



## **NORTH DAKOTA BOARD OF NURSING SURVEY REPORT**

**Nursing Program: Turtle Mountain Community College (TMCC)**

**Chief Administrative Officer: Jim Davis, PhD – TMCC President**

**Nursing Program Administrator: JoAnne Blue, RN, MSN – TMCC Nursing Director**

**Location: P.O. Box 340  
Belcourt, ND 58316**

**Type of Program(s): Associate of Applied Science Practical Nurse Program**

**Semester Hours Required for Graduation: 78**

**Dates of Survey: April 24-25, 2013**

**Type of Survey: Focused On-site Survey**

**Surveyor(s): Stacey Pfenning DNP APRN FNP  
Jane Hoerner MSN, RN  
Constance Kalanek, PhD, RN**

**Issues of non-compliance with North Dakota Administrative Code 54-03.2 Standards for Nursing Education Programs:**

- **54-03.2-05-01. Student policies.** Student policies shall facilitate mobility and articulation and be consistent with the sponsoring institution. Nursing program policies, recruitment, and advertising shall demonstrate fair and ethical practices.
- **54-03.2-06-02. Programmatic Changes.** Major programmatic changes must be submitted to the board for approval prior to implementation.

**Issues of partial compliance with North Dakota Administrative Code 54-03.2 Standards for Nursing Education Programs:**

- **54-03.2-02-05. Nursing Program evaluation.** A comprehensive nursing education program evaluation shall be ongoing and include student achievement of program and student learning outcomes, multiple measures of student success after graduation, licensing examination pass rates, and evaluating program resources. Use of evaluation findings for relevant decision making must be evident.
- **54-03.2-04-01. Faculty responsibilities.** There shall be sufficient number of qualified faculty to meet the objectives and outcomes of the nursing program.

**“Met Progressing” toward compliance with North Dakota Administrative Code 54-03.2 Standards for Nursing Education Programs:**

- **54-03.2-06-07. Nursing Curriculum.** The curriculum of the nursing education program must assure the development of evidence-based practice for the level and scope of nursing practice. The program outcomes must reflect the scope of practice and level of licensure sought as defined in chapters NDAC 54-05-01, 54-05-02, and 54-05-03.1.

**Staff Recommendation:**

The Nursing Education Committee recommends to the Board of Nursing to:

1. Find Turtle Mountain Community College Associate of Applied Science Practical Nurse (AASPN) program in continued partial compliance with ND Administrative Code 54-03.2; and
2. Place Turtle Mountain Community College AASPN program on conditional approval status until January 30, 2014, at which time the ND Board of Nursing will determine whether stated deficiencies have been sufficiently corrected; and
3. If a level of substantial compliance is not demonstrated by January 30, 2014, the ND Board of Nursing will determine a course of action, which will include withdrawal of board approval and the setting of a date to discontinue the program; and
4. Turtle Mountain Community College AASPN program may not admit a new cohort of AASPN students until the program has achieved substantial compliance. A date for further admission of AASPN students must be mutually agreed upon by the ND Board of Nursing and Turtle Mountain Community College.
5. The Turtle Mountain Community College AASPN program administrator must submit the 2012-2013 Annual Report by October 15, 2013. In addition, a compliance report will be submitted by December 13, 2013 addressing the deficiencies of the “non-compliance”, “partial-compliance”, and “met progressing” standards for Nursing Program Approval as cited in this survey report.

## **Elements Under Review**

**Turtle Mountain Community College - - AASPN Program  
April 24-25, 2013**

- 1) 54-03.2-02-05. Nursing Program evaluation**
- 2) 54-03.2-04-01. Faculty responsibilities**
- 3) 54-03.2-05-01. Student policies**
- 4) 54-03.2-06-01. General curriculum**
- 5) 54-03.2-06-07. Nursing Curriculum.**
- 6) 54-03.2-06-02. Programmatic Changes**
- 7) 54-03.2-04-07. Preceptors**
- 8) 54-03.2-07-01.1 Performance of Graduates on Licensing Examination**

**The following standards contained in North Dakota Administrative Rules Article 54-03.2, Standards for Nursing Education are the focus of concentration for this on-site survey. They contain the essential elements identified as areas of “non-compliance,” “partial compliance,” or areas that are “met progressing,” as enumerated following the Fall 2011 “Focused Onsite” survey. Due to the continued evolution of the program, the compliance standards addressing programmatic changes, preceptors, and performance of graduates on licensing examination have been added.**

**54-03.2-02-05. Nursing Program evaluation.** A comprehensive nursing education program evaluation shall be ongoing and include student achievement of program and student learning outcomes, multiple measures of student success after graduation, licensing examination pass rates, and evaluating program resources. Use of evaluation findings for relevant decision making must be evident.

**Documentation/Evidence:**

**Pre-Survey Report:** The Pre-Survey Report submitted in March 2013 provided narrative describing the current spectrum of evaluative methods utilized within the program (Pages 9-12; 22-25). Appendix X (pp. 47-54) presented in tabular form the program evaluation, which includes the outcomes, data sources, and collection methods/frequency. The Clinical Evaluation Tool is located on Pages 72-74.

**2012-2013 “Department Manual” (Submitted to ND BON December 2012):** This spiral-bound document included two sections pertaining to student evaluation. The section titled, “TMCC AASPN Nursing Program Evaluation Tools Including Student Performance & Clinical Competence” displayed the Student Performance Program Evaluation, Clinical Evaluation Tool, Nursing Skills Checklist, Lab Evaluation by Students, and Clinical Experience Evaluation from Instructor. The section titled, “TMCC AASPN ATI Curriculum Alignment” included the 2011-2012 Program Evaluation Summary per Program Director, as well as the Practical Nurse Comprehensive Assessment & Review Program details. Student outcomes and TMCC Department of Nursing expectations are clearly outlined on pages 23-24.

**2011-2013 Nursing Faculty Handbook:** The Pre-Survey Report included the 2011-2013 Nursing Faculty Handbook, which presented eight *Program Outcomes* on page 9. These outcomes delineated competencies that demonstrate preparedness of TMCC graduates to provide safe, effective client care that is appropriate to the LPN scope of practice. In addition, pages 12-13 outline *Student Outcomes* that are almost identical to the *Program Outcomes*, with an explanatory statement contending that the *Student Outcomes* are reflective of student ability to meet *Program Outcomes*.

**2011-2013 Student Nurse Policies & Procedure Manual:** Pages 6-9 outlined *Program Outcomes, Student Competencies, Student Outcomes, and Department of Nursing Expectations*. This information is consistent with that portrayed in the Nursing Faculty Handbook. Pages 20-22 include the Grading and Evaluation expectations for students.

**Interview with Director and Nursing Faculty:** Director and faculty indicate they have made progress in the scheduling of regular meetings for both faculty and assessment committees, which are comprised of the director and the 2 present nursing faculty members. The nursing department’s director is also a member of the campus-wide Assessment Committee. Although formal venues have not yet been established to provide consistent opportunity for student input and feedback, faculty does elicit informal input from students, and faculty state that students are open and receptive to that process. Faculty reports that students have the opportunity to evaluate individual faculty and each nursing course. Surveyors were able to view actual formative

evaluations of student progress, which are compiled on a weekly basis. Faculty discussed the decision to increase the level of student tutoring, based upon results of recent ATI testing. The director stated that at this time, surveys of graduates and employer satisfaction surveys have not been accomplished. The director also stated a number of nursing graduates are actually functioning in the CNA role rather than an LPN role, as many have not taken the NCLEX exam, and are currently choosing to remain in the CNA role in a travelling capacity, due to its financial advantage.

**Evaluation Tools and Forms:** Examples of completed ATI assessment scores within the December 2012 documents submitted under the section titled, "Program Evaluation Summary for Fiscal Year 2011-12" were viewed onsite. Development of additional evaluative methods and timetables for formative and summative evaluation has taken place. However, full implementation of many aspects of this newly-developed plan has yet to occur.

**Committee Meeting Minutes:** Although surveyors were able to view some of the applicable meeting minutes onsite, these records are still rather haphazard. During the time that the onsite survey was being conducted, several sets of minutes were still in formative stages, and were being finalized by the director for surveyor review.

**Analysis:** The overall evaluation plan continues to be a developmental focus for the nursing director and faculty, although considerable progress has been made. Surveyors remain concerned about the lack of consistent documentation in this regard, and contend that clerical assistance for the nursing department can help to mitigate this problem, as such assistance can serve to allow more faculty time to devote to full implementation of and vesture in the evaluative process. The overall TMCC Department of Nursing expectations have been well defined and appropriate benchmarks have been established. Further efforts focused upon assuring a direct and consistent connection between evaluation tools and associated outcomes are vital to the continued improvement of the evaluation process. In addition, stable and consistent leadership in bolstering the present level of evaluation is critical to the program. The Nursing Faculty Handbook and Student Nurse Policies & Procedures Manual are very well organized and clearly outline various components of the evaluation process. Evidence of comprehensive ongoing monitoring and decision-making based on evaluative data is still sporadic at this time.

**Staff Determination:**  
**PARTIALLY MET**

## **CHAPTER 54-03.2-04 FACULTY**

**54-03.2-04-01. Faculty responsibilities.** There shall be sufficient number of qualified faculty to meet the objectives and outcomes of the nursing program. Nursing program faculty responsibilities include the following:

1. Plan, implement, evaluate, and update the program and curriculum using a written plan;
2. Develop, implement, evaluate, and update policies for student admission, progression, retention, and graduation in keeping with the policies of the sponsor institution;
3. Participate in academic advisement and guidance of students;
4. Provide theoretical instruction and practice experiences;
5. Select, monitor, and evaluate preceptors and the student learning experience as defined in section 54-03.2-04-07;
6. Evaluate student achievement of curricular outcomes related to nursing knowledge and practice;
7. Evaluate student learning outcomes and participate in the evaluation of program outcomes; and
8. Participate in activities that facilitate maintaining the faculty members' own nursing competence and professional expertise in the area of teaching responsibility.

### **Documentation:**

**Pre-Survey Report:** Narrative on pages 27-28 discusses faculty responsibilities and refers the reader to the Nursing Faculty Handbook for more comprehensive information. Faculty workload continues to be calculated as contact hours on a 1:1 basis for didactic instruction, 1:2 for laboratory, and 1:3 for clinical instruction. All TMCC nursing faculty position descriptions are also housed in the Human Resources office of the TMCC main campus.

**2011-2013 Nursing Faculty Handbook:** Position descriptions for faculty and adjunct faculty are delineated within this document on pages 18-22. It is specifically stated (on p.18) that the key purpose and primary focus of faculty is instruction and thus, of necessity, activities such as consulting, research/scholarship, and service remain secondary to the quality execution of that basic teaching mission. Further delineation of the teaching, advising, scholarship, service, and professional development components are also provided. Information regarding faculty workload is found on page 22, which states that the definition of a semester credit hour in nursing is the following: 15 hours of theory=one credit hour; 30 hours of classroom laboratory=one credit hour; and 45 hours of clinical instruction=one credit hour.

**Interview with Director:** The TMCC Nursing Director stated that the program again encountered struggles during the early portion of academic year 2012-13, when a full-time masters-prepared faculty resigned in September 2012. A bachelors-prepared individual was hired in November 2012. The director is of a strong belief that additional

faculty is necessary to prepare for increased student numbers, in order to effectively fulfill the academic student/faculty contract that is implied when students enroll in the nursing program. The director indicated that she has offices located within the nursing building and on the main campus.

**Interview with Nursing Faculty:** These individuals stated that they work as a team to deliver the curriculum on a day-to-day basis. They contended that their present workload is manageable with the three students currently active within the program. However, they voiced concerns about the impact that increased numbers of students will create, especially from the perspective of clinical faculty/student ratio. They described current efforts at expanding the simulation capabilities in their nursing lab, and stated they are looking forward to faculty simulation training in late June 2013. The department is requesting funds from Project Choice to provide financial support for this training. Faculty also expressed a general discontent regarding overall availability and predictable leadership of the director.

**Interview with Vice President and Academic Dean:** These officials stated that the nursing director, faculty, and students all participate in campus-wide governance and other activities. Although these administrators agreed that additional nursing faculty is wise as a proactive measure to prepare for the program reaching maximum allocation, budgetary constraints remain an issue in recruiting and retaining faculty. They assert that it can be a challenge, in general, to keep students motivated and “on track.” They are keenly aware of the difficulty in competing with the salaries of nurses in clinical practice and the salaries in the energy sector. They discussed a current initiative in which a market analysis is being conducted to compare nursing salaries in tribal academic settings. Concerning the requests from the nursing department for clerical assistance, it was stated that an offer had been made to the nursing department’s director for access to the administrative assistant from the Vice-President’s office if necessary. There have also been early investigative discussions regarding a tribal council consortium, which would allow collaborations among nursing departments on several campuses.

**Analysis:** The Pre-Survey Report and the Nursing Faculty Handbook clearly describe the responsibilities of the faculty, and this information is consistent among venues reviewed. The chair and the faculty members all hold active, unencumbered Registered Nurse licenses. The nursing faculty had utilized consultative services to assist with the revision of the curriculum to its present state, and with the initial roll-out of this new curricular structure. The faculty indicates they are committed as a team to facilitate successful completion of the AASPN program for the present cohort of students. The ability to consistently attract and retain qualified nursing faculty remains a challenge for this program. The presence of a stable faculty team will continue to be critical to the success of the program and to the ability of individual faculty members to effectively anticipate and implement their responsibilities, as well as attend to their own professional and educational development. Present faculty composition, at the time of this focused onsite survey, is compliant with **NDAC 54-03.2-04-03 (Practical or**



**Associate Degree Nurse Program Faculty Qualifications).** All didactic instruction is being provided by masters prepared faculty and lab/clinical instruction is being provided by bachelors and masters prepared individuals. Faculty workloads do fall within current policy parameters, but in reality are still heavy, due to the labor-intensive character of laboratory and clinical instruction. Surveyors have a strong concern that as the numbers of students admitted are consistently retained, and the 12-student maximum becomes more of a constant, faculty will be stretched to the limit. Current nursing faculty is exceptionally dedicated and diligent in the discharge of their responsibilities. The continued lack of clerical support within the nursing department remains a concern, as this circumstance has persisted and carried over from the previous survey in Fall 2011. Thus, surveyors put forth a clear-cut recommendation that aggressive advertising to procure additional qualified faculty, at least as adjunct or part-time status, continue to be a priority for the nursing department and central administration. Finally, the expressed lack of faculty confidence in departmental leadership is a disconcerting finding during this onsite survey.

**Staff Determination:**  
**PARTIALLY MET**

**54-03.2-04-07. Preceptors.** A preceptor provides supervision of a nursing student's practice experience and precepts at the direction of the faculty member responsible for the course in which the student is enrolled

1. Clinical preceptors may be used to enhance clinical learning experiences, after a student has received clinical and didactic instruction in foundation courses;
2. Preceptors may not be used to replace clinical faculty in certificate, associate, or baccalaureate degree nursing programs;
3. Interdisciplinary preceptors must hold credentials for their applicable practice;
4. The preceptor must be educated at the same or higher level as the academic program in which the student is enrolled, or shall have demonstrated competencies that are appropriate for the student's learning experience;
5. Criteria for selecting preceptors must be in writing;
6. The functions and responsibilities of the preceptor must be delineated in writing and provided to the preceptor;
7. The faculty member retains responsibility for the student's learning experiences and confers periodically with the preceptor and student for the purposes of monitoring and evaluating the learning experience; and
8. A preceptor shall supervise no more than two students during any one scheduled work time or shift

**Documentation/Evidence:**

**Pre-Survey Report:** Page 29 discusses the overall preceptor qualifications, as well as the policies regarding their selection. The reader is referred to the 2011-2013 Nursing Faculty Handbook for more comprehensive information relative to the utilization of preceptorship by the TMCC nursing program.

**2011-2013 Nursing Faculty Handbook:** Pages 23-26 of this document provide a detailed description of preceptor, faculty, agency and student roles, as well as responsibilities and parameters associated with precepted clinical experiences. The guidelines for successful preceptorship are outlined and include factors that were considered in establishing preceptorship criteria.

**Interview with Preceptor:** This individual described her role and the expectations of the TMCC nursing department for fulfillment of this role. The clinical area in which she supervises students is a long-term care facility which offers a strong complement of basic and skilled care. She served as preceptor for the 2011-12 students as well; who are now graduates of the program. She stated that 2 of those graduates are working as LPN's in this same facility. She asserts that all nurses in this long-term care center view themselves as mentors for the students, and all are highly attuned to the appropriate role and scope of practice for the LPN student. She described the communication with director and faculty as highly constructive, with an effective level of communication and coordination. She believes the nursing laboratory is exceptional and provides everything necessary to meet student learning needs. She has a shared access to the lab, along with the regular nursing faculty. This individual believes she is well-suited to this position, as she is a graduate of the TMCC AASPN program. She has continued her education and is now a registered nurse. In addition, she is currently serving as an instructor for the CNA program.

**Analysis:** Evidence reviewed and interviews conducted confirm the implementation of appropriate preceptor policies and processes within the AASPN program. Ongoing communication and collaboration among faculty, students, and preceptor was validated by all parties. Course descriptions indicate that preceptors are utilized in N260 and that in all other courses clinical experiences are directly supervised by nursing faculty. It is clear that in precepted experiences, TMCC nursing faculty retains ultimate oversight and responsibility for student learning. An appropriate preceptor/student ratio of 1:2, as delineated by Board rule and within Nursing Department policy, was substantiated. It was also verified that the preceptor utilized within N 260 meets the established criteria for preceptors. It is the observation of surveyors that the relationship among students, faculty, and preceptor is positive and productive.

**Staff Determination:**  
**FULLY MET**

## **CHAPTER 54-03.2-05 STUDENTS**

**54-03.2-05-01. Student policies.** Student policies shall facilitate mobility and articulation and be consistent with the sponsoring institution. Nursing program policies, recruitment, and advertising shall demonstrate fair and ethical practices. The following policies must be in writing:

1. Admission, readmission, progression, retention, graduation, dismissal, and withdrawal;
2. Health requirements, and other standards as may be required for protection of student health;
3. Student responsibilities;
4. Student rights and grievance procedures;
5. Student opportunity to participate in program governance and evaluation; and
6. Refund of fees and tuition that complies with state law.

### **Documentation:**

**Pre-Survey Report:** Refers the reader to TMCC Student Nursing Handbook for comprehensive information regarding student policies.

### **2011-2013 Student Nurse Policy & Procedures Manual:**

Policies were located in the 2011-2013 TMCC Student Handbook. The following items included:

- Admission (pp. 16-17)
- Readmission (p19)
- Progression and Retention (p.17)
- Academic Dismissal/Readmission (p.18-20)
- Graduation (p.23) inclusive of minimum number of residency credits and necessary cumulative GPA
- Student Responsibility for Attendance (p. 22-23) and Professional Conduct (pp. 19)
- Background Check and Drug Screening (p. 17)
- Health requirements (pp. 16, 26-28)
- Student Rights (p. 19) and Grievance Policy (p. 25) present, added since prior visit.
- Nursing student *Essential Functions* (pp. 29-31)

**TMCC Catalog 2012-2013:** Student policies can be accessed in the following locations: Admissions (pp. 19-20); Policy and Procedure for Registration/and Academic Record Information (pp. 22-24); General Student Policies (pp. 25-32); Student Attendance Policy (p. 43); Financial Aid (pp. 40-44); Business Office (p. 48); Student Rights and Responsibilities (pp. 50-57); Student Activities Policies (pp. 57-58).

**Review of Student Files:** Review of all current AASPN student files revealed numerous omissions and inconsistencies relative to adherence to established policies. Examples of such omissions include: CPR certification evidence for 1 student; admissions application and essay for 1 student; and absence of TEAS score record for 1 student. Examples of inconsistent adherence to established admissions criteria include: 1 student accepted with cumulative GPA less than the minimum 2.75 requirement; and 1 student admitted with a TEAS score less than the required "proficient" level.

**Analysis:** The AASPN program has developed more comprehensive student policies that are consistent with institutional policies unless otherwise designated, and if not congruent, justification is provided. As is appropriate within the nursing discipline, students are accountable for meeting additional criteria and ascribing to additional policies beyond those of the general campus. Policies are communicated in an ongoing manner, and they are consistent across all venues viewed. The condition of the student files was determined to be unsatisfactory, and surveyors discovered evidence of several instances in which adherence to established student policy was not taking place. Furthermore, it is recommended that efforts be focused upon improved organization and construction of student files in a consistent manner.

**Staff Determination:**  
**NOT MET**

## **CHAPTER 54-03.2-06 CURRICULUM**

**54-03.2-06-02. Programmatic changes.** Major programmatic changes must be submitted to the board for approval prior to implementation.

**Analysis:** Approval of the nursing curricular revision was sought and obtained via the appropriate avenues within the TMCC campus itself. However, this rule specifically requires that all programmatic changes be reviewed by the ND Board of Nursing and approved by the ND Board of Nursing prior to implementation. Turtle Mountain Community College AASPN program embarked upon a revised curriculum in Fall Semester 2012. Key components of the revision included:

- ❖ removal of Anatomy & Physiology I and II from the nursing curriculum and placement of those courses within the pre-requisites to be completed prior to AASPN program admission;

- ❖ expansion of content and credits within selected nursing courses for a net gain of 2 credits;
- ❖ nursing curriculum reduction from five semesters to three semesters; and
- ❖ changes in overall credits for AASPN graduation from 76 to 78

While it is anticipated that these changes will ultimately strengthen the program and facilitate an increased level of student success, said changes should have been brought to the Nursing Education Committee and the full Board for consideration/approval prior to Fall 2012 implementation, according to NDAC 54-03.2-06-02.

**Staff Determination:**

**NOT MET**

**54-03.2-06-01. General curriculum.** The curriculum shall:

1. Be planned, implemented, and evaluated by the faculty with provisions for student input;
2. Reflect the mission and purpose of the nursing education program;
3. Be organized and sequenced to meet the program outcomes;
4. Require a number of credits consistent with other programs at the same degree level;
5. Facilitate articulation for upward mobility;
6. Have a syllabus for each nursing course; and
7. Have written, measurable program outcomes that reflect the role of the graduate.

**Documentation:**

**Pre-Survey Report:** Page 32 provides a grid that depicts the structure of the newly-revised curriculum. It is stated that all pre-requisite science courses must have been taken within the previous 5 years. All course syllabi consistently follow an established standardized format, which follows the overall template adopted by the sponsor institution and adds specific enhancements appropriate to the nursing discipline. The pre-survey report indicates the curriculum will be evaluated each semester.

**TMCC College Catalog (2012-2014):** This document describes the requirements for the AASPN degree, with 42 credits of prerequisites (general education and natural science courses) and 36 nursing credits, for a total of 78 credits required for graduation. This represents the upper end of the range for AASPN programs. The catalog (page 157) still lists *Nursing 100: Certified Nursing Assistant* as a part of the actual nursing curriculum, which is inaccurate, as it is currently part of the pre-requisite package necessary for completion prior to admission into the nursing program.

**2011-2013 Student Nursing Handbook:** Describes the mission and purpose of the program in relationship to the sponsor institution. The organizing framework includes the four theoretical components of the nursing profession and the system of values of the Seven Teachings of the Tribe. *Student Outcomes* and *Department of Nursing Expectations* are clearly defined and are consistent with other venues reviewed. The *Nursing Student/Nurse Essential Functions* (as defined by the National Council of State Boards of Nursing, 1999) are delineated on pages 29-31.

**Nursing Course Syllabi:** Syllabi for all nursing courses were submitted for surveyor review. Syllabi for nursing courses consistently conform to an accepted standardized format.

**Analysis:** The mission of the program reflects the scope of practice for the LPN as a member of the health care team. The curriculum is sequenced from simple to complex, and incorporates nursing process, nursing values, and the Seven Teachings of the Tribe throughout all components of the curricular framework. Graduation requirements are consistent with those of other programs at the same degree level, although at the upper end of the range. The program demonstrates written measureable AASPN program outcomes that reflect the role and scope of practice appropriate for the LPN. The relocation of two natural science courses into the pre-requisite course of study allows students admitted to the nursing program to focus more fully upon nursing content. The new design also facilitates the potential for a schedule with increased flexibility for students. Again, approval of these programmatic changes is required prior to implementation, which did not occur. Utilization of consultants to assist with curricular revision was undertaken by the program. The current program of study is conducive to upward mobility for those students whose intention is to progress to a higher academic level of nursing study.

**Staff Determination:**  
**FULLY MET**

**54-03.2-06-07. Nursing Curriculum.** The curriculum of the nursing education program must assure the development of evidence-based practice for the level and scope of nursing practice. The program outcomes must reflect the scope of practice and level of licensure sought as defined in chapters NDAC 54-05-01, 54-05-02, and 54-05-03.1.

1. The curriculum of all practical nurse programs must include:
  - a. Content regarding biological, physical, social and behavioral sciences and legal and ethical responsibilities for practical nursing practice;
  - b. Nursing process concepts;
  - c. Communication and documentation skills;
  - d. Pharmacologic concepts and medication administration;

- e. Nutritional concepts;
  - f. Theory and clinical experience related to health promotion and disease prevention for individual clients across the life span and in a variety of clinical settings including basic safety and infection control;
  - g. Learning experiences that promote client centered care that:
    - 1. Involves clients in decision making, self-care, and healthy lifestyles;
    - 2. Respects client differences, values, preferences and expressed needs; and
    - 3. Is based on scientific evidence;
  - h. Learning experiences that promote supervision skills and socialization consistent with role and scope of practice and:
    - 1. Promotes functioning as a part of an interdisciplinary team; and
    - 2. Supervised clinical practice that includes management and care of groups of clients and delegation and supervision of unlicensed assistive persons;
  - i. Sufficient practice experiences to assure the development of nursing competencies of the specific role and scope; and
  - j. Learning experiences and methods of instruction which are consistent with the written curriculum plan.
2. Additional requirements for associate degree practical nurse programs include:
- a. Historical trends in nursing;
  - b. Theory and clinical experience related to 54-05-01-07 relating to role of the licensed practical nurse in intravenous therapy;
  - c. Data collection skills;
  - d. Use of available health information;
    - 1. Contributing to plan of care and care implementation; and
    - 2. Computer literacy;
  - e. Management skills; and
  - f. Courses that meet the sponsoring institution's general education requirements for the associate degree.

### **Documentation**

**Pre-Survey Report:** Describes the *Organizing Framework* for the AASPN Program which includes the four theoretical components of the nursing discipline and the Seven Teachings of the Tribe. Page 34 discusses the spectrum of healthcare facilities utilized for clinical experiences. These include a local/rural Indian Health Services hospital and two long-term care facilities. Page 34 also states that simulation technology funded in 2010 will be used for on-campus simulated clinical laboratory experiences.

**2011-2013 Nursing Faculty Handbook:** Faculty information and process guidelines for syllabus creation/design, student advisement, and technological teaching aids provide additional direction to faculty in matters of curricular delivery.

**2011-2013 Nursing Student Policies and Procedure Manual:** Information pertaining to the purpose and mission, admission criteria and procedures, admission, progression and retention policies, and clinical policies are consistent with those contained in other locations. There are several inconsistencies noted in course credit allocation between this document, the catalog information, the faculty handbook, and the actual course syllabi submitted along with the pre-survey report.

**Syllabi Submitted with Pre-Survey Report and Reviewed Prior to Onsite Survey:**

- **N 101 Basic Nursing Theory/Lab – 3/1** (however, current curriculum lists this course as 5 credits)
- **N 102 Basic Nursing Clinical – 2** (however, current curriculum lists this course as 1 credit)
- **N 103 Health Assessment/Lab - 2/1**
- **N 105 Pharmacology- 3**
- **N 201 Medical-Surgical Nursing – 6**
- **N 202 Medical-Surgical Clinical - 3**
- **N 203 Mental Health Nursing/Lab – 1/1**
- **N 221 Maternal/Child Nursing/Lab -5**
- **N222 Maternal/Child Nursing Clinical – 2** (however, current curriculum lists this course as 1 credit)
- **N 260 Practicum in Nursing Homes – 2**
- **N 265 NCLEX Prep and Interviewing/Lab – 1/1** (however, current curriculum lists this course as 3 credits)

It is to be noted that no syllabus for NUTR 240 (Nutrition) was provided with the Pre-Survey report. This course is offered online and may be taken in Fall Semester of the nursing program or as a pre-requisite.

**Interviews:**

- **Director:** This individual discussed the overall curricular plan and clarified that the 180-plus students listed as “pre-nursing” are not necessarily seeking admission to the TMCC AASPN program. This “pre-nursing” track is completely separate from the formal nursing program, and is often an avenue taken by students interested in an associate degree and/or pre-professional studies. At this time, the director stated there are approximately 30 students seeking enrollment in the TMCC AASPN Program on campus for Fall 2013.
- **Faculty:** Faculty provided positive comments in regard to the newly implemented curriculum. They stated that their focus is didactic and clinical instruction, and that the majority of administrative and clerical responsibilities are handled by the program



director. In regard to curricular needs or concerns, faculty described difficulties in following the administrative chain of command due to perceived limited availability and responsiveness on the part of the program director. The faculty stated that it is occasionally necessary to forward their requests directly to the Academic Dean.

- **Students:** The interviewed group was comprised of 3 second-semester students within their assigned clinical area. They emphasized the extremely strong faculty commitment to fostering their success in their clinical education endeavors. Students discussed their assignments and types of clients, which included medical and surgical clients with multiple health issues. They indicated they are assigned with agency personnel to collaborate in direct client care, or to observe in specialty areas in which their appropriate role is of a more observational nature. They also declared that they received a solid variety of skills and communication preparation within the campus nursing laboratory and that this preparation decreased their anxiety upon entering the clinical setting.

Student feedback also addressed areas in which they believe improvements are needed to further facilitate their learning experience. Specific areas discussed include: 1) untimely arrival of required texts; students stated that the arrival of text books often occurred 2-3 weeks into the semester; 2) delayed commencement of clinical rotations, which they suspected was due to incomplete or delayed preliminary preparations; therefore it was necessary to engage in clinical experiences during TMCC Spring Break; 3) very limited availability and engagement of the director of their program.

- **Clinical Agency Personnel:** Throughout extensive discussions with key clinical agency personnel, it was the consensus of these individuals that there is excellent communication and a high level of collaboration among staff, faculty, and students. Staff members view themselves as integral components in the student learning experience, and all nurse employees complete a formal preceptor training program. Nursing staff is cognizant of the LPN role and scope of practice and this knowledge is utilized in setting the parameters within which students can function in the role of the practical nurse in direct client care. Agency nursing personnel are eager to advance the student level of proficiency in many areas, and state that they receive clear guidance from faculty as to the current level of student preparation for basic nursing skills. At the commencement of clinical rotations, students spend time with the nurse educator as well, to ensure that they as “non-employees” are updated on present agency policies and procedures. Agency personnel characterize the students as well-prepared, responsible, pleasant, and inquisitive. They also state that the supervising TMCC clinical faculty is knowledgeable, readily available, and closely involved with all aspects of client care.
- **Examples of Student Work:** Surveyors’ observed substantial improvement in overall level of student work since Fall 2011 survey. An onsite review of student work provided evidence that students have completed unit and course exams

appropriate to the level of licensure and LPN scope of practice, and have mastered basic skills within the nursing laboratory setting. Past and present student files contained examples of journaling focused upon clinical experiences, summary assessments, skills checklists, and worksheets. Evidence of incorporation of the nursing process appropriate to the LPN scope of practice was included within the examples of student work viewed on-site.

- **Utilization of Nursing Laboratory and Simulation Technology:** Surveyors observed substantial progress in the nursing laboratory environment. The lab includes 3 simulator units (one adult, one child and one infant). There are four bed units and 2 exam table units including IV equipment, crash carts, blood pressure equipment, and wall units with suction, oxygen, otoscope and ophthalmoscope. The lab includes a central area in which discussion and testing take place. Interviews with faculty, students, and the director indicate the incorporation of simulation technology is being developed and is in its early stages. Currently, the students engage in “Sims Charting” experiences. The faculty and students discussed the use of the child simulator to listen to breath sounds and heart sounds. Faculty simulation training is slated for June 2013. The IT personnel are in the process of working through specific interfacing barriers at this time. There is a designated space to use as a debriefing room once the simulation scenarios are fully operable. Faculty states that they understand the importance of being vigilant in choosing scenarios appropriate for the scope of practice for the LPN.

### **Analysis:**

The nursing curriculum meets the requirements of the sponsor institution for an AASPN degree. The program of study is inclusive of all components of the lifespan and all points along the wellness-illness continuum. The sequence of the nursing curriculum requires three semesters for completion. Interviews with students within the clinical area validated the appropriate number of clinical clock-hours commensurate with the number of clinical course credits. It is clear that this AASPN program has at its disposal a strong complement of qualified individuals and healthcare agencies that are committed to assisting students in their attainment of program outcomes. However, a pervasive theme emerged during interviews. The faculty and students voiced concerns regarding director availability and overall discharge of her responsibilities. Evidence of adequate resource allocation to this program was also apparent in the laboratory. The occasional inconsistencies in course information among venues viewed can easily be edited and corrected. The Simulation Lab continues to evolve to incorporate increased utilization of simulation technology. The delivery of the new curriculum continues and will culminate in summer 2013 with initial offering of the expanded N265 (NCLEX Prep and Interviewing/Lab) course.

**Staff Determination:**  
**MET PROGRESSING**

## CHAPTER 54-03.2-07 NURSING EDUCATION PROGRAM APPROVAL

### 54-03.2-07-01.1 Performance of Graduates on Licensing Examination.

Acceptable performance on the licensing examination for each program is a pass rate of eighty percent for its first-time writers in any given fiscal year. A program with a pass rate that falls below eighty percent for first-time writers in any two consecutive fiscal years shall:

1. Present to the board a plan for identifying possible contributing factors and for correcting any identified deficiencies.
2. Submit a periodic progress report to the board on a schedule determined by the board.

#### **Documentation/Evidence**

**Pre-Survey Report:** Throughout the report, narrative provided strategies and specific interventions to promote positive NCLEX results, including utilization of Evolve Online Simulation learning (p. 4), and Nurse Logic through ATI (p. 10-11). Page 25 included TMCC expectations. For example, #3 stated that 95% of the graduates will pass the NCLEX-PN within one year of graduation. The Program Evaluation (Appendix X, pp. 53-54) identifies NCLEX-PN reports as data for measuring Standard II: "Institutional Commitments and Resources, Standard III: "Curriculum and Teaching Learning Practices and Student Outcomes" and Standard IV: "Student Performance and Faculty Accomplishments. Narrative describing NCLEX-PN pass rates was not located in the pre-survey document.

**Board-Office Verification:** Official verification of NCLEX-PN results was obtained via Board administrative staff.

<b>July 2012-Dec 2012</b>
50%Passed (6 students)

**Analysis:** According to the official NCSBN Education Program Summary printed March 25, 2013, in the first half of the FY (July 2012-December 2012), 11 students graduated in July 2012 and a total of 6 of those TMCC AASPN graduates sat for initial the NCLEX-PN exam. Of this cohort, 3 passed and 3 failed (50% pass rate). According to **NDAC 54-03.2-07-01.1 Performance of Graduates on Licensing Examination**, acceptable performance on the licensing examination for each program is a pass rate of eighty percent for its first-time writers in any given fiscal year.

#### **Staff Determination:**

**Insufficient data to evaluate compliance**