Western Wyoming Community College

Associate Degree Nursing Program

Rock Springs, Wyoming

Faculty Handbook
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Rev 6/3/14
Introduction

PURPOSE
The nursing faculty handbook has been created for the benefit of nursing faculty as they work to fulfill their job description in this complex program. It will be helpful to new faculty as they learn the policies, procedures and processes of both the institution and the program. It may also function as a reminder and guideline to more seasoned faculty. The college has complete policies and procedures available on the intranet.

OVERVIEW
History of the Nursing Program
WWCC first offered a practical nursing program in 1978. The practical nursing program met a vital need for nurses in the community for 11 years. In response to community needs for registered nurses during a nursing shortage, WWCC implemented the Associate Degree Nursing Program Fall semester, 1989. In addition to meeting the needs of the community and offering a career in nursing, the new ADN program offered site bound LPNs the opportunity to further their nursing education.

The ADN program, started in 1989, was designed with multiple entry/exit points. The multiple entry design accommodated the large pool of local LPNs wanting to become RNs. LPNs were admitted to the second year of the program as advanced placement students. Over time, the pool of LPNs diminished resulting in less advanced placement enrollment. The multiple exit design was developed to allow students to exit after the first year of the program and practice as Practical Nurses. In 2011, the Practical Nursing Spin Off Option was deleted from the curriculum. Students who wish to pursue practical nursing licensure can contact the Outreach PN program coordinator.

Accreditation History
The Associate Degree Nursing Program received initial accreditation from NLNAC in Spring, 1995. Five years of accreditation was granted. In Spring 1999, the program received two years of accreditation with a warning. Spring, 2001, the program was evaluated again and given eight years of accreditation. The program was evaluated in 2009 and granted continuing accreditation with a progress report in 2011 to address faculty pursuit of a MS.
In March of 2012, NLNAC accreditation was rescinded for failure to meet Standard II Faculty, Criterion 2.1 Master’s prepared faculty. The program now meets that standard. In June 2013 the accrediting body changed its name to Accreditation Commission on Education in Nursing and also adopted a standard for length of program of four no more than five semesters. We are working toward reaccreditation from ACEN.

Service area
WWCC has outreach sites in many areas. A practical nursing program is located in Evanston. PN Program theory may be delivered in the traditional classroom or via distance with clinical and labs available in RS and Evanston dependent on faculty availability.

WWCC established the nursing program in 2004 at the Carbon County Higher Education Center. Carbon County passed a mill levy that provided substantial funding for the nursing program. Carbon County Higher Education Center funds one full time faculty position. Four slots are reserved for qualified applicants from Carbon County.

Starting 2012, all theory portions of the program are available via distance to serve the large service area. Lab and clinical may be available in three locations where faculty are available and objectives can be met: Rock Springs, Evanston, and Rawlins.

Mission
The Nursing Program has a seven-fold mission statement. The mission of the WWCC Nursing Program is to:

1. Educate students to become competent, beginning nurses
2. Create an environment that facilitates independent learning, critical thinking, mutual respect, and free expression
3. Provide access to nursing education throughout southwestern Wyoming
4. Design learning experiences to reflect current health care trends, nursing practice, and research
5. Cultivate intellectual and personal growth in faculty and students
6. Promote student appreciation for lifelong learning to maintain competence and reach maximum potential
7. Provide and promote mechanisms for student educational mobility among the levels of nursing

College Accreditation Status
WWCC is accredited by the Higher Learning Commission/North Central Association of Colleges and Schools.
Orientation

New faculty who begin their employment will be oriented by both the college and the nursing program. The nursing director with the help of faculty will assume responsibility for orienting new nursing instructors. An orientation plan has been developed to assure that new persons are adequately introduced to the college and the program without oversights. Full orientation will take some time and new persons are encouraged to ask their peers and director questions that arise. Since this program uses an integrated approach to the process of learning, it is important that instructors communicate and cooperate in the interest of a smooth and organized curriculum to students. This will enhance the students' ability to maximize learning in this intensive program.

The orientation plan follows.
WESTERN WYOMING COMMUNITY COLLEGE
Nursing Program
Plan for Orientation of New Faculty

Orientation to College
☐ Attend college orientation session for all new faculty prior to in-service week
☐ Complete orientation checklist

Orientation to Nursing Program
☐ Director’s Expectations

Philosophy / Conceptual Framework
☐ Philosophy
  □ How is that manifested in the curriculum?
  □ What are the parameters for AD education?
  □ How is that manifested in the curriculum?
  □ How can you use the philosophy in the classroom/clinical in a meaningful way?
☐ Conceptual Framework
  □ What does the diamond shape represent in the conceptual framework?
  □ Why is growth and development placed under See Issues From Multiple Perspectives?
  □ Debate placement of three of the goals under art, three of the goals under science. What is the rationale?
  □ Where does carrying out medical orders fit? Why do you think it was placed there?
Program Outcomes / Course Leveling

- Program Outcomes
  - How are the outcomes different for end of first year, and end of program

- Course Leveling
  - Take two concepts and trace them through the leveling in theory and clinical
  - Compare two concepts in theory and clinical
  - What kind of language indicates increasing complexity?

Clinical Teaching

- Clinical Coordinator

- Clinical Teaching
  - How do you handle a student who arrives late for clinical?
  - How would you handle a student who breached confidentiality in the clinical setting?
  - What clinical tips can you use immediately?

- Clinical Evaluation
  - What is the difference between awarding a 0 versus a 0.5?
  - What is the consequence of a 0.5 during the semester?
  - What is the consequence of a 0 during the semester?

Systematic Plan of Evaluation

- Systematic Plan of Evaluation
  - Examine the SPE. Find the required outcome for Critical Thinking, Communicate Competently, or Apply Therapeutic Nursing Interventions. Where else can you find the definition of each of these concepts?
  - Why are multiple measures of the concept used?
  - Were benchmarks met?
PBL / Theory

- Problem Based Learning
  - Develop a concept map using the guidelines
  - What facilitating techniques will come most easily? Which will be most difficult?

Testing

- Theory Coordinator
- Testing
  - What is the policy for discarding a question?
  - How is the test plan useful?
  - How are test reviews to be conducted? Should the facilitator review the exam first?

Faculty Evaluation

- Faculty Evaluation
  - Student evals
  - Director evals
  - Peer evals
  - Self evals
- Goals

Faculty Roles

- Load
- On campus work obligation
- Schedule, time off
- Office Assistant Support
- Division Meetings/Faculty Meetings
- Committee Involvement
- Professional Development
- Horizontal Advancement
  - Get on the employee intranet and find the HA policy. What are the requirements to apply?
  - Review a portfolio submitted by a successful applicant
- Annual Requirements
- Advising
Students
- Admission Process
- Learning Resources
- Pinning

Appendix
- Position Description
- NLN Competencies for Nursing Faculty
- NCLEX Test Plan
- Characteristics of Mentors/Protégés
- Clinical Contract

Orientation Completed

______________________________________
Instructor Signature

_______________________
Date

______________________________________
Director Signature

Rev. 6/14
Director’s Expectations 2014-2015

Make your needs known to myself or other faculty-I don’t read minds

Work together and share the load

Encourage and support each other

Consider the program one entity

Prepare for class/lab/clinical-students are counting on you

Maintain student respect and confidentiality

Follow WWCC policies and ANA Code of Ethics

Review your job descriptions and the faculty handbook yearly (before you submit your goals)

Participate in continuing education and professional growth
  *Please be specific in your plans in your yearly goals and follow through
  *50% of faculty to participate on RENEW committees

Fairly and consistently apply policy
  Avoid exceptions
  Unwittingly undermine colleagues by not upholding policies
  Take responsibility for dealing with problem students

Major decisions are usually by consensus
  Does not necessarily mean that every member of the group thinks the best possible decision has been made

  No one is morally, ethically, or professionally violated by the decision

  Every member of the group will actively support the decision

Work smarter, not harder
Philosophy

The nursing faculty subscribes to the stated mission, vision, guiding principles, and student learning outcomes for student success of WWCC and WWCC Nursing Program. We believe in the intrinsic value and worth of every person. We believe that health is a state of homeostasis influenced by forces impacting on the person. Nursing is a practice-oriented discipline that uses evidenced-based knowledge derived from the biological, physical, and behavioral sciences to provide safe and humanistic care to persons, families, groups, and communities. The art and science of nursing is the nucleus of the interdisciplinary health care system. We believe the goal of nursing is to use the nursing process and clinical judgment to promote and maintain health, prevent disease and disability, care for and rehabilitate the sick, and support the dying. Nursing education must have a strong clinical focus and allow opportunity to apply the theoretical component of nursing.

Learning is a dynamic lifelong process, occurring in the cognitive, psychomotor, and affective domains. Learning is the joint responsibility of the educator and the learner with each assuming the responsibility for learning and continued self-development. The role of the educator is to facilitate learning and leadership by providing an environment wherein students have the opportunity to establish goals, examine various means of attaining them, and evaluate the course of actions selected. Practitioners of nursing have a responsibility for professionalism and the mentoring of others.

*Philosophy revised 1/14*
Student Learning Outcome Descriptors

**Communicate Competently**
The associate degree nurse employs therapeutic communication techniques to foster a caring relationship with clients. These techniques are employed throughout implementation of the nursing process. Included in communicating with clients is effective, creative teaching techniques. The associate degree nurse is able to document nursing care according to the standards of the profession and agency requirements. The associate degree nurse utilizes appropriate channels of communication when interacting with the health care team and collaborates with colleagues to provide competent care. The associate degree nurse will consult with other members of the health care team, including other nurses with more education or experience as well as members of other disciplines.

**See Issues From Multiple Perspectives**
The associate degree nurse provides ethically and culturally competent care to clients. Psycho-social dimensions of growth and development, social interaction, spirituality, coping, and end of life issues are addressed in managing client care. The associate degree nurse protects clients rights and practices as an advocate when those rights are denied.

**Develop Life Skills**
The associate degree nurse practices within the ethical, legal, regulatory, and professional framework of the discipline of nursing. The associate degree nurse values and is committed to professional growth, life-long learning, and self-development in the process of becoming a competent beginning nurse. The associate degree nurse demonstrates flexibility in an ever changing health care environment. The associate degree nurse assumes responsibility for personal development to promote high standards of practice. It is essential that the associate degree nurse understand the ethical standards and the legal framework for practice: rules and regulations governing the practice of nursing, roles of the professional organizations, political, economic, and societal forces affecting practice.
The associate degree nurse demonstrates organization and management in providing care to persons with health care needs. The associate degree nurse may delegate aspects of care to appropriate personnel and is accountable for care delegated to other health care team members. To be a competent beginning associate degree nurse, the nurse develops skill in efficient use of time and resources to provide cost-effective care.

**Solve Problems**
The associate degree nurse utilizes critical thinking skills to make clinical decisions about client care situations. Decisions are evaluated through logical organization, validation of information, critical examination of assumptions, and analysis of conclusions. To be competent in solving problems the associate degree nurse must possess an extensive knowledge base and skills necessary to make decisions regarding priorities of care.

**Retrieve Information**
The associate degree nurse utilizes technology and accurate information to augment intellect. Accessing data bases, nursing research and current nursing literature contribute to the delivery of safe, competent nursing care. Application of nursing research is used to advance nursing practice. The associate degree nurse utilizes the language of nursing in communicating.

**Apply Therapeutic Nursing Interventions**
The associate degree nurse applies critical thinking skills to the nursing process to make decisions about client care. The associate degree nurse utilizes a broad knowledge base of biological, social, and behavioral sciences to provide safe, effective nursing care. To assure that the associate degree nurse is able to make nursing decisions and practice competently, it is essential that the nurse have a broad, current body of knowledge in nursing. The body of nursing knowledge is complimented by understanding pharmacology, pathophysiology and interdisciplinary intervention. The associate degree nurse establishes and analyzes a database, identifies health care needs, selects appropriate nursing diagnosis, negotiates goals with the client, plans and implements care in a caring, logical, and creative way, and evaluates if outcomes have been met. The associate degree nurse collaborates with the client, family, and members of the health care team to provide safe, effective care to maximize health potential to clients. The associate degree nurse demonstrates technical competence in skill performance.
Conceptual Framework

The conceptual framework is the organizational tool to present the curriculum in a way students can’t manage the information. The conceptual framework is based on the six goals of the nursing program: Communicate Competently, See Issues From Multiple Perspectives, Develop Life Skills, Solve Problems, Retrieve Information, and Apply Therapeutic Nursing Interventions.

*Use the language of the conceptual framework at every opportunity to help students organize information.*
CONCEPTUAL FRAMEWORK

Nursing is the focal point of the WWCC Nursing program Conceptual Framework. The nursing faculty believe that nursing is an art and a science and that mastering the art and science of nursing leads to competence. To help the Nursing student achieve competence, the curriculum is organized using the six goals of the nursing program. The six goals of the nursing program are to: Communicate Competently, See Issues from Multiple Perspectives, Develop Life Skills, Solve Problems, Retrieve Information, and Apply Therapeutic Nursing Interventions.

The nursing faculty designed the Conceptual Framework map using the shape of a diamond. The main focal point of the conceptual framework is “Nursing” and is placed in the center octagon of the diamond to emphasize that the focus of the curriculum is nursing. The top and bottom points are key locations on the diamond. The top represents the “Student Nurse,” and the bottom represents “Competent beginning Nurse.” The top of the diamond representing the “Student Nurse” spotlights the recipient of the curriculum. The recipient or learner includes the student at each level of the program. Without the learner, there would be no program. The bottom point represents “Competent, Beginning Nurse.” The overall purpose of nursing program is to educate the student to become a competent beginning nurse. If the nursing student is able to successfully apply the art and science of nursing at the expected level at the end of the three-year nursing program, the achievement of becoming a competent beginning AD nurse will be realized.

Since nursing is an art and a science, both these components are shown surrounding the center octagon of nursing on the conceptual framework. The significance of these components encircling the focus of nursing is that the student nurse must be able to apply BOTH the art and the science of nursing to become a competent beginning nurse. The two sides of the diamond, representing the art and science with the accompanying six goals, are interconnected by lines that join into the center octagon of “Nursing.” These lines represent the “facets” of the diamond and show that the six goals provide structure for and give shape to the curriculum just as the sides of the diamond give the diamond its structure and shape. The three goals of Communicate Competently, See Issues from Multiple Perspectives and Develop Life Skills comprise the “art” component of Nursing and are depicted on the left side of the diamond. The three goals of Solve Problems, Retrieve Information, and Apply Therapeutic Nursing Interventions comprise the “science” of Nursing and are shown on the right side of the conceptual framework diamond. “Nursing Student” and “Beginning Competent Nurse” are also connected to the center octagon of Nursing with facets and illustrate that skillful application by the nursing student of the art and science of nursing results in becoming a competent beginning nurse.
WWCC Nursing Program Conceptual Framework

Revised September, 2000

Nursing Student

Communicate Competently

- Communicator
- Educator
- Caring

Solve Problems

- Critical Thinking in Decision Making
- Prioritize

Retrieve Information

- Research
- Informatics

Apply Therapeutic Nursing Interventions

- Nursing Process
- Pharmacology
- Pathophysiology
- Interdisciplinary Intervention

See Issues from Multiple Perspectives

- Culture
- Ethics
- Psycho-Social Dimensions

Develop Life Skills

- Discipline of Nursing
- Manager

Competent Beginning Nurse

Reaffirmed April 2014
Program Outcomes

The program outcomes are leveled for the first year and end of program. They demonstrate leveling throughout the program to create competent, beginning nurses. Each semester demonstrates leveling of the objectives. These are found in the theory and clinical objectives.

✓ Course Leveling: Theory & Clinical

See Student Handbook for Student Learning Outcomes
http://www.wwcc.wy.edu/academics/nursing/handbook.pdf

✓ Student Learning Outcomes
Systematic Plan of Evaluation

Every aspect of the program is analyzed via the Systematic Plan of Evaluation (SPE). The SPE assures the quality of the program and provides a means to make informed curricular decisions. A portion of the SPE is addressed at most faculty meetings. The director manages the data gathering. Analysis and recommendations come from the faculty with student input at faculty meetings. Some aspects are also addressed by the Advisory Board.

✓ Systematic Plan of Evaluation and Assessment of Outcomes
Problem Based Learning

The Nursing Program uses Problem Based Learning (PBL), an active, innovative, student directed methodology. PBL uses problems to stimulate the learner to search for information and in doing so creating their learning. There are many resources for faculty on the nursing server. New faculty are oriented by seasoned faculty or the director.
Theory Coordinator Responsibilities

- **Prepare the syllabus – Meticulous examination for accuracy**
  - Assure the language, leveling, and format match the other syllabi
  - Coordinate with Administrative Assistant for consistency
  - Confirm hours
  - Check the recommended texts
  - Check all of the deadlines for assignments
  - Calculate course points
  - Assure that last year’s input for these documents is integrated

- **Review written assignments**
  - Consistent with other assignments for grading criteria, including use of the rubric
  - Leveling is consistent with total curriculum
  - If any assignment changes, make note in assessment column of course objective section on syllabus

- **Complete book order to book store.**
  - Obtain deadline early in the year and make sure other instructors and students have an opportunity to see the books under consideration so they can have input.

- **Manage Blackboard Grade Center, includes setting up or delegating shell set up.**
  - In event of computer/backup failure, the assistant downloads the BB Grade Center for Nursing I-IV at the end of the semester and also archives the full nursing Blackboard course shells.

- **Confirm PBL rubric is available on Blackboard**

- **Prepare the schedule – cases sequence, number of days/case, testing.**
  - Coordinate with nursing assistant to reserve testing sites and communicate with outreach
  - Attempt to simultaneously do as many cases as possible in conjunction with outreach
☐ Do final review of PBL cases and keep track of changes for next year.

☐ Manage ATI and Blackboard.

☐ Coordinate the preparation of exams:
  Determine which version of an exam is to be given with Administrative Assistant
  Assure all exams have been reviewed by appropriate faculty
  Make appropriate changes to exams prior to testing after receiving input from other faculty
  Confirm accuracy of exam answers, rationales, distribution with NCLEX categories
  Manage test plan document
  Print statistics for review at end of semester
  Make decision regarding problematic questions with input from faculty

*Theory coordinator may delegate as appropriate, but is ultimately accountable.*

____________________________________
Course(s)

_______________________
Date

____________________________________
Instructor Signature

_______________________
Date

____________________________________
Director Signature

*Rev. 6/3/14*
Clinical Coordinator Responsibilities

One faculty member from each nursing course will be assigned to be clinical coordinator. This person has the following tasks:

☐ Is in contact with administrative assistant re: student clinical requirements for CPR, immunizations, etc. are current.

☐ Send a letter to all clinical agencies announcing who will be coming, on what dates, for what experience.

☐ Assure there is a clinical contract.

☐ Contact agencies to arrange a room for post clinical.

☐ Alerts students to the orientation requirements for the agencies they are assigned or may attend

☐ Works with faculty to assure clinical arrangements are made. Troubleshoot any conflicts or changes in schedules. *Be very cautious about changing schedules at student requests. If you accommodate one student, you must be prepared to accommodate all students. This is not possible.*

☐ Make arrangements to make up for missed clinical.

☐ Work with other faculty and agencies to arrange preceptors.

☐ Work with other faculty to orient and mentor preceptors and assure needed preceptor documentation in place.

☐ Review preceptor evaluations.

☐ Assure all the clinical tools are accurate and prepared.

☐ Assure the clinical packet is accurate and prepared.

☐ Coordinate with theory coordinator to assure syllabus and clinical packet match.

______________________________________
Course(s)

______________________________________
Date

Instructor Signature

______________________________________
Date

Director Signature

Rev 6/3/14
Lab Coordinator Responsibilities

- Assure all of the needed supplies are available in the lab.
- Assure cleaning of lab, mannequins, and simulation equipment is done (N3 faculty (December) & N4 faculty (May) are in charge of Vita-Sim and Sim Man cleaning; CNA coordinator in charge of all other mannequin cleaning and upkeep.
- Assure lab activities match case and fall after students have had exposure to content in PBL.
- Assure all sections have equal number of assigned lab hours.
- Arrange additional help for big check off days.
- Prepare lab objectives and lab case course shells in BB.
- Preview ATI skills before assigning

_____________________________________
Course(s)

_____________________________________
Date Instructor Signature

_____________________________________
Date Director Signature

Rev 6/3/14
PBL Facilitator Role

- Prepare exquisitely for class, follow PBL techniques
- Prepare and administer tests, conduct test reviews
- Make notes to case objectives and tests on server as they arise (this makes end of the semester reviews much easier)
- Work with clinical coordinator to arrange conceptual clinical offerings and student assignments
- Grade PBL & written assignments timely and post grades on BlackBoard; also post PBL rubrics in Student Portfolios on Nursing server
- Assure required assignments, care plan and PBL rubric are complete prior to Final exam.
- Monitor progress of completion of clinical objectives, student, and preceptor evaluations
- Review all preceptor evaluations for effective clinical guidance and support (preceptor evals will be shared with preceptors at the end of the semester)
- Alert Clinical coordinator to problems with clinical preceptors or sites

Yearly or Multi-year Faculty Assignments

- Theory, lab, clinical coordination
- Text book/publisher contact
- ATI contact
- Simulation leader/Laerdal contact
- Student Nurses Association faculty liaison
- College Committees (requested by Senate in the Spring of the year)
- Assigning birthdays
- Scheduling faculty meetings
Testing

The nursing program uses Blackboard for all exams. Rules for monitoring tests have been developed. Instructions on using Blackboard can be found on the BlackBoard web site “On Demand Learning Center” http://ondemand.blackboard.com/assess.htm. Students may test on the main campus or in outreach centers. If testing in centers other than Evanston or Rawlins, proctoring agreements need to be completed (this is a student responsibility).

Tests in nursing are written primarily at or above the application level. Students often struggle with this at first. There are numerous resources to help develop test taking skills (ie. ATI nurse logic, student development center).

In test reviews:
Make it clear test questions will not be thrown out unless they meet the criteria listed below.

- Do not allow students to be argumentative. Teach them to differentiate between the right answer and a close second choice.
- Ask students who got it right to explain their thinking
- Ask: Why did this not look right to you?
- Ask: What was the question asking?
- Be empathetic that this is difficult, especially when they feel they studied. Ask them how they might study differently next time.

*Test questions can only be deleted by faculty consensus.

*Mis-keyed questions will be corrected immediately with the appropriate points either subtracted from or added to the scores. The instructor giving the exam will correct it on Blackboard and notify the other faculty.*

(See Evaluation of Exam Questions Policy in Student Handbook)

http://www.wwcc.wy.edu/academics/nursing/handbook.pdf
E-mailing Exam Password to Outreach sites and miscellaneous centers (e.g., for ADA students)

- Instructor sets up the “Test Options” for each exam. Creates password.
- The morning before the exam (or sooner), instructor emails the password to the Administrative Assistant.
- The day before the exam, the assistant will email password and general information to each site.
- (If instructor has not given assistant the password, the assistant will look on Blackboard for the password. If instructor has not set up the exam, an urgent call will be made to instructor. If the assistant cannot locate the instructor and it’s getting really late, she/he will create a password to get this email sent to all sites.
- The assistant will carbon copy the email to the appropriate instructor.
- On the day of the exam: The assistant is the secondary contact person if something goes haywire with Blackboard or if the student has an issue with proctor or road problems. The instructor is always the first contact unless they are unavailable (e.g., giving the exam on campus or in clinical). In those circumstances, the assistant is the contact person.

See Appendices Folder: Testing
- Sample Exam with Category Analysis and Exam Plan
- NCLEX-RN Examination: Test Plan for the National Council Licensure Examination for Registered Nurses
Clinical Teaching

Clinical teaching has two components: supervising and teaching. Supervising requires monitoring that tasks be completed, signatures in the right place, activities done on time, etc. Teaching is helping students become competent, beginning nurses. Initially, new faculty seem to spend a lot of time supervising. As YOU develop skill as a faculty member, you will be able to supervise on autopilot and teach at every turn.

Where to begin:
Review the clinical objectives and clinical assignments
Contact the agency and ask to attend a staff meeting to meet staff, explain what the goals of the clinical are, what the level of the students will be, what they are there to accomplish. Ask what kind of things worked well, what kinds of things need revision.

Making assignments:
Match clients to the clinical objectives. If a student is trying to learn therapeutic communication, assign someone who can engage in conversation. If a student needs IV experience, assign a patient who has IV’s. You will need to decide when students are ready for more than one patient. You need to evaluate how many patients/students you feel you can handle. You need to decide how acute the patients should be: two stable patients vs one very complex patient. Remember teaching needs and psychosocial needs are part of the complexity.

Post the assignments so staff knows who has been selected. On the assignment sheet, document what students will and will not do. Will they utilize the aid or do total care? All meds, except IV’s? I & O at the end of the shift? Give Report? Good communication is critical.
At the beginning of shift assure the students are prepared by reviewing their plan of care. When report is over, ask if there are any questions. Did they choose reasonable nursing diagnosis and interventions? Do they know the meds? Ask yourself if you feel confident they are prepared to provide safe care. If the answer is no, ask yourself:

Can this be up to par in 10-15 minutes? For example, if the medication knowledge is lacking. If it can be done in a few minutes, pull the student aside to complete the work, and then allow them to do clinical. Make appropriate note in the clinical evaluation tool they were not prepared. If this becomes a pattern, they may need to earn a 0 for that clinical week. If it is not possible to get the care plan complete in 10-15 minutes, send the student home. Clinical will need to be made up at another time. Give them a 0 on the clinical evaluation tool for that experience and initiate the clinical contract.

See Clinical Tips, p 31.
Clinical Faculty Requirements

All clinical faculty are required to have the following documentation in their files

✓ Current licensure
✓ Current Health Care Provider CPR
✓ Annual TB status
✓ MMR - status upon hire
✓ Tdap – status upon hire
✓ Hep B status - status upon hire
✓ Varicella – status upon hire
✓ Drug screen - status upon hire
✓ Background check - status upon hire
✓ Blood/body fluid exposure training - yearly
CLINICAL TIPS

Meds:
Ask why client is receiving particular med
Ask if it seems to be effective. How do they know?
When will they assess for effectiveness (if giving Lasix, when will they diurese? Is that a sign of effectiveness? Daily weight, reduced edema, etc.)
Do you see any adverse effects?
What adverse effects did you look for?
How would you explain to client what this is for?
Why do you think their meds have changed?

Assessment:
What did you observe, hear, see, notice, etc.?
Is that what you expected to observe?
What does it mean to hear or see (Crackles, reddened prominence, low urine output, etc.)?
How will their assessment change to indicate they are improving, worsening?
How is this just like the book? How is this different?
How are they like other clients’ with _________? How are they different?
(Eventually, they should see the physiological things are similar, the client as an individual is what makes them different)
How will you explain your findings to the client?

Psych/Social:
Do they seem to have met their developmental task? How did you know?
How did you promote their growth and development?
Role model addressing their strengths, choices, etc.
What is the source of their biggest stressors?
How do you plan to address that today?
How does this person fit rural culture (or other culture)?
How do you plan to incorporate that into your care?
What are this persons strengths?
How did you promote their health during your care?

General Questions:
What is your main goal for today?
What is the most important question you asked your client?
What things will need to happen for your client to be discharged? (acute care)
What things precipitated your client not being able to remain independent at home? (LTC) Why is that useful to know?
How did you foster choice and independence at home?
General Questions Continued:
How did you demonstrate respect for your client?
What was the most important clinical decision you made today?
Where would you place this person on the health care continuum?
What were you thinking when you…..
What did you see that indicated caring?
What made you feel like a nurse today?

Skills:
Review away from client.
Check all the supplies.
Be supportive.
Calm client and student.
Remind them of the next step.
Never reprimand student or gasp (If they contaminate, softly ask them to change gloves.)
Nod, wink or give thumbs up as they go along if they are doing well.
Assist if needed.
Role model teaching, explaining to client as you go along.
Take over if out of control.
As soon as you are done, in private place, ask them how they think they did.
Provide feedback – what went well, “Next time. . . . .”
Let them talk about it if they need to.

Feedback:
Positive
I’m impressed.
You did that as well as any experienced nurse.
That was perfect.
VERY good job.
Can YOU feel how well you are doing?
Your client said. . . .
You’ve got it.
That’s what makes you feel like a good nurse.
Take them to the desk and make an announcement.
What I like best about how you did was. . . .
You look so confident and competent when you…..

Negative:
Next time. . . .
I want to spend some with you working on. . . .
There are some things that still need work……
That didn’t meet the objectives. You needed to independently (list behaviors based on clinical objectives) . . . .
**CLINICAL TIPS CONTINUED**

**Tell them what they need to do to meet the objectives if they are not:**

“I need to see you independently prepare your meds and have knowledge about the six rights.”

“I need to see you be able to teach the patient’s family so they are prepared for discharge”

“I need to see you follow through on changes in orders and the patient’s condition.”

“I need to see you complete tasks in a timely, efficient manner without being reminded.”

**Post Conference:**

Look at clinical focus for the week. Relate clinical to what they are learning in theory

Use the six goals every chance you get so they shape their thinking into our philosophy

HAVE FUN! This is where students do the most learning and build relationships with the faculty

Use some of the techniques mentioned in clinical tips

Ask them what they were thinking – not “tell us about your patient”

Ask students to give each other report in pairs

Have students read charting to each other. Ask if it is evident why they were hospitalized and if there is evidence they needed RN level care

Ask students to “See Issues From Multiple Perspectives” by recalling a significant event from the day. Ask the students to imagine the same scenario from the perspective of the patient, the family, the other health care team members, the staff nurse, the student nurse, and anyone else who might have been involved.

**Plan of care and documentation:**

Review at beginning of clinical to see of done, appropriate choices of diagnosis, they know what to do. Don’t grade them then.

Beginners need to document on scratch paper first.

Follow agency guidelines.

Nursing I – Category of Needs, II, III, IV should be by nursing diagnosis.

In III and IV ask them “If an insurance company was paying you for RN service, how would your documentation support you should be paid?” This gets them away from “resting, ate well, visitors in, watching TV” kinds of charting. (My pet peeve)

Focus them to document teaching, therapeutic communications, promoting growth and development.

Prompt them to chart throughout shift.

Set a deadline of half an hour or an hour before shift ends to have final copy approved.

Plan of care and documentation should be well related.

Give lots of feedback on charting

Be careful of modeling after staff charting – some is very poor.
Words of Wisdom From Experienced Faculty

Instructors don’t have to do it all. They can appropriately delegate some things to competent staff or let students work in pairs.

Competent LPN’s can be a challenge because they are efficient at tasks. Faculty need to emphasize “why” they are providing care.

One way to approach assessment is to visualize what is the worst thing that can happen and then assess to rule out those complications.

Another way to approach care is to ask yourself, “Why am I doing this?”

Ask students to predict what else they would expect to find in relation to existing problems – if they have peripheral edema, what will I expect to see in the labs, or what meds will be given.

The bottom line outcomes for Nursing I are to be comfortable with patients and providing basic nursing care. Nursing II and Nursing III students should be responding to changes in patient conditions. In Nursing IV, students should be anticipating problems.

In settings where the role modeling of nursing care is less than ideal, ask students what changes would you make to promote better practice?

Take advantage of every opportunity that comes if it doesn’t interfere with established objectives.

Miscellaneous:

When making assignments, match acuity/complexity to student levels and goals
(If learning to give meds, choose client with lots of po meds, but not too complex. If learning to give IV, choose client with IV AB, pushes, flushes, etc. as opposed to someone who is incontinent, needs to be fed, etc.)

Ask client permission to have a student next day.

Explain what student will be doing for them, staff and you will still be available, etc.

I usually say it’s nice to have someone so available.

Thank clients at end of day when making final rounds.

Select one complex, two easier clients to promote learning.

Ask staff input on who would be “good” for students, maybe getting someone back form OR not on the census sheet, or someone may be discharged soon, someone may be cranky, someone may have a lot of emotional needs not evident on Kardex, etc.

At start of report, I review with staff the assignments and what the students can do. Make it clear what their responsibilities are in using NA’s, and what they CANNOT do so staff RN will have to do.

Try to avoid becoming a staff nurse for the day - assessing clients not assigned to students, starting IV’s if the staff is having a problem, answering phones when staff are available, etc. It’s a judgment call.

Try to get the students in on as much experience as possible, even if they aren’t assigned to that client - post mortem care, observing procedures, doing skills, floating to another unit for something cool (cardioversion, code, occupational therapy, etc.)

If students seem to have “down time”: ask them a question about their client that requires investigation.
Clinical Evaluation

The clinical evaluation tool clearly outlines the objectives and behavioral cues for clinical. Students must get their tool and care plan back before beginning the next clinical week. Be meticulous in getting them handed in on time, and getting them back to students. The algorithm in the Student Handbook outlines the pathway for clinical performance failure and professional performance failure. Have all contracts reviewed by the director before giving it to a student.

Students who are struggling need support while being held accountable to the objectives. **If you are concerned about a student’s performance, you should make it a priority to be with them as much as reasonably possible.** Do not allow them to deter you from observing by saying you make them nervous, or they do fine when you aren’t watching. Be as specific as you can. If you feel they are dependent, tell them you need to observe them independently providing care, if they are scattered or careless tell them you need to see them complete all care in a timely, organized manner. Tell them where your concerns lie and what behaviors you need to see to assure you they are meeting the objectives. Refer them to the behavioral cues on the clinical objectives tools. Weaker students take more time. But remember you are assuring they are providing safe care.

Post the final clinical evaluation tool in the Student Portfolio section of the Nursing Server

*You are being paid to render a subjective assessment of whether or not they are performing at the established level as written in the clinical objectives. You are the only one qualified to render that opinion.*

See Appendices Folder - Clinical Evaluation Tools:
- Nursing I, II, III, & IV Clinical Evaluation Tools
- Clinical Contract
- Completion of Clinical Contract
Criteria for Selection of Practice Learning Environments

The following criteria are used for the selection of practice learning environments utilized for student experiences:

- The institutions/agencies are reasonably accessible geographically.
- The institutions/agencies hold the licenses required by the state of Wyoming and are fully accredited by the appropriate bodies.
- The administration and nursing staff are supportive of associate degree education and there is an interest and a willingness to cooperate in providing a climate for student learning.
- The nursing staff is comprised of sufficient professional nurses who demonstrate quality nursing care and who serve as effective role models for student learning.
- The resources utilized for learning experiences include the quantity, quality, and variety needed to meet the clinical objectives.
- The institution/agency provides space for instructional purposes.
- Current policy/procedure manuals are available for use.
Evaluation of Teaching

Faculty are evaluated by the director, peers, students, and self evaluate their goals.

There are specific forms to evaluate faculty in PBL or in clinical. New faculty are evaluated twice a semester for two or three years. All faculty are to provide peer evaluation once per year. Students will evaluate faculty at the end of each semester using the college form. They will also evaluate faculty in lab and clinical

See Appendices Folder – Faculty Evaluation:

✓ Evaluation & Appraisal of PBL
✓ Evaluation & Appraisal of Clinical Instruction
✓ Peer Evaluation – PBL Facilitation
✓ Peer Evaluation – Clinical
✓ Student Evaluation of Clinical Experience NI, NII, NIII, NIV
✓ Student Course Evaluation
Goals

Faculty are to determine their goals at the beginning of each academic year. The director will prepare goals and share them with faculty to assure goals are congruent. Goals are evaluated at the end of the academic year by the Director using the Faculty Evaluation Form.

See Appendices Folder – Faculty Evaluation:
 ✓ Summary and Evaluation of Goals
Load

Nursing faculty are assigned 14 credit hours per semester.

Load is calculated by using a formula. A typical college class meets three times a week for an hour over a 15 week semester. Each 15 hours of contact time equals one credit hour. A three credit course has 45 hours for example. 45 hours/15 weeks of school = 3 credits. PBL hours are calculated by this formula.

Lab and clinical use a different formula. For each hour the faculty member teaches, they earn .6 hours. To earn three credits of clinical time the formula would be 75 hours x .6/15 weeks = 3 credits.

*Students load is calculated differently. That’s why students are putting in more hours clinically and in lab than faculty are. Their formula is 1:2 for lab and 1:3 for clinical.*
Work Policy for Nursing Department

Underlying Principles:
- Meeting Student Needs
- Meeting Departmental/Colleague/College Needs
- Recognizing this is a full time job
- Maintaining Flexibility
- Assuring equity within the department
- See Administrative regulation “Leave accounting time for 9 month faculty”
  https://sharepoint.wwcc.wy.edu/AdministrativeRegulations/default.aspx

Minimum Requirements:
- 28 hours per week on campus or clinical (5 hours office expected during clinical weeks that are 16 hours or shorter)
- 4 out of 5 days week
- Hours between 8-5 unless scheduled activities outside those hours – clinical, meetings
- Reasonable hours (to be determined) during shortened weeks.

Acceptable Activities:
- Direct student teaching – theory, lab, clinical
- Meetings - college wide, departmental, individual groups, meeting with clinical agencies
- Office time
- Continuing Education – attending workshops, conventions, meetings
- Recruiting/Representing college
- Professional Organization activities – DNA, WNA, SNA

Activities not counted in hours:
- Clinical practice
- Travel time
Notification:
- Outlook calendar needs to be kept up to date. It’s helpful to have a reminder on days you are out.

Availability:
- If you are working at home, please check email several times per day and answer the phone.

Exceptions:
- Will be avoided!
- This is the minimum requirement. It is expected that people will regularly work more than these hours in a week. Not approved - “I worked 40 hours last week, can I only work 20 this week?”
- It is expected for people to remain in a meeting or activity until the work is done versus saying, “That’s my 28. I’m out of here.”
- The intent is to be available. The director is not a clock watcher.
- If in doubt, what meets the students’ needs?

Schedule

The college has various days off and holidays. These are posted on the academic calendar at the beginning of each year. Faculty are obligated to classes, scheduled meetings, and five (5) office hours/week. Please be cognizant of the workload placed on others when you are not in the office.
Office Assistant Support

There is a full time program office assistant in Rock Springs and office assistants in the outreach sites who can assist faculty. Assistants are not to do faculty work. They do program work. For example, they manage files; prepare syllabi, clinical packets, advisory meetings, etc. Because of the complexity of our testing, office assistants will type the exams. It is faculty responsibility to manage testing, grades, etc. Do not ask office assistants to make program decisions or be involved in student issues relating to academic success, makeup, and personal problems. Please be courteous in asking assistants to meet deadlines. Your failure to get things done in a timely manner should not result in a time crunch for the office assistants. Do not encourage students to check with the office assistants for information. They should go to their faculty member first. They can then be referred to the office assistant if appropriate.

Faculty Meetings

Meetings will be held at least monthly, usually via distance technology so outreach faculty and students do not need to travel. Students are encouraged to participate. Faculty also have intensive work days at the beginning and end of each semester to make revisions and prepare for the next semester.

Committee Involvement

Faculty are expected to serve on on-going committees after their first year of employment. Examples of ongoing committees include curriculum, Senate, and Assessment. Faculty are expected to rotate other committee assignments such Outstanding Graduate Committee, ad-hoc committees and elected committees. This is an important function for all faculty members and keeps nursing faculty visible and influential on campus.
Professional Development

WWCC provides $650 per member for professional development. This money can be used for license, continuing education, courses, journals, subscriptions to web based sites, etc. Super Enhanced Professional Development Money may available. This is a pool of money created by unspent professional development money. Applying for this money is managed by the Senate representative.

Horizontal Advancement

The college has a mechanism for advancement in rank and horizontal movement across columns. Rank advancements are based on academic achievement and carry no financial reward, though they are only rewarded through the horizontal advancement process. The rank categories are instructor, assistant professor, associate professor, and professor. Horizontal Advancement carries a financial reward and movement to the next column. Horizontal Advancement is based on meeting eligibility criteria and then demonstrating excellence in primary job performance, contributions to WWCC, and contributions beyond WWCC. Contributions beyond WWCC include professional community activities. The policy can be found on the employee intranet under Policies and Procedures. It is important to save your goals, evaluations, evidence of committee work or community/professional involvement for your portfolio. Start saving now!

It is important to note that continuing education documentation is necessary to prove the involvement and excellence of the faculty when the program goes through the self-study process in applying for accreditation. This information is used to provide evidence that nursing faculty satisfactorily meet the criteria for accreditation or approval by the evaluating agencies.
Advising

The nursing faculty are academic advisors for all nursing students and students who declare nursing as their major (pre-nursing students). In outreach sites, the designated generalist advisor may advise pre-nursing students in conjunction with the nursing department. The number of student advisees may range from 25 to 35 for the experienced instructors. While the Registration and Records Office assigns specific students to advisors, any nursing advisor may advise any nursing or pre-nursing student. Registration and Records Office will accept any nursing instructor's signature on forms of any nursing student.

While advising students is a continuous responsibility of faculty, there are peak periods of advisement during the registration period for each semester. The college holds advising days in which no classes are held. Faculty are expected to be available for appointments all day.

The nursing department also receives several hundred telephone or personal contacts a year regarding the nursing program. Talking with prospective students is a responsibility of instructors even though the office assistant is well versed on the admission policies of the program.

New faculty are not expected to advise for the first year. However, you will be expected to sit in with an experienced advisor on Advising Days. Advising orientation for faculty is available from the ACE-IT Center.

See Appendices Folder – Faculty Roles:
✓ ADN Admission Policy and Criteria & Curriculum Plan
✓ Advanced Placement Admission Policy and Criteria & Curriculum Plan
✓ Transfer Admission Policy and Criteria
Advising Information for New Nursing Faculty

1. Be pleasant, welcoming, and unhurried.

2. Begin with an open-ended statement: “Tell me what you’re thinking about. “ “Tell me how I can help you today.”

3. As advisee is talking, use active listening to begin to form a plan

4. Ask the following questions to assure accuracy
   a. When they want to start classes
   b. Full time or part time
   c. Have they been to college before
   d. Have they completed any of the pre-reqs
   e. If they transferred in anything, don’t promise anything until you see the transcript
   f. Have they taken the compass: what are the findings
   g. Are they expecting financial aid or do they need financial aid information

5. Begin to choose classes
   a. Recognize sequence of remedial math, English, and biology
   b. Choose courses that correlate to lower reading scores, if appropriate
   c. Assure they meet pre-reqs for US Government, Biology
   d. Encourage lighter load and higher success versus heavy load to “get it done” and not succeeding
   e. We have a five semester option, not the best choice for most students
   f. Encourage as many pre-reqs completed as able prior to entering program

6. Students must do the following:
   a. Apply to the college – transcripts won’t be evaluated until they are accepted
   b. Take the compass test for math and reading
   c. Encourage to attend an orientation session if they have never been to college, even if they are going part-time
7. How to make them feel valued/reduce anxiety
   a. Call other offices and tell them you are sending the student to them for services
   b. Walk them to the other office if they seem uncertain how to find someone
   c. Assure them many returning students need basic math and/or English. This is not a big deal. We don’t do that kind of math every day, etc. I state I used the Learning Center to prepare for the GRE.
   d. Explain the demographics of the student population – white women around 30 with children, multiple life experiences, highly committed to make a better life for themselves and their family
   e. At the end, ask if they have any more questions
   f. Give your business card; encourage them to call as they think of things.

8. Program information - admission
   a. Difference between a pre-req and a gen ed
   b. Admission criteria – write points next to each criteria.
   c. TEAS V test review either on line or buy book
   d. Take the TEAS test early (not applying for that year) just to be familiar with test and see how they scored.
   e. Services to assist them with math and reading
   f. Rawlins as an option – less competition there
   g. Encourage to come to us for clarification of rumors

9. Program information – curriculum
   a. May want to comment on the art and science to be competent in our program
   b. PBL
   c. Theory, lab, clinical linked
   d. Kinds of clinical experiences
   e. Encourage to take nursing assistant as close to admission as possible unless they plan to work as CAN (no longer required/but recommended)
10. Program information – outcomes
   a. NCLEX pass rates
   b. Employer/graduate satisfaction – use quotes
   c. Employed all over the country and successful

11. Nursing as a profession
   a. RN – AD – where you work, what you can do
   b. RN – BSN – advantages of next degree – more variety of jobs, better pay, better hours, etc
   c. Share own passion for nursing

12. Financial Assistance
   a. WYIN
   b. Reinvestment in Nursing
   c. Hathaway monies (if high school graduate from Wyoming)
      (must be full time with college level classes to receive full benefit)

13. Don’t List
   a. Go into too much detail about MMR, CPR, etc until they are admitted or are taking nursing assistant
   b. Provide information on financial aid specifics. Direct them to FA

14. Alternatives if they have completed all of pre-reqs and/or gen eds
   a. UW gen eds
   b. Helpful but not required for our program
   c. Determine if they have an alternate plan for another program (if appropriate) and encourage to apply elsewhere as a fall back plan
Admissions

Early in January the application process will open. All application information and documents will be available online. No mailings will be done. The application process will end on or around April 1.

The nursing director and office assistant confirm the qualifications of the candidates. All requirements are given a numerical score as indicated on the specified forms. The office assistant calculates the GPA, assures all requirements have been met, and calculates the total score. The director verifies the accuracy of the admissions information. Those applicants with the highest scores are accepted into the program until the class is filled. All applicants are ranked by scores and the top applicants not selected are placed on an alternate list. A completed form with the individuals' scores are placed in each applicant's file.

Four slots are reserved for Carbon County residents sponsored by Carbon County Higher Education Center. Prospective students indicate on their application form if they are residents of Carbon County School District #1.

The admission processes have been established so that students can complete the spring semester courses. Those required gen eds can be calculated in the GPA. Students will be notified of their admission status in early June.

A letter of acceptance or rejection is sent to all applicants after the process is finished. There are often calls or contacts with disappointed people who were not accepted. These people need additional advising regarding their status and how to proceed. The Student Development Center or ACE-IT Center attempts to provide some assistance to the applicants who were not accepted and students should be encouraged to make use of this help. They must reapply the following year if they are still interested in the program.
Learning Resources

Refer students to the multiple resources in Hay Library. Some resources are available in the Evanston and Rawlins locations. Hay Library provides orientation to any student or faculty. ATI provides a multitude of resources. Become familiar with them so you can direct students as needed.

The learning labs are also well equipped with equipment to enhance student learning. Lab coordinators should be contacted if equipment needs to be purchased.

Encourage ATI with a focus on critical thinking and test taking, not on content.
Pinning Ceremony

The tradition of a pinning ceremony at graduation time has been established since the beginning of the program. Students will be responsible for the majority of the Pinning Ceremony with direction and supervision from the Director or a faculty member.

See Appendices Folder – Position Descriptions:
- Position Description – Instructor of Nursing
- Position Description – Adjunct Instructor of Nursing

Direct link: Position Description

See Appendices Folder – Core Competencies:
- Core Competencies of Nurse Educators with Task Statements
- Mentors and Protégés Characteristics & Behaviors