of NP students.
	IV-B(3): NP faculty may share the clinical teaching of
	students with qualified preceptors.

CCNE Standards/Key Elements	NTF Criterion
<b>II-F</b> : The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	<ul> <li>Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.</li> <li>V-A(3): NP program faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.</li> </ul>
<b>STANDARD III</b> : The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of expected individual student learning outcomes.	
<b><u>III-A</u></b> : The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes.	
<ul> <li>III-B: Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.</li> <li>Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</li> </ul>	<b>III-B</b> : The curriculum is congruent with national standards for graduate level and advanced practice nursing (APRN) education and is consistent with nationally recognized core and population-focused NP competencies.
<ul> <li>Master's program curricula incorporate professional standards and guidelines as appropriate.</li> <li>a. All master's programs incorporate the Graduate Core Curriculum of <i>The Essentials of Master's Education for Advanced Practice</i> <i>Nursing</i> (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.</li> </ul>	

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CCNE Standards/Key Elements	NTF Criterion
<ul> <li>(III-B continued)</li> <li>b. All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of <i>The Essentials of Master's Education for Advanced Practice</i> <i>Nursing</i> (AACN, 1996). In addition, nurse practitioner programs incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2008).</li> <li>Graduate-entry program curricula incorporate <i>The Essentials of</i> <i>Baccalaureate Education for Professional Nursing Practice</i> (AACN, 1998) and appropriate graduate program standards and guidelines.</li> <li>DNP program curricula incorporate <i>The Essentials of Doctoral</i> <i>Education for Advanced Nursing Practice</i> (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.</li> <li>b. All DNP programs that prepare nurse practitioners also incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2008).</li> </ul>	
<ul> <li>III-C: The curriculum is logically structured to achieve expected individual and aggregate student outcomes.</li> <li>The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.</li> <li>Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.</li> <li>DNP curricula build on a baccalaureate and/or master's foundation,</li> </ul>	<b>III-D</b> : The curriculum plan evidences appropriate course sequencing.
depending on the level of entry of the student. III-D: Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.	III-E: The NP program/track has a minimum of 500supervised clinical hours overall. Clinical hours must bedistributed in a way that represents the population needsserved by the graduate.IV-B: Clinical resources support NP educationalexperiences.IV-B(2): Clinical settings used are diverse and sufficient innumber to ensure that the student will meet core curriculumguidelines and program/track goals.

CCNE Standards/Key Elements	NTF Criterion
<b>III-E:</b> The curriculum and teaching-learning practices consider the	
needs and expectations of the identified community of interest.	
<b>III-F:</b> Individual student performance is evaluated by the faculty and	VI-A(3): Evaluate student progress through didactic and
reflects achievement of expected individual student learning outcomes.	clinical components of NP program/track each
Evaluation policies and procedures for individual student performance	semester/quarter.
are defined and consistently applied.	VI-A(4): Evaluate students cumulatively based on clinical
	observation of student performance by NP faculty and the
	clinical preceptor's assessment.
<b><u>III-G</u></b> : Curriculum and teaching-learning practices are evaluated at	VI-A(1): Evaluate courses annually.
regularly scheduled intervals to foster ongoing improvement.	VI-A(5): Evaluate clinical sites annually.
	VI-A(6): Evaluate preceptors annually.
	VI-B: Formal NP curriculum evaluation should occur every 5
	years or sooner.
<b>STANDARD IV:</b> The program is effective in fulfilling its mission, goals,	
and expected aggregate student and faculty outcomes. Actual	
aggregate student outcomes are consistent with the mission, goals,	
and expected student outcomes. Actual alumni satisfaction data and	
the accomplishments of graduates of the program attest to the	
effectiveness of the program. Actual aggregate faculty outcomes are	
consistent with the mission, goals, and expected faculty outcomes.	
Data on program effectiveness are used to foster ongoing program	
improvement.	
<b>IV-A</b> : Surveys and other data sources are used to collect information	VI-A: There is an evaluation plan for the NP program/track.
about student, alumni, and employer satisfaction and demonstrated	VI-C: There is an evaluation plan to measure outcomes of
achievements of graduates. Collected data include, but are not limited	graduates at 1 year and some systematic ongoing interval.
to, graduation rates, NCLEX-RN® pass rates, certification examination	
pass rates, and employment rates, as appropriate.	
<b><u>IV-B</u></b> : Aggregate student outcome data are analyzed and compared	
with expected student outcomes.	
<b><u>IV-C</u></b> : Aggregate student outcome data provide evidence of the	
program's effectiveness in achieving its mission, goals, and expected	
outcomes.	
<b><u>IV-D</u></b> : Aggregate student outcome data are used, as appropriate, to	
foster ongoing program improvement.	
<b><u>IV-E</u></b> : Aggregate faculty outcomes are consistent with and contribute to	<u>VI-A(2)</u> : Evaluate NP program faculty competence annually.
achievement of the program's mission, goals, and expected student	
outcomes.	
CCNE Standards/Key Elements	NTF Criterion
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<b>IV-F:</b> Information from formal complaints is used, as appropriate, to	
foster ongoing program improvement.	
CCNE does not accredit post-master's certificate programs at the present time.	<b>III-F</b> : Post-master's students must successfully complete graduate didactic and clinical requirements of a master's NP program through a formal graduate-level certificate or master's level NP program in the desired area of practice. Post-master's students are expected to master the same outcome criteria as master's NP students. Post-master's students who are not already NPs are required to complete a minimum of 500 supervised clinical hours.

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IIIB-7

#### CCNE Report on Compliance with the Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2008)

This report is designed to monitor program compliance with the Commission on Collegiate Nursing Education's (CCNE) *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* (amended April 2008). Key Element III-B.2 of the CCNE Standards requires that all nurse practitioner programs demonstrate incorporation of the *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2008]. In 2002, CCNE broadly disseminated a survey on the use of professional nursing standards and guidelines in the accreditation process. The results showed overwhelming support for incorporation of the *Criteria for Evaluation of Nurse Practitioner Programs* into the CCNE accreditation standards. Adopted by the CCNE Board of Commissioners in 2003, the amended *Standards* document went into effect on January 1, 2005. The CCNE *Standards*, amended in 2008, went into effect on January 1, 2009, and require all CCNE accredited programs with nurse practitioner offerings to demonstrate compliance with the 2008 *Criteria*.

To view the *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* (amended April 2008), please visit <u>http://www.aacn.nche.edu/Accreditation/pdf/standards.pdf</u>

To view the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008), please visit http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf

As with any report that monitors program compliance, submission of this report is a CCNE requirement. <u>Please submit the report by October 30, 2009</u>. All report responses will be kept confidential. CCNE will review the responses submitted by each institution to determine whether its nurse practitioner program(s) demonstrates compliance with the *Criteria for Evaluation of Nurse Practitioner Programs*. Programs will be notified in writing of the results of the CCNE review. If there are questions or concerns about a program's compliance with the *Criteria*, CCNE may request clarification, supplemental information, a follow-up report, or other type of review, if necessary.

#### **1**. Please identify the full name of the institution here:

University of Kentucky, College of Nursing

### **2.** Please identify the primary contact person should CCNE have questions about the report responses contained herein:

First Name	Jane
Last Name	Kirschling
Title	Dean
Phone Numbe	

Email Address janek@email.uky.edu

## 3. Does the institution offer a nurse practitioner (NP) program/track that leads to a master's degree (as opposed to a certificate)?

### Yes X

No \_\_\_\_

If "Yes," please note that a response is required for each question in this report.

For each nurse practitioner (NP) track offered by the nursing program, you will be asked to identify the name of the NP track, and then the nationally recognized certification examination(s) for which the graduates of that track are eligible, if any.

# 4. Identify each nurse practitioner track currently offered in the master's degree program (select all that apply). For each track identified, enter the nationally recognized certification examination(s) for which the graduates of this track are eligible, if any (include all that apply).

Nurse Practitioner Track	<u>Offered</u>	Certification Examination
Family NP	<b>Yes</b> _ <u>x</u> No	American Nurses Credentialing Center (ANCC) and American Academy of Nurse Practitioners (AANP)
Adult NP	Yes <u>x</u> No	ANCC and AANP
Pediatric NP	<b>Yes</b> _ <u>x</u> No	ANCC and National Certification Board of Pediatric Nurse Practitioners and Nurses
Pediatric Acute Care NP	Yes No <u>x_</u>	
Gerontological NP	Yes No _ <u>x</u> _	
Women's Health NP	Yes No _ <u>x</u>	
Neonatal NP	Yes No	

	<u>    X      </u>	
Adult Acute Care NP	<b>Yes</b> <u>x</u> No	ANCC and American Association of Critical Care Nurses (AACN) (west).
Adult Psychiatric & Mental Health NP	<b>Yes</b> <u>x</u> No	ANCC – Adult Psychiatric and Mental Health NP option
Family Psychiatric & Mental Health NP	<b>Yes</b> <u>x</u> No	ANCC – Family Psychiatric and Mental Health NP option
Oncology NP	Yes No _ <u>x</u> _	
Other (please specify below)		

5. How many total students (headcount) are enrolled in the nurse practitioner program that leads to the master's degree?

- Adult Acute Care Nurse Practitioner (ACNP) Track Total =27
- MSN enrollees =22
- BSN-DNP enrollees =5
- Pediatric Nurse Practitioner Track Total =10
  - MSN enrollees =9
  - **BSN-DNP enrollees =**
  - BSN-PhD enrollees=1
- Primary Care Nurse Practitioner (PCNP) Track Total = 48
  - Family PCNP (FNP) option total = 45
    - MSN enrollees = 30
    - BSN-DNP enrollees=15
  - Adult PCNP (ANP) option total = 3
    - MSN enrollees=2
    - BSN-DNP enrollees=1
- Psychiatric & Mental Health Nurse Practitioner (PMHNP) Track Total = 17
  - Adult PMHNP (PMHNP-Adult) option total = 3
    - MSN enrollees=3
      - BSN-DNP enrollees=0
  - Family PMHNP PMHNP-Family) option total = 14
    - MSN enrollees=12
    - BSN-DNP enrollees=2

#### Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008)

The criterion statements on the following pages are the same as those published in the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008). The maximum number of words for each response is 250. The narrative response must relate directly to the criterion, and must sufficiently demonstrate whether or not the program (including all tracks) is in compliance. Although the user may reference data previously listed in the report, each narrative answer must include an explanation specific to the appropriate criterion.

One-sentence answers are not acceptable, and it is insufficient to simply state that the program meets the criterion or to simply refer the reader to the answer provided for another criterion. For each response, there must be a succinct explanation showing evidence that the program complies or does not comply with the criterion.

Each criterion statement is presented along with its corresponding elaboration (interpretation) and documentation, as stated in the *Criteria*. Required/supporting documentation is <u>not</u> to be submitted with this report, but may be referenced in the narrative, if appropriate. CCNE expects that programs will provide the necessary documentation as part of their next regularly scheduled CCNE on-site evaluation. However, if the narrative does not provide sufficient evidence of compliance, CCNE will contact programs to request the necessary documentation.

#### **CRITERION I: ORGANIZATION AND ADMINISTRATION** I.A The director/coordinator of the NP program is *certified* as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.

#### Elaboration:

The director/coordinator of the NP program must be nationally certified in a particular NP population focus area of practice. In programs with multiple tracks, the director/coordinator of the NP program may be certified in only one NP population-focused area of practice but have responsibility of leadership for all of the NP tracks. Thus, in larger multi-track programs, lead faculty in a population-focused track should have the NP certification in that area while the overall program director may be certified in another NP population-focused area of practice. It is recommended that the director/coordinator of the NP program have doctoral- level preparation to support the responsibilities of leadership for the program.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=8</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 6. The nurse practitioner program (including all tracks) complies with this criterion:

#### Yes X

No

7. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

There are track Coordinators (n=4) for the NP degree programs. All are educationally prepared at doctoral or MSN levels, nationally certified and registered by the Ky Board of Nursing (KBN) as Advanced Registered Nurse Practitioners (ARNP). Three are full-time and one is a part-time faculty member. They are:

- ACNP Lynn A. Kelso, MSN, ACNP-BC, FCCM, FAANP
- PCNP Sharon E. Lock, PhD, ARNP, FNP-BC
- PMHNP Anna M. Stone PhD©, ARNP, PMHNP-BC (Family)
- Margaret J Littrell, MSN, ARNP (PNP)

The ACNP and PNP tracks are single population focus; the PCNP and PMHNP tracks have adult and family population foci. In the past, the PCNP track included Women's Health and the PNP track included Neonatal; presently there are no enrollees in these two options.

Ms. Kelso is enrolled in a doctoral program; Ms. Stone is a doctoral candidate; Ms Littrell has an MSN and post-MSN certificate from programs with a pediatric population focus. Ms. Littrell assumed leadership of the PNP program spring 2008 due to the untimely illness and subsequent death of the full-time PNP Coordinator. The College is recruiting for a full-time, doctorally prepared PNP Coordinator. If recruitment efforts fail, there is a plan to hire a Coordinator with the PNP credential and assist them in doctoral studies. Ms. Littrell has been encouraged to consider doctoral studies and full-time faculty status. Student admissions to the PNP track were closed fall 2009 and will remain closed until the Coordinator is hired.

#### **CRITERION I: ORGANIZATION AND ADMINISTRATION** I.B The lead *NP faculty* member is nationally *certified* in the same *population-focused* area of practice and provides direct oversight for the nurse practitioner educational component or track.

#### Elaboration:

Curriculum and program development should be carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each population-focused track must include an identified lead faculty member who has certification in the same population-focused area. If there is a diversion from this criterion (for example, an FNP who has spent all of his/her work career in caring for the adult population and leads the ANP program) the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track.

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=9</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 8. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u> No

## 9. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Each Coordinator - lead NP faculty member - is registered to practice as an ARNP in Kentucky and has national certification in their population-focused area of practice. Although the Coordinator of the Primary Care NP Track is certified as a family NP, Dr. Lock is gualified to lead efforts for the Adult NP track because her practice includes adults. Similarly, Ms. Stone is qualified to coordinate the family and adult foci of the PMHNP curriculum because Ms Stone includes treatment of adults in her practice. The other tracks are single population focused. The Coordinators primary responsibility is direct oversight of their specific population focused track. Direct oversight of the track includes (1) program and curriculum development, implementation and evaluation; (2) selecting, monitoring and evaluating sites for the tracks clinical practica; (3) selecting and participating in evaluation of preceptors; (4) interviewing and selecting applicants for the track; (5) assigning faculty advisors for students; (6) participating in faculty assignments for didactic and clinical courses of the curriculum; (7) interviewing and making recommendations about hiring faculty; and (8) mentoring new faculty. Documentation is available in meeting and committee reports, student files and College records.

#### **CRITERION I: ORGANIZATION AND ADMINISTRATION**

### **I.C Institutional support ensures that** *NP faculty* **teaching in clinical courses maintain currency in clinical practice.**

#### Elaboration:

*NP* faculty members must evaluate students, interface with preceptors, and serve as role models. Faculty members who teach clinical components of the *NP* program/track must maintain currency in practice. It is intended that institutions provide administrative support for faculty to practice the required clinical hours to obtain and maintain national certification. This support might include faculty practice models as well as opportunities for faculty to maintain currency in practice through activities in addition to direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, occupational health programs).

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=10</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## **10.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u> No \_\_\_

## 11. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

There is institutional support to ensure that NP faculty maintains currency in clinical practice. The University and College policies and procedures for Title Series and workload Distribution of Effort (DOE) provides the framework for granting practice and service time. All full-time Coordinators have a minimum of 20% DOE time (based on a 50 hour per week workload model) for practice although the actual range of per-cent time may be higher. All faculty members assigned specialty courses in the NP tracks also have practice time allocated in DOEs; time ranges from 20% to 60% of individual workloads. Therefore, actual time allocated in DOEs meets and in most cases exceeds minimum time required for re-certification. To support continuing education requirements, the College gives financial support and leave. The College also supports NP faculty attendance at professional organizations of their specialties. Coordinator's and NP faculty Curriculum Vitas' reflect practice and service efforts; the College DOE workload and financial records reveal support for individual efforts.

#### **CRITERION II: STUDENTS**

## **II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.**

#### Elaboration:

*NP programs/tracks may have unique admission criteria. NP faculty have knowledge and expertise regarding the role responsibilities for all respective NP programs and are qualified to develop student related admission criteria appropriate for each NP program. NP faculty should have ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of admission criteria specific to the NP program. In addition, admission criteria should, at a minimum, meet professional standards.* 

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=10</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## **12.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## 13. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Coordinators and NP faculty members are actively engaged in and have responsibility for aspects of the NP program from development of admission criteria through program implementation and evaluation. Scope and Standards of practice and national documents including the American Association of Colleges of Nursing Essentials are used to guide decisions. Coordinators participate in both the general admission criteria and track specific criteria used for admission to the College. For example, in 2008, faculty in the College voted to implement a BSN-DNP program. Applicants to the BSN-DNP program who desire one of the NP direct care options apply for the NP track of their population focus interest. Admission criteria include GRE scores, undergraduate GPA and references. Coordinators and faculty interview and guide final decisions for admission to the program and subsequently engage in assigning the faculty advisor who has expertise in the applicants population focused area of interest.

#### **CRITERION II: STUDENTS**

## **II.B** Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.

#### Elaboration:

*NP* programs may have unique progression and graduation criteria for full-time, parttime, and/or post-master's study. Nurse practitioner faculty have the best perspective on specific progression and graduation criteria for the NP program/track and thus should have an ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of specific progression and graduation criteria. In addition, progression and graduation criteria, at a minimum should meet existing national standards.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=11</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about

compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 14. The nurse practitioner program (including all tracks) complies with this criterion:

Yes X

No \_\_\_\_

## 15. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

Coordinators and NP faculty are involved in determining and monitoring progression and graduation criteria. Structures for developing and monitoring the criteria includes: (1) individual track meetings with faculty and staff; (2) regular Track Coordinator, MSN Curriculum Committee and DNP Curriculum Committee meetings; and (3) College Faculty meetings. National standards are taken into account in progression and graduation criteria. For example, advanced pathophysiology, pharmacology and health assessment are included in the NP curriculum and the number of clinical hours in the curriculum exceeds those required for national certification examinations. Minutes of MSN and DNP Committee meetings and student records in the Graduate Student Officers' files contain examples of Coordinator and track faculty involvement in the development, implementation and evaluation of the criteria. For example, in fall 2009, Track Coordinators recommended that progression criteria include a minimum of 80% pass-rate in a clinical course in order to progress to the next course. In addition, end-of-program comprehensive examinations for students are developed, implemented and evaluated by individual track Coordinators and faculty.

#### **CRITERION III: CURRICULUM**

## **III.A** *NP faculty* members provide ongoing input into the development, evaluation, and revision of the NP *curriculum*.

#### Elaboration:

*NP* faculty has the best perspective on what is required for effective nurse practitioner education. Development, evaluation, and revision of the NP program/track are directed by the lead NP faculty. There needs to be an ongoing opportunity for NP faculty to have meaningful input into curriculum development and revision.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=11</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about

compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

**16.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## 17. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

The College's administrative structure and Faculty Governance is the framework for supporting NP faculty for ongoing input into the development, evaluation, and revision of the NP curriculum. The College's organizational structure illustrates that Track Coordinators are considered leaders in the College and that faculty have responsibility for the curriculum through Program Committees that include the Masters Program Committee (MPC) and Doctor of Nursing Practice Committee (DNPC). Further, in workload development, track Coordinators and faculty are given service time for committee work that may include MPC or DNPC. Additionally, Coordinators are given time for responsibilities that include curriculum development, clinical sites development and related track work with faculty. Minutes of committee meetings show that NP track coordinators and faculty have served on MPC and DNP curriculum committees. Also, proposals for the BSN-DNP curriculum submitted to the University's Health Care Colleges Council (HCCC) and Senate show that courses for all NP tracks were developed by specialty faculty and development was guided by DNP Essentials and specialty standards.

#### **CRITERION III: CURRICULUM**

III.B The *curriculum* is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP competencies.

#### Elaboration:

A clear curriculum plan (both didactic and clinical) consistent with nationally recognized core role and population-focused competencies should be in place. Nurse practitioner curriculum must reflect the essential elements of a graduate nursing and advanced practice registered nursing (APRN) core curriculum, in addition to the nurse practitioner role and population-focused component. National, professionally recognized standards used in curriculum development should be identified. The NP curriculum should provide broad educational preparation of the individual which includes graduate core, APRN core, NP role/core competencies, and the competencies specific to the population focus of the area of practice.

*Programs/tracks should identify methods used in the delivery of the curriculum, including guidelines for distance learning. NP programs/tracks delivered through* 

alternative delivery methods, such as web based learning activities, are expected to meet the same academic program and learning support standards as programs provided in face-to-face formats.

A single track nurse practitioner program includes content in one population-focused area and prepares students who are eligible for national certification in that population-focused area of practice.

Dual track nurse practitioner (two NP population-focused areas of practice) programs include content and clinical experiences in the role and both population-focused areas. Dual track NP programs prepare students who are eligible for certification in two population-focused areas. There is an expectation that the number of didactic hours will be greater than for a single population-focused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in each population-focused area of practice. At graduation, students fulfill the criteria for sitting for national certification in each program/track.

In addition to preparation for national certification in the role and at least one population-focused area of practice, programs may prepare students to practice in a specialty or more limited area of practice. This preparation, both in the didactic and clinical hours, must be greater in number than those preparing graduates only in the role and one population-focused area of practice.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=12</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **18.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes x</u>

No \_\_\_\_

## 19. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

All NP tracks are single option; there are no dual track options. Curriculum plans for all NP options include graduate level didactic and clinical courses that address the APRN role, specialty courses with competencies for the population foci, and supporting core courses for either the MSN or DNP option. Full-time and part-time plans are available for the 44-45 credit MSN and 80-81 credit BSN-DNP NP options. Standards that guide curriculum development, monitoring and evaluation include the AACN Master's and DNP Essentials; NONPF Competencies for Nurse Practitioners; CCNE accreditation standards; and scope and standards for specialty practices. For example, the AACN Essentials specifies theoretical foundations as core for both MSN and DNP programs; we offer a 2-credit course in the former program and a 3-credit course in the latter. In addition, the clinical course (NUR 707) for the Acute Care NP option can be used to illustrate integration of competencies for the population focus. The syllabus contains an evaluative component based on competency domains of management of health/illness, nurse-client relationship, teaching-coaching function, professional role and managing systems. Standards that guide specific specialty clinical courses include: *Acute Care Nurse Practitioner Competencies* (National Panel for Acute Care Nurse Practitioner Competencies, 2006); *Domains and Core Competencies of Nurse Practitioner Practice* (NONPF, 2006); Pediatric Nursing: Scope and Standards Practice (2005) and Psychiatric-Mental Health: Scope and Standards (ANA, 2007).

#### **CRITERION III: CURRICULUM**

III.C(1) The NP educational program must prepare the graduate to be eligible to sit for a national NP *certification* that corresponds with the role and *population focus* of the NP program.

#### Elaboration:

Graduates of an NP educational program must be eligible to sit for at least one nationally recognized certification that corresponds to the NP role and population focus for which the student was prepared in the program. This national certification must assess the broad educational preparation of the individual which includes graduate core, APRN core, NP role/core competencies, and the competencies specific to the population focus of the area of practice.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=13</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **20.** The nurse practitioner program (including all tracks) complies with this criterion:

#### <u>Yes X</u> No

# 21. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Using the ANCC eligibility criteria for certification examinations in the Acute Care NP, Adult and Family NP, Adult and Family Psychiatric & Mental Health NP, and Pediatric NP options, the program complies with this criterion. All students/graduates are required to

- have an active, current license in KY and states where clinical practica takes place
- complete all core and NP courses including
  - clinical practica that exceeds the ANCC required 500 clinical hours
  - advanced health assessment, advanced pharmacology and advanced pathophysiology, and
  - core and specialty didactic courses that include content on health promotion, disease prevention, differential diagnosis and disease management.

The College MSN program is accredited by the ANCC-CCNE and the BSN-DNP will be part of the College's accreditation review in 2012 prior to the first graduating class of BSN-DNP graduates. Documentation can be found in College and student records, minutes of meetings, and communications/forms sent to ANCC for graduates who plan to write the certification examinations.

#### **CRITERION III: CURRICULUM**

## **III.C(2)** The official transcript must state the NP role and *population focus* of educational preparation.

Elaboration:

The student transcript must state the NP role and population focus of educational preparation.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=13</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 22. The nurse practitioner program (including all tracks) complies with this criterion:

Yes \_\_\_\_ No X

# 23. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

The current transcript lists the degree awarded as Master of Science in Nursing and includes the list of courses titled to illustrate population foci. However, the transcript does not clearly reflect the NP role. Therefore, we include a letter in information to the certifying specifying ARNP role and population focus of the applicant for the examination. To comply, we are working with the Registrar of the University on

changing the wording on the official transcript to clearly state the NP role and population focus of the educational preparation.

#### **CRITERION III: CURRICULUM** III.D The curriculum plan evidences appropriate course sequencing.

Elaboration:

A student should complete the basic graduate and APRN core coursework (e.g., advanced pharmacology, advanced health assessment, and advanced physiology/pathophysiology) prior to or concurrent with commencing clinical course work. The curriculum plan should document the course sequencing and prerequisites designed to promote development of competencies. Clinical experiences should be supported by preceding or concurrent didactic content.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=13</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 24. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u> No \_\_\_

## 25. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer

In both the MSN and BSN-DNP options, students complete the three advanced foundation courses (pathophysiology, pharmacology and health assessment) prior to specialty courses. Also, most students take supporting core courses (theoretical foundations, research and leadership) prior to the specialty courses. All NP options are designed so that there is a minimum of one specialty focused seminar prior to proceeding to courses with clinical practica. The policy for grading is included in student handbooks and advising documents including the following for the BSN-DNP program: "For courses with clinical components: The University Grading Scale is used in the DNP program; a grade of 80-89 is a B, and scores are not rounded up. If a student fails (receives a grade lower than a B) on either the clinical or didactic portion of a course, the student will not progress, and must retake both portions of the course."

#### **CRITERION III: CURRICULUM**

## III.E The NP program/track has a <u>minimum</u> of 500 supervised *clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate.

#### Elaboration:

Clinical practice hours refer to hours in which direct clinical care is provided to individuals, families, and populations in population-focused areas of NP practice; clinical hours do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. For example, a FNP student should receive experiences with individuals/families across the life span. In addition, whereas 500 clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement.

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and population-focused areas of practice and must prepare students to be eligible for certification in a NP population-focused area. Content and clinical experiences in both the CNS and NP areas of practice must be addressed and clinical experiences in both role areas must be completed. There is an expectation that a minimum of 500 clinical hours is needed specifically to address NP competencies in the preparation of the NP role and population-focused area of practice.

Dual track nurse practitioner programs include content in two NP population-focused areas and prepare students who are eligible for certification in these same two NP population-focused areas. Content and clinical experiences in both populationfocused areas must be addressed and clinical experiences in both areas must be completed. While a minimum of 500 clinical hours is needed in each single population-focused area of practice to meet the NP competencies, an overlap of clinical hours might occur across the two NP population-focused areas. However, NP programs must document how the clinical hours address the preparation for the two areas of practice. The population foci of the dual tracks will determine the extent to which overlap may occur.

*NP* programs preparing graduates to practice in a specialty area of practice in addition to the population-focus must document how content and clinical experiences in both the population-focus and the specialty areas of practice are addressed within the curriculum. Clinical experiences in both population-focus and specialty must be completed. There is an expectation that the number of didactic hours will be greater than for a single population-focused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in the populationfocus and specialty areas of practice.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=14</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to

furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 26. The nurse practitioner program (including all tracks) complies with this criterion:

#### <u>Yes X</u>

No \_\_\_\_

## 27. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Hours of direct patient contact in the NP tracks ranges from 660-720 hours. For example, the FNP option of the Primary Care NP track includes 660 hours. In addition, a software program called E\*Value is used in the PCNP track to document student clinical hours and types of patient encounters. Overall, data show that students in the FNP option see patients across the lifespan with a variety of acute and chronic health problems. Currently, tracks with smaller enrollment numbers (PNP and PMH-NP) document student clinical placement individually. In the PNP program, all students begin clinical placement by working with children to determine normal growth and development; they progress to practica that focuses on acute and chronic health problems. In the PMH-NP (Family) option, students rotate through clinical sites to assure work with clients across the lifespan. Documentation is available in College files.

#### **CRITERION III: CURRICULUM**

III.F Post-master's students must successfully complete graduate didactic and clinical requirements of a *master's NP program* through a formal graduate-level certificate or master's level NP program in the desired area of practice. Post-master's students are expected to master the same outcome criteria as master's NP students. Post-master's students who are not already NPs are required to complete a <u>minimum</u> of 500 supervised clinical hours.

#### Elaboration:

Post-master's students must successfully attain graduate didactic objectives and clinical competencies of a master's NP program through a formal graduate level certificate or master's level NP program. A "formal graduate-level certificate program" is defined by the ability of the program or school to issue a certificate of completion and document successful completion on the formal transcript. Courses may be waived only if the individual's transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate level courses in pathophysioloy, pharmacology, and health assessments. Special consideration should be given to NPs expanding into another NP population-focused area of practice by allowing them to challenge selected courses and experiences; however, didactic and clinical experiences shall be sufficient to allow the student to master the competencies of the new area of NP practice. These students must complete a sufficient number of clinical hours to establish competency in the new population-focused area of practice. Programs should be able to document waivers and exceptions for individual students through a gap analysis.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=15</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 28. The nurse practitioner program (including all tracks) complies with this criterion:

Y	es	Χ	

No \_\_\_\_

## 29. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

The 17-credit post-masters Clinical Scholars Certificate (post-MSN) program meets the criteria of the University Graduate School and the College. The post-MSN specialty didactic and clinical course content, specialty credit and clinical hour requirement, and progression policy are the same as that of the MSN program. Therefore, graduates meet eligibility criteria for the certification examination in the specialty of their program of study. Advanced pathophysiology, advanced pharmacology and advanced health assessment are pre-requisite to admission or are taken prior to or concurrent with the specialty courses. These courses are waived only if there is evidence of comparable course work on official transcripts of another College/University. Official transcripts are used to document waivers of these courses; specialty courses are not waived.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES IV.A Institutional resources, facilities, and services support the** development, management, and evaluation of the NP program/track.

#### Elaboration:

*In order to implement/maintain an effective NP program/track, there must be an adequate number of faculty, facilities, and services that support NP students.* 

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about

compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

**30.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## **31.** Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

In the ACNP track, there are 27 students and 3 full-time faculty certified in the specialty. In the PCNP track, there are 48 students and 5 full-time and 1 part-time faculty members. Of those, 5 are certified as FNPs and 1 is an ANP. In the PNP track, there are 10 students and 2 part-time faculty members; 1 is certified as a PNP and 1 is a Pediatric CNS. In the PMH NP track, there are 17 MSN students and 3 post-MSN students; there is 1 full-time and 1 part-time faculty members; both are certified in the family option.

The University provides fiscal resources from state appropriations to the College to support the education, research and service missions of the College. The Table below shows sources of funds and total College revenue for the last three years. All resources are available for NP tracks.

Source of Funds	2005-2006	2006-2007	2008-2009
General Fund*	\$6,932,800	\$7,143,000	\$7,945,500
Grants & Contracts	\$2,220,016	\$3,439,076	\$2,473,537
Gifts, Endowments	\$468,700	\$515,900	\$465,229
Faculty Practice Plan	\$436,000	\$578,000	\$534,300
TOTAL	\$10,057,516	\$11,675,976	\$11,418,566

#### Table II-1. College Revenues

\*Revenues Include: State Appropriations, Tuition, Student Fees, Hospital (faculty/staff positions). These figures do not include funds generated by College faculty on grants in other Colleges.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES IV.A(1)** Faculty resources support the teaching of the didactic components of the NP program/track.

#### Elaboration:

*There must be sufficient number of faculty with the necessary expertise to teach in the NP program/track.* 

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation relevant to this criterion. The program need not provide this

documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## **32.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

33. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

The faculty-student ratio in the didactic component of the program ranges from 5 for the PNP program to 20 for the PCNP program. Average sizes for the ACNP and PMH NP tracks are 10 to 15 respectively. The rationale is based on several factors including the distance learning delivery model; class sizes are approximately 25 students per didactic course. In addition, the small class size allows faculty-student interaction and discussion to better assure synthesis of content for the specialty.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES IV.A(2)** Facilities and physical resources support the implementation of the NP program/track.

Elaboration:

As a necessary part of the educational process, access to adequate classroom space, models, clinical simulations, audiovisual aids, computer technology, and library resources is critical. When utilizing alternative delivery methods, a program is expected to provide or ensure that resources are available for the students' successful attainment of program objectives.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 34. The nurse practitioner program (including all tracks) complies with this criterion:

Yes X

No \_\_\_\_

# 35. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Physical resources include the assigned space within the College of Nursing Building and centrally managed classrooms that can accommodate from 10 to 50 students. Other resources in the College building include a computer laboratory, technology support, and the clinical simulation laboratory with state-of-the-art equipment. In addition, there are numerous computers and printers available for students on the 6<sup>th</sup> floor of the College Building in the Teaching and Academic Support Center (TASC). Walk-in, email and telephone assistance information for the distance learning program and help desk is listed on the Blackboard site where courses are posted. The College support services also include the Office of Student Services, technology and staff support, and support for practice and community engagement.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES IV.B Clinical resources support NP educational experiences.**

Elaboration:

Adequate faculty, clinical sites, and preceptors are available to support the NP clinical, educational experiences. The program/track provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences. These contractual agreements are part of established policies that protect appropriately the clinical site, the educational program, and students while at sites. Contracts include maintenance of liability insurance.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **36.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u> No \_\_\_

37. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

The Office of Clinical Affairs initiates the clinical education agreement process with an agency upon receipt of a request form from NP faculty members. Students may not be placed in an agency new to the College until the agreement has been signed. Faculty members are notified as soon as the agreement has been fully executed so that student placements may begin. The clinical coordinator in the Office of Clinical Affairs notifies the requesting faculty member as to the progress of the request accordingly. The insurance clause is included in the agreement. There are contractual agreements with approximately 900 clinical agencies for student clinical experiences in the NP tracks. Some sites are specific for individual tracks (e.g. community mental health agencies) whereas other sites are used by more than one track (UK Healthcare hospital and clinics). Established policies and procedures for contractual agreements include the University liability statement; students are included in the liability statement.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

IV.B(1) A sufficient number of faculty is available to ensure quality clinical experiences for NP students. *NP faculty* have ultimate responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

#### Elaboration:

Faculty supervision may be direct or indirect. Direct supervision occurs when NP program faculty function as on-site clinical preceptors. Indirect supervision has three components: (1) to supplement the clinical preceptor's teaching, (2) to act as a liaison to a community agency, and (3) to evaluate the student's progress. Whether through direct or indirect roles, faculty members are responsible for all NP students in the clinical area.

Schools should describe how faculty members are assigned to ensure adequate teaching time for NP students. The recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty are not seeing their own patients and 1:1 if faculty are seeing their own patients. The recommended ratio for indirect faculty supervision, which encompasses coordinating the clinical experience, interacting with the preceptor, and evaluating the student, is 1:6; however, each school/program should document how they assign faculty based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas and the individual faculty member. The intent of the faculty/student ratio designation is based on the premise that preparing competent health care providers is a faculty intense process that requires considerable faculty role modeling and direct student evaluation to determine competence. The ratio should take into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

An NP program/track should have a mechanism in place to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=17</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **38.** The nurse practitioner program (including all tracks) complies with this criterion:

Yes X No

## 39. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Faculty supervision is both direct and indirect. The ratio for indirect faculty-student supervision seldom exceeds 1:6 and is less in some tracks. Faculty receives a percent of time for each student that is assigned for clinical supervision; therefore, when the ratio exceeds 6, the faculty member has additional workload time. It is important to note that faculty who may be assigned the 1;6 faculty ratio are clinical faculty who have little if any didactic course assignment. Moreover, the ratio does not exceed 1:9 (faculty: student).

Most students are assigned to preceptors in the community; however, faculty evaluates students on their performance. For example, in the ACNP track, faculty make a minimum of 1 face-to-face visit with each student at their clinical site. Additional site visits are conducted at the discretion of the faculty or if the student or preceptor request additional visits. In addition, clinical evaluations are completed by the faculty member, the preceptor and the student. Examples of forms used for evaluation are available in the College files.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

## **IV.B(2)** Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

#### Elaboration:

Clinical educational experiences for students should be approved by NP faculty/preceptors. Sites should be evaluated on an ongoing basis for adequacy of experiences, patient type and mix, and preceptor/student interactions to ensure that students engage in experiences sufficient to meet the role and population-focused competencies.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=18</u> to view the documentation relevant to this criterion. The program need not provide this

documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 40. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

41. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Faculty in the NP tracks select, monitor and evaluate clinical education experiences, sites and preceptors. Experiences are designed to assure that the clinical experiences meet program outcomes and specialty standards. Track specific methods are used to monitor and evaluate the experiences, For example, in the ACNP track students keep logs, encounter flow sheets, and procedure evaluation forms as applicable; these activities are required for each rotation. Other examples include use of portfolios in the PMH NP track and E\*Values in the PCNP track.

### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES** IV.B(3) *NP faculty* may share the clinical teaching of students with qualified preceptors

#### Elaboration:

The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interdisciplinary experience for the student. Over the course of the program the student should have a majority of clinical experiences with preceptors from the same population-focused area of practice such as child, adult, or across the lifespan. In addition, over the course of the program the student must have clinical experiences with an APRN preceptor and preferably an NP with expertise in the population-focused area of practice.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=18</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

42. The nurse practitioner program (including all tracks) complies with this criterion:

Yes X No

## 43. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

The majority of student experiences are supervised by an ARNP credentialed in the population-focused area of the student's specialty although preceptors with expertise in other disciplines may guide select clinical experiences. For example, in the PMH NP program, ARNPs supervise most clinical experiences. However, for child services, MDs or LCSWs with expertise in the treatment of children and adolescents may be included to assure that students learn from the practitioner with the strongest practice base. Even so, PMH NP faculty guides students in clinical supervision bimonthly. Also, ACNP students are assigned to physicians as well as ACNPs. Although it is preferable to place ACNP students with practicing ACNPs, in some cases students are placed with FNPs or ANPs who have extensive expertise in a particular acute care setting or specialty.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES** IV.B(3)(a) A preceptor must have authorization by the appropriate state licensing entity to practice in his/her *population-focused* and/or *specialty* area.

#### Elaboration:

An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives. However, each preceptor used, both nurse practitioner and non-nurse practitioner preceptors, must be credentialed and licensed to practice in his/her population-focused and/or specialty area of practice. In addition, this area of practice should be clearly relevant to meeting the objectives of the NP program/track.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=19</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 44. The nurse practitioner program (including all tracks) complies with this criterion:

#### <u>Yes X</u>

No \_\_\_

## 45. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

On-line verification of licensure and national certification is available at the KY Board of Nursing web site. Further, NP Track Coordinators verify that preceptors are licensed and credentialed when students are placed in a clinical agency. However, there is no formal procedure that outlines the steps that are taken in the verification process. Therefore, in order to fully comply with this criterion, we are developing a formal policy that will be inclusive of verification of license and certification in a population focused area.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

IV.B(3)(b) A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

#### Elaboration:

Each preceptor must have educational preparation or extensive clinical experience in the clinical or content area in which he/she is teaching or providing clinical supervision. A newly prepared clinician should have at least one year of clinical experience in the population-focused practice area and role prior to providing clinical supervision.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=19</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 46. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u> No

# 47. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Most preceptors are ARNPs with a minimum of master's preparation although some may have additional post-masters preparation. In addition, they have met KY Board

of Nursing requirements for continuing education including specific requirements for pharmacology. Some MDs, psychologists and licensed social workers serve as preceptors. Like APRNs, they are prepared at minimum at the master's level of education. NP faculty members evaluate preceptors to assure they are certified and have a minimum of 1-year practice experience; the majority has extensive practice experience. The College's written plan is being developed.

#### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

IV.B(3)(c) Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

#### Elaboration:

*Clinical preceptors should be oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The NP faculty must interface closely with preceptors to assure appropriate clinical experiences for students.* 

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=19</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 48. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## 49. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

Preceptors are oriented to the track and the specific course that they are supervising. For example, faculty and students review (a) program goals and specific objectives for the clinical experience, (b) the course syllabus including guidelines for the clinical experience and (c) evaluation tools. Preceptors are also invited to the Area Health Education Center (AHEC) community based faculty workshop that includes a College specific session for preceptors. The agenda for the 2009 workshop included sessions on legal issues and generational differences among learners.

#### **CRITERION V: FACULTY AND FACULTY ORGANIZATION**

V.A NP programs/tracks have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.

#### Elaboration:

Recognizing that no individual faculty member can fill all roles, NP programs/tracks need to maintain a mix of faculty who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=20</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **50.** The nurse practitioner program (including all tracks) complies with this criterion:

Yes X No \_\_\_

## 51. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

The NP curriculum is implemented by a mix of faculty who has the credentials and expedience for specific tracks. In addition, certification and experience of faculty in the NP tracks are sufficient for the number of students enrolled. For example, there are 3 faculty credentialed (ACNP) to teach in the acute care option that has an adult population with acute health conditions. Similarly, the PNP students are taught by a credentialed faculty member (PNP) who has preparation and experience in the infant, child and adolescent population focus. The PMH-NP track faculty (n=2) are certified as PMH-NPs with a family focus but are experienced with the adult population as well as family. The PCNP track has 5 faculty members certified as FNPs and 1 as an ANP. Documentation about faculty includes CVs, verification of license and certification, and Distribution of Effort (DOE) workloads that illustrates didactic and clinical teaching, service, and scholarship time allocation.

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION** V.A(1) Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.

#### Elaboration:

*For successful implementation of the curriculum, faculty must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.* 

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=20</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## **52.** The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## 53. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

All faculty who teach in NP tracks at minimum, have practice time allocated on the DOE (workload) to meet re-certification requirements. Also, the College supports faculty on-going continuing education by providing fiscal support and time for attending conferences and workshops for the specialty of their population focus.

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION** V.A(2) *NP program faculty* who teach the clinical components of the program/track maintain current licensure and *certification*.

#### Elaboration:

*NP* program faculty should include a mix of individuals with expertise and emphasis in research, teaching, and/or clinical practice. While all faculty are encouraged to maintain national certification, it may be difficult for faculty engaged in non-clinical research activities to balance research, practice, and teaching responsibilities. It is imperative, however, that all clinical faculty who teach in clinical courses maintain appropriate professional credentialing.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=20</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 54. The nurse practitioner program (including all tracks) complies with this criterion:

#### <u>Yes X</u>

#### No \_\_\_\_

## 55. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

NP tracks include a mix of individuals with expertise and emphasis in research, teaching and clinical practice. For example, four full-time faculty members have the PhD degree, one is ABD, and one is enrolled in a PhD program; one faculty has a DNP degree and is enrolled in a PhD program and another is completing the DNP Capstone project. A few have master's education and some have post-masters preparation. One part-time faculty member has both FNP and PMH-NP preparation. Those with primary responsibility in clinical practice (50% or >) engage more in clinical supervision of students than didactic teaching although they may give lectures in courses.

#### **CRITERION V: FACULTY AND FACULTY ORGANIZATION**

V.A(3) *NP program faculty* demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.

Elaboration:

*NP* program faculty may participate in or undertake various types of practice in addition to direct patient care to maintain currency in practice. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility.

In the event that NP faculty have less than one year of experience, it is expected that a senior or experienced faculty member will mentor this individual in both clinical and teaching responsibilities. Mentoring new and inexperienced faculty is a positive experience that assists NPs to transition into the role of NP faculty educators. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=21</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 56. The nurse practitioner program (including all tracks) complies with this criterion:

```
<u>Yes X</u>
No ___
```

# 57. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

All new faculty members engage in a formal orientation program. The orientation includes information about the University, College and specific track of their assignment. In addition, new faculty members are provided an opportunity to attend the AACN conferences for new faculty. On-going mentoring of new faculty is guided in part by Track Coordinators in areas of managing schedules, advising students, and clinical supervision of students. During performance evaluations, experienced faculty identifies areas and conferences for on-going development; the College has specific procedures for considering requests for travel to attend education, professional, practice and research conferences.

#### **CRITERION V: FACULTY AND FACULTY ORGANIZATION** V.B Non-NP faculty have expertise in the area in which they are teaching.

#### Elaboration:

Similar to NP faculty, other faculty in the NP program must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=21</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 58. The nurse practitioner program (including all tracks) complies with this criterion:

#### <u>Yes X</u>

No \_\_\_\_

## 59. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Courses taught by non-NP faculty include statistics, advanced pathophysiology, advanced pharmacology, epidemiology and an information technology course. The majority of the individuals who teach these courses are University faculty members with expertise in the areas of content. Examples are statistics, advanced pharmacology and epidemiology. The faculty member who teaches advanced pathophysiology is not a member of the University but has documented expertise at a regional University; student satisfaction of this course has been consistently good over time. Curriculum vitas (CVs) are on file.

#### **CRITERION VI: EVALUATION** VI.A There is an evaluation plan for the NP program/track.

#### Elaboration:

*If the evaluation plan from the institution is used for the NP program/track, apply the plan for implementation in the NP program/track.* 

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=21</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **60.** The nurse practitioner program (including all tracks) complies with this criterion:

**Yes X** No \_\_\_

## 61. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

The NP tracks follow the overall evaluation plan for the MSN and DNP programs. Formative and summative strategies are used throughout the plan that is based on University, College and Program outcomes. Also, courses incorporate track specific specialty standards. Formative evaluation of NP track curriculum includes but is not limited to monitoring GPA, satisfaction with courses and clinical performance during the program of study. Examples of summative evaluation include participating in and overseeing comprehensive examinations at the end of the program and monitoring outcomes of student performance on national certification examinations. In the MSN program, faculty in the NP tracks evaluates core and specialty courses during alternating years. Other data used in the plan includes faculty, student and preceptor evaluation of clinical courses.

#### **CRITERION VI: EVALUATION** VI.A(1) Evaluate courses annually.

#### Elaboration:

To ensure that students can achieve successful program outcomes, programs should establish a process for annual review of courses in the NP program/track.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=22</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 62. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## 63. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Courses are evaluated by faculty, students and program committees annually. Students, faculty and program committee members use a variety of evaluation methods. Some examples follow.

- Students: on-line evaluations of courses and faculty at the end of each semester
- Faculty: evaluation of core and specialty courses on alternating years using a tool designed for evaluation purposes and review of student satisfaction with assigned courses
- Program committee: Overall evaluation of curriculum and overall student satisfaction.

For example, the Master's Program committee uses the Course Review evaluations submitted by individual faculty members to determine relationship of course objectives to program objectives and the AACN Essentials of Master's Education. The review also includes analysis of relationship of course assignments and course objectives.

#### **CRITERION VI: EVALUATION**

VI.A(2) Evaluate *NP program faculty* competence annually.

#### Elaboration:

*NP program faculty should be evaluated annually for competence in all role areas, including teaching, research, and clinical competence, as applicable.* 

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=22</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to

furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

64. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u>

No \_\_\_\_

## 65. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

All faculty members are evaluated annually through the development of workload assignments. The annual evaluation includes review of progress toward recertification and use of the faculty clinical practice evaluation tool for peer input. Also, the College uses the University guidelines for formal faculty evaluations; tenured faculty members are evaluated every other year and non-tenured faculty are evaluated annually. The formal process involves self-evaluation of teaching, scholarship, service, and professional development. The faculty member uses the self-evaluation data to identify areas of strengths and weaknesses and writes goals for the evaluation period that will follow.

#### **CRITERION VI: EVALUATION**

## VI.A(3) Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.

Elaboration:

*Each student should be evaluated as he/she progresses through the NP program/track. Separate evaluations should be done in the didactic and clinical components of the curriculum.* 

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=22</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

## 66. The nurse practitioner program (including all tracks) complies with this criterion:

Yes	X
No	

# 67. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

#### Answer:

Students are evaluated in the core and specialty didactic and clinical courses. Papers based on the evidence and research, case studies, multiple-choice examinations, and presentations are common means of evaluation in didactic courses. In addition, discussion board topics are posted on Blackboard for student response; participation is required for full course grade. Students are evaluated in clinical practica by direct observation of faculty at least once each semester and in most cases twice per semester. Examples of student performance evaluation approaches in the PCNP track include use of Objective Structured Clinical Examination (OSCEs) scenarios, preceptor and faculty evaluations and student self-evaluations. Also, simulation is being used in the PNP program to promote student competency in performance of physical examinations of infants and children.

#### **CRITERION VI: EVALUATION**

## VI.A(4) Evaluate students cumulatively based on *clinical observation* of student performance by *NP faculty* <u>and</u> the clinical preceptor's assessment.

Elaboration:

Student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential. Direct observation can be supplemented by indirect evaluation methods such as student-faculty conferences, computer simulation, telephone, videotaped sessions, written evaluations, and/or clinical simulations.

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=23</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### 68. The nurse practitioner program (including all tracks) complies with this criterion:

Yes X No \_\_\_

## 69. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

Frequency of faculty visits for evaluation of student performance in clinical is individualized and occurs at least once or twice per clinical course. If there is concern about a student or about adequacy of experiences in the clinical site, more visits are conducted. On occasions though not often, a student is reassigned if clinical experiences are inadequate. Faculty members meet with preceptors for input about student progress or concerns. In addition, preceptors evaluate students in an ongoing basis during the clinical practica. Evaluation forms are available for student review in course syllabi and via Blackboard. Course syllabi and evaluation forms are distributed to preceptors. Although the student evaluation grade is based on preceptor input/score, faculty scoring of the evaluation accounts for a greater percent of the total grade.

#### **CRITERION VI: EVALUATION** VI.A(5) Evaluate clinical sites annually.

Elaboration:

*Evaluation of clinical sites will provide the necessary information about the quality of student learning experiences. These should form the basis for NP faculty to make changes in student assignments.* 

#### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=23</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

### **70.** The nurse practitioner program (including all tracks) complies with this criterion:

Yes X No

71. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the

Answer:

issue (max 250 words).

Faculty in all NP tracks evaluates clinical sites annually through formative, summative, informal and formal processes. When setting up a clinical site, informal evaluation occurs when NP faculty visit the site followed by formative evaluation during contractual agreement development. For example, during contract development, areas assessed include the accreditation status of the institution/organization, agency liability, and risk management protocols. NP faculty use specialty specific evaluation tools. For example, in the PCNP track, a clinical site evaluation form is used by faculty and students at each site. Similar means are used in other tracks.
# **CRITERION VI: EVALUATION** VI.A(6) Evaluate preceptors annually.

# Elaboration:

Preceptors provide a very important part of the educational experience for students. Evaluations should be used by NP faculty to define ongoing preceptor relationships and development programs. Evaluations should also provide the basis for making student assignments.

# Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=23</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

# 72. The nurse practitioner program (including all tracks) complies with this criterion:

# Yes X

No \_\_\_\_

# 73. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

### Answer:

Preceptors are evaluated by faculty and students at least annually and in some tracks (e g. PCNP), they are evaluated each time they precept a student. Forms used in the evaluation process are on file or available on-line.

### **CRITERION VI: EVALUATION** VI.B Formal NP *curriculum evaluation* should occur every 5 years or sooner.

# Elaboration:

The overall NP curriculum and program of study should be formally evaluated in no more than 5 year cycles (3-5 recommended).

# Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=24</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

74. The nurse practitioner program (including all tracks) complies with this criterion:

<u>Yes X</u> No

75. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

Answer:

Program committees and faculty are responsible for the overall curriculum evaluation that occurs in an on-going basis through review of annual course evaluations, students' end-of-program evaluations and faculty review of NP courses. Curriculum evaluation occurs at minimum within the 5-year guideline specified in this criterion. Recently it has occurred more often. For example, in 2007, curriculum evaluation was initiated in anticipation of implementing the BSN-DNP program with NP track options in the fall of 2009. During 2008, when designing the BSN-DNP program, content mapping was used in analysis of all courses in the MSN and post-MSN/DNP programs to determine if objectives of DNP *Essentials* were met. Further, NONPF and specialty standards were used to guide development of specific specialty courses. Subsequently, the BSN-DNP program which includes the NP options described in this report was reviewed and approved by the University Health Care Colleges Council and Senate.

### **CRITERION VI: EVALUATION**

VI.C There is an evaluation plan to measure outcomes of graduates at 1 year and some systematic ongoing interval.

### Elaboration:

*Programs should develop an ongoing system of evaluation of graduates. The first interval should be set at one year post-graduation. Future evaluations may occur at 5 years, but should be at an established time or interval.* 

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=24</u> to view the documentation relevant to this criterion. The program need not provide this documentation to CCNE at this time. However, the program will be expected to furnish documentation, upon request, if there is a question or concern about compliance. The program should also be prepared to provide this documentation in the on-site resource room during the program's next on-site evaluation by CCNE.

# 76. The nurse practitioner program (including all tracks) complies with this criterion:

# <u>Yes X</u>

No \_\_\_\_

# 77. Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue (max 250 words).

## Answer:

Currently, the outcomes of graduates are measured within the first year of graduation through certification pass rates and every five years through employer satisfaction surveys. Data obtained from employer surveys is used in curriculum development. For example, types of NPs needed influences decisions about program options. There is a plan for reviewing the current evaluation plan to determine if it systematically applied across all NP tracks.

# Checklist

Before you submit this report to CCNE, please read the following checklist to ensure that you have completed it properly.

- Have you answered every question in the report?
- In the questions requesting a narrative response, did you provide an explanation with examples that demonstrates compliance for the appropriate criterion?
- Did you save this document with your institution's name in the title?

# Thank you!

You have completed the Commission on Collegiate Nursing Education (CCNE) Report on Compliance with the *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2008).

We thank you for the time and effort you have given in providing us with this information. Programs will be notified in writing of the results of the CCNE review. If there are questions or concerns about a program's compliance with the *Criteria*, CCNE may request clarification, supplemental information, a follow-up report, or other type of review, if necessary.

You may save the file and exit this report. Please see the instructions for submission of the report to CCNE.

Commission on

Collegiate Nursing

Education

Serving the

Public Interest Through Quality Accreditation

#### CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

July 8, 2010

Jane Marie Kirschling, DNS, RN Dean College of Nursing University of Kentucky 760 Rose Street, 315 CON/HSLC Building Lexington, KY 40536-0232

Dear Dr. Kirschling,

At its Spring 2010 meetings, the Commission on Collegiate Nursing Education (CCNE) Report Review Committee (RRC) reviewed the Report on Compliance with the Criteria for Evaluation of Nurse Practitioner Programs submitted by the CCNE-accredited master's degree program in nursing at University of Kentucky. I am pleased to inform you that the RRC has determined that the program has demonstrated compliance with the Criteria (National Task Force, 2008), and, therefore has demonstrated continued compliance with this requirement related to Key Element III-B of the CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs (2009).

One Dupont Circle, NW Suite 530 Washington, DC 20036-1120 202-887-6791 fax 202-887-8476 www.aacn.inche.edu

As background, incorporation of the NTF Criteria has been a requirement since the 2003 CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs went into effect on January 1, 2005. The nurse practitioner certification organizations also have disseminated a letter indicating their reliance on CCNE's accreditation review process to assess the quality and effectiveness of nurse practitioner programs nationally. In the letter dated March 15, 2010, the certification organizations state that "candidates applying to sit for our nurse practitioner examinations must have graduated from a nurse practitioner graduate program that has demonstrated compliance with the [NTF Criteria]." Refer to the letter online at

http://www.aacn.nche.edu/Accreditation/pdf/LetterofSupportNTFC.pdf.

CCNE appreciates your response to the focused report, which was necessary in order for CCNE to assess whether nurse practitioner programs nationally continue to comply with the expectations set forth in the NTF Criteria. In the future, nurse practitioner programs will demonstrate their continued compliance with the Criteria as part of the accredited program's regular Continuous Improvement Progress Report (CIPR) and on-site evaluation processes.

Thank you for participating in this important review process. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

2 Lillutter

Carol Ledbetter, PhD, FNP, BC, FAAN Chair, Board of Commissioners

7/18/10 CC. Pat Howard Original Central fike.

RECEIVED UNIVERSITY OF KENTUCKY JUL 1 6 2010 COLLEGE OF NURSING OFFICE OF THE DEAN

# Ready to Launch, UK Gen Ed Needs a Name

By jay blanton

Mar 07, 2011

LEXINGTON, Ky. (March 8, 2011) — The following message is from University of Kentucky Provost Kumble Subbaswamy.

Dear Faculty, Staff, and Students,

UK faculty members have been working on a reinvention of the University's General Education program for the past seven years. The effort began with reviews of our current undergraduate studies program in 2004 and has resulted in development of a progressive curriculum that embodies our emphasis on excellence in undergraduate education.

The faculty designing a reformed <u>General Education program</u> were guided by student-learning outcomes that articulate the University's expectations of our students upon graduation: 1) to use the processes of inquiry in the arts and creativity, humanities, natural and physical sciences, and the social sciences to solve problems; 2) to communicate effectively in written, oral, and digital media as will be expected of them in the global marketplace; 3) to understand and utilize mathematical concepts and inferential reasoning and analysis to evaluate information and make sound, critical decisions; and 4) to understand the underpinnings of U.S. citizenship and our global interdependence. The student-learning outcomes and a curricular framework were approved by the University Senate in December 2008.

From that important starting point, faculty created course templates to guide the development of classes in 10 areas across these four student-learning outcomes. The templates were approved in May 2009 and have been used by faculty as they designed new and redesigned existing courses for the General Education Program. In May 2010 the Interim General Education Oversight Committee was formed to guide curriculum development efforts. In December 2010, the University Senate voted to move forward with implementation of the new curriculum beginning fall 2011.

Anticipating the fall start date, a number of implementation activities are currently under way. One priority is communicating to both external and internal audiences what General Education Reform entails, how creative the interdisciplinary curriculum is, and what a dramatic impact the curriculum will have on the lives of our undergraduate students.

It is with that communication effort that I am seeking your input. To date, this program has been known as the General Education Program, or more simply, Gen Ed. Such a name, while convenient, lacks creativity and fails to embody the comprehensive and progressive changes that are being made in our undergraduate core curriculum. A new name is needed, one that is descriptive and creative and reflects our expectation for excellence in undergraduate education at UK. At a practical level, we also need a name that can be used in recruitment of the next generation of undergraduate students.

What creative name might we develop for the University of Kentucky's "Gen Ed?"

I am asking for your assistance in the naming of this new curriculum. To participate in this naming campaign, simply visit the General Education website at <a href="http://www.uky.edu/GenEd">http://www.uky.edu/GenEd</a>. There, on the front page, you will find a link to a form where you can submit your idea. The deadline for submissions is March 31, 2011.

With the benefit of your suggestions, the University Senate will select a name for the new General Education Program.

We owe a great deal to the faculty whose leadership has guided development of the General Education Program and to the generations of students who have inspired this work.

CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

# **Evidence III-C.3 NURSING CURRICULUM AND UK CORE** – Approved by Undergraduate Nursing Faculty 2/4/11

Sample Curriculum Plan	Credit Hours	UK Core Courses Required in Nursing	Comments
FRESHMAN YEAR - PRE-NURSING			UK Core courses NOT
ANA 109 – Anatomy & Physiology	3		covered by Nursing
CHE 103 Chem for Health Prof	4		Requirements:
CIS or WRD 110 Communications & Comp I	3	Comp & Comm	Humanities
PSY 100 – Inquiry in Psychology	4	Ing: Soc Sci	• Creativity & the Arts
Humanities	3		Quantitative
NUR 101 – required of PNUI majors in fall only	1		Foundation
BIO 103- Basic Ideas of Biology	3	Nat/Phys/Math	US Citizenship
ANA 110 – Anatomy & Physiology	3	, , ,	Global Citizenship
CIS or WRD 111 - Communications & Comp II	3	Comp & Comm	
Creativity & the Arts	3		-
Quantitative Foundations	3		-
Total Hours	33		-
SOPHOMORE YEAR			1
First Semester:	(16)		1
BIO 208 – Principles of Microbiology	3		1
<ul> <li>NFS 212 – Principles of Nutrition</li> </ul>	3		1
NUR 861 – Family HIth Promo/Com	8		4
NUR 860 – Foundations of Nsg.	2		
Second Semester:	(14-15)		-
NUR 866 – Pathopharmacology I	3		-
NUR 863 – Prof Nurs/Lifespan	8		
	3	Stat/Inf Reas	-
STA 210 – Introduction to Statistical Reasoning	3 1		-
Elective	1		-
JUNIOR YEAR	(16 17)		-
First Semester:	(16-17) 3		-
NUR 872 – Nursing Research for EBP	3		-
NUR 870 – Pathopharmacology II			-
NUR 871 – Fam Ctrd Care/Adult	7		-
US Citizenship	3		-
Elective	1		-
Second Semester:	(14-15)		
HSM 241 Health & Medical Delivery Systems	3		
<ul> <li>NUR 873 – Nursing Care/Childrearing</li> </ul>	4		
NUR 875 – Nursing Care/Childbearing	4		
Global Citizenship	3		
Elective	1		
SENIOR YEAR			
First Semester:	(13)		
NUR 880 - Leadership/Mgmt	3		
NUR 881 - Psych/Mental Health Nursing	5		1
NUR 883 - Public Health Nursing	5		1
Second Semester:	(13)		
NUR 884 - Career Mgmt/Nursing	2		
NUR 885 - High Acuity Nursing	5		1
NUR 886 - Synthesis/Nursing Practice	6		4
• Nok 886 - Synthesis/Nursing Practice TOTAL HOURS	119-122 cr	16 cr hrs	20 cr hrs
	hrs		

Evidence III-C.4	Value of UK Core and Other	Support Courses	s Required for Nursing Majo	ors
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Course	Description/Use in Nursing
UK Core Courses:	
CIS or WRD 110/111 Communications     & Comp I and II	Foundation for learning effective written communication skills; used in care plan writing, client charting, scholarly papers, and client teaching.
PSY 100 Inquiry in Psychology	Foundation for understanding the biopsychosocial aspects of human behavior and personality development. Important as a basis for nursing assessment, interventions, and teaching clients and for maintaining working relationships with colleagues.
BIO 103 Basic Ideas of Biology	Foundation for understanding life relevant to animals cell structure and function, molecules important to living things, metabolism, heredity, environment. This course was added to the nursing curriculum to strengthen students' understanding of the scientific approach, and genetics and genomics. It also provides a basis for physiology and pathophysiology.
• STA 210 Introduction to statistical Reasoning	Foundation for understanding, using, and generating data. Used in evidence-based practice.
Other Required Courses:	
<ul> <li>ANA 109 &amp; 110 Anatomy &amp; Physiology (2 semesters)</li> </ul>	Foundation for understanding normal anatomic structures as a basis for learning about development of abnormal processes. Important as a basis for health promotion, pathophysiologic processes, nursing assessment, interventions, and client teaching.
CHE 103 Chem for Health     Professionals	Foundation for understanding physiology & pharmacology, pathophysiology of disease processes, acid-base balance, electrolyte balance, osmosis, diffusion, chemical reactions. Applied in clinical courses.
BIO 208 Principles of Microbiology	Foundation for understanding asepsis, types of infectious agents, infection prevention, pathophysiologic processes, and pharmacology. Used in clinical courses and pathophysiology and pharmacology.
NFS 212 Principles of Nutrition	Foundation for understanding development of complications associated with metabolic and nutritional disorders. Used in clinical courses, care planning and client teaching – health promotion and disease prevention.
<ul> <li>HSM 241 Nursing &amp; Medical Delivery Systems</li> </ul>	Foundation for understanding health care delivery systems, roles of health care providers within these systems, and the forces that impact health care services. Provides a basis for role development.

# Evidence III-C. 5 TRADITIONAL PROGRAM NURSING CURRICULUM (Sample)

Fall Semester	Credit Hours	Spring Semester	Credit Hours
ANA 109 – Anatomy & Physiology	3	Bio 103- Basic Ideas of Biology	3
CHE 103 Chem for Health Prof	4	ANA 110 – Anatomy & Physiology	3
CIS or WRD 110 Communications & Comp I	3	CIS or WRD 111 - Communications & Comp II	3
PSY 100 – Inquiry in Psychology	4	Creativity & the Arts	3
Humanities	3	Quantitative Foundations	3
NUR 101	1		
Semester Total Hours:	18	Semester Total Hours:	15
SOPHOMORE YEA	AR (29-30 ci	redit hours)	
Fall Semester		Spring Semester	
BIO 208 – Principles of Microbiology	3	NUR 866 – Pathopharmacology I	3
NFS 212 – Principles of Nutrition	3	NUR 863 – Prof Nurs/Lifespan	8
NUR 861 – Family Hlth Promo/Com	8	STA 210 – Introduction to Statistical Reasoning	3
NUR 860 – Foundations of Nsg.	2	Elective	1
Semester Total Hours:	16	Semester Total Hours:	14
JUNIOR YEAR	(30-32 cred	it hours)	
Fall Semester		Spring Semester	
NUR 872 – Nursing Research for EBP	3	HSM 241 Health & Medical Delivery Systems	3
NUR 870 – Pathopharmacology II	3	NUR 873 – Nursing Care/Childrearing	4
NUR 871 – Fam Ctrd Care/Adult	7	NUR 875 – Nursing Care/Childbearing	4
US Citizenship	3	Global Citizenship	3
Elective	1	Elective	1
Semester Total Hours:	16-17	Semester Total Hours:	14-15
SENIC	R YEAR (26	credit hours)	
Fall Semester		Spring Semester	
NUR 880 - Leadership/Mgmt	3	NUR 884 - Career Mgmt/Nursing	2
NUR 881 - Psych/Mental Health Nursing	5	NUR 885 - High Acuity Nursing	5
NUR 883 - Public Health Nursing	5	NUR 886 - Synthesis/Nursing Practice	6
Semester Total Hours:	13	Semester Total Hours:	13

Approved by Undergraduate Nursing Faculty 2/4/11

# PORTFOLIO FOR RN-BSN OPTION

• Used for *diploma prepared* nurses, in lieu of taking standardized exams to award credit for nursing courses taken in the diploma program.

• Award of 28 hours for NUR 863, 8 hours; NUR 871, 7 hours; NUR 873 and NUR 895, 8 hours; and NUR 881, 5 hours, based on submission of portfolio.

# MINIMUM REQUIREMENTS FOR THE CONTENT OF THE PORTFOLIO

# **Request for Portfolio Credit:**

A short letter in which the student will indicate a request for the awarding of portfolio credit hours.

**Cover Page and Table of Contents:** 

Each portfolio will have a cover page identifying the portfolio and the student who prepared it for credit.

# <u>Resume</u>:

A resume must be submitted when occupational courses are being requested for credit awards (see next page for resume format).

Submit the letter, cover page, and resume to:

Gina Lowry, PhD, RN, Coordinator, RN-BSN Option University of Kentucky College of Nursing 441A CON Bldg. Lexington, KY 40536-0232

Adapted from: http://www.cccs.edu/Docs/EdServices/Credit- for- Prior- Learning-Handbook.pdf

# Credit for Prior Learning Portfolio for RN-BSN Option University of Kentucky College of Nursing

# **<u>Required Resume</u>**

Name

City

Address

State Zip

Phone (home)

(work)

TRAINING:

Degree Earned: Where did you earn this degree: Date of initial RN licensure:

JOB/WORK EXPERIENCE: Include position or title, length of time in position, acquired skills for all RN positions held.

INDEPENDENT LEARNING: Include courses taken in the last 5 years to provide nursing CE. Please provide name of course and year taken.

RELATED LICENSES, AWARDS, OR CERTIFICATES EARNED BESTOWED:

MEMBERSHIP IN RELATED PROFESSIONAL ORGANIZATIONS (including offices held)

# Evidence III-C.6 Sample Curriculum Plan for Second-Degree Option Nursing Students

Curriculum       degree-granting institution.         College of Nursing (Sample curriculum plan)       Courses that may be transferred to or taken at the University of Kentucky:         •       Prerequisites for Second Degree BSN Option         Human anatomy and physiology, general chemistry, general psychology         •       Recommended courses prior to beginning BSN Option coursework (Required for gradue General microbiology, general statistics         FIRST SEMESTER(Entry Point)         NUR 866 Pathopharmacology I (3) NUR 869 Introduction to Nursing Care (8) Total Credit Hours: 11         JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs       HSM 241 Health & Medical Delivery Systems         NUR 871 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing Total: 13 cr hrs         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Total:         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - Synthesis/Nursing Practice         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice				Second-Degree Option	
College of Nursing (Sample curriculum plan)       Courses that may be transferred to or taken at the University of Kentucky:         •       Prerequisites for Second Degree BSN Option Human anatomy and physiology, general chemistry, general psychology         •       Recommended courses prior to beginning BSN Option coursework (Required for gradue General microbiology, general statistics <b>FIRST SEMESTER(Entry Point)</b> NUR 866 Pathopharmacology I (3) NUR 869 Introduction to Nursing Care (8) Total Credit Hours: 11 <b>JUNIOR YEAR</b> (Coursework is identical to Traditional BSN plan)       Fall Semester         NUR 872 – Nursing Research for EBP       3 cr hrs         NUR 870 – Pathopharmacology II       3 cr hrs         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         Total:       13 cr hrs         SENIOR YEAR (Coursework is identical to Traditional BSN plan) <b>Fall Semester</b> NUR 873 – Nursing Care/Childrearing NUR 881 – Psych/Mental Health         SENIOR YEAR (Coursework is identical to Traditional BSN plan) <b>Fall Semester</b> Spring Semester NUR 881 - Psych/Mental Health         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice	Not required – Students have completed all university core/university studies requirements from their first			UK Core	
<ul> <li>Prerequisites for Second Degree BSN Option         <ul> <li>Human anatomy and physiology, general chemistry, general psychology</li> <li>Recommended courses prior to beginning BSN Option coursework (Required for gradue General microbiology, general statistics</li> </ul> </li> <li>FIRST SEMESTER(Entry Point)         <ul> <li>NUR 866 Pathopharmacology I (3)</li> <li>NUR 869 Introduction to Nursing Care (8)</li> <li>Total Credit Hours: 11</li> </ul> </li> <li>JUNIOR YEAR (Coursework is identical to Traditional BSN plan)</li> <li>Fall Semester         <ul> <li>NUR 872 – Nursing Research for EBP</li> <li>3 cr hrs</li> <li>NUR 873 – Nursing Care/Childrearing</li> <li>NUR 871 – Fam Ctrd Care/Adult</li> <li>7 cr hrs</li> <li>NUR 875 – Nursing Care/Childrearing</li> <li>NUR 871 – Fam Ctrd Care/Adult</li> <li>7 cr hrs</li> <li>NUR 875 – Nursing Care/Childrearing</li> <li>NUR 881 – Psych/Mental Health</li> <li>5 cr hrs</li> <li>NUR 885 - High Acuity Nursing</li> <li>NUR 883 - Public Health Nursing</li> <li>5 cr hrs</li> </ul> </li> </ul>				degree-granting institution.	Curriculum
[Sample         Curriculum         Plan)         Pirot         Pirot <td></td> <td>niversity of Kentucky:</td> <td></td> <td>-</td> <td>-</td>		niversity of Kentucky:		-	-
<ul> <li>Recommended courses prior to beginning BSN Option coursework (Required for gradue General microbiology, general statistics</li> <li>FIRST SEMESTER(Entry Point)         <ul> <li>NUR 866 Pathopharmacology I (3)</li> <li>NUR 869 Introduction to Nursing Care (8)</li> <li>Total Credit Hours: 11</li> </ul> </li> <li>JUNIOR YEAR (Coursework is identical to Traditional BSN plan)</li> <li>Fall Semester</li> <li>NUR 870 – Pathopharmacology II</li> <li>3 cr hrs</li> <li>NUR 873 – Nursing Care/Childrearing</li> <li>NUR 871 – Fam Ctrd Care/Adult</li> <li>7 cr hrs</li> <li>NUR 875 – Nursing Care/Childbearing</li> <li>Total:</li> <li>13 cr hrs</li> <li>Tota</li> <li>SENIOR YEAR (Coursework is identical to Traditional BSN plan)</li> <li>Fall Semester</li> <li>Senior Semester</li> <li>NUR 881 – Psych/Mental Health</li> <li>5 cr hrs</li> <li>NUR 885 - High Acuity Nursing</li> <li>NUR 883 - Public Health Nursing</li> <li>5 cr hrs</li> <li>NUR 886 - Synthesis/Nursing Practice</li> </ul>			-		•
General microbiology, general statistics         FIRST SEMESTER(Entry Point)         NUR 866 Pathopharmacology I (3)         NUR 869 Introduction to Nursing Care (8)         Total Credit Hours: 11         JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs         NUR 870 – Pathopharmacology II       3 cr hrs         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         NUR 872 – Nursing Research for EBP       3 cr hrs         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         NUR 875 – Nursing Care/Childbearing         Total       13 cr hrs         NUR 880 - Leadership/Mgmt       3 cr hrs         NUR 880 - Leadership/Mgmt       3 cr hrs         NUR 881 - Psych/Mental Health       5 cr hrs         NUR 883 - Public Health Nursing       5 cr hrs         NUR 886 - Synthesis/Nursing Practice					
FIRST SEMESTER(Entry Point)         NUR 866 Pathopharmacology I (3)         NUR 869 Introduction to Nursing Care (8)         Total Credit Hours: 11         JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs         HSM 241 Health & Medical Delivery         Systems         NUR 870 – Pathopharmacology II       3 cr hrs         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         Total:       13 cr hrs         SENIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs         NUR 875 – Nursing Care/Childbearing       Total:         Total:       13 cr hrs         NUR 880 - Leadership/Mgmt       3 cr hrs         NUR 880 - Leadership/Mgmt       3 cr hrs         NUR 881 - Psych/Mental Health       5 cr hrs         NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs         NUR 886 - Synthesis/Nursing Practice	ed for graduation):	Option coursework (Required for grad	-		
NUR 866 Pathopharmacology I (3)         NUR 869 Introduction to Nursing Care (8)         Total Credit Hours: 11         JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs       HSM 241 Health & Medical Delivery Systems         NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       Tota         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice			tics	General microbiology, general statis	plan)
NUR 869 Introduction to Nursing Care (8) Total Credit Hours: 11         JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs       HSM 241 Health & Medical Delivery Systems         NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       Tota         SENIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice				FIRST SEMESTER(Entry Point)	
NUR 869 Introduction to Nursing Care (8) Total Credit Hours: 11         JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs       HSM 241 Health & Medical Delivery Systems         NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       Tota         SENIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice				NUR 866 Pathopharmacology I (3)	
JUNIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 872 – Nursing Research for EBP       3 cr hrs       HSM 241 Health & Medical Delivery Systems         NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       NUR 875 – Nursing Care/Childbearing         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Total:         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice			(8)		
Fall SemesterSpring SemesterNUR 872 – Nursing Research for EBP3 cr hrsHSM 241 Health & Medical Delivery SystemsNUR 870 – Pathopharmacology II3 cr hrsNUR 873 – Nursing Care/Childrearing NUR 871 – Fam Ctrd Care/Adult7 cr hrsNUR 871 – Fam Ctrd Care/Adult7 cr hrsNUR 875 – Nursing Care/Childbearing Total:13 cr hrsSENIOR YEAR (Coursework is identical to Traditional BSN plan)TotaFall SemesterSpring Semester NUR 880 - Leadership/Mgmt3 cr hrsNUR 881 - Psych/Mental Health Nursing5 cr hrsNUR 885 - High Acuity Nursing NUR 883 - Public Health NursingNUR 883 - Public Health Nursing5 cr hrsNUR 886 - Synthesis/Nursing Practice				Total Credit Hours: 11	
NUR 872 – Nursing Research for EBP       3 cr hrs       HSM 241 Health & Medical Delivery Systems         NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       Total         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Tota         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice					
Systems         NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       NUR 875 – Nursing Care/Childbearing         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Tota         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice		Spring Semester		Fall Semester	
NUR 870 – Pathopharmacology II       3 cr hrs       NUR 873 – Nursing Care/Childrearing         NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       NUR 875 – Nursing Care/Childbearing         SENIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice	cal Delivery 3 cr hrs	-	3 cr hrs	NUR 872 – Nursing Research for EBP	
NUR 871 – Fam Ctrd Care/Adult       7 cr hrs       NUR 875 – Nursing Care/Childbearing         Total:       13 cr hrs       Tota         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice	bildrooring A or bro		2 or hrs	NUD 970 Dath an harmagalagy II	
Total:       13 cr hrs       Tota         Total:       13 cr hrs       Tota         SENIOR YEAR (Coursework is identical to Traditional BSN plan)       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice					
SENIOR YEAR (Coursework is identical to Traditional BSN plan)         Fall Semester       Spring Semester         NUR 880 - Leadership/Mgmt       3 cr hrs       NUR 884 - Career Mgmt/Nursing         NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         Nursing       0       0       0         NUR 883 - Public Health Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice		=		-	
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Fall SemesterSpring SemesterNUR 880 - Leadership/Mgmt3 cr hrsNUR 884 - Career Mgmt/NursingNUR 881 - Psych/Mental Health5 cr hrsNUR 885 - High Acuity NursingNUR 883 - Public Health Nursing5 cr hrsNUR 886 - Synthesis/Nursing Practice					
NUR 880 - Leadership/Mgmt3 cr hrsNUR 884 - Career Mgmt/NursingNUR 881 - Psych/Mental Health5 cr hrsNUR 885 - High Acuity NursingNursingNUR 883 - Public Health Nursing5 cr hrsNUR 886 - Synthesis/Nursing Practice		3SN plan)	Traditional E	SENIOR YEAR (Coursework is identical to	
NUR 881 - Psych/Mental Health       5 cr hrs       NUR 885 - High Acuity Nursing         Nursing       5 cr hrs       NUR 886 - Synthesis/Nursing Practice				Fall Semester	
Nursing           NUR 883 - Public Health Nursing         5 cr hrs         NUR 886 - Synthesis/Nursing Practice	Iursing 2 cr hrs	NUR 884 - Career Mgmt/Nursing	3 cr hrs		
NUR 883 - Public Health Nursing         5 cr hrs         NUR 886 - Synthesis/Nursing         Practice	rsing 5 cr hrs	NUR 885 - High Acuity Nursing	5 cr hrs	NUR 881 - Psych/Mental Health	
Total:   13 cr hrs   Tota	ing Practice 6 cr hrs	NUR 886 - Synthesis/Nursing Practice	5 cr hrs	NUR 883 - Public Health Nursing	
	Total: 13 cr hrs	Tot	13 cr hrs	Total:	
For graduation, students must meet the minimum of 120 credit hours and all College of Nurs					

Total Credit Hours:

- Sophomore = 11
- Junior = 24
- Senior = 26
- Total: 61

Course	Teaching/Learning Methods
Traditional BSN Program Courses	
NUR 860: Foundations for Professional	Lecture/Discussion
Nursing	Group work
	Guest panels
	Case analysis
	Role play
	Games
	Independent computer skills instruction
	Library tours
NUR 861: Family Health Promotion and	Lecture and discussion
Communication Across the Lifespan	Small group assignments
	Experiential/service learning
	Clinical practicum and laboratory demonstrations
	Computer assignments
NUR 863: Professional Nursing Care	Voice-over PowerPoint lectures
Across the Lifespan	Classroom interactive exercises, discussions, case studies, and
	simulations
	Reading assignments and online assignments
	Nursing care plans and clinical assignments
	Computer assisted instruction, videos
	Individual student learning activities
	Laboratory demonstrations and practice/simulations
	Clinical practicum experiences
	Audience response system (clickers) Exam reviews
NUR 866: Pathopharmacology I	Classroom lectures (PowerPoint presentations) and discussions
NOR 800. Pathophannacology i	Readings and clinical application assignments
	Voiceover PowerPoints for selected content
	Exams and post-exam reviews
NUR 870: Pathopharmacology II	Interactive classroom lecture/discussion
Non over a thephalmacelegy in	ECHO 360 lecture "capture" and podcasts
	Camtasia voice over PowerPoints
	Textbook readings
	ARS "clicker" in-class and optional exam review sessions
	Patient-centered approach using the New York Times "Patient Voices"
	Blackboard-based quizzes
	Post exam reviews
NUR 871: Family-Centered Care of	Classroom presentations, lectures, and discussions
Adults with Common Health Problems	Readings and class assignments
	Clicker participation during class and exam review sessions
	Individual student learning activities (e.g., clinical synthesis scenario work)
	Clinical and laboratory (skills) experience
	Off-unit experiences (clinical)
	Post-exam reviews
NUR 872: Clinical Reasoning:	Lecture/seminar and discussion
Quantitative, Qualitative and	Small group activities
Epidemiological Approaches	Computer applications
	Poster/oral presentations

# Evidence III-D.1 Teaching and Learning Methods in Undergraduate Nursing Courses

Course	Teaching/Learning Methods
	Required readings/writings
	Fieldwork
	Individual writing assignments
	Scholarship Showcase attendance
NUR 873: Nursing Care of Childrearing	Lecture and discussion
Families	Case studies
	Computer assisted simulations
	Clinical facilitation
NUR 875: Nursing Care of Childbearing	Lecture and discussion
Families	Case studies
	Computer assisted simulations
	Clinical facilitation
NUR 880: Leadership and Management	Lecture by faculty/guests
in Nursing Care Delivery	Class discussion, participation
	Observation assignment
NUR 881: Psychiatric-Mental Health	Lectures
Nursing	Case studies
	Audiovisual material
	Clinical practice
NUR 883: Public Health Nursing	Classroom presentations, lectures, discussions, and case studies
	Readings and class assignments
	Exam reviews
	Student presentations
	Clinical experiences and activities
NUR 884: Career Management	Small group activities
	Self-directed learning modules
	Computer assisted instruction
	Expert guest speakers
	Seminar discussions
NUR 885: High Acuity Nursing	Student Self-study modules
	ARS "clicker" activities
	Independent learning
	Interactive lecture and discussion
	Interactive case exercises
	Evidence based practice poster and presentation
	Clinical practice in critical care environment
	Q & A sessions
	Small group activities (Pair N Share)
Second –Degree Option Only	
NUR 869: Introduction to Professional	Classroom presentations, lectures, and discussions
Nursing Care Across the Lifespan for	Readings and class assignments
Second Degree Students	Individual student learning activities (e.g., interactive CD-ROMs, nursing
	care plans, case study assignment, clinical journals)
	Group learning activities (e.g., group presentations, interactive group
	discussions)
	Experiential/Service learning and laboratory experiences
	Clinical practicum and observational experiences
	Exam reviews
	Computer assignments
	Written assignments

Course	Teaching/Learning Methods
NUR 886: Synthesis of Clinical	Individualized learning contract
Knowledge for Nursing Practice	Clinical with preceptor (Observation and direct patient care)
	Clinical assignments
	Clinical seminar,
	Computer technology
RN-BSN specific Courses and Cou	rse Sections
NUR 514: Health Assessment	This course uses a distributed learning format. There will be
	<ul> <li>approximately three class meetings. The remainder of the course is taught via a web-enhanced format and independent learning activities. The on-line portion of the course will be facilitated using the <u>Blackboard</u> Learning Management System. Other teaching-learning methods include: <ul> <li>Student Preparation: Reading, Independent Practice, Lab manual assignments completed prior to class meeting</li> <li>Viewing media (located on Blackboard)</li> <li>Didactic Sessions</li> <li>Supervised Partner Laboratory Practice</li> </ul> </li> </ul>
	Graded Physical Examination Competency Assessments
NUR 854W: Advanced Concepts in	$\ln \operatorname{class}(\operatorname{about} 1/2)$ :
	In class (about 1/3):
Professional Nursing (Distributed learning course)	Lecture, discussions, case studies     Small group work
	Small group work     Student presentations
	• Student presentations Internet (about 1/3):
	Perform literature searches,
	<ul> <li>Respond to case studies by applying the literature,</li> <li>Participate in discussions on the internet, and</li> </ul>
	<ul> <li>Use e-mail to interact with faculty and other students.</li> </ul>
	Independent (about 1/3):
	Readings and papers
NUR 862-401: Pharmacology (e-	Self-directed learning utilizing core PowerPoint presentations, textbook
Learning course)	and article readings, discussion board, and e-mail interactions
NUR 864-201 (RN-BSN only):	Chapter study guides
Pathophysiology (e-Learning course)	Cases
	Case analysis assignments
NUR 872-401: Clinical Reasoning:	In-class mini-lectures
Quantitative, Qualitative, and	Seminar discussion
Epidemiological Approaches	Electronic discussion
	Self-directed learning activities
	Course readings
	Student presentations
	Literature search and analysis
	Clinical research application activities
	Individual writing assignments
NUR 880 (RN-BSN Section): Leadership	Lecture/in class discussion
and Management in Nursing Care	In class consultative group exercises
Delivery	Required readings
	Student presentations
	Literature search and analysis Management/Leadership application activities
	I management/ Leaver ship application activities

Course	Teaching/Learning Methods
	Self-directed learning activities
	Individual paper/Writing assignments
	Web-based modules/assignments
	Electronic threaded discussions
	Interview with experts
NUR 883: Public Health	Lecture, discussion, student presentations, videos
	Group work
	Modular assignments
	Clinical interactions in a variety of community settings
	Independent and group experiential activities
NUR 886: Synthesis of Clinical	Individualized learning contract
Knowledge for Nursing Practice	Clinical with preceptor
	Clinical project
	Clinical seminars
	Use of Computer Technology
Independent Study (Enhancemer	t) Offerings
NUR 882-001: Nurse Scholar' Seminar	Guest presentations
	Discussions
	Practice/research experience
NUR 882-002: Undergraduate Research	Hands-on experience on a research project
Intern Program	Participation as part of the research team conducting a research study
	or developing a grant proposal for a funded study
NUR 883-003: Nursing Skills Lab Intern	Hands-on mentored experience teaching in a skills laboratory setting
	Hands-on experience working one on one with students practicing skills
	and med math.
	Participation in simulation activities.
	Development and implementation of a teaching-learning project in
	collaboration with a skills lab instructor and the skills lab internship
	coordinator.
Other	
NUR 511: End of Life Care in the Acute	Lecture/Guest Speakers
Care Setting (elective)	Case Studies
	Readings and Film
	Discussion

# Evidence III-D.6 Comparison of Traditional BSN Curriculum and RN-BSN Curriculum

Traditional BSN	RN-BSN*	Discussion
No equivalent	NUR 854 Advanced Concepts (5)	The NUR 854 course is a transition course specifically developed for meeting the needs of the RN-BSN student. It is an official writing intensive (W) course to meet the 2 <sup>nd</sup> Tier University writing requirement.
No separate course for Health Assessment (integrated into NUR 863)	NUR 514 Advanced Health Assessment (7)	Traditional BSN students learn basic health assessment. RN students have demonstrated competency in basic concepts through graduating from their entry-level nursing program and success on the NCLEX exam.
NUR 866: Pathopharmacology I (3) NUR 870: Pathopharmacology II (3)	NUR 862: Pharmacology (3) NUR 864: Pathophysiology (3)	The learning needs regarding pathophysiology and pharmacology are different between the two programs. The Traditional BSN student has no formal education in diseases and pharmacology while the RN student has already demonstrated competence in basic concepts through graduating from their entry-level nursing program and success on the NCLEX exam. The total number of hours dedicated to the combination of topics is the same.
NUR 872: Clinical Reasoning: Quantitative, Qualitative and Epidemiological Approaches (3)	NUR 872: Clinical Reasoning: Quantitative, Qualitative and Epidemiological Approaches (3)	Course description and student learning outcomes are identical. Separate section(s) for RN students.
NUR 883: Public Health Nursing (5)	NUR 883: Public Health Nursing (5)	Course number, name, description and student learning outcomes are identical. Separate clinical section(s) for RN students.
NUR 880: Leadership/Management in Nursing Care Delivery (3)	NUR 880: Leadership/Management in Nursing Care Delivery (3)	Course number, name, description and student learning outcomes are identical. Separate clinical section(s) for RN students.
NUR 886: Synthesis of Clinical Knowledge for Nursing Practice	NUR 886: Synthesis of Clinical Knowledge for Nursing Practice (9)	Course number, name, description and student learning outcomes are identical. Separate clinical section(s) for RN students.

\* Distributed learning model

Evidence III-F.2 Undergraduate Course Evaluation Methods

Course	Course Evaluation Methods
NUR 860: Foundations for Professional Nursing	Course Syllabus Quiz (on Blackboard)
	APA Exercise using CON Guidelines (posted on Bb)
	Critique of Health Promotion Website
	Annotated Source Genealogy 1st article & Summary
	Professional Nurse Interview Paper
	Annotated Source Genealogy draft
	Annotated Source Genealogy FINAL PAPER
	Group Presentation: Culturally Competent Care
	Culturally Competent Care Paper
NUR 861: Family Health Promotion and Communication	Feedback from partners (client/agency team member)
Across the Lifespan	Written clinical activities
	Health promotion projects
	Demonstration of health assessment (health history, health assessment)
	Examinations
NUR 863: Professional Nursing Care Across the Lifespan	Skills competencies
	Clinical performance
	Written and on-line testing
	Individual and group assignments
	Class participation
	Clinical assignments
	Nursing Care Plans
	Comprehensive Case Study
NUR 864: Pathophysiology E-Learning Course (RN-BSN	Case Analyses
only)	Case studies
	On-line Tests
	Exams
NUR 866: Pathopharmacology I	Unit exams
	Final exam
	Clinical application exercises/study review questions/case studies

Course	Course Evaluation Methods
NUR 869: Introduction to Professional Nursing Care	Exams
Across the Lifespan for Second Degree Students	Clinical performance
	Professional nursing assignments
	Laboratory skill check-offs
	Nursing care plans
	Clinical case study
NUR 870: Pathopharmacology II	Unit Exams
	Content Review Quizzes
	Attendance
NUR 872: Family-Centered Care of Adults with Common	Written exams
Health Problems	Clinical performance
	Clinical synthesis paper
	Skills demonstration
NUR 872: Clinical Reasoning: Quantitative, Qualitative	Study summary
and Epidemiological Approaches	Searching for evidence
	Nursing problem assignment
	Quantitative assignments
	Research presentation
	Group evidence based project
	Attendance
	Class participation
NUR 873: Nursing Care of Childrearing Families	Examinations
	Clinical experiences
	HESI exam
NUR 875: Nursing Care of Childbearing Families	Written exams
	Clinical activities (care plan, area assignment, oral presentation, clinical simulation,
	fetal monitoring quiz, prep work)
NUR 880: Leadership Management in Nursing Care	Exams
Delivery	Observation assignment
	HESI exam

Course	Course Evaluation Methods
NUR 881: Psychiatric-Mental Health Nursing	Exams
	Peer-support/community support paper
	Mental health paper
NUR 882-01: Nurse Scholars' Seminar	Reaction papers
	Journal of interactions/mentors
	Self evaluation
	Seminar participation
	Presentation of project
NUR 882-02: Research Intern Program	Negotiated with research faculty mentor
NUR 883: Public Health Nursing	Written exams
	In-class case studies and responses to material covered using clickers
	Extra credit available in accord with HESI performance
	Clinical performance
	Individual and group clinical assignments
	Clinical logs
NUR 884: Career Management in Nursing	Student Portfolio with resume', letters and business card
	Designated assignments
	Class preparation and participation
	HESI Exit Exam
NUR 885: High Acuity Nursing	Written examinations
	Evidence based practice clinical posters
	Demonstration of clinical competence
NUR 886: Synthesis of Clinical Knowledge for Nursing	Clinical Evaluation Form at mid-term and final
Practice	Satisfactory completion of all requirements outlined in course syllabus
NUR 511: End of Life Care in the Acute Care Setting	Reaction papers
(elective)	Summary of readings
	Formal paper
	Paper presentation
	Take home final exam
	Participation

IIIF-2

CCNE Self Study: 2011 University of Kentucky BSN, MSN and DNP

# NUR 885: High Acuity Nursing EVIDENCE-BASED PRACTICE POSTER GRADING RUBRIC

Students' Names: \_\_\_\_\_

Tit	le of Poster:	Date:	
	Criterion	Possible Points	Student Points
1.	<u>Problem</u> : The EBP question is stated properly using the <i>PICO format</i> . The topic must be appropriate to the clinical setting. Comments:	10	
2.	<u>Population</u> : There must be a clear statement of the chosen patient population with enough specificity to apply the problem and evidence. Comments:	5	
3.	Intervention: A statement is present that compares the current clinical intervention (practice) being performed in the unit with an option for an alternative clinical intervention (practice) that could be applied to the problem and/or population of choice. Comments:	5	
Evi	dence-Based Papers		
4.	<u>Finding the evidence</u> : Each individual member of the poster team must prepare one peer reviewed research or meta-analysis article. [This means that if there are two students on a team, two articles will be included.] Articles can be nor no more than 5 years old. If older, an explanation of why older research was used for paper (e.g., some clinical investigations occurred during certain periods of time, such as 1995-1999). Comments:	15	
5.	<ul> <li><u>Summary of Evidence</u>: One panel (slide) is present that provides a brief summary of the research findings in each article and then relates them to the question noted in criterion 1.</li> <li>This should only be 2-3 bulleted major points per article</li> <li>An appropriate reference citation must be provided for each article in APA format Comments:</li> </ul>	15	

	Criterion	Possible Points	Student Points
6.	<u>Comparison</u> : A brief statement is provided that identifies what practice (if either) the evidence supported from the interventions noted in criterion 2. Comments:	10	
7.	<ul> <li><u>Conclusion</u>: An explicitly stated conclusion statement is provided. The statement must include:</li> <li>Based on existing evidence, which clinical intervention practice should be kept/changed and</li> <li>A brief statement of how any changes could be implemented</li> <li>Comments:</li> </ul>	10	
8.	<u>Future:</u> A statement is included that suggests where future research would be beneficial in adding additional support to the conclusions stated in item 7. Comments:	5	
9.	<ul> <li>Poster architecture:</li> <li>The poster is submitted on time (at the beginning of the last clinical day)</li> <li>Poster panels are clear and concise, neat and professional looking</li> <li>Poster is free of spelling and grammatical errors</li> <li>Comments:</li> </ul>	10	
	esentation	4 6	
10.	<ul> <li>A poster presentation will be given to instructor and peers. Presentation requirements:</li> <li>Length: A minimum of 4 minutes and a maximum of 8 minutes (time counts).</li> <li>Each individual member of a poster team must participate in an equal portion of the presentation discussing the different panels of the poster and expanding as necessary.</li> <li>Comments:</li> </ul>	15	
	TOTAL:	100	

# Evidence III-F.X Use of HESI Exams in Nursing Courses – Fall 2011

Course #	Course Name	HESI Exam	How HESI Exam is Used in Course
NUR 863	Professional Nursing Care Across the Lifespan	Fundamentals	1% bonus point given for a HESI score of 850-899 and 2% bonus point for score of 900 or above. Bonus points cannot be used to bring up a final average or test average below 76.
NUR 869	Introduction to Nursing Care for 2 <sup>nd</sup> Degree Students	Fundamentals	Required to pass course, per syllabus, but doesn't show as a % of grade.
NUR 871	Family Centered Care Adults w/Com Health Problems	Medical- Surgical	Give 0.5% bonus point to students who score <u>&gt;</u> than 900 on HESI.
NUR 873	Nursing Care Childbearing/Childrearing Families	Pediatrics	Students are given bonus points that can be added to their final grade. Syllabus states completion of HESI Exam is a requirement for passing the course.
NUR 875	Nursing Care Childbearing Families	Maternity	Students who score 90% or better may be excused from the final exam. Syllabus states completion of HESI Exam is a requirement for passing the course.
NUR 880	Leadership/Management in Nursing Care Delivery	Management/ Community Health	5% of Final Grade
NUR 881	Psychiatric Mental Health Nursing	Psych/Mental Health	Required to pass the course. 0.5 bonus point given to final grade for a HESI score of 850-899 and 1.0 bonus point to final grade for score of 900 or above. Bonus points cannot be used to move exam grades to a passing average (76) the
NUR 883	Public Health Nursing	Community Health	1 bonus point given for a HESI score of 850-899; 1.5 for 900-949; 2 bonus points for $\geq$ 950 or above. Bonus points cannot be used to bring up a final average below 76.
NUR 884	Career Management in Nursing	HESI RB Exit – Exam 1	Students can earn 20%, based on HESI score, and 10-20% for online HESI remediation. Students take the end of program HESI at midterm. Those students who do not obtain the required 900 at midterm will retake the HESI at the end of the semester. If they do not obtain the 900 on the 2 <sup>nd</sup> HESI they will receive a B for the course. 4/2/2011 - UPC

**OVERVIEW/EVALUATION OF SNAP (STUDENT NURSE ACADEMIC PRACTICUM)** 

Summer 2009 and 2010 October 11, 2010

## **Background**

The SNAP program has traditionally been a marketing/recruitment tool for UK Healthcare along with providing students with an educational opportunity to spend 10-weeks in the summer with a registered nurse (RN) preceptor. The traditional service model from 2005-2007 resulted in a dismal retention rate of 24-50% for participants hired as new graduates after completion of their degree programs. A modified program was offered in the summer of 2008 that gave participants an opportunity for expanded skill development. The retention rate of SNAP participants applying for registered nurse positions (i.e., registered nurse applicants, RNA) increased to 65% with participants of the summer 2008 program (see Table 1).

The modified program was an improvement in attracting top talent but still fell short of programs offered at benchmark institutions, such as Vanderbilt University Medical Center, as well as the local hospital market. We continued to see top students out migration to academic-based programs in the local and regional market versa the service model offered at UK HealthCare. In keeping current with the market and recruitment/retention of "top talent", a collaborative effort between UK HealthCare (UKHC) and the UK College of Nursing (UK CON) resulted in the development of an academic based program.

Year	# SNAP Participants				
		Technician (NCT)	Applicant (RNA)		
2005	34	22 (65%)	8 (24%)		
(Service model SNAP)					
2006	30	16 (53%)	9 (30%)		
(Service model SNAP)					
2007	44	23 (52%)	22 (50%)		
(Service model SNAP)					
2008	34	19 (56%)	22 (65%)		
(KBN Model 2 – Nurse					
Extern/ Service Line)					

Table 1. Number of Participants and Retention Rates for SNAP Summer Externship

# Academic Program

In 2009, the SNAP program was redesigned to a credit-bearing (3 credit, NUR 896), higher quality academic program (Student Nurse Academic Practicum) versus the service model. Converting the summer externship for student nurses to an academic experience was consistent with a national movement and with programs offered locally.

It was developed to enhance skill proficiency under the supervision of UK College of Nursing Faculty and RN nurse preceptors. The 10-week student experience enhances new graduate proficiencies with the potential for future employment at UKHC. The annual budget for SNAP is shown in Table 2.

The key features of the academic program for participants in comparison to programs of the past are:

- Attracts high performing BSN nursing students (the majority from UK College of Nursing)
- Enhances skill development and "hands-on" care at a higher level than the service model allows (per Kentucky Board of Nursing regulations)
- Participants earn 3 college credit hours after completing the academic requirements for the course
- Experience working with an interdisciplinary healthcare care team in a large academic medical center or community- based hospital, supervised by UK College of Nursing Faculty
- Socializes to the role of the professional nurse
- Develops knowledge of evidence-based nursing practice and evaluation of outcomes
- Students selected for SNAP after extensive professional interview with nurse recruitment, management and faculty teams with emphasis also placed on GPA and letters of recommendation
- Gateway to establishing a long-term relationship with UK Healthcare
- Will be expected to complete their senior level capstone course at UKHC
- UKHC will extend first priority for employment at UKHC upon completion of SNAP program and degree requirements

Summer Year	# SNAPS Expected ***	# SNAPS Tuition	# SNAPS Completed	UKHC Tuition Paid*	CON Tuition Reinvestment	Cost Faculty Salaries Paid by CON**
		Paid		(3 credit hour	Rentestinent	con
				、 NUR 896)	(40% of tuition paid)	(\$4,000 salary + benefits/ CON faculty member covering group, 10 SNAPS; 10 SNAPS, 1 group, covered
2009	40	40	39	\$37,920	\$15, 926.40	by UKHC faculty) \$13, 344
2009	40	40	55	\$37,920	Ş13, 920.40	(11.2% FICA and
				(\$316/credit hour)		MFB rate)
2010	50	49	48	\$48 <i>,</i> 804	\$19,521.60	\$17, 936
						(12.1% FICA and
				(\$332/credit hour)		MFB rate)
2011	60	60	TBD	\$66,960	\$26,784	\$22,600
Projected						(12.95%+ FICA
				(\$372/credit hour)		and MFB
						estimated)

Table 2. SNAP Annual Budget

\*UKHC Tuition payment per Greg Collins, UKHC

\*\*CON Faculty Salaries and Benefits per June McFarland, UK CON

\*\*\*2011-increase SNAP's at GSH by ten in direct correlation with opening of Pavilion A and additional beds at GSH

# **Evaluation**

In line with the strategic plan for recruitment of more Bachelor's of Science in Nursing (BSN) prepared nurses, the summer 2010 program selected 92% of SNAP's from BSN programs, and 89% of the BSN participants were from UK College of Nursing (see Table 3). Decreasing numbers were selected from Associate Degree Nursing (ADN) programs from Summer 2009 to 2010.

Table 3. SNAP Applicants by Program

SNAP Program	# Applicants		# Interv			# SNAPS Employed		l Progr	ams
	ADN	BSN	ADN	BSN	ADN BSN		UK	EKU	Other
Summer 2009	40	47	27	39	14	26	23	2	1
	(46%)	(54%)	(41%)	(59%)	(35%)	(65%)	(88%)	(8%)	(4%)
Summer 2010	10	80	9	77	4	45	39	4	1
	(11%)	(89%)	(10%)	(90%)	(8%)	(92%)	(89%)	(9%)	(2%)

As indicated in Table 4, the redesigned program launched in summer 2009 boasts a retention rate of 69% for the 39 participants that completed the program who remained employed as a Nursing Care Technician (NCT). The 2009 program hired 82% of the 39 SNAPS as new graduates, with 97% still employed. Summer 2010 program retained 79% of the SNAPS who remained employed as NCT with recruitment efforts in full swing for December 2010 new graduates.



Table 4. SNAP Retention as Nursing Care Technicians and Registered Nurse Applicants

A key highlight of the program is the expectation that SNAP participants complete their senior capstone preceptorship at UK Healthcare with the assumption that a reduction in orientation time will subsidize the incremental cost of the program (i.e. tuition). This assumption was loosely tested but did see some decreased orientation time of one week despite no formalized tracking tools (see Table 5). On average, the cost savings for abbreviated orientation to RN position for SNAP participants is estimated to be \$846.67/SNAP compared with the SNAP tuition cost of \$316/SNAP. For summer 2010 SNAP participants (expected to graduate in December 2010), 100% completed their last semester senior year capstone preceptorship at UKHC in comparison to 74% for the summer 2009 program participants.

UK Healthcare continues to work closely with SNAP participants to cultivate the long-term relationship for potential future employment. Participants are extended first opportunity to meet with a Nurse Recruiter to discuss available job opportunities and application process for employment upon graduation.

SNAP Savings - Abbreviated Orientation	
	SNAP Savings
Number of SNAPs with Abbreviated Orientation	6
Hours Saved per Staff	36
Total Hours Saved	216
Rate of Pay	\$21.85
Labor Savings	\$4,719
FICA Savings	\$361
Total SNAP/Preceptor Savings (6 SNAPs)	\$5,080

Table 5. SNAP Savings as a Result of Abbreviated Orientation (provided by Greg Collins)

# Summary:

- The UK HealthCare and College of Nursing partnership is developed further by the SNAP program, which offers a high level summer training program for nursing students interested in future employment opportunities with UKHC.
- Academic SNAP model yielded higher performing student nurse applicants compared with the service model
- 92% of SNAP participants are from BSN programs that aligns with UKHC strategic plan to hire primarily BSN graduates
- Retention rates have increased from 65% to 82% for Registered Nurse applicants from the SNAP pool
- Orientation time is trending toward less time needed to acclimate to the role for Registered Nurses who participated in SNAP

• Evaluations of the SNAP experience have been highly positive with participants reporting a high level of skill proficiency at the completion of SNAP and a deep connection to UKHC, facilitated by College of Nursing faculty and UKHC nurse preceptors (see appendix A)

# **Recommendations**

- Continue SNAP academic model that attracts the highest performing student nurse applicants
- Focus SNAP selection and retention efforts primarily on BSN applicants
- Budget necessary funds to cover tuition costs for SNAP participants; academic model is an investment in recruitment of highly qualified nurses with experience at UKHC
- Track trends over time for SNAP vs. non -SNAP new nurse hires (e.g., length of orientation time; employee satisfaction; retention rates)
- Establish a concrete process for developing an ongoing long-term positive relationship with SNAP participants prior to graduation
  - signify SNAP on identification badge disk;
  - cultivate relationship between SNAP and Patient Care Manager (PCM) in addition to the SNAP preceptor;
  - establish touch points once a semester to connect PCM with SNAP
- Explore rotating SNAP participants through two service line areas to further expand skill development and student experience (e.g., Dialysis, Diagnostic Radiology, Cardiac Cath Lab)

11/02/10 S.Stratton; P. Burkhart

# Appendix A

### 2009 SNAP Evaluation of Program

## N = 34 of 39 evaluations completed by SNAP participants

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	COMMENTS
I enjoyed the SNAP program				21%	79%	
The program familiarized me to the role of the entry level Registered Nurse				12%	88%	
My preceptor was: a. Enthusiastic		3%	12%	18%	68%	One who marked disagree stated, "If the nurse had volunteered to be a preceptor then maybe he would have been move enthusiastic to having a student."
b. Flexible			3%	24%	74%	
c. knowledgeable				18%	82%	
I felt comfortable asking questions to my preceptor				12%	88%	
During the program I felt I was able to: a. Assist with the maintenance of the patient's physical comfort and hygiene through personal care			3%	21%	76%	
b. Assist the patient to achieve optimum activity, rest and sleep				35%	65%	
c. Assist the patient to maintain optimum respiratory function				29%	71%	
d. Assisted with the orientation and admission of the patient to the nursing unit			9%	31%	59%	
By the end of the program, I felt fairly comfortable in my role as a SNAP				21%	79%	

# 2009 SNAP Evaluation of Program (continued)

	Yes	No	COMMENTS
During the program, I worked	39%	61%	SNAP's worked with more than one preceptor when RN
with only one preceptor (If			preceptor was on vacation leave, sick leave, or scheduling
no, please state why in the			conflicts
comment section)			
I was able to perform skills	100%		
from the SNAP Program Skill			
Competency List (If yes, list			
some of those skills)			
I was able to work in my area	67%	33%	Five of nine who marked "No", stated they were not assigned to
of interest			area requested but ended up enjoying or loving it.
The preceptor answered or	100%		
found the answers to my			
questions			
I plan to stay at UK as a NCT	73%	27%	
I plan to apply to UK after	94%		6% stated maybe instead of No
graduation			

# 2010 SNAP Evaluation of Program

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	COMMENTS
I enjoyed the SNAP program				28%	72%	
The program familiarized me to the role of the entry level Registered Nurse			3%	19%	78%	
My preceptor was: a. Enthusiastic			3%	29%	68%	
b. Flexible				16%	84%	
c. Knowledgeable				13%	88%	
I felt comfortable asking questions to my preceptor			3%	13%	83%	
During the program I felt I was able to: a. Assist with the maintenance of the patient's physical comfort and hygiene through personal care			3%	22%	75%	
b. Assist the patient to achieve optimum activity, rest and sleep				34%	66%	
c. Assist the patient to maintain optimum respiratory function		3%	6%	25%	66%	One who marked disagree stated, "In the ED respiratory therapy mostly manages this or they are not here long enough (i.e. floor nurses will teach incentive spirometer use)."
d. Assisted with the orientation and admission of the patient to the nursing unit			6%	16%	78%	
By the end of the program, I felt fairly comfortable in my role as a SNAP			3%	19%	78%	

#### 2010 SNAP Evaluation of Program (continued)

	Yes	No	COMMENTS		
During the program, I worked	22%	78%	SNAP's worked with more than one preceptor when RN		
with only one preceptor (If			preceptor was on vacation leave, sick leave, or scheduling		
no, please state why in the			conflicts. A couple of SNAP's RN preceptor changed		
comment section)			positions therefore was assigned to a new RN preceptor.		
I was able to perform skills	100%				
from the SNAP Program Skill					
Competency List (If yes, list					
some of those skills)					
I was able to work in my area	84%	16%	Three of the five who marked "No" would have preferred		
of interest			ICU and one would have preferred Pediatrics.		
The preceptor answered or	100%				
found the answers to my					
questions					
I plan to stay at UK as a NCT	81%	19%			
I plan to apply to UK after	100%				
graduation					

#### **RN Preceptor 2010 SNAP program evaluation**

N = 31 evaluations completed by RN preceptors

The 2010 SNAP program evaluations completed by RN preceptors consistently rated the program favorably on a scale of one through five with the majority marked as agree (4) to strongly agree (5).

RN comments from 2010 SNAP program evaluations:

- "SNAP student has made tremendous strides in developing her role as nurse app."
- "This year with the improved changes on medications, SNAP student has had the opportunity to achieve more skills."
- "I think the recent improvements have made the program better."
- "I think the preceptor program (SNAP) is wonderful and prepares the student for the Nurse of the future."
- "I have precepted many students during my years of nursing. This SNAP student is the best. He is so well organized, interested, caring and compassionate. Hope he joins our team someday."
- "I think the SNAP program is a great way to adjust to the nursing role and get their feet wet!"
- "I cannot express enough wonderful things about this SNAP student. She will be a very caring and compassionate nurse. I am very proud of her! She has exceeded my expectations."
- "I'm writing to tell you what a blessing this opportunity has been. When you work 33 years, it can become "old." SNAP student demonstrated enthusiasm, passion and joy in nursing. She has been a positive force in my nursing practice. She brings to mind the reasons it can be such a rewarding career."

# Patient Care Manager (PCM) 2010 SNAP program evaluation

N = 9 evaluations completed by Patient Care Managers

	1	2	3	4	5	COMMENTS
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1. The SNAP was			11%	56%	33%	
quick to learn about						
the unit culture.						
2. The SNAP fit with				56%	44%	
the rest of the unit						
staff.						
3. I want to further			44%	44%	11%	
build a relationship						
with my SNAP and						
see them staying on						
my unit as a new RNA.						
4. The SNAP			25%	25%	50%	One PCM thought the
selection process was						front line staff should
helpful in						be involved.
determining mutual						
fit.						
5. I feel staff nurses			56%	22%	22%	
should be involved in						
the						
interview/selection						
process for SNAP's.						
6. I believe SNAP's		22%	11%	67%		
would benefit from						
rotating through two						
areas in cluster units						
over the course of the						
ten-week program.						