STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: http://dsps.wi.gov

Governor Scott Walker **Secretary Dave Ross**

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
JULY 11, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. ***A quorum of the Board will be present during the committee meetings.***

BOARD OF NURSING MEETING

8:00 A.M

CALL TO ORDER – ROLL CALL

A. **Adoption of Agenda (1-6)**

B. **APPEARANCE 8:00 A.M. – Sandra Nowack, DLSC Attorney – Presentation of Petition for Summary Suspension in Case Number 12 NUR 020 – Deborah J. Mishler, L.P.N.**

C. **APPEARANCE 8:15 A.M. – Sandra Nowack, DLSC Attorney – Presentation of Petition for Summary Suspension in Case Number 12 NUR 438 – Stephanie M. McMillen, R.N.**

D. **Attendance at Practice Committee (7-12)**

E. **Attendance at Education and Licensure Committee (13-154)**

F. **Report of Practice Committee**

G. **Report of Education and Licensure Committee**

H. **Approval of Board of Nursing Minutes of June 13, 2013 (155-158)**

I. **2011 Wisconsin LPN Survey – Discussion and Consideration (159-182)**

J. **2012 Wisconsin Registered Nurse Survey – Discussion and Consideration (183-356)**

K. **Division of Legal Services and Compliance Statistics for the Board of Nursing 2012 – Discussion and Consideration (357-364)**

L. **Administrative Matters – Discussion and Consideration**
   1) Staff Updates

M. **Legislative/Administrative Rule Matters - Discussion and Consideration**
   1) Legislative/Administrative Rules Update
   2) Criminal Background and Fingerprint Checks **(365-366)**

N. **Substance Use and Criminal History/Conviction Regarding Licensure – Discussion and Consideration (367-372)**

O. Informational Items
   1) NLNAC Name Change to ACEN **(373-374)**
   2) Christopher Cross Letter **(375-376)**
   3) Report by Matthew C. Niehaus – 2013 NCSBN Information Technology Conference **(377-378)**
   4) WLN Fall Conference Speaking Engagement **(379-380)**

P. Discussion and Consideration of Items **Received After** Preparation of the Agenda:
   1) Introductions, Announcements and Recognition
   2) Presentations of Petition(s) for Summary Suspension
   3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
   4) Presentation of Proposed Final Decision and Order(s)
   5) Informational Item(s)
   6) DLSC Matters
   7) Status of Statute and Administrative Rule Matters
   8) Education and Examination Matters
   9) Credentialing Matters
   10) Practice Questions/Issues
   11) Legislation/Administrative Rule Matters
   12) Liaison Report(s)
   13) Speaking Engagement(s), Travel, or Public Relation Request(s)

Q. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; to consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

R. **Deliberation of Petition for Summary Suspension in Case Number 12 NUR 020 – Deborah J. Mishler, L.P.N. (381-386)**

S. **Deliberation of Petition for Summary Suspension in Case Number 12 NUR 438 – Stephanie M. McMillen, R.N. (387-400)**

T. **Proposed Final Decision and Order in the Matter of Disciplinary Proceedings Against Michelle J. Eagle, R.N. (DHA Case #SPS-13-0013)(DLSC Case #11 NUR 624) (401-410)**

U. **Proposed Final Decision and Order in the Matter of Disciplinary Proceedings Against Diane C. Walters, R.N. (DHA Case #SPS-12-0004)(DLSC Case #12 NUR 001) (411-436)**

V. **Proposed Final Decision and Order in the Matter of Disciplinary Proceedings Against Joan W. Cumings, R.N. (DHA Case #SPS-13-0014)(DLSC Case #12 NUR 303) (437-444)**

W. **Deliberation of Proposed Final Decision and Orders**

1) Michael L. Schleicher, R.N. (11 NUR 272) **(445-452)**
2) Heidi J. Hargis, R.N. (12 NUR 169) **(453-464)**
3) Brian J. Reynolds, R.N. (12 NUR 320) **(465-476)**
4) Rachel M. Zwiebel, L.P.N. (12 NUR 366) **(477-488)**
5) Jennie Alexander, L.P.N. (12 NUR 535) **(489-496)**
6) Darian K. Wagner, L.P.N. (12 NUR 538) **(497-502)**
7) Lisa S. Hayward, R.N. (12 NUR 574) **(503-510)**
8) Wendy D. Dehling, L.P.N. (12 NUR 611) **(511-518)**
9) Olivia Gomez, R.N. (13 NUR 053) **(519-526)**
10) Judith A. Gobeli, R.N. (13 NUR 062) **(527-532)**
11) Jenna M. Peterson, R.N. (13 NUR 089) **(533-544)**
12) Angela B. Scott, R.N. (13 NUR 111) **(545-552)**
13) Veronica S. Lawrence, R.N. (13 NUR 121) **(553-558)**
14) Pamela J. Stelzer, R.N. (13 NUR 131) **(559-564)**
15) Stephanie S. Luck, R.N. (13 NUR 186) **(565-576)**
16) Kawana Hickman, L.P.N. (13 NUR 269) **(577-584)**

X. **Credentialing Matters**

1) General **(585-586)**
   a. Brandon Lee – L.P.N. Examination **(587-602)**
2) Convictions and/or Discipline **(603-604)**
   a. Alan Bowles – L.P.N. Endorsement **(605-660)**
   b. Casey Johnson – L.P.N. Examination **(661-674)**
   c. Christopher Jablonsky – L.P.N. Examination **(675-742)**
   d. Shawna Mead – L.P.N. Examination **(743-756)**
   e. Amanda Nimmer – R.N. Examination **(757-776)**
   f. Amy Beernink – R.N. Examination **(777-810)**
   g. Erin Stanila – R.N. Examination **(811-838)**
   h. Joshua Grubb – R.N. Examination **(839-874)**
   i. Megan Weber – R.N. Examination **(875-890)**
   j. Rebecca Kaup – R.N. Examination **(891-916)**
   k. Samantha Maxwell – R.N. Examination **(917-950)**
   l. Thomas Mayo – R.N. Examination **(951-986)**
   m. Margo Dorgay – R.N. Examination **(987-1034)**
   n. Tamara Young – R.N. Examination **(1035-1078)**
   o. Jessica Piencikowski – R.N. Examination **(1079-1126)**
   p. Lori Hollister – R.N. Examination **(1127-1164)**

Y. **Deliberation on Monitoring Matters**

1) Tina Behrens Schindler, R.N. – Consideration of Request for Voluntary Surrender of License **(1165-1182)**
2) Renee A. Bender, R.N. – Requesting Stay of Suspension **(1183-1202)**
3) Kristin Bleichwehl, R.N. – Requesting Removal of Restriction **(1203-1220)**
4) Laurie A. Blum, R.N. – Requesting Limited Licensure **(1221-1238)**
5) Annette Malcomson, R.N. – Requesting Modification of Order **(1239-1256)**
6) Laura Manriquez, L.P.N. – Requesting Modification of Order or Reinstatement of Licensure **(1257-1272)**
7) Michelle M. Obermueller, L.P.N. – Requesting Reinstatement of Licensure **(1273-1286)**
8) Elizabeth M. Ogletree, R.N. – Requesting Reinstatement of Licensure **(1287-1296)**
9) Todd J. Rademan, R.N. – Requesting Reduction in Frequency of Screens **(1297-1314)**
10) Kristi L. Sorenson, R.N. – Requesting Reinstatement of Licensure **(1315-1326)**

Z. **Deliberation on Issuance of Administrative Warnings**

1) 12 NUR 269 (J.R.H.) **(1327-1328)**

AA. **Division of Legal Services and Compliance**

1) Case Status Report **(1329-1338)**
2) Case Closings

BB. Deliberation of Items **Received After** Preparation of the Agenda:

1) Application Issues and/or Reviews
2) Professional Assistance Procedure (PAP)
3) Monitoring Matters
4) Administrative Warnings
5) Review of Administrative Warning
6) Proposed Stipulations, Final Decisions and Orders
7) Proposed Final Decisions and Orders
8) Orders Fixing Costs/Matters Related to Costs
9) Petitions for Summary Suspension
10) Petitions for Re-hearings
11) Complaints
12) Examination Issues
13) Credential Issues
14) Appearances from Requests Received or Renewed
15) Motions
16) Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

CC. **Attendance at Legislation and Rules Committee (1339-1348)**

DD. **Report of Legislation and Rules Committee**

EE. **Board Meeting Process (Time Allocation, Agenda Items) - Discussion and Consideration**

1) Communication
2) DSPS Job Ready Initiative
3) Telehealth

FF. **Discussion and Consideration of Board Strategic Planning and its Mission, Vision, and Values**

1) Board Seal **(1349-1350)**

ADJOURNMENT

Page intentionally left blank

STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: http://dsps.wi.gov

Governor Scott Walker **Secretary Dave Ross**

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
JULY 11, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. ***A quorum of the Board will be present during the committee meetings.***

PRACTICE COMMITTEE

8:30 A.M.
(OR IMMEDIATELY FOLLOWING CONVENING OF THE FULL BOARD OF NURSING MEETING AND COMPLETION OF THE SUMMARY SUSPENSION PROCEEDINGS)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Practice Committee – Julie Ellis (Committee Chair), Jeffrey Miller, Lillian Nolan, Maria Joseph

A. **Approval of Agenda (7-8)**

B. **Approval of the Practice Committee Minutes of May 9, 2013 (9-10)**

C. **R.N. FAQs 6, 7, 11, 16, 18, 19, and 20 – Discussion and Consideration (11-12)**

D. Public Comments

ADJOURNMENT OF PRACTICE COMMITTEE MEETING

Page intentionally left blank

PRACTICE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
MAY 9, 2013

PRESENT: Julie Ellis, Lillian Nolan, Jeffrey Miller, Maria Joseph

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; and other Department Staff

CALL TO ORDER

Julie Ellis, Chair, called the meeting to order at 9:32 a.m. A quorum of four (4) members was present.

ADOPTION OF AGENDA

MOTION: Jeffrey Miller moved, seconded by Maria Joseph, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 11, 2013

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to approve the minutes of April 11, 2013 as published. Motion carried unanimously.

SCOPE OF PRACTICE DECISION TREE

MOTION: Jeffrey Miller moved, seconded by Maria Joseph, to accept the Scope of Practice Decision tree with the removal of the reference to Position Papers, practice FAQ's, and employer standards as well as the reference to "Policies and procedures must be in place to support the activity prior to performance." Motion carried unanimously.

R.N. FAQS 1,2,4, AND 5

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to pull R.N. FAQ #2 from the website. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to eliminate R.N. FAQ #4 and R.N. FAQ #5 from the website. Motion carried unanimously.

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to pull R.N. FAQ #1 and refer the topic to the Education and Licensure Committee for inclusion on the website with a description on levels of nursing, if appropriate. Motion carried unanimously.

DRAFT

ADJOURNMENT

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to adjourn the Practice Committee meeting. Motion carried unanimously.

The meeting adjourned at 10:04 a.m.

6. WHAT IS THE NURSE LICENSE COMPACT?

The Nurse Licensure Compact is a mutual recognition model of nurse licensure allowing a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation. This applies *only* to RN/LPN licensees. Under mutual recognition, a nurse may practice across state lines without seeking individual licensure in that state as long as the state has also ratified the compact. This is referred to as a multi-state nurse licensure model, specifically referred to as the Nurse Licensure Compact (NLC). All states that currently belong to the NLC, also operate the single state licensure model for those nurses who do reside legally in a NLC state or do not qualify for multi-state licensure.

Helpful information on the compact can be found on the NCSBN website, https://www.ncsbn.org/3501.htm. Wisconsin is a member of the NLC, and currently the only bordering state in the compact is Iowa.

Statutes pertaining to the NLC can be found in Ch. 441.50, Stats (Subchapter II).

7. CAN I HAVE BOTH A COMPACT AND A NON-COMPACT LICENSE?
Yes. The Nurse Licensure Compact requires the nurse to be domiciled in a compact state, however. Domicile is defined as the place where a person has their true, fixed and permanent home and to which whenever they are absent they have the intention of returning. A few factors that can be used to determine domicile are as follows:

- ☐ Payment of state income taxes
- ☐ Exercising voting rights (either by absentee ballot or in-person)
- ☐ Maintenance of state driver's license
- ☐ Legal declaration of the state as your domicile

As long as a nurse's domicile is in a compact state, they can have a multi-state license, allowing them to practice in another compact state. If they wish to practice in a non-compact state, they will need to follow the licensure procedures of that state to obtain a single state license.
Additionally, if a nurse changes domicile from one compact state to another, they will need to pursue a new multi-state license based in the new state of their legal domicile.

11. I AM TRAVELLING WITH A PATIENT THROUGH WISCONSIN, DO I NEED TO OBTAIN A WISCONSIN LICENSE IN ORDER TO DO THIS?
Generally, if you do not have a multi-state license, you would need to obtain a Wisconsin license from the Board of Nursing to practice within this state. There is however an exception for those that may be travelling through the state for short periods of time. Ch 441.115, Stats allows for temporary practice of no more than 72 consecutive hours with prior notification to the Board. Certain exceptions apply, please review the Statute for complete information.

16. I WANT TO START A NURSE CONSULTANT BUSINESS, WHAT DO I NEED TO DO FOR THIS?
The Wisconsin board of Nursing and the Department of Regulation and Licensing cannot advise you in regard to the formation or operation of a health care business, as our authority and responsibility is limited to the licensure of nurses and regulation of nurse practice, with respect to professional conduct and ethics and the protection of the public. Any questions about billing, insurance requirements, and/or legal forms to conduct business is not within the areas we regulate and for which we do not have expertise.
It is recommended that you contact a private attorney, the Wisconsin Nurse's Association or the Wisconsin Department of Health Services. These entities may be able to provide information pertinent to your inquiries.

From: Ellis, Julie [mailto:Julie.Ellis@columbia-stmarys.org]
Sent: Wednesday, May 15, 2013 1:26 PM
To: Williams, Dan - DSPS
Subject: FW: Board of Nursing question

Hi Dan

Bette Carr has a question about two statutes that seem to conflict. The Wisconsin Nurse Practice Act states that an RN cannot accept a medical order from a physician who is not licensed here (that makes sense), but WI Medication Administration Law 118.29 states a practitioner "licensed in any state" can give orders. Some school nurses work on the border of WI/MN and are looking for guidance.

Can you ask Pam?

Thanks

Julie

18. IS IT ACCEPTABLE FOR A WISCONSIN NURSE TO FOLLOW ORDERS PRESCRIBED BY A PHYSICIAN FROM ANOTHER STATE?

There is no authority under the Wisconsin Nurse Practice Act of the Wisconsin Medical Practice Act to permit a licensed nurse to render nursing services to a patient in Wisconsin based upon the medical order of a physician who is not licensed here, unless that act is performed pursuant to one of the exemptions from the licensure requirement as outlined in Sec 448.03(2), Stats. An RN/LPN may only perform those medical acts delegated by a duly licensed physician in this state.

19. IF AN R.N. TAKES A VERBAL ORDER FROM A PHYSICIAN AND THEN REDUCES THE ORDER TO WRITING FOR ANOTHER NURSE OR FOR A PHARMACIST, IS THIS CONSIDERED AN ACT OF PRESCRIBING?

The Board of Nursing's position is that this process is a form of transcription and transmission of the verbal order on behalf of the physician, and does not constitute an act of prescribing. Further information on rules regulating this practice can be found in Ch N6, Ch Med 17, and Ch Phar 7.065 and 7.08, Wis. Admin. Code.

The Board of Nursing has also published a position paper on the Use of Intermediaries which may be helpful in addressing this issue.

20. WHEN A VERBAL ORDER IS TAKEN, DOES THE PROVIDER NEED TO GIVE A SIGNATURE AT SOME POINT, AND WHEN?

The Wisconsin Board of Nursing has a position paper regarding communication and validation of verbal orders from an APNP. This paper indicates that the verbal order must be validated in writing "within the timeframe appropriate for the setting." There is no explicit rule regarding time frames for the signing of a verbal order of APNPs or physicians.

STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: http://dsps.wi.gov

Governor Scott Walker **Secretary Dave Ross**

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
JULY 11, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. ***A quorum of the Board will be present during the committee meetings.***

EDUCATION AND LICENSURE COMMITTEE

9:00 A.M
(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF THE PRACTICE COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Education and Licensure Committee –Carol Ott (Committee Chair), Rachelle Lancaster, Gretchen Lowe; Julie Ellis

A. **Adoption of Agenda (13-14)**

B. **Approval of Education & Licensure Committee Minutes of May 9, 2013 (15-16)**

C. **Forms – Discussion and Consideration**
   1) #3028 – Nursing Program Self-Evaluation Report for Continuation of Approval **(17-24)**

D. **Faculty Exception Approval Process – Discussion and Consideration (25-26)**

E. **School Approval Requests - Discussion and Consideration**
   1) Wisconsin Lutheran **(27-76)**
   2) Rasmussen – Green Bay **(77-142)**

F. **FAQ Review (143-144)**

G. **RN to BSN Online Programs – Discussion and Consideration (145-152)**

H. **Site Surveys – Discussion and Consideration (153-154)**

I. Public Comments

ADJOURNMENT OF EDUCATION & LICENSURE COMMITTEE MEETING

Page intentionally left blank

EDUCATION AND LICENSURE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
MAY 9, 2013

PRESENT: Rachelle Lancaster, Carol Ott, Gretchen Lowe, Julie Ellis

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; other DSPS staff

CALL TO ORDER

Carol Ott, Chair, called the meeting to order at 8:52 a.m. A quorum of four (4) members was present.

ADOPTION OF AGENDA

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF EDUCATION & LICENSURE COMMITTEE MINUTES OF APRIL 11, 2013

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to approve the minutes of April 11, 2013 as published. Motion carried unanimously.

BRYANT AND STRATTON COLLEGE RESPONSE TO REPORT OF BOARD OF NURSING SITE SURVEY CONDUCTED ON 10-25-2012

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to place Bryant and Stratton College on probationary status. The submitted evidence referencing the response to the Wisconsin Board of Nursing site visit of 10-25-2012, submitted April 5, 2013 does not meet the criteria as described in N1.06(1)(b)3. The Board requests a report by November 1, 2013 to address these concerns. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to have an item on the June agenda to discuss the composition of site visit teams. One of the three nurse educators on the Board is willing to go on the next site visits. Motion carried unanimously.

ADJOURNMENT

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:32 a.m.

DRAFT

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	**6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing – Education/Licensure Committee

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☒ Yes ☐ No	**Forms – discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Carol Ott asked that form #3028 be placed upon the agenda for Committee review.

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

Wisconsin Department of Safety and Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 266-2264
Phone #: **(608) 266-2112**

E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

BOARD OF NURSING

NURSING PROGRAM SELF-EVALUATION REPORT FOR CONTINUATION OF APPROVAL

Schools that do not hold accreditation from a Board recognized nursing accreditation agency are responsible for meeting the standards in N 1.06 and shall complete and submit this form to the Board of Nursing on an annual basis. (Ch. N 1.05 (1) & (2), Wis. Admin. Code)

NOTE: Schools that are accredited by a Board recognized nursing accreditation agency are only required to complete the top section of page one below (Name of Program, Address and Program) and page six, and submit the form to the Board of Nursing on an annual basis.

Directions for completing the Self-Evaluation Report: On the line next to each requirement please indicate "yes", "no", or "NA" for not applicable. For each "NA" please describe why this rule does not apply to the nursing program in the space provided on page 7 or on an attached document.

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

Please submit this completed and signed report to dspsexaminationsoffice@wisconsin.gov.

Name of Program: _____

Address: _____

_____

Program (ADN, BSN, Other): _____

CHAPTER N 1.06 (1) ORGANIZATION AND ADMINISTRATION OF THE PROGRAM

N 1.06 (1) (a) Governing Institution

1. _____ The nursing program has a governing institution that assumes legal responsibility for the overall conduct of the program.

2. _____ The governing institution has designated an educational administrator; established administrative policies; and provided sufficient financial support, resources, and facilities for the operation of the program.

3. _____ The governing institution has attached to the Self-Evaluation Report an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program.

4. _____ The governing institution has attached to the Self-Evaluation Report evidence of being regionally accredited.

N 1.06 (1) (b) Administrative Policies

5. _____ The nursing program has administrative policies that are in accord with those of the governing institution.

6. _____ The nursing program has written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services.

7. _____ The administrative policies specify that the educational administrator has authority and responsibility for the development, implementation, and evaluation of the program.

8. _____ The administrative policies contain provisions for a system of records and reports essential to the operation of the program.

9. _____ The administrative policies include written personnel policies for the faculty which include position expectations and faculty rights and responsibilities.

CHAPTER N 1.06 (2) CURRICULUM

10. _____ Curriculum is based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of student competencies, and a copy of the curriculum is attached to the Self-Evaluation Report. For clarity, the sections of the curriculum that satisfy requirements are highlighted with the corresponding item number (listed on the left-hand side of each requirement) clearly indicated.

11. _____ Clinical and theoretical learning experiences are consistent with the stated program objectives.

12. _____ Curricular content reflects current nursing practice and encompasses health needs throughout the life span.

N 1.06 (2) (a) Professional Nursing Curriculum

13. The professional nursing curriculum contains an 'area of general education' which covers:

(a) _____ scientific knowledge basic to nursing practice including principles from the biological and physical sciences.

(b) _____ human and cultural knowledge basic to understanding motivation and behavior including currently accepted concepts and principles form the social and behavioral sciences.

14. _____ The professional nursing curriculum contains an 'area of nursing education' which includes theory and selected experiences designed to enable students to provide nursing care that promotes, maintains, and restores the physical and mental health of the individual throughout the life span.

15. After completion of the professional nursing curriculum, graduates will be able to:

(a) _____ Use the nursing process to plan and provide nursing care.

(b) _____ Apply knowledge derived from the scientific, human and cultural areas to meet health needs.

(c) _____ Individualize nursing care during preventative, maintenance, restorative, and terminal phases.

(d) _____ Promote positive health practices.

(e) _____ Understand the roles and relationship of nurses to other health care providers.

(f) _____ Plan for health services with individuals, families, communities and health care providers.

(g) _____ Practice professional nursing according to the legal standards of N 6.

(h) _____ Function as a responsible, accountable nursing professional.

(i) _____ Identify the need for continued competency.

(j) _____ Recognize the impact of historical trends in nursing.

N 1.06 (b) Practical Nursing Curriculum

16. The practical nursing curriculum contains an 'area of health, growth, and development' that covers:

(a) _____ the general aspects of human structure and body function.

(b) _____ the general aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon health, attitudes and behavior of individuals and the family as a social unit.

17. The practical nursing curriculum contains an 'area of personal and vocational relationships' that covers:

(a) _____ basic principles of human relationships.

(b) _____ legal and ethical responsibilities in nursing.

18. _____ The practical nursing curriculum contains an 'area of nursing education' which provides content with experiences in meeting basic nursing needs of the individual throughout the life span.

19. After completion of the practical nursing curriculum, graduates will be able to:

(a) _____ Identify basic needs of a patient.

(b) _____ Employ common nursing measures to meet basic needs of patients.

(c) _____ Observe and report relevant data regarding a patient's health status.

(d) _____ Use communication techniques to assist patients to achieve identified goals.

(e) _____ Establish positive relationships with patients and other health team members.

(f) _____ Practice practical nursing according to the legal standards of ch. N 6.

(g) _____ Identify the need for continued competency.

<u>CHAPTER N 1.06 (3) INSTRUCTION</u>

20. _____ Instruction is based on written objectives which give direction to planning student objectives.

21. _____ A variety of teaching methods are used to facilitate student learning.

22. _____ Criteria based on written objectives are used in the evaluation of student learning.

23. _____ Clinical laboratory learning experiences are supervised by nursing faculty meeting standards under N 1.06 (4).

24. _____ There are written contracts with an adequate number of clinical facilities and resources to meet the program objectives.

25. The clinical facilities meet the following standards:

(a) _____ The clinical experience gained from each clinical facility is consistent with the nursing program objectives.

(b) _____ Formal written agreements between each clinical facility and nursing program demonstrate willingness to cooperate in promoting the nursing program clinical objectives.

(c) _____ The practice of the registered nurse and the licensed practical nurse at each clinical facility is within the legal scope of practice under s. 441.001 (3) and (4), Stats.

CHAPTER N 1.06 (4) FACULTY

26. _____ The faculty are adequate in number and academic and professional qualifications to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program.

27. _____ The educational administrator of the professional nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing.

28. _____ The educational administrator of the practical nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing or a related field.

29. _____ All nurse faculty members who teach nursing courses in a professional nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a master's degree with a major in nursing.

30. _____ All nurse faculty members who teach nursing courses in a professional nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a baccalaureate degree with a major in nursing.

31. _____ The ratio of students to faculty in the clinical area allow for meeting clinical course objectives and safe patient care.

32. _____ The educational administrator has taken responsibility for ensuring that individual faculty members are academically and professionally qualified, and that faculty staff is adequate to carry out program objectives.

CHAPTER N 1.06 (5) EVALUATION

33. _____ The educational administrator will conduct systematic and periodic evaluations of the total program.

OPTIONAL INFORMATION (*Attach additional pages as necessary.*)

34. Do you have a plan for improving NCLEX scores? Describe the plan and the rationale.

Wisconsin Department of Safety and Professional Services

FORM COMPLETED BY:

_____ _____

Educational Administrator Title

Wisconsin RN License #: _____

Educational Preparation (*Please list most recent first*.)

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor

Nursing Practice Experience (*Please list most recent first*.)

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title

Nursing Education Experience (*Please list most recent first*.)

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title

_____ _____

Signature Date

_____ _____

Telephone Number Email Address

Wisconsin Department of Safety and Professional Services

SELF-EVALUATION NOTES

For each "NA" in this report please describe why this rule does not apply to your specific nursing program in the space provided. Please write the corresponding item number for each item. Attach additional pages as necessary.

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Dan Williams**	2) Date When Request Submitted: **6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing-Education Committee

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☐ Yes ☐ No	**Faculty exception approval process – discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Carol asks the Committee and Board to review the Motion from April. It was her understanding, the intent was to have Jill Remy continue to make decisions on routine exceptions and then consult with Carol on those where there could be an issue.

Motion from the April-2013 meeting:

> ***COMMITTEE MOTION*:** Rachelle Lancaster moved, seconded by Gretchen Lowe, that the Chair of the Education and Licensure Committee is delegated the authority to review and approve any faculty members. Motion carried unanimously.

Page intentionally left blank

Wisconsin Lutheran College
School of Nursing

Report
Six Months after First Graduation of BSN Students
14 November 2012

Commission on Collegiate Nursing Education (CCNE) Accreditation

In September 2011, CCNE completed a two and one half day site visit. As per their report, accreditation is granted to June 20, 2017, effective as of September 19, 2011. All four accreditation standards were met. Compliance concerns were stated for Key Element 1-D "Demonstrate that faculty and students participate in program governance" and Key Element IV-A "Demonstrate that surveys and other data sources are used to collect information about students, alumni, and employer satisfaction; and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN pass rates, certification pass rates, and employment rates, as appropriate."

BSN Class of 2012

On 18 May 2012, ten students graduated from Wisconsin Lutheran College with a Baccalaureate of Science in Nursing. All completed the NCLEX examination in subsequent months. Six of the ten graduates passed the examination on the first attempt. Two passed on the second attempt. Two others anticipate re-taking the exam. Eight of the graduates held graduate nurse staff positions at the time of graduation. Of those, seven continue to work in those positions as registered nurses.

Graduate Follow-up

An on-line survey will be distributed to graduates and their employers in December 2012. Satisfaction with educational experience, adequate preparation for employment, and long-term education employment and education plans will be included in the graduate survey. Satisfaction with graduates' preparation for work as a staff nurse will be included in the employer survey. Both surveys will request comments on and recommendations for the educational process of the WLC nursing program.

Current Enrollees

Students currently accepted in the Nursing program include 18 seniors, 20 juniors, and 24 sophomores. Ten freshmen students are eligible for early admission. We anticipate accepting a total 32 students for the class of 2016.

Criteria for Acceptance to Nursing Program

Students may be candidates for early acceptance to the nursing program if they achieve an ACT of $\geq$ 24 (comprehensive) in their senior year of high school. They must maintain a minimum of a 3.0 overall GPA their freshman fall semester (which includes a five credit general chemistry course) and pass the drug test and criminal background check.

All other students are accepted based on four criteria: GPA≥ 2.75 (which includes a five credit general chemistry course), three letters of recommendation, personal essay, and faculty interview. A rubric is used to quantify an overall score of at least 8 of 12 points in order to be admitted. Additionally, all students must complete a criminal background check and drug test prior to being accepted. No students will be accepted with a positive background check or drug test.
One area of concern has been with transfer students from technical colleges. While their GPA meets the requirement, they have not demonstrated an ability to manage the rigorous nature of full-time academics.

Plan for Improvement of NCLEX Results

The difficulty with academic progression for transfer students was immediately recognized during the first spring sophomore class. Because of our commitment to supporting students accepted to the nursing program, faculty spent an inordinate amount of time engaged personally with students whom were challenged by the rigor of the curriculum. The subsequent class (Class of 2013) includes transfer students, but purposeful counseling was done prior to admission to the nursing program by both the Admissions office as well as the Chair of the School of Nursing about the high academic rigor of the nursing curriculum. Additionally, transfer students whom had previously taken only one or two prerequisite classes per semester were directed to enroll as full-time students prior to being accepted to the nursing program to test their readiness for full-time study. We are considering raising the transfer student GPA requirement to 3.0 due to the inconsistency of students presenting to the program.

The Adult Health Nursing course will be modified for spring 2013, with the classroom portion lengthened to three hours vs. two hours, and clinical hours reduced from two six hour days to one six hour day.

The Foundations course was modified this fall semester to enhance nursing skill development.

We have subscribed to the Pearson Annual NCLEX Results Report, which compares schools nationally regarding student performance in various content areas. We are awaiting our first report.

Faculty

The WLC nursing faculty includes the following;
A teaching chair with an MSN, APNP, enrolled in a DNP program, with a specialty in women's health and childbearing;
One faculty with an MSN, enrolled in a PhD program, with a specialty in aging and health literacy;
One faculty with an MSN, enrolled in a DNP program, with a specialty in pediatrics;
One faculty with an BSN, enrolled in an MSN program, with a specialty in childbearing;

Three regular adjunct faculty, one of whom has a PhD and teaches community health, and two others with an MSN, teaching mental health (one in classroom, one as clinical instructor);
Two adjuncts co-taught the adult health course in spring 2010;
Additional adjuncts have been used for clinical instruction in the foundations course (one), aging course (one), and pediatrics course (one).

Comprehensive Assessment and Review Program (CARP)

We have utilized the ATI comprehensive assessment and review program since the inception of our program to assess both our curriculum as well as student attainment of curricular goals. The CARP program provides on-line reports immediately to students with easily accessible remediation learning. The benchmark for each content area is Level 2. Students not attaining that level are required to take the second examination after a period of remediation. Students who attain at least a Level 2 in Adult Health Nursing are given priority for clinical sites for the Leadership course their senior year. Students who attain at least a Level 3 in any content area receive a gift certificate to a local bookstore.

The RN Comprehensive Predictor was administered to the Class of 2012 three weeks prior to graduation. The results indicated the number of students at probability of passing as: 1 at 98%, 1 at 96-97%, 1 at 89-90%, 2 at 84-88%, 1 at 81-82%, 2 at 37-60%, 2 at 1-34%. Five students sat for another form of the predictor exam with the following results: Student 1 had 89% on the first exam and 84% on the second; student 2 had 81% on the first exam and 57% on the second; student 3 had 40% on the first and 13% on the second; student 4 had 25% on the first exam and 37% on the second; student 5 had 13% on both exams.

Of those who passed the NCLEX on the first exam, the probability of passing was 98%, 97%, 89%, 84%, 81%, and 48%. Of the four who did not pass the first exam, the probability of passing was 86%, 40%, 25%, 13%. Of the two who passed the second exam, the probability of each was 40% and 25%

Overall Curricular Review

Since 2010, a review of courses has been provided to the Board of Nursing each semester, except for spring 2012.

Summary of Spring 2012 Courses

NUR 422 Mental Health Nursing (3 credits) (first-time offering)

Lecture: This class is taught in spring of the senior year. Lecture is 50 minutes long- a challenge to present all content in this time period and at same time engage class in different modes of learning other than lecture format.

Clinical:

- Using first two weeks for off unit orientation prepares students well: 1st week at the hospital included orientation to the unit: policies/procedures and documentation specific to the Mental Health unit. 2nd week at WLC Skills lab allowed for hands on practice of some MH skills using role play, video vignettes, demonstrations, and other group activities
- First few weeks on the unit: included gaining comfort with the patient populations and focused more on communication skills
- Following weeks the students incorporated first week skills with more total care skills such as medication administration, treatments, IV skills, blood glucose monitoring, etc.
- Students also were involved in admission and discharge process and group observation experiences.
- Most valuable alternative experiences were the ECT (Electroconvulsive Therapy) observation and observation of the AODA (Alcohol and Other Drug Addiction) group therapy.
- It may be more beneficial to have a separate day for the Research Review presentations instead of having these at the post conference time after the clinical day.

ATI results:
Level 2: Three students
Level 1: Six students
Below Level 1: One student

Possible modifications:

- Lengthen lecture times
- Schedule quizzes/exams for times outside of lecture providing more learning time during lecture hours

Suggestions for other alternative experiences:

- Possible tour of Milwaukee County Mental Health Complex or other county facility to compare care delivery and different populations.
- Observation at a Child/Adolescent facility
- Observation at an eating disorder facility
- Ropes course possibly at Rogers

NUR 423 Community Health Nursing (3 credits) (first-time offering)

This class is taught in spring of the senior year. Ten students were enrolled in the course. This course was offered as a hybrid format with 7 face to face classes

scheduled on Mondays at 9 am. The first half of the semester students had weekly quizzes along with homework assignments. The second half of the semester, students were expected to use the collaboration feature of the course for online discussion on community topics/issues and news events along with weekly homework assignments. The homework assignments were mostly directed to online sites for review and evaluation. APA format was stressed in written homework and feedback was given each week via online return with comments. Theory units were posted by weeks using the college format. Each theory units contained PowerPoint slides, homework assignments, and a quiz if indicated. The format was consistent throughout the course. Face to face sessions were more interactive with class activities to highlight chapter content. The final examination was cumulative and consisted of 75 questions. The course was set up for mastery of content. The final grades ranged from A,AB, and B's. Since Community Health Nursing is a generalist role, which is inclusive of all age groups and is population focused, the rational is to keep clinical weight and theory weight the same. The Healthy People project requires application of theory in the clinical arena of the course.

ATI scores-

Level 3: One student
Level 2: Seven students
Level 1: One student
Below Level 1: One student

Possible modifications:

- ANA Standards of Practice for PHN is in revision. Incorporate the newest version when approved.
- The hybrid format of the course was positive. Expand PowerPoint with voice over features and podcast technology.
- Homework assignments need a revised grid for grading. Some students did excellent work which should be rewarded.
- Second half of the class needs to be synchronous online discussion during dates of non-face- to- face contact. This will provide a stronger opportunity for discussion with immediate feedback.
- Add rubric for online discussion evaluation.
- Consider synchronous online discussion sessions on unit content to enhance discussion interaction during online theory sessions.
- Consider expanding course information on school health nursing and aggregate units such as care of men and elderly.
- Consider teaching the Red Cross disaster services introductory course with the course content on disasters. Students would be given a card for completion.
- Examine possibilities for additional clinical experiences such as home visits and clinic shadowing.

NUR 424 Leadership in Healthcare (4 credits) (first-time offering)

This class is taught in spring of the senior year. This course provides an introduction to theories of leadership, management, and organizations with a focus on the leadership role of the registered nurse and the process of managing personnel and clinical resources in a practice environment. Concepts of change, conflict negotiation, and preparation for professional practice will be explored.

Lecture:

This is the first semester this course was taught.

Ten students were enrolled in the course.

Instructional methodology included lecture presentations both by students and faculty, small group activities, article reviews, guest speakers and discussions.

Clinical:

Clinical experiences focus on the professional nurse's role in the provision of safe, ethical, effective, high quality healthcare as part of a multi-disciplinary healthcare team. Professional communication, teamwork, and patient centered care are emphasized. The clinical portion of this class is devoted to the student's clinical experience as a leader within the healthcare team under the direct supervision of a Registered Nurse preceptor for a total of 180 hours throughout the semester.

ATI results-

Level 2: One student

Level 1: Six students

< Level 1: Three students

NUR 425 Transitions to Professional Practice (3 credits) (first-time offering)

This class is taught in spring of the senior year. Transitions to Professional Practice was offered during the spring semester of 2012 for the ten senior nursing students. A variety of topics related to transitioning from student to the professional nurse role were discussed in the course, including: creation of a resume, job searches, interviewing, transition from novice to expert in the nursing role, strategies for success during role transition, creation of a study plan for NCLEX, and the professional nurse role in staff education.

The clinical component of this course was completed via an independent project involving the preparation of an educational presentation for healthcare staff. Students were able to select a setting and specific population for their target audience. Some students chose to complete the project at their places of employment, while others chose their clinical settings for implementation of the project. One student did her presentation for a local fire department and two students created simulation scenarios and activities that were presented to the junior nursing students during one of their clinical days. With the creation and development of the educational project, students were able to utilize the steps of the nursing process to plan, implement, and evaluate their work. Students also had the opportunity to develop learning objectives and methods of evaluation for their presentations.

What went well:

- For the most part, students embraced the opportunity to do staff education. One student mentioned that she might be willing to consider nursing education in her future as a result of the project.
- Students chose topics that were new to them so they had the benefit of not only learning concepts for staff education, but also learning specific content in a new topical area.

Areas for improvement:

- Build in more time for students to present their projects in class and have their peers complete evaluations.
- Discuss interviewing and creation of a resume earlier in the semester and involve career counselors on campus.
- Eliminate the requirement for a weekly journal.

NUR 321 Adult Health (4 credits)

Lecture:
This class is taught in spring of the junior year. Eighteen students were enrolled in the course
This is the second time this course has been taught.
Lecture was 1 day a week (2hours) vs. 2 days a week (1hour), which seemed to be more beneficial
Instructional methodology included traditional lecture, case studies, presentations, quizzes, tests, and use of simulators.
Topics included: Pre op/post op care, care of patients with disorders in the following systems: respiratory, cardiac, gastrointestinal, hematologic, endocrine, musculoskeletal, genitourinary, neuromuscular and integumentary. Skills reviewed: Suction, tracheostomy, NG tubes, blood transfusions, central venous access, traction, stump care & advanced IV skills.
The textbook is a great resource for the course
No major changes in the course anticipated

Clinical: (2 instructors)
2 days a week -1 day at Froedtert and the other day was an alternate experience (i.e. professional conferences, health promotion in the community, Granville clinic, Simulation Scenarios in the nursing lab)

ATI Results -
Level 3: One student
Level 2: Nine students
Level 1: Six students
<Level 1: Two students

NUR 322 Global Health Nursing (3 credits)

Lecture: This class is taught in spring of the junior year. This is the second time this course was taught. Eighteen students were enrolled in the course. Lecture was reduced from two hours to one hour per week to try to accommodate for the number of clinical hours required for the study abroad portion of the course at the end of the semester. This limited the amount of student activities allowed throughout the semester, and the spring 2013 schedule will include two hours of lecture again.

Clinical experience: The study abroad portion of the class met and exceeded learning objectives for the students, as demonstrated by their final papers, submitted one month after their return to America (mid-July). Students consistently reported the transformational learning they obtained through their observations of a wide variety of tropical illnesses, resource-poor health care settings, relationship-development with Zambians, and intense time spent with their classmates for two weeks.

Brief Overview of other Nursing Courses

BIO 240 Nutrition (3 credits)
This course is taught by nursing faculty. While the course is required for freshman nursing students, non-nursing students may enroll in the course for a science elective. A proposal is underway to revise the name of the course to Nutrition for the Health Sciences to more accurately portray the intent of the course.

NUR 200 Introduction to Professional Nursing (3 credits)
This course is taught in spring of the sophomore year and covers theory, professional issues, and an exploration of the nursing role. An eight-hour shadowing experience is included. While most students report this has solidified their decision to be a nurse, some students have decided to withdraw from the nursing major after taking this course.

NUR 325 Pharmacology (3 credits)
This course is taught in spring of the sophomore year. It covers general principles of drug therapy and how they are related to the use of pharmacotherapeutics in patient care.

NUR 300 Health Assessment (3 credits)
This course is taught in fall of the junior year and provides both classroom and laboratory experiences in health assessment skills, and intended to develop abilities in assessing patients' health care and nursing needs.

NUR 301 Foundations of Nursing (3 credits)
This course is taught in the first eight weeks of fall of the junior year. It consists of one hour of classroom and six hours of clinical time per week. While content has remained consistent, the delivery method for the skills portion of this course was revised for the fall 2012 semester. Based on feedback from students, several clinical days were devoted to skill development in the nursing lab. While we are still awaiting student feedback for this semester, the instructor determined this format to work well.

NUR 311 Aging and Long Term Care (3 credits)
This course is taught in the second eight weeks of fall of the junior year. It consists of one hour of classroom and six hours of clinical time per week. It provides students with both classroom and clinical experiences regarding the unique needs and care of older adults.

NUR 402 Issues and Trends in Professional Nursing (3 credits)
This course is taught in fall of the senior year. It explores the major issues and trends facing the nursing profession in the context of opportunities for the profession with an emphasis on Christian ethical principles for nursing.

NUR 411 Childbearing Family (3 credits)
This course is taught in fall of the senior year. It consists of one hour of classroom and six hours of clinical time per week. It addresses the nurse's role for the unique health care needs of the individual and family during childbearing years and includes care of the newborn.

NUR 412 Child and Adolescent Health (3 credits)
This course is taught in fall of the senior year. It consists of one hour of classroom and six hours of clinical time per week. It addresses the nurse's role for the care of children after the newborn period through adolescence.

Report submitted by,

Rebekah Carey, MSN, APNP
Chair, School of Nursing
Assistant Professor of Nursing

Sheryl Scott, MSN, RN
Assistant Professor of Nursing

Amanda Passint, MSN, RN
Assistant Professor of Nursing

Lisa LeBlanc, BSN, RN
Instructor of Nursing

Wisconsin Lutheran College
Bachelor of Science in Nursing

Freshman Year; Fall Semester		Freshman Year; Spring Semester	
COL 101	1		
Phys. Well-Being	1	COM 101	3
ENG 101	3	Gen Ed	3
Gen Ed	3	PSY 120 Human Growth and Development*	3
PSY 101 Intro to Psychology*	3	BIO 202 Principles of Biology 2*	4
CHE 161 Chemistry*	5	BIO 240 Nutrition*	3
	16		**16**

Sophomore Year; Fall Semester		Sophomore Year; Spring Semester	
COL 201	1	Gen Ed	3
Gen Ed	3	PHI 201 (Ethics; fulfills theology requirement)	3
Gen Ed	3		
Gen Ed	3	BIO 255 Anatomy & Physiology 2	4
BIO 141 Microbiology	4	NUR 200 Introduction to Professional Nursing	3
BIO 225 Anatomy & Physiology 1	4	NUR 325 Pharmacology	3
	18		**16**

Junior Year; Fall Semester		Junior Year; Spring Semester	
Gen Ed	3	Gen Ed	3
BIO 355 Pathophysiology	3	Gen Ed	3
NUR 300 Health Assessment	3	MAT117 Statistics	3
NUR 301 Foundations of Nursing Practice	3	NUR 321 Adult Health	4
NUR 311 Aging and Long-Term Care	3	NUR 322 Global Health	3
	15		**16**

Senior Year; Fall Semester		Senior Year; Spring Semester	
Gen Ed	3	Gen Ed	3
NUR 401 Evidence-Based Nursing Practice	3	NUR 422 Mental Health	3
NUR 402 Issues/Trends Professional Nursing	3	NUR 423 Community Health	3
NUR 411 Childbearing Family	3	NUR 424 Leadership in Health Care	4
NUR 412 Child and Adolescent Health	3	NUR 425 Transition to Professional Practice	3
	15		**16**
		Total Program Credits	**128**
		Nursing Major Credits	**47**

*Core
9/8/11

Wisconsin Lutheran College
Bachelor of Science in Nursing
Collateral and Nursing Course Descriptions

BIO 141 Microbiology: Topics include the germ theory of disease, the immune system, public health, food microbiology, agricultural and industrial application. The course emphasizes current topics and reading of the secondary scientific literature. Not applicable to the major or minor in biology. **4 credits (3 lec, 2 hrs. lab)**

BIO 240 Nutrition: Essentials of normal nutrition and its relationship to the health and wellbeing of individuals and families will be emphasized. Included will be the study of the physiological, psychological, and economic aspects of obtaining an adequate diet. This course is required prior to beginning the Nursing program. **3 credits**

BIO 202 Principles of Biology: An introduction to cellular reproduction, genetics, natural selection, biochemistry, and cellular biology. **4 credits (3 lec, 2 hrs. lab)**

BIO 225 Human Anatomy & Physiology 1: A systematic approach to the study of human anatomy and physiology using models, charts, readings, and dissection. A human cadaver is an integral part of this course. Emphasis is placed on anatomy. Mastery of anatomical vocabulary is expected. **4 credits (3 lec, 2 hrs. lab)**

BIO 255 Human Anatomy & Physiology 2: A continuation of Human Anatomy and Physiology 1 with emphasis on the function of organ systems and cellular mechanisms responsible for homeostasis. Prereq. BIO 225. **4 credits (3 lec, 2 hrs lab)**

BIO 355 Pathophysiology: Integrates human anatomy, physiology, and biochemistry with special emphasis on the etiology and mechanisms of disease. Lecture topics include cell injury, inflammation, immunity, neoplasia, blood and circulatory disorders, respiratory disease, gastrointestinal disease, electrolyte imbalances, endocrinology, reproductive physiology, musculoskeletal disease, pain management, and disorders of the central nervous system. Prereq. BIO 202. **3 credits**

CHE 161 Chemistry: A study of the fundamental laws and concepts of chemistry. The emphasis is placed on atomic and molecular structure and bonding, stoichiometry, thermodynamics, and solutions. **5 credits (4 hrs lec, 3 hrs. lab)**

MAT 117 Statistics: Statistical concepts and methods for application in other disciplines. Descriptive statistics, bivariate linear models, probability, discrete and normal distributions, central limit theorem, estimation, hypothesis testing. **3 credits**

PHI 201 Ethics: "He has shown you, O man, what is good..." How can we lead a truly good life? Ethics defined. Classical sources of the ethical grammar in the Western tradition from Plato and Aristotle to Kant, from the Utilitarians to Rawls. The logic of C. S. Lewis's merely Christian ethic and the Christological ethic of Dietrich Bonhoeffer.

Case studies provide rhetorical occasions for in-depth discussions of medical ethics, natural law, pornography, religion and morality, sexual morality, and more. **3 credits**

PSY 101 Introduction to Psychology: This course introduces the science of psychology by surveying key fields such as human development, learning, memory, intelligence, motivation and emotions, personality, abnormality, social interactions, and ethics. Students explore foundations of psychology seen in philosophy, theory, biology, and culture. They also investigate the many ways psychological research can be applied to every day life. Additionally, class discussion focuses on the relationship between psychology and Christian beliefs. Students are also introduced to the scientific writing style of the American Psychological Association (APA). **3 credits**

PSY 120 Human Growth and Development: This course provides an introduction to the study of the physical, cognitive, and socio-emotional development of the individual from conception to old age. The course surveys the theory, concepts, and research in the field of human development. Additionally, class discussions focus on the relationship between psychology and Christian beliefs. Students are introduced to the scientific writing style of the American Psychological Association (APA). **3 credits**

NUR 200 Introduction to Professional Nursing: This course serves as the foundation for the development of the nursing student as a service provider and health care professional. The essential characteristics of professional nursing practice in diverse settings within complex health care systems and with socioeconomically and culturally diverse populations are introduced. The concepts of nursing process, evidence-based practice, collaboration, clinical decision making, lifelong learning, cultural competence, and legal and ethical practice will be introduced. The requirements of the Health Insurance Portability and Accountability Act (HIPAA) will be discussed in the context of professional ethics and patient privacy concerns. Students will have the opportunity to observe professional nurses in their practice settings. **3 credits**

NUR 300 Health Assessment: This course provides both classroom and laboratory experiences in nursing and health assessment skills, and is intended to develop students' abilities in assessing patients' health care and nursing needs. Opportunities to apply knowledge from liberal arts and nursing theory in simulated patient care situations will be provided. Individual practice sessions in the nursing laboratory will be required and students will be evaluated through performance assessments for their readiness to assume the role of caregiver in a variety of clinical settings.
3 credits

NUR 325 Pharmacology: Students will be introduced to general principles of drug therapy, including absorption, distribution, metabolism, and excretion, in order to understand how those principles are related to the use of pharmacotherapeutics in patient care. The physiological effects of pharmaceutical agents and the use of those agents in the treatment of illness, injury, and disease will be included. Current practices in the use of the nursing process as it relates to drug therapy in individuals across the lifespan will be stressed. **3 credits**

NUR 301 Foundations of Nursing Practice: This course provides fundamental instruction in therapeutic interventions and nursing care skills across the lifespan. The student builds upon foundational knowledge from the liberal arts, sciences, and humanities and applies this to the content and process of nursing. The theoretical foundation of Caring and Culture Care is introduced. Simulated laboratory and actual client care experiences offer the student opportunities to provide basic nursing care to selected clients in a professional, caring manner. Students will also incorporate principles of nutritional and pharmacological therapies, including medication administration and documentation, and will demonstrate effective use of available technologies to assess, monitor, and evaluate patient care. **3 credits**

NUR 322 Global Health: This course requires students to study the implementation of health care programs across the globe. Issues of human culture and regionalism are addressed in the context of modern international concerns relating to the spread of disease. The role of HIV/AIDS as a catalyst for a grassroots approach to health care will be explored, as well as the role played by national and global politics, including the war on poverty. A selection of world cultures will be examined in the context of disease, poverty, social policy, and warfare. **3 credits**

NUR311 Aging and Long-term Care: Assessment, intervention, and nursing care theory and skills are taught in this course with an emphasis on chronic illness and functional health patterns of older adults. Specific diseases processes such as diabetes, cardiovascular disease, respiratory disease, and dementias will be examined in depth. Students will also focus on nutritional, pharmacological, and social needs of older adults. Students will begin to develop the professional roles of caregiver and patient advocate in a variety of clinical practice settings, including long-term and elder care facilities. **3 credits**

NUR 321 Adult Health: This course explores acute health care concerns for adults requiring medical or surgical care. Students will apply the nursing process to the care of adults in compromised health situations. The course will integrate pathophysiology, pharmacology, and knowledge of chronic health problems with nursing care provided to the adult population. Emphasis is placed on the use of the nursing process to identify physiologic, psychosocial, educational, and cultural needs of adult clients and the development of appropriate nursing interventions. Clinical practice experiences are provided in variety of traditional and non-traditional care settings. **4 credits**

NUR 401 Evidence-Based Nursing Practice: This course emphasizes the relevance of nursing models to current and future nursing practice and research. The process of scientific inquiry is presented and the usefulness of the scientific method in problem solving and decision making in nursing practice is discussed. Students will be instructed in the linkages between research, patient care outcomes, cost and quality of care, and assessment of risk. Students will have the opportunity to develop skills in critiquing current research related to professional nursing practice. **3 credits**

NUR 402 Issues and Trends in Professional Nursing: This course explores the major issues and trends facing the nursing profession in the context of opportunities for the profession. The historical, philosophical, and social development of professional nursing will be explored in depth, and strategies for nursing to increase its value to society and improve its public image will be discussed. Legal and ethical principles that guide professional nursing practice are discussed. Political forces that influence change in contemporary health care are examined. **3 credits**

NUR 411 The Childbearing Family: The unique health care needs of the childbearing years are studied in this course. Nursing interventions which support and promote health and well-being are emphasized in women and families in various states of health and development. The physiologic and psychosocial changes that occur in women from adolescence through adulthood will be examined, and health promotion of the developing family is emphasized. Students will explore the role of the nurse in relation to current research and issues in childbearing. Clinical practice experiences are facilitated in traditional and non-traditional care settings. **3 credits**

NUR 412 Child and Adolescent Health: This course explores the health care needs of children at various developmental stages. Students integrate knowledge of developmental, transcultural, and communication theories in the care of children from infancy through adolescence. The nurse's role in providing health promotion, prevention, therapeutic, and restorative care to children and adolescents from diverse cultures in a variety of settings is emphasized. Trends and issues related to family-centered health care will be examined. Clinical practice experiences are facilitated in traditional and non-traditional care settings. **3 credits**

NUR 422 Mental Health: This course explores the concepts of abnormal psychology and introduces students to the practice of psychiatric and mental health nursing for individuals, families, and groups in various settings. Course content emphasizes self-understanding in the student and focuses on therapeutic communication within the nurse-client relationship. Commonly occurring mental health disorders such as addictive behaviors and personality and mood disorders are studied. The opportunity to gain clinical practice experience is facilitated in traditional and non-traditional care settings.
3 credits

NUR 423 Community Health : Community and public health nursing, health promotion, and the nursing process as applied to diverse communities and populations are studied using a variety of traditional and non-traditional settings. Environmental health, epidemiology, community health care systems, and health care policy will be discussed. Students will address identified needs and educate populations across the lifespan, collaborate with other health care professionals, make referrals, and participate in health promotion clinics. Additional clinical practice experiences are provided in variety of traditional and non-traditional care settings.
3 credits

NUR 424 Leadership in Health Care: This course explores the theories of leadership, management, and organizations and the process of managing personnel and clinical resources in a practice environment. Concepts of change, conflict negotiation, and preparation for professional practice are examined. Professional communication is emphasized, and clinical experiences focus on providing nursing care to multiple patients. **4 credits**

NUR 425 Nursing Seminar: Transition to Professional Practice: This capstone course gives students the opportunity to design and implement a project focused on the provision of nursing services within alternative settings and populations. Students will integrate culture care, diversity concepts, and scripturally-based principles in their project, and they must demonstrate how their project will benefit the community or population. Opportunities to develop a class in health promotion and present the information to a variety of audiences will be provided. **3 credits**

FULL-TIME FACULTY	
Rebekah Carey	
Date of Hire	
July 2007	
Educational Preparation	
BSN MSN Nurse Practitioner DNP	
Institutions Awarding Degree	
University of Alabama DNP On-line program	Anticipated completion August 2013
University of Illinois-Chicago Women's Health Nurse Practitioner	1998
University of San Diego Master of Science in Nursing Family Health Nursing and Education	1985
University of Wisconsin-Oshkosh Bachelor of Science in Nursing	1978
Teaching Experiences	
Instructor Wisconsin Lutheran College	2007-Present
Instructor RN to BSN program Courses: Foundations, Research, Physical Assessment, Women's Health Issues Course: Health Economics Dept. of Business Viterbo University La Crosse, WI	1999-2001
Instructor Maternal Child Health Dept. of Nursing Winona State University Winona, MN	1999
Adjunct Clinical Instructor Maternal Child Health Trinity Christian College Palos Heights, IL	1996-97
Preceptor	1989-94

Maternal-Child Nursing
University of Illinois – Chicago

Preceptor 1990
Maternal-Child Nursing graduate program
Depaul University, Chicago, IL

Work Experiences

Chair & Instructor, School of Nursing 2007-Present
Wisconsin Lutheran College
Milwaukee, Wisconsin

President of the Board 2008-Present
Granville Neighborhood Health Center
A primary healthcare clinic for the uninsured, Milwaukee, WI

Nurse Practitioner 2008-Present
Outreach Community Clinic
(Formerly Healthcare for the Homeless)
Milwaukee, Wisconsin

Nurse Practitioner 2006-07
Private practice, OB-GYN
Eau Claire Women's Care
Eau Claire, WI

Sexual Assault Nurse Examiner 2004-06
Casual position
Sacred Heart Hospital
Eau Claire, WI

Nurse Practitioner 2004-05
Home-based care of elderly and disabled
Community Health Partnership
Eau Claire, WI

Nurse Administrator 2001-03
LCCA Health Education Program
Mwembezhi Lutheran Rural Health Center
Central Africa Medical Mission
Lusaka, Zambia

Nurse Practitioner 1999-2001
Low-income women's health clinic
SEMCAC Clinic
Winona, MN

Obstetrics Staff Nurse Good Shepherd Hospital Barrington, IL	1997-98
Coordinator Center for Human Reproduction Hoffman Estates, IL	1995-96
Manager, Reproductive Medicine MacNeal Hospital Berwyn, IL	1994-95
Clinical Specialist Women's Health and Reproduction Dr. Reena Jabamoni Downers Grove, IL	1992-93
Coordinator Grant Fertility Center Chicago, IL	1989-92
Perinatal Educator Lutheran General Hospital Park Ridge, IL	1987-89
Clinical Educator Perinatal/Gynecological Services Mercy Hospital and Medical Center San Diego, Ca	1982-86
Staff Nurse OB-GYN, Special Care Nursery Mercy Hospital and Medical Center San Diego, CA	1979-82
Obstetrics Staff Nurse Charlevoix Area Hospital Charlevoix, MI	1979
Pediatric Staff Nurse Mott Children's Hospital University of Michigan Ann Arbor, MI	1978
Certifications	
NCC 1999 – Women's Health Nurse Practitioner	
Courses Taught	
- Nutrition	

- Intro to Professional Nursing
- Pharmacology
- Health Assessment
- Childbearing
- Issues and Trends Professional Nursing
- Leadership in Health Care
- Global Health

Lisa LeBlanc
Date of Hire
January 2011 – Part-time Adjunct August 2012 – Full-time
Educational Preparation
BSN MSN – In progress
Institutions Awarding Degree
BSN – Marquette University, Milwaukee, WI 2007 MSN – St. Xavier University (Expected Graduation December 2013)
Teaching Experiences
St. Joseph Hospital - Staff Nurse Preceptor 2009 Wisconsin Lutheran College – Adult Health, Childbearing, Aging, Community Health, Clinical Instructor
Work Experiences
Wheaton Franciscan Healthcare – St. Joseph's Hospital - Health Unit Coordinator and Patient Care Assistant (2005-2007) - Nurse Intern (2006-2007) - Registered Nurse (2007 -2010) Wisconsin Lutheran College - Clinical Instructor (2010 – Present)
Certifications
Neonatal Resuscitation – May 2011
Courses Taught
Adult Health Childbearing Aging Community Health

Amanda Passint
Date of Hire
-Fall 2010 (Adjunct Clinical Instructor) -Fall 2011 (Full-Time Assistant Professor of Nursing)
Educational Preparation
BSN MSN Doctoral- Currently enrolled in DNP program at Concordia University of Wisconsin (est. graduation December 2013)

Institutions Awarding Degree
BSN-Concordia University Of Wisconsin (2003) MSN- University of Madison-Wisconsin (2008) Doctoral- Currently enrolled in DNP program at Concordia University of Wisconsin (est. graduation December 2013)
Teaching Experiences
Adjunct Clinical Instructor: Marquette University (2008) Adjunct Clinical Instructor: Wisconsin Lutheran College (2010) Assistant Professor Of Nursing (Full-time): Wisconsin Lutheran College (2011)
Work Experiences
Prior to teaching: Registered Nurse- Children's Hospital of Wisconsin 2003-2011
Certifications
Certified Pediatric Nurse Practitioner- 2008
Courses Taught
Adjunct: Aging/Foundations in Nursing (2010 & 2012) Adult Health Lecture/Clinical (2011, 2012, & Spring 2013) Child and Adolescent Health Lecture/Clinical (2011 & 2012) Issues and Trends in Nursing (2011) Leadership in Nursing Lecture/Clinical (2012) % only Clinical (Spring 2013)

Sheryl Scott
Date of Hire
September 2009
Educational Preparation
BSN MSN PhD (finished with PhD coursework, enrolled at University of North Dakota)
Institutions Awarding Degree
BSN – Marian University, Fond du Lac, WI (1990) MSN – University of Phoenix (2005) PhD (finished with PhD coursework, enrolled at University of North Dakota)
Teaching Experiences
Staff educator, Wheaton Franciscan Healthcare, 02/05-09/09 Wisconsin School of Massage Therapy, Pathology for massage therapy students, 2005-present Wisconsin Lutheran College, 09/09-present
Work Experiences
2009 – present Wisconsin Lutheran College, Milwaukee, WI *Assistant Professor of Nursing* 2005- present Wisconsin School of Massage Therapy Germantown, WI *Teacher, Pathology* Teach a 13 week pathology course for massage therapy students 2005-2009 Wheaton Franciscan Healthcare-St. Joseph Milwaukee, WI *Patient Safety Educator*

2002-2005 Community Memorial Hospital Menomonee Falls, WI
Occupational Health Case Coordinator

1997-2002 Midwest Airlines Oak Creek, WI
Occupational Health and Safety Nurse

1994-1997 Medical Associates Health Centers, Menomonee Falls, WI
Employee Health Nurse

1992-1994 Medical Associates Health Centers, Menomonee Falls, WI
Urgent Care Nurse

1990-1992 St. Joseph's Hospital, Milwaukee, WI
Staff Nurse, Surgical Floor

Certifications

FLAG fellow, 08/2010, Minnesota Hartford Center of Geriatric Nursing Excellence

Courses Taught

Pathology (massage therapy students, as required by state of Wisconsin)
Nutrition
Foundations of Nursing
Aging and Long-Term Care
Evidence-Based Practice in Nursing
Transitions in Nursing
Clinical: Foundations, Aging, Leadership, Global Health

PART-TIME FACULTY
Christine Curtiss
Date of Hire
January 2012
Educational Preparation
BSN MSN
Institutions Awarding Degree
BSN-Alverno College-Milwaukee, WI (1987) MSN- University of Phoenix – Phoenix, AZ (2011)
Teaching Experiences
Wisconsin Lutheran College – Mental Health
Work Experiences
Charge Nurse/Nurse Educator - Froedtert Health/Community Memorial Hospital 2006-Present CEO-Owner /Certified Legal Nurse Consultant – Curtiss Consulting Medical/Legal Consultants 2001-2006 Nurse Educator/Liaison & Care Provider – Aurora Psychiatric Hospital & Behavioral Health Services 1999-2003 Charge Nurse/Interim Manager – Aurora St. Luke's Medical Center 1992-1999
Certifications
ANCC (American Nurses Credentialing Center) Mandt (Code Gray – aggressive behavior responder)
Courses Taught
Mental Health

Jan Edelstein		
Date of Hire		
January 2012		
Educational Preparation		
Ed. D.	2000	University of Arkansas, Fayetteville
M.S.(N)	1990	University of Oklahoma, Health Science Center
M.Ed.	1986	University of Arkansas, Fayetteville
B.S.(N)	1977	University of Wisconsin, Milwaukee
Institutions Awarding Degree		
Ed. D.	2000	University of Arkansas, Fayetteville
M.S.(N)	1990	University of Oklahoma, Health Science Center
M.Ed.	1986	University of Arkansas, Fayetteville
B.S.(N)	1977	University of Wisconsin, Milwaukee
Teaching Experiences		
Wisconsin Lutheran College – Community Health University of Wisconsin Oshkosh - Associate Professor - College of Nursing (Fall 2009-current)		
Work Experiences		
2009-2011	Associate Professor, UNIVERSITY of WISCONSIN OSHKOSH College of Nursing	
2008-2009	Chairperson RN-BSN/MSN, MARIAN UNIVERSITY School of Nursing	

2007-2009	Full Professor Status granted 2/28/08
2007-2008	Interim Program Director, MSN, MARIAN COLLEGE School of Nursing
2005-2008	RN-BSN/MSN Program Director, MARIAN COLLEGE School of Nursing
1998-2007	Associate Professor, Nursing, MARIAN COLLEGE, Fond du Lac, WI
1998-1999	Graduate Research Assistant, UNIVERSITY OF ARKANSAS
1992-1998	Assistant Professor, Nursing, MARIAN COLLEGE, Fond du Lac, WI
1994-2000	R.N., Co-Facilitator Transplant Recipient Understanding and Support Team (T.R.U.S.T.), ST. ANGES HOSPITAL, Fond du Lac, WI
1992-1994	Staff R.N. (long-term care) BETHEL HOME, Oshkosh, WI
1988-1990	Assistant Director Allied Health (Gerontology) Elderhostel Director CARL ALBERT STATE COLLEGE, Poteau, OK
1981-1988	Nursing Instructor, CARL ALBERT STATE COLLEGE, Poteau, OK
1980-1981	Head Nurse-Gastroenterology, ST. EDWARDS MERCY MEDICAL CENTER, Fort Smith, Arkansas
1979-1980	Surgery Coordinator (E.N.T./Dental), ST. FRANCIS HOSPITAL, Tulsa, OK
1978-1979	Cardiac Rehabilitation Staff Nurse, ST. JOSEPH HOSPITAL, Milwaukee, WI
Certifications	
American Nurses Association for Clinical Specialist Public/ Community Health Nursing (Successful exam completion 1995) Board Re-Certified December 2010 Expires 2015	
Courses Taught	
Community Health	

Abby Fritscher
Date of Hire
August 2012
Educational Preparation
BSN MSN – In Progress
Institutions Awarding Degree
BSN – Alverno College, Milwaukee, WI (2008) MSN – Cardinal Stritch University, Milwaukee, WI (expected graduation March 2013)
Teaching Experiences
Wisconsin Lutheran College - Pediatrics
Work Experiences
Clinical Educator – bard Medical (March 2011-Present) Pediatric Acute Care RN – Children's Hospital of Wisconsin (January 2008-Present) Clinical Administrator – Medical Rehabilitation and associates (August 2006 – July 2008)
Certifications

Courses Taught
Pediatrics

SHERILYNNE J GIULIANI
Date of Hire
December 2012
Educational Preparation
Associate in Nursing **BSN** **MSN, Graduate Student/Nurse Educator Program in progress. Projected graduation spring 2014.**
Institutions Awarding Degree
CONCORDIA UNIVERSITY WISCONSIN **Master of Science in Nursing, Graduate Student/Nurse Educator Program in progress. Projected graduation spring 2014.** **CARDINAL STRITCH UNIVERSITY** **Bachelors of Science in Nursing August 24, 2007** **Associate Degree in Nursing December 17, 2005**
Teaching Experiences
Carroll University - Clinical Laboratory Assistant, Adjunct Faculty **Wisconsin Lutheran College – Mental Health**
Work Experiences
Columbia-St. Mary's Hospital/ Registered Nurse, Milwaukee and Mequon, WI. (July 2010 – Present) **Beta Plus/Bayer Pharmaceuticals/ Betaseron Nurse Training Program,** **Nurse Educator, Wisconsin Region (October 2007 – Present)** **Carroll University/Clinical Laboratory Assistant, Adjunct Faculty, Waukesha, WI.** **(August 2009 – January 2012)** **Horizon Home Care & Hospice/Case Manager, Registered Nurse, Milwaukee, WI (March 2006 – January 2007)** **Pool and Interim positions, Registered Nurse, Milwaukee, WI.** **Saint Rose Youth and Family Center: Registered Nurse, Milwaukee, WI.** (October 2006 to January 2007, November 2009 to January 2010) **Rogers Memorial Hospital/Registered Nurse, Milwaukee, WI.** (April 2007 to January 2010)
Certifications
Certified Nursing Assistant February 1997-May 2006
Courses Taught
Mental Health Community Experience

Judy Lark
Date of Hire
January 2012
Educational Preparation
BSN MSN
Institutions Awarding Degree
BSN – UW-Milwaukee, Milwaukee, WI (1981) MSN – UW-Milwaukee, Milwaukee, WI (2009)
Teaching Experiences

Wisconsin Lutheran College - Mental Health Marquette School of Nursing – Clinical Instructor
Work Experiences
Community Memorial Hospital –(June 1981-Present) - Staff RN - Part-time Staff RN - Staff RN/Case Manager - Part-time PM Administrator Supervisor - Staff RN/Patient Care Coordinator - Manager/Professional Development Coordinator Manager/Professional Development Coordinator – Froedtert (July 2010-Present) Part-time School Nurse – Germantown school district (August 2001-June 2003) Clinical Instructor – Marquette School of Nursing (October 2009 – Present)
Certifications
Trauma Counseling- 11/15/2008 PMHCNS-BC- 10/4/2011
Courses Taught
Mental Health

Laura Rohowetz
Date of Hire
January 2011
Educational Preparation
BSN MSN
Institutions Awarding Degree
BSN - UW-Eau Claire, Eau Claire, Wisconsin (2002) MSN – UW-Madison, Madison, Wisconsin (2006)
Teaching Experiences
Wisconsin Lutheran College – Adult Health, Foundations and Aging Preceptor for pediatric nurse practitioner and nursing students
Work Experiences
Certified Pediatric Nurse Practitioner – ProHealth Care Medical Associates (2008-Present) Certified Pediatric Nurse Practitioner – Medical College of Wisconsin (2006-2008) Pediatric Nurse Clinician in the Hematology/Oncology/Bone Marrow Transplant (2005-2006) Pediatric Nurse Clinician in Pediatric Neurology – University of WI Hospital and Clinics (2003-2005) Pediatric Nurse Clinician in General Surgery and Hematology – University of WI Hospital and Clinics (2002-2003)
Certifications
Certified Pediatric Nurse Practitioner 2011 Certified Lactation Counselor 2010
Courses Taught
Adult Health Foundations Aging

Rachel Schuetz
Date of Hire
January 2011
Educational Preparation
BSN MSN – In Progress
Institutions Awarding Degree
BSN – Winona State University, Rochchester, MN (1997-2000) MSN – UWPlatteville, Platteville, WI (2010-Present)
Teaching Experiences
Wisconsin Lutheran College – Adult Health Madison Area Technical College – Medical Assistant Instructor
Work Experiences
Madison Area Technical College - Medical Assistant Instructor (August 2009-Present) - Emergency Hire and Medical Assistant Program (January 2008-May 2009) Fort HealthCare – School Nurse (May 2007-August 2008) Dean Health Systems - RN – Pediatrics (May 2007-January 2008) - RN Coordinator (October 2002 – May 2007) - RN Coordinator, Ear, Nose and Throat (February 2001-October 2002) St. Mary's Hospital – RN (June 2000-February 2001)
Certifications
Anticoagulation Therapy Management Certificate Program
Courses Taught
Adult Health
ATI TESTING – POLICY AND PROCEDURE
ATI Policy for Wisconsin Lutheran College School of Nursing Wisconsin Lutheran College School of Nursing utilizes the ATI Comprehensive Assessment and Review Program (CARP). The exams are administered throughout the junior and senior years, with the benchmark of a minimum of Level 2 required. The student is required to re-take the exam if the benchmark is not met. No portion of the course grade is assigned to the ATI exam. The exam is administered during class time. Two incentives for the exam have been developed. Students who attain a minimum of Level 2 on the Adult exam in spring of the junior year are given preference for specialty areas for their precepted experience in Leadership in spring of the senior year. Students who attain a Level 3 at any time are given a $10.00 gift certificate to an on-line bookstore.

FULL-TIME FACULTY							
NAME	**Date of Hire**	**Educational Preparation**	**Institutions Awarding Degree**	**Teaching Experiences**	**Work Experiences**	**Certifications**	**Courses Taught**
Rebekah Carey	July 2007	BSN MSN Nurse Practitioner DNP	*University of Alabama* Anticipated completion DNP On-line program August 2013 *University of Illinois-Chicago* 1998 Women's Health Nurse Practitioner *University of San Diego* 1985 Master of Science in Nursing Family Health Nursing and	**Instructor** Wisconsin Lutheran College 2007-Present **Instructor** | 1999-2001 RN to BSN program Courses: Foundations, Research, Physical Assessment, Women's Health Issues Course: Health Economics Dept. of Business Viterbo University La Crosse, WI **Instructor** 1999 Maternal Child Health Dept. of Nursing Winona State University Winona, MN **Adjunct Clinical Instructor** 1996-97 Maternal Child Health Trinity Christian	**Chair & Instructor, School of Nursing** 2007-Present Wisconsin Lutheran College Milwaukee, Wisconsin **Nurse Practitioner** 2008-Present Outreach Community Clinic (Formerly Healthcare for the Homeless) Milwaukee, Wisconsin **Nurse Practitioner** 2006-07 Private practice, OB-GYN Eau Claire Women's Care Eau Claire, WI **Sexual Assault Nurse Examiner** 2004-06 Casual position Sacred Heart Hospital Eau Claire, WI **Nurse Practitioner**	NCC 1999 – Women's Health Nurse Practitioner	- Nutrition - Intro to Professional Nursing - Pharmacology - Health Assessment - Childbearing - Issues and Trends Professional Nursing - Leadership in Health Care - Global Health

			Education *University of Wisconsin-Oshkosh* 1978 Bachelor of Science in Nursing	College Palos Heights, IL **Preceptor** 1989-94 Maternal-Child Nursing University of Illinois – Chicago **Preceptor** 1990 Maternal-Child Nursing graduate program Depaul University, Chicago, IL	2004-05 Home-based care of elderly and disabled Community Health Partnership Eau Claire, WI **Nurse Administrator** 2001-03 LCCA Health Education Program Mwembezhi Lutheran Rural Health Center Central Africa Medical Mission Lusaka, Zambia **Nurse Practitioner** 1999-2001 Low-income women's health clinic SEMCAC Clinic Winona, MN **Obstetrics Staff Nurse** 1997-98 Good Shepherd Hospital Barrington, IL **Coordinator** 1995-96 Center for Human Reproduction Hoffman Estates, IL **Manager, Reproductive Medicine** 1994-95 MacNeal Hospital		

					Berwyn, IL **Clinical Specialist** 1992-93 Women's Health and Reproduction Dr. Reena Jabamoni Downers Grove, IL **Coordinator** 1989-92 Grant Fertility Center Chicago, IL **Perinatal Educator** 1987-89 Lutheran General Hospital Park Ridge, IL **Clinical Educator** 1982-86 Perinatal/Gynecological Services Mercy Hospital and Medical Center San Diego, Ca **Staff Nurse** 1979-82 OB-GYN, Special Care Nursery Mercy Hospital and Medical Center San Diego, CA **Obstetrics Staff Nurse** 1979 Charlevoix Area Hospital Charlevoix, MI		

					Pediatric Staff Nurse 1978 Mott Children's Hospital University of Michigan Ann Arbor, MI		
Lisa LeBlanc	January 2011 – Part-time Adjunct August 2012 – Full-time	BSN MSN – In progress	*BSN – Marquette University,* Milwaukee, WI 2007 *MSN – St. Xavier University* (Expected Graduation December 2013)	**St. Joseph Hospital -** Staff Nurse Preceptor 2009 **Wisconsin Lutheran College** – Adult Health, Childbearing, Aging, Community Health, Clinical Instructor	***Wheaton Franciscan Healthcare – St. Joseph's Hospital*** - Health Unit Coordinator and Patient Care Assistant (2005-2007) - Nurse Intern (2006-2007) - Registered Nurse (2007 - 2010) ***Wisconsin Lutheran College*** *Clinical Instructor (2010 – Present)*	Neonatal Resuscitation – May 2011	- Adult Health - Childbearing - Aging - Community Health
Amanda Passint	-Fall 2010 (Adjunct Clinical Instructor) -Fall 2011 (Full-Time Assistant Professor of Nursing)	BSN MSN Doctoral-Currently enrolled in DNP program at Concordia University of Wisconsin (est.	*BSN-Concordia University* Of Wisconsin (2003) *MSN-University of Madison-Wisconsin* (2008)	**Adjunct Clinical Instructor:** Marquette University (2008) **Adjunct Clinical Instructor:** Wisconsin Lutheran College (2010) **Assistant Professor Of Nursing (Full-time):** Wisconsin Lutheran College (2011)	**Prior to teaching:** Registered Nurse-Children's Hospital of Wisconsin 2003-2011	Certified Pediatric Nurse Practitioner-2008	- Adjunct: Aging/Foundations in Nursing (2010 & 2012) - Adult Health Lecture/Clinical (2011, 2012, & Spring 2013) - Child and Adolescent Health Lecture/Clinical (2011 & 2012)

		graduation December 2013)	*Doctoral- Currently enrolled in DNP program at Concordia University of Wisconsin* (est. graduation December 2013)				- Issues and Trends in Nursing (2011) - Leadership in Nursing Lecture/Clinical (2012) % only Clinical (Spring 2013)
Sheryl Scott	September 2009	BSN MSN PhD (finished with PhD coursework, enrolled at University of North Dakota)	*BSN – Marian University, Fond du Lac, WI* (1990) *MSN – University of Phoenix* (2005) *PhD (finished with PhD coursework , enrolled at University of North Dakota)*	**Staff educator, Wheaton Franciscan Healthcare**, 02/05-09/09 **Wisconsin School of Massage Therapy,** Pathology for massage therapy students, 2005-present **Wisconsin Lutheran College**, 09/09-present	**2009 – present Wisconsin Lutheran College**, Milwaukee, WI Assistant Professor of Nursing **2005- present Wisconsin School of Massage Therapy** Germantown, WI Teacher, Pathology Teach a 13 week pathology course for massage therapy students **2005-2009 Wheaton Franciscan Healthcare-St. Joseph Milwaukee, WI** Patient Safety Educator	FLAG fellow, 08/2010, Minnesota Hartford Center of Geriatric Nursing Excellence	- Pathology (massage therapy students, as required by state of Wisconsin) - Nutrition - Foundations of Nursing - Aging and Long-Term Care - Evidence-Based Practice in Nursing - Transitions in Nursing - Clinical: Foundations, Aging, Leadership, Global Health

					2002-2005 Community Memorial Hospital Menomonee Falls, WI Occupational Health Case Coordinator ***1997-2002 Midwest Airlines*** Oak Creek, WI Occupational Health and Safety Nurse **1994-1997 Medical Associates Health Centers**, Menomonee Falls, WI Employee Health Nurse **1992-1994 Medical Associates Health Centers**, Menomonee Falls, WI Urgent Care Nurse **1990-1992 St. Joseph's Hospital**, Milwaukee, WI Staff Nurse, Surgical Floor		

PART-TIME FACULTY

NAME	Date of Hire	Educational Preparation	Institutions Awarding Degree	Teaching Experiences	Work Experiences	Certifications	Courses Taught
Christine Curtiss	January 2012	BSN MSN	*BSN-Alverno College-Milwaukee,*	**Wisconsin Lutheran College** – Mental Health	**Charge Nurse/Nurse Educator** - Froedtert Health/Community Memorial Hospital	- ANCC (American Nurses Credentialing	- Mental Health

			WI (1987) *MSN-University of Phoenix* – Phoenix, AZ (2011)		2006-Present **CEO-Owner /Certified Legal Nurse Consultant – Curtiss Consulting** Medical/Legal Consultants 2001-2006 **Nurse Educator/Liaison & Care Provider –** Aurora Psychiatric Hospital & Behavioral Health Services 1999-2003 **Charge Nurse/Interim Manager** – Aurora St. Luke's Medical Center 1992-1999	Center) - Mandt (Code Gray – aggressive behavior responder)	
Jan Edelstein	January 2012	BSN MSN	*BSN – UW-Milwaukee, Milwaukee, WI* (1977) *MSN – University of Oklahoma,* Health Science Center (1990)	**Wisconsin Lutheran College** –Community Health **University of Wisconsin Oshkosh** - Associate Professor - College of Nursing (Fall 2009-current) **Marian College -** Associate Professor	**Associate Professor,** UNIVERSITY of WISCONSIN OSHKOSH College of Nursing 2009-2011 **Chairperson** RN-BSN/MSN, MARIAN UNIVERSITY School of Nursing (2008-2009) **Full Professor Status** granted 2/28/08 (2007-2009) **Interim Program Director**, MSN, MARIAN COLLEGE School of Nursing (2007-2008) **RN-BSN/MSN Program Director**, MARIAN	-American Nurses Association for Clinical Specialist Public/ Community Health Nursing - (Successful exam completion 1995) - Board Re-Certified December 2010 Expires 2015	- Community Health

					COLLEGE School of Nursing **Associate Professor, Nursing**, MARIAN COLLEGE, Fond du Lac, WI (1998-2007) **Graduate Research Assistant**, UNIVERSITY OF ARKANSAS (1998-1999) **Assistant Professor, Nursing**, MARIAN COLLEGE, Fond du Lac, WI (1992-1998) **R.N., Co-Facilitator** Transplant Recipient Understanding and Support Team (T.R.U.S.T.), ST. ANGES HOSPITAL, Fond du Lac, WI (1994-2000) **Staff R.N.** (long-term care) BETHEL HOME, Oshkosh, WI(1992-1994) **Assistant Director** Allied Health (Gerontology) Elderhostel Director CARL ALBERT STATE COLLEGE, Poteau, OK(1988-1990) **Head Nurse-** Gastroenterology, ST. EDWARDS MERCY MEDICAL CENTER, Fort		

					Smith, Arkansas(1980-1981) **Surgery Coordinator** (E.N.T./Dental), ST. FRANCIS HOSPITAL, Tulsa, OK (1979-1980) **Cardiac Rehabilitation Staff Nurse,** ST. JOSEPH HOSPITAL, Milwaukee, WI(1978-1979)		
Abby Fritscher	August 2012	BSN MSN – In Progress	*BSN – Alverno College, Milwaukee, WI* (2008) *MSN – Cardinal Stritch University, Milwaukee, WI* (expected graduation March 2013)	**Wisconsin Lutheran College** - Pediatrics	**Clinical Educator** – bard Medical (March 2011-Present) **Pediatric Acute Care RN** – Children's Hospital of Wisconsin (January 2008-Present) **Clinical Administrator** – Medical Rehabilitation and associates (August 2006 – July 2008)		- Pediatrics
SHERILYNN GIULIANI	December 2012	BSN MSN, Graduate Student/Nurse Educator Program in progress. Projected graduation	*BSN – Cardinal Stritch University* August 24, 2007 *MSN – Concordia University*	**Carroll University** - Clinical Laboratory Assistant, Adjunct Faculty **Wisconsin Lutheran College** – Mental Health	**Columbia-St. Mary's Hospital/ Registered Nurse,** Milwaukee and Mequon, WI. (July 2010 – Present) **Beta Plus/Bayer Pharmaceuticals/ Betaseron Nurse Training Program,**	Certified Nursing Assistant February 1997-May 2006	- Mental Health - Community Experience

		spring 2014.	Graduate Student/Nurse Educator Program in progress. Projected graduation spring 2014.		**Nurse Educator,** Wisconsin Region (October 2007 – Present) **Carroll University/Clinical Laboratory Assistant, Adjunct Faculty,** Waukesha, WI. (August 2009 – January 2012) **Horizon Home Care & Hospice/Case Manager, Registered Nurse,** Milwaukee, WI (March 2006 – January 2007) **Pool and Interim positions, Registered Nurse,** Milwaukee, WI. **Saint Rose Youth and Family Center: Registered Nurse,** Milwaukee, WI. (October 2006 to January 2007, November 2009 to January 2010) **Rogers Memorial Hospital/Registered Nurse, Milwaukee, WI.** (April 2007 to January 2010)		
Judy Lark	January 2012	BSN MSN	*BSN – UW-Milwaukee,*	**Wisconsin Lutheran College** - Mental	**Community Memorial Hospital –(June 1981-**	Trauma Counseling-	- Mental Health

			Milwaukee, WI (1981) *MSN – UW-Milwaukee, Milwaukee, WI* (2009)	Health **Marquette School of Nursing** – Clinical Instructor	**Present)** - Staff RN - Part-time Staff RN - Staff RN/Case Manager - Part-time PM Administrator Supervisor - Staff RN/Patient Care Coordinator - Manager/Professional Development Coordinator **Manager/Professional Development Coordinator** – Froedtert (July 2010-Present) **Part-time School Nurse** – Germantown school district (August 2001-June 2003) **Clinical Instructor –** Marquette School of Nursing (October 2009 – Present)	11/15/2008 PMHCNS-BC-10/4/2011	
Laura Rohowetz	January 2011	BSN MSN	*BSN - UW-Eau Claire, Eau Claire, Wisconsin* (2002) *MSN – UW-*	**Wisconsin Lutheran College** – Adult Health, Foundations and Aging **Preceptor** for pediatric nurse	**Certified Pediatric Nurse Practitioner** – ProHealth Care Medical Associates (2008-Present) **Certified Pediatric**	Certified Pediatric Nurse Practitioner 2011 Certified	- Adult Health - Foundations - Aging

			Madison, Madison, Wisconsin (2006)	practitioner and nursing students	**Nurse Practitioner** – Medical College of Wisconsin (2006-2008) **Pediatric Nurse Clinician in the Hematology/Oncology/ Bone Marrow Transplant** (2005-2006) **Pediatric Nurse Clinician in Pediatric Neurology** – University of WI Hospital and Clinics (2003-2005) **Pediatric Nurse Clinician in General Surgery and Hematology** – University of WI Hospital and Clinics (2002-2003)	Lactation Counselor 2010	
Rachel Schuetz	January 2011	BSN MSN – In Progress	*BSN – Winona State University, Rochchester, MN* (1997-2000) *MSN – UWPlatteville, Platteville, WI* (2010-Present)	**Wisconsin Lutheran College** – Adult Health **Madison Area Technical College** – Medical Assistant Instructor	**Madison Area Technical College** - Medical Assistant Instructor (August 2009-Present) - Emergency Hire and Medical Assistant Program (January 2008-May 2009) **Fort HealthCare** –	Anticoagulation Therapy Management Certificate Program	- Adult Health

					School Nurse (May 2007-August 2008) **Dean Health Systems** - RN – Pediatrics (May 2007-January 2008) - RN Coordinator (October 2002 – May 2007) - RN Coordinator, Ear, Nose and Throat (February 2001-October 2002) **St. Mary's Hospital – RN** (June 2000-February 2001)		

ATI TESTING – POLICY AND PROCEDURE

ATI Policy for Wisconsin Lutheran College School of Nursing

Wisconsin Lutheran College School of Nursing utilizes the ATI Comprehensive Assessment and Review Program (CARP). The exams are administered throughout the junior and senior years, with the benchmark of a minimum of Level 2 required. The student is required to re-take the exam if the benchmark is not met.
No portion of the course grade is assigned to the ATI exam. The exam is administered during class time.
Two incentives for the exam have been developed. Students who attain a minimum of Level 2 on the Adult exam in spring of the junior year are given preference for specialty areas for their precepted experience in Leadership in spring of the senior year. Students who attain a Level 3 at any time are given a $10.00 gift certificate to an on-line bookstore.

CERTIFICATE of ACCREDITATION

in accordance with its accreditation standards and procedures, the

Commission on Collegiate Nursing Education

has accredited the

Baccalaureate Degree Program in Nursing

at

Wisconsin Lutheran College

Director of the Commission on Collegiate Nursing Education

September 19, 20[illegible]

Effective Date of Accreditation

The Commission on Collegiate Nursing Education is listed by the U.S. Secretary of Education as a nationally recognized accrediting agency.

This certificate is valid for the duration of the period of accreditation.

WISCONSIN LUTHERAN COLLEGE

Wisconsin Lutheran College School of Nursing, Baccalaureate in Science in Nursing

NCLEX Remediation Plan

DATE March 2013

According to N1.06 (5), Evaluation. "There shall be systematic and periodic evaluation of the total program." With this in mind, the Wisconsin Lutheran College School of Nursing has continued with its ongoing assessment and evaluation of its program. Specific modifications are underway, based on recommendations from the 10 January 2013 Wisconsin Board of Nursing meeting.

1. Admission to the nursing program will include a pre-admission test. Three different tests were evaluated, with the NLN pre-admission test selected. Passing this test will be required to be considered a qualified applicant. This will be in addition to the current admission requirements (GPA $\geq$ 2.75, minimum of C in required courses, three letters of recommendation, personal essay, and faculty interview).This will be activated with the Class of 2017.
2. Students who qualify as "Early Admission" during their senior year of high school, based upon an ACT $\geq$ 24, will be required to take the preadmission test in fall of their college freshman year to satisfy the early admission requirement. This will be activated with the Class of 2017.
3. Students already admitted to the nursing program for the Class of 2016, prior to the institution of the preadmission test, will be administered the test the first week of classes in fall 2013, with remediation required of any students not passing the test. If they do not participate with the remediation efforts, they will not be allowed to proceed with the spring 2014 semester sophomore nursing courses. The specific remediation is still in development.
4. The ATI CARP program will be included in individual course grades for 5-10% of the grade, depending upon the course. A minimum of Level 2 will be required to obtain any points toward the course grade, i.e. it is "all or nothing" for the requirement. (see appendix A)
5. The ATI Predictor exam taken four weeks prior to graduation will have a set passing grade of 68%. Those that do not obtain that grade will be given a written word of concern and strongly urged to complete an NCLEX review course, such as Kaplan, prior to sitting for the NCLEX exam.

WISCONSIN LUTHERAN COLLEGE

6. Courses during the senior year are being modified as follows:
    a. NUR 401 Evidence-based Nursing reduced from three to two credits (effective fall 2013)
    b. NUR 402 Issues and Trends in Nursing reduced from three to two credits (effective fall 2013)
    c. NUR 411 Childbearing Family increased from three to four credits (effective fall 2013)
    d. NUR 412 Child and Adolescent Nursing increased from three to four credits (effective fall 2013)
    e. NUR 425 Transition to Professional Practice (3 credits), and NUR 424 (4 credits), Leadership in Health Care will be redesigned to emphasize the medical surgical practice experience in the precepted setting (effective spring 2014).
7. Courses during the sophomore year are being modified as follows:
    a. NUR 301 Foundations and NUR 311 Aging will be run concurrently with a greater emphasis on medical surgical practice (effective fall 2013)
    b. NUR 300 Health Assessment will be changed from fall semester of junior year to spring semester of sophomore year (effective spring 2014)
    c. NUR 325 Pharmacology will be changed from spring semester of sophomore year to fall semester of junior year (effective fall 2014)
8. A curriculum consultant has been engaged to assist with further assessment and evaluation of the overall curriculum.

WISCONSIN LUTHERAN COLLEGE

Appendix A

CARP assignment to course grade

ATI exam	Nursing Course	Percentage of grade
Fundamentals	NUR 301 Foundations	10
Geriatric Nursing	NUR 311 Aging	5
Adult Health	NUR321 Adult Health	10
Mental Health	NUR 422 Mental Health	5
Community Health	NUR 423 Community Health	5
Leadership	NUR 424 Leadership	3
Nutrition	NUR 424 Leadership	2
Pharmacology	NUR 425 Transition to Professional Practice	5
Predictor	NUR 425 Transition to Professional Practice	5

Wisconsin Department of Safety & Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
1400 E. Washington Avenue
Madison, WI 53703
FAX #: (608) 266-2264
Phone #: (608) 266-2112
E-Mail: DSPSExaminationsOffice@wisconsin.gov
Website: http://dsps.wi.gov/Home

BOARD OF NURSING
NURSING PROGRAM SURVEY REPORT

Directions for completing the Survey Report: The following list of standards from N 1.06 will be used by the Board representative(s) when conducting a survey to ensure program compliance. The Board representative(s) should indicate whether the nursing program complies with Board standards by writing "yes", "no", "unclear", or "NA" (not applicable) on the line next to each requirement. In the space provided on page 6 or on an attached document the Board representative(s) should provide the following:

- A description of why the nursing program does not meet Board standards for each "no."
- The additional information required to make a determination for each "unclear."
- A description of why this rule does not apply to the nursing program for each "NA."

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

Institution being surveyed:

Name of Program: Wisconsin Lutheran College

Address: 8800 West Bluemound Road
Milwaukee, Wisconsin 53226

Program (ADN, BSN, Other): BSN

CHAPTER N 1.06 (1) ORGANIZATION AND ADMINISTRATION OF THE PROGRAM

N 1.06 (1) (a) Governing Institution

1. ✓ The nursing program has a governing institution that assumes legal responsibility for the overall conduct of the program.

2. ✓ The governing institution has designated an educational administrator; established administrative policies; and provided sufficient financial support, resources, and facilities for the operation of the program.

3. ✓ The governing institution has an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program.
Note: The organizational chart and written plan should be attached to the program's Self-Evaluation Report.

4. ✓ The governing institution has evidence of being regionally accredited.
Note: Evidence of accreditation should be attached to the program's Self-Evaluation Report.

N 1.06 (1) (b) Administrative Policies
Note: The Board representative(s) may examine the administrative policies during the survey to ensure that Board standards are being met.

5. ✓ The nursing program has administrative policies that are in accord with those of the governing institution.

6. ✓ The nursing program has written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services.
Note: The Board representative(s) may examine the contracts between the school and institutions during the survey.

7. ✓ The administrative policies specify that the educational administrator has authority and responsibility for the development, implementation, and evaluation of the program.

8. ✓ The administrative policies contain provisions for a system of records and reports essential to the operation of the program.

9. ✓ The administrative policies include written personnel policies for the faculty which include position expectations and faculty rights and responsibilities.

CHAPTER N 1.06 (2) CURRICULUM

10. ✓ Curriculum is based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of student competencies, and a copy of the curriculum is attached to the Self-Evaluation Report. For clarity, the sections of the curriculum that satisfy requirements are highlighted with the corresponding item number (listed on the left-hand side of each requirement) clearly indicated.

11. ✓ Clinical and theoretical learning experiences are consistent with the stated program objectives.

12. ✓ Curricular content reflects current nursing practice and encompasses health needs throughout the life span.

N 1.06 (2) (a) Professional Nursing Curriculum

13. The professional nursing curriculum contains an 'area of general education' which covers:

(a) ✓ scientific knowledge basic to nursing practice including principles from the biological and physical sciences

(b) ✓ human and cultural knowledge basic to understanding motivation and behavior including currently accepted concepts and principles form the social and behavioral sciences.

14. ✓ The professional nursing curriculum contains an 'area of nursing education' which includes theory and selected experiences designed to enable students to provide nursing care that promotes, maintains, and restores the physical and mental health of the individual throughout the life span.

15. After completion of the professional nursing curriculum, graduates will be able to:

(a) ✓ Use the nursing process to plan and provide nursing care.

(b) ✓ Apply knowledge derived from the scientific, human and cultural areas to meet health needs.

(c) ✓ Individualize nursing care during preventative, maintenance, restorative, and terminal phases.

(d) ✓ Promote positive health practices.

(e) ✓ Understand the roles and relationship of nurses to other health care providers.

(f) ✓ Plan for health services with individuals, families, communities and health care providers.

(g) ✓ Practice professional nursing according to the legal standards of N 6.

(h) ✓ Function as a responsible, accountable nursing professional.

(i) ✓ Identify the need for continued competency.

(j) ✓ Recognize the impact of historical trends in nursing.

N 1.06 (b) Practical Nursing Curriculum
Note: The Board representative(s) may examine the curriculum during the survey to ensure that Board standards are being met.

16. The practical nursing curriculum contains an 'area of health, growth, and development' that covers:

(a) N/A the general aspects of human structure and body function.

(b) N/A the general aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon health, attitudes and behavior of individuals and the family as a social unit.

17. The practical nursing curriculum contains an 'area of personal and vocational relationships' that covers:

(a) N/A basic principles of human relationships.

(b) N/A legal and ethical responsibilities in nursing.

18. N/A The practical nursing curriculum contains an 'area of nursing education' which provides content with experiences in meeting basic nursing needs of the individual throughout the life span.

19. After completion of the practical nursing curriculum, graduates will be able to:

(a) N/A Identify basic needs of a patient.

(b) N/A Employ common nursing measures to meet basic needs of patients.

(c) N/A Observe and report relevant data regarding a patient's health status.

(d) N/A Use communication techniques to assist patients to achieve identified goals.

(e) N/A Establish positive relationships with patients and other health team members.

(f) N/A Practice practical nursing according to the legal standards of ch. N 6.

(g) N/A Identify the need for continued competency.

CHAPTER N 1.06 (3) INSTRUCTION

Note: Chapter N 1.06 (3) (f) requires the nursing program to file evidence of meeting instruction standards on Form #1004 provided by the Board and keep this form on file in the School of Nursing office. These forms must be made available to the Board upon request. These forms may be examined by the Board representative(s) during the survey.

20. ✓ Instruction is based on written objectives which give direction to planning student objectives.

21. ✓ A variety of teaching methods are used to facilitate student learning.

22. ✓ Criteria based on written objectives are used in the evaluation of student learning.

23. ✓ Clinical laboratory learning experiences are supervised by nursing faculty meeting standards under N 1.06 (4).

24. ✓ There are written contracts with an adequate number of clinical facilities and resources to meet the program objectives.
Note: The Board representative(s) may examine the contracts with the clinical facilities during the survey to ensure that Board standards for clinical facilities are being met.

25. The clinical facilities meet the following standards:
Note: The Board representative(s) may inspect clinical facilities during the survey to ensure that Board standards are being met.

(a) ✓ The clinical experience gained from each clinical facility is consistent with the nursing program objectives.

(b) ✓ Formal written agreements between each clinical facility and nursing program demonstrate willingness to cooperate in promoting the nursing program clinical objectives.

(c) ✓ The practice of the registered nurse and the licensed practical nurse at each clinical facility is within the legal scope of practice under s. 441.001 (3) and (4), Stats.

CHAPTER N 1.06 (4) FACULTY

Note: Chapter N 1.06 (4) (g) requires the nursing program to file evidence of meeting faculty standards on Form #1114 and keep this form on file in the School of Nursing office. These forms must be made available to the Board upon request. These forms may be examined by the Board representative(s) during the survey.

26. ✓ The faculty are adequate in number and academic and professional qualifications to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program.

27. ✓ The educational administrator of the professional nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing.

28. N/A The educational administrator of the practical nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing or a related field.

29. ✓ All nurse faculty members who teach nursing courses in a professional nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a master's degree with a major in nursing. Exception granted for Lisa LeBlanc

30. N/A All nurse faculty members who teach nursing courses in a practical nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a baccalaureate degree with a major in nursing.

31. ✓ The ratio of students to faculty in the clinical area allow for meeting clinical course objectives and safe patient care.

32. ✓ The educational administrator has taken responsibility for ensuring that individual faculty members are academically and professionally qualified, and that faculty staff is adequate to carry out program objectives.

CHAPTER N 1.06 (5) EVALUATION

33. ✓ The educational administrator will conduct systematic and periodic evaluations of the total program.

INDIVIDUALS INTERVIEWED DURING SURVEY: (*Name, Title*)

Rebekah Carey, MSN, APNP
Chair, Educational Administrator

Sheryl Scott, MSN, RN
Assistant Professor of Nursing

Amanda Passint, MSN, RN
Assistant Professor of Nursing

Lisa LeBlanc, BSN, RN
Instructor of Nursing

SITES VISITED DURING SURVEY: (*Site Name, Address*)

Wisconsin Lutheran College
8800 West Bluemound Road
Milwaukee, Wisconsin 53226

Froedtert Hospital
9200 West Wisconsin Avenue
Milwaukee, Wisconsin 53226

SITES VISITED DURING SURVEY cont.: (*Site Name, Address*)

SURVEY COMPLETED BY:

Sharon Henes
Name

Paralegal
Title

Sharon Henes
Signature

2 May 2013
Date

Kathleen Paff
Name

Program & Policy Analyst
Title

Kathleen Paff
Signature

2 May 2013
Date

Name

Title

Signature

Date

SURVEY NOTES

In the space provided please provide the following: **(1)** A description of why the nursing program does not meet Board standards for each "no" in this report; **(2)** The additional information required to make a determination for each "unclear" in this report; and, **(3)** A description of why this rule does not apply to the nursing program for each "NA" in this report. Attach additional pages as needed.

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

NCSBN® EXAMINATIONS

Education Program Summary

NCSBN Confidential

PEARSON VUE

Jurisdiction(s):	Wisconsin Department of Regulation and Licensing (50)
Exam(s):	ALL
Delivered Date Range:	01 Apr 2013 to 30 Jun 2013
Graduation Date Range:	to
Repeater:	No
Education Program:	WI - WISCONSIN LUTHERAN COLLEGE - BS (50-505)
Education Program Jurisdiction:	ALL
Education Program Location Type:	ALL
Education Program State/Province:	ALL
Education Program Country:	ALL
Degree Type:	ALL

Printed By:	ryan zeinert
Report Date:	02 Jul 2013 3:26 PM
Data as of (CST):	01 Jul 2013 11:59 PM

2013 - 2Q

Wisconsin Department of Regulation and Licensing (50) **WI - WISCONSIN LUTHERAN COLLEGE - BS (50-505)** **NCLEX-RN**

			Domestic				International			
	# Total	% Total	# First Time	% First Time	# Repeat	% Repeat	# First Time	% First Time	# Repeat	% Repeat
# Delivered	7	100.00%	7	100.00%	0	0.00%	0	0.00%	0	0.00%
# Passed	7	100.00%	7	100.00%	0	0.00%	0	0.00%	0	0.00%
# Failed	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
# On Hold	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
# In Process	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

2012-2Q: 0 of 1
2012-3Q: 6 of 9

RASMUSSEN
COLLEGE

Rasmussen College
School of Nursing
Associate Degree Nursing Program
Green Bay Campus
Program Evaluation

Updated 2/06/2013

Table of Contents

Introduction 2

Administration and Organizational Structure 3

Organizational Structure 4

Organizational Charts 5

Accreditation and Licensing Documentation 7

Board Approvals 7

Type of Program 7

Policies 8

Curriculum 8

Mission Statements 8

School of Nursing Philosophy's 10

Conceptual Framework 10

Student Learning Outcomes 13

Instructional Teaching and Assessment Methods 13

Clinical Facility Agreements 14

Resources 14

Education Administrator/Faculty 15

Nursing Faculty Profiles 16

Schedule of Course Offerings and Faculty Staffing 17

Evaluation Method 17

References 21

Appendix A: Wisconsin College Catalog 21

Appendix B: Clinical Facilities 21

Appendix C: Tables 1 - 4 21

Appendix D: ADN Program Curriculum Matrix 21

Appendix E: Program Outcomes 21

INTRODUCTION

Walter Rasmussen founded Rasmussen Practical Business School in Stillwater, Minnesota in 1900 just outside of the growing economic center of St. Paul, Minnesota. The school prepared students to work in business, accounting, and office management by teaching skills in numeracy, communication, and problem-solving as well as instilling values of ethical decision making and leadership. As the decades passed, the school evolved into Rasmussen College, expanding its offerings to support students and employers as markets changed over the years. In 2001, Rasmussen College obtained regional accreditation from the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCA), and today, in addition to hosting a progressive, robust online distance education platform, the College has grown to 23 campuses across five states including Florida, Illinois, Minnesota, North Dakota, and Wisconsin, providing certificate, diploma, associate, and baccalaureate degree programs to thousands of students. Providing market-relevant career programs that produce graduates with the skills necessary to become tomorrow's leaders has always been central to the College's mission, and Rasmussen College has continued to develop into a premier institution of higher learning that carefully monitors social and economic trends, community needs and emerging fields of study in order to keep pace with continually evolving workplaces.

Rasmussen College has acknowledged nursing as a critical career path, and with that belief, the College has initiated and maintained successful nursing programs in Florida, Minnesota, and Wisconsin. Rasmussen College currently offers programs for three levels of nursing practice which produces practical nurses and associate and baccalaureate professional nurse graduates. In Green Bay, Wisconsin, Rasmussen started a professional nursing Associate of Applied Science (AAS) degree program in January 2011.

The professional nursing AAS degree program is often referred to as the ADN program, or associate degree nursing program. To enroll in the ADN program, applicants must demonstrate eligibility with program-specific admission requirements and all general Rasmussen College admission requirements. These requirements are outlined in the Rasmussen College catalog under Academic Information and College Policies in Appendix A.

The Rasmussen ADN program in Green Bay, Wisconsin is currently approved to offer a professional nursing program that graduates students who are eligible to sit for the National Council Licensure Exam (NCLEX-RN). Approval of the program is granted by the Wisconsin Board of Nursing (BON) and by the Wisconsin Education Approval Board. The first cohort of students began in January 2011 and graduated in September 2012.

An additional approval requirement evident in the BON, WI Administrative Code, N 1.03(4) a reads:

> *A school shall be eligible for approval upon graduation of its first class. The board shall base its decision to grant approval on the following evidence: Self-evaluation report of the total curriculum and program completed by the school within (6) months of graduation of the first graduating class, addressing compliance with standards under s. N 1.06, the success rate of graduates on the national council examination, survey report by the board representative, and other facts relating to compliance with board standards.*

In accordance with the statute cited above, Rasmussen College School of Nursing (SON) in Green Bay, Wisconsin respectfully submits its Program Self Evaluation Report, as required, in anticipation that a BON site visit and issuance of the final Certificate of Approval will follow this submission.

Administration and Organizational Structure

Program:	School Name	Rasmussen College – Green Bay Campus
	School Address	904 South Taylor Street, Suite 100, Green Bay, WI 54303
	Office Address (if separate)	
	Telephone No.	(920) 593-8400
Program Type:		Associate Degree Professional Nursing Program
Nurse Administrator Responsible for Program:		
	Name/Title	William Hartman, MSN, RN/Dean of Nursing
	Direct Phone #/Email	(920) 593-8412/william.hartman@rasmussen.edu
	Consultant: Name/Direct Phone #/Email	N/A
Sponsoring Administration:		
	Name of Institution	Rasmussen College
	Address	8300 Norman Center Drive, Suite 300 Bloomington, MN 55437
	Name of Administrative Officer	Kristi Waite
	Title	President
	Direct Phone #/Email	(952)806-3900, ext. 3921/kristi.waite@rasmussen.edu
Authorization to Operate:		
	Higher Learning Commission (HLC) of the North Central-Association of Colleges and Schools (NCA)	YES
	Wisconsin Education Approval Board	YES
	Wisconsin Board of Nursing	YES

Organizational Structure

Rasmussen College is the governing institution that assumes legal responsibility for all its programs by assuring that the program has a qualified administrator to enforce the College's policies and conduct program business, and by the provision of fiscal resources and facilities to successfully operate the program. Rasmussen College has assigned oversight of the Green Bay, Wisconsin ADN program to a Regional Dean, who collaborates and provides guidance to academic matters for the Dean. The Dean, the educational administrator, William Hartman, MSN, RN, has the authority and responsibility for the development, implementation, and evaluation of the program and its faculty. As Dean, Mr. Hartman shall be responsible for ensuring that each faculty member is academically and professionally qualified and that there are adequate numbers to carry out program objectives. The Dean also serves as faculty in the nursing program. The Dean and the governing organization is also responsible for assuring that records and reports essential to the operation of the nursing program are part of the ongoing activities of the school.

Rasmussen College relies upon qualified professional educators in all its programs and is dedicated to clearly defining expectations of faculty in their job descriptions and faculty orientation. To ensure a smooth transition into the role of faculty, each new faculty member receives a copy of the faculty handbook which contains information on professional conduct, expectation, roles, and responsibilities. Because some of our courses are offered in an online hybrid format, the faculty member is assigned a faculty manager who serves as a mentor and guide throughout the new faculty first class offering. All faculty members participate in a yearly performance review. Additionally, the Dean will enforce the College's expectations for continuing faculty professional development implemented at the school and campus levels.

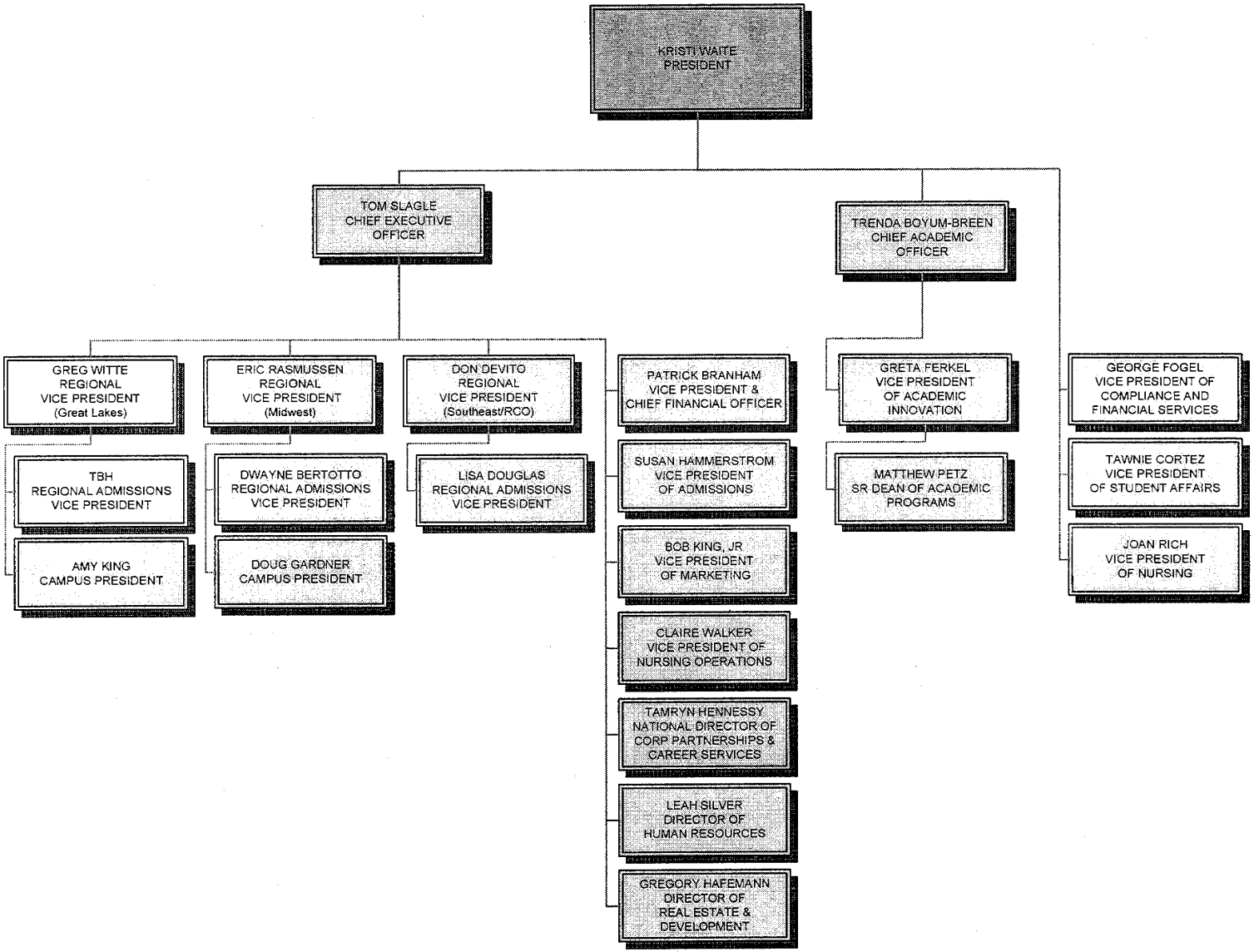
Organizational Charts

Rasmussen College, Inc. is a private corporation under the laws of the state of Delaware. Rasmussen, Inc. is the parent company of Rasmussen College, Inc. with campuses located in Florida, Illinois, Minnesota, North Dakota, and Wisconsin.

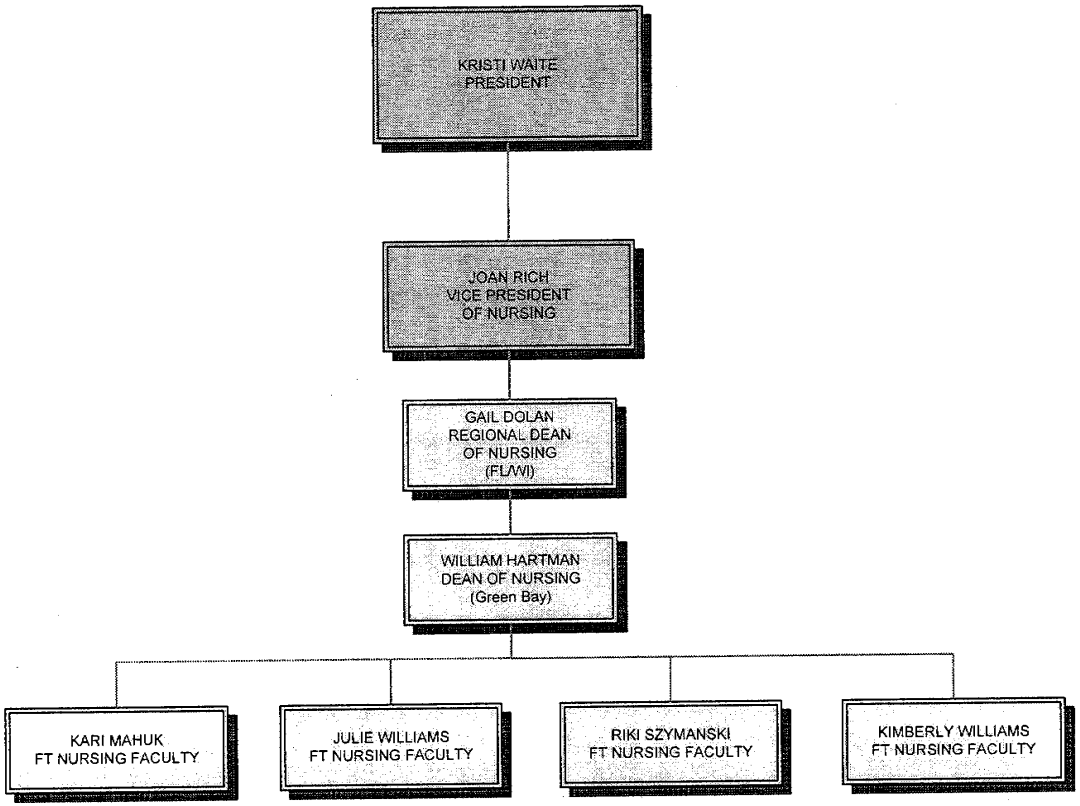
Rasmussen College operates to ensure fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students. The growth and development of Rasmussen College is in large part due to the advice and leadership offered by the Board of Directors. The Board is comprised of eleven members who possess extensive experience and education to offer valued input into the decision-making processes of the College. The Board is also engaged in the review of a quarterly report card submitted to the Academic Excellence Committee, one of the three standing committees of the Board of Directors. The other two committees are the Compensation and Audit Committees.

There is a regional organizational model in place which enhances the functional structure of the College. The President of the College provides administrative oversight to both the academic and operations side of the College. In Nursing, there are two leaders: the Vice President of Nursing Academics and the Vice President of Nursing Operations. The Vice President of Nursing Academics has a direct reporting line to the President of the College. There are Regional Vice Presidents who have areas of responsibility of College administration, campus operations, corporate administration, and student services. The Dean of the ADN program directly reports to the Regional Dean of Nursing, who reports to the Vice President of Nursing for leadership and direction. The organizational charts that follow outline the corporate structure of the parent organization for Rasmussen College and the Rasmussen College - Green Bay, Wisconsin School of Nursing ADN program.

Rasmussen College – Leadership Team



Rasmussen College-Green Bay, WI–ADN Degree Program Leadership Team



Accreditation and Licensing Documentation

Rasmussen College is accredited by the Higher Learning Commission, a member of the North Central Association. The institution has been approved under Commission policy to offer up to 100% of its total degree programs through distance education. Accreditation at the bachelor's level is approved in keeping with the College's declared mission and with the approval by the respective states where campuses are located.

Rasmussen College is licensed as a private career school with the State of Wisconsin Educational Approval Board. Licensure is not an endorsement of the institution.

- State of Wisconsin Educational Approval Board
  201 West Washington Ave., 3rd Floor
  Madison, WI 53703
  (608) 266-1996
- Wisconsin Department of Regulation & Licensing
  P.O. Box 8935 Madison, WI 53708-8935
  (608) 266-2112

Board Approvals

Wisconsin State Board of Nursing approval for the ADN program was obtained on July 22, 2010, with approval to admit students beginning in January 2011.

Type of Program

The Rasmussen College ADN program is a pre-licensure Associate in Applied Science Professional Nursing degree program, initially approved by Wisconsin's Educational Approval Board for operation out of Green Bay, Wisconsin starting in January 2011. The program is intended for residential delivery through synchronous classroom, laboratory, and clinical practicum. Rasmussen's ADN program is available to students residing in Wisconsin who meet the program-specific and general college admission requirements.

The first class admitted on January 3, 2011, began with 12 students, with 9 of those students achieving graduation in September 2012. Since the program started, administration and nursing faculty have been active in developing instructional plans and materials, reviewing curriculum and specific course syllabi, writing lesson plans, and planning for program growth. At present, the Green Bay ADN program has 134 students enrolled with a 97% retention rate attained to date. The faculty has grown to four full-time faculty members and one adjunct faculty member who all bring knowledge and expertise in various areas of nursing practice. Administration and faculty expect our students to uphold the highest practice and professional standards as they progress through our program and require their full commitment to providing safe, competent, patient-centered, compassionate care to patients.

On the Green Bay campus, the SON is part of the total campus supported by the Campus Director. On campus, the Dean of Nursing is part of the leadership/management team for that campus, operating within the structure of the campus, school and college. Campus activities include administration and faculty from all programs, with the campus design and environment lending itself to the formation of collaborative relationships between the various disciplines.

A system of reports and student records exists to track student progression and facilitate the reporting of critical indicators to academic and nursing leadership. A secure academic and administrative record is created upon admission into the program for each student. Academic and financial reports, application data, and progress reports are maintained in a secured file within the administrator's office. Health compliance records are locked and maintained in the Dean's office.

Policies

Rasmussen College has established administrative policies governing general College operations to include admission criteria, academic achievement, course completion, and curriculum requirements for each offered degree. Additionally, there are policies that govern faculty credential requirements and instructional expectations, student guidelines, and standards for success.

Policies are reviewed under continuous rigor and discussion every month year round in the SON. The SON Policy Committee, comprised of members of the leadership team, administration and faculty, researches, discusses, and decides whether revision, maintenance, or creation of policy is necessary. The Deans and faculty on the committee are responsible for gathering feedback and recommendations for policies from colleagues and are expected to represent their views during the Policy Committee meeting. The Policy Committee is ultimately responsible for initiation of the proper paperwork to ensure policy additions, and revisions are approved by College leadership, incorporated into the appropriate College printed materials and planning implementation to ensure a systematic and uniformed process.

Both the Dean and faculty have been involved with the selection of appropriate clinical facilities that could provide an enriched and varied patient care experience. This process involved the development of professional relationships with health care institutions in the surrounding area of the Green Bay campus. The development of these professional relationships with clinical facilities was in part a direct result of the College's membership in the Greater Green Bay Healthcare Alliance. Written contracts, fully executed and signed, are completed for each affiliation and are on file in the nursing office. A list of facilities that we currently have agreements with is available for your review in Appendix B – Clinical Facilities.

The College's policies are located in the Rasmussen College Catalog – Wisconsin provided in Appendix A.

Curriculum

The implementation of the curriculum designed for the Green Bay, Wisconsin associate degree nursing program has fully completed its first trial, graduating its first class in September 2012. Its implementation, along with some developing curriculum changes within Rasmussen College, as well as WI BON curriculum recommendations, has made the nursing curriculum a major focus of this program self-evaluation.

The development of the nursing curriculum began with a reflective look at the mission of Rasmussen College, which is as follows:

College Mission

> Rasmussen College is dedicated to serving our communities by recognizing the diverse needs of individuals. We encourage personal and professional development through respect, appreciation, and a commitment to general education as a foundation for life-long learning. As an institution of higher learning, the College is committed to preparing students to be active, productive and successful contributors to a global community.

The **ADN Program Mission Statement** is as follows (original language):

> Rasmussen College - School of Nursing serves its diverse communities through educating students in the development of knowledge, skills, attitudes, and abilities essential to provide the highest standards of safe, competent, and ethical practices. This innovative educational experience is accomplished through modeling and promoting holistic and technical competence in an outcomes-based learning environment.

Our Vision Statement reads *(Original):*

> The vision of the Rasmussen College – School of Nursing is to be recognized as a leader in innovative, career ladder nursing education with programming that is evidence base, globally focused, and supports life-long learning.

The ADN Program Philosophy *(Original)*

> The philosophy developed for the Rasmussen College School of Nursing asserts that nursing is anchored in the NLN Education competencies Model. The philosophy is further derived from beliefs about learning, professionalism, and globalization. The nursing program emphasize upholding the highest practice and professional standards as students learn to provide safe, competent, patient-centered, culturally sensitive care in dynamic healthcare environments.
>
> The learning experience builds upon general education skills. Themes that flow through the curriculum include the NLN Competency Model which includes core values of caring, diversity, ethics, excellence, holism, integrity, and patient centeredness. Additional themes that flow through the curriculum include professionalism, evidence-based practice, critical thinking, information management, effective communication, safety, and quality.

The framework used to organize and guide the curriculum is based on Quality and Safety in Educating Nurses (QSEN) competencies: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. The curriculum is further based on standards published by the American Nurses Association (2010): *Scope and Standards of Practice, Guide to the Code of Ethics for Nurses, and National League for Nursing Outcomes and Practice Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing (2010).*

Throughout the implementation of the Green Bay associate degree program curriculum, the School SON utilized this evaluative period and began looking at the existing mission and philosophy, conceptual framework, and curriculum for congruency. Each quarter, faculty reviewed course descriptions and objectives to ensure relevance of stated objectives and current practice being taught in the classroom. During the annual program review, it was decided that the selection of a main conceptual framework was needed, and this led to revisions to the SON mission and philosophy and the curriculum. The goal was two-fold: to depict a clear relationship between the curriculum and the mission of the SON, and to develop student learning outcomes (SLOs) and program outcomes that would aid in curriculum enhancement and serve as a frame of reference for development of learning activities in the classroom, lab, and clinical settings. The overarching goal of the revisions were to provide clarity and congruency with the College's mission statement, supporting the College's new brand of "One College, One School" model.

The "One College, One School" model challenged us to work towards a universal curriculum for our program offerings, while at the same time devoting attention to state regulations where we offer our nursing programs. In March 2012, we began with a focus on the mission and philosophy of Rasmussen College's School of Nursing and the ADN program SLOs completing revisions and adoption in May 2012. These revisions offer clear guidance and critical reference points for curriculum development and ensure that established professional standards, guidelines, competencies, and clearly articulated student learning and programmatic outcomes are incorporated into the College's nursing programs.

School of Nursing Mission Statement (adopted May 2012)

In accordance with the mission statement of Rasmussen College, the School of Nursing mission is to cultivate a learning environment that develops a skill set for critical thinking and educates students in the development of knowledge, skills, and attitudes needed to provide safe and competent nursing care in the communities we serve.

School of Nursing Philosophy (adopted May 2012)

Rasmussen College School of Nursing education program seeks to strengthen the role of the nurse generalist by preparing our students to be lifelong learners. Preparation includes the provision of knowledge, skills, and attitudes necessary to continuously improve the quality and safety of care provided to meet the diverse needs of the people and communities they will be serving. We believe that career goals may change, and we support the Institute of Medicine (IOM) Future of Nursing (2010) recommendation of seamless transitions to advancing education; therefore, Rasmussen's School of Nursing programs provide for the laddering potential from practical nurse, to associate's degree, and to baccalaureate degree. The scope and application of nursing principles widens with each successive nursing graduation.

We believe that nursing education is best accomplished in an institution of higher learning that provides a core of general education courses and learning activities that are challenging and stimulating and serve as a foundation for lifelong learning. The faculty recognizes that career goals may change and are therefore prepared with the credentials to teach in the various nursing programs offered at Rasmussen College.

Associate education is based in liberal education and integrates nursing with the humanities as well as the behavioral and the social sciences. The focus of the associate's degree curriculum is on developing the knowledge, skills, and the technical competencies that are essential for entry into professional nursing practice. Associate's degree nursing graduates are prepared to manage, teach, and provide care to diverse populations, families, and groups in various clinical settings. Additionally, associate's degree graduates are responsible for delegating care provided by licensed practical nurses as well as unlicensed assistive personnel.

The nursing process is central to the way we educate students in all nursing programs. We believe the nursing process is a systematic rational process of planning and providing nursing care that is grounded in critical thinking and a scientific body of knowledge. The outcomes for use of this process are the delivery of competent, culturally sensitive, compassionate care.

We further believe that nursing focuses on providing healthcare services in a variety of settings, with a goal to promote, maintain, and restore health throughout the life cycle. We believe that nursing is a caring profession that incorporates specific outcome abilities and core values which are the basis of our nursing education programs and essential to helping accomplish this goal.

Conceptual Framework - Quality and Safety Education for Nurses (QSEN)

In order to accomplish this goal, the nursing program has adopted a conceptual framework, which is used to give direction to curriculum development, course outcomes, program outcomes, course sequencing, and learning experiences for our students. That framework is derived from the Quality and Safety Education for Nurses (QSEN) competency statements (Cronenwett et. al, 2007), which are designed to meet the challenges of preparing future nurses with the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the healthcare systems within which they work.

The QSEN competencies are integrated into the outcome statements for our programs. Embedded in these six QSEN competencies are some associated core values selected as themes seen evident throughout Rasmussen's nursing curricula.

The relationship between the program outcomes and the nursing core values is as follows:

OUTCOME ABILITIES	CORE VALUES
Patient-Centered Care	Caring Diversity Holism Community
Teamwork and Collaboration	Communication Leadership Integrity Professionalism
Evidence-Based Practice	Critical thinking Nursing process Nursing education Lifelong learning
Quality Improvement	Excellence Lifelong learning
Safety	Technical skills Excellence Ethics Lifelong learning
Informatics	Decision making (nursing process) implemented with informatics support

Student Learning Outcomes

Following the revision of the College's mission and philosophy, the School of Nursing developed SLOs for our nursing program offerings. The SLOs for the nursing associate's degree program are based on the core values and beliefs embedded in our philosophy. The following table also depicts their alignment with Wisconsin Administrative Code nursing requirements:

Rasmussen College ADN Program Student Learning Outcomes The Rasmussen College ADN program is a ***pre-licensure*** Associate in Applied Science Professional Nursing program.	**Wisconsin Administrative Code N 1.06 (2) (a) 2.** The nursing requirements outlined in the Wisconsin Administrative Code N 1.06 (2) (a) 2. can be seen in the SLOs selected for this program.
ADN Student Learning Outcomes: 1. Provide *safe, evidence-based, client-centered nursing care to diverse individuals and groups utilizing* a *holistic* approach. 2. Demonstrate integration of *knowledge, skills, and professional attitudes* in the delivery of *safe* care to all clients, families, and communities across the life span. 3. Assess needs and develop priorities based on the *nursing process* and implement solutions to problems using discipline-specific and interdisciplinary approaches to client care. 4. Demonstrate effective *communication skills* verbally, in writing, or by using technology when interacting with clients and when in *collaboration* with peers and members of the healthcare team. 5. Demonstrate organizational and management skills in the provision and delegation of quality nursing care. 6. Practice and demonstrate professional nursing behaviors within the *ethical,* legal, *moral,* and regulatory framework of the profession. 7. Apply *teaching and learning* principles to promote and advocate health in clients across the life span. 8. Demonstrate a commitment to *lifelong learning* and participate in *own learning and development.*	a. Use the nursing process to plan and provide nursing care. b. Apply knowledge derived from the scientific, human, and cultural areas to meet health needs. c. Individualize nursing care during preventive, maintenance, restorative, and terminal phases. d. Promote positive health practices. e. Understand the roles and relationships of nurses to other healthcare providers. f. Plan for health services with individuals, families, communities, and healthcare providers. g. Practice professional nursing according to the legal standards of ch. N6. h. Function as a responsible, accountable nursing professional. i. Identify the need for continued competency. j. Recognize the impact of historical trends in nursing.

The ADN program mission and philosophy revision led to the development of SLOs, and then attention was shifted to evaluating existing curricula and syllabi to integrate key concepts identified in the new document. It was discovered that many of the core values in the new mission and philosophy also existed in the previous version. The work of updating the syllabi has begun and completion is currently underway for all nursing programs in Rasmussen College.

Nursing leadership formed a Curriculum Committee made up of representatives from each state to achieve the goal of a universal curriculum for the ADN programs. Evidence of the preliminary integration was presented to the WI BON in June 2012, following the presentation of the College's curriculum at the May 3, 2012 meeting. At the May meeting, the WI BON deliberated and recommended the following actions:

- Incorporation of a course on human growth and development (Developmental Psychology).
- Submission of a modified faculty grid that captures nursing instructors' only, not general education faculty.
- Submission of copies of Abbreviated syllabi for each nursing course

To demonstrate compliance with WI BON recommendations, the college catalog curriculum overview (referred to as Table 1 in Appendix C) depicts the inclusion of the course Human Growth and Development. Table 2 depicts the ADN program course sequence which demonstrates when nursing students are required to complete the course. These changes were presented to the WI BON on June 2012, where they were discussed and approved. Table 3 displays some of the preliminary work being done to map the revised course descriptions and objectives to the learning modules in each course. All three tables can be found in Appendix C. Additionally, a curriculum matrix was also developed to demonstrate the work being done to map the core values which serve as the curriculum themes throughout the course syllabi. This table can be found in Appendix D.

INSTRUCTION

Rasmussen College is committed to its reliance upon qualified professional educators who are required to implement a rigorous curriculum that is assessed and evaluated by them as an ongoing college activity. Revisions to the curriculum are typically based on findings from this ongoing evaluation in an effort to improve program outcomes.

The nursing faculty in Green Bay possesses significant real world experience in nursing and possesses the appropriate credentials to teach at this level of education. Faculty members use a variety of instructional methods to ensure student engagement that include lectures, discussions, Socratic questioning, videos, and demonstrations. As the "One College, One School" campaign continues, the SON leadership discussion included the identification of learning theories that are being considered to offer guidance in selection of instructional approaches in the nursing programs. One prevalent theory in adult learning under consideration is the andragogy theory of Malcolm Knowles (Merriam et al., 2007) Knowles, noted for his work in adult education, developed the andragogy theory which includes experience as an important part of learning and suggests that discussion with other adult learners is necessary when teaching adults. One example of how this theory is used in Green Bay is through the use of case studies, an experiential learner centered activity that requires active involvement and discussion. Faculty also offer scheduled and open clinical lab times where hands-on skills and experiences are used to build upon didactic instruction in theory (Merriam et al., 2007).

Effective during 2012, the College-wide SON Curriculum Committee is currently working on curricular revisions to achieve the goal of a "universal curriculum" for the associate's degree nursing programs. Following the adoption of the revised SON mission and philosophy, the campuses have began to revise the existing course descriptions and course objectives to better align with the student learning outcomes and programmatic outcomes. Faculty members in Green Bay have begun to utilize the revised objectives to guide instruction and selection of classroom/lab and clinical activities. Supervision of students is required at all times in all learning environments, and students are made aware of the requirement to practice within the scope of a nursing student at all times.

Clinical Facility Agreements

As mentioned previously, membership on the Greater Green Bay Health Care Alliance has allowed us to secure meaningful clinical affiliations throughout the Green Bay area. All clinical affiliates have executed signed contracts which outline the responsibilities of both parties during the educational experience. Clinical Practicum Agreements are housed and maintained at the Green Bay campus, and a list of those sites is included in this document in Table 4 – Clinical Agreement Summary found in Appendix C. Prior to full execution of the contract, discussions between faculty and the clinical facility representative occurred to ensure objectives could be met in the clinical setting. Throughout the clinical experience, faculty members, students, and staff at the clinical facility participate in program evaluations providing valuable feedback on student performance, student satisfaction, and opportunities for improvement.

Resources

Fiscal Resources

Rasmussen College anticipates and supports the required investment necessary to deliver a quality experience for its students. The institution supports the nursing education unit through human, physical, learning, and financial resources that are appropriate to program enrollment and support anticipated growth of the ADN program. Budgeting occurs on an annual basis and begins with enrollment projections that lead to financial and revenue projections. Program enrollment directly drives staffing decisions as the College ensures that it maintains the staff ratios as described earlier in this document.

Following budget approval, the nursing education unit monitors both revenue and expenses on a monthly basis, through a monthly reporting package that is delivered by the College's central finance team. A financial analyst is consulted to assist with planning for nursing education and supplies the nursing education unit with detailed financial guidance that aids the program in decision making. Annualized data supports long range planning processes, as the College's leadership team guides the development of fiscal plans to ensure that the institution's overall resources accommodate the appropriate level of program rollout and that such plans align with ongoing socioeconomic, operational, academic, and regulatory changes.

The College continues to refine the budget planning process to insure active engagement from program administrators who provide input into the budget plan for the nursing programs. Finalized budgets represent the overall unified institutional mission and goals, and are shared with local operators upon approval. Similarly, the Nurse Administrator submits feedback reflective of local program needs.

Physical Resources

Rasmussen College campuses are designed to facilitate effective teaching and learning, and to support students, faculty, and staff by providing an accommodating and safe environment. Each campus facility is built and maintained in accordance with federal ordinances and laws, as well as the ordinances and laws of Wisconsin at the local and state levels. The Green Bay campus is designed to accommodate multiple programs including designated facility space for the School of Nursing, which includes laboratory, classroom, faculty and administrative support space. Nursing students have access to all resources on campus and are supported by a wealth of library, learning, and technical resources that can easily be accessed on campus or online.

Learning Resources

Campus nursing labs are equipped with supplies needed to achieve the objectives in the nursing courses. The Dean is responsible for placing orders to replenish supplies for use by each incoming class. Program faculty is actively involved in the selection of learning resources and technology to ensure the comprehensiveness, currency, and relevance of the materials accessible to both faculty and students. The College's Director of Library and Learning Resources leads the team of campus and online librarians who assist faculty in the selection of textbooks and library holdings. The nursing Programmatic Liaison Librarian communicates with the Dean of Nursing and faculty regarding publication

updates and/or revisions, as well as the availability of requested hard copy or online learning materials as part of the quarterly material review. Recommended changes in textbooks or other course resources are submitted to the College's Curriculum Committee for final approval and to ensure that all areas impacted by the change are notified.

Students and faculty have access to learning resources 24/7 online through the Student Portal, Employee Portal, and the Library link located on the Resources Tab in their online courses. The College's online library holds a variety of nursing-specific as well as general education books and reference material that may be accessed electronically or ordered via interlibrary loan. From the Rasmussen College Library website, students and faculty may access the library catalog which has over 10,000 nursing/allied health print items or NetLibrary with over 13,000 electronic books. Nursing students and faculty also have access to the following databases to use journals, drug guides, patient guides, and evidence-based care sheets within this field: Academic Search Complete, CINAHL Plus, Consumer Health Complete, Health Source: Nursing/Academic edition, Medline, Nursing Reference Center, ProQuest Central, OVID nursing journals and books, Scientific and Medical Art Imagebase among many other subject specific journal databases.

Students also have 24/7 access to Brainfuse, the College's online tutoring service operated by faculty and staff. Librarians and instructors are also available via telephone and email to help students locate and use the College's learning resources. Nursing faculty are responsible to meet specific time commitments for nursing student access each week through scheduled office hours, laboratory/simulation hours, 1:1 tutoring, or study groups. Faculty members are also expected to devote some of their office hour time for tutoring if needed.

The Library and Learning Center staff provides online workshops regarding library usage, study skills, or general interest topics. A sampling of topics include APA formatting, note taking skills, balancing work and school, thesis statements, database tutorials, multitasking, diversity resources, search strategies, and resume writing. Workshops can be attended live online, and archived workshops are made available so students and faculty can view them as needed.

Technological Resources

Students and faculty members have access to computer labs on campus and engage in online courses through Angel, the College's course management system. The entire online platform is supported through numerous servers with redundant systems, data back-up, and data-loss prevention measures, both within and outside of the College's network. The online bandwidth is regulated based upon the number of students participating in the various online courses, being increased as necessary. The College also provides students and faculty with 24/7 technical support via telephone, email, and live click-to-chat through its Personal Support Center whose staff is available to address issues such as retrieving lost passwords, solving internet connectivity problems, aid in software installations, and answer other general technical questions.

Education Administrator/Faculty

The Dean of Nursing is the education administrator for the ADN program with the authority and responsibility for the development, implementation, and evaluation of the program. The Dean has adequate time and resources to fulfill the role responsibilities.

The Dean and faculty must have a current and unencumbered professional registered nursing (RN) license in the state of Wisconsin, have a minimum of two years of full-time or equivalent direct-care experience as a practicing nurse, be employed within the last five years, and hold a master's degree with a major in nursing (a doctoral degree is preferred). The College requires that nursing faculty maintain expertise in their areas of responsibility through professional development and scholarship activities. The following table depicts the profiles of the Dean and all nursing faculty for this program.

NURSING FACULTY PROFILES

Faculty Name	Ft / PT	Date of Appointment	Rank	Bachelor Degree (credential)	Institution Granting Degree	Graduate Degrees (credential)	Institute Granting Degrees	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
William J. Hartman	FT	12/15/2010	Dean of Nursing	B.S.N.	Misericordia University	M.S.N.	Vanderbilt University	Trauma/ Emergency	Intro to Professional Nursing Adult Med Surg Nursing II clinical Clinical Nursing Skills lab	Curriculum Committee
Riki Szymanski	FT	08/02/2010	Nursing Faculty	B.S.N.	Bellin College of Nursing	M.S.N.	Bellin College of Nursing	Perioperative	Adult Med Surg Nursing I theory, and clinical Comprehensive Pharmacology theory and lab	Curriculum Committee
Kimberly Williams	FT	01/02/2012	Nursing Faculty	B.S.N.	University of Wisconsin – Green Bay	M.S., Nurse Practitioner, Women's Health	University of Wisconsin - Madison	Women's Health	Maternal Child Nursing theory and clinical Leadership in Nursing theory and clinical	Student Success Committee
Kari Mahlik	FT	03/26/2012	Nursing Faculty	B.S.N.	Marian University	M.S.N.	University of Phoenix	Emergency	Clinical Nursing Skills I theory and lab Mental Health Nursing theory and clinical Nursing Care of the Elderly theory and clinical	Curriculum Committee
Julie Williams	FT	03/26/2012	Nursing Faculty	B.S.N.	University of Phoenix	M.S.N.	University of Phoenix	Medical Surgical	Clinical Nursing Skills II theory and lab Adult Med Surg Nursing II theory and clinical	Curriculum Committee

Schedule of Course Offerings and Faculty Staffing

The following table demonstrates that the Green Bay program has an adequate number of faculty in place to provide educational services and achieve educational outcomes by providing the current faculty staffing plan, as well as the number of students enrolled for fall 2012. Enrollment into the ADN program is open on a quarterly basis.

Course Name	# of Sessions Offered	# of Students/Session	Faculty : Student Ratio
Critical Thinking in Nursing	1	24	1:24
Introduction to Professional Nursing	1	28	1:28
Clinical Nursing Skills I	1	17	1:17
Adult Medical Surgical Nursing I	1	22	1:22 lecture 1:7 clinical
Comprehensive Pharmacology	1	20	1:20
Clinical Nursing Skills II	1	18	1:18
Adult Medical Surgical Nursing II	1	18	1:18 lecture 1:6 clinical
Maternal-Child Nursing	1	9	1:9 lecture 1:5 clinical
Mental Health Nursing	1	9	1:9
Nursing Care of the Elderly	1	11	1:11 lecture
Leadership in Nursing	1	11	1:11 lecture Clinical preceptorship

Evaluation Method

The Dean of Nursing and faculty has the responsibility for development, implementation, and ongoing evaluation of the ADN program. The curriculum matrix (see Appendix D) shows how the core values of the College's philosophy are mapped to the student learning outcomes and then mapped to the course objectives in each course. This is done as a means to ensure that each course is designed to measure the outcomes identified. As a new program, faculty members have begun work on the development of a systematic program evaluation plan (SPE) by focusing on the interrelationship among the mission, curriculum, and new QSEN standards and the development of learning activities that will allow us to measure achievement of program outcomes. The SPE will be evaluated and updated regularly to ensure its effectiveness (Hamner & Bentley, 2003), as it will be essential to the achievement of programmatic outcomes, student learning outcomes, demonstration of the College's support systems, and compliance with NLNAC standards, which is a 2013 goal for the program to apply for NLNAC candidacy.

As a learning institution, Rasmussen College is mindful of the importance of assessment of student learning, which affords us the ability to make critical judgments about student learning and future directions. The College-wide assessment plan has evolved over time. To date, this assessment plan relies upon data such as graduate surveys, employer surveys from those who employ its graduates, pre- and post-test scores, placement and pass rates, to name a few, as a final measure of student achievement. Because the College's purposes are written from a practical perspective, student success can also be measured by their ability to obtain a position in their chosen field, by the satisfaction of employers, and by student personal satisfaction with the educational experience. Surveys to measure employers' satisfaction will begin in 2013, six to nine months following the graduation of the first nursing class from the Green Bay program.

Although the program is new, retention data and end-of-quarter evaluations have been collected, offering some preliminary indicators of the level of student satisfaction with the program. The fact that the program has been retaining students at a high rate, close to 97% each quarter is a strong indicator that students are highly satisfied with the program overall. While retention data may indicate student satisfaction with the program overall, student end-of-quarter evaluations are used to determine student perceptions of individual courses. The Green Bay associate's degree nursing program is striving to achieve the College's end-of-quarter goal of scoring 4.25 (out of 5) on student end-of-quarter evaluations. Cumulative scores for the last four quarters for NU100-Critical Thinking in Nursing course is reflected in the Program Outcomes Table in *Appendix E.*

In the School of Nursing, each course instructor measures student performance in their particular course in a variety of ways. Students have the opportunity to learn through group activities, lab assignments, and clinical practicum exercises. Academic observations, written tests, student responses to discussion questions, and peer interactions as well as group assignments can all allow us to measure and evaluate achievement of student competencies to ensure program outcomes are being met and developed. Meaningful ways to use this data is being discussed and woven into the systematic evaluation plan. In the Green Bay nursing program, standardized exams developed by Assessment Technologies, Inc. (ATI) are used to measure achievement of student competencies in specific areas of nursing. Some preliminary data on student performance on these exams has been collected and is depicted on the Program Outcomes table in *Appendix E.* Additionally, the clinical performance of each student is evaluated by the clinical instructor during clinical using specific behavioral measures. An additional assessment value is the clinical site evaluation completed by representatives from the clinical agencies which is designed to measure student clinical performance. Some preliminary feedback received is reflected on the Program Outcomes table in *Appendix E.*

Appendix E – Program Outcomes, presents key program performance indicators which are retrieved from various assessments within the developing systematic plan of evaluation. Indicators being considered include NCLEX pass rates, program completion rates/retention rates, end-of-quarter evaluations (course reviews) by students, graduate surveys, employer surveys, job placement, course reviews, clinical evaluations, and faculty professional development. The program outcomes table depicts preliminary data collected in those areas that are applicable at this stage in the program. Plans are underway to determine adequate assessment measures for both general education and program-specific competencies.

Rasmussen Green Bay nursing students, upon admission, receive an ATI Comprehensive Assessment and Review Program (CARP), a focused remediation resource product which is used and woven into the systematic evaluation plan of evaluation. The CARP package features NurseLogic (helps critical thinking and test taking skills), Content Mastery Series (assessment data linked to NCLEX test plan) and the Comprehensive Predictor (probability score for passing NCLEX). ATI specializes in nationally standardized entrance testing, practical and registered nursing content mastery modules and exams, and other nursing-related psychometric and review products.

These products are being used to aide in the assessment of learning in our students. Benchmarks have been established and are reflected in the program outcomes table for one cohort of students, and discussion for use of this data in the systematic plan for evaluation is reflected in faculty meeting minutes. The ATI nursing exams assess for

student comprehension and content mastery and provide nurse educators the opportunity to assess for readiness to sit for the NCLEX exam. Each instructor has ATI assessments embedded in nursing courses as an objective means to measure acquisition of knowledge and comprehension of content covered in class.

The Rasmussen College School of Nursing also has identified specific skills, attributes, qualities, and behavioral criteria considered essential to the safe performance of nursing care and successful progress in the program, and they are captured in the clinical evaluation tools and nursing skills lab performance checklist. Discussions have begun during the development of the SPE on methods to best use this data for assessment. These performance standards include competence in the areas of critical thinking, interpersonal interaction, communication, sensory ability, motor skills, mobility, and behavioral maturity and stability. Students are evaluated using these standards throughout their time within the program, both in a classroom/lab setting and during clinical experiences in the hospital.

The relevance of the curriculum is maintained by the College's faculty through quarterly assessment of course instruction, by review of the syllabus, exam item analysis, and ATI exam performance. Additionally, faculty utilize a variety of approaches to collect data from current students, graduates, advisory groups, employers, and programmatic accreditation agencies. The Advisory Board is an excellent forum to acquire data from external stakeholders, and discussions regarding how to best use this input is being looked at in the development of the SPE. This critical feedback enables the faculty to evaluate and make the revisions necessary to keep the curriculum current, viable, and to ensure that graduates have the skill set to meet the demands of the healthcare industry. Information discussed in Advisory Board meetings are reflected in the Advisory Board meeting minutes.

REFERENCES

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P, & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook, 55*(3), 122-131.

Hamner, J. B., & Bentley, R. W. (2003). A systematic evaluation plan that works. *Nurse Educator, 28*(4), 170-184.

Institute of Medicine of the National Academies. (2010). *The future of nursing: Leading change, advancing health - Report recommendations*. Washington, DC. Institute of Medicine of the National Academies.

Merriam, S. B., Caffarella, R. S., & Baumgartner, L. M. (2007). *Learning in adulthood: A comprehensive guide.* John Wiley and Sons.

Due to the document size
the Rasmussen College Catalog
will be sent separately

Name of Facility	Medical Services							
	Medical Surgical	Womens Health	Pediatrics	Psych/ Mental Health	Long-Term Care	Hospice	Home Health	Acute Rehab
Aurora Bay Care Medical Center 2845 Greenbrier Road Green Bay, WI 54311	■	■	■					
167-bed, full-service hospital, nationally recognized for quality and patient safety. Recognized by the American Nurses Association as a Magnet facility and an honoree for the American Medical Association's Acclaim Award for cholesterol management. Focused initiatives on patient safety, care management, decreased surgical site infection rates and quality patient care. A center of excellence in Cancer Care Services, Heart, Lung & Vascular Center, NeuroCare Brain & Spine Center, Orthopedic Services, Sports Medicine and Women's Center. Level II Trauma Care through emergency services, as well as bariatric, wound and pain management programs.								
Door County Memorial Hospital 323 South 18th Avenue Sturgeon Bay, WI 54235	■		■		■		■	
A fully accredited, acute-care hospital, with 25 licensed beds.The hospital offers a full range of services and specialties, including home health (a part of Ministry Home Care), a skilled nursing facility for long-term care and rehabilitation services, a rehab services department and North Shore Medical Clinic. The Med/Surg Unit takes care of pediatric to geriatric patients affected by respiratory, cardiac, GI, metabolic, of surgery, orthopaedic, and infectious disease conditions. Our staff cares for patients using a team approach. The ICU is a six-bed unit, with two beds designated for intermediate or lesser type care patients.								
Prevea Health Network (Multiple Locations)	■	■	■					
Prevea Health Network is a PPO (not an insurance company) made up of hospitals, clinics and physician practices, covering 62 counties in Wisconsin. PHN includes Marshfield Clinic, Children's Hospital of Wisconsin, Ministry Hospitals, Urgent Care Clinics, Occupational Health Clinics and many other specialty clinics.								
Woodside Senior Communites 1040 Pilgrim Way Green Bay, WI 54304					■			■
124-bed facility offering a full continuum of services and care focused around long-term care with a spparate Alzheimer's Unit and short-term rehabilitatin care..								
San Luis Medical/Rehab Center 2305 San Luis Place Green Bay, WI 54304	■			■	■	■		■
133-bed facility providing sub-acute skilled nursing care, short-term rehabilitation,complex wound care, long-term care and a separate Alzheimer's Unit.								
St. Mary's Hospital 1726 Shawano Ave. Green Bay , WI 54303	■	■	■					■
158-bed state-of-the-art Centersof Excellence providing the following services: A Woman's Place, for women's health, emergency and urgent care, orthopedic, oncology and obstetrical care at the Family Birthing Center;gastrointestinal care at the Center for Digestive Health; and the Center for Heart Health, for cardiac care.								
St. Vincent Hospital 835 South Van Buren Street Green Bay, WI 54307-3508	■	■	■	■			■	■
523-bed regional medical center and level II trauma center, providing full medical services including surgical, pediatric, oncology, orthopedic, women's health, neurological and cardiovascular invasive and non-invasive procedures including open-heart surgery.St. Vincent's additionally offers home health care services through its Joint Commission accredited St. Vincent Hospital Home Health Care.								

PROFESSIONAL NURSING AAS DEGREE

CAREER OPPORTUNITIES IN:

- Hospitals
- Clinics
- Rehabilitation Centers
- Long-Term Care Facilities

OBJECTIVE:

The objective of the Professional Nursing program is to provide the knowledge, clinical skills, nursing values, meanings and experience necessary for an entry-level professional nursing position; and in turn facilitate competency in the core components of professional nursing: professional behavior, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration and managing care. This program is designed to prepare the graduate to utilize and apply the nursing process (assessment, diagnosis, planning, intervention and evaluation) to provide care across the life span and in diverse settings within the healthcare continuum. Upon successful completion of this program, the graduate will receive an Associate of Applied Science Degree in Nursing and will be eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to obtain licensure as a registered nurse.

GENERAL EDUCATION COURSES

LOWER DIVISION

English Composition (Required course)		4
G124	English Composition	
Communication (Required course)		4
G141	Introduction to Communication	
Humanities (Select 2 courses)		8
Math/Natural Sciences (Required courses)		8
G215	Introduction to Human Biology	
G233	College Algebra	
Social Sciences (Required courses)		8
G148	General Psychology	
G217	Human Growth and Development	

MAJOR AND CORE COURSES

LOWER DIVISION

HUN220	Human Nutrition	4
M120	Medical Terminology	4
MA241	Human Anatomy and Physiology I	5
MA242	Human Anatomy and Physiology II	5
MCB201	Introduction to Microbiology	5
NU100	Critical Thinking in Nursing	2
NU125	Clinical Nursing Skills I	5
NU240	Mental Health Nursing	6
NU290	Leadership in Nursing	6
NUR110	Introduction to Professional Nursing	4
NUR114	Comprehensive Pharmacology	5
NUR120	Adult Medical Surgical Nursing I	6
NUR220	Adult Medical Surgical Nursing II	6
NUR225	Clinical Nursing Skills II	5
NUR246	Maternal-Child Nursing	6
NUR250	Nursing Care of the Elderly	6
Total Associate's Degree Credits		
General Education Credits		32
Major and Core Credits		80
TOTAL AAS DEGREE CREDITS		**112**

This program is only offered at the Green Bay and Wausau campuses.

SEE PAGE 39 FOR GENERAL EDUCATION COURSE SELECTIONS.

In addition to the courses listed, at designated points in their programs of study, students are required to complete with a passing grade a seminar course. Students must complete the Junior Seminar during the quarter in which they finish the Associate's degree requirements to graduate from an Associate's degree program.

Applicants to this program must meet program-specific admissions requirements, in addition to all general Rasmussen College admissions requirements. Please see the application procedures for this program under Academic Information and College Policies.

In addition to meeting all other admissions requirements, applicants to this program must successfully complete and pass a criminal background check.

To graduate in the program, students must complete all required PN or MA coursework with a grade of C or better, achieve all required skill competencies, and satisfactorily complete all required clinical learning experiences.

SCHOOL OF NURSING

MISSION STATEMENT

In accordance with the mission statement of Rasmussen College, the School of Nursing mission is to cultivate a learning environment that develops a skill set for critical thinking and educates students in the development of knowledge, skills, and attitudes needed to provide safe and competent nursing care in the communities we serve.

Table 2 – ADN Degree Program Course Sequence (Full-time Student)

Quarter 1	Quarter 2	Quarter 3	Quarter 4
English Composition (4) G124 Medical Terminology (4) M120 Critical Thinking in Nursing (2) NU100 Introduction to Human Biology (4) G125	Introduction to Communication (4) G141 Human Nutrition (4) HUN220 Introduction to Professional Nursing (4) NUR110 Human Anatomy & Physiology I (5) MA241	General Psychology (4) G148 College Algebra (4) G233 Human Anatomy & Physiology II (5) MA242 Clinical Nursing Skills I (5) NU125 (3 cr-Theory; 2cr-Lab)	Introduction to Microbiology (5) MCB201 Adult Medical Surgical Nursing I (6) NUR120 (4 cr-Theory; 2cr-Clinical) Comprehensive Pharmacology (5) NUR114 (4 cr-Theory; 1cr-Lab)
14 credits	**17 credits**	**18 credits**	**16 credits**
Quarter 5	**Quarter 6**	**Quarter 7**	**Quarter 8**
Clinical Nursing Skills II (5) NUR225 (3 cr-Theory; 2cr-Lab) Adult Medical Surgical Nursing II (6) NUR220 (4 cr-Theory; 3cr-Clinical) Human Growth and Development (4) DEP2004	Introduction to Sociology (4) G142 Maternal-Child Nursing (6) NUR246 (4 cr-Theory; 2 cr-Clinical) Mental Health Nursing (6) NU240 (4 cr-Theory; 2cr-Clinical)	Humanities General Education Elective (4) Nursing Care of the Elderly (6) NUR250 (4 cr-Theory; 2cr-Clinical) Leadership in Nursing (6) NU290 (3 cr-Theory; 3cr-Clinical) Junior Seminar	
15 credits	**16 credits**	**16 credits**	

NOTE – Full-time students are required to be enrolled in a total of 12 quarter credits per quarter, which may include general education courses.

ADN degree program Course Sequence Total – 112 Quarter Credits

Table 3 – Major/Core Nursing Course Descriptions and Objectives

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
NU 100	Critical Thinking in Nursing	This course introduces the student to critical thinking as a professional nurse. Students have the opportunity to use critical thinking skills as the foundation to future nursing courses.	By the end of this course, the student should be able to: 1. Explore opportunities to utilize critical thinking. 2. Apply critical thinking skills and strategies to patient-care scenarios. 3. Evaluate effectiveness of critical thinking.	Module 01 – History of Nursing Module 02 – Overview of the Healthcare Delivery System Module 03 – National Patient Safety Goals I Module 04 – National Patient Safety Goals II Module 05 – Health Illness Continuum Module 06 – Legal & Ethical Aspects of Nursing Module 07 – Therapeutic Communication Caring Teaching Module 08 – Nursing Process I Module 09 – Nursing Process II Module 10 – Nursing Process III

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
NUR 110	Introduction to Professional Nursing	This course introduces the student to the role of the professional nurse in contemporary health care settings. The student is introduced to the nursing process, therapeutic communication and issues affecting professional nurses.	By the end of this course, the student should be able to: 1. Demonstrate an understanding of the history of the nursing profession. 2. Demonstrate familiarity with the current health care delivery system. 3. Identify components of and rationale for the National Patient Safety Goals. 4. Demonstrate an understanding of the ethical and legal issues affecting direct patient care. 5. Identify the role of the professional nurse in therapeutic communication. 6. Develop an appreciation for the mental, psychological, and spiritual issues that impact physical health. 7. Distinguish between subjective and objective patient data. 8. Formulate a nursing care plan and nursing diagnosis.	Module 01 – History of Nursing Module 02 – Overview of the Healthcare Delivery System Module 03 – National Patient Safety Goals I Module 04 – National Patient Safety Goals II Module 05 – Health Illness Continnum Module 06 – Legal & Ethical Aspects of Nursing Module 07 – Therapeutic Communication Caring Teaching Module 08 – Nursing Process I Module 09 – Nursing Process II Module 10 – Nursing Process III

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
NU 125	Clinical Nursing Skills I	In this laboratory course, students are introduced to concepts and abilities to meet basic human needs while using psychomotor skills. Students incorporate safety, therapeutic communication, and basic assessment skills used by professional nurses.	By the end of this course, the student should be able to: 1. Discuss use of the nursing process to administer basic, patient-centered nursing care to adult clients with common alterations of health. 2. Describe professional standards of basic nursing practice. 3. Practice basic nursing care according to legal, ethical and professional standards. 4. Demonstrate safe and competent nursing practice as applicable to the novice nurse. 5. Perform basic competent psychomotor skills directed at promoting physiological and psychosocial integrity for clients.	Module 01 – Fundamentals, Basic Techniques, Medical Asepsis Module 02 – Caring for Clients with Known or Suspected Infections Module 03 –Vital Signs & Pain Assessment Module 04 – Client Hygiene/Bed Making/Feeding Clients/Assisting with Fecal Elimination/Assisting with Urinary Elimination Module 05 – Basics of Physical Health Assessment Module 06 – Basics of Physical Health Assessment Module 07 – Basics of Physical Health Assessment Module 08 Client Positioning/Mobilizing the Client/Joint Mobility/Fall Prevention Module 09 – Promoting Circulation/Oxygen Administration Module 10 – Medication Administration

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
NUR 120	Adult Medical Surgical Nursing I	This course utilizes the nursing process to examine areas of medical surgical nursing in adult populations. Students review conditions at the cellular level, the integumentary, gastrointestinal and musculoskeletal systems. Additionally, students learn about concepts of pain, loss and grieving and perio-operative nursing care. Student will apply the nursing process utilizing critical thinking skills when planning the care of clients. Students will formulate nursing diagnoses, demonstrate knowledge of nursing implications of treatment regimens and demonstrate the ability to communicate and collaborate accurately and effectively with members of the healthcare team.	By the end of this course, the student should be able to: 1. Apply the nursing process utilizing critical thinking skills when planning care for clients in the clinical setting with selected alterations in health. 2. Demonstrate a caring approach when providing care to selected clients. 3. Demonstrate the ability to communicate and collaborate accurately and effectively with clients, peer and members of the health care team. 4. Identify and individualize the care of selected clients across the life span that reflects knowledge of diverse beliefs and health practices. 5. Discuss a plan of care that utilizes a holistic approach to health care services provided to the client. 6. Comply with the code of ethics for nursing when providing care to clients. 7. Behave in a professional manner in class, lab and in clinical when providing care to clients. 8. Utilize principles of teaching and learning while caring for clients with selected alterations in health. 9. Participate in own learning and	Module 01 – Cellular Integrity Module 02 – Skin Integrity Module 03 – Renal System Module 04 – Gastrointestinal System Module 05 – Gastrointestinal System Module 06 – Paln Module 07 – Sensation Module 08 – Musculoskeletal Module 09 – Perioperative Care Module 10 – STD's

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			development by seeking opportunities in class, lab and clinical to enhance growth and knowledge. 10. Perform nursing technical skills with safety and excellence.	
NU 114	Comprehensive Pharmacology	This course introduces the student to the basic pharmacologic concepts and principles related to the safe administration of therapeutic agents by nurses to clients of all ages. It is designed to facilitate the student's understanding of the mechanisms of drug actions and provide a safe approach to drug administration. Students learn major drug classifications and selected prototypes along with principles and techniques of safe, effective administration of drugs & other therapeutic agents, drug interactions, legal responsibilities and nursing considerations for specific drugs affecting all body systems. By the end of the course, students must apply computation skills to demonstrate administration of drugs without error in order to successfully pass the course and progress in the nursing program.	By the end of this course, the student should be able to: 1. Identify and describe essential concepts, processes and skills relating to pharmacology and medication administration. 2. Use critical thinking skills to apply the nursing process when administering therapeutic agents to clients of all ages. 3. Identify major classifications of pharmacotherapeutics used in the treatment of commonly occurring alterations in health. 4. Apply knowledge of basic concepts and skills when performing safe medication administration. 5. Develop patient teaching/learning competencies in the area of medications and other drug information pertinent to the patient. 6. Relate the nurse's role, scope of practice and accountability in the administration of medication. 7. In laboratory (simulated) and clinical experiences, perform safe and accurate nursing care in the administration of therapeutic agents within the scope of nursing practice, at a level commensurate with the	Module 01 – Core Concepts, Pain, Anxiety & Insomnia (Intro to Lab, Syllabus & Calendar Review Module 02 – Neurological (Translating Orders and Injectable Meds) Module 03 – Neurological (Nervous System-Sedation Safety) Module 04 – Endocrine (Insulin Safety) Module 05 – Bones, Joints & ENT Module 06 – Cardiac Module 07 – Renal Module 08 – Antimicrobial/Immune Module 09 – Respiratory Module 10 – Gastrointestinal

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			level of program completion, and within the framework of program guidelines. 8. Calculate drug dosage with 100% accuracy. 9. Demonstrate proper techniques for safe and accurate medication administration by all routes of administration, in skills laboratory and when providing care in clinical health care settings. 10. Demonstrate caring and professionalism when administering medications and therapeutic agents with clients, clients' families, members of the nursing team, peers and faculty. 11. Respect c client's dignity and protect confidentiality. 12. Identify core values and apply them to nursing practice in the administration of medications. 13. Accept responsibility for his/her actions.	
NUR 225	Clinical Nursing Skills II	This course is a continuation of Clinical Nursing Skills I and is comprised of theory and laboratory components. Students develop advanced psychomotor skills used by the professional nurse: IV therapy modalities, working with clients with compromised respiratory systems, cardiac monitoring and complex wound issues.	By the end of this course, the student should be able to: 1. Discuss the use of nursing process to administer intermediate, patient-centered nursing care to adult clients with common alterations of health. 2. Describe professional standards of intermediate nursing practice. 3. Practice intermediate nursing care according to legal, ethical and professional standards.	Module 01 – Enteral Nutrition/Assisting with Fecal & urinary Elimination/Specimen collection Module 02 – Traction/Sequential Traction Devices/Continuous Passive Range of Motion Module 03 – Administering Parenteral Medications Module 04 – Administering Intravenous

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			4. Demonstrate safe and competent nursing practice as applicable to the novice nurse. 5. Perform intermediate competent psychomotor skills directed at promoting physiological and psychosocial integrity for clients.	medications/Maintaining infusions/Intermittent infusion devices/Discontinuing infusions Module 05 – Blood Transfusions/Central Venous Access/Parenteral Nutrition Module 06 – Performing Wound and Pressure Ulcers Care/Cast Care Module 07 –Performing Perioperative Care Module 08 –Specimen collection/Maintaining Fluid Volume/ Monitoring Intake & Output/Stool Specimen and Urine Specimen Module 09 – Performing Wound Care and Pressure Ulcer Care/Heat & Cold Application Module 10 – Airway Management/Suctioning/Care of Clients with Tracheostomy
NUR 220	Adult Medical Surgical Nursing II	This course continues the medical-surgical topics previously covered. It is comprised of theory and clinical components. Content covered includes issues in the cardiac, respiratory, musculoskeletal, neuro-sensory, and endocrine systems. Additionally students learn about	By the end of this course, the student should be able to: 1. Apply the nursing process utilizing critical thinking skills when planning care for clients in the clinical setting with selected alterations in health. 2. Demonstrate a caring approach when providing care to selected clients.	Module 01 – Hematology and Oncology Module 02 – Oncologic Emergencies and Reproductive Disorders Module 03 – Respiratory System Module 04 – Perfusion

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
		concepts of pain, emergency and perioperative nursing while focusing on the pathophysiology, diagnostic procedures, nursing interventions, and patient teaching, while using the nursing process as a framework.	3. Demonstrate the ability to communicate and collaborate accurately and effectively with clients, peers and members of the health care team. 4. Identify and individualize the care of selected clients across the life span that reflects knowledge of diverse beliefs and health practices. 5. Discuss a plan of care that utilizes a holistic approach to health care services provided to the client. 6. Comply with the code of ethics for nursing when providing care to clients. 7. Behave in a professional manner in class, lab and in clinical when providing care to clients. 8. Utilize principles of teaching and learning while caring for clients with selected alterations in health. 9. Participate in own learning and development by seeking opportunities in class, lab and clinical to enhance growth and knowledge. 10. Perform nursing technical skills with safety and excellence..	Module 05 – Renal Diseases Module 06 – Endocrine Module 07 – Diabetes Mellitus Module 08 – Fluid & Electrolytes Module 09 – Malnutrition & Obesity Module 10 – Emergency Nursing
NUR 246	Maternal-Child Nursing	In this course the student continues to develop the role as a member of the profession of nursing as a provider of care to women, children and families in meeting their basic needs in a variety of settings. Emphasis is placed on knowledge and skills relating to the pediatric	By the end of this course, the student should be able to: 1. Utilize critical thinking skills to apply the nursing process to guide clinical decision making and collaborative care to promote and maintain health, and to manage common altered health states of the newborn,	Module 01 – Introduction to Maternity Nursing, Assessment, Pregnancy Module 02 – Infertility, genetics, A&P of Pregnancy, and Nursing care during Pregnancy Module 03 – High Risk Pregnancy, Nursing

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
		population and the childbearing family. The role of the nurse as a provider of care, communicator, teacher, manager, and member of a profession provide the framework for clinical application and evaluation in pediatric and childbearing settings.	children and women during the childbearing year. 2. Employ nursing interventions that reflect an awareness of the client's (individual and/or family) uniqueness, developmental level, perceptions and values. 3. Apply knowledge from the biological, physical and behavioral sciences, to the care of newborns, children and women. 4. Employ holistic nursing interventions based on nursing theory, to assist individual clients throughout the life span especially during the childbearing year and during childhood alterations in function. 5. Utilize effective communication to infants, children, adolescents, adults, elders and families. 6. Develop teaching plans that address the educational needs of various clients experiencing common medical and surgical procedures relating to women's health, and/or pregnancy, childbirth, and parenting. 7. Collaborate with the child and family and the health care team to develop an individualized teaching plan based on assessed learning needs. 8. Evaluate information collected and thoroughly analyzing major alternatives for prioritizing nursing activities. 9. Support an interdisciplinary approach	Care during Labor & Delivery, Labor and birth at risk, and Maternal physiologic changes Module 04 – Nursing Care in the Fourth trimester, Postpartum complications, Nursing care of the newborn, and physiologic adaptation of the newborn Module 05 – Newborn assessment, needs and care, and nutrition and post-partum family at risk. Module 06 – Growth and development, toddler nutrition and physical assessment Module 07 – Health promotion: newborn to adolescent, family assessment and child with chronic conditions Module 08 – Pain assessment, life threatening conditions, end of life, influences on child, and immunizations Module 09 – Fluid imbalance, ENT issues, Alterations in respiratory function Module 10 – Cardiovascular issues, immune function

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			in the delivery of client care. 10. Adhere to legal and ethical standards of nursing practice and principles, related to newborn, child and childbearing women. 11. Recognize and plan to meet own learning needs with guidance. 12. In laboratory (simulated) and clinical experience, provide safe and accurate nursing care within the scope of nursing practice, at a level commensurate with the level of program completion and within the framework of program guidelines. 13. Demonstrate correct techniques when performing assigned nursing skills including nursing assessments. 14. Demonstrate caring and professionalism in all aspects of nursing practice with clients, clients' families, members of the nursing team, peers and faculty. 15. Respect client's dignity and protect confidentiality. 16. Identify core values and apply them to nursing practice. 17. Accept responsibility for his/her actions.	
NU 240	Mental Health Nursing	This course covers the principles of mental health nursing noting the application of psychiatric and social issues in a variety of settings. This course has both lecture and clinical content. Content includes therapeutic communication,	By the end of this course, the student should be able to: 1. Recognize one's own and other's attitudes, values, and expectations about the mentally ill client and its impact on care of clients and their families.	Module 01 – Communication Theory and Interpersonal Relational Skills Module 02 – Neurobiological Basis of Case practices, Pharmacotherapies, and Basic principles of Pharmacology Module 03 – Standard care practices of

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
		pathophysiology, pharmacology, current treatments using evidence-based practice and the nursing process as the framework.	2. Adopt the concept of individualized, holistic care as the standard of practice with clients diagnosed with a mental illness. 3. Communicate effectively, respectfully, and compassionately with clients with mental illness and their families. 4. Collaborate professionally with peers, faculty and other healthcare team members to plan individualized care for the client diagnosed with a mental illness. 5. Incorporate into daily practice use of the nursing process to plan, implement and evaluate the care of the mentally ill client. 6. Safely adapt technical skills to meet the functional, physical, cognitive, psychological, social, and pharmacological effects of clients with mental illnesses. 7. Apply ethical and legal principles to the complex issues that arise in care of clients with mental illness. 8. Actively seek opportunities in the development of own learning needs. 9. Demonstrate cultural sensitivity of specific diverse populations of clients with mental illness. 10. Exhibit professional behaviors in the classroom, lab and clinical settings at all times. 11. Describe the role of the registered nurse in the prevention and	Anxiety and Somatoform Disorders Module 04 – Standard care practices of Eating and Personality Disorders Module 05 – Standard Care practices of Mood and Cognitive disorders Module 06 – Standard Care practices of Psychotic and Addictive disorders Module 07 – Clinical Decision making in Crisis and Disaster, Child Partner and Elder abuse Module 08 – Clinical decision making in Sexual assault and Suicidal Thoughts and Behaviors Module 09 – Clinical decision making in Anger and aggression and Grief and loss Module 10 – Ethical and Legal Issues and Health Care Settings

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			treatment of mental health disorders. 12. Discuss psychiatric-mental health concepts, theories and specific therapeutic interventions used with clients demonstrating a variety of alterations in their mental health.	
NUR 250	Nursing Care of the Elderly	This course provides students with the health related challenges associated with aging and caring for the geriatric client, utilizing the nursing process. Physical, psychological and social aspects of caring for this growing population in our society are studied. Common medications and safety concerns are included in the course content.	By the end of this course, the student should be able to: 1. Recognize one's own and other's attitudes, values, and expectations about aging and their impact on care of older adults and their families. 2. Adopt the concept of individualized, holistic care as the standard of practice with older adults. 3. Communicate effectively, respectfully, and compassionately with older adults and their families. 4. Collaborate professionally with peers, faculty and other healthcare team members to plan individualized care for the elderly client. 5. Incorporate into daily practice use of the nursing process to plan, implement and evaluate the care of the elderly client. 6. Safely adapt technical skills to meet the functional, physical, cognitive, psychological, social, and endurance capacities of older adults. 7. Apply ethical and legal principles to the complex issues that arise in care of older adults. 8. Promote the desirability of quality	Module 01 – The Aging Population and Theories of Aging Module 02 – Aging Changes that affect Communication and Therapeutic Communication with Aging Adults Module 03 – Review of the Aging of Physiological Systems and Assessment of Older Adults Module 04 – Management of Common Illnesses, Diseases and Health Conditions Module 05 – Medication and Laboratory Values and Management of Common Problems Module 06 – Promoting Independence in Later Life and Promoting Quality of Life Module 07 – Identifying and Preventing Common Risk Factors in Elderly and Teaching Adults Module 08 – Nursing Management of Dementia and Using Assistive Technology to Enhance Quality of Life Module 09 – Appreciating Diversity and

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			end-of-life care for older adults, including plan and symptom management, as essential, desirable, and integral components of nursing practice. 9. Actively seek opportunities in the development of own learning needs. 10. Demonstrate cultural sensitivity of specific diverse populations of clients. 11. Exhibit professional behaviors in the classroom, lab and clinical setting at all times.	Enhancing Intimacy and Alternative Health Modalities Module 10 – Ethical/Legal Principles and Issues of End of Life Care
NU 290	Leadership in Nursing	This course provides students with the key components of nursing leadership and is designed to assist the graduating student in transitioning to the role of a registered nurse. Emphasis is placed on working as a member of the healthcare team, client care management concepts, delegation of duties and professional responsibilities of the registered nurse are stressed.	By the end of this course, the student should be able to: 1. Deliver holistic nursing care to diverse groups/teams of clients. 2. Implement safe, technical and caring nursing interventions that meet all requirements of the selected care environment. 3. Utilize information about organizational design and culture when planning for delivery of care to clients in a selected care environment. 4. Explore the use of decision support systems. 5. Analyze and apply decision and problem solving skills to common unit level situations, such as delegation, staff assignments, time management and staff schedules.	Module 01 – Health Care Organizations and Delivering Nursing Care Module 02 – Leadership and Management and Managing and Improving Quality Module 03 – Initiating and Implementing Change Making Decisions Module 04 – Solving Problems and Effective Communication Module 05 – Delegation and Time Management Module 06 – Team Management and Handling Conflict Module 07 – Staffing and Scheduling Module 08 – Day to Day Staff Coaching and Dealing with Policy Violation

Course Number	Course Title	Course Description	Course Objectives	Learning Modules
			6. Discuss the relationship between delegation, motivation, and leadership. 7. Demonstrate the components of effective team building. 8. Select the use of effective communication techniques in managing conflict. 9. Assess the components of coaching, mentoring, and staff development and their relationship to effective leadership. 10. Develop a plan to resolve a staffing issue based on a case study or real situation. 11. Evaluate knowledge of cultural diversity influences affecting client and peers' responses to health care. 12. Rate effectiveness of conflict management and resolution approaches used with selected patients. 13. Analyze career goals and discuss methods to achieve those goals.	Module 09 – Workplace Violence and Managing Stress Module 10 – Advancing Your Career

TABLE 4 – ADN DEGREE PROGRAM CLINICAL AGREEMENT SUMMARY

Name of Hospital / Agency	Hospital / Agency Contact Person	Type of Agency	Licensure / Approval Information	Type of Clinical Experience to be offered	Associated Nursing Course	Date of Signed Contract / Letter of Agreement
Aurora Bay Care Medical Center		167-bed, full-service hospital	Magnet	• Medical-surgical • Women's Health • Pediatrics	NUR 120 NUR220 NUR246 NU290	April 2010
Door County Memorial Hospital		25-bed acute-care hospital		• Medical-surgical • Pediatrics • Long-term care • Home Health	NUR 120 NUR 220 NUR 246 NUR 250 NU290	April 2010
Prevea Health Network		PHO covering 62 counties		• Medical-surgical • Women's Health • Pediatrics	NUR 120 NUR220 NUR246 NU 290	June 2010
Woodside Senior Communities		124-bed facility		• Long-term care • Acute Rehab	NUR 120 NUR 220 NUR 250 NU 290	August 2011
San Luis Medical/ Rehab Center		133-bed facility		• Medical-surgical • Psychiatric / Mental Health • Long-term care • Hospice • Acute Rehab	NUR 120 NUR 220 NU 240 NUR 250 NU 290	May 2010
St. Mary's Hospital		158-bed acute care hospital		• Medical-surgical • Women's Health • Pediatrics • Acute Rehab	NUR 120 NUR 220 NUR 246 NU 290	June 2010
St. Vincent Hospital		523-bed regional medical center and level II trauma center		• Medical-surgical • Women's Health • Pediatrics • Home Health • Acute Rehab	NUR 120 NUR 220 NUR 246 NU 290	June 2010
Brown County Nicolet Psychiatric Center		80-bed regional acute care psychiatric center		• Psychiatric / Mental Health	NUR 240	March 2012

ADN Degree Program Curriculum Matrix

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Critical Thinking in Nursing	Introduction to Professional Nursing	Clinical Nursing Skills I	Adult Medical Surgical Nursing I
Patient Centered Care Core Values / Competencies • Caring • Community • Diversity • Holism	Assess the health of individuals, families, and groups across the lifespan within the context of the community. Provide safe caring and basic individualized, holistic, and culturally sensitive nursing care for patients of diverse populations across the lifespan in a variety of settings. Use the process of therapeutic communication to build and maintain therapeutic relationships with patients and significant support person(s). Use teaching and learning processes to promote and restore health incorporating lifespan considerations.	Provide safe, evidence-based client centered nursing care to diverse individuals and groups utilizing a holistic approach. Apply teaching and learning principles to promote and advocate health in clients across the life span.	Explore opportunities to utilize critical thinking. Apply critical thinking skills and strategies to patient care scenarios.	Develop an appreciation for the mental, psychological, and spiritual issues that impact physical health. Distinguish between subjective and objective patient data. Formulate a nursing care plan and nursing diagnosis.	Demonstrate safe and competent nursing practice as applicable to the novice nurse Perform basic competent psychomotor skills directed at promoting physiological and psychosocial integrity for clients.	Identify and individualize the care of selected clients across the life span that reflects knowledge of diverse beliefs and health practices. Discuss a plan of care that utilizes a holistic approach to health care services provided to the client. Demonstrate a caring approach when providing care to selected clients. Utilize principles of teaching and learning while caring for clients with selected alterations in health.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Critical Thinking in Nursing	Introduction to Professional Nursing	Clinical Nursing Skills I	Adult Medical Surgical Nursing I
Teamwork and Collaboration <u>Core Values / Competencies</u> • Communication • Leadership • Integrity • Professionalism	Use the process of communication to exchange and transmit clear, concise, accurate, complete and timely information to members of the healthcare team. Collaborate with others to respond to the needs of individuals, families, and groups across the health/illness continuum. Use management/leadership skills in providing comprehensive, therapeutic nursing care.	Demonstrate effective communication skills verbally, in writing or using technology, when interacting with clients and when in collaboration with peers and members of the healthcare team.		Identify the role of the professional nurse in therapeutic communication.		Demonstrate the ability to communicate and collaborate accurately and effectively with clients, peers and members of the health care team. Behave in a professional manner in class, lab and in clinical when providing care to clients.
Evidence-Based Practice <u>Core Values / Competencies</u> • Critical Thinking • Nursing Process • Life-long Learning • Nursing Research	Utilize the nursing process to gather data, formulate a nursing diagnosis, direct and provide nursing actions, and initiate and implement a plan of care. Use critical thinking to apply scientifically-based knowledge and skills in meeting the biological, psychosocial, cultural, and spiritual needs of the patient.	Assess needs and develop priorities based on the nursing process and implement solutions to problems using discipline specific and interdisciplinary approaches to client care.	Apply critical thinking skills and strategies to patient-care scenarios.	Demonstrate familiarity with the current health care delivery system.	Discuss the use of the nursing process to administer basic, patient-centered nursing care to adult clients with common alterations of health. Describe professional standards of basic nursing practice.	Apply the nursing process utilizing critical thinking skills when planning care for clients in the clinical setting with selected alterations in health. Participate in own learning and development by seeking opportunities in class, lab and clinical to enhance growth and knowledge.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Critical Thinking in Nursing	Introduction to Professional Nursing	Clinical Nursing Skills I	Adult Medical Surgical Nursing I
Quality Improvement Core Values / Competencies • Life-long Learning • Excellence • Outcome Focus	Implement a personal practice standard that represents expectations of the profession. Seek continuing educational opportunities in accordance with post-licensure goals that build on previous knowledge and skills and increase competency.	Demonstrate organizational and management skills in the provision an delegation of quality nursing care. Demonstrate a commitment to life-long learning and participate in own learning and development.	Evaluate effectiveness of critical thinking.	Demonstrate an understanding of the history of the nursing profession.		Behave in a professional manner when planning care for clients in the clinical setting with selected alterations in health.
Safety Core Values / Competencies • Technical skills • Life-long Learning • Excellence • Ethics	Provide safe caring and basic individualized, holistic, and culturally sensitive care for patients of diverse populations across the lifespan in a variety of settings. Make clinical decisions to ensure safe and accurate nursing care. Adhere to professional standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.	Demonstrate integration of knowledge, skills and professional attitudes in the delivery of safe care to all clients, families and communities across the life span. Practice and demonstrate professional nursing behaviors within the ethical, legal moral and regulatory framework of the profession.		Identify components of and rationale for the National Patient Safety Goals. Demonstrate an understanding of the ethical and legal issues affecting direct patient care.	Demonstrate safe and competent nursing practice as applicable to the novice nurse. Perform basic competent psychomotor skills directed at promoting physiological and psychosocial integrity for clients.	Comply with the code of ethics for nursing when providing care to clients.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Critical Thinking in Nursing	Introduction to Professional Nursing	Clinical Nursing Skills I	Adult Medical Surgical Nursing I
Informatics <u>Core Values / Competencies</u> • Technology skills • Technology in client care • Decision making	Manage care to facilitate continuity within and across health care settings.	Demonstrate a commitment to life-long learning and participate in own learning and development.				

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Comprehensive Pharmacology	Clinical Nursing Skills II	Adult Medical Surgical Nursing II	Maternal-Child Nursing
Patient Centered Care <u>Core Values / Competencies</u> • Caring • Community • Diversity • Holism	Assess the health of individuals, families, and groups across the lifespan within the context of the community. Provide safe caring and basic individualized, holistic, and culturally sensitive nursing care for patients of diverse populations across the lifespan in a variety of settings. Use the process of therapeutic communication to build and maintain therapeutic relationships with patients and significant support person(s). Use teaching and learning processes to promote and restore health incorporating lifespan considerations	Provide safe, evidence-based client centered nursing care to diverse individuals and groups utilizing a holistic approach. Apply teaching and learning principles to promote and advocate health in clients across the life span.	Identify and describe essential concepts, processes and skills relating to pharmacology and medication administration. Develop patient teaching/learning competencies in the area of medications and other drug information pertinent to the patient. Apply knowledge of basic concepts and skills when performing safe medication administration.	Demonstrate safe and competent nursing practice as applicable to the novice nurse. Perform intermediate competent psychomotor skills directed at promoting physiological and psychosocial integrity for clients.	Identify and individualize the care of selected clients across the life span that reflects knowledge of diverse beliefs and health practices. Discuss a plan of care that utilizes a holistic approach to health care services provided to the client. Demonstrate a caring approach when providing care to selected clients. Utilize principles of teaching and learning while caring for clients with selected alterations in health.	Demonstrate caring and professionalism in all aspects of nursing practice with clients, clients' families, members of the nursing team, peers and faculty. Employ nursing interventions that reflect an awareness of the client's (individual and/or family) uniqueness, developmental level, perceptions and values. Develop teaching plans that address the educational needs of various clients experiencing common medical and surgical procedures relating to women's health, and/or pregnancy, childbirth, and parenting.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Comprehensive Pharmacology	Clinical Nursing Skills II	Adult Medical Surgical Nursing II	Maternal-Child Nursing
Teamwork and Collaboration Core Values / Competencies • Communication • Leadership • Integrity • Professionalism	Use the process of communication to exchange and transmit clear, concise, accurate, complete and timely information to members of the healthcare team. Collaborate with others to respond to the needs of individuals, families, and groups across the health/illness continuum. Use management/leadership skills in providing comprehensive, therapeutic nursing care.	Demonstrate effective communication skills verbally, in writing or using technology, when interacting with clients and when in collaboration with peers and members of the healthcare team.	Develop patient teaching/learning competencies in the area of medications and other drug information pertinent to the patient. Relate the nurses' role, scope or practice and accountability in the administration of medication		Demonstrate the ability to communicate and collaborate accurately and effectively with clients, peers and members of the health care team. Behave in a professional manner in class, lab and in clinical when providing care to clients.	Utilize effective communication with infants, children, adolescents, adults, and elders and families. Collaborate with the child and family and the health care team to develop an individualized teaching plan based on assessed learning needs.
Evidence-Based Practice Core Values / Competencies • Critical Thinking • Nursing Process • Life-long Learning • Nursing Research	Utilize the nursing process to gather data, formulate a nursing diagnosis, direct and provide nursing actions, and initiate and implement a plan of care. Use critical thinking to apply scientifically-based knowledge and skills in meeting the biological, psychosocial, cultural, and spiritual needs of the patient.	Assess needs and develop priorities based on the nursing process and implement solutions to problems using discipline specific and interdisciplinary approaches to client care.	Use critical thinking skills to apply the nursing process when administering therapeutic agents to clients of all ages. Identify major classification of pharmacotherapeutics used I n the treatment of commonly occurring alterations in health.	Discuss the use of the nursing process to administer intermediate, patient-centered nursing care to adult clients with common alterations of health. Describe professional standards of intermediate nursing practice.	Apply the nursing process utilizing critical thinking skills when planning care for clients in the clinical setting with selected alterations in health. Participate in own learning and development by seeking opportunities in class, lab and clinical to enhance growth and knowledge.	Utilize critical thinking skills to apply the nursing process to guide clinical decision making and collaborative care to promote and maintain health, and to manage common altered health states of the newborn, children and women during the childbearing years.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Comprehensive Pharmacology	Clinical Nursing Skills II	Adult Medical Surgical Nursing II	Maternal-Child Nursing
Quality Improvement Core Values / Competencies • Life-long Learning • Excellence • Outcome Focus	Implement a personal practice standard that represents expectations of the profession. Seek continuing educational opportunities in accordance with post-licensure goals that build on previous knowledge and skills and increase competency.	Demonstrate organizational and management skills in the provision an delegation of quality nursing care. Demonstrate a commitment to life-long learning and participate in own learning and development.			Behave in a professional manner when planning care for clients in the clinical setting with selected alterations in health.	Apply knowledge from the biological, physical and behavioral sciences, to the care of newborns, children and women. Evaluate client information collected, and thoroughly analyze alternatives for prioritizing nursing activities. Perform nursing technical skills with safety and excellence.
Safety Core Values / Competencies • Technical skills • Life-long Learning • Excellence • Ethics	Provide safe caring and basic individualized, holistic, and culturally sensitive care for patients of diverse populations across the lifespan in a variety of settings. Make clinical decisions to ensure safe and accurate nursing care. Adhere to professional standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.	Demonstrate integration of knowledge, skills and professional attitudes in the delivery of safe care to all clients, families and communities across the life span. Practice and demonstrate professional nursing behaviors within the ethical, legal moral and regulatory framework of the profession.	Apply knowledge of basic concepts and skills when performing safe medication administration.	Demonstrate safe and competent nursing practice as applicable to the novice nurse. Practice intermediate nursing care according to legal, ethical, and professional standards.	Comply with the code of ethics for nursing when providing care to clients.	Adhere to legal and ethical standards of nursing practice and principles, related to newborn, child and childbearing women. Perform nursing technical skills with safety and excellence. Comply with the code of ethics for nursing when providing care to clients and their families.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Comprehensive Pharmacology	Clinical Nursing Skills II	Adult Medical Surgical Nursing II	Maternal-Child Nursing
Informatics <u>Core Values / Competencies</u> • Technology skills • Technology in client care • Decision making	Manage care to facilitate continuity within and across health care settings.	Demonstrate a commitment to life-long learning and participate in own learning and development.				

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Mental Health Nursing	Nursing Care of the Elderly	Leadership in Nursing	
Patient Centered Care <u>Core Values / Competencies</u> • Caring • Community • Diversity • Holism	Assess the health of individuals, families, and groups across the lifespan within the context of the community. Provide safe caring and basic individualized, holistic, and culturally sensitive nursing care for patients of diverse populations across the lifespan in a variety of settings. Use the process of therapeutic communication to build and maintain therapeutic relationships with patients and significant support person(s). Use teaching and learning processes to promote and restore health incorporating lifespan considerations	Provide safe, evidence-based client centered nursing care to diverse individuals and groups utilizing a holistic approach. Apply teaching and learning principles to promote and advocate health in clients across the life span.	Apply the concept of individualized, holistic care as the standard of practice with clients diagnosed with a mental illness. Recognize one's own and other's attitudes, values and expectations about the mentally ill client and its impact on care of clients and their families. Demonstrate cultural sensitivity for specific diverse populations of clients with mental illness.	Adopt the concept of individualized, holistic care as the standard of practice with older adults. Recognize one's own and other's attitudes, values, and expectations about aging and their impact on care of older adults and their families. Demonstrate cultural sensitivity for specific diverse populations of clients.	Deliver holistic nursing care to diverse groups/teams of clients. Implement safe, technical and caring nursing interventions that meet all requirement of the selected care environment.	

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Mental Health Nursing	Nursing Care of the Elderly	Leadership in Nursing	
Teamwork and Collaboration <u>Core Values / Competencies</u> • Communication • Leadership • Integrity • Professionalism	Use the process of communication to exchange and transmit clear, concise, accurate, complete and timely information to members of the healthcare team. Collaborate with others to respond to the needs of individuals, families, and groups across the health/illness continuum. Use management/leadership skills in providing comprehensive, therapeutic nursing care.	Demonstrate effective communication skills verbally, in writing or using technology, when interacting with clients and when in collaboration with peers and members of the healthcare team.	Communicate effectively, respectfully, and compassionately with clients with mental illness and their families. Collaborate professionally with peers, faculty and other healthcare team members to plan individualized care for the client diagnosed with a mental illness.	Communicate effectively, respectfully, and compassionately with clients with older adults and their families. Collaborate professionally with peers, faculty and other healthcare team members to plan individualized care for the elderly client. Exhibit professional behaviors in the classroom, lab and clinical settings at all times.	Analyze and apply decision and problem solving skills to common unit level situations, such as delegation, staff assignments, time management and staff schedules. Demonstrate the components of effective team building. Select the use of effective communication techniques in managing conflict. Assess the components of coaching, mentoring, and staff development and their relationship to effective leadership.	

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Mental Health Nursing	Nursing Care of the Elderly	Leadership in Nursing	
Evidence-Based Practice <u>Core Values / Competencies</u> • Critical Thinking • Nursing Process • Life-long Learning • Nursing Research	Utilize the nursing process to gather data, formulate a nursing diagnosis, direct and provide nursing actions, and initiate and implement a plan of care. Use critical thinking to apply scientifically-based knowledge and skills in meeting the biological, psychosocial, cultural, and spiritual needs of the patient	Assess needs and develop priorities based on the nursing process and implement solutions to problems using discipline specific and interdisciplinary approaches to client care.	Incorporate into daily practice use of the nursing process to plan, implement and evaluate the care of the mentally ill client. Discuss psychiatric mental health concepts, theories and specific therapeutic interventions used with clients demonstrating a variety of alterations in their mental health. Describe the role of the registered nurse in the prevention and treatment of mental health disorders.	Incorporate into daily practice use of the nursing process to plan, implement and evaluate the care of the mentally ill client.	Utilize information about organizational design and culture when planning for delivery of care to clients in a selected care environment. Explore the use of decision support systems. Discuss the relationship between delegation, motivation, and leadership. Develop a plan to resolve a staffing issue based on a case study or real situation.	

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Mental Health Nursing	Nursing Care of the Elderly	Leadership in Nursing	
Quality Improvement <u>Core Values / Competencies</u> • Life-long Learning • Excellence • Outcome Focus	Implement a personal practice standard that represents expectations of the profession. Seek continuing educational opportunities in accordance with post-licensure goals that build on previous knowledge and skills and increase competency.	Demonstrate organizational and management skills in the provision an delegation of quality nursing care. Demonstrate a commitment to life-long learning and participate in own learning and development.	Actively seek opportunities in the development of own learning needs. Exhibit professional behaviors in the classroom, lab and clinical settings at all times.	Promote the desirability of quality end-of-life care for older adults, including pain and symptom management, as essential, desirable , and integral components of nursing practice. Actively seek opportunities in the development of own learning needs.	Evaluate knowledge of cultural diversity influences affecting client and peers' responses to health care. Rate effectiveness of conflict management and resolution approaches used with select patients. Analyze career goals and discuss methods to achieve those goals.	
Safety <u>Core Values / Competencies</u> • Technical skills • Life-long Learning • Excellence • Ethics	Provide safe caring and basic individualized, holistic, and culturally sensitive care for patients of diverse populations across the lifespan in a variety of settings. Make clinical decisions to ensure safe and accurate nursing care. Adhere to professional standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.	Demonstrate integration of knowledge, skills and professional attitudes in the delivery of safe care to all clients, families and communities across the life span. Practice and demonstrate professional nursing behaviors within the ethical, legal moral and regulatory framework of the profession.	Safely adapt technical skills to meet the functional, physical, cognitive, psychological, social, and pharmacological effects of clients with mental illness. Apply ethical and legal principles to the complex issues that arise in care of clients with mental illness.	Safely adapt technical skills to meet the functional, physical, cognitive, psychological, social, and endurance capacities of older adults. Apply ethical and legal principles to the complex issues that arise in care of older adults.	Implement safe, technical and caring nursing interventions that meet all requirement of the selected care environment.	

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Mental Health Nursing	Nursing Care of the Elderly	Leadership in Nursing	
Informatics <u>Core Values / Competencies</u> • Technology skills • Technology in client care • Decision making	Manage care to facilitate continuity within and across health care settings.	Demonstrate a commitment to life-long learning and participate in own learning and development.				

Rasmussen College School of Nursing
WI Associate Degree Program Outcomes Summary

Program Outcomes	Expected Level of Achievement	Actual Level of Achievement	Resulting Action(s) to be Taken with Time Frame	
			Action(s)	Time Frame
Performance on NCLEX and/or Certification Exams	90% or better (SON benchmark)	8 of 9 graduates tested 5 passed; 3 failed **63.0% Pass rate for 2012**	Analyze data from ATI content specific exams and the Comprehensive Exit exam for problem content areas Address problem areas during curriculum revision(s) Develop a remediation plan for marginal performing students in the program Continue to collect data and assess for methods to improve pass rate.	Review quarterly and/or following each graduating class
Student Retention	89% Quarterly Retention is the College benchmark.	97% Retention rate per Administrators report	Continue quarterly review of retention of nursing students.	Review quarterly
ATI Exams ATI Content Specific Exams ATI Comp Predictor Exam	60% Benchmark score 70% Benchmark score	**Group Scores** Pharmacology – 56% Medical Surgical – 57.2% Mental Health – 63.5% Maternal Child – 62.5 % 6th quarter – 60.3 7th quarter (Week 3) – 68.4 7th quarter (Wk 11) – 70.2	Continue use of ATI Content specific exams as a measure of knowledge achievement Continue use of ATI Comp Predictor to measure readiness to sit for NCLEX exam	Review quarterly and annually.

Program Satisfaction				
End-of-Quarter Evaluations (Course Reviews) by Students	Overall satisfaction average of 4.25 on a 5-point scale. This is based on the College's threshold. Data collected for NU100 – Critical Thinking in Nursing	Fall 2011 4.16 Winter 2012 4.22 Spring 2012 3.63 Summer 2012 4.50	Preliminary data collection suggests overall satisfaction but response rate was below 50% for 3 quarters and at 56% for one quarter. End-of-quarter evaluation data will continue to be collected to assess for changes.	End-of-quarter data will be collected quarterly on these courses.
Clinical Evaluations(Clinical Staff Evaluation of Student)	Overall rating of 85% or better Student clinical evaluation tool based on a 5 point scale Strongly disagree being -1 and Strongly agree being 5	Summer 2012 (1st graduating class) Out of eight students the ratings ranged from 86.2% to 100% that students were able to perform the task to a satisfactory level.	Continue assessment of student performance by clinical agency staff. Create a universal tool that can be used for each class to improve reliability of data findings.	Every quarter.

RASMUSSEN
COLLEGE
SCHOOL OF NURSING

Addendum to Self-Evaluation Report
Rasmussen College – Green Bay
Professional Nursing AAS

May 21, 2013

The Rasmussen College – Green Bay School of Nursing submitted a Self-Evaluation Report to the Wisconsin Board of Nursing for review on March 14th, 2013. The Board requested additional information about the efforts being made at the Green Bay campus to improve the NCLEX-RN pass rates of its graduates. This Addendum outlines the plan developed by faculty and academic leadership, who worked together to identify weaknesses and implement a number of improvements to the nursing program. These changes have already produced results. As of the date of this amendment, the subsequent cohort of nursing graduates who have sat for the NCLEX , 9 out of 13 eligible have passed with 4 out of 4 achieving success within the Q2-2013 resulting in a 100% passing rate for Quarter 2.

After the first cohort of nursing students graduated from Rasmussen College – Green Bay on the 21st of September 2012, the Dean and faculty members completed a comprehensive program evaluation to identify program weaknesses. This evaluation uncovered learning gaps between knowledge acquisition and the conversion of that knowledge into critical thinking skills. In order to address these learning gaps, the Dean and faculty developed additional learning opportunities and inserted them into each course within the nursing program to hone and affirm critical thinking skills. These additional learning experiences ask students to apply newly acquired knowledge and think critically while engaged in nursing scenarios that require medical analysis, leadership skills, and proper task delegation.

The following additional learning opportunities have been incorporated into the Professional Nursing AAS program.

1) We have increased the number of:
    a. classroom presentations on case studies and patient scenarios.
    b. topical discussions based on readings and reference materials.
    c. integrated gaming exercises that stimulate critical thinking.
2) We have added more post-clinical conference discussions about unique patient care scenarios. These discussions focus more heavily on "what if" questions, and require students to analyze different variations on the patient presentations they witnessed during the clinical. Students learn how a nurse should respond to variations in a patient's presentation and how to incorporate the accompanying risk mitigation into their care plans.

3) We have added more hands-on nursing simulations to the laboratory component of the program. These extra simulations help students to develop stronger clinical decision making abilities, and provide additional opportunities for students to correct mistakes in a safe environment.
4) We have revised examination questions to better test critical thinking and analysis skills, and have increased the number of patient scenario questions.
5) We have placed an increased emphasis on pedagogical professional development for our faculty. The incorporation of new and varied teaching techniques and learning activities in the classroom and laboratory help students of all learning styles to master nursing concepts.
6) We worked with our ATI representative and internal School of Nursing ATI Educator to review our use of ATI Nursing Education learning systems. We trained faculty and revised our incorporation of these materials into the program to maximize the benefit to students.
7) We now offer an NCLEX strategies class in addition to our existing ATI Nursing Education opportunities. Students may participate in a 3-hour class, at no additional cost, during their last quarter. The class covers NCLEX strategies, reviews core nursing competencies, and reinforces evidence-based knowledge. This class is also open to other nursing students who are in their last two quarters of to maximize collaborative and cooperative learning.

We are confident that the changes we have implemented have led to much better student learning outcomes. This is evidenced by the NCLEX-RN pass rate for our subsequent cohort of graduates. At the time of this addendum, 9 out of 13 eligible have passed with 4 out of 4 achieving success within the Q2-2013 resulting in a 100% passing rate so far for Quarter 2.

Please direct any questions or requests for clarification to Educational Administrator listed:

William J Hartman MSN, RN
Dean of Nursing
Rasmussen College – Green Bay
904 South Taylor Street
Green Bay, WI 54303

william.hartman@rasmussen.edu

Wisconsin Department of Safety & Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
1400 E. Washington Avenue
Madison, WI 53703
FAX #: (608) 266-2264
Phone #: (608) 266-2112
E-Mail: DSPSExaminationsOffice@wisconsin.gov
Website: http://dsps.wi.gov/Home

BOARD OF NURSING
NURSING PROGRAM SURVEY REPORT

Directions for completing the Survey Report: The following list of standards from N 1.06 will be used by the Board representative(s) when conducting a survey to ensure program compliance. The Board representative(s) should indicate whether the nursing program complies with Board standards by writing "yes", "no", "unclear", or "NA" (not applicable) on the line next to each requirement. In the space provided on page 6 or on an attached document the Board representative(s) should provide the following:

- A description of why the nursing program does not meet Board standards for each "no."
- The additional information required to make a determination for each "unclear."
- A description of why this rule does not apply to the nursing program for each "NA."

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

Institution being surveyed:

Name of Program: Rasmussen College - Green Bay Campus

Address: 904 South Taylor Street, Suite 100
Green Bay, Wisconsin 54303

Program (ADN, BSN, Other): ADN

CHAPTER N 1.06 (1) ORGANIZATION AND ADMINISTRATION OF THE PROGRAM

N 1.06 (1) (a) Governing Institution

1. ✓ The nursing program has a governing institution that assumes legal responsibility for the overall conduct of the program.

2. ✓ The governing institution has designated an educational administrator; established administrative policies; and provided sufficient financial support, resources, and facilities for the operation of the program.

3. ✓ The governing institution has an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program.
Note: The organizational chart and written plan should be attached to the program's Self-Evaluation Report.

4. ✓ The governing institution has evidence of being regionally accredited.
Note: Evidence of accreditation should be attached to the program's Self-Evaluation Report.

N 1.06 (1) (b) Administrative Policies

Note: The Board representative(s) may examine the administrative policies during the survey to ensure that Board standards are being met.

5. ✓ The nursing program has administrative policies that are in accord with those of the governing institution.

6. ✓ The nursing program has written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services.
Note: The Board representative(s) may examine the contracts between the school and institutions during the survey.

7. ✓ The administrative policies specify that the educational administrator has authority and responsibility for the development, implementation, and evaluation of the program.

8. ✓ The administrative policies contain provisions for a system of records and reports essential to the operation of the program.

9. ✓ The administrative policies include written personnel policies for the faculty which include position expectations and faculty rights and responsibilities.

CHAPTER N 1.06 (2) CURRICULUM

10. ✓ Curriculum is based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of student competencies, and a copy of the curriculum is attached to the Self-Evaluation Report. For clarity, the sections of the curriculum that satisfy requirements are highlighted with the corresponding item number (listed on the left-hand side of each requirement) clearly indicated.

11. ✓ Clinical and theoretical learning experiences are consistent with the stated program objectives.

12. ✓ Curricular content reflects current nursing practice and encompasses health needs throughout the life span.

N 1.06 (2) (a) Professional Nursing Curriculum

13. The professional nursing curriculum contains an 'area of general education' which covers:

(a) ✓ scientific knowledge basic to nursing practice including principles from the biological and physical sciences

(b) ✓ human and cultural knowledge basic to understanding motivation and behavior including currently accepted concepts and principles form the social and behavioral sciences.

14. ✓ The professional nursing curriculum contains an 'area of nursing education' which includes theory and selected experiences designed to enable students to provide nursing care that promotes, maintains, and restores the physical and mental health of the individual throughout the life span.

15. After completion of the professional nursing curriculum, graduates will be able to:

(a) ✓ Use the nursing process to plan and provide nursing care.

(b) ✓ Apply knowledge derived from the scientific, human and cultural areas to meet health needs.

(c) ✓ Individualize nursing care during preventative, maintenance, restorative, and terminal phases.

(d) ✓ Promote positive health practices.

(e) ✓ Understand the roles and relationship of nurses to other health care providers.

(f) ✓ Plan for health services with individuals, families, communities and health care providers.

(g) ✓ Practice professional nursing according to the legal standards of N 6.

(h) ✓ Function as a responsible, accountable nursing professional.

(i) ✓ Identify the need for continued competency.

(j) ✓ Recognize the impact of historical trends in nursing.

N 1.06 (b) Practical Nursing Curriculum
Note: The Board representative(s) may examine the curriculum during the survey to ensure that Board standards are being met.

16. The practical nursing curriculum contains an 'area of health, growth, and development' that covers:

(a) N/A the general aspects of human structure and body function.

(b) N/A the general aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon health, attitudes and behavior of individuals and the family as a social unit.

17. The practical nursing curriculum contains an 'area of personal and vocational relationships' that covers:

(a) N/A basic principles of human relationships.

(b) N/A legal and ethical responsibilities in nursing.

18. N/A The practical nursing curriculum contains an 'area of nursing education' which provides content with experiences in meeting basic nursing needs of the individual throughout the life span.

19. After completion of the practical nursing curriculum, graduates will be able to:

(a) N/A Identify basic needs of a patient.

(b) N/A Employ common nursing measures to meet basic needs of patients.

(c) N/A Observe and report relevant data regarding a patient's health status.

(d) N/A Use communication techniques to assist patients to achieve identified goals.

(e) N/A Establish positive relationships with patients and other health team members.

(f) N/A Practice practical nursing according to the legal standards of ch. N 6.

(g) N/A Identify the need for continued competency.

CHAPTER N 1.06 (3) INSTRUCTION

Note: Chapter N 1.06 (3) (f) requires the nursing program to file evidence of meeting instruction standards on Form #1004 provided by the Board and keep this form on file in the School of Nursing office. These forms must be made available to the Board upon request. These forms may be examined by the Board representative(s) during the survey.

20. ✓ Instruction is based on written objectives which give direction to planning student objectives.

21. ✓ A variety of teaching methods are used to facilitate student learning.

22. ✓ Criteria based on written objectives are used in the evaluation of student learning.

23. ✓ Clinical laboratory learning experiences are supervised by nursing faculty meeting standards under N 1.06 (4).

24. ✓ There are written contracts with an adequate number of clinical facilities and resources to meet the program objectives.
Note: The Board representative(s) may examine the contracts with the clinical facilities during the survey to ensure that Board standards for clinical facilities are being met.

25. The clinical facilities meet the following standards:
Note: The Board representative(s) may inspect clinical facilities during the survey to ensure that Board standards are being met.

(a) ✓ The clinical experience gained from each clinical facility is consistent with the nursing program objectives.

(b) ✓ Formal written agreements between each clinical facility and nursing program demonstrate willingness to cooperate in promoting the nursing program clinical objectives.

(c) ✓ The practice of the registered nurse and the licensed practical nurse at each clinical facility is within the legal scope of practice under s. 441.001 (3) and (4), Stats.

CHAPTER N 1.06 (4) FACULTY

Note: Chapter N 1.06 (4) (g) requires the nursing program to file evidence of meeting faculty standards on Form #1114 and keep this form on file in the School of Nursing office. These forms must be made available to the Board upon request. These forms may be examined by the Board representative(s) during the survey.

26. ✓ The faculty are adequate in number and academic and professional qualifications to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program.

27. ✓ The educational administrator of the professional nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing.

28. N/A The educational administrator of the practical nursing education program holds a current license to practice as a registered nurse in Wisconsin, has a minimum of 2 years of full-time or equivalent direct care experience as a practicing nurse, has 3 years of experience in nursing education within the last 10 years, and holds a master's degree with a major in nursing or a related field.

29. ✓ All nurse faculty members who teach nursing courses in a professional nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a master's degree with a major in nursing.

30. N/A All nurse faculty members who teach nursing courses in a practical nursing program hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full-time or equivalent direct care experience as a practicing nurse, were employed in nursing within the last five years, and hold a baccalaureate degree with a major in nursing.

31. ✓ The ratio of students to faculty in the clinical area allow for meeting clinical course objectives and safe patient care.

32. ✓ The educational administrator has taken responsibility for ensuring that individual faculty members are academically and professionally qualified, and that faculty staff is adequate to carry out program objectives.

CHAPTER N 1.06 (5) EVALUATION

33. ✓ The educational administrator will conduct systematic and periodic evaluations of the total program.

INDIVIDUALS INTERVIEWED DURING SURVEY: (*Name, Title*)

William J. Hartman MSN RN
Dean of Nursing

Riki Szymanski MSN RN
Nursing Faculty

Kimberly Williams MS. APNP
Nursing Faculty

Kari Mahlik MSN RN
Nursing Faculty

Julie Williams MSN RN
Nursing Faculty

SITES VISITED DURING SURVEY: (*Site Name, Address*)

Rasmussen College
904 South Taylor Street, Suite 100
Green Bay, Wisconsin 54303

San Luis Medical/Rehab Center
2305 San Luis Place
Green Bay, Wisconsin 54304

SITES VISITED DURING SURVEY cont.: (*Site Name, Address*)

SURVEY COMPLETED BY:

Sharon Henes
Name

Paralegal
Title

Sharon Henes
Signature

12 June 2013
Date

Kathleen Paff
Name

Program & Policy Analyst
Title

Kathleen Paff
Signature

12 June 2013
Date

Name

Title

Signature

Date

SURVEY NOTES

In the space provided please provide the following: **(1)** A description of why the nursing program does not meet Board standards for each "no" in this report; **(2)** The additional information required to make a determination for each "unclear" in this report; and, **(3)** A description of why this rule does not apply to the nursing program for each "NA" in this report. Attach additional pages as needed.

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

NCSBN EXAMINATIONS

Education Program Summary

NCSBN Confidential

PEARSON VUE

Jurisdiction(s):	Wisconsin Department of Regulation and Licensing (50)
Exam(s):	ALL
Delivered Date Range:	01 Apr 2013 to 30 Jun 2013
Graduation Date Range:	to
Repeater:	No
Education Program:	WI - RASMUSSEN COLLEGE- GREEN BAY- ADN (50-485)
Education Program Jurisdiction:	ALL
Education Program Location Type:	ALL
Education Program State/Province:	ALL
Education Program Country:	ALL
Degree Type:	ALL

Printed By:	ryan zeinert
Report Date:	02 Jul 2013 3:27 PM
Data as of (CST):	01 Jul 2013 11:59 PM

2013 - 2Q

Wisconsin Department of Regulation and Licensing (50) **WI - RASMUSSEN COLLEGE- GREEN BAY- ADN (50-485)** **NCLEX-RN**

			Domestic				International			
	# Total	% Total	# First Time	% First Time	# Repeat	% Repeat	# First Time	% First Time	# Repeat	% Repeat
# Delivered	4	100.00%	4	100.00%	0	0.00%	0	0.00%	0	0.00%
# Passed	4	100.00%	4	100.00%	0	0.00%	0	0.00%	0	0.00%
# Failed	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
# On Hold	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
# In Process	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

2012-4Q: 5 of 8
2013-1Q: 5 of 10

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	**6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing – Education/Licensure Committee

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☐ Yes ☐ No	**FAQ review – discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

At a previous meeting, the Practice Committee forwarded the below FAQ to this Committee for review.

1) Will the new Doctorate of Nursing Practice (DNP) degree be an acceptable alternative to the master's degree requirement for Advance Practice Nurse Prescribers (APNP)?

Yes. Currently, the Chapter N8 certification qualifications for Advanced Practice Nurse Prescribers (APNPs) require "a master's degree in nursing or related health field" for those applicants who received national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998. Prior to this date, the master's degree was not required for APNP certification in Wisconsin. The master's degree was an additional and higher requirement added for those certified after July 1, 1998. Most nursing schools now offer a Bachelor of Science in Nursing (BSN) to a Master's of Science in Nursing (MSN) program for those seeking to obtain an advance practice nursing degree.

An emerging alternative for advance practice qualifying education is the Doctorate of Nursing (DNP), a degree above the master's level. Some nursing programs have proposed to change their advanced practice nurse programs from a BSN-to-MSN program to a BSN-to-DNP without the intermediate master's degree in nursing. Because the doctorate degree is inherently a higher degree than the master's degree, it meets and exceeds the standard set by the master's degree requirement. Accordingly, a nurse who obtains the higher DNP degree will be deemed to have satisfied the educational requirements for certification as an APNP. All other requirements for certification of advance practice nurse prescribers in Chapter N8 remain the same. This position is consistent with the Wisconsin Board of Nursing's position in accepting doctoral level nursing education in lieu of a master's degree in nursing requirement for nursing faculty as set forth in Chapter N1.06 (4), Wisconsin Administrative Code. The faculty position requirements can be found in the Wisconsin Board of Nursing Guidelines for Nursing Program Administrators , May 2008.

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Dan Williams**	2) Date When Request Submitted: **6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing – Education/Licensure Committee

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☐ Yes ☐ No	**RN to BSN online type programs – discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

At the June meeting, the Board requested this item be brought to the Committee for discussion.

11) Authorization

Signature of person making this request Date

Supervisor (if required) Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

Page intentionally left blank

From: Prozialeck, Linda [mailto:lprozialeck@chamberlain.edu]
Sent: Wednesday, June 19, 2013 3:03 PM
To: Williams, Dan - DSPS
Subject: WI Board of Nursing notification

Dear Mr. Williams,

Our licensing department recently received the notification below from you/Wisconsin DSPS concerning the deliberation of and re-writing of Wis. Stat. 441.12 and N1. Unfortunately, we were unable to attend the informational hearing on June 13, 2014.

We currently have a large number of Wisconsin Registered nurse students either enrolled or interested in admission to our program. Our plan is to develop and submit an application for our online RN-BSN program as soon as possible. In the interim, our college would like to verify its understanding of your email below.

Based on the email below, I would like confirmation of the following interpretation of this information:

1) Chamberlain College of Nursing can continue to offer its online RN to BSN program in Wisconsin at this time while the BON is re-writing its administrative rules.

2) Chamberlain College of Nursing can continue to offer its online RN to BSN program in Wisconsin while it is applying for approval of that program from the Wisconsin BON.

Could you please confirm that our interpretation of these rules as either correct or incorrect?

Our goal is to be completely compliant with the Wisconsin Code, so appreciate your response to this inquiry. I appreciate your assistance with this issue.
Sincerely yours,

Linda L Prozialeck, MSN, RN
Director of Accreditation
Chamberlain College of Nursing
3005 Highland Parkway
Downers Grove, IL 60515 - 5799
lprozialeck@chamberlain.edu
Phone: 630-512-8902
Fax: 630-512-8888

This email has been Bcc: to compliance officers at EAB-approved institutions who offer a nursing program. Please note in the message below that an informational hearing will be occurring before the WI Board of Nursing on 6/13/13.

Hello,

Please be aware that the WI Board of Nursing has removed a position statement from 2006 related to approval of Nursing programs in the state of Wisconsin. This position statement stated the following:

*The Wisconsin Board of Nursing regulates schools that have **physical** campuses in Wisconsin, and relies on the state board of nursing in the home state to regulate and approve schools of nursing based in their states. Wisconsin-based and out-of-state schools may deliver courses and clinical instruction across state lines.*

The Board is taking a closer look at Wis. Stat. 441.12 and N1 during the process of re-writing their administrative rules governing nursing program approval. **Schools that have been operating in accordance with the position statement**

above (particularly online articulation programs) should note that no action will be taken to prohibit them from continuing to operate during this transitional period.

Please be advised that rules are currently being re-written that will affect approval procedures, including a modified definition of which schools require approval. **An informational hearing on these rules will be held June 13, 2013 at 8:00 AM at the Department of Safety and Professional Services.** In addition, please check the DSPS website for the most recent published document in the rule-making process [*www.dsps.wi.gov → Rules and Regulations tab → Rulemaking tab → Active Rulemaking Projects link*]. An additional public hearing will be held when the Board has a preliminary draft of the rule language.

441.12 Administration; nonaccredited schools.

(1) The board shall enforce this chapter and cause the prosecution of persons violating it.

(2) No person shall operate in this state a school for professional nurses or a school for practical nurses unless the same shall be accredited by the board. No solicitation shall be made in this state of the sale of, or registration in, a course by correspondence or conducted without the state for practical nurses unless all written material used in such solicitation plainly states in type as large as any other type on the material that the course is not accredited in this state for training of practical nurses.

N 1.02 Definitions

(9) "Professional nursing program" means the following types of school of nursing programs only:

(a) "Associate degree program" which is offered through a school of nursing organized and administered by a technical college or institute, a college or university which awards the graduate an associate degree in nursing upon meeting the requirements of the institution. This includes associate degree progression programs for the licensed trained practical nurse.

(b) "Baccalaureate degree program" which is offered through a school of nursing organized and administered by a senior college or university that awards the graduate a baccalaureate degree in nursing upon meeting the requirements of the institution. This includes articulation programs for associate degree- and diploma-registered nurses.

Please note that many postsecondary institutions are required to gain approval from the Educational Approval Board. Please visit the EAB website for more information (www.eab.state.wi.us).

From: Leslie Weibush [mailto:leslie.weibush@franklin.edu]
Sent: Thursday, June 13, 2013 2:50 PM
To: Remy, Jill M - DSPS
Cc: Danielle Buckius
Subject: RE: Online RN-to-BSN Program in Wisconsin

Hi Jill,

I was informed by the Wisconsin Education Approval Board that Franklin University can continue offering our RN-BSN completion program to the students of Wisconsin, based off of your BON meeting this morning.

I am wondering if the authorized nursing list on your website will be updated to reflect that Franklin University is authorized. I want to make sure it is clear to the students in your state that they are enrolling in an authorized program.

Can you confirm a list will be posted with Franklin University's name on it, similar to the attached list?

Please let me know at your convenience.

Thank you,

Leslie Weibush
Accreditation Coordinator
Department of Accreditation and Institutional Effectiveness
Franklin University
201 South Grant Avenue
Columbus, OH 43215
Phone: 614-947-6145
Fax: 614-947-6220

Page intentionally left blank

UPPER IOWA UNIVERSITY
Established in 1857®

June 26, 2013

Wisconsin Department of Regulation and Licensing
Attn: Dan Williams
1400 E. Washington Ave
Madison, WI 53703

Dear Mr. Williams:

Upper Iowa University (UIU), located at 605 Washington Street, Fayette IA 52142, has an RN-BSN nursing program that is approved by the Iowa Board of Nursing and the Collegiate Commission on Nursing Education (CCNE). The program is currently offered in a hybrid education model to students in Iowa and Arizona. The program will begin to be offered as a wholly online option to students beginning August 27, 2013. With this online option, clinical components for the program will be project based, managed and supervised by the UIU RN-BSN faculty. Students will not be required to work with a preceptor and students will not be delivering hands-on nursing care.

The purpose and intent of this letter is to comply with state Board of Nursing as well as state higher education approval agency regulations regarding post-licensure BSN education programs and degree conferral. Specifically, are there steps or procedures required by your board which must be completed by UIU prior to offering our program in your state? Also, if there are additional regulatory agencies in your state which must be notified or from which additional approval must be sought , could you please supply the agency's contact information?

We look forward to hearing from you and working to meet any requirements or regulations necessary to receive your approval.

Please mail correspondence to:

Upper Iowa University
ATTN: Sheryl Juve RN, EdD
Chair, Department of Nursing
605 Washington Street
Fayette, IA 52142

Thank you for your time and attention to this submission. If you have any questions or concerns regarding this correspondence, please contact Sheryl Juve RN, EdD at juves@uiu.edu, 563-425-5318, or at the mailing address above.

Respectfully,

Sheryl Juve RN, EdD

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	**6/21/13**
	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing – Education/Licensure Committee

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☐ Yes ☐ No	**Site Surveys – discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

Page intentionally left blank

BOARD OF NURSING
MEETING MINUTES
JUNE 13, 2013

PRESENT: Rachelle Lancaster, Julie Ellis, Carol Ott, Gretchen Lowe, Julia Nelson, Jeffrey Miller (*left at 3:57 p.m.)*

STAFF: Dan Williams, Executive Director; Matthew Niehaus, Bureau Assistant; and other Department Staff

CALL TO ORDER

Julia Nelson, Chair, called the meeting to order at 8:03 a.m. A quorum of six (6) members was present.

ADOPTION OF AGENDA

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to reorder the agenda and move item M. Educational Approval Board (EAB) Inquiry to fit after Item C. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 11, 2013

MOTION: Gretchen Lowe moved, seconded by Jeffrey Miller, to approve the minutes of May 9, 2013 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that the Board of Nursing move forward with putting together a .pdf file similar to that used by the Medical Examining Board to be e-mailed out to all licensees. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, that the Board has reviewed N1-N8, as well as the draft for N9 for Executive Order 61. Motion carried unanimously.

BOARD MEETING PROCESS (TIME ALLOCATION, AGENDA ITEMS)

MOTION: Julie Ellis moved, seconded by Carol Ott, to cease recording the full Board of Nursing meeting unless necessary. Motion carried unanimously.

DRAFT

CLOSED SESSION

MOTION: Jeffrey Miller moved, seconded by Julie Ellis, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Julia Nelson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Julia Nelson -yes; Rachelle Lancaster-yes; Gretchen Lowe-yes; Julie Ellis-yes; Jeffrey Miller-yes; and Carol Ott-yes. Motion carried unanimously.

The Board convened into Closed Session at 2:33 p.m.

RECONVENE TO OPEN SESSION

MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:16 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Carol Ott moved, seconded by Jeffrey Miller, to affirm all motions made in closed session. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to adopt the Findings of Fact, Conclusions of Law, and Order in the disciplinary proceedings against Joan Swope, R.N. (12 NUR 086), Alicyn M. Bartsch, R.N. (12 NUR 122), Susan A. Petri, R.N. (12 NUR 530), Danny R. Berndt, R.N. (12 NUR 560), Mary J. Cain, R.N. (12 NUR 600), Pamela J. Moore, L.P.N. (13 NUR 054), Kathleen D. Ahlstedt, R.N. (13 NUR 068), and Sherri A. Scofield, R.N. (13 NUR 181). Motion carried unanimously.

RECONSIDERATION OF LICENSURE

<u>Lisa A. Schipp – 13 NUR 211</u>

MOTION: Jeffrey Miller moved, seconded by Gretchen Lowe, to rescind the previous denial, dated January 23, 2013, of Lisa A. Schipp's application for licensure by endorsement. The Board grants Lisa A. Schipp's request for licensure once all other conditions are met. Motion carried.

Rachelle Lancaster abstained from voting in the matter of reconsideration of licensure for Lisa A. Schipp – 13 NUR 211.

DRAFT

ADJOURNMENT

Jeffrey Miller left the meeting at 3:57 p.m.

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:14 p.m.

DRAFT

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	**6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☒ Yes ☐ No	**2011 Wisconsin LPN Survey – Discussion and Consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

(Edited for agenda purposes)

I am working with Professor Lea Acord at Marquette on the 2011 Wisconsin LPN survey analysis. Professor Acord was the person who presented the results of the 2010 RN survey to the State Board of Nursing last summer, on behalf of the Wisconsin Center for Nursing.

The results of the inaugural 2011 LPN survey are ready to share. Professor Acord asked if I would contact you to see what needs to be done to have the presentation of the LPN survey findings scheduled to be presented to the BON. Could we please be considered for inclusion on the July BON agenda? I will send a copy of the PowerPoint presentation regarding the 2011 Wisconsin LPN survey in a separate email.

Thank you,

Cynthia J. Larsen, MSN, RN, CNE
Southwest Tech
Nursing Instructor

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Wisconsin 2011 LPN Survey

Wisconsin Center for Nursing

Data Cleaning

- 14,165 respondents
- 13,558 after data cleaning. Removed if:
  - –Not living or working in Wisconsin
  - –Reports working >84 hours a week at primary job
  - –Reports working >100 hours a week

Demographics

Race	2011 LPN	2011 LPN %	2010 RN * %
White	12,350	91.1	95.5
Black or African American	826	6.1	1.8 (“Black”*)
American Indian	142	1.1	0.3
Asian	129	1.0	0.3
Hawaiian	15	0.1	0.6 (“Southeast Asian/Pacific Islander”*)
Other	202	1.5	0.9
Hispanic/Latino/ Spanish Culture	243	1.8	1.2 (“Hispanic origin”*)

* Dean-Barr, et al., 2012

Recommendations

- Promoting LPN retention and further nursing education advances the IOM goal of increasing diversity in the healthcare workforce
- Offer courses in languages other than English and recruit persons proficient in more than one language
- Diversity in the workforce promotes better health for people from diverse populations (Smedley, Butler, & Bristow, 2004)

Primary Place of Work

Primary Workplace	2011 LPN Survey	2011 LPN %	2010 RN %
Nursing home	3980	36.7	11.1%
Ambulatory care	2239	20.7	14.2%
Inpatient hospital	867	8.9	50.4%
Extended care	635	5.9	*
Public health	247	2.3	4.6%
Hospice	190	1.8	*
Corrections	184	1.7	*

* Comparison not available

Skill-Based Certifications

- Intravenous therapy -2103
- Emergency care -538
- Wound care -393
- Gerontology - 218

Recommendations

- 16.2% of LPNs work in areas other than those identified in slide 5. Further inquiry to gain understanding of the LPN professional role would be useful
- Skilled nursing facilities, ambulatory care, and acute care hospitals comprise 66.3% of LPN work places. Nursing educations programs may consider this when designing curriculum to best prepare LPNs for practice

Highest Nursing Degree Earned

Highest Nursing Degree Earned	
Associates degree	443
Bachelors degree	14
Masters degree	*
Doctorate degree	*

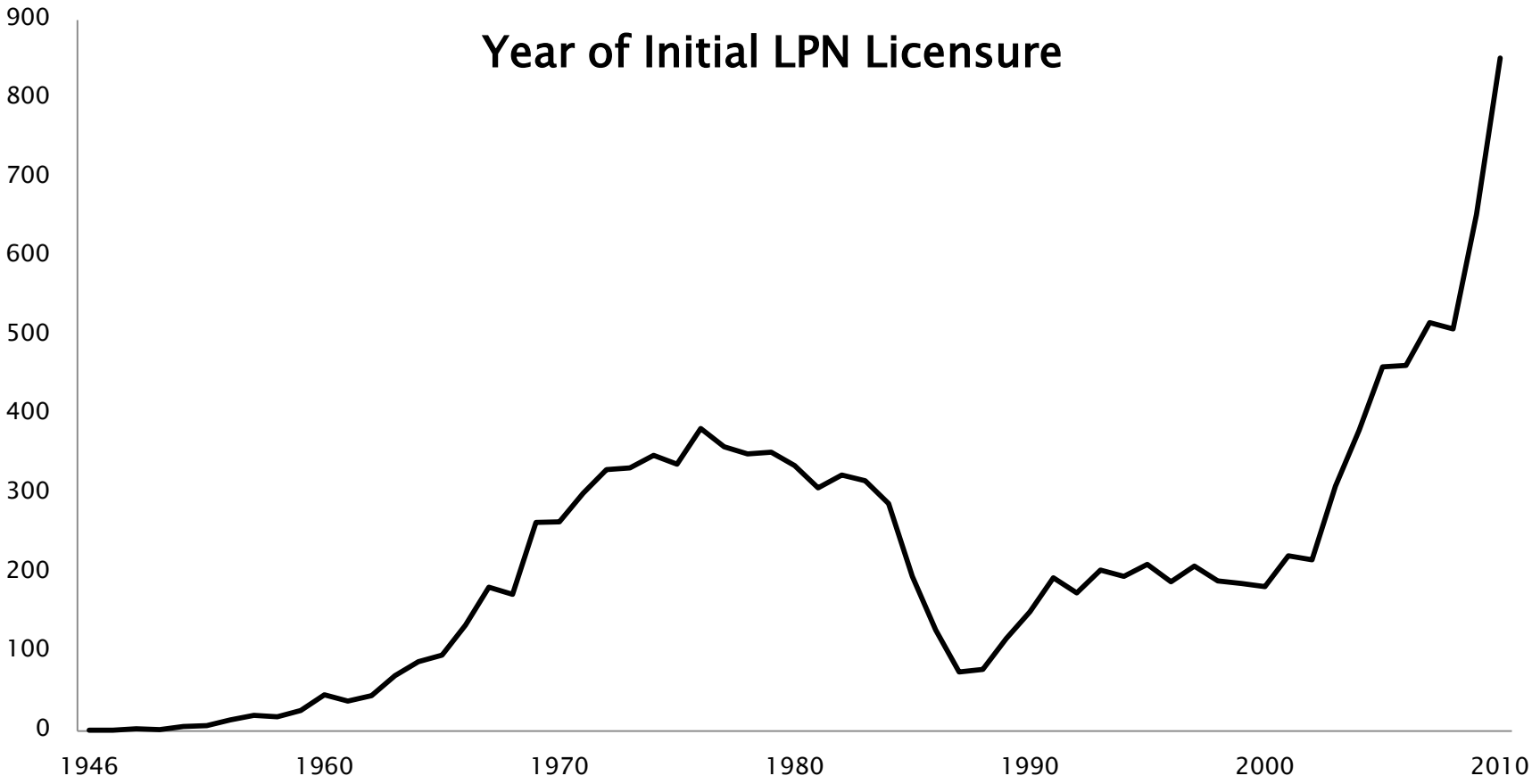
Current Nursing Education Enrollment

Current Nursing Education Enrollment	Number LPNs	Percent LPNs
No plans for future studies	9160	67.7
Plan to enroll in next 2 years	2476	18.3
Associates degree	1663	12.3
Bachelors degree	156	1.2
Non-degree program in nursing	67	0.5
Graduate degree	11	0.1

LPNs With Non-Nursing Degrees

Non-Nursing Degree	Number LPNs	Percent LPNs
None	11320	82.8
Diploma	874	6.4
Associates	764	5.6
Bachelors	617	4.5
Masters	93	0.7
Doctorate	9	0.1

Year of Initial LPN License



New LPN Licensees By Year

Year of Initial LPN License	Number of New LPN Licensees
2000	183
2001	222
2002	217
2003	310
2004	381
2005	461
2006	463
2007	517
2008	509
2009	654
2010	852

Challenges to Pursuing Education

Challenges to Further Nursing Education	Number LPNs	Percentage LPNs
Cost of materials, tuition, books, etc.	595	26.9
Cost of lost work time and benefits	535	24.1
Family/personal reasons	384	17.3
None	279	12.6
Lack of flexibility in work schedule	117	5.3
Commuting distance to education program	85	3.8
Scheduling of education programs	81	3.7
No access to online	10	0.5

Recommendations

- Removing or decreasing barriers would go a long way toward supporting the Institute of Medicine recommendations

Patterns of Employment

- 10.2 years average (mean) at primary job
- 87.1% provide primary patient care at primary job (75.4% in 2010 RN survey)
- 2034 LPNs (35.6%) earn between $35,001 and $45,000 per year.
- 1624 LPNs (28.4%) earn between $25,001 and $35,000.
- 72.5% receive health insurance from their primary job

Secondary Positions

- 1036 (9.3%) work at a second job
- 40.2% receive health insurance form their secondary job
- Of those who have a second job
  - 406 (39%) employed in nursing home
  - 211 (21%) employed in home health

Recommendations

- Health insurance is important to LPNs. Provisions at the policy and employer level that promote the provision of affordable health insurance are important to LPNs

Future Employment Plans

- Between 2011 and 2013 over 15% of Wisconsin LPNs will leave the profession.
- Over 1200 LPNs indicate they will decrease their work hours.
- Within 9 years, 59.5% of Wisconsin LPNs anticipate leaving the workforce.
- Only 24% of the existing workforce expects to be working as LPNs in 15 years.

Recommendations

- The LPN workforce is experienced. With 59.5% planning to leave the workforce in less than ten years, it is important to analyze the number of LPNs entering the workforce to assure an adequate supply for patient care. Anticipated shortages may be felt more acutely in the North, Southeast, and West regions.
- Employers should be surveyed to determine their projected need for LPNs employment, particularly in the long term care and ambulatory care areas.

Emergency Preparedness

- 47.6% report having disaster or emergency preparedness training
- 34.5% participated in emergency preparedness exercise in the past two years
- 1.2% report being a WI Emergency Assistance Volunteer Registry member
- 0.4% report being a member of the Medical Reserve Corps

Recommendation

- There is a need to critically assess the readiness of the LPN workforce to support emergency preparedness in the State and to develop comprehensive plans for expanding the education and training of the LPN workforce related to emergency preparedness.
- Employers should be supported in their efforts to provide emergency preparedness training for LPNs

References

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health. Washington, DC: The National Academies Press.*

Dean-Baar, S., Murray, M. Acord, L. & Henriques, J. (2012). *Wisconsin registered nursing survey 2010: Report*. Retrieved from http://www.wisconsincenterfornursing.org/documents/WCN%20Wisconsin%202010%20RN%20Survey%20%20Analysis%20Report.pdf

Smedley, B., Butler, A., & Bristow, L. (2004). *In the nation's compelling interest: Ensuring diversity in the health-care workforce.* Washington, D.C. : National Academies Press.

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	**6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☒ Yes ☐ No	**2012 Wisconsin Registered Nurse Survey –discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Per Dr. Lancaster, place this information on the agenda as a discussion item; specifically to review the recommendations in the Executive Summary as it pertains to regulation.

11) Authorization

Signature of person making this request Date

Supervisor (if required) Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

Wisconsin Registered Nurse Survey

2012 Executive Summary

wicenterfornursing.org

Wisconsin Center for Nursing

Mary Ellen Murray, PhD, RN, School of Nursing
University of Wisconsin-Madison

Judith Westphal, PhD, RN, College of Nursing
University of Wisconsin-Oshkosh

Lea Acord, PhD, RN, College of Nursing
Marquette University

Rachel Schiffman, PhD, RN, FAAN, College of Nursing
University of Wisconsin-Milwaukee

Jeffrey B. Henriques, PhD, Department of Psychology
University of Wisconsin-Madison

Research Assistants:

I-Hui Chen, BS, RN, PhD, School of Nursing
University of Wisconsin-Madison

Mary Raynor, BSN Student, College of Nursing
Marquette University

© March 2013

Executive Summary

As mandated under Chapter 106.30 of the *Wisconsin State Statutes*, 81,187 registered nurses (RNs) completed a survey in order to renew their RN licenses between January and March, 2012. As an element of the license renewal process, the RN survey was conducted for the first time in 2010, when registered nurses were required to complete a survey and an analysis of the data was conducted. For the 2012 survey, once again, nurse researchers, under the auspices of the Wisconsin Center for Nursing (WCN), analyzed the data which resulted in this report, *2012 Wisconsin Registered Nurse Survey.* As part of the report, 2010 Wisconsin RN data analysis is compared with 2012 Wisconsin RN data analysis where the comparisons are noteworthy. Since the first survey was conducted in 2010, a major report was issued by the Institute of Medicine focused on the future of nursing (IOM, 2010). The recommendations from this report were considered in the analysis of the 2012 survey for implications for the future of the nursing labor force* (all RNs who are either employed or not employed) in Wisconsin.

*Workforce is defined as all those employed in a certain industry.

Section I: Introduction

The report begins with an explanation of the data (Table I.1). The total survey respondents number 78,159 and include only those who completed the survey online. The 6,617 RNs who live out of state and do not work in Wisconsin were eliminated which leaves the number of RNs who live and/or work in Wisconsin at 71,542. Out of this number, there were 70,974 valid responses after cleaning procedures outlined in the Introduction.

Section II: Key Findings and Recommendations of Overall State Data

- The 59,237 RNs who work in Wisconsin are mostly white (94.8%), female (93.4%), and only speak English (89.3%).
- 84.6% are employed as RNs.
- Most nurses who want to work are working (97.6%).
- 64.9% are employed in staff nurse positions.
- 76.9% provide direct patient care; of those, 30.4% plan to leave direct patient care in nursing in the next nine years.
- 53.5% of all the registered nurses are employed in hospitals.
- 85.5% of RNs educated as RNs in Wisconsin are working in Wisconsin.
- Responding to a question about their highest nursing degree earned, 9.2% hold masters' degrees, 43.7% hold baccalaureate degree, 37% hold associate degrees, 9.4% hold diplomas, and 0.6% hold doctorates in nursing.
- 32.6% are either currently pursuing additional education as a nurse (8.5%) or are planning to pursue further education within the next two years (24.1%).

Recommendations:

1. Explore the factors that motivate nurses to remain in the workforce.

2. Since over 85% of nurses who are educated in Wisconsin, stay in Wisconsin, an investment in nursing education by policy makers would help alleviate the impending shortage.
3. Develop strategies between academic institutions and employers to promote the Wisconsin nursing workforce to meet the IOM recommendations for 80% BSN preparation and doubling the number of nurses with a doctorate by 2020.
4. The mean age of an RN who has completed a doctoral degree ranges from 44 years of age for a PhD and 43 years of age for a DNP degree. The development of BSN to DNP programs within the state may help to decrease the mean age of nurses completing the terminal degree.
5. Schools of nursing face challenges recruiting faculty and in obtaining clinical sites for practice, assistance to remove these barriers may be warranted.
6. Health care organizations should encourage nurses with diploma and associate degrees to enter baccalaureate programs by creating a culture that fosters continuing education and offering tuition reimbursement (IOM, 2011).
7. Schools of nursing should be encouraged to offer programs tailored for the working professional with flexible scheduling.

Section III: Key Findings and Recommendations of the Department of Health Services (DHS) Regional Data

- A lack of diversity and lack of proficiency in language other than English exists across the state and across all regions.
- Capacity for recruitment exists in every region, noted by those nurses who reported being unemployed and looking for nursing positions in Wisconsin.
- Registered Nurses across all regions have, on average, 15 years of experience.
- The vast majority (70%) are paid on an hourly basis, work 37 hours per week and, for most regions, less than 1% are employed through a temporary employment agency.
- Over 7,000 nurses report a secondary position and 84% of the secondary jobs require RN licensure. The mean number of hours worked in these secondary positions varies from a low of 9.6 hours in the Northeastern region to a high of 11.3 hours in the Southern region.
- The three most frequently identified factors across the state that may influence nurses to return to nursing are offering more hours and/or flexible schedules and improving the work environment.
- Educational preparation for nursing practice shows some regional variation. The number of associate degree prepared nurses is highest in the Northern Region (46.1%) and lowest in the Southeastern Region (32.2%). Exactly the opposite is true with regard to the number of baccalaureate prepared nurses which is highest in the Southeastern region (48.9%) and lowest in the Northern region (36%).
- The distribution of nurses with advanced degrees is higher in the Southern and Southeastern regions, with the lower numbers in the Western and Northern regions.
- Nurses were asked about future plans and their answers indicate that in the next two years, over 3,000 RNs will leave their nursing positions. This number is evenly distributed across the state.

- In the next four years, 9,622 nurses holding direct patient care positions will leave the workforce with retirement as the major reason for leaving. The second reason is job stress, and third is physical demands of the job. The Western region has the fewest number of nurses planning to leave in the next four years with 889 (13.8%) and the Southeastern region has the most with 3,813 (14.4%).
- Approximately 50% of the nurses completing the survey reported having completed emergency preparedness training and 91% report that they received that education or training through their employer.

Recommendations:

1. The number of nurses planning to leave direct patient care is greater than the supply of nurses entering the profession in the state. Efforts to support nursing education are necessary along with efforts to engage nurses not in active practice.
2. Currently, 43% of nurses hold baccalaureate degrees in nursing in Wisconsin. The Institute of Medicine (2011) recommends that the proportion of nurses with baccalaureate degrees increase to 80% by 2020. A quarter of the nursing workforce in the state plans to obtain additional educational degrees in the next two years, yet this will still fall short of the 80% goal. Nurses may need support from employers, flexibility from educators and financial support to achieve the goal.
3. In 2010 less than 5% of nurses were proficient in another language and in 2012 over 10% of nurses are proficient in another language. Employers should recognize the contributions of bilingual employees and support continuing education efforts aimed at improving communication skills.
4. While nursing is far from racially diverse some gains were noted in the percent of nurses identified as Asian. In 2010 0.3% of nurses self-identified as Asian, in 2012 this rose to 1.3%. Schools of nursing need to support students of diverse backgrounds as they may have unique learning needs.

Section IV: Key Findings and Recommendations Regarding Advanced Practice Nurses (APNs)

- 8,095 nurses living or working in Wisconsin indicated they were educated as Advanced Practice Nurses and represent 11.4% of the total RN sample.
- Almost half (49.9%) work in Wisconsin as APNs and, of those working as APNs, 80% hold a master's degree in nursing.
- The percent of all RNs in the sample who work as APNs in Wisconsin is 5.7% which is lower than the national average of 8.7%.
- 94.5% live in Wisconsin, 89.9% are female, and 94.7% are white.
- 64.8% report the highest degree in nursing to be at least a master's degree.
- On average, APNs are about 50 years of age; however, there is a wide range, with many approaching retirement.
- Family Nurse Practitioners hold the highest number of credentials (17%) followed by Adult Nurse Practitioners (8%) and Pediatric Nurse Practitioners (4%).

- More than three quarters of APNs are licensed to prescribe medications with few differences across regions.
- For those APNs whose DHS region of their primary jobs are known, between 75%–80% live and work in the same DHS region.
- Although the distribution of APNs is fairly similar across all regions, the Southern Region has a higher percent of Adult Nurse Practitioners than other regions.

Recommendations:

1. In recognition that the Affordable Care Act will be fully implemented in 2014, when the need for Primary Care Providers will be significant and consistent with the IOM report for APN nurses to be able to practice to the full extent of their education and training, identify strategies to increase the number of new Advanced Practice Nurses in the state, particularly nurse practitioners.
2. Refine future RN surveys in Wisconsin to gain a better picture of APNs as defined by the Wisconsin Administrative Code (Chapter N 8) with respect to their present certification and positions, including intent to stay in practice as APNs and Primary Care Providers.

Section V: Key Findings and Recommendations of Selected Issues in the Workforce

- ***Nurses age 30 and under***
  - Nurses age 30 and under comprise less than 11% (7,747) of the total workforce.
  - The baccalaureate degree in nursing as their first educational degree is more than twice the number (65.2%) of those holding associate degrees in nursing (31.6%).
  - 96.4% are working as registered nurses and 94.3% provide direct patient care, mostly in hospitals (72.2%).
  - Almost half of the group changed positions in the past year with promotion and advancement cited as the most frequent reasons.
  - While only 16.4% are currently enrolled in additional degree granting programs, almost half (47%) stated their intention to enroll in the next two years.
- ***Nurses age 55 and older***
  - Nurses age 55 and older comprise 27.6% (16,367) of the total workforce.
  - Over 3,000 (18.6%) report a diploma in nursing as their highest degree.
  - 36.6% (5,996) are prepared at the baccalaureate degree in nursing level.
  - 72% report working in urban areas or the city of Milwaukee.
  - 43% (7,088) report that they work in hospitals and 54.4% (8,897) work as staff nurses.
  - 78.2% (12,801) report no employment change in the past year.
  - 39.6% (6,484) plan to leave their present employment in the next four years or less.
- ***Nurse faculty over the age of 50***
  - There are 1,658 nurse faculty members over the age of 50.
  - The greatest number are prepared at the Master's degree level (38.2%) and 7.9% hold a doctorate in nursing.
  - More than three-quarters of the nurse faculty work in urban areas.
  - Few nurses in this age group are unemployed (6%) and seeking work.

- Less than 25% report a change in position in the past year.
- 68.4% plan to leave nursing in the next nine years with half of that group leaving in the next four years.

- ***Clinical practice of associate degree registered nurses (ADNs)***
  - Nurses whose highest degree is ADN number 25,000.
  - This group is slightly more diverse than those holding a baccalaureate degree in nursing and has more males.
  - 2.7% (718) are unemployed and seeking employment as a nurse.
  - 50.6% (11,748) report being employed in hospitals, in staff nurse positions (73.9%), and providing direct patient care (82.5%).
  - Almost one-third had some type of change in their employment in the past year, with the largest number (1,403) citing dissatisfaction with their position as the factor most important in their change.
  - 3.4% (344) report being laid off from their position.
  - 9.3% (2,104) are currently enrolled in a BSN program, and 33.2% (7,466) report they intend to pursue additional education in the next two years.
  - 17.5% (4,069) are employed in extended care.
  - 12.7% (3,233) report holding a second job.

- ***Clinical practice of baccalaureate degree prepared registered nurses (BSNs)***
  - Nurses whose highest degree is a BSN number 26,160.
  - BSN nurses are slightly younger than ADN nurses, with lower levels of diversity and fewer men.
  - 85% (26,390) report being employed as a nurse, with 20,525 providing direct patient care (76.9%).
  - 50% (16,020) report being employed in hospitals, 15.4% (4,099) work in ambulatory care, and 6.4% (1,669) work in extended care.
  - 12.7% (3,391) report having a second job.
  - Almost 70% (21,369) report no change in employment in the past year and when they did change, 9% reported it was a change in hours and 5.4% retired.
  - 54.6% (15,436) plan to leave direct patient care within the next nine years.
  - 22% (7,061) plan to continue their education in the next two years.
- ***Clinical practice of Master's degree prepared registered nurses***
  - Nurses whose highest degree in nursing is a master's degree number 5,617.
  - 523 who reside in Wisconsin are not working.
  - 98.1% report they are working as an RN.
  - 58.7% provide direct patient care and half that number report being APNs.
  - 21.8% report working about 10 hours a week in a second job.
  - Almost 30% of Master's prepared nurses changed positions in the last year with promotion and opportunity for advancement as the major reasons for the change.
  - Almost half (49.2%) plan to remain in nursing for nine years or less.
- ***Clinical practice of registered nurses with doctoral preparation in nursing (PhD, DNP, ND, DNS)***
  - ***Nurses holding PhD, ND or DNS***
    - A total of 260 nurses are prepared with a PhD in nursing, a ND, or a DNS.
    - 80% work in nursing and few are involved in direct patient care.

        - Most (53%) are employed in nursing education, and 12.4% report positions as nurse researchers.
        - 78% report no change in employment in the last year and of those who did change, 15.9% reported retirement as the reason.
    - ***Nurses holding DNP***
        - A total of 136 are prepared with a Doctor of Nursing Practice (DNP) degree.
        - 93.7% are employed as nurses, and 60% are engaged in direct patient care in ambulatory care settings (36.7%) or hospital settings (29.5%).
        - Few (17.3%) report nurse educator positions.
        - 74.6% report no change in employment in the past year.
        - 40.3% plan to continue in their present position for nine years or less.
- ***The RN workforce in rural and urban areas***
    - Concentration of the workforce is in urban areas, with Milwaukee showing the highest concentration.
    - The highest diversity level is in Milwaukee.
    - Nurses practicing in smaller rural areas (less than 2,500 residents) tend to be older and prepared at the ADN level.
    - 75% of the nurses in both urban and rural areas provide direct patient care.
    - Urban nurses are more likely to be employed in hospitals.
    - In Milwaukee, 6.6% report employment in extended care areas whereas, in small rural areas, 30% report extended care employment.
    - The highest percent (16.9%) of nurses reporting a second job occurs in the smallest rural grouping.
    - Lower percentages of nurses are prepared at the master's level in rural areas.
    - A higher retirement rate occurs in rural areas (rural: 1.7%–2.5%, urban: 0.8–1.4%).
    - Lower percentages of nurses are prepared at the master's level in rural areas (rural: 8.0% -8.6%, urban: 9.7%-0.2%).

Recommendations:

1. Assure access, availability, and support for RNs seeking to further their education in nursing with emphasis on BSN completion opportunities, better articulation between ADN and BSN programs, and opportunities for doctoral education.
2. Conduct age-stratified workforce studies that examine the working environment of nurses and the relationship to turnover and changes in employment.
3. Engage in active and early recruitment to doctoral programs that provide preparation for a faculty role.
4. Employers, especially hospitals, will need to anticipate and plan for retirements of nurses including the loss of expertise.
5. Flexibility in working requirements may be helpful in retaining experienced nurses.
6. Employers must consider enabling faculty members to create more flexible schedules and reduced hours in order to retain an older experienced faculty.
7. Doctoral education for nurse educators needs to be accessible and affordable to promote higher levels of preparation for the faculty role.

8. Data must be collected to determine the number of nurses with doctoral degrees in other areas than nursing in order to determine a true picture of nurses with advanced degrees working in Wisconsin.
9. The nursing profession needs to examine factors that would attract APNs to rural settings as Primary Care Providers.
10. Because nurses with a master's degree represent a potential pool of applicants for doctoral programs, the profession needs to present this group with information about the faculty role in colleges and universities.
11. The nursing profession will need studies to determine the optimal balance between the need for different types of nurses prepared at the doctoral level.
12. Educational institutions will require more nurses prepared at the DNP level to advance their educational mission.
13. As the Affordable Care Act is fully implemented, more DNPs will be needed to serve as Primary Care Providers in the state.
14. Educational institutions need to assure access to a variety of degree programs for rural nurses, including alternatives to online programs.

Following the release of this report, WCN will use this and other data to make overall recommendations to the state legislature and other stakeholders regarding the future need for registered nurses in Wisconsin.

Wisconsin Registered Nurse Survey 2012 Report

wicenterfornursing.org

Wisconsin Center for Nursing

Mary Ellen Murray, PhD, RN, School of Nursing
University of Wisconsin-Madison

Judith Westphal, PhD, RN, College of Nursing
University of Wisconsin-Oshkosh

Lea Acord, PhD, RN, College of Nursing
Marquette University

Rachel Schiffman, PhD, RN, FAAN, College of Nursing
University of Wisconsin-Milwaukee

Jeffrey B. Henriques, PhD, Department of Psychology
University of Wisconsin-Madison

Research Assistants

I-Hui Chen, BS, RN, PhD, School of Nursing
University of Wisconsin-Madison

Mary Raynor, BSN Student, College of Nursing
Marquette University

©March 2013

Acknowledgements

The WCN *Wisconsin 2012 Registered Nursing Survey Report Analysis* and its accompanying documents were accomplished with the support of key individuals and partners.

We greatly appreciate the dedicated work of the volunteer researchers and the contributions of their respective institutions: Mary Ellen Murray, PhD, RN, School of Nursing, University of Wisconsin-Madison, Judith Westphal, PhD, RN, College of Nursing, University of Wisconsin-Oshkosh, Lea Acord, PhD, RN, College of Nursing, Marquette University, Rachel Schiffman, PhD, RN, FAAN, College of Nursing, University of Wisconsin-Milwaukee, and research assistants, I-Hui Chen, BS, RN, PhD, School of Nursing, University of Wisconsin-Madison, and Mary Raynor, BSN Student, College of Nursing, Marquette University. In addition, we want to thank Jeffery Henriques, PhD, Department of Psychology, University of Wisconsin-Madison who was the statistician for this significant work.

We are grateful to the Wisconsin Department of Workforce Development, without whose assistance our work would not be possible. This important survey yields critical information on the status of the workforce in Wisconsin and serves as a foundation to address predicted future nursing shortages which will impact the healthcare in our state. We are also grateful to the Wisconsin Department of Safety and Professional Services for making the survey accessible to the thousands of nurses in our state, the nurses of Wisconsin for their cooperation in responding to the survey.

Many partner organizations also provided services to design, develop and deliver the survey. In particular, the work being done by the Wisconsin Healthcare Workforce Collaborative was critical to the initial creation of the survey design. Funding for the project was provided in part by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

WCN also extends sincere appreciation to the Faye McBeath Foundation, a long-standing partner that has provided support since the inception of our organization.

Finally, we would like to acknowledge and express our gratitude to the many schools and organizations that will utilize this information to advance nursing education and practice to assure a sufficient, competent and diverse nursing workforce for the people of Wisconsin.

The Wisconsin Center for Nursing looks forward to continued collaborative relationships to insure a bright future for nursing in our state.

Thank you,

Barbara Pinekenstein, MSN, RN-BC, CPHIMS
WCN Board President

Table of Contents

	Page
Executive Summary	i-vi
I. Introduction	1
A. Data Management	1-2
B. Organization of Report	2-3
II. Overview of the State of Wisconsin Registered Nurse Workforce	4
A. Demographics	4-5
B. Employment Patterns	5-8
C. Educational Patterns	9-11
D. Diversity	11-14
E. Recommendations	15
III. Registered Nurse Workforce Analyzed by Department of Health Services Regions	16
A. Demographics	17-18
B. Employment Status	18-19
C. Patterns of Employment in Nursing	19-20
D. Patterns of Employment Outside of Nursing	20
E. Work Effort Patterns	21-24
F. Educational Preparation	25
G. Future Employment Plans	25
H. Future Educational Plans	26
I. Recommendations	27
J. Emergency Preparedness	28
IV. Advanced Practice Nurses	29
A. Demographics	29-34
B. Description of Workforce	34-35
C. Characteristics Analyzed by Department of Health Services Regions	36
D. Recommendations	36
V. Issues in the Workforce Including Recommendations under Each Section	37
A. Clinical Practice of Nurses Under 30 Years of Age	38-42
B. Clinical Practice of Nurses Over 55 Years of Age	43-49
C. An Aging Nursing Faculty	50-55
D. Clinical Practice of Associate Degree Prepared RNs	56-61
E. Clinical Practice of Baccalaureate Degree Prepared RNs	62-67
F. Clinical Practice of Master's Degree Prepared RNs	68-73
G. Clinical Practice of RNs with Doctoral Preparation	74
• RNs with PhD, ND, or DNSc Degree	74-77
• RNs with a Doctorate in Nursing Practice	78-81
H. RN Workforce in Urban and Rural Settings	82-86
Appendix A: Clinical Practice Settings	
Appendix B: Wisconsin Department of Workforce Development Regional Profiles	
Appendix C: Wisconsin County Profiles	

Executive Summary

As mandated under Chapter 106.30 of the *Wisconsin State Statutes*, 81,187 registered nurses (RNs) completed a survey in order to renew their RN licenses between January and March, 2012. As an element of the license renewal process, the RN survey was conducted for the first time in 2010, when registered nurses were required to complete a survey and an analysis of the data was conducted. For the 2012 survey, once again, nurse researchers, under the auspices of the Wisconsin Center for Nursing (WCN), analyzed the data which resulted in this report, *2012 Wisconsin Registered Nurse Survey.* As part of the report, 2010 Wisconsin RN data analysis is compared with 2012 Wisconsin RN data analysis where the comparisons are noteworthy. Since the first survey was conducted in 2010, a major report was issued by the Institute of Medicine focused on the future of nursing (IOM, 2010). The recommendations from this report were considered in the analysis of the 2012 survey for implications for the future of the nursing labor force* (all RNs who are either employed or not employed) in Wisconsin.

*Workforce is defined as all those employed in a certain industry.

Section I: Introduction

The report begins with an explanation of the data (Table I.1). The total survey respondents number 78,159 and include only those who completed the survey online. The 6,617 RNs who live out of state and do not work in Wisconsin were eliminated which leaves the number of RNs who live and/or work in Wisconsin at 71,542. Out of this number, there were 70,974 valid responses after cleaning procedures outlined in the Introduction.

Section II: Key Findings and Recommendations of Overall State Data

- The 59,237 RNs who work in Wisconsin are mostly white (94.8%), female (93.4%), and only speak English (89.3%).
- 84.6% are employed as RNs.
- Most nurses who want to work are working (97.6%).
- 64.9% are employed in staff nurse positions.
- 76.9% provide direct patient care; of those, 30.4% plan to leave direct patient care in nursing in the next nine years.
- 53.5% of all the registered nurses are employed in hospitals.
- 85.5% of RNs educated as RNs in Wisconsin are working in Wisconsin.
- Responding to a question about their highest nursing degree earned, 9.2% hold masters' degrees, 43.7% hold baccalaureate degree, 37% hold associate degrees, 9.4% hold diplomas, and 0.6% hold doctorates in nursing.
- 32.6% are either currently pursuing additional education as a nurse (8.5%) or are planning to pursue further education within the next two years (24.1%).

Recommendations:

1. Explore the factors that motivate nurses to remain in the workforce.
2. Since over 85% of nurses who are educated in Wisconsin, stay in Wisconsin, an investment in nursing education by policy makers would help alleviate the impending shortage.
3. Develop strategies between academic institutions and employers to promote the Wisconsin nursing workforce to meet the IOM recommendations for 80% BSN preparation and doubling the number of nurses with a doctorate by 2020.

4. The mean age of an RN who has completed a doctoral degree ranges from 44 years of age for a PhD and 43 years of age for a DNP degree. The development of BSN to DNP programs within the state may help to decrease the mean age of nurses completing the terminal degree.
5. Schools of nursing face challenges recruiting faculty and in obtaining clinical sites for practice, assistance to remove these barriers may be warranted.
6. Health care organizations should encourage nurses with diploma and associate degrees to enter baccalaureate programs by creating a culture that fosters continuing education and offering tuition reimbursement (IOM, 2011).
7. Schools of nursing should be encouraged to offer programs tailored for the working professional with flexible scheduling.

Section III: Key Findings and Recommendations of the Department of Health Services (DHS) Regional Data

- A lack of diversity and lack of proficiency in language other than English exists across the state and across all regions.
- Capacity for recruitment exists in every region, noted by those nurses who reported being unemployed and looking for nursing positions in Wisconsin.
- Registered Nurses across all regions have, on average, 15 years of experience.
- The vast majority (70%) are paid on an hourly basis, work 37 hours per week and, for most regions, less than 1% are employed through a temporary employment agency.
- Over 7,000 nurses report a secondary position and 84% of the secondary jobs require RN licensure. The mean number of hours worked in these secondary positions varies from a low of 9.6 hours in the Northeastern region to a high of 11.3 hours in the Southern region.
- The three most frequently identified factors across the state that may influence nurses to return to nursing are offering more hours and/or flexible schedules and improving the work environment.
- Educational preparation for nursing practice shows some regional variation. The number of associate degree prepared nurses is highest in the Northern Region (46.1%) and lowest in the Southeastern Region (32.2%). Exactly the opposite is true with regard to the number of baccalaureate prepared nurses which is highest in the Southeastern region (48.9%) and lowest in the Northern region (36%).
- The distribution of nurses with advanced degrees is higher in the Southern and Southeastern regions, with the lower numbers in the Western and Northern regions.
- Nurses were asked about future plans and their answers indicate that in the next two years, over 3,000 RNs will leave their nursing positions. This number is evenly distributed across the state.
- In the next four years, 9,622 nurses holding direct patient care positions will leave the workforce with retirement as the major reason for leaving. The second reason is job stress, and third is physical demands of the job. The Western region has the fewest number of nurses planning to leave in the next four years with 889 (13.8%) and the Southeastern region has the most with 3,813 (14.4%).
- Approximately 50% of the nurses completing the survey reported having completed emergency preparedness training and 91% report that they received that education or training through their employer.

Recommendations:

1. The number of nurses planning to leave direct patient care is greater than the supply of nurses entering the profession in the state. Efforts to support nursing education are necessary along with efforts to engage nurses not in active practice.
2. Currently, 43% of nurses hold baccalaureate degrees in nursing in Wisconsin. The Institute of Medicine (2011) recommends that the proportion of nurses with baccalaureate degrees increase to 80% by 2020. A quarter of the nursing workforce in the state plans to obtain additional educational degrees in the next two years, yet this will still fall short of the 80% goal. Nurses may need support from employers, flexibility from educators and financial support to achieve the goal.
3. In 2010, less than 5% of nurses were proficient in another language and in 2012 over 10% of nurses are proficient in another language. Employers should recognize the contributions of bilingual employees and support continuing education efforts aimed at improving communication skills.
4. While nursing is far from racially diverse some gains were noted in the percent of nurses identified as Asian. In 2010 0.3% of nurses self-identified as Asian, in 2012 this rose to 1.3%. Schools of nursing need to support students of diverse backgrounds as they may have unique learning needs.

Section IV: Key Findings and Recommendations Regarding Advanced Practice Nurses (APNs)

- 8,095 nurses living or working in Wisconsin indicated they were educated as Advanced Practice Nurses and represent 11.4% of the total RN sample.
- Almost half (49.9%) work in Wisconsin as APNs and, of those working as APNs, 80% hold a master's degree in nursing.
- The percent of all RNs in the sample who work as APNs in Wisconsin is 5.7% which is lower than the national average of 8.7%.
- 94.5% live in Wisconsin, 89.9% are female, and 94.7% are white.
- 64.8% report the highest degree in nursing to be at least a master's degree.
- On average, APNs are about 50 years of age; however, there is a wide range, with many approaching retirement.
- Family Nurse Practitioners hold the highest number of credentials (17%) followed by Adult Nurse Practitioners (8%) and Pediatric Nurse Practitioners (4%).
- More than three quarters of APNs are licensed to prescribe medications with few differences across regions.
- For those APNs whose DHS region of their primary jobs are known, between 75%–80% live and work in the same DHS region.
- Although the distribution of APNs is fairly similar across all regions, the Southern Region has a higher percent of Adult Nurse Practitioners than other regions.

Recommendations:

1. In recognition that the Affordable Care Act will be fully implemented in 2014, when the need for Primary Care Providers will be significant and consistent with the IOM report for APN nurses to be able to practice to the full extent of their education and training, identify strategies to increase the number of new Advanced Practice Nurses in the state, particularly nurse practitioners.

2. Refine future RN surveys in Wisconsin to gain a better picture of APNs as defined by the Wisconsin Administrative Code (Chapter N 8) with respect to their present certification and positions, including intent to stay in practice as APNs and Primary Care Providers.

Section V: Key Findings and Recommendations of Selected Issues in the Workforce

- ***Nurses age 30 and under***
  - Nurses age 30 and under comprise less than 11% (7,747) of the total workforce.
  - The baccalaureate degree in nursing as their first educational degree is more than twice the number (65.2%) of those holding associate degrees in nursing (31.6%).
  - 96.4% are working as registered nurses and 94.3% provide direct patient care, mostly in hospitals (72.2%).
  - Almost half of the group changed positions in the past year with promotion and advancement cited as the most frequent reasons.
  - While only 16.4% are currently enrolled in additional degree granting programs, almost half (47%) stated their intention to enroll in the next two years.
- ***Nurses age 55 and older***
  - Nurses age 55 and older comprise 27.6% (16,367) of the total workforce.
  - Over 3,000 (18.6%) report a diploma in nursing as their highest degree.
  - 36.6% (5,996) are prepared at the baccalaureate degree in nursing level.
  - 72% report working in urban areas or the city of Milwaukee.
  - 43% (7,088) report that they work in hospitals and 54.4% (8,897) work as staff nurses.
  - 78.2% (12,801) report no employment change in the past year.
  - 39.6% (6,484) plan to leave their present employment in the next four years or less.
- ***Nurse faculty over the age of 50***
  - There are 1,658 nurse faculty members over the age of 50.
  - The greatest number are prepared at the Master's degree level (38.2%) and 7.9% hold a doctorate in nursing.
  - More than three-quarters of the nurse faculty work in urban areas.
  - Few nurses in this age group are unemployed (6%) and seeking work.
  - Less than 25% report a change in position in the past year.
  - 68.4% plan to leave nursing in the next nine years with half of that group leaving in the next four years.
- ***Clinical practice of associate degree registered nurses (ADNs)***
  - Nurses whose highest degree is ADN number 25,000.
  - This group is slightly more diverse than those holding a baccalaureate degree in nursing and has more males.
  - 2.7% (718) are unemployed and seeking employment as a nurse.
  - 50.6% (11,748) report being employed in hospitals, in staff nurse positions (73.9%), and providing direct patient care (82.5%).
  - Almost one-third had some type of change in their employment in the past year, with the largest number (1,403) citing dissatisfaction with their position as the factor most important in their change.
  - 3.4% (344) report being laid off from their position.
  - 9.3% (2,104) are currently enrolled in a BSN program, and 33.2% (7,466) report they intend to pursue additional education in the next two years.
  - 17.5% (4,069) are employed in extended care.
  - 12.7% (3,233) report holding a second job.

- ***Clinical practice of baccalaureate degree prepared registered nurses (BSNs)***
  - Nurses whose highest degree is a BSN number 26,160.
  - BSN nurses are slightly younger than ADN nurses, with lower levels of diversity and fewer men.
  - 85% (26,390) report being employed as a nurse, with 20,525 providing direct patient care (76.9%).
  - 50% (16,020) report being employed in hospitals, 15.4% (4,099) work in ambulatory care, and 6.4% (1,669) work in extended care.
  - 12.7% (3,391) report having a second job.
  - Almost 70% (21,369) report no change in employment in the past year and when they did change, 9% reported it was a change in hours and 5.4% retired.
  - 54.6% (15,436) plan to leave direct patient care within the next nine years.
  - 22% (7,061) plan to continue their education in the next two years.
- ***Clinical practice of Master's degree prepared registered nurses***
  - Nurses whose highest degree in nursing is a master's degree number 5,617.
  - 523 who reside in Wisconsin are not working.
  - 98.1% report they are working as an RN.
  - 58.7% provide direct patient care and half that number report being APNs.
  - 21.8% report working about 10 hours a week in a second job.
  - Almost 30% of Master's prepared nurses changed positions in the last year with promotion and opportunity for advancement as the major reasons for the change.
  - Almost half (49.2%) plan to remain in nursing for nine years or less.
- ***Clinical practice of registered nurses with doctoral preparation in nursing (PhD, DNP, ND, DNS)***
  - ***Nurses holding PhD, ND or DNS***
    - A total of 260 nurses are prepared with a PhD in nursing, a ND, or a DNS.
    - 80% work in nursing and few are involved in direct patient care.
    - Most (53%) are employed in nursing education, and 12.4% report positions as nurse researchers.
    - 78% report no change in employment in the last year and of those who did change, 15.9% reported retirement as the reason.
  - ***Nurses holding DNP***
    - A total of 136 are prepared with a Doctor of Nursing Practice (DNP) degree.
    - 93.7% are employed as nurses, and 60% are engaged in direct patient care in ambulatory care settings (36.7%) or hospital settings (29.5%).
    - Few (17.3%) report nurse educator positions.
    - 74.6% report no change in employment in the past year.
    - 40.3% plan to continue in their present position for nine years or less.
- ***The RN workforce in rural and urban areas***
  - Concentration of the workforce is in urban areas, with Milwaukee showing the highest concentration.
  - The highest diversity level is in Milwaukee.
  - Nurses practicing in smaller rural areas (less than 2,500 residents) tend to be older and prepared at the ADN level.
  - 75% of the nurses in both urban and rural areas provide direct patient care.
  - Urban nurses are more likely to be employed in hospitals.
  - In Milwaukee, 6.6% report employment in extended care areas whereas, in small rural areas, 30% report extended care employment.

- The highest percent (16.9%) of nurses reporting a second job occurs in the smallest rural grouping.
- Lower percentages of nurses are prepared at the master's level in rural areas.
- A higher retirement rate occurs in rural areas (rural: 1.7%–2.5%, urban: 0.8–1.4%).
- Lower percentages of nurses are prepared at the master's level in rural areas (rural: 8.0% - 8.6%, urban: 9.7%-0.2%).

Recommendations:

1. Assure access, availability, and support for RNs seeking to further their education in nursing with emphasis on BSN completion opportunities, better articulation between ADN and BSN programs, and opportunities for doctoral education.
2. Conduct age-stratified workforce studies that examine the working environment of nurses and the relationship to turnover and changes in employment.
3. Engage in active and early recruitment to doctoral programs that provide preparation for a faculty role.
4. Employers, especially hospitals, will need to anticipate and plan for retirements of nurses including the loss of expertise.
5. Flexibility in working requirements may be helpful in retaining experienced nurses.
6. Employers must consider enabling faculty members to create more flexible schedules and reduced hours in order to retain an older experienced faculty.
7. Doctoral education for nurse educators needs to be accessible and affordable to promote higher levels of preparation for the faculty role.
8. Data must be collected to determine the number of nurses with doctoral degrees in other areas than nursing in order to determine a true picture of nurses with advanced degrees working in Wisconsin.
9. The nursing profession needs to examine factors that would attract APNs to rural settings as Primary Care Providers.
10. Because nurses with a master's degree represent a potential pool of applicants for doctoral programs, the profession needs to present this group with information about the faculty role in colleges and universities.
11. The nursing profession will need studies to determine the optimal balance between the need for different types of nurses prepared at the doctoral level.
12. Educational institutions will require more nurses prepared at the DNP level to advance their educational mission.
13. As the Affordable Care Act is fully implemented, more DNPs will be needed to serve as Primary Care Providers in the state.
14. Educational institutions need to assure access to a variety of degree programs for rural nurses, including alternatives to online programs.

Following the release of this report, WCN will use this and other data to make overall recommendations to the state legislature and other stakeholders regarding the future need for registered nurses in Wisconsin.

I. Introduction

This report presents the findings from the 2012 Survey of Registered Nurses (RNs) in the state of Wisconsin. Beginning in 2010, all RNs renewing their licenses to practice in Wisconsin were required by state statute (106.30) to complete a survey. For the second time since the law was passed, RNs completed the survey either online or in paper format in January, 2012. A total of 81,187 nurses completed the survey at the time of license renewal. This report is based on the 78,159 nurse respondents who completed the survey on-line. Those completing the survey on paper were sampled and the results were found not to be significantly different from the electronic surveys.

This survey analysis is sponsored by the Wisconsin Center for Nursing in partnership with the State of Wisconsin Department of Workforce Development (DWD). Four nurse researchers (representing baccalaureate and higher degree nursing education programs in the state), a statistician, a nursing doctoral student, and an undergraduate nursing student comprised the analysis team.

Because this is a study that focuses on the Wisconsin RN Workforce, the analyses in this report include those registered nurses living and/or working in Wisconsin. It is recognized that many nurses maintain licensure in Wisconsin and work in Wisconsin, though they are living outside of the state. There are also a number of nurses who are living in Wisconsin and not working. Both of these groups are included in the analysis.

The study was reviewed by the Institutional Review Boards of the University of Wisconsin-Madison, University of Wisconsin-Milwaukee, University of Wisconsin-Oshkosh, and Marquette University. Each researcher signed a confidentiality agreement with DWD that protected confidentiality and anonymity of respondents. The research team was given electronic access to the complete data set from DWD.

Data Management

Data were electronically reviewed according to the following rule:

Data were eliminated from the survey analysis if the RN reported:

- Does not live or work in Wisconsin
- Reports RN licensure prior to first degree or diploma
- Provided direct patient care for six or more years prior to first degree
- Received first degree or diploma prior to age 16
- Provided direct patient care prior to age 16
- Reports currently working more than 10 jobs
- First Wisconsin license prior to age 16
- Belongs to more than 5 ethnic groups

Table I.1. summarizes the data set that was used for the analysis in this report.

Table I.1.
Data Remaining After Cleaning Procedures

Total Number of Responses Received		**78,159**
Does not live or work in WI	6,617	
Reports is RN prior to first degree or certification	304	
Provided direct care for six or more years prior to first degree	134	
Received first degree or certification prior to age 16	47	
Provided direct care prior to age 16	28	
Reports currently working more than 10 jobs	25	
First WI license prior to age 16	28	
Belongs to more than 5 ethnic groups	2	
Usable Responses		**70,974**

Data are reported as the number of valid respondents, the percentage of valid responses, and the mean (average) or median (a score that falls in the middle of a distribution with half the scores above and half the scores below) as appropriate. When the number of valid responses was so small as to risk the identity of the respondent, results were not reported.

Please note that often regional numbers do not add up to the state number because:

1) The state dataset is restricted to RNs who live or work in WI.
2) The DHS regional data reflects those RNs whose primary position or residence is in the region.
3) Not every RN who works in WI provided information that allowed DWD to identify a county where the RN was working.

Organization of Report:

Section II.
In the second section of the report, a "snapshot" of the State of Wisconsin Registered Nurse labor force is provided. Overall demographics, employment, and educational patterns are presented, including diversity issues. In some instances, 2012 Wisconsin RN survey data are compared with 2010 Wisconsin RN survey data.

Section III.
In the third section, a breakdown of the data into Department of Human Services (DHS) Regions is provided in tables comparing each Region to every other Region and to overall State data. Section III also provides information on the present employment patterns of nurses in both primary and secondary positions, with special consideration to data about direct care providers currently in practice as well as probable future employment plans. Section III includes data about the present educational preparation of the RN workforce and the future educational plans of respondents. When the reporting cells were too small as to violate confidentiality or anonymity, the data were not reported.

Section IV.
The fourth section provides information on the advanced practice nurse (APN) workforce in Wisconsin. The reader is cautioned to interpret the data with caution since APN respondents were allowed to answer "all that applied" to them for some questions and for other questions were required to choose one of a number of options. These inconsistencies might have skewed the data. Findings are presented for both the state and regional levels.

Section V.
In section five, the authors identify eight issues that surfaced as a result of extensive review of the 2012 RN survey. The highlighted issues include the clinical practice of nurses under 30 and over 55 years of age; the concerns of an aging workforce; the clinical practice of ADN, BSN, MS and PhD/DNP nurses; and the RN workforce in rural and urban settings.

Appendices:

A. *Clinical Practice Settings (by Primary Employer)*
B. *Department of Workforce Development Regional Profiles*
C. *County Profiles*

II. Overview of the State of Wisconsin Registered Nurse Workforce

A. Demographics of the RN Workforce

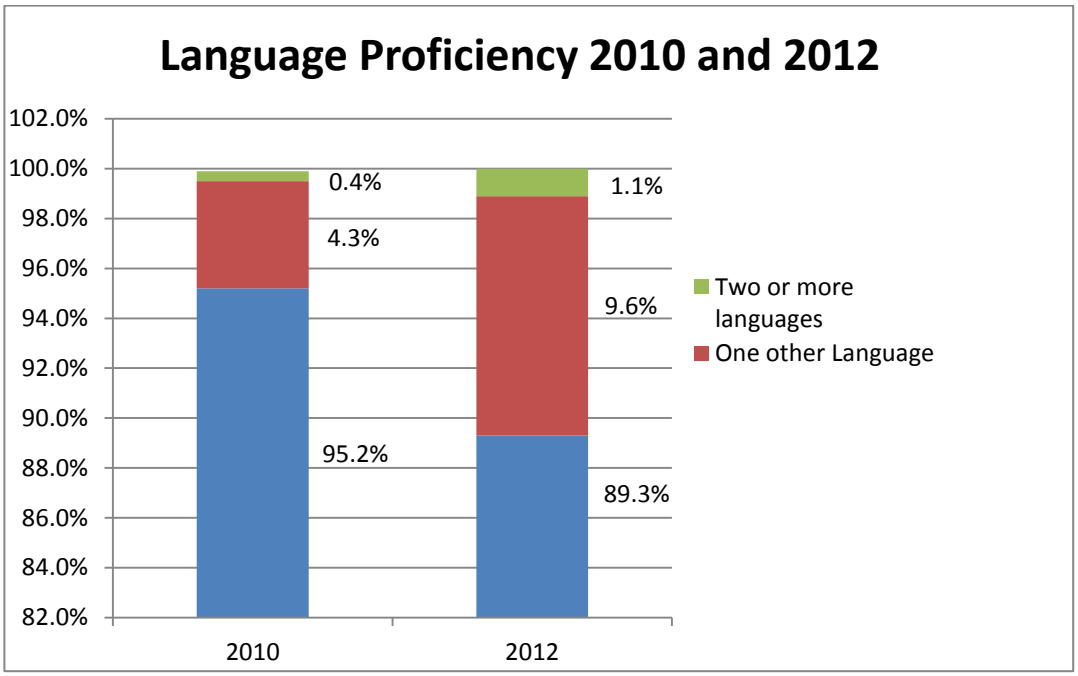
Table II.1 presents data that describe demographic information about the Wisconsin Registered Nurse workforce. The analysis is based on the responses of RNs who completed the 2012 survey at the time of license renewal and reflects the data management procedures described in the *Introduction* to this report. Note that the number of valid responses varies from question to question due to the numbers of valid responses collected for that item. In the detailed analysis, the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows will not total to 100%. These data verify common knowledge about nursing: it is a female-dominated profession and largely composed of self-reported "white" members. Although between-year comparisons are difficult, the prior 2010 RN survey reported the "white" race of RNs to be at 95.5 % of that year's respondents. The 2012 report indicates very limited progress in increasing the diversity of the state workforce.

Table II.1.
Demographic Information: RN Workforce in the State of Wisconsin

Residence and Work Status		
Resides in WI	68,839	
Works in WI	59,237	
Lives in WI and works in WI	65,761	
Lives in WI, not working	9,602	
Resides out of state and works in WI	2,149	
Works as RN in WI	60,026	
Descriptive Data		
Median Age	48	
Gender:	***N***	***%***
Female	66,315	93.4
Male	4,673	6.6
Race		
White	67,266	94.8
Black	1,256	1.8
Asian	900	1.3
Southeast Asian/Pacific Islander	64	0.1
American Indian/Alaska Native	228	0.3
Multiracial	516	0.7
Missing	758	1.1
Hispanic origin	970	1.4
Proficient in Another Language		
No	63,403	89.3
Yes – one other language	6,824	9.6
Yes – two or more other languages	761	1.1

Although slightly less than 10% of the nursing workforce is proficient in more than one language, the percentage has increased significantly from 4.6% in 2010 to 9.6% in 2012 as indicated by Figure II.1. According to the 2010 census (U.S. Census Bureau) the population in Wisconsin is 88.4 % white, and the RN workforce 94.8 % white. This disparity impairs the ability to care for an increasingly diverse population

Figure II.1.
Comparison between 2010 & 2012 Language Proficiency of the RN Workforce



B. Employment Patterns of RNs in Wisconsin

Table II.2. implies that most nurses who want to be working are working as RNs. Three categories of unemployment are identified which include 3,714 RNs. A potential pool (1,539) of nurses exists who indicate that they are unemployed and seeking work in nursing. The potential also exists to attract those nurses "working in health care, not nursing" and "unemployed, seeking work in another field" as well as those "working in another field" and "unemployed, not seeking employment."

Table II.2.
Employment Status of RNs in Wisconsin (*n*=70,988)

	n	%
Working Nurses	Total N	
Works as an RN	60,026	84.6
Works in health care, not nursing	2,157	3.0
Works in another field	1,197	1.7
Not Working	Total N	
Retired	3,894	5.5
Unemployed, seeking work in nursing	1,539	2.2
Unemployed, seeking work in another field	165	0.2
Unemployed, not seeking employment	2,010	2.8

In Figure II.2., the number of RNs working as RNs has increased from 84.6% in 2010 to 96.8% in 2012, which seems to indicate that, when given a choice, RNs would prefer to work as RNs and more RNs are seeking work as RNs in 2012. The number of retired nurses has not changed significantly between 2010 and 2012. Future surveys will likely show a higher percentage of retired nurses as is predicted by various sources (Groves, 2011; Bleich, et al., 2009).

Figure II.2.
Comparison of 2010 and 2012 of RN Workforce Employment Status

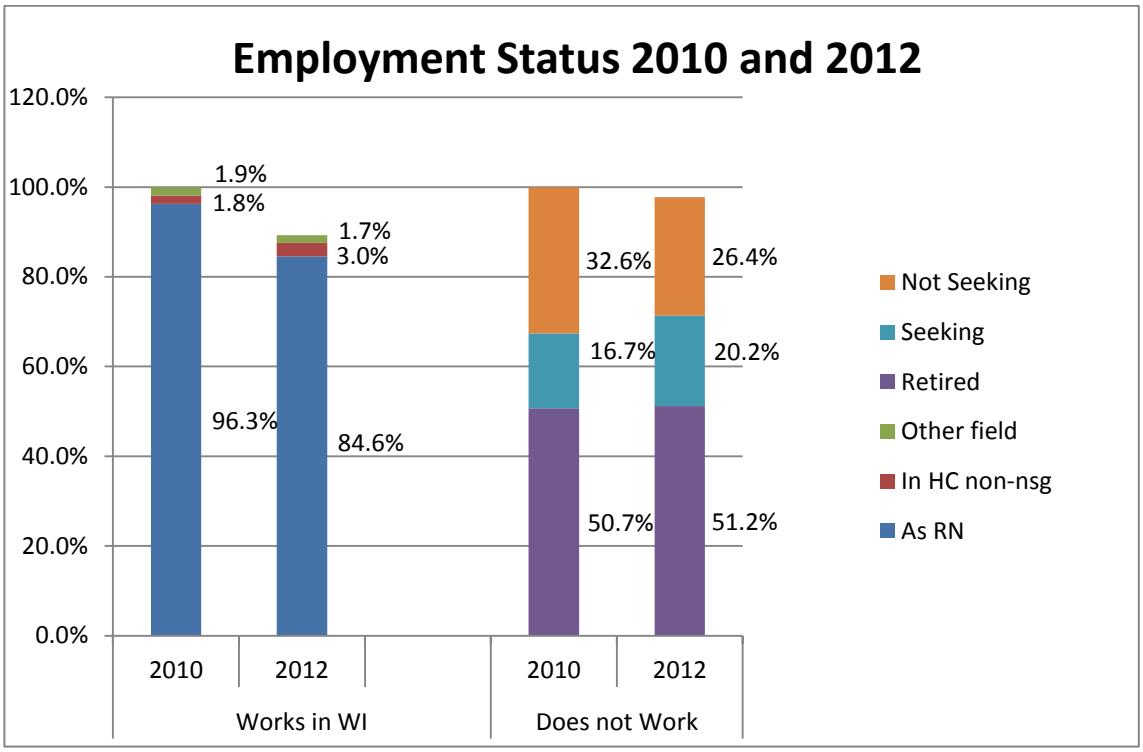


Table II.3. implies that more than half of all nurses (53.5%) are employed in hospitals as their primary employer, followed by ambulatory care (17.3%) and nursing homes (10.7%). Few nurses are employed through a temporary agency or traveling nurse agency (1.1 %). Of the total workforce, the majority (64.9%) are staff nurses and more than three-quarters (76.9%) provide direct patient care. Of note is the 14% of nurses who do not plan to provide direct patient care in 5 years. Almost 70% of RNs are paid hourly. This implies they are able to receive overtime compensation to augment their salaries.

Table II.3.
Current Practice in Primary Position (*n*=60,695)

Primary Place of Work		
	N	%
Ambulatory Care	10,483	17.3
Nursing Home	6,482	10.7
Academia	1,289	2.1
Public health/Community health	2,324	3.8
Home Health	3,461	5.7
Hospital	32,472	53.5
Other	4,184	6.9
Missing	10,293	
Job Title of Primary Position		
Administrator	937	1.5
Advanced Practice Nurse	3,598	5.9
Consultant/Contract	727	1.2
Nurse Executive	688	1.1
Nurse Faculty	1,247	2.1
Nurse Manager	4,704	7.8
Nurse Researcher	319	0.5
Staff Nurse	39,412	64.9
Case Manager	5,016	6.7
Other	5,016	7.7
Missing	10,293	
Primary Position is External Pool/Staffing Placement?		
Yes	655	1.1
Compensation in Primary Position		
Paid hourly	42,609	70.2
Paid salary	15,739	26.0
Direct Patient Care Provider in Primary Position		
Provides direct patient care	46,646	76.9
Plans to work providing direct patient care		
Not applicable	18544	26.1
Less than 2 years	3,127	4.4
2-4 years	6,800	9.6
5-9 years	11,675	16.4
10-19 years	15,181	21.4
20-29 years	8,659	12.2
30 or more years	7,002	9.9

Table II.4. shows a uniform distribution of nurses across specialty areas. The areas with the most RNs with specialized knowledge and two or more years of experience include medical/surgical nursing (33%), acute/critical care (27.5%), gerontology (21.6%), and adult health nursing (21.3%). Of note is the low number of experienced registered nurses in Alcohol and Other Drug Abuse (AODA) where the number is 3,298. Equally concerning is the limited number of experienced Public Health nurses (3,420) available to meet the health needs of the citizens of Wisconsin.

Table II.4.
Employment Specialty of Primary Position (*n*=58,669)

Current Practice in Primary Position		
	n	%
Acute Care/Critical Care/Intensive Care	19,550	27.5
Adult Health	15,113	21.3
Anesthesia	1,687	2.4
Addiction/AODA/Substance Abuse	3,298	4.6
Cardiac Care	13,268	18.7
Community Health	6,129	8.6
Correctional Health	1,471	2.1
Dialysis	3,287	4.6
Emergency Care	10,208	14.4
Family Health	5,723	8.1
General Practice	7,483	10.5
Geriatrics/Gerontology	15,352	21.6
Home Health	8,996	12.7
Hospice Care/Palliative Care	8,543	12.0
Labor and Delivery	5,615	7.9
Maternal-Child Health	5,653	8.0
Medical-Surgical	23,419	33.0
Neonatal Care	4,265	6.0
Obstetrics/Gynecology	6,018	8.5
Occupational Health/Employee Health	2,329	3.3
Oncology	5,727	8.1
Pediatrics	8,420	11.9
Psychiatric/Mental Health	6,214	8.8
Public Health	3,420	4.8
Rehabilitation	5,158	7.3
Respiratory Care	3,066	4.3
School Health	2,389	3.4
Surgery/Pre-op/Post-op/PACU	11464	16.1
Women's Health	5,191	7.3
None of the above	2,774	3.9

Table II.5. reflects employment of 5,086 RNs who reported they are not employed in nursing. Education accounts for one-quarter of the nurses and may include those employed in nursing education.

Table II.5.
Employment of RNs Not Employed in Nursing (*n*=5,086)

Position if not Nursing		
	n	%
Durable medical equipment/pharmaceutical sales	104	0.2
Education	1,289	25.3
Government	533	10.5
Insurance company claims/benefits	719	14.1
Non-governmental health policy, planning, or professional organization	217	4.3
Self-employed/consultant	270	5.3
Other	1,954	38.4

C. Educational Patterns of RNs in Wisconsin

Table II.6 provides an analysis of the educational status of RNs. Eighty-five percent of nurses educated in Wisconsin are working in Wisconsin. The number of nurses with baccalaureate degrees in nursing constitutes 43.7% of the total workforce. When asked about further education, 7.2% are enrolled in nursing programs and 24.1% (17,122) plan to pursue further nursing education in the next two years. More than half stated that the greatest barrier to further education is the cost in terms of lost work time and educational fees.

Table II.6.
Educational Preparation for Nursing Practice (*n*=70,988)

Location of Educational Preparation		
	n	%
Wisconsin	53,286	75.1
Not Wisconsin	17,702	24.9
Earned degree in WI and working in WI	60,695	85.5
Highest Nursing Degree		
Diploma	6,647	9.4
Associate Degree	26,236	37.0
Baccalaureate Degree	31,047	43.7
Masters' Degree	6,547	9.2
Doctorate	402	0.6
Plans for Further Education in Nursing		
No plans	47,840	67.4
Currently enrolled in BSN	2496	3.5
Currently enrolled in MS	2129	3.0
Currently enrolled in DNP	323	0.5
Currently enrolled in PhD	136	0.2
Currently enrolled in specialty certificate	942	1.3
Plan to pursue further education within next 2 years	17,122	24.1
No	47,840	67.4
Barriers to Pursuing Additional Education *n* = 51,340 (Note: respondents could check multiple barriers)		
Commuting distance to education Program	3,186	4.5
Cost of loss of work time and benefits	16,793	23.7
Cost of tuition and fees	21,733	30.7
Family/personal reasons	6,528	9.2
Lack of flexibility in work schedule	807	1.1
Limited access to online learning or other resources	109	0.2
Schedule of educational programs offered	156	0.2
Other	2,028	2.9

Figure II.3. indicates an increase in the number of RNs who are planning to further their education from 14.2% in 2010 to 24.1% in 2012. This increase may be explained by the recent IOM report that recommends that by 2020, 80% of RNs hold baccalaureate degrees in nursing. In addition, a greater emphasis on furthering education has been a hallmark of many nursing education programs in Wisconsin.

Figure II.3
Plans for Future Education in Next 2 Years

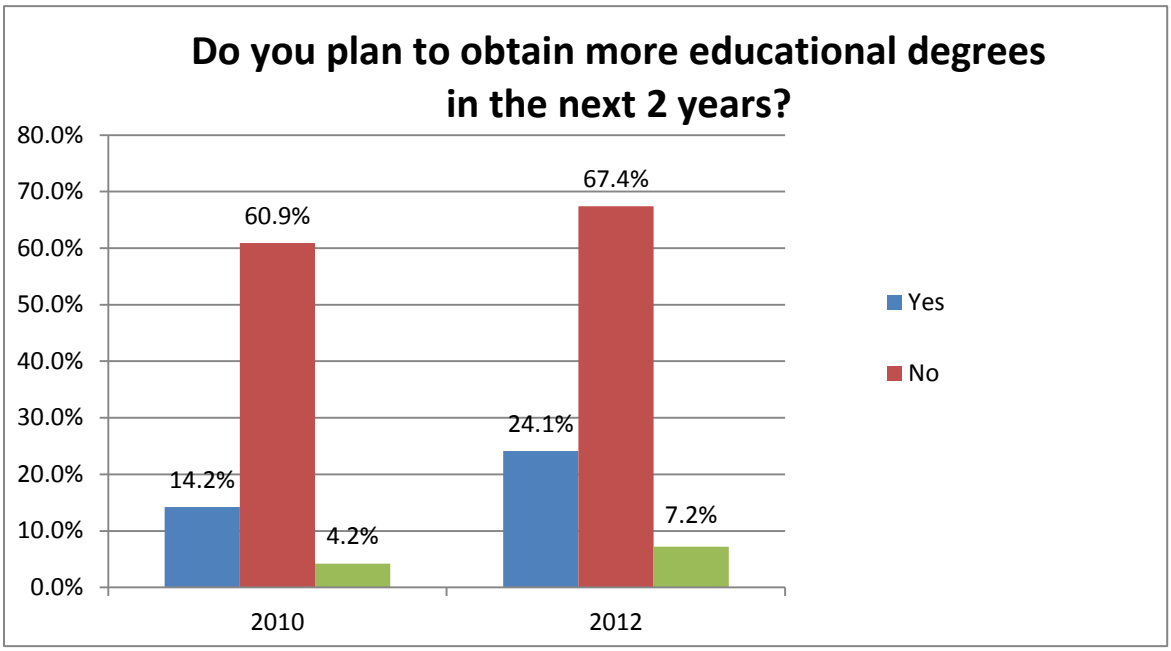


Table II.7. is interpreted as follows:

RNs who received a diploma as their first nursing degree:

- Have a mean age of 23 years at the time of the completion of the diploma program.
- If these RNs continue their education to receive an associate degree in nursing, their mean age was 31 years at the time of completing the associate degree.
- If these RNs continued to a baccalaureate degree, their mean age was 35 years at the completion of the baccalaureate degree.
- If these RNs continued to a Master's degree, their mean age was 41 years at the completion of the Master's degree.

Note that it is possible for RNs to complete a Master's degree in nursing as a first nursing degree. Often, the individual has a baccalaureate degree in another field. From this table, it can be inferred that the most expeditious educational route to a PhD or DNP begins with a baccalaureate degree; however, this still has the RN who has completed a doctoral degree completing the terminal degree at either 44 years of age for a PhD and 43 years of age for a DNP degree. This is in sharp contrast to other disciplines where doctoral preparation is completed earlier and the individual has 30-40 work years after receiving a doctoral degree (IOM, 2011). In the state of Wisconsin, 26% of individuals 25 years of age or older hold a bachelor's degree or higher (U.S. Census, 2013)

Table II.7.
Mean Age at First Degree and Subsequent Degree

First Nursing Degree	Mean Age at Diploma	Mean Age at AD in Nursing	Mean Age at BS in Nursing	Mean Age at Master's in Nursing	Mean Age at PhD	Mean Age at Doctor of Nursing Practice	Mean Age at Doctoral Degree
Diploma	23	31	35	41	48	49	*
Associate Degree		30	36	41	47	49	*
Baccalaureate			25	35	44	43	42
Master in Nursing				30	*	*	*

*cells too small to report

D. Diversity of RNs in Wisconsin

Table II.8 provides information on the diversity of the RN workforce as self-reported by RNs and includes a comparison of the dominant racial category (White) with the ethnically diverse group. The first part of the table indicates that over 95% of the RN workforce is white. Out of the 3,817 individuals who indicated ethnic or racial diversity, the Black group holds 1,256 members and the Hispanic group holds the second highest at 970. The diverse workforce group has a median age 8 years younger than the non-diverse group, perhaps suggesting more recent entry to nursing. Approximately 7% of the nursing population is male. With regard to highest nursing degree earned, more White nurses hold diplomas as their highest educational level (9.6%) than the diverse group (4.4%). The diverse group is more likely to hold an Associate Degree (41.2%) than the White group (36.7%). All other categories are fairly comparable. It is notable that in each group, less than 1% report a doctorate in nursing.

Table II.8.
Diversity in the Wisconsin Workforce (Employed, Unemployed, and Retired)

	Racially or Ethnically Diverse Self Report			Non Racially or Ethnically Diverse Self Report or Not Reported	
	n	%		*n*	%
Race					
White				67,266	95.8
Black	1,256	1.8			
Asian	900	1.3			
Southeast Asian/Pacific Islander	64	0.1			
American Indian/ Alaska Native	228	0.3			
Multiracial	516	0.7			
Hispanic	970	1.4			
Missing	758	1.1			
Age					
Valid Response	3,817			67,171	
Median	41.0			49.0	
Mean	42.9			47.2	
Gender					
	n	%		*n*	%
Female (% within gender)	3,457	5.2		62,858	94.8
Male (% within gender)	360	7.7		4,313	92.3

Diversity in the Workforce (continued)					
	n	%		*n*	%
Proficient in Another Language					
No	2,302	60.3		61,101	91.0
Yes – one	1,332	34.9		5492	8.2
Yes – proficient in 2 or more	183	4.3		578	.9
Job Title of Primary Position					
Valid Responses	3,268			57,427	
Administrator	50	1.5		887	1.5
Advanced Practice Nurse	150	4.6		3,448	6.0
Case Manager	231	7.1		3,816	6.6
Consultant/Contract	31	0.9		696	1.2
Manager, other non-medical industry	*	*		109	0.2
Nurse Executive	21	0.6		667	1.2
Nurse Faculty	75	2.3		1,172	2.0
Nurse Manager	245	7.5		4,459	7.8
Nurse Researcher	15	0.5		304	0.5
Staff Nurse	2,235	68.4		37,177	64.7
Staff, other non-medical industry	*	*		211	0.4
Other	205	6.3		4,481	7.8
Total Mean Hours/Week Primary/Secondary Position					
Valid Responses	3,268			57,427	
Median	40.0			40.0	
Mean	40.7			37.5	
Highest Nursing Degree					
Valid Responses	3,817			67,171	
Diploma	167	4.4		6,480	9.6
Associate Degree	1,573	41.2		24,663	36.7
BSN	1,736	45.5		29,311	43.6
MSN	313	8.2		6,234	9.3
Doctorate	26	0.7		376	0.6
Primary Position					
Valid Responses	3,268			57,427	
Ambulatory Care	447	13.7		10,036	17.5
Nursing Home/Extended Care	496	15.2		5,986	10.4
Academic Education	75	2.3		1,214	2.1
Public/Community Health	148	4.5		2,176	3.8
Home Health	259	7.9		3,202	5.6
Hospital	1,650	50.5		30,822	53.7
Other	193	5.9		3,991	6.9

*cells too small to report

Figure II.4. indicates a fairly even ethnic distribution of RNs except for the Asian RN population which grew from 0.3% to 1.3%. While still a very strong number, this may be the beginning of a trend which will be tracked in future surveys.

Figure II.4.
Comparison between 2010 & 2012 Ethnic Origin of RN Workforce

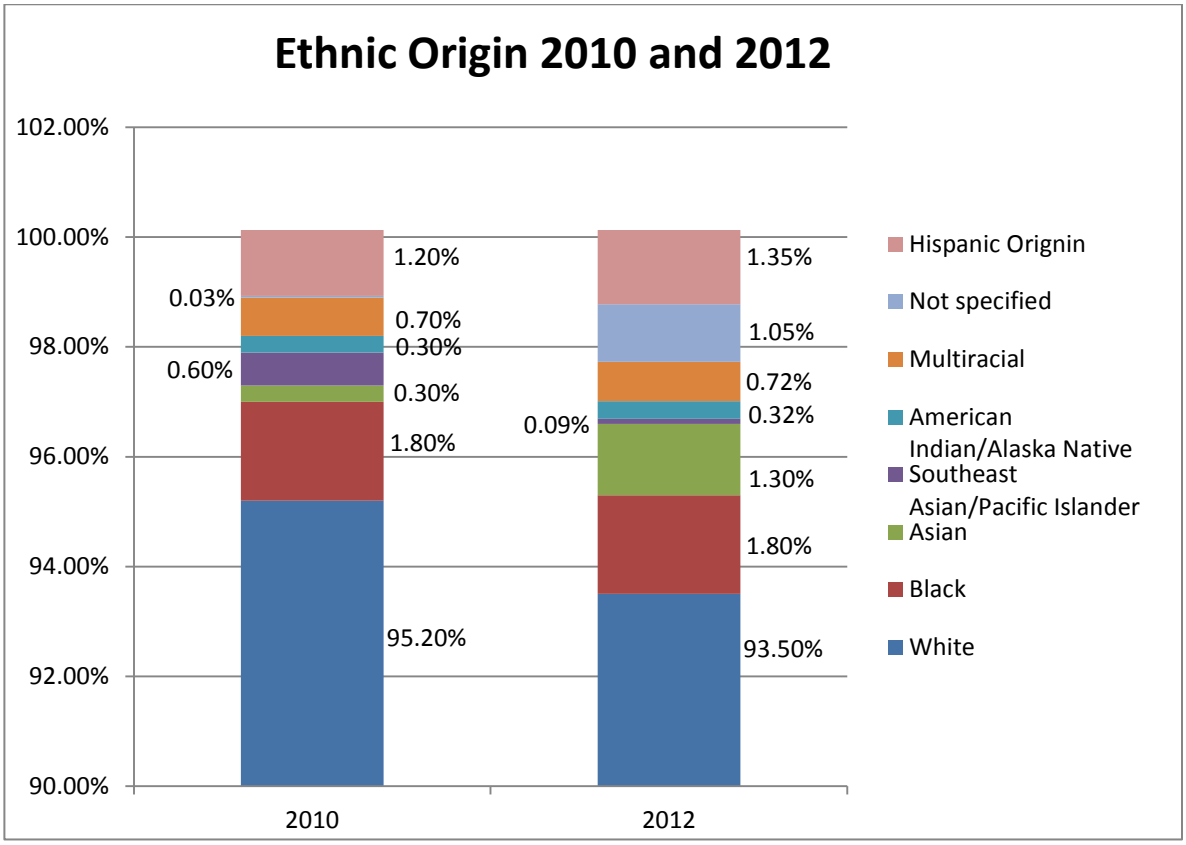


Figure II.5. shows a slight increase between 2010 and 2012 of nurses educated as ADNs, BSNs, Master's degrees and doctoral degrees in nursing. At the same time, the number of diploma nurses has decreased from 10.3% to 9.4%. Since there are no longer diploma nursing programs in Wisconsin, and only a small number in the rest of the United States, one would expect that diploma nurses would be retiring which would decrease the number still working.

Figure II.5. Comparison Between 2010 and 2012 Highest Degree Earned

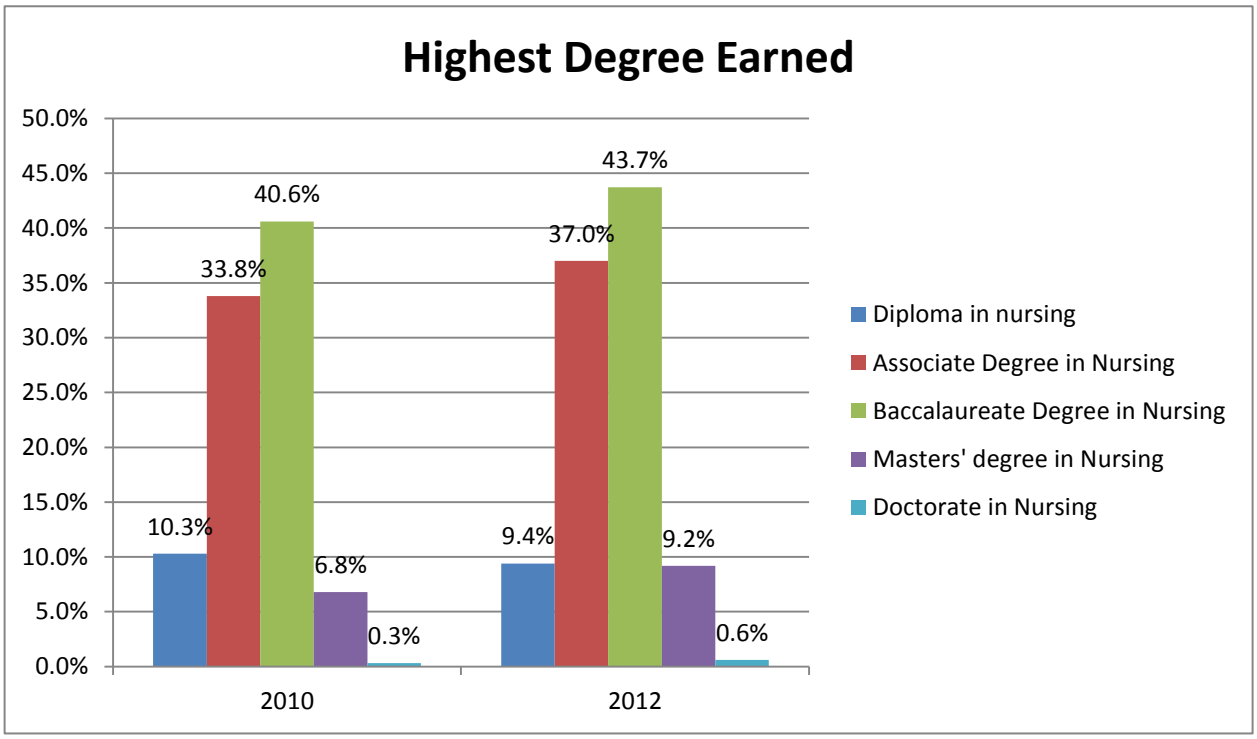
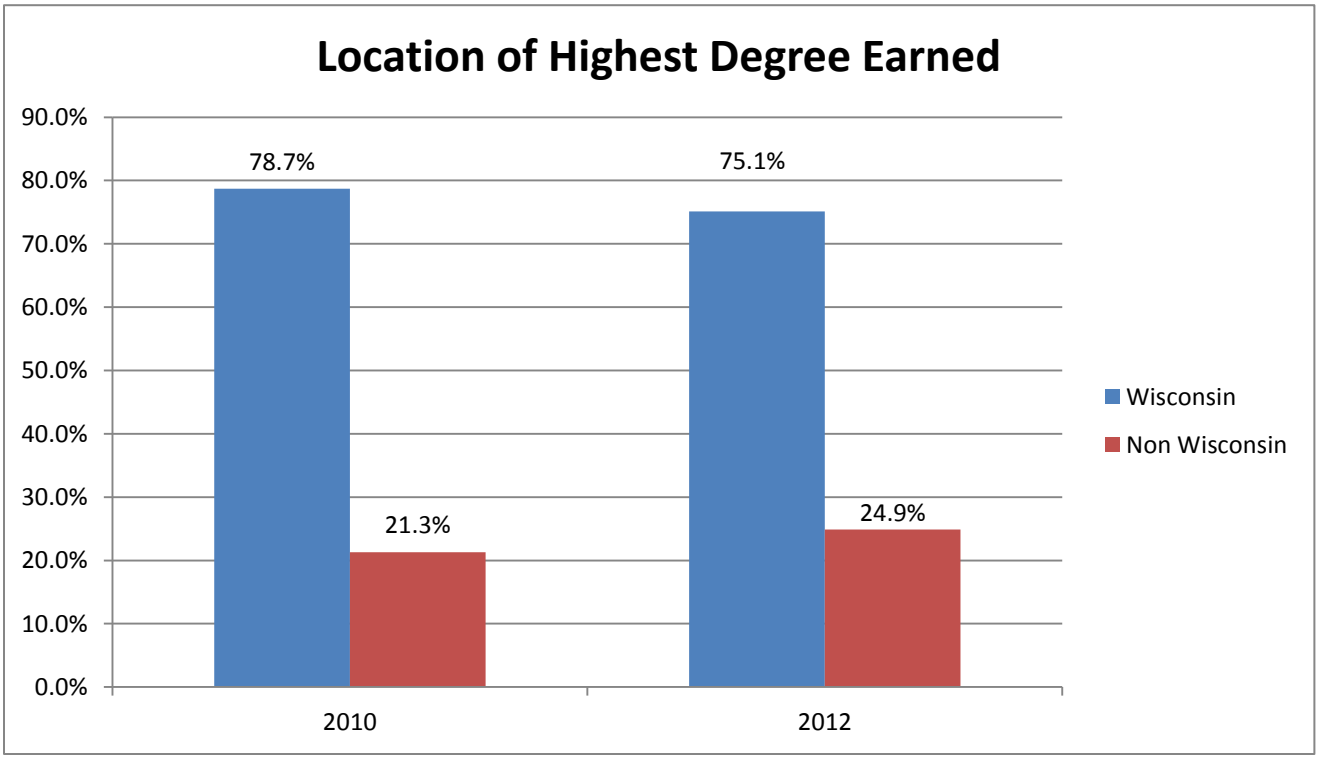


Figure II.6. shows that the number of nurses who are educated in Wisconsin has dropped from 78.7% to 75.1% between 2010 and 2012. This is a possible trend that needs to be monitored.

Figure II.6.
Comparison Between 2010 and 2012 Location of Highest Degree Earned



Recommendations:

1. Explore the factors that motivate nurses to remain in the workforce.
2. Since over 85% of nurses who are educated in Wisconsin, stay in Wisconsin, an investment in nursing education by policy makers would help alleviate the impending shortage.
3. Develop strategies between academic institutions and employers to promote the Wisconsin nursing workforce to meet the IOM recommendations for 80% BSN preparation and doubling the number of nurses with a doctorate by 2020.
4. The mean age of an RN who has completed a doctoral degree ranges from 44 years of age for a PhD and 43 years of age for a DNP degree. The development of BSN to DNP programs within the state may help to decrease the mean age of nurses completing the terminal degree.
5. Schools of nursing face challenges recruiting faculty and in obtaining clinical sites for practice, assistance to remove these barriers may be warranted.
6. Health care organizations should encourage nurses with diploma and associate degrees to enter baccalaureate programs by creating a culture that fosters continuing education and offering tuition reimbursement (IOM, 2011).
7. Schools of nursing should be encouraged to offer programs tailored for the working professional with flexible scheduling.

References:

Bleich, M. R., Cleary, B. L., Davis, K., Hatcher, B. J., Hewlett, P. O., & Hill, K. S. (2009). Mitigating Knowledge Loss. *Journal of Nursing Administration*, *39*(4), 160-164

Groves, P. S. (2011, February). Nursing Work: Understanding a Scarce Resource. *Western Journal of Nursing Research*. pp. 5-6. doi:10.1177/0193945910380847.

Institute of Medicine Report (2011). The Future of Nursing: Leading Change, Advancing Health. Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

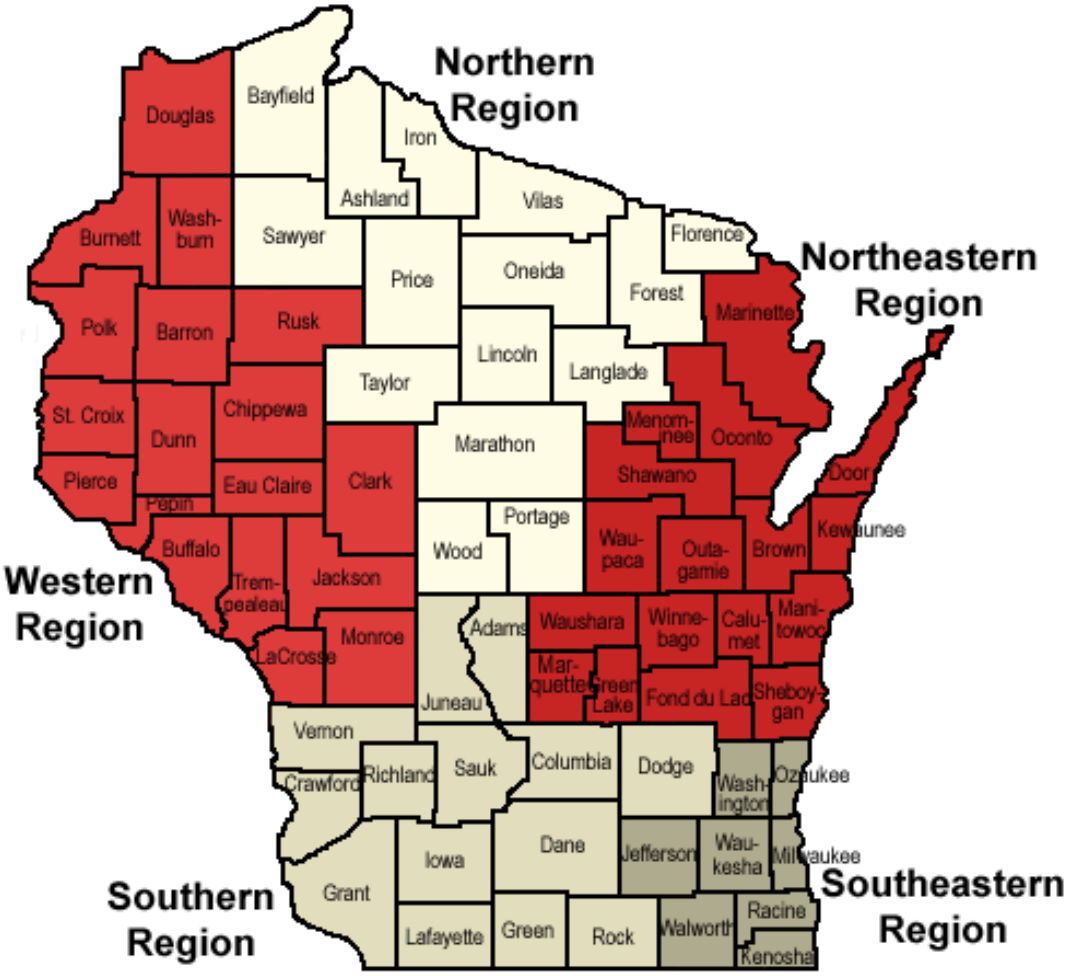
U.S. Census Bureau, (2013). State and County QuickFacts. Retrieved from http://quickfacts.census.gov/qfd/states/55000.htm

III. Registered Nurse Workforce Analyzed by Wisconsin Department of Health Services (DHS) Regions

In this section, the authors will present aggregate data that describes the nursing workforce employed in each of the five DHS regions of the state. A map of the state regions and the counties included in each region follows. In each table, the data from the statewide aggregate are included in order to make comparisons among regions and between the region and the state. Key findings from the data and implications for employers, educators, and policy makers will be presented in the accompanying narrative.

Regional data numbers will often not add up to the state number. This reflects some incomplete elements of surveys where the data to place respondents into regions were missing. It also reflects the "drivers" in the construction of the survey; that is, not all respondents were asked all of the questions. Depending on a response to a question, a nurse would be routed to a particular series of follow-up questions. In the detailed analysis, the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows will not total to 100%. Because this is a study of the RN workforce in the state, the data was further restricted to nurses living and/or working in Wisconsin.

Wisconsin Department of Health Services Regions (DHS)



Southern	Southeastern	Northeastern	Western	Northern
Adams	Jefferson	Brown	Barron	Ashland
Columbia	Kenosha	Calumet	Buffalo	Bayfield
Crawford	Milwaukee	Door	Burnett	Florence
Dane	Ozaukee	Fond du Lac	Chippewa	Forest
Dodge	Racine	Green Lake	Clark	Iron
Grant	Walworth	Kewaunee	Douglas	Langlade
Green	Washington	Manitowoc	Dunn	Lincoln
Iowa	Waukesha	Marinette	Eau Claire	Marathon
Juneau		Marquette	Jackson	Oneida
Lafayette		Menominee	La Crosse	Portage
Richland		Oconto	Monroe	Price
Rock		Outagamie	Pepin	Sawyer
Sauk		Shawano	Pierce	Taylor
Vernon		Sheboygan	Polk	Vilas
		Waupaca	Rusk	Wood
		Waushara	St. Croix	
		Winnebago	Trempealeau	
			Washburn	

http://www.dhs.wisconsin.gov/about dhs/regions.htm retrieved 2/23/12

A. Demographics of RN Workforce

Table III.1 indicates that a lack of diversity in the nursing workforce exists across the state and across all regions. For most nurses, proficiency in a language other than English, which is essential to meeting the needs of an increasingly diverse population, is also absent.

Table III.1.
Demographic Information for Department of Health Services Regions by Residence Compared to State of Wisconsin for Nurses Who Live and/or Work in WI (*n*=68,839)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Resides in WI	68,839			13,737		26,429		13,829		8,419		6,425	
Working as RN	57,936	84.2		11,659	84.9	22,160	83.8	11,540	83.4	5,342	83.1	7,235	85.9
Working RNs/1,000 population	10.2			10.6		10.5		9.4		6.9		14.8	
Descriptive Data													
Median Age	48			48		48		48		49		49	
Gender													
Female	64,384	93.5		12,812	93.3	24,831	94.0	13,004	94.0	5,902	91.9	7,835	93.1
Male	4,455	6.5		925	6.7	1,598	6.0	825	6.0	523	8.1	584	6.9
Race													
White	65,241	94.8		13,184	96.8	24,120	92.7	13,443	97.9	6,265	98.1	8,229	98.5
Black	1,223	1.8		124	0.9	1,052	4.0	27	0.2	7	0.1	13	0.2
Asian	863	1.2		195	1.4	469	1.8	107	0.8	44	0.7	48	0.6
Southeast Asian/ Pacific Islander	53	0.01		6	0.0	36	0.1	11	0.1	*	*	*	*
American Indian/ Alaska Native	223	0.3		20	0.1	75	0.3	74	0.5	32	0.5	22	0.3
Multiracial	494	0.7		86	0.6	263	1.0	69	0.5	33	0.5	43	0.5
Missing	734			122		414		98		38		62	
Hispanic origin	946	1.4		143	1.0	599	2.3	101	0.7	45	0.7	58	0.7
Proficient in Another Language													
No	61,512	89.3		12,144	88.4	22,991	87.0	12,657	91.5	5,916	92.1	7,804	92.7
Yes–one other Language	6,593	9.6		1,423	10.4	3,109	11.8	1,065	7.7	446	6.9	550	6.5
Yes–two or more other languages	734	1.1		170	1.2	329	1.2	107	0.7	63	0.9	65	0.8

*cells too small to report

B. Employment status of RNs in Wisconsin

Table III.2. indicates that the capacity for recruitment exists in every region, noted by those nurses who reported being unemployed and looking for a nursing position in the state. It is also interesting to note that over 3,000 retired nurses continue to renew their licenses.

Table III.2.
Employment Status of RNs Who Live and/or Work in WI (*n*=68,839)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Working as an RN	57,936	84.2		11,659	84.9	22,160	83.8	11,540	83.4	5,342	83.1	7,235	85.9
Working in health care, not nursing	2,115	3.07		414	3.0	853	3.2	431	3.1	197	3.1	220	2.6
Working in another field	1,187	1.7		218	1.6	491	1.9	234	1.7	121	1.9	123	1.5
Unemployed, seeking work in nursing	1,535	2.2		248	1.8	663	2.5	314	2.3	149	2.3	161	1.9
Unemployed, seeking work in another field	164	0.2		30	0.2	68	0.3	35	0.3	20	0.3	11	0.1
Unemployed, not seeking work	2,009	2.9		338	2.5	870	3.3	427	3.1	174	2.7	200	2.4
Retired	3,892	5.6		830	6.0	1,324	5.0	847	6.1	422	6.6	469	5.6

C. Patterns of Employment in Nursing

Table III.3. indicates the RN workforce across all regions has, on average, 15 years of experience. The vast majority (70%) is paid on an hourly basis and work 37 hours per week. In addition, a low level of agency employment exists in Wisconsin as primary employer.

Table III.3.
Patterns of Employment in Nursing (n=58,546)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Currently work as RN providing direct patient care	44,986	76.8		9,321	79.0	17,116	76.5	8,877	76.2	4,116	76.1	5,556	76.1
Mean Years providing DPC as an RN	15.82			15.9		15.59		15.67		16.09		15.87	
Primary Place of Employment													
Ambulatory Care	10,108	17.3		2,195	18.6	3,336	14.9	2,218	19.0	1,100	20.3	1,259	17.2
Nursing Home/ Extend Care	6,295	10.8		1,178	10.0	1,973	8.8	1,473	12.6	634	11.7	1,037	14.2
Academic Education	1,241	2.1		244	2.1	494	2.2	234	2.0	112	2.1	157	2.1
Public Health/ Community Health	2,272	3.9		425	3.6	824	3.7	497	4.3	241	4.5	285	3.9
Home Health	3,283	5.6		646	5.5	1,267	5.7	737	6.3	267	4.9	366	5.0
Hospital	31,311	53.49		6,353	53.9	13,011	58.1	5,681	48.7	2,602	48.1	3,664	50.2
Other	4,036	6.9		752	6.4	1,483	6.6	815	7.0	451	8.3	535	7.3

Job Title of Primary Position (n= 58,546)												
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Administrator	900	1.5		149	1.3	351	1.6	177	1.5	113	2.1	110	1.5
Advanced Practice Nurse	3,398	5.8		704	6.0	1,160	5.2	730	6.3	361	6.7	443	6.1
Consultant/ Contract	691	1.2		149	1.3	263	1.2	139	1.2	53	1.0	87	1.2
Nurse Executive	652	1.1		131	1.1	241	1.1	130	1.1	62	1.1	88	1.2
Nurse Faculty	1,200	2.0		215	1.8	468	2.1	242	2.1	105	1.9	170	2.3
Nurse Manager	4,538	7.75		918	7.8	1,519	6.8	967	8.3	458	8.5	676	9.3
Nurse Researcher	306	0.5		89	0.8	150	0.7	32	0.3	13	0.2	22	0.3
Staff Nurse	38,121	65.1		7,925	67.2	14,693	65.6	7,443	63.9	3,412	63.1	4,648	63.6
Case Manager	3,888	6.6		704	6.0	1,530	6.8	745	6.4	395	7.3	514	7.0
Other	4,852	8.2		809	6.5	2,013	8.5	1,050	8.2	435	7.4	545	7.0
Payment Basis of Primary Position													
Paid hourly	41,163	70.3		8,572	72.7	15,365	68.6	8,270	70.9	3,715	68.7	5,241	71.8
Paid salary	15,160	25.9		2,818	23.9	6,199	27.7	2,877	24.7	1,472	27.2	1,794	24.6
Per diem	2,009	3.4		362	3.1	753	3.4	466	4.0	198	3.7	230	3.1
Total mean hours worked per week primary/secondary jobs WI	37.43			37.27		38.36		36.69		37.75		37.06	
Primary employment through temporary employment agency or travel agency	385	0.8		74	0.8	213	1.2	43	0.5	23	0.6	32	0.5

D. Patterns of Employment Outside of Nursing

Table III.4. indicates that within the next two years, it appears unlikely that there will be a significant number of currently employed RNs returning to direct patient care.

Table III.4.
Patterns of Employment Outside of Nursing (*n*=1,315)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Position if Not Nursing (valid responses)													
	1,315			257	19.5	488	37.1	239	18.2	129	9.8	127	9.6
Nursing	89	6.8		22	8.6	41	8.4	9	3.8	8	6.2	9	7.1
Health-related services outside of nursing	681	51.7		135	52.5	240	49.2	131	54.8	64	49.6	71	55.9
Retail sales and services	11	0.8		0	0.0	5	1.0	*	*	*	*	*	*
Nurse educator	78	5.9		9	3.5	30	6.1	19	7.9	11	8.5	6	4.7
Financial, accounting, and insurance processing	58	4.4		10	3.9	26	5.3	16	6.7	*	*	*	*
Consulting	79	6.0		14	5.4	28	5.7	9	3.8	6	4.7	*	*
Other	319	24.2		67	26.1	118	24.2	51	21.3	38	29.5	33	26.0

*cells too small to report

E. Work Effort Patterns

Primary Position

The specialized knowledge and experience of the RN workforce is detailed in Table III.5. Respondents could select all categories that applied. The lowest number of nurses with specialized knowledge can be found in correctional health and the highest number in medical-surgical clinical practice.

Table III.5.
Specialized Knowledge and Experience of Two Years or More (n=58,869)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*N*	%	*N*	%	*n*	%	*n*	%	*N*	%
Specialty													
Acute/Critical Care	16,564	28.1		3,464	29.1	6,730	29.7	2,760	24.4	1,616	29.2	1,994	26.1
Adult Health	12,653	21.4		2,678	22.5	4,804	21.2	2,427	21.4	1,124	20.3	1,620	21.2
Anesthesia	1,468	2.5		322	2.7	426	1.9	285	2.5	205	3.7	230	3.0
AODA	2,622	4.4		481	4.0	1,013	4.5	461	4.1	292	5.3	375	4.9
Cardiac Care	11,141	18.9		2,115	17.8	4,541	20.1	2,102	18.6	991	17.9	1,392	18.2
Community Health	4,907	8.3		952	8.0	1,879	8.3	903	8.0	459	8.3	714	9.4
Correctional Health	1,221	2.1		371	3.1	374	1.7	268	2.4	78	1.4	130	1.7
Dialysis	2,808	4.8		526	4.4	1,173	5.2	562	5.0	250	4.5	297	3.9
Emergency Care	8,649	14.7		1,833	15.4	2,891	12.8	1,588	14.0	981	17.7	1,356	17.8
Family Health	4,749	8.0		995	8.4	1,495	6.6	1,037	9.2	498	9.0	724	9.5
Geriatric/ Gerontology	12,649	21.4		2,553	21.5	4,107	18.1	2,670	23.6	1,325	23.9	1,994	26.1
Home Health	7,245	12.3		1,411	11.9	2,774	12.2	1,438	12.7	641	11.6	981	12.9
Hospice Care/ Palliative Care	7,152	12.1		1,318	11.1	2,656	11.7	1,523	13.5	636	11.5	1,019	13.4
Labor and Delivery	4,658	7.9		950	8.0	1,422	6.3	1,025	9.1	485	8.8	776	10.2
Maternal-Child Health	4,701	8.0		962	8.1	1,669	7.4	966	8.5	411	7.4	693	9.1
Medical-Surgical	19,495	33.0		3,972	33.4	7,289	32.2	3,748	33.1	1,886	34.0	2,600	34.1
Neonatal	3,599	6.1		629	5.3	1,439	6.4	706	6.2	325	5.9	500	6.6
OB/GYN	5,014	8.5		1,068	9.0	1,657	7.3	1,059	9.4	478	8.6	752	9.9
Occupational Health	1,861	3.2		336	2.8	592	2.6	490	4.3	228	4.1	215	2.8
Oncology	4,845	8.2		891	7.5	2,049	9.0	919	8.1	432	7.8	554	7.3
Pediatrics	7,107	12.0		1,479	12.4	2,937	13.0	1,224	10.8	644	11.6	823	10.8
Psychiatric/Mental Health	4,894	8.3		962	8.1	1,772	7.8	967	8.5	409	7.4	784	10.3
Public Health	2,695	4.6		545	4.6	925	4.1	502	4.4	273	4.9	450	5.9
Rehabilitation	4,212	7.1		682	5.7	1,728	7.6	858	7.6	375	6.8	569	7.5
Respiratory Care	2,612	4.4		599	5.0	1,057	4.7	428	3.8	190	3.4	338	4.4
School/College Health	1,871	3.2		379	3.2	728	3.2	328	2.9	167	3.0	269	3.5
Surgery/Pre-op/ Post-op/PACU	9,698	16.4		1,920	16.1	3.631	16.0	1,966	17.4	955	17.2	1,226	16.1
Women's Health	4,419	7.5		831	7.0	1,743	7.7	944	8.3	315	5.7	586	7.7
None of the above	2,158	3.7		466	3.9	811	3.6	421	3.7	202	3.6	258	3.4
Clinical expertise none	2,159	3.7		438	3.7	874	3.9	384	3.4	197	3.6	266	3.5

Changes in Employment

The most common reason for a change in employment status was a change in the number of hours worked followed closely by a new position with a different employer as noted in Table III.6.

Table III.6.
Employment Status Change in Past Year

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
No change in employment status	47,078	68.5		9,414	68.5	18,292	69.2	9,249	66.9	4,440	69.1	5,683	67.5
Changed the number of hours worked	5,941	8.6		1,190	8.7	2.286	8.6	1,234	8.9	494	7.7	737	8.8
New position with same employer	5,007	7.28		952	6.9	1,812	6.9	1,108	8.0	492	6.7	643	7.6
New position with different employer	5,842	8.5		1266	9.2	2,145	8.1	1,198	8.7	580	9.0	796	9.5
Was not working as an RN but is now	1,532	2.2		314	2.3	612	2.3	297	2.1	136	2.1	173	2.1
Was working as an RN but no longer working as an RN	1,776	2.6		340	2.5	664	2.5	369	2.9	178	2.8	225	2.7
Other	1,556	2.3		261	1.9	618	2.3	347	2.5	168	2.6	162	1.9

Nurses may experience employment change, and the most common reason identified by nurses was promotion/career advancement, followed closely by dissatisfaction with previous position as noted in Table III.7.

Table III.7.
Important Factors in Employment Change

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Retirement	1,751	7.6		365	2.7	585	2.2	396	2.9	194	3.0	211	2.5
Childcare responsibilities	1,446	6.2		257	1.9	656	2.5	290	2.1	102	1.6	141	1.7
Other family responsibilities	1,004	4.3		172	1.3	415	1.6	209	1.5	90	1.4	118	1.4
Salary/medical or retirement benefits	1,868	8.1		399	2.9	689	2.6	362	2.6	153	2.4	265	3.1
Laid off	778	3.4		119	0.9	370	1.4	146	1.1	68	1.1	75	0.9
Change in spouse/partner work situation	667	2.9		128	0.9	272	1.0	140	1.0	60	0.9	67	0.8
Change in financial situation	775	3.3		166	1.2	304	1.2	136	1.0	71	1.1	98	1.2
Relocation/moved to a different area	1,218	5.3		308	2.2	360	1.4	267	1.9	117	1.8	166	2.0
Promotion/career advancement	3,472	15.0		665	4.8	1,267	4.8	748	5.4	303	4.7	489	5.8

Important Factors in Employment Change (continued)													
	n	%		*N*	%	*n*	%	*n*	%	*n*	%	*N*	%
Change in health status of RN	1,060	4.6		187	1.4	439	1.7	207	1.5	111	1.7	116	1.4
Seeking more convenient hours	2,571	11.1		493	3.6	929	3.5	573	4.1	238	3.7	338	4.0
Dissatisfaction with previous position	3,152	13.6		642	4.7	1,190	4.5	629	4.5	305	4.7	386	4.6
Other	3,413	14.7		709	5.2	1,218	4.6	773	5.6	310	4.8	403	4.8

Secondary Position

Table III.8. indicates that over 7,000 RNs report a secondary position, and 84% of the secondary jobs require RN licensure.

Table III.8.
Patterns of Secondary Employment (*n*=7971)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*N*	%	*n*	%	*n*	%	*n*	%	*N*	%
Secondary Employment													
Secondary job requires licensure as an RN	6,704	84.1		1,240	83.2	2,697	85.4	1,334	82.4	590	82.5	843	85.0
Nursing	5,710	71.6		1,079	72.4	2,266	71.8	1,128	69.7	514	71.9	723	72.9
Health-related services outside of nursing	425	0.1		68	4.6	157	5.0	91	5.6	45	6.3	64	6.5
Retail sales and services	130	0.0		24	1.6	53	1.7	33	2.0	8	1.1	12	1.2
Nurse educator	861	0.1		149	10.0	380	12.0	181	11.2	57	8.0	94	9.5
Financial, accounting, and insurance processing staff	43	*		9	0.6	16	0.5	*	*	*	*	10	1.0
Consulting	111	0.13		21	1.4	49	1.6	18	1.1	13	1.8	10	1.0
Other	691	0.09		141	9.5	237	7.5	159	9.8	75	10.5	79	8.0
Mean number of hours per week worked	10.7			11.3		10.6		9.6		10.6		11.2	

*cells too small to report

Patterns of Unemployment

Table III.9. reveals that slightly more than 1,400 nurses are seeking employment in nursing, with an additional 1,200 that plan to return to nursing in the future. Over 4,500 are undecided about returning to employment as a nurse. Potentially, 7,000 RNs could be added to the workforce if those looking for employment and those planning to return to nursing, along with undecided nurses, were all employed in nursing.

Table III.9.
Intentions Regarding Work in Nursing by Residence

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Current Intentions Regarding Work in Nursing													
(Valid responses)	10,293			1,944	18.9	4,041	39.2	2,174	21.1	1,018	9.9	1,116	10.8
Currently seeking employment in nursing	1,446	14.0		247	12.7	592	14.6	310	14.3	129	12.7	168	15.1
Plan to return to nursing in the future	1,241	12.10		207	10.6	527	13.0	246	11.3	119	11.7	142	12.7
I am retired /unable to return to nursing	2,373	23.1		491	25.3	832	20.6	514	23.6	258	25.3	278	24.9
Definitely will not return to nursing but not retired	707	6.9		125	6.4	343	8.5	114	5.2	59	5.8	66	5.9
Undecided at this time	4,526	44.0		874	45.0	1,747	43.2	990	45.5	453	44.5	462	41.4

The three most frequently identified factors that may influence nurses to return to nursing are offering more hours or flexible hours, the work environment, and worksite location as noted in Table III.10.

Table III.10.
Factors that would Influence Return to Nursing

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Would not consider returning to nursing	2,009	2.9		407	3.0	788	3.0	398	2.9	200	3.1	216	2.6
Modified physical requirements of job	1,348	2.0		257	1.9	542	2.1	258	1.9	132	2.1	159	1.9
Affordable childcare at or near work	231	0.3		43	0.3	97	0.4	51	0.4	23	0.4	17	0.2
Improvement in health status	1,060	1.5		184	1.3	420	1.6	229	1.7	111	1.7	116	1.4
Improved health benefits	754	1.1		120	0.9	303	1.1	169	1.2	77	1.2	85	1.0
Retirement benefits	727	1.1		127	0.9	297	1.1	159	1.1	74	1.2	70	0.8
More or flexible hours	2,474	3.6		463	3.4	1,019	3.9	505	3.7	250	3.9	237	2.8
Opportunity for career advancement	676	1.0		132	1.0	268	1.0	155	1.1	49	0.8	72	0.9
Improved pay	1,494	2.2		265	1.9	655	2.5	299	2.2	132	2.1	143	1.7
Shift	1,372	2.0		247	1.8	552	2.1	305	2.2	133	2.1	135	1.7
Work environment	2,407	3.5		462	3.4	973	3.7	514	3.7	235	3.7	223	2.6
Worksite location	1,806	2.6		368	2.7	699	2.6	367	2.7	192	3.0	180	2.1
Other	2749	4.0		522	3.8	1020	3.9	625	4.5	284	4.4	298	3.5

F. Educational Preparation for Nursing Practice

Table III.11. indicates that, given the requirement of a minimum of a master's degree in nursing to teach nursing, 6,266 nurses hold the requisite degree and another 390 nurses hold a doctorate in nursing. The survey did not ask whether nurses held doctorates in other fields than nursing, which is permissible as a teacher of nursing as long as nurses have at least a Master's in nursing. The 2010 data showed that 325 nurses hold doctorates in other areas (Dean-Barr, Murray, Acord & Henriques, 2012). The distribution of nurses with advanced degrees is higher in the Southern and Southeastern regions with the lower numbers in the Western and Northern regions. The percentage of nurses holding a baccalaureate degree ranges from 34.7% (Western region) to 48.9% in the Southeastern region.

Table III.11.
Educational Preparation for Nursing Practice (*n*=68,735)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Highest Nursing Degree													
Diploma	6,495	9.4		1,300	9.5	2,447	9.3	1,355	9.8	682	10.6	711	8.4
Associate Degree	25,292	36.8		4,914	35.8	8,501	32.2	5,056	36.6	2,943	45.8	3,878	46.1
Bachelor Degree	30,294	44.1		5,944	43.3	12,91	48.9	6,177	44.7	2,227	34.7	3,028	36.0
Master's Degree	6,266	9.1		1,466	10.7	2,352	8.9	1,164	8.4	550	8.6	734	8.7
Doctorate of Nursing Practice	136	0.2		20	14.7	67	49.3	24	17.6	7	5.1	18	13.2
Doctorate of Nursing Science or Nursing Doctorate (DNSc, DSN, ND, or DN)	22	0.03		8	36.4	*	*	*	*	*	*	*	*
PhD in Nursing	232	0.3		55	23.7	110	47.4	33	14.2	7	3.0	27	11.6

G. Future Employment Plans

Table III.12. indicates that between 2012–2014, it can be anticipated that over 3,000 RNs will leave positions where they provide direct patient care. In less than five years, over 9,500 RNs indicate they no longer plan to provide direct patient care. More concerning is that within nine years, over 20,000 nurses, or 39% of the RN workforce holding a direct patient care position and residing in the state, will leave direct patient care.

Table III.12.
Future Work Plans of Direct Care Providers by Residence (n=50,653)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*N*	%	*n*	%	*n*	%	*n*	%	*N*	%
Plan to Work Providing Direct Patient Care													
Less than 2 years	3,029	5.98		578	4.2	1,169	4.4	615	4.4	302	4.7	365	4.3
2-4 years	6,593	13.02		1,356	9.9	2,644	10.0	1,176	8.5	587	9.1	830	9.9
5-9 years	11,266	22.24		2,338	17.0	4,454	16.9	2,117	15.3	984	15.3	1,373	16.3
10-19 years	14,647	28.92		3,018	22.0	5,616	21.2	2,839	20.5	1,348	21.0	1,826	21.7
20-29 years	8,347	16.48		1,821	13.3	2,934	11.1	1,749	12.6	780	12.1	1,063	12.6
30+ years	6,771	13.37		1,323	9.6	2,356	8.9	1,564	11.3	649	10.1	879	10.4

H. Future Educational Plans

BSN programs have the largest number of nurses currently enrolled, followed closely by enrollment in Master's Degree programs as noted in Table III.13. Doctor of Nursing Practice programs, while relatively new, have more enrollees than PhD programs in the state. Of interest is the 16,000 nurses that plan to pursue additional education in the next two years.

Table III.13.
Plans for Further Education in Nursing by Residence

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*N*	%	*n*	%	*n*	%	*n*	%	*N*	%
Plans for Future Education in Nursing													
(Valid Responses)	68,839			13,737	19.9	26,429	38.4	13,829	20.0	6,425	9.3	8,419	12.2
No plans	46,551	67.6		9,290	67.6	17,472	66.1	9,635	69.7	4,468	69.5	5,686	67.5
Enrolled BSN	2,397	3.5		448	3.3	879	3.3	457	3.3	262	4.1	351	4.2
Enrolled MSN	2,059	3.0		333	2.4	969	3.7	393	2.8	148	2.3	216	2.6
Enrolled DNP	310	0.5		78	0.6	111	0.4	42	0.3	37	0.6	42	0.5
Enrolled PhD	129	0.2		28	0.2	67	0.3	20	0.1	*	*	*	*
Enrolled in a non-degree specialty certification program	903	1.3		176	1.3	344	1.3	198	1.4	78	1.2	107	1.3
Plan to pursue education in next two years.	16,490	24.0		3,384	24.6	6,587	24.9	3,084	22.3	1,429	22.2	2,006	23.8

*cells too small to report

The two major challenges that nurses face pursuing higher education are related to the cost of education, as noted in Table III.14. Over 21,000 nurses identified the cost of tuition, materials, and books to be the greatest challenge, and 16,000 nurses identified the cost of lost work time and benefits to be a challenge.

Table III.14.
Challenges to Pursuing Higher Nursing Education by Residence

	State			Southern		Southeastern		Northeastern		Western		Northern	
	n	%		*n*	%	*n*	%	*n*	%	*n*	%	*N*	%
Challenges to Pursuing Nursing Education (respondents checked only two)													
None	19,108	27.8		3,824	27.8	7,186	27.2	3,922	28.4	1,848	28.8	2,328	27.7
Commuting distance to program	3,068	4.5		621	4.5	600	2.3	741	5.4	623	9.7	483	5.7
Cost of lost work time and benefits	16,236	23.6		3,338	24.3	6,145	23.3	3,111	22.5	1,439	22.4	2,202	26.2
Cost of tuition, books	21,091	30.6		3,893	28.3	8,959	33.9	4,097	29.6	1,779	27.7	2,363	28.1
Family/personal reasons	6,336	9.2		1,396	10.2	2,439	9.2	1,370	9.9	476	7.4	655	7.8
Lack of flexibility in work schedule	771	1.1		166	1.2	295	1.1	154	1.1	51	0.8	105	1.2
Limited access to online learning	108	0.2		22	0.2	23	0.1	35	0.3	18	0.3	10	0.1
Scheduling of Programs offered	149	0.2		40	0.3	55	0.2	21	0.2	17	0.3	16	0.2
Other	1,973	2.9		437	3.2	727	2.8	378	2.7	174	2.7	257	3.1

Nurses who want to work in nursing have found employment opportunities (Table III.1). Over 9,500 RNs in Wisconsin indicate they no longer plan to provide direct patient care in less than five years (Table III.12). New nursing graduates will be needed to fill these vacancies as it does not appear that this exodus of nurses from direct patient care can be filled by having the nurses that remain work additional hours. The current workforce works about 37 hours per week (Table III.3). Approximately 1,500 nurses are unemployed and looking for positions in nursing (Table III.2). If all of these nurses found positions, the number leaving direct patient care is still at 7,000. Nursing schools in the state produced 2,576 graduates from pre-licensure programs in the 2009-2010 academic years (Dean-Barr, Cook & Laurent, 2011). Thus, the supply of nurses entering the profession is not sufficient to replace those planning to leave the profession.

Recommendations:

1. The number of nurses planning to leave direct patient care is greater than the supply of nurses entering the profession in the state. Efforts to support nursing education are necessary along with efforts to engage nurses not in active practice.
2. Currently, 43% of nurses hold baccalaureate degrees in nursing in Wisconsin. The Institute of Medicine (2011) recommends that the proportion of nurses with baccalaureate degrees increase to 80% by 2020. A quarter of the nursing workforce in the state plans to obtain additional educational degrees in the next two years, yet this will still fall short of the 80% goal. Nurses may need support from employers, flexibility from educators, and financial support to achieve the goal.
3. In 2010 less than 5% of nurses were proficient in another language, and in 2012 over 10% of nurses are proficient in another language. Employers should recognize the contributions of bilingual employees and support continuing education efforts aimed at improving communication skills.
4. While nursing is far from racially diverse, some gains were noted in the percent of nurses identified as Asian. In 2010, 0.3% of nurses self-identified as Asian; in 2012, this rose to 1.3%. Schools of nursing need to support students of diverse backgrounds as they may have unique learning needs.

References:

Dean-Barr, S., Murray, M.E., Acord, L., & Henriques, J. (Eds.). (March, 2012). *Wisconsin Registered Nurse Survey: 2010 Executive Summary*. Retrieved from http://www.heab.state.wi.us/docs/commission/rn-survey-summary-0807.pdf

Institute of Medicine Report. (2011). The Future of Nursing: Leading Change, *Advancing Health.* Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

J. Emergency Preparedness

The 2012 Nursing Workforce Survey collected information related to formal education or training in emergency preparedness. More than half of the nurses in the state have received emergency response training (Table III.15.). Of those RNs who reported receiving training, 54% participated in an emergency preparedness exercise in the past two years and/or responded to an actual incident or disaster. Less than 2.5% of nurses are members of the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) or members of the Medical Reserve Corps.

Table III. 15.
Nurse Participation or Involvement in Emergency Preparedness by DHS Region by Primary Job

	Statewide		Region 1 Southern	Region 2 Southeastern	Region 3 Northeastern	Region 4 Western	Region 5 Northern
Received Training in Emergency Preparedness and Response							
	41,297		7,816	15,709	7,970	4,043	5,759
Participation in an Emergency Preparedness Exercise in Past 2 Years							
Responded to actual emergency, incident or disaster in past 2 years	1,489		323	537	263	159	207
Member of Wisconsin Emergency Assistance Volunteer registry (WEAVR)	928		203	254	203	95	173
Member of Medical Reserve Corps (MrC) unit	68		14	26	14	*	*

*cells too small to report

Table III.16 shows approximately 50% of the nurses completing the survey reported having completed formal education or training in this area. Of those RN's who did report having participated in emergency preparedness education or training, 91% report that they received that education or training through their employer.

Table III. 16.
Formal Education or Training in Emergency Preparedness by DHS Region by Primary Job

	Statewide		Region 1 Southern	Region 2 Southeastern	Region 3 Northeastern	Region 4 Western	Region 5 Northern
Total	41,297		7,816	15,709	7,970	4,043	5,759
Provided by Employer	37,677		7,033	14,454	7,308	3,649	5,233
Provided by Voluntary Organization	1,159		260	396	206	127	170
Other	2,461		523	859	456	267	356

Recommendation:
In the event of an emergency, all nursing personnel may be called upon to provide assistance; however, only 41,297 out of 70,988 have received formal education or training. Additional efforts may be necessary to fully train the nursing workforce.

IV. ADVANCED PRACTICE NURSES
(N = 8,095)

This section provides information on the advanced practice nurse (APN) workforce in Wisconsin. All data reported in this section must be interpreted with caution. There were multiple questions on the survey that asked about advanced practice; respondents were not always consistent in identifying themselves as educated as APNs and/or working as APNs. First findings from the state level are presented (Tables IV.1., IV.2., and IV.3.), then broken down by Department of Health Services (DHS) regions of the primary position of APNs (Tables IV.4., IV.5., IV.6.), and by region of residence (Table IV.7., IV.8., and IV.9.).

There were 8,095 nurses living or working in Wisconsin who indicated they were educated as APNs and/or were working as APNs (Table IV.1). This represents 11.4% of the total RN sample. Almost all live in Wisconsin (95.5%), are female (89.9%), and not diverse (94.7%). They are, on average, about 50 years of age; however, there is a wide range, with many approaching retirement age. The majority (64.8%) report the highest degree in nursing to be at least a master's degree. It is unknown how many of the remaining 35.2% have graduate degrees in other fields, particularly PhDs. The proportion of DNPs is low; however, that is a relatively recent doctoral degree, and it is expected in the future that the proportion will increase. Almost one-half (49.9%) work in Wisconsin as an Advanced Practice Nurse. The nurses who are not working as APNs are in staff nurse, manager, executive, and faculty positions (data not shown). Nurses who work as APNs are, on average, about 5 years younger than their counterparts who do not work as APNs ($M_{APN} = 47.2 \pm 10.6$ vs. $M_{other} = 51.9 \pm 12.2$; $t = 18.4$ $p = .000$). Of those who work as APNs, 80% have a master's degree as compared to 40% of those who do not work at APNs. About 16% of those who work as APNs have less than a master's degree (data not shown). These nurses may have been certified prior to July 1, 1998, when a master's degree became a requirement (Wisconsin Administrative Code Chapter N 8.04).

Table IV.1.
Demographics of Nurses Who Were Educated or Work as APNs in WI

Demographics	**(*N* = 8,095)**	
	N	***%***
Resides in WI	7745	95.5
Resides out WI	350	4.3
Works in WI as APN	4043	49.9
Works out WI as APN	116	1.4
Not working as APN	3936	48.6
Male	818	10.1
Female	7277	89.9
Mean Age	49.49 (*SD* = 11.6)	
Diverse	427	5.3
Not diverse	7668	94.7
Education – highest nursing degree		
Diploma nursing	404	5.0
Associate nursing	972	12.0
Bachelor in nursing	1464	18.1
Master in nursing	4953	61.2
DNP	129	1.6
PhD	163	2.0

As can be seen in Table IV.2., slightly more than one-third of the APNs were credentialed as nurse practitioners at some point in time. Of the nurse practitioners with current certification, the highest proportion (17.2%) are credentialed as family, followed by adult (8.6%), and pediatrics (4%). Currently certified Clinical Nurse Specialists are in specialty areas of OB/Gyn/Women's Health (1.6%), and Adult (1.6%); however, the highest proportion (16.1%) identified no specialty designation. It is unclear whether to interpret this as meaning these APNs are not certified. It is not required to be certified to practice as a CNS unless prescribing authority is desired.

Table IV.2.
Characteristics of Nurses Who Were Educated or Work as APNs in WI

		(*N* = 8,095)
Credentialed (ever)		
	N	*%*
Nurse Practitioner	3023	37.3
Clinical Nurse Specialist	700	8.6
Certified Nurse Midwife	193	2.4
Certified Registered Nurse Anesthetist	729	9.0
Advanced Practice Nurse Prescriber	2598	32.1
Advanced Psychiatric Mental Health	143	1.8
Certification as Nurse Practitioner (current)		
Acute Care	179	2.2
Adult	694	8.6
Adult Psych-Mental Health	73	.9
College Health	*	*
Diabetes Management	27	.3
Emergency Nursing	*	*
Family	1391	17.2
Family Planning	11	.1
Family Psych-Mental Health	22	.3
Gerontological	178	2.2
Neonatal	77	1.0
OB-Gyn/Women's Health	278	3.4
Pediatric	323	4.0
School	*	*
No specialty designation	95	1.2
Other	487	6.0
Certification as Clinical Nurse Specialist (current)		
Acute/Critical Care–Adult	40	.5
Acute/Critical Care–Pediatric	7	.1
Acute/Critical Care-Neonatal	8	.1
Adult Health	129	1.6
Adult Psych ental Health	68	.8
Child/Adolescent Psych-Mental Health	12	.1
Diabetes Management-Advanced	18	.2
Home Health	5	.1
Gerontological	33	.4
Medical-Surgical	16	.2
OB-Gyn/Women's Health	130	1.6
Palliative Care-Advanced	9	.1
Pediatric	28	.3
Community/Public Health	11	.1
No specialty designation	1307	16.1
Other	412	5.1

*cells too small to report

For the 4,159 APNs who provided data on their licensure status (Table IV.3), Certified Nurse Midwives account for 4.4% and have been in practice about 12 years; Certified Nurse Anesthetists account for 15.2% (*n* = 632), and 78.6% (*n* = 3,267) report being currently licensed as an Advanced Practice Nurse Prescriber and have been licensed for almost 9 years.

Table IV.3.
Advanced Practice Nurses Licensed in WI

		(*N* = 4,159)
Credentialed/Licensed (current)		
	N	**%**
Certified Nurse Midwife	183	4.4
Mean years as CNM	12.80 (*SD* = 8.5)	
Certified Registered Nurse Anesthetist	632	15.2
Advanced Practice Nurse Prescriber	3,267	78.6
Mean years as prescriber	8.67 (*SD* = 6.4)	

Of the RNs who indicated they were educated and/or worked as APNs, the DHS region of their primary position could be identified for 6,929 of the sample of 8,095 APNs (85.6% of the APN sample) as can be seen in Table IV.4. Of the 1,166 who could not be assigned to a DHS region, 148 (12.7%) indicated working in Wisconsin as an APN; 91 (7.8%) reported working as an APN but not in Wisconsin; the others (*n* = 927, 79.5%) reported they were not working as APNs. For those whose DHS region of the primary job is known, between 75% and 80% live and work in the same DHS region. The demographic pattern of APNs who work across the DHS regions parallels that of the state as a whole. The Western region profile appears to be meaningfully different from the other regions in having a lower proportion of doctorally prepared nurses although the overall numbers of APNs with nursing doctoral degrees is very small.

Table IV.4.
Demographics of the APN Workforce with Primary Position in DHS

(*N* = 6,929)	**Southern** *n* = 1486		**Southeastern** *n* = 2617		**Northeastern** *n* = 1282		**Western** *n* = 649		**Northern** *n* = 895	
Demographics										
	n	***%***	***N***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Works in region as APN	769	51.8	1417	54.2	787	61.4	375	57.8	547	61.1
Works out of WI as APN	*	*	*	*	*	*	*	*	*	*
Not working as APN	708	47.6	1192	45.5	492	38.4	273	42.1	344	38.4
Male	146	9.8	166	6.3	154	12.0	100	15.4	134	15.0
Female	134	90.2	245	93.7	1128	88.0	549	84.6	761	85.0
Mean Age	48.76 (*SD* = 11.2)		48.01 (*SD* = 11.3)		48.22 (*SD* = 10.7)		48.07 (*SD* = 10.6)		48.92 (*SD* = 10.8)	
Diverse	59	4.0	225	8.6	33	2.6	23	3.5	18	2.0
Not diverse	142	96.0	2392	91.4	1249	97.4	626	96.5	877	98.0
Highest Nursing Degree										
Diploma	63	4.2	104	4.0	52	4.1	22	3.4	36	4.0
Associate Degree	163	11.0	308	11.8	159	12.4	100	15.4	121	13.5
Bachelor Degree	249	16.8	454	17.3	222	17.3	120	18.5	155	17.3
Master ‘s Degree	957	64.4	1619	61.9	816	63.7	396	61.0	553	61.8
DNP	19	1.3	62	2.4	19	1.5	*	*	12	1.3
PhD	33	2.2	69	2.3	12	.9	*	*	16	1.8

*cells too small to report

Table IV.5 shows the distribution of APNs across the DHS regions by their primary position. Although the distribution is fairly similar across all regions, the Southern region has a higher percent of adult nurse practitioners than other regions. This seems to be balanced by a lower percent of family nurse practitioners. Currently certified Clinical Nurse Specialists are focused in adult or women's health, but the highest percent across all DHS regions are most likely not certified in any specialty.

Table IV.5.
Characteristics of the APN Workforce with Primary Position in DHS

(*N* = 6,929)	Southern *n* = 1486		Southeastern *n* = 2617		Northeastern *n* = 1282		Western *n* = 649		Northern *n* = 895	
Credentialed (ever)										
	n	%	*N*	%	*n*	%	*N*	%	*n*	%
Nurse Practitioner	564	38	981	37.5	539	42	254	39.1	335	37.4
Clinical Nurse Specialist	143	9.6	293	11.2	59	4.6	37	5.7	53	5.9
Certified Nurse Midwife	35	2.4	59	2.3	27	2.1	*	*	46	5.1
Certified Registered Nurse Anesthetist	147	9.9	91	3.5	146	11.4	110	16.9	146	16.3
Advanced Practice Nurse Prescriber	441	29.7	823	31.4	546	42.6	237	36.5	318	3505
Adv Psych Mental Health	33	2.2	39	1.5	18	1.4	*	*	10	1.1
Certification as Nurse Practitioner (current)										
Acute Care	44	3.0	96	3.7	25	2.0	*	*	*	*
Adult	179	12.0	203	7.8	105	8.2	753	8.2	91	10.2
Adult Psych-Mental Health	18	1.2	16	.6	12	.9	07	1.1	9	1.0
College Health	*	*	0	0.	0	0	0	0	0	0
Diabetes Management	9	.6	5	.2	6	.5	5	.8	*	*
Emergency Nursing	0	0	*	*	*	*	*	*	*	*
Family	134	9.0	430	16.4	372	29.0	162	25.0	188	21.0
Family Planning	*	*	*	*	*	*	*	*	*	*
Family Psych-Mental Health	*	*	*	*	6	.5	*	*	0	0
Gerontological	53	3.6	58	2.2	25	2.0	8	1.2	16	1.8
Neonatal	8	.5	38	1.5	14	1.1	*	*	9	1.0
OB-Gyn/ Women's Health	60	4.0	87	3.3	40	3.1	17	2.6	38	4.2
Pediatric	97	6.5	141	5.4	16	1.2	10	1.5	25	2.8
School	0	0	0	0	*	*	0	0	0	0
No specialty designation	26	1.7	13	.5	15	1.2	10	1.5	12	1.3
Other	103	6.9	124	4.7	82	6.4	58	8.9	71	7.9
Certification as Clinical Nurse Specialist (current)										
Acute/Critical Care-Adult	8	.5	18	.7	*	*	*	*	*	*
Acute/Critical Care-Pediatric	0	0	*	*	*	*	0	0	*	*
Acute/Critical Care-Neonatal	0	0	7	.3	0	0	0	0	*	*
Adult Health	22	1.5	53	2.0	18	1.4	9	1.4	20	2.2
Adult Psych-Mental Health	15	1.0	27	1.0	12	.9	*	.*	*	*
Child/Adolescent Psych-Mental Health	*	*	*	*	*	*	0	0	0	0
Diabetes Mgmt-Advanced	*	*	*	*	*	*	*	*	*	*
Home Health	*	*	*	*	0	0	0	0	0	0
Gerontological	7	.5	16	.6	*	*	*	*	*	*

Characteristics of the APN Workforce with Primary Position in DHS (continued)										
	Southern		Southeastern		Northeastern		Western		Northern	
Certification as Clinical Nurse Specialist (current)										
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Medical-Surgical	*	*	8	.3	*	*	*	*	0	0
OB-Gyn/Women's Health	26	1.7	47	1.8	19	1.5	8	1.2	24	2.7
Palliative Care-Advanced	*	*	*	*	*	*	0	0	*	*
Pediatric	9	.6	10	.4	*	*	*	*	*	*
Community/ Public Health	*	*	*	*	*	*	0	0	0	*
No specialty designation	227	15.3	361	13.8	300	23.4	130	20.0	204	22.8
Other	72	4.8	96	3.7	96	7.5	55	8.5	65	7.3

*cells too small to report

There were 3,920 valid responses to the licensure questions (Table IV.6.). More than three-quarters of APNs are licensed as Advanced Practice Nurse Prescribers, with few differences across regions. The lowest percentages of Certified Nurse Midwives are in the Northeastern and Western regions and the highest percent is in the Northern region. There are proportionally fewer Certified Registered Nurse Anesthetists in the Southeastern DHS region than in other regions. This is perhaps due to the types of hospitals in this region and the availability and proportion of anesthesiologists across regions.

Table IV.6.
APNs Licensed in WI by Primary Position in DHS Regions

(*N* = 3,920)	Southern *n* = 778		Southeastern *n* = 1425		Northeastern *n* = 790		Western *n* =376		Northern *n* = 551	
Credentialed/Licensed (current)										
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Certified Nurse Midwife	32	4.1	63	4.4	22	2.8	6	1.6	51	9.3
Mean years as CNM	11.94 (*SD* = 8.4)		12.27 (*SD* = 8.2)		11.73 (*SD* = 7.6)		8.00 (*SD* = 6.0)		12.28 (*SD* = 9.6)	
Certified Registered Nurse Anesthetist	142	18.3	88	6.2	133	16.8	92	24.5	132	24.0
Advanced Practice Nurse Prescriber	619	79.6	1038	72.8	688	87.1	315	83.8	451	81.9
Mean years as prescriber	9.20 (*SD* = 6.5)		8.73 (*SD* = 6.4)		8.44 (*SD* = 6.0)		8.75 (*SD* = 6.0)		8.16 (*SD* = 6.3)	

*cells too small to report

Of those RNs who indicated that they were educated and/or worked as APNs, the DHS region of residence could be identified for 7,745 of the sample of 8,095 APNs (95.6% of the APN sample) as can be seen in Table IV.7. For those whose DHS region of the primary job is known, between 75% and 80% live and work in the same DHS region. The demographic pattern of APNs across the DHS regions parallels that of the state as a whole. There is no one region where the profile appears to be meaningfully different from the other regions except for the Northern region, where a slightly higher proportion of APNs work out of Wisconsin. This may be due to the proximity to a neighboring state with a large city and perhaps more employment opportunities. The same pattern for the proportion of Certified Registered Nurse Anesthetists is seen in this table as in Table IV.6., with a lower proportion working in the Southeastern region.

Table IV.7.
Demographic and Other Characteristics of the APN Workforce with Residence in DHS Regions

(*N* = 7,745)	Southern *n* = 1690		Southeastern *n* = 2905		Northeastern *n* = 1478		Western *n* = 730		Northern *n* = 942	
Demographics										
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Works in WI as APN	791	46.8	1402	48.3	795	53.8	379	51.9	462	49.0
Works out of WI as APN	21	1.2	25	.9	9	.6	9	1.2	41	4.4
Not working as APN	878	52.0	1478	50.9	674	45.6	342	46.8	439	46.6
Male	173	10.2	178	6.1	168	11.4	105	14.4	128	13.6
Female	151	89.8	2727	93.9	1310	88.6	625	85.6	814	86.4
Mean Age	50.15 (*SD* = 11.7)		49.13 (*SD* = 11.9)		49.42 (*SD* = 11.5)		49.31 (*SD* = 11.5)		49.54 (*SD* = 11.5)	
Diverse	67	4.0	254	8.7	37	2.5	24	3.3	19	2.0
Not diverse	162	96.0	2651	91.3	1441	97.5	706	96.7	923	98.
Highest Nursing Degree										
Diploma	81	4.8	133	4.6	85	5.8	40	5.5	49	5.2
Associate degree	168	9.9	339	11.7	182	12.3	113	15.5	129	13.
Bachelor degree	289	17.1	524	18.0	273	18.5	132	18.1	189	20.
Master's Degree	108	64.2	1765	60.8	898	60.8	433	59.3	546	58.
DNP	19	1.1	65	2.2	22	1.5	*	*	13	1.4
PhD	45	2.7	78	2.7	15	1.0	6	0.8	14	1.5

*cells too small to report

Table IV.8. shows the distribution of APNs across the DHS regions where they reside. Although the distribution is fairly similar across all regions and to the pattern by DHS region primary position (Table IV.5.), the Southern region has a higher percentage of adult nurse practitioners than other regions. This seems to be balanced by a lower percentage of family nurse practitioners. Currently certified Clinical Nurse Specialists are focused in adult or women's health, but the highest percent across all DHS regions are most likely not certified in any specialty.

Table IV.8.
Characteristics of the APN Workforce with Residence in DHS

(*N* = 7,745)	Southern *n* = 1486		Southeastern *n* = 2617		Northeastern *n* = 1282		Western *n* = 649		Northern *n* = 895	
Credentialed (ever)										
	n	%	*n*	%	*n*	%	*N*	%	*n*	%
Nurse Practitioner	642	38.0	1,052	36.2	585	39.6	276	37.8	339	36.0
Clinical Nurse Specialist	173	10.2	326	11.2	73	4.9	42	5.8	59	6.3
Certified Nurse Midwife	44	2.6	65	2.2	28	1.9	7	1.0	40	4.2
Certified Registered Nurse Anesthetist	172	10.2	79	2.7	156	10.6	116	15.9	137	14.5
Advanced Practice Nurse Prescriber	490	29.0	857	29.5	568	38.4	262	35.9	312	33.1
Advanced Psychiatric Mental Health	41	2.4	46	1.6	20	1.4	15	2.1	15	1.6

Characteristics of the APN Workforce with Residence in DHS (continued)										
Certification as Nurse Practitioner (current)										
Acute Care	43	2.5	99	3.4	24	1.6	*	*	*	*
Adult	202	12.0	212	7.3	111	7.5	56	7.7	87	9.2
	Southern		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Certification as Nurse Practitioner (current)										
	N	***%***	***n***	***%***	***n***	***%***	***N***	***%***	***n***	***%***
Adult Psych-Mental Health	19	1.1	17	.6	14	.9	8	1.1	8	.8
College Health	*	*	0	0	0	0	0	0	*	*
Diabetes Management	10	.6	*	*	6	.4	*	*	*	*
Emergency Nursing	0	0	*	*	*	*	0	0	*	*
Family	134	7.9	460	15.8	380	25.7	175	24.0	180	19.1
Family Planning	*	*	*	*	*	*	*	*	0	0
Family Psych-Mental	*	*	*	*	6	.4	*	*	*	*
Gerontological	58	3.4	60	2.1	26	1.8	9	1.2	19	2.0
Neonatal	8	.5	25	.9	17	1.2	*	*	7	
Ob-Gyn/ Women's Health	75	4.4	93	3.2	41	2.8	20	2.7	38	4.0
Pediatric	104	6.2	149	5.1	25	1.7	12	1.6	24	2.5
School	*	*	*	*	*	*	0	0	0	0
No specialty designation	25	1.5	18	.6	19	1.3	10	1.4	15	1.6
Other	112	6.6	124	4.3	85	5.8	58	7.9	75	8.0
Certification as Clinical Nurse Specialist (current)										
Acute/Critical Care–Adult	9	.5	19	.7	*	*	*	*	*	*
Acute/Critical Care–Peds.c	*	*	*	*	*	*	0	0	*	*
Acute/Critical Care-Neonatal	0	0	6	.2	0	0	0	0	*	*
Adult Health	22	1.3	55	1.9	19	1.3	9	1.2	16	1.7
Adult Psych-Mental Health	14	.8	27	.9	13	.9	*	*	*	*
Child/Adolescent Psych-Mental Health	*	*	*	*	*	*	0	0	*	*
Diabetes Mgmt–Advanced	*	*	*	*	*	*	*	*	*	*
Home Health	*	*	*	*	0	0	0	0	0	0
Gerontological	7	.4	18	.6	*	.2	*	*	*	*
Medical-Surgical	*	*	8	.3	*	*	*	*	*	*
OB-Gyn/Women's Health	30	1.8	44	1.5	19	1.2	6	.8	25	2.7
Palliative Care-Advanced	*	*	*	*	*	*	0	0	*	*
Pediatric	8	.5	12	.4	8	*	*	*	*	*
Community/Public Health	*	*	*	*	*	*	0	0	*	*
No specialty designation	240	14.2	370	12.7	303	20.5	133	18.2	174	18.5
Other	79	4.7	93	3.2	98	6.6	60	8.2	59	6.3

*cells too small to report

There were 3,934 valid responses to the licensure questions (Table IV.9.). More than three-quarters of APNs are licensed as Advanced Practice Nurse Prescribers, with few differences across regions. The lowest percentages of Certified Nurse Midwives are in the Northeastern and Western regions, and the highest percent is in the Northern region. There are proportionally fewer Certified Registered Nurse Anesthetists in the Southeastern DHS region than in other regions. This is perhaps due to the types of hospitals in this region and the availability and proportion of anesthesiologists across regions.

Table IV.9.
Advanced Practice Nurses Licensed in WI with Residence in DHS Regions

(*N* = 3,934)	Southern *n* = 812		Southeastern *n* = 1427		Northeastern *n* = 804		Western *n* = 388		Northern *n* = 503	
	n	%	*N*	%	*n*	%	*n*	%	*n*	%
Certified Nurse Midwife	37	4.6	62	4.3	24	3.0	8	2.1	42	8.3
Mean years as CNM	11.76 (*SD* = 7.9)		12.27 (*SD* = 8.0)		12.42 (*SD* = 8.4)		10.00 (*SD* = 6.4)		12.33 (*SD* = 10.1)	
Certified Registered Nurse Anesthetist	155	19.1	73	5.1	134	16.7	92	23.7	112	22.3
Advanced Practice Nurse Prescriber	641	78.9	1035	72.5	700	87.1	324	83.5	394	78.3
Mean years as prescriber	9.34 (*SD* = 6.4)		8.69 (*SD* = 6.4)		8.34 (*SD* = 6.0)		9.09 (*SD* = 6.1)		8.34 (*SD* = 6.5)	

*cells too small to report

Summary:

The percent of RNs in the sample for this report who work as APNs in Wisconsin is 5.7%. This is lower than the national average of 8.7% (U.S. Department of Health and Human Services, 2010). Considering the expectations from the Affordable Care Act to increase preventive and primary care, this is a low percent, particularly since only a portion of those are nurse practitioners. In addition, there are a number of APNs who currently do not work in APN roles and who may not be functioning to the extent of their education (IOM, 2011). As with other RNs in the state, APNs are aging as well with a portion anticipated to retire in the next decade. APNs who work in an APN role are about 5 years younger than their peers who do not work as APNs; they are still in their late 40s. There are great similarities in the type and distribution of APNs across the DHS regions.

Recommendations:

1. In recognition that the Affordable Care Act will be fully implemented in 2014 when the need for Primary Care Providers will be significant and consistent with the IOM report for APN nurses to be able to practice to the full extent of their education and training, identify strategies to increase the number of new Advanced Practice Nurses in the state, particularly nurse practitioners.
2. Refine the survey to gain a better picture of Advanced Practice Nurses as defined by the Wisconsin Administrative Code (Chapter N 8) with respect to their present certification and positions, including intent to stay in practice as APNs.

References:

Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). *The future of nursing: Leading change, advancing health.* Washington, DC: National Academies of Science.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2010). *The Registered Nurse Population. Findings from the 2008 National Sample Survey of Registered Nurses.* Washington, DC: author.

V. Issues in the Workforce

In this section, the authors will identify issues in the Registered Nurse workforce and use the data from the 2012 Registered Nurse Survey to facilitate discussion and inform decision making. When appropriate, data will be presented, first at the aggregate state level and then by Department of Health Services Regions for comparison.

The following issues will be examined:

A. The Clinical Practice of Nurses Under 30 Years of Age
B. The Clinical Practice of Nurses Over 55 Years of Age
C. An Aging Nursing Faculty
D. The Clinical Practice of Associate Degree Prepared Registered Nurses
E. The Clinical Practice of Baccalaureate Degree Prepared Registered Nurses
F. The Clinical Practice of Master's Degree Prepared Registered Nurses
G. The Clinical Practice of Registered Nurses with Doctoral Preparation
    1. Registered Nurses with a PhD, ND, or DNSc Degree
    2. Registered Nurses With a Doctorate in Nursing Practice
H. The Registered Nurse Workforce in Urban and Rural Settings

Issue V.A. The Clinical Practice of Nurses Under 30 Years of Age

While much has been written about the aging of the Registered Nurse force, few have examined the registered nurses who are new to the profession. For this analysis, all registered nurses under 30 years of age who live in Wisconsin and/or work in Wisconsin were selected. In the detailed analysis, the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows will not total to 100%.

In Table V.1., it is notable that there are 7,747 nurses under 30 years of age living and/or working in WI. This group (under 30 years) comprises about 11% of the total nursing workforce in the state. There are slightly more men and members of diverse groups in this group than in the state as a whole, perhaps suggesting changing demographics in the profession. The newest members of the profession are more likely to speak an additional language. The percentage of these nurses holding a baccalaureate degree (65.2%) is more than twice the number of those holding an associate degree (31.6%) as the highest degree. There are over 300 nurses under the age of 30 years who are qualified to practice as an Advanced Practice Nurse.

Table V.1.
The Registered Nurse Workforce Under 30 Years of Age in WI

	Total Under Age 30 Years			**21-23 Years**		**24-26 Years**		**27-29 Years**	
Demographics									
	n	***%***		***N***	***%***	***n***	***%***	***n***	***%***
Resides in WI	7,535	97.3		348	97.8	2,981	97.3	4,206	97.2
Resides out WI	212	2.7		8	2.2	82	2.7	122	2.8
Primary job in WI	7,214			324	95.0	2,838	96.0	4,052	96.2
Primary job out WI	130			6	1.8	56	1.9	68	1.6
Resides WI, not working	168			11	3.2	63	2.1	94	2.2
Male	422	5.4		24	6.7	166	5.4	232	5.4
Female	7,325	94.6		332	93.3	2,897	94.6	4,096	94.6
Mean age	26.65 (SD = 1.78)			22.88 (SD = 0.34)		25.17 (SD = 0.79)		28.016 (SD = 0.81)	
Diversity									
Diverse	468	6.0		17	4.8	178	5.8	273	6.3
Not diverse	7,279	94.0		339	95.2	2,885	94.2	4,055	93.7
Speaks one or more additional language	1,171	15.1		67	18.8	499	16.2	605	13.9
Highest Nursing Degree									
Diploma	55	0.7		0	0	23	0.8	32	0.7
Associate's degree	2,446	31.6		131	36.8	827	27.0	1,488	34.4
Bachelor's degree	5,048	65.2		225	63.2	2,197	71.7	2,626	60.7
Master's degree	187	2.4		0	0	14	.05	173	4.0
DNP	*	*		0	0	*	*	*	*
PhD	0	0		0	0	0	0	0	0
Additional Training that Qualifies You to Practice as Advanced Practice Nurse									
Yes	333	4.3		8	2.2	70	2.3	255	5.9

*cells too small to report

Table V.2. presents details regarding the nursing positions of young nurses. There is an extraordinary rate, 96.4%, of employment in nursing and only 122 (1.6%) nurses statewide who report being unemployed and seeking work in nursing. Over 1,000 nurses of this age group of nurses report having a second position (13.7%) at which they work an average of 10.4 hours per week. Note that as the age of nurses increases, the number of unemployed nurses increases. It is difficult to speculate on the reason for this unemployment, but the data does suggest that this is a very limited pool of nurses to recruit in the event of a critical shortage.

Also note that 94.3% of these nurses are engaged in providing direct patient care, and the vast majority, 72.2%, are employed in hospitals followed by extended care (11.2%). The majority, 88.8%, are employed as staff nurses. In their primary position, most (70.6%) are paid an hourly wage.

Table V.2.
Employment Status of Registered Nurse Workforce in WI Under 30 Age Years

	Total Under Age 30 Years			21-23 Years		24-26 Years old		27-29 Years	
Employment Status									
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***
Working as a nurse	7,469	96.4		340	95.5	2,959	96.6	4,170	96.3
Working in health care, not nsg	58	0.7		*	*	22	0.7	35	0.8
Working in another field	40	0.5		*	*	16	0.5	20	0.5
Unemployed , seeking nsg work	122	1.6		9	2.5	52	1.7	61	1.4
Unemployed, seeking work outside nursing	*	*		*	*	0	0	*	*
Unemployed, not seeking work	56	0.7		*	*	*	*	40	0.9
Primary Function to Provide Direct Patient Care (DPC)									
Yes	6,924	94.3		324	98.2	2,787	96.3	3,813	92.5
No, provide limited DPC	135	1.8		*	*	*	*	89	2.2
No, supervise DPC	115	1.6		*	*	*	*	90	2.2
No, have in past	134	1.8		*	*	*	*	108	2.6
No, provided limited DPC in past	22	0.3		0	0	10	0.3	12	0.3
No, have never provided DPC	14	0.2		0	0	6	0.2	8	0.2
Mean # of yrs providing DPC	2.61			.85		1.68		3.41	
Primary Work Setting									
Hospital	5,301	72.2		244	73.9	2,147	74.2	2,910	70.6
Extended care	809	11.0		61	18.5	364	12.6	384	9.3
Ambulatory care	662	9.0		10	3.0	189	6.5	463	11.2
Home health	261	3.6		8	2.4	96	3.3	157	3.8
Public health	134	1.8		*	*	*	*	78	1.9
Nurse educator	15	0.2		*	*	*	*	12	0.3
Other	162	2.2		*	*	*	*	116	2.8
Function at Primary Position									
Staff nurse	6,522	88.8		312	94.5	2,662	92.0	3,548	86.1
Case manager	238	3.2		6	1.8	75	2.6	157	3.8
Staff in other industry	*	*		0	0	*	*	*	*
Nurse manager	209	2.8		*	*	*	*	140	3.4
Manager other industry	*	*		0	0	*	*	*	*
Advanced Practice Nurse	111	1.5		*	*	*	*	103	2.5
Consultant	18	0.2		*	*	*	*	13	0.3
Administrator	15	0.2		0	0	0	0	15	0.4
Nurse executive	*	*		0	0	*	*	*	*
Nurse faculty	66	0.9		*	*	35	1.2	*	*
Nurse researcher	13	0.2		0	0	*	*	9	0.2
Other	144	2.0		*	*	*	*	99	2.4

Employment Status of Registered Nurse Workforce in WI Under 30 Years of Age (continued)									
	Total Under Age 30 Years			21-23 Years		24-26 Years old		27-29 Years	
Payment Basis of Primary Position									
Full time, salary	548	7.5		6	1.8	146	5.0	396	9.6
Full time, hourly	5,185	70.6		244	73.9	2,185	75.5	2,756	66.9
PT, salary	37	0.5		*	*	14	0.5	22	0.5
PT, hourly	1,414	19.3		74	22.4	502	17.3	838	20.3
Per diem	153	2.1		*	*	45	1.6	103	2.5
Mean hours worked per week primary job	37.31			36.95		37.98		36.88	
Have a second job	1,004	13.7		52	15.8	379	13.1	573	13.9
Mean hours per week in second job	10.47			10.52		11.33		9.90	

*cells too small to report

Table V.3. reveals that 15.8% of the nurses in this group as a whole (n=1,227) changed employment in the past year. Most (644, 14.9%) of the employment changes to a new employer were in the 27-29 year-old group. These respondents (27-29 year olds) cited promotion/advancement as the most important factor in their change of employment. While a large number statewide (859 or 11.1%) changed hours, the direction of the change is not known.

Reviewing factors contributing to a change in employment status suggests that working conditions may continue to be a major source of dissatisfaction for registered nurses; 526 (13.6%) nurses changed positions citing more convenient hours as the reason. Another 426 (12.8%) expressed dissatisfaction with their previous position. Salary and benefits were only the sixth most frequent reason listed for changing positions.

Table V.3.
Changes in Employment Status of Registered Nurses Under 30 Years of Age in WI

	Total Under Age 30 Years			21-23 Years		24-26 Years		27-29 Years	
Change in Past Year									
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***
No change	3,781	48.8		91	25.6	1,330	43.4	2,360	54.5
Change in number hours worked	859	11.1		23	6.5	319	10.4	517	11.9
New position/ same employer	918	11.8		32	9.0	361	11.8	525	12.1
New position /different employer	1,227	15.8		38	10.7	545	17.8	644	14.9
Was not working as RN but am now	794	10.2		168	47.2	435	14.2	191	4.4
Was working as RN but no longer	78	1.0		0	0	31	1.0	47	1.1
Factor Most Important in Change of Employment									
Child care responsibilities	346	8.9		*	*	*	*	261	13.0
Other family responsibilities	72	1.9		*	*	*	*	46	2.3
Salary/benefits	296	7.6		16	7.4	129	7.9	151	7.5
Laid off	28	0.7		0	0	9	0.5	19	0.9
Change in spouse/partner work	88	2.3		*	*	26	1.6	59	2.9
Change in financial status	95	2.5		8	3.7	42	2.6	45	2.2
Relocation	443	11.4		18	8.4	233	14.2	192	9.5
Promotion/advancement	816	21.1		79	36.7	351	21.4	386	19.2

Change in Past Year RNs in WI Under 30 Years of Age (continued)									
	Total Under Age 30 Years			21-23 Years		24-26 Years		27-29 Years	
Factor Most Important in Change of Employment									
	n	%		*n*	%	*n*	%	*n*	%
Change in health status	38	1.0		*	*	19	1.2	*	*
More convenient hours	526	13.6		11	5.1	211	12.9	304	15.1
Dissatisfaction with previous position	496	12.8		11	5.1	223	13.6	262	13.0

*reflect cells too small to report

In Table V.4., the varied plans of young registered nurses to remain in direct patient care (DPC) positions are presented.

Table V.4.
Future Plans of Registered Nurses in WI Under 30 Years of Age

	Total Under Age 30 Years			21-23 Years		24-26 Years		27-29 Years	
Plan to Work Providing Direct Patient Care									
	n	%		*n*	%	*n*	%	*n*	%
< 2 years	252	3.5		*	*	*	*	149	3.7
2-4 years	749	10.3		35	10.5	297	10.2	417	10.4
5-9 years	944	13.0		42	12.7	389	13.3	513	12.8
10-19 years	1,103	15.2		46	13.9	446	15.3	611	15.3
20-29 years	1,037	14.3		51	15.4	349	12.0	637	15.9
30 or > years	3,168	43.7		154	46.4	1,337	45.8	1,677	41.9
Plan to Work in Present Type of Employment									
	n	%		*n*	%	*n*	%	*n*	%
< 2 years	1,599	21.2		102	29.7	700	23.5	797	18.9
2-4 years	2,120	28.1		109	31.8	939	31.5	1,072	25.4
5-9 years	1,031	13.7		47	13.7	394	13.2	590	14.0
10-19 years	463	6.1		15	4.4	166	5.6	282	6.7
20-29 years	433	5.7		12	3.5	102	3.4	319	7.6
30 or more years	1,903	25.2		58	16.9	684	22.9	1,161	27.5
Plans for Further Education in Nursing									
No plans	2,823	36.4		104	29.2	934	30.5	1,785	41.2
Currently enrolled in BSN	560	7.2		52	14.6	219	7.1	289	6.7
Currently enrolled in MS	597	7.7		*	*	*	*	388	9.0
Currently enrolled in DNP	64	0.8		*	*	*	*	40	0.9
Currently enrolled in PhD	9	0.1		*	*	*	*	*	*
Currently enrolled in specialty certificate	50	0.6		*	*	22	0.7	27	0.6
Plan to pursue within 2 years	3,644	47.0		191	57.3	1,658	54.1	1,795	41.5
Single Most Important Factor in Career Decisions Today									
Personal satisfaction/ collegial relationships	27	0.4		*	*	*	*	17	0.4
Family personal issues	2,743	36.4		133	39.0	1,187	40.0	1,423	33.7
Pay	1,134	15.0		21	6.2	327	11.0	786	18.6
Medical benefits	1,064	14.1		49	14.4	386	13.0	629	14.9
Retirement benefits	110	1.5		*	*	40	1.3	68	1.6
Hours/shift availability	8	0.1		0	0	*	*	*	*
Potential for advancement	1,370	18.2		51	15.0	527	17.7	792	18.7
Employer supported education	661	8.8		47	13.8	307	10.3	307	7.3
Worksite location	141	1.9		13	3.8	53	1.8	75	1.8
Physical work requirements	262	3.5		22	6.5	125	4.2	115	2.7
Physical disability	16	0.2		*	*	9	0.3	*	*

*reflect cells too small to report

Summary:

This age group (21–29 years) represents the future of the profession, those RNs who will have the longest length of time to remain active in nursing. These data show that they are increasingly prepared at the baccalaureate level (65.2%), more diverse than older comparison groups (6.0%), and have more males in the age group (5.4%). They are largely employed as nurses, and the majority is employed in hospitals. Almost half of this group changed positions in the past year with promotion and advancement cited as the most frequent reason. A disturbing number (496, 12.8%) identified dissatisfaction in their previous position as the reason for the change in employment. While only 16.4% are currently enrolled in additional degree granting programs, almost half (47%) stated their intention to enroll in the next two years.

Recommendations:

1. Assure access and availability of funding for registered nurses seeking to further their education in degree programs.
2. Conduct age-stratified workforce studies that examine the working environment of nurses and the relationship to turnover and changes in employment.
3. Engage in active and early recruitment to doctoral programs that provide preparation for a faculty role.

Issue V.B. An Aging Registered Nurse Workforce

Nurses who study the Registered Nurse workforce have long expressed concern about the age of the nursing workforce (Buerhaus, Staiger, & Auerback, 2000; Juraschek, Zhang, Ranganathan, & Lin, 2012; Hall, Lalonde, Dales, 2011). In this section, the employment patterns and plans of registered nurses in Wisconsin who are over 55 years of age and who report that they are employed are examined. Over one-fourth (27.6%) of Wisconsin RNs are in this age group. This working group was further stratified in five-year increments. In the total comparisons, all nurses who live and/or work in the state are included.

Note that there are some nurses over 75 years of age who report they are employed but, in the detailed analysis, the cells become so small that assuring confidentiality is impossible. As a result of deleting this age group and suppressing small cells, rows will not total to 100%. Also note that the age groups are collapsed into 55-59.9, 60-64.9, etc. The numbers are rounded in the table but they do not overlap.

Table V.5.
Registered Nurse Workforce Age 55 Years and Over in WI Who Report Employment

Age (report working)	**Total > 55 Years**		**55-60 Years**		**60-65 Years**		**65-70 Years**		**70–75 Years**	
	n	%	***n***	***%***	***N***	***%***	***n***	***%***	***n***	***%***
	16,367	27.6	8,695	14.7	5,589	9.4	1,608	2.7	425	0.7

*% of total WI RN workforce

In Table V.6, the changing educational preparation of nurses is noted. In this group, over 3,000 (18.6%) nurses report a diploma in nursing as their highest degree, as compared to 55 (0.7%) for nurses under 30 years of age. National trends identify the baccalaureate degree as the requirement for entry into professional nursing practice. In this age group (over 55 years of age), the largest number (5,996, 36.6%) of nurses are prepared at the baccalaureate level; 5,242 (32%) are prepared at the associate degree level. Most, 72%, of these nurses report working in urban areas or the city of Milwaukee.

Table V.6.
Demographics of Registered Nurse Workforce Age 55 Years and Over in WI

	Total >55 Years			**55-60 Years**		**60-65 Years**		**65-70 Years**		**70-75 Years**	
	n	***%***		***N***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Demographics											
Reside in WI	15,713	96		8,348	96.0	5,363	96	1,540	95.8	412	96.9
Reside out WI	654	4.0		347	4.0	226	4.0	68	4.2	13	3.1
Works in WI	16,367			8,695		5,589		1,608		425	
Male	1,029	6.3		528	6.1	391	7.0	98	6.1	11	2.6
Female	15,338	93.7		8,167	93.9	5,198	93	1,510	93.9	414	97.4
Diversity											
Diverse	497	3.0		293	3.4	137	2.5	46	2.9	21	4.9
Not Diverse	15,870	97.0		8,402	96.6	5,452	97.5	1,562	97.1	404	95.1

Demographics of Registered Nurse Workforce Age 55 Years and Over in WI (continued)										
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Highest Nursing Degree											
	n	*%*		*N*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Diploma	3,048	18.6		1,185	13.6	1,162	20.8	493	30.7	186	43.8
Associate	5,242	32.0		2,936	33.8	1,790	32.0	423	26.3	86	20.2
Baccalaureate	5,996	36.6		3,454	39.7	1,931	34.6	488	30.3	109	25.6
Master	1,878	11.5		1,018	11.7	639	11.4	177	11.0	37	8.7
Doctorate	179	1.1		94	1.1	57	1.0	22	1.4	6	1.4
Diversity											
Diverse	497	3.0		293	3.4	137	2.5	46	2.9	21	4.9
Not diverse	15,870	97.0		8,402	96.6	5,452	97.5	1,562	97.1	404	95.1
Urban/Rural Designation of Primary Position (Total = 15,978)											
City of Milwaukee	3,613	22.6		1,960	23.1	1,216	22.3	333	21.2	94	23.0
Urban area >50,000	7,901	49.4		4,236	49.8	2,698	49.5	760	48.4	184	45.0
Rural 2,500 – 50,000	3,406	21.3		1,786	21.0	1,178	21.6	344	21.9	90	22.0
Rural < 2,500	1,058	6.6		519	6.1	357	6.6	132	8.4	41	10.0

*cells too small to report

Table V.7. indicates that most working nurses in these age groups hold positions in nursing and health care. The largest percentage (43%) report hospital employment setting and a staff nurse (54.4%) role. The majority (67%) is providing direct patient care and is planning to stay in that role for 5-9 years. This suggests a workforce of experienced nurses to mentor the graduates new to the profession. This is also a group that includes 2,305 registered nurses qualified to practice as APNs. With the increase in people now covered by health insurance and the subsequent increased demand for health care, this is an important part of the potential primary care provider workforce.

Table V.7.
Employment Status of Registered Nurse Workforce Age 55 Years and Over in WI

	Total >55 Years			55-60 years		60-65 years		65-70 years		70-75 years	
Employment Description											
	n	*%*		*N*	*%*	*n*	*%*	*N*	*%*	*n*	*%*
Nursing	12,910	78.9		7,007	80.6	4,393	78.6	1,186	73.8	294	69.2
Health care, not nursing	651	4.0		320	3.7	214	3.8	85	5.3	28	6.6
Retail sales and service	13	0.1		6	0.1	6	0.1	*	*	*	*
Nurse educator	1,126	6.9		550	6.3	382	6.8	138	8.6	49	11.5
Financial, accounting, insurance	189	1.2		89	1.0	76	1.4	*	*	*	*
Consulting	269	1.6		131	1.5	78	1.4	44	2.7	15	3.5
Other	1,209	7.4		592	6.8	440	7.9	133	8.3	36	8.5

Primary Role Registered Nurse Workforce Age 55 Years and Over in WI (continued)										
	Total >55 Years			**55-60 Years**		**60-65 Years**		**65-70 Years**		**70-75 Years**
Primary Role to Provide Direct Patient Care (DPC)										
	n	***%***		***N***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Yes	10,976	67.1		5,927	68.2	3,746	67	1,012	62.9	261	61.4
No, limited DPC in past	1,119	6.8		594	6.8	389	7.0	106	6.6	28	6.6
No, I supervise DPC	1,328	8.1		710	8.2	454	8.1	130	8.1	32	7.5
No, but have in past	2,427	14.8		1,222	14.1	824	14.7	288	17.9	82	19.3
No, provided limited DPC in past	2.22	1.4		107	1.2	70	1.3	34	2.1	8	1.9
No, never provided DCP	295	1.8		135	1.6	106	1.9	38	2.4	14	3.3
Mean years providing DPC	26.23			21.31		27.39		30.16		34.15	
Mean hours per week at primary position	35.07			37.01		35.25		28.52		20.28	
Primary Work Setting											
Hospital	7,088	43.3		4,000	46.0	2,409	43.1	563	35.0	108	25.4
Extended care	1,938	11.8		938	10.8	659	11.8	241	15.0	90	21.2
Ambulatory care	3,131	19.1		1,701	19.6	1,099	19.7	268	16.7	57	13.4
Home health	1,095	6.7		511	5.9	380	6.8	150	9.3	51	12.0
Public health	890	5.4		463	5.3	279	5.0	105	6.5	36	8.5
Nurse educator	604	3.7		284	3.3	206	3.7	78	4.9	30	7.1
Other	1,621	9.9		798	9.2	557	10.0	203	12.6	53	12.5
Function at Primary Position											
Staff nurse	8,897	54.4		4,810	55.3	3,055	54.7	794	49.4	214	50.4
Case manager	1,345	8.2		734	8.4	467	8.4	120	7.5	*	*
Staff other industry	90	0.5		47	0.5	27	0.5	12	0.7	*	*
Nurse manager	1,,442	8.8		811	9.3	484	8.7	119	7.4	*	*
Advanced Practice Nurse	1,026	6.3		577	6.6	341	6.1	94	5.8	*	*
Consultant	307	1.9		148	1.7	89	1.6	52	3.2	*	*
Administrator	393	2.4		188	2.2	151	2.7	44	2.7	*	*
Nurse executive	289	1.8		164	1.9	95	1.7	27	1.7	*	*
Nurse faculty	540	3.3		246	2.8	192	3.4	71	4.4	*	*
Nurse researcher	124	0.8		57	0.7	47	0.8	18	1.1	*	*
Other	1,867	11.4		890	10.2	622	11.1	252	15.7	86	20.2
Payment Basis for Primary Position											
FT-salaried	4,627	28.3		2,641	30.4	1,594	28.5	348	21.6	42	9.9
FT–hourly	5,458	33.3		3,182	36.6	1,886	33.7	350	21.8	39	9.2
PT–salaried	679	4.1		303	3.5	244	4.4	105	6.5	25	5.9
PT–hourly	4,690	28.7		2,297	26.4	1,585	28.4	577	35.9	212	49.9
Per diem	747	4.6		241	2.8	236	4.2	188	11.7	73	17.2
Volunteer	166	1.0		31	0.4	44	0.8	40	2.5	34	8.0
Have Additional Training That Qualifies You to Practice as APN											
Yes	2,305	14.1		1,185	13.6	808	14.5	232	14.4	71	16.7

*cells too small to report

FT=full time, PT = part time

Table V.8. reveals that this is a stable workforce, with 78.2% reporting no employment change in the past year. This is in sharp contrast to the nurses under 30 years of age where 48.8 % report no employment change. It is also striking that the older nurses identify more convenient hours (13.4%) and dissatisfaction with previous position (13.5%) as the most frequently cited reasons for changes in employment. These percentages are very similar to the nurses under 30 years of age. This suggests that there is a continuing need for employers to address working conditions of nurses.

It was anticipated that a higher retirement rate would be seen in this group; however, what was observed was a significant number of nurses working beyond a retirement age of 65 years. This may be a reflection of an uncertain economic environment and high unemployment rates among the general population. Note that 181(4.9%) nurses in this group report being laid off.

Table V.8.
Changes in Employment Status of Registered Nurse Workforce Age 55 Years and Over in WI

	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
RNs Reporting Change in Employment in Past Year											
	n	***%***		***N***	***%***	***n***	***%***	***N***	***%***	***n***	***%***
No change	12,8.1	78.2		6,840	78.7	4,443	79.5	1,170	72.8	314	73.9
Number of RNs who changed the number of hours worked	1,576	9.6		663	7.6	555	9.9	279	17.4	69	16.2
New position same employer	777	4.7		483	5.6	239	4.3	45	2.8	10	2.4
New position with different employer	892	5.4		566	6.5	261	4.7	55	3.4	*	*
Was not working as RN but am now	122	0.7		59	0.7	37	0.7	21	1.3	*	*
Was working as RN but no longer	36	0.2		13	0.1	15	0.3	*	*	*	*
Other	163	1.0		71	0.8	39	0.7	33	2.1	*	*
Factor Most Important in Change of Employment											
Retired	240	6.6		29	1.5	83	7.1	100	23.8	*	*
Child care responsibilities	20	0.5		12	0.6	6	0.5	*	*	*	*
Other family responsibilities	193	5.3		98	5.0	69	5.9	19	4.5	*	*
Salary/benefits	333	9.1		211	10.8	94	8.1	26	6.2	*	*
Laid off	181	4.9		100	5.1	60	5.2	15	3.6	*	*
Change in spouse/partner work	110	3.0		71	3.6	33	2.8	*	*	*	*
Change in financial status	154	4.2		83	4.2	47	4.0	22	5.2	*	*
Relocation	120	3.3		76	3.9	39	3.4	*	*	*	*
Promotion/ advancement	363	9.9		244	12.5	103	8.8	12	2.9	*	*
Change in health status	236	6.5		114	5.8	83	7.1	32	7.6	*	*

Changes in Employment Status of RN Workforce Age 55 Years and Over in WI (continued)										
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Factor Most Important in Change of Employment											
	n	*%*		*N*	*%*	*n*	*%*	*N*	*%*	*n*	*%*
More convenient hours	490	13.4		229	11.7	169	14.5	69	16.4	*	*
Dissatisfaction with previous position	495	13.5		329	16.8	139	11.9	23	5.5	*	*
Other	723	19.8		357	18.3	239	20.5	92	21.9	31	28.7

*cells too small to report

In Table V.9., 39.6% of the nurses over the age of 55 report plans to continue in their present employment four or fewer years. Of direct care providers, 40.3% (5,007) plan to work four years or less, creating an experience gap in the nursing workforce. These nurses cite family and personal issues as the single most important factor influencing their career decisions today. This may suggest caregiving responsibilities for elderly parents while still being involved in caring for their own children or grandchildren, duties typical of a "sandwich generation."

Table V.9.
Future Plans of Wisconsin Registered Nurse Workforce Age 55 Years and Over in WI

Plan to Continue in Present Employment											
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
	n	*%*		*N*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
< 2 years	2,016	12.3		43	0.5	48	0.9	56	3.5	30	7.1
2-4 years	4,468	27.3		421	4.8	830	14.9	626	38.9	128	30.1
5-9 years	6,992	42.3		4,435	51.0	2,230	39.9	198	12.3	54	12.7
10-19 years	2,668	16.3		2,452	28.2	191	3.4	*	*	*	*
20-29 years	73	0.4		51	0.6	18	0.3	*	*	*	*
30 or more years	33	0.2		18	0.2	15	0.3	*	*	*	*
Plan to Work Providing Direct Patient Care											
Less than 2 years	1,525	12.3		297	4.4	658	15.6	466	40.9	94	33.1
2-4 years	3,482	28.0		1,028	15.2	1,770	41.9	514	45.1	151	53.2
5-9 years	5,393	43.4		3,550	52.6	1,662	39.3	139	12.2	38	13.4
0-19 years	1,965	15.8		1,825	27.0	121	2.9	18	1.6	*	*
20 – 29 years	48	0.4		36	0.5	9	0.2	*	*	*	*
30 or more years	18	0.1		12	0.2	6	0.1	*	*	*	*
Plans for Further Education in Nursing											
No plans	15,989	86.6		7,,902	83.3	5,517	90.4	1,627	94.8	403	95.3
Enrolled in BSN	150	0.8		111	1.2	32	0.5	*	*	*	*
Enrolled in MS	107	0.6		74	0.8	25	0.4	*	*	*	*
Enrolled in DNP	48	0.3		32	0.3	12	0.2	*	*	0	0*
Enrolled in PhD	27	0.1		17	0.2	8	0.1	*	*	0	0
Enrolled in certificate	353	1.9		189	2.0	115	1.9	19	1.1	*	*
Plan within next 2 years	1,790	9.7		1,166	12.3	393	6.4	62	3.6	14	3.3

Future Plans of Wisconsin Registered Nurse Workforce Age 55 Years and Over in WI 55										
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Single Most Important Factor in Career Decisions Today continued											
	n	*%*		*N*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Personal satisfaction collegial relationships	94	0.6		*	*	24	0.4	38	2.5	20	5.2
Family/personal issues	6,563	41.7		3,488	41.5	2,165	40.2	696	45.9	*	*
Pay	1,276	8.1		763	9.1	387	7.2	101	6.7	*	*
Medical benefits	2,253	14.3		1,301	15.5	741	13.7	182	12.0	*	*
Retirement benefits	1,330	8.4		582	6.9	640	11.9	96	6.3	*	*
Hours/shift	757	4.8		332	3.9	336	6.2	82	5.4	*	*
Potential for advancement	1,957	12.4		1,121	13.3	596	11.1	183	12.1	*	*
Employer supported education	157	1.0		121	1.4	29	0.5	6	0.4	*	*
Worksite location	90	0.6		60	0.7	23	0.4	6	0.4	*	*
Physical work requirements	768	4.9		419	5.0	253	4.7	70	4.6	*	*
Physical disability	500	3.2		222	2.6	198	3.7	57	3.8	*	*

*cells too small to report

Summary:

In this age group, there are 16,317 nurses between the ages of 55 and 75 who report that they are employed. Within this group 2,000 nurses over age 65 years reported that they are employed. This may be related to an uncertain economy or it may reflect an improved health status and longevity of this generation. “Seventy is the new 60,” has been given as an explanation for this phenomenon, suggesting that the workforce of the future will remain at full employment into their seventies. In this section, there is also data indicating a change in the educational preparation of nurses, with a decline in the diploma prepared nurses and an increase in baccalaureate preparation. There are also a large number (7,088, 43.3%) of these nurses who are employed in hospitals, suggesting that hospital employers will need to anticipate the future retirement of these nurses and the loss of their expertise. There are 181 nurses in this group who reported being laid off from their positions. It is not possible to make any inferences about the reasons for these layoffs.

Recommendations:

1. Employers will need to anticipate and plan for the retirements of nurses and the loss of their expertise. This will be particularly essential for hospital employers.
2. Flexibility in working requirements may be helpful in retaining experienced nurses.
3. Future workforce studies need to examine the context of nurses who report being “laid off” to determine causes.

References:

Buerhaus, P.I., Staiger, D.O., & Auerbach, D. I. (2000). Implications of an aging Registered Nurse workforce. *Journal of the American Medical Association, 83*(22), 2948-2954. PMID: 10865272.

Juraschek, S.P., Zhang, X., Ranganathan, V.K., Lin, V. (2012). United States Registered Nurse workforce report card and shortage forecast. *American Journal of Medical Quality, 27*(3), 241-249. PMID: 22102163.

Hall, McGillis L., Lalonde, M., Dales, L. (2011). Strategies for retaining Midcareer nurses. *Journal of Nursing Administration, 41*(12), 531-537. PMID: 22094618.

Issue V.C. An Aging Nursing Faculty

In order to assure an adequate number of registered nurses to care for the citizens of the state, it is crucial to first assure an adequate supply of nursing faculty. Table V.10 describes over 1,600 nurse faculty members over 50 years of age who report they are employed.

Note that there are some faculty members over 75 years of age who report they are employed, but in the detailed analysis the cells become so small that assuring confidentiality is impossible. As a result of deleting this age group and suppressing small cells, rows will not total to 100%. Also note that the age groups are collapsed into 50-54.9, 55-59.9, 60-64.9, etc. The numbers are rounded in the table but they do not overlap.

Table V.10.
Nursing Faculty > 50 Years of Age in Wisconsin

Total >50 Years			50- 55		55-60		60-65		65-70		70-75 Years		75 Years & >	
N	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
1,658	100		499	30.	566	34.1	394	23.8	142	28.	49	3.0	8	0.5

The composition of nursing faculty in this age group mirrors the composition of the profession. It is female, not diverse, and 90% do not speak a second language. The greatest numbers of nurse faculty members are prepared at the master's level (38.2%) and only a total of 7.9% are prepared at the doctoral level. More than three-fourths of faculty work in urban areas, reflecting the geographic location of educational institutions. If one assumes age 65 years to be the typical retirement age of faculty, the faculty workforce prepared at the doctoral level will potentially lose 82 members in the next 10 years. A similar potential to lose 359 faculty members exists among faculty prepared at the master's level.

Table V.11.
Demographics of Nursing Faculty > 50 Years of Age in WI

	Total > 50 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Demographics													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*N*	*%*
Resides in WI	1,589	95.8		477	95.6	542	95.8	378	95.9	137	96.5	47	95.9
Resides out WI	69	4.2		22	4.4	24	4.2	16	4.1	*	*	*	*
Works in WI	1,616	100		490	30.3	550	34.0	382	23.6	138	8.5	49	3.0
Works out WI	9	21.4		16	38.1	12	28.6	*	*	*	*	0	0
Gender													
Male	54	3.3		16	3.2	16	2.8	17	4.3	*	*	*	*
Female	1604	96.7		483	96.8	550	97.2	377	95.7	137	96.5	49	100.0
Mean age	58.0 (SD = 5.40)			52.13 (SD = 1.44)		57.0 (SD = 1.42)		61.76 (SD = 1.38)		66.50 (SD = 1.4)		71.57 (SD = 1.46)	
Diversity													
Diverse	53	3.2		25	5.0	11	1.9	12	3.0	*	*	*	*
Not diverse	1,605	96.8		474	95.0	555	98.1	382	97.0	141	99.3	45	91.8
Speaks 1 or > languages	168	10.1		52	10.4	68	12.1	33	8.4	*	*	*	*

Demographics of Nursing Faculty > 50 Years of Age in WI (continued)													
	Total > 50 Years			**50-55 Years**		**55-60 Years**		**60-65 Years**		**65-70 Years**		**70-75 Years**	
Highest Nursing Degree													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Diploma	127	7.7		22	4.4	34	6.0	42	10.7	17	12.0	10	20.4
Associate	242	14.6		78	15.6	77	13.6	54	13.7	28	19.7	5	10.2
Baccalaureate	521	31.4		171	34.3	194	34.3	110	27.9	30	21.1	15	30.6
Master	634	38.2		195	39.1	213	37.6	146	37.1	59	41.5	16	32.7
DNP	17	1.0		10	2.0	*	*	*	*	0	0	0	0
Doctorate (PhD, NP, DNS)	114	6.9		21	4.2	42	7.4	40	10.2	*	*	*	*
Urban/Rural Designation of Primary Position													
City of Milwaukee	375	23.8		112	23.5	129	23.9	84	22.6	34	25.0	14	29.8
Urban area >50,000	825	52.3		256	53.8	296	54.8	179	48.2	64	47.1	28	59.6
Rural 2,500 – 50,000	286	18.1		86	18.1	86	15.9	81	21.8	*	*	*	*
Rural < 2,500	91	5.8		22	4.6	29	5.4	27	7.3	*	*	*	*

* cells too small to report

In Table V.12., it becomes clear that in a pending faculty shortage there are very few nurses in this age group who identify themselves as faculty who are unemployed and seeking work. It may be possible to recruit those working in health care (not nursing) and those working in another field back to nursing but the numbers are very small and would be further reduced by the educational requirement of a masters or doctoral degree. Also note that there are a few faculty members (63, 3.8%) who report that they have never provided direct patient care; 389 (23.5%) report that they provide direct patient care.

Table V.12.
Employment Status of Nursing Faculty >50 Years of Age in WI

	Total > 50 Years			**50-55 Years**		**55-60 Years**		**60-65 Years**		**65-70 Years**		**70-75 Years**	
Position Description													
	n	***%***		***n***	***%***	***n***	***%***	*n*	***%***	***n***	***%***	***n***	***%***
Nursing	1,558	94.0		477	95.6	537	94.9	375	95.2	120	84.5	43	87.8
Health care not nursing	52	3.1		14	2.8	18	3.2	7	1.8	10	7.0	8	6.1
Working in another field	19	1.1		6	1.2	8	1.4	*	*	*	*	0	0
Unemployed, seeking work in nursing	*	*		*	*	*	*	*	*	0	0	0	0
Unemployed, not seeking work	*	*		*	*	*	*	*	*	0	0	0	0
Retired	21	1.3		0	0	*	*	*	*	10	7.0	*	*

Employment Status of Nursing Faculty > 50 Years of Age in WI (continued)													
	Total > 50 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Primary Role Is to Provide Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	*n*	***%***	***n***	***%***	***N***	***%***
Yes	389	23.5		136	27.3	134	23.7	87	22.1	20	14.1	10	20.4
No – limited DPC	215	13.0		77	15.4	67	11.8	59	15.0	*	*	*	*
No, I supervise DPC	335	20.2		105	21.0	108	19.1	82	20.8	30	21.1	9	18.4
No, but have in Past	604	36.4		154	30.9	222	39.2	136	34.5	67	47.2	22	44.9
No, limited DPC in past	52	3.1		13	2.6	14	2.5	14	3.6	*	*	*	*
No, never DCP	63	3.8		14	2.8	21	3.7	16	4.1	*	*	*	*
Employment Basis for Primary Position													
FT – salaried	925	55.8		302	60.5	345	61.0	221	56.1	49	34.5	*	*
FT – hourly	181	10.9		67	13.4	60	10.6	47	11.9	*	*	*	*
PT – salaried	171	10.3		39	7.8	55	9.7	39	9.9	27	19.0	*	*
PT – hourly	319	19.2		82	16.4	95	16.8	69	17.5	45	31.7	26	53.1
Per diem	50	3.0		*	*	9	1.6	15	3.8	14	9.9	*	*
Total Hours Per Week in Primary Position													
Mean	37.26			39.16		40.15		37.18		25.70		19.71	
Has Secondary Position													
Yes	406	24.5		143	28.7	129	22.8	95	24.1	*	*	*	*
Mean hours/week	10.63			10.41		11.32		9.74		9.24		16.08	
Have you received additional training that qualifies you to practice as an APN?													
Yes	518	31.2		155	31.1	171	30.2	133	33.8	37	26.1	18	36.7

*cells too small to report
FT=full time, PT=part time

The nursing faculty over the age of 50 is a very stable employment group, with less than 25% reporting a change in position. One might infer that retirement benefits would be a reason for this stability but salary and benefits are not reported among the most frequent reasons for changes in employment. Like their comparison age counterparts in the general nursing workforce, they cite dissatisfaction with their previous position as an important factor in the change.

Table V.13.
Changes in Employment Status of Nurse Faculty > 50 Years of Age in WI

	Total >55 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Change in Past Year													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
No change	1,258	75.9		381	76.4	441	77.9	300	76.1	95	66.9	35	71.4
Change in number of hours worked	136	8.2		28	5.6	33	5.8	39	9.9	25	17.6	10	20.4
New position same employer	112	6.8		42	8.4	38	6.7	23	5.8	*	*	*	*

Change in Employment Status in Past Year of Nurse Faculty >50 Years of Age in WI (continued)													
	Total >55 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
New position with different employer	124	7.5		40	8.0	43	7.6	28	7.1	*	*	*	*
Was not working as RN but am now	8	0.5		*	*	*	*	*	*	*	*	*	*
Was working as RN but no longer	*	*		*	*	*	*	*	*	*	*	*	*
Other	18	1.1		*	*	6	1.1	*	*	*	*	*	*
Factor Most Important in Change of Employment													
Retired	36	8.5		0	0.0	*	*	11	11.2	15	31.9	*	*
Child care responsibilities	*	*		*	*	*	*	*	*	*	*	*	*
Other family responsibilities	8	1.9		*	*	*	*	*	*	*	*	*	*
Salary/benefits	26	6.1		7	5.3	11	8.1	7	7.1	*	*	*	*
Laid off	22	5.2		6	4.5	10	7.4	*	*	*	*	*	*
Change in spouse/partner work	17	4.0		6	4.5	6	4.4	*	*	*	*	*	*
Change in financial status	13	3.1		6	4.5	*	*	*	*	*	*	*	*
Relocation	12	2.8		0	0	*		*	*	*	*	*	*
Promotion/ advancement	84	19.7		39	29.3	30	22.2	12	12.2	*	*	*	*
Change in health status	16	3.8		*	*	*	*	6	6.1	*	*	*	*
Seeking more convenient hours	31	7.3		8	65.0	12	8.9	6	6.1	*	*	*	*
Dissatisfaction with previous position	67	15.7		27	20.3	18	13.3	18	18.4	*	*	*	*

*cells too small to report

Table V.14 provides early warning of the loss of 68.4% (1,123) of this group of faculty in the next nine years with half of that number (547, 33.3%) leaving in in the next four years. Small numbers of these educators between the ages of 55-60 years are engaged in higher degree programs in nursing. The largest number (45) is currently enrolled in a master's degree program. Similar small numbers (21, 27) are enrolled in DNP (21) and PhD (27) programs. Like their comparison age counterparts in the general nursing workforce, they cite family and personal issues as the single most important factor in their career decisions today.

Table V.14.
Future Plans of Nursing Faculty in WI > 50 Years of Age in WI

	Total > 50 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Plan to Continue in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	*n*	***%***	***n***	***%***	***N***	***%***
< 2 years	176	10.7		21	4.2	28	4.9	60	15.5	51	37.5	*	*
2-4 years	371	22.6		38	7.6	93	16.4	152	39.3	61	44.9	*	*
5-9 years	576	35.1		116	23.3	273	48.2	155	40.1	22	16.2	*	*
10-19 years	482	29.4		300	60.4	164	29.4	16	4.1	*	*	*	*
20-29 years	28	1.7		20	4.0	*	*	*	*	0	0	0	0
30 or more years	6	0.4		*	*	*	*	*	*	0	0	0	0
Plans for Further Education in Nursing													
No plans	1,243	76.3		318	64.0	425	75.5	324	84.2	129	97.7	42	91.3
Enrolled in BSN	12	0.7		7	1.4	*							
Enrolled in MS	45	2.8		28	5.6	13	2.3	*					
Enrolled in DNP	21	1.3		9	1.8	11	2.0	*					
Enrolled in PhD	27	1.7		13	2.6	9	1.6	*					
Enrolled in specialty certificate	50	3.1		10	2.0	19	3.4	18	4.7	*			
Plan within next 2 years	231	14.2		112	22.5	81	14.4	34	8.8	*			
Single Most Important Factor in Career Decisions Today													
Personal satisfaction /collegial relationships	15	0.9		0	0.0	0	0.0	*	*	6	4.6	*	*
Family/personal issues	867	54.6		251	52.2	295	54.0	209	55.4	81	62.3	*	*
Pay	122	7.7		46	9.6	43	7.9	26	6.9	*	*	*	*
Medical benefits	162	10.2		60	12.5	61	11.2	30	8.0	7	5.4	*	*
Retirement benefits	95	6.0		20	4.2	33	6.0	39	10.3	*	*	*	*
Hours/shift availability	61	3.8		12	2.5	27	4.9	17	4.5	*	*	*	*
Potential for advancement	121	7.6		48	10.0	42	7.7	15	4.0	*	*	*	*
Employer supported education	24	1.5		11	2.3	9	1.6	*	*	0	0	*	*
Worksite location	15	0.9		*	*	8	1.5	*	*	*	*	*	*
Physical work requirements	63	4.0		17	3.5	15	2.7	23	6.1	*	*	*	*
Physical disability	42	2.6		11	2.3	13	2.4	9	2.4	*	*	*	*

*cells too small to report

Summary:

Nursing faculty members over the age of 50 years represent an experienced group of educators and a valuable resource for the profession. The data show that they are largely working full time and, in fact, almost 25% of this group report having a second position. It might be inferred from the number of hours in the second position, that faculty may be working to maintain clinical expertise. Many of the faculty in this group (23.5%) report that they engage in direct patient care in their primary position. This may reflect advance practice nurses who also engage in teaching students. Of concern is the large number of faculty who plan to remain in their positions nine or fewer years, leaving a significant gap in the nurse educator workforce. For more than half of these nurses, the single most important factor in career decisions is family and personal issues, perhaps suggesting involvement in caregiver responsibilities.

Recommendations:

1. Employers might consider enabling faculty members to create more flexible schedules and reduced hours in order to retain an older, experienced workforce.
2. Doctoral education for nurse educators needs to be accessible and affordable to promote higher levels of preparation for the faculty role.

Issue V.D The Clinical Practice of Associate Degree Prepared Registered Nurses

In this analysis, registered nurses who report an associate degree as their highest earned nursing degree were grouped according to their primary employment position into a region as defined by the Wisconsin Department of Health Services. The state totals are included for comparison and these include all associate degree nurses who live and/or work in the state, employed or not. Thus, regional totals of employed nurses will not total to the number of nurses in the state.

Over 25,000 registered nurses in Wisconsin report an associate degree as their highest degree. Contrasted with those holding a baccalaureate degree, these nurses are slightly more diverse and have a slightly larger number of males.

Table V.15.
Registered Nurse Workforce with an Associate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	25,292	96.4		4,267	96.1	7,331	97.5	4,166	96.7	2,565	97.2	3,267	90.7
Resides out WI	944	3.6		171	3.9	187	2.5	143	3.3	73	2.8	335	9.3
Works in WI	22,503	89.5		4,438	90.6	7,518	89.0	4,309	89.2	2,636	89.7	3,602	86.5
Works out WI	622	2.5		103	2.2	137	1.7	70	1.4	59	2.1	253	6.8
Resides WI, not working	2,040	8.1		344	7.3	759	9.3	456	9.4	230	8.2	251	6.7
Gender													
Male	1,901	7.2		309	7.0	530	7.0	260	6.0	223	8.5	259	7.2
Female	24,335	92.8		4,129	93.0	6,988	93.0	4,409	94.0	2,413	91.5	3,343	92.8
Mean Age	45.76 (SD = 11.65)			44.77 (SD = 11.05)		45.20 (SD = 11.23)		44.42 (SD = 11.16)		44.22 (SD = 11.39)		44.35 (SD = 11.49)	
Diversity													
Diverse	1,573	6.0		182	4.1	897	11.9	121	2.8	69	2.6	67	1.9
Not diverse	24,663	94.0		4,256	95.9	6,621	88.1	4,188	97.2	2,567	97.4	3,535	98.1
Speaks 1 or > additional languages	2,342	8.9		401	9.0	895	11.8	302	6.9	184	7.0	214	6.0

In this analysis, RNs were placed in the regions on the basis of their primary position. This means that at the state level, all ADN graduates are included and in the regional data, only the nurses who report a primary position in a region are included. What is surprising in Table V.16 is the number (718, 2.7%) of this group at the state comparison level that is unemployed and seeking work in nursing. There is a similar number (563) working in health care (not nursing) and another group (275) working in another field. Half report being employed in hospitals, in staff nurse positions (73.9%), and providing direct patient care (82.5%). Another unusual finding is that 153 report never having provided direct patient care. Large numbers of these nurses are also working in extended care and in ambulatory care. A large number of associate degree prepared nurses report working in extended care (4,069, 17.5%) and ambulatory care (3,635, 15.7%). The largest number (73.9%) is employed as staff nurses.

Table V.16.
Employment Status of Registered Nurse Workforce with an Associate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Working as a nurse	23,245	88.6		4,352	98.1	7,357	97.9	4,218	97.9	2,572	97.6	3,546	98.4
Working in health care, not nursing	563	2.1		58	1.3	110	1.5	56	1.3	44	1.7	36	1.0
Working in another field	275	1.0		8	0.2	12	0.2	8	0.2	10	0.4	*	*
Unemployed, seeking work in nursing	718	2.7		7	0.2	27	0.4	12	0.3	*	*	*	*
Unemployed , seeking work in another field	52	0.2		0	0.0	0	0.0	*	*	0	0.0	*	*
Unemployed, not seeking work	548	2.1		*	*	*	*	*	*	0	0.0	*	*
Retired	835	3.2		10	0.2	9	0.1	9	0.2	*	*	8	0.2
Primary Job Require Licensure as RN													
Yes	22,283	98.6		4,329	98.6	7,287	98.6	4,342	98.4	2,545	98.5	3,449	98.8
No	336	1.4		63	1.4	107	1.4	70	1.6	40	1.5	43	1.2
Primary Function to Provide Direct Patient Care (DPC)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Yes	19,164	82.5		3,772	85	6,221	82.7	3,530	81.9	2,168	82.2	2,944	81.7
No, I provide limited DPC	1,103	4.8		190	4.3	337	4.5	227	5.3	122	4.6	192	5.3
No, I supervise DPC	1,182	5.1		207	4.7	381	5.1	236	5.5	121	4.6	189	5.2
No, but have in past	1,484	6.4		229	5.2	488	6.5	269	6.2	193	7.3	225	6.2
No, provided limited DPC in past	133	0.6		16	0.4	38	0.5	26	0.6	10	0.4	34	0.9
No, have never provided DPC	153	0.6		24	0.5	53	0.7	21	0.5	22	0.8	18	0.5
Mean years worked as RN providing DPC?	12.30			12.26		12.15		11.75		11.76		11.91	
Primary Work Setting													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Hospital	11,748	50.6		2,207	49.7	4,173	55.5	1,971	45.7	1,245	47.2	1,812	50.3
Extended care	4,069	17.5		756	17.0	1,139	15.2	855	19.8	478	18.1	732	20.3
Ambulatory care	3,635	15.7		807	18.2	1,027	13.7	726	16.8	431	16.4	543	15.1
Home Health	1,727	7.4		309	7.0	591	7.9	361	8.4	193	7.3	217	6.0
Public Health	474	2.0		80	1.8	147	20.	98	2.3	62	2.4	68	1.9
Nurse Educator	90	0.4		15	0.3	34	0.5	18	0.4	15	0.6	5	0.1
Other	1,476	6.4		264	5.9	407	5.4	280	6.5	212	8.0	225	6.2

Employment Status of Registered Nurse Workforce with an Associate Degree in WI (continued)												
	State Level		**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Function at Primary Position												
	N	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Staff nurse	17,160	73.9	3,391	76.4	5,583	74.3	3,134	72.7	1,931	73.3	2,647	73.5
Case manager	1,745	7.5	293	6.6	570	7.6	325	7.5	218	8.3	286	7.9
Nurse Manager	1,913	8.2	365	8.2	554	7.4	382	8.9	217	8.2	336	9.3
Advanced Practice Nurse	86	0.4	9	0.2	20	0.3	21	0.5	16	0.6	18	0.5
Consultant	226	1.0	36	0.8	69	0.9	31	0.7	14	0.5	35	1.0
Administrator	223	1.0	38	0.9	78	1.0	41	1.0	36	1.4	26	0.7
Nurse Executive	192	0.8	32	0.7	70	0.9	32	0.7	17	0.6	31	0.9
Nurse Faculty	131	0.6	14	0.3	38	0.5	24	0.6	27	1.0	21	0.6
Nurse Researcher	70	0.3	16	0.4	32	0.4	6	0.1	*	*	*	*
Payment Basis of Primary Position												
Full time, salary	3,580	15.4	573	12.9	1,260	16.8	675	15.7	402	15.3	522	14.5
Full time, hourly	12,521	53.9	2,399	54.1	3,899	51.9	2,174	50.5	1,612	61.2	2,068	57.4
PT, salary	292	1.3	48	1.1	120	1.6	49	1.1	31	1.2	35	1.0
PT, hourly	6,002	25.8	1,282	28.9	1,961	26.1	1,239	28.8	508	19.3	864	24.0
Per Diem	775	3.3	129	2.9	264	3.5	161	3.7	77	2.9	105	2.9
Mean hours worked per week primary job	36.01		35.94		36.77		35.15		36.09		35.29	
Second job	3,233	13.9	606	13.7	1,065	14.2	594	13.8	362	13.7	452	12.5
Mean hours per week in second job	11.80		11.64		12.73		10.11		11.08		12.56	

*cells too small to report

Table V.17. documents the mobility of these nurses. Almost one-third of them had some type of change in their employment in the past year. The largest number (1,403, 14.8%) cited dissatisfaction with their position as the factor most important in their change. Across the state, there are 322 (3.4%) nurses who report being laid off from a position, perhaps reflecting the state unemployment rate of 7.2% (February, 2013).

Table V.17.
Changes in Employment Status of Registered Nurse Workforce with an Associate Degree in WI

	State Level		**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Change in Past Year												
	N	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
No change	17,245	65.7	2,951	66.5	5,102	67.9	2,808	65.2	1,761	66.6	2,435	67.6
Change in number of hours worked	2,371	9.0	434	9.8	732	9.7	452	10.5	239	9.1	347	9.6
New position same employer	2,147	8.2	381	8.6	635	8.4	457	10.6	224	8.5	332	9.2
New position different employer	2,620	10.0	520	11.7	743	9.9	449	10.4	316	12.0	372	10.3

Changes in Employment Status of Registered Nurses Workforce with an Associate Degree in WI(continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year continued													
	N	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Was not working as RN but am now	681	2.6		129	2.9	236	3.1	107	2.5	79	2.9	93	2.6
Factor Most Important in Change of Employment													
I retired	461	4.9		12	0.8	17	0.7	18	1.2	13	1.5	15	1.2
Child care responsibilities	531	5.6		85	5.6	177	7.1	81	5.3	51	5.7	60	5.0
Other family responsibilities	439	4.6		51	3.3	133	5.3	65	4.3	36	4.1	52	4.4
Salary/benefits	907	9.5		190	12.5	272	10.9	138	9.1	85	9.6	154	12.9
Laid off	322	3.4		27	1.8	77	3.1	31	2.0	18	2.0	19	1.6
Change in spouse/partner work	278	2.9		46	3.0	98	3.9	56	3.7	5	2.8	22	1.8
Change in financial status	362	3.8		73	4.8	121	4.8	42	2.8	39	4.4	53	4.4
Relocation	472	5.0		83	5.4	97	3.9	73	4.8	57	6.4	65	5.4
Promotion/ advancement	1,348	14.2		254	16.7	362	14.5	262	17.2	141	15.9	216	18.1
Change in health status	478	5.0		44	2.9	80	3.2	45	3.0	26	2.9	37	3.1
More convenient hours	1,192	12.5		188	12.3	353	14.1	261	17.2	140	15.8	184	15.4
Dissatisfaction with previous position	1,403	14.8		242	15.9	394	15.7	208	13.7	143	16.1	168	14.1

*cells too small to report

Table V.18. identifies the large commitment in this group to remain in direct patient care. Approximately one-third of these nurses report that they intend to pursue additional education within the next two years. Family/personal issues are the single most important factor in their career decisions.

Table V.18.
Future Plans of Registered Nurse Workforce with an Associate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work Providing Direct Patient Care													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*N*	*%*	*n*	*%*
< 2 years	969	4.5		139	3.4	357	5.3	169	4.4	103	4.5	124	3.9
2 -4 years	2,265	10.6		380	9.4	767	11.5	393	10.2	232	10.0	337	10.5
5-9 years	4,459	20.8		805	19.9	1,488	22.3	770	20.0	462	20.0	639	19.9
10-19 years	6,625	30.9		1,283	31.8	2,088	31.3	1,128	29.3	694	30.0	971	30.2
20-29 years	3,957	18.5		833	20.6	1,124	16.8	765	19.9	422	18.2	608	18.9
30 or more years	3,156	14.7		597	14.8	852	12.8	622	16.2	400	17.3	538	16.7

Future Plans of Registered Nurse Workforce with an Associate Degree in WI (continued)												
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Plan to Work in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***N***	***%***	***n***	***%***
< 2 years	2,330	9.5		350	8.0	751	10.1	395	9.2	227	8.7	358	10.0
2-4 years	3,959	16.2		683	15.5	1,357	17.7	644	15.1	426	16.3	549	15.3
5-9 years	5,034	20.6		882	20.0	1,592	21.4	860	20.1	528	20.2	729	20.4
10-19 years	6,517	26.7		1,190	27.0	2,004	27.0	1,124	26.3	687	26.2	902	25.2
20-29 years	3,380	15.7		779	17.7	1,067	14.4	716	16.8	393	15.0	584	16.3
30 or more years	2,728	11.2		517	11.7	696	9.4	535	12.5	358	13.7	460	12.8
Plans for Further Education in Nursing													
No plans	12,516	55.6		2,426	54.7	3,976	52.9	2,511	58.3	1,541	58.5	2.062	57.2
Enrolled in BSN	2,104	9.3		406	9.1	759	10.1	394	9.1	218	8.3	327	9.1
Enrolled in MS	127	0.6		29	0.7	47	0.6	18	0.4	9	0.3	24	0.7
Enrolled in DNP	*	*		0	0	*	*	*	*	0	0	*	*
Enrolled in PhD	0	0		0	0	*	*	*	*	0	0	0	0
Enrolled in specialty certificate	284	1.3		52	1.2	88	1.2	57	1.3	32	1.2	55	1.5
Plan to pursue within next 2 years	7,466	33.2		1,525	34.4	2,645	35.2	1,327	30.8	836	31.7	1,133	31.5
Single Most Important Factor in Career Decisions Today													
Personal satisfaction/ collegial relationships	1,032	4.1		*	*	*	*	8	0.2	*	*	*	*
Family/personal issues	7,829	31.2		1,434	33.4	2,375	32.6	1,325	31.7	868	33.9	1,215	34.5
Pay	3,877	15.4		638	14.9	1,099	1501	746	17.9	393	15.3	514	14.6
Medical benefits	3,773	15.0		694	16.2	1,229	16.9	598	14.3	377	14.7	528	15.0
Retirement benefits	1,123	4.5		218	5.1	313	4.3	163	3.9	122	4.8	195	5.5
Hours/shift availability	454	1.8		90	2.1	141	1.9	62	1.5	46	1.8	60	1.7
Potential for advancement	4,319	17.2		767	17.9	1,328	18.2	831	19.9	429	16.7	610	17.3
Employer supported education options	952	3.8		134	3.1	302	4.1	177	4.2	116	4.5	132	3.8
Worksite location	269	1.1		49	1.1	91	1.3	34	0.8	20	0.8	41	1.2
Physical work requirements	1,108	4.4		231	5.4	269	3.7	175	4.2	158	6.2	171	4.9
Physical disability	386	1.5		36	0.8	127	1.7	60	1.4	28	1.1	49	1.4

*cells too small to report

Summary:

There are over 25,000 associate degree prepared Registered Nurses residing in Wisconsin, 89.5% of whom are working in Wisconsin. They report high levels of employment in nursing, as direct care providers, and working in hospitals in staff nurse positions. Only 34.3% report a change in employment in the past year, a number that decreases when one considers 8.2% report changing to a new position with the same employer. They also cite promotion or advancement (14.2%) as a frequent reason for change. It is also notable that over 35% of those who report being employed in direct patient care plan to work nine or fewer additional years. Over 7,000 of these nurses plan to pursue additional education in the next two years.

Recommendation:

1. Assure access and funding to support the further education of associate degree prepared registered nurses.

Issue V.E. The Clinical Practice of Baccalaureate Degree Prepared Registered Nurses

In this section the baccalaureate prepared registered nurse workforce in the state is examined.

In this analysis, the state level comparison includes all baccalaureate prepared registered nurses who report a baccalaureate degree in nursing as their highest earned degree and who live and/or work in the state. The regional group includes registered nurses who report a baccalaureate degree in nursing as their highest degree and who report their primary position in the region, so comparisons to state level data are not made.

The first observation is that there are more baccalaureate prepared nurses (26,160) than associate degree prepared nurses (22,503) working in the state of Wisconsin. Baccalaureate (BS) nurses are slightly younger (44.65 years) than their associate degree (AD) counterparts (45.76) with slightly lower levels of diversity and men.

Table V.19.
Registered Nurse Workforce with a Baccalaureate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***N***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	30,294	97.6		5,103	97.7	10,905	98.0	4,959	98.3	1,904	98.0	2,492	90.3
Resides out WI	753	2.4		118	2.3	219	2.0	85	1.7	38	2.0	267	9.7
Works in WI	26,160	84.3		5,221		11,124		5,044		1,942		2,759	
Works out WI	516	1.7											
Resides WI, not working	2,870	8.2											
Male	2,019	6.5		378	7.2	666	6.0	291	5.8	136	7.0	192	7.0
Female	29,028	93.5		4,843	92.8	10,458	94	4,753	94.2	1,806	93.0	2,567	93
Mean Age	44.65 (SD =12.71)			42.58 (SD = 12.11)		43.08 (SD = 12.35)		43.07 (SD = 11.82)		45.25 (SD = 11.77)		44.98 (SD = 12.30)	
Diversity													
Diverse	1,736	5.6		224	4.3	941	8.5	146	2.9	46	2.4	58	2.1
Not diverse	29,311	94.4		4,997	95.7	10,183	91.5	4,898	97.1	1,896	97.6	2,701	97.9

In Table V.20., a high number of BS prepared nurses (85%) report being employed as a nurse and providing direct patient care (76.9%). Compared to their AD counterparts, BS nurses have lower numbers unemployed and seeking work in nursing, and a lower percentage employed in providing direct patient care. Among the RNs with BS degrees, 60% (16,020) report being employed in hospitals compared to 50.6% (11,748) of nurses with an AD. The reverse is true in extended care where AD nurses report 17.5% (4,069) are employed compared to 6.4% (1,669) of BS prepared nurses; 3,391 (12.7%) of BS prepared nurses report having a second job at which they work a mean of 10.6 hours per week. This is similar to AD nurses who report holding a second job (3,233, 12.7) where they work an average of 11.80 hours per week. BS prepared nurses report a mean of 15 years' experience in providing direct patient care. Note that some of these nurses report being employed as Advanced Practice Nurses, which is a questionable finding given that APN nurses generally hold a graduate degree. It may be that this reflects the "grandfathering" of individuals who held positions before the graduate requirements were implemented.

Table V.20.
Employment Status of Registered Nurse Workforce with a Baccalaureate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Working as a nurse	26,390	85.0		5,058	96.9	10,799	97.1	4,898	97.1	1,867	96.1	2,683	97.2
Working in health care, not nursing	1,027	3.3		120	2.3	244	2.2	17	0.1	55	2.8	56	2.0
Working in another field	635	2.0		12	0.2	34	0.3	*	*	9	0.5	*	*
Unemployed, seeking work in nursing	586	1.9		9	0.2	25	0.2	*	*	*	*	*	*
Unemployed , seeking work in another field	74	0.2		*	*	*	*	*	*	*	*	*	*
Unemployed, not seeking work	1,058	3.4		*	*	*	*	*	*	*	*	*	*
Retired	1,277	4.1		16	0.3	15	0.1	9	0.2	*	*	*	*
Primary Position Require Licensure as RN													
Yes	26,070	97.7		5,092	97.5	10,896	98.0	4,918	97.5	1,889	97.3	2,712	98.3
No	606	2.3		129	2.5	228	2.0	126	2.5	53	2.7	47	1.7
Primary Function to Provide Direct Patient Care (DPC)													
Yes	20,525	76.9		4,195	80.3	8,659	77.8	3,778	74.9	1,395	71.8	2,094	75.9
No, I provide limited DPC	1,370	5.1		252	4.8	531	4.8	296	5.9	108	5.6	158	5.7
No, I supervise DPC	1,595	6.0		269	5.2	597	5.4	365	7.2	130	6.7	200	7.2
No, but have in past	2,681	10.1		411	7.9	1,118	10.1	510	10.1	271	14.0	270	9.8
No, provided limited DPC in past	222	0.8		42	0.8	87	0.8	49	1.0	22	1.1	17	0.6
No, have never provided DPC	283	1.1		52	1.00.9	132	1.2	46	0.9	16	0.8	20	0.7
Mean years worked as RN providing DPC	15.15			14.51		14.62		14.88		16.26		16.48	
Primary Work Setting													
Hospital	16,020	60.1		3,226	61.8	7,144	64.2	2,728	54.1	1,065	54.8	1,534	55.6
Extended care	1,699	6.4		273	5.2	598	5.4	476	9.4	92	4.7	228	8.3
Ambulatory care	4,099	15.4		864	16.5	1,505	13.5	844	16.7	360	18.5	454	16.5
Home Health	1,303	4.9		254	4.9	551	5.0	275	5.5	76	3.9	118	4.3
Public Health	1,462	5.5		243	4.7	538	4.8	318	6.3	146	7.5	190	6.9
Nurse Educator	237	0.9		40	0.8	85	0.8	55	1.1	25	1.3	26	0.9
Other	1,856	7.0		321	6.1	703	6.3	348	6.9	178	9.2	209	7.6

Employment Status of Registered Nurses Workforce with a Baccalaureate Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Function at Primary Position													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Staff nurse	18,351	69.5		3,812	73.0	7,871	70.8	3,423	67.9	1,251	64.4	1,828	66.3
Case manager	1,806	6.8		318	6.1	781	7.0	324	6.4	150	7.7	201	7.3
Nurse Manager	2,051	7.7		369	7.1	731	6.6	459	9.1	176	9.1	269	9.7
Advanced Practice Nurse	294	1.1		58	1.1	77	0.7	56	1.1	36	1.9	54	2.0
Consultant	337	1.3		66	1.3	125	1.1	60	1.2	17	0.9	37	1.3
Administrator	448	1.7		70	1.3	174	1.6	88	1.7	59	3.0	47	1.7
Nurse Executive	284	1.1		55	1.1	93	0.8	57	1.1	30	1.5	36	1.3
Nurse Faculty	222	0.8		28	0.5	83	0.7	61	1.2	14	0.7	29	1.1
Nurse Researcher	168	0.6		52	1.0	75	0.7	20	0.4	*	*	10	0.4
Payment Basis of Primary Position													
Full time, salary	5,467	20.5		874	16.7	2,374	21.3	973	19.4	491	25.3	557	20.2
Full time, hourly	12,121	45.4		2,440	46.7	5,015	45.1	2,191	44.1	928	47.8	1,303	47.2
PT, salary	729	2.7		156	3.0	345	3.1	118	2.2	41	2.1	55	2.0
PT, hourly	7,314	27.4		1,566	30.1	2,984	26.8	1,541	29.9	399	20.5	725	26.3
Per Diem	947	3.6		168	3.2	372	3.3	206	4.1	74	3.8	102	3.7
Mean hours worked per week primary job	35.72			35.38		36.35		34.58		36.27		35.08	
Have a second job	3,391	12.7		592	11.3	1,482	13.3	644	12.8	241	12.4	321	11.6
Mean hours per week in second job	10.62			10.74		10.77		9.91		9.60		10.68	

*cells too small to report

In Table V.21., almost 70% of baccalaureate prepared nurses report no change in employment in the past year, and when they did change, 9% reported it was a change in hours. Some 5.4% (552) of these nurses retired in the past year. This may suggest the beginning of an exodus from the work force or an improving economy. A significant number (312, 3.1%) report being laid off but no additional information is available regarding reasons. It is also noted that some (1,393, 13.6%) expressed dissatisfaction with their previous position. This is a number similar to their AD counterparts.

Table V.21.
Changes in the Employment Status of RN Workforce with a Baccalaureate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
No change	21,369	68.8		3,574	68.5	7,711	69.3	3 ,471	68.8	1,385	71.3	1,906	69.1
Change in number of hours worked	2,786	9.0		488	9.3	1,163	10.5	517	10.2	154	7.9	282	10.2

Changes in the Employment Status RN Workforce with a Baccalaureate Degree in WI (continued)													
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Change in Past Year (continued)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
New position with same employer	2,292	7.4		429	8.2	916	8.2	437	8.7	154	7.9	239	8.7
New position with different employer	2,522	8.1		510	9.8	927	8.3	433	8.6	182	9.4	236	8.6
Was not working as RN but am now	817	2.6		175	3.4	331	3.0	149	3.0	51	2.6	83	3.0
Was working as RN but no longer working as RN	679	2.2		11	0.2	8	0.1	11	0.2	*	*	*	*
Factor Most Important in Change of Employment													
I retired	552	5.4		18	1.1	28	0.8	17	1.1	6	1.0	12	1.4
Child care responsibilities	831	8.1		126	7.6	330	9.5	125	7.8	38	6.5	45	5.2
Other family responsibilities	416	4.1		50	3.0	141	4.1	60	3.8	12	2.1	28	3.2
Salary/benefits	778	7.6		141	8.5	287	8.3	132	8.3	45	7.7	90	10.4
Laid off	312	3.1		37	2.2	99	2.8	25	1.6	16	2.7	16	1.9
Change in spouse/partner work	319	3.1		53	3.2	125	3.8	52	3.32	21	3.6	36	4.2
Change in financial status	334	3.3		64	3.8	128	3.7	46	2.9	23	4.0	35	4.1
Relocation	642	6.3		145	8.7	182	5.2	100	6.3	38	6.5	64	7.4
Promotion/ advancement	1,457	14.3		245	14.7	551	15.8	279	17.4	98	16.8	148	17.2
Change in health status	388	1.2		39	2.3	90	2.6	21	1.3	15	2.6	24	2.8
More convenient hours	1,167	11.4		235	14.1	456	13.1	221	13.8	70	12.0	114	13.2
Dissatisfaction with previous position	1,.393	13.6		249	15.0	515	14.8	244	15.3	92	15.8	114	13.2

*cells too small to report

Table V.22. presents data that indicate over half of these nurses plan to leave direct patient care in nine or fewer years and a similar number plan to leave their present employment in the same number of years. The single most important factor in their career decisions is family/personal issues.

Over 22% (7,061) of these nurses plan to continue their education in the next two years. Even though the numbers are very small, there are almost six times as many enrolled in DNP programs as PhD programs. While difficult to infer the meaning of these statistics, it draws attention to the future of nursing research in the state.

Table V.22.
Future Plans of Registered Nurse Workforce with a Baccalaureate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work Providing Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
< 2 years	1,349	5.9		245	5.4	523	5.6	246	5.9	103	6.7	142	6.2
2 4 years	3,113	13.6		592	13.2	1,310	14.1	473	11.4	232	15.0	324	14.1
5-9 years	4,992	21.8		973	21.6	2,112	22.8	840	20.2	326	21.1	508	22.1
10-19 years	6,359	27.8		1,275	28.3	2,586	27.9	1,145	27.6	417	27.0	648	28.2
20-29 years	3,683	16.1		798	17.7	1,414	15.3	689	16.6	248	16.1	365	15.9
30 or > years	3,389	14.8		617	13.7	1,327	14.3	760	18.3	218	14.1	312	13.6
Plan to Work in Present Type of Employment													
< 2 years	3,422	12.1		579	11.2	1,403	12.7	583	11.6	221	11.4	322	11.7
2-4 years	5,713	20.2		1,040	20.1	2,346	21.3	929	18.5	387	20.0	536	19.5
5-9 years	6,301	22.3		1,134	21.9	2,483	22.5	1,062	21.2	411	21.3	624	22.7
10-19 years	6,928	24.5		1,252	24.2	2,684	24.4	1,269	25.6	484	25.1	677	24.7
20-29 years	3,466	12.3		719	13.9	1,238	11.2	635	12.7	258	13.4	363	13.2
30 or more years	2,414	8.5		450	8.7	868	7.9	537	10.7	170	8.8	221	8.1
Plans for Further Education in Nursing													
No plans	21,555	69.4		3,452	66.5	7,240	65.4	3,457	68.8	1,380	7.1	1,886	68.7
Enrolled in MS	1,800	5.8		282	5.4	757	6.8	316	6.3	121	6.2	160	5.8
Enrolled in DNP	130	0.4		35	0.7	53	0.5	10	0.2	6	0.3	13	0.5
Enrolled in PhD	21	0.1		*	*	9	0.1	*	*	*	*	*	*
Enrolled in specialty certificate	413	1.3		79	1.5	148	1.3	86	1.7	26	1.3	38	1.4
Plan to pursue within next 2 years	7,061	22.7		1,329	25.6	2,852	25.7	1,144	22.7	400	20.6	640	23.3
Single Most Important Factor in Career Decisions Today													
Personal satisfaction/ collegial relationships	1,688	5.6		12	0.2	12	0.1	*	*	*	*	*	*
Family/ personal issues	10,015	33.4		1,897	37.2	3,814	35.2	1,790	36.2	674	35.6	1,036	38.4
Pay	5,471	18.3		831	16.3	1,938	17.9	994	20.1	326	17.2	431	16
Medical benefits	4,053	13.5		829	16.3	1,681	15.5	574	11.6	270	14.3	348	12.9
Retirement benefits	1,028	3.4		220	4.3	347	3.2	143	2.9	87	4.6	113	4.2
Hours/shift availability	521	1.7		119	2.3	201	1.9	61	1.2	34	1.8	55	2.0
Potential for advancement	4,532	15.1		774	15.2	1,868	17.2	895	18.1	293	15.5	404	15.0

Future Plans of Registered Nurse Workforce with a Baccalaureate Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Single Most Important Factor in Career Decisions Today (continued)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Employer supported education options	1,129	3.8		170	3.3	468	4.3	210	4.3	58	3.1	119	4.4
Worksite location	233	0.8		60	1.2	87	0.8	40	0.8	15	0.8	18	0.7
Physical work requirements	922	3.1		135	2.6	289	2.7	177	3.6	110	5.8	126	4.7
Physical disability	368	1.2		50	1.0	129	1.2	53	1.1	22	1.2	44	1.6

*cells too small to report

Summary:

Baccalaureate prepared nurses mirror the rest of the profession in that they are female, not diverse, and have a mean age of 44.65. Their primary employment setting remains hospitals and they are largely direct care providers in staff nurse positions. They report similar turnover rates as their AD counterparts and similar rates of dissatisfaction with their prior positions when they report an employment change. Layoff numbers (312, 3.1%) were similar to their AD counterparts (322, 3.4%). Fewer BSN nurses (586, 1.9%) than AD nurses (718, 2.7%) report being unemployed and seeking work in nursing.

Recommendations:

1. The "unemployed seeking work in nursing" sector of the nursing workforce needs to be monitored. If this is an increasing trend, it will require detailed analysis and exploration of reasons for the unemployment. Once the reasons are determined, appropriate actions can be determined.
2. This group is the primary recruitment pool for future faculty. This workforce needs to be informed about graduate education and encouraged to prepare for faculty positions.
3. The "dissatisfaction with previous position" response as a reason for employment change requires further detailed examination in future RN surveys.

Issue V.F. The Clinical Practice of Master's Degree Prepared Registered Nurses

In this section the clinical practice of the registered nurse workforce in the state who reports a master's degree in nursing as their highest degree is examined.

In this analysis the state level comparison includes all master's prepared registered nurses who live and/or work in the state. The regional group includes all registered nurses who report their primary position in the region, so all comparisons to state level data will not total to 100%.

The first observation is that there are only a total of 5,617 nurses with a master's degree who report working in Wisconsin. Again, there are few males and the group is not diverse. There is a large group (523) who resides in Wisconsin and is not working. This may represent a potential addition to the workforce.

Table V.23.
Registered Nurse Workforce with a Master's Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	6,266	95.7		1,222	97.1	2,002	96.9	1,011	97.6	475	96.2	617	83.7
Resides out WI	281	4.3		37	2.9	63	3.1	25	2.4	19	3.8	120	16.3
Works in WI	5,617	88.9		1,250	88.5	1,996	88.3	1,011	90.3	481	90.2	598	84.2
Works out WI	177	2.8											
Resides WI, not working	523	8.3											
Male	470	7.2		86	6.8	103	5.0	92	8.9	54	10.9	72	9.8
Female	6,077	92.8		1,173	93.2	1,962	95.0	944	91.1	440	89.1	665	90.2
Mean Age	49.46 (SD = 11.28)			48.47 (SD = 10.90)		48.41 (SD = 11.02)		48.0 (SD = 10.30)		47.50 (SD = 9.93)		48.89 (SD = 10.49)	
Diversity													
Diverse	313	4.8		50	4.0	155	7.5	24	2.3	18	3.6	17	2.3
Not diverse	6,234	95.2		1,209	96.0	1,910	92.5	1,012	97.7	476	96.4	720	97.7

Table V.24 reveals that the majority of Master's prepared nurses are working in the southern and southeastern regions of the state. There is a very low number (98, 1.5%) who report that they are unemployed and seeking work in nursing. Compared to their colleagues with AD (82.5%) and BS (76.9), this group reports only a 58.7% employment in direct patient care. They report a lower level of hospital employment (41%) than their AD (50.6%) and BS (60.1) colleagues. Over half of them report being Advanced Practice Nurses. They report an overall average of 18.48 years' experience as an RN providing direct patient care. At this level of education, there is a move to a salaried form of compensation for their primary position and an increase in the number of hours worked per week in their primary position compared to AD and PS prepared colleagues. A large number (21.8%) report a second job and working a mean number of 10.42 hours per week in that secondary position.

Table V.24.
Employment Status of Registered Nurse Workforce with a Master's Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Working as a nurse	5,576	85.2		1,222	83.4	1,971	83.8	998	85.7	479	87.1	631	86.0
Working in health care, not nursing	303	4.6		77	5.3	118	5.0	50	4.3	23	4.2	30	4.1
Working in another field	104	1.6		18	1.2	41	1.7	17	1.5	11	2.0	16	2.2
Unemployed, seeking work in nursing	98	1.5		16	1.1	47	2.0	17	1.5	7	1.3	11	1.5
Unemployed , seeking work in another field	9	0.1		*	*	*	*	*	*	0	0	*	*
Unemployed, not seeking work	116	1.8		30	2.0	43	1.8	22	1.9	7	1.3	14	1.9
Retired	341	5.2		101	6.9	128	5.4	58	5.0	23	4.2	31	4.2
Primary Job Require Licensures as RN													
Yes	5,648	97.5		1,229	96.5	2,000	97.4	1,006	98.0	494	98.6	642	97.6
No	146	2.5		44	3.0	54	2.6	21	2.0	7	1.4	16	2.4
Primary Function to Provide Direct Patient Care (DPC)													
Yes	3,402	58.7		733	57.6	1,116	54.3	668	65.0	328	65.5	378	57.4
No, I provide limited DPC	462	8.0		107	8.4	186	9.1	76	7.4	28	5.6	54	8.2
No, I supervise DPC	812	14.0		175	13.7	326	15.9	118	11.5	54	10.8	101	15.3
No, but have in past	959	16.6		208	16.3	373	18.2	145	14.1	74	14.8	116	17.6
No, provided limited DPC in past	81	1.4		23	1.8	28	1.4	13	1.3	8	1.6	3	0.5
No, have never provided DPC	78	1.3		27	2.1	28	1.2	7	0.7	9	1.8	6	0.9
Mean years worked as RN providing DPC?	18.48			18.56		18.41		18.23		17.93		18.92	
Primary Work Setting													
Hospital	2,377	41.0		563	44.2	952	46.3	330	32.1	169	33.7	241	36.6
Extended care	219	3.8		45	3.5	97	4.7	44	4.3	7	1.4	18	2.7
Ambulatory care	1,705	29.4		331	26.0	459	22.3	405	39.4	204	40.7	218	33.1
Home Health	130	2.2		36	2.8	31	1.5	28	2.7	11	2.2	16	2.4
Public Health	239	4.1		65	5.1	86	4.2	35	3.4	19	3.8	23	3.5
Nurse Educator	763	13.2		144	11.3	296	14.4	134	13.0	64	12.8	97	14.7
Other	361	6.2		89	7.0	133	6.5	51	5.0	27	5.4	45	6.8

Employment Status of Registered Nurse Workforce with a Master 's Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Function at Primary Position													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Staff nurse	644	11.1		185	14.5	252	12.3	86	8.4	40	8.0	55	8.4
Case manager	132	2.3		35	2.7	40	1.9	21	2.0	12	2.4	16	2.4
Nurse Manager	375	6.5		111	8.7	132	6.4	52	5.1	25	5.0	41	6.2
Advanced Practice Nurse	3,028	52.3		600	47.1	996	48.5	617	60.1	301	60.1	348	52.9
Consultant	79	1.4		26	2.0	32	1.6	6	0.6	8	1.6	4	0.6
Administrator	184	3.2		31	2.4	79	3.8	26	2..5	15	3.0	26	4.0
Nurse Executive	148	2.6		32	2.5	62	3.0	21	2.0	14	2.8	11	1.7
Nurse Faculty	724	12.5		129	10.1	280	13.6	132	12.9	58	11.6	97	14.7
Nurse Researcher	38	.07		15	1.2	14	0.7	2	0.2	1	0.2	3	0.5
Payment Basis of Primary Position													
Full time, salary	3,760	64.9		784	61.6	1,340	65.2	695	67.7	353	70.5	421	64.0
Full time, hourly	776	13.4		158	12.4	251	12.2	148	14.4	68	13.6	99	15.0
PT, salary	546	9.4		150	11.8	202	9.8	77	7.5	35	7.0	60	9.1
PT, hourly	555	9.6		144	11.3	209	10.2	83	8.1	34	6.8	55	8.4
Per Diem	124	2.1		27	2.1	44	2.1	16	1.6	10	2.0	17	2.6
Mean hours worked per week primary job	39.90			39.15		39.96		39.97		41.03		39.78	
Have a second job	1,262	21.8		249	19.6	470	22.9	213	20.7	89	17.8	144	21.9
Mean hours per week in second job	10.42			10.35		10.35		9.39		10.33		11.38	

*cells too small to report

Table V.25. presents data that indicate that almost 30% of this group changed positions in the last year although 6.4% of that was to a new position with the same employer. They are also retiring at higher rates than their AD and BS colleagues. This group also reports that the factor most important in their change was promotion and the opportunity for advancement. Dissatisfaction with the prior position continues to be reported as a reason for employment change.

Table V.25.
Changes in Employment Status of Registered Nurse Workforce with a Master's Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year													
	N	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
No change in employment status	4,602	70.3		1,057	72.1	1,649	70.1	799	68.6	398	72.4	495	67.4
Change in number of hours worked	431	6.6		99	6.8	156	6.6	70	6.0	34	6.2	53	7.2

Changes in Employment Status of Registered Nurse Workforce in WI with a Master's Degree (continued)													
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Change in Past Year (continued)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
New position with same employer	417	6.4		64	404	160	6.8	83	7.1	36	6.5	57	7.8
New position with different employer	761	11.6		178	12.1	261	11.1	141	12.1	56	10.2	89	12.1
Was not working as RN but am now	32	0.5		12	0.8	8	0.3	6	0.5	*	*	*	*
Was working as RN but no longer working as RN	125	1.9		23	1.6	54	2.3	19	1.6	9	1.6	20	2.7
Factor Most Important in Change of Employment													
I retired	169	8.0		42	9.2	64	8.6	27	6.7	20	11.4	15	6.0
Child care responsibilities	91	4.3		18	3.9	39	5.2	14	3.5	*	*	*	*
Other family responsibilities	69	3.3		11	2.4	29	3.9	17	4.2	*	*	*	*
Salary/benefits	145	6.8		43	9.4	48	6.4	25	6.2	9	3.4	13	5.2
Laid off	81	3.8		12	2.6	47	6.3	12	3.0	*	*	*	*
Change in spouse/partner work	41	1.9		11	2.4	12	1.6	7	1.7	*	*	*	*
Change in financial status	50	2.4		14	3.1	7	0.3	13	3.2	8	4.5	6	2.4
Relocation	114	5.4		41	8.9	26	1.1	26	6.5	7	4.0	11	4.4
Promotion/ Advancement	636	30.0		113	24.6	232	9.9	123	30.5	53	30.1	88	35.2
Change in health status	54	2.5		11	2.4	23	1.0	9	2.2	*	*	*	*
More convenient hours	127	6.0		34	7.4	35	1.5	26	6.5	12	6.8	15	6.0
Dissatisfaction with previous position	252	11.9		55	12.0	92	3.9	44	10.9	23	13.1	29	11.6

*cells too small to report

Table V.26. shows that approximately 50% of this group plan to remain in their current type of employment for less than nine years, representing a huge loss of experience and education to the profession. Like all of their colleagues, family and personal issues is given as the single most important factor in career decisions.

Table V.26.
Future Plans of Registered Nurse Workforce with a Master's Degree Prepared in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work Providing Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
< 2 years	314	7.7		78	8.7	113	8.2	48	6.4	29	7.8	34	7.3
2 4 years	417	10.2		110	12.3	169	12.2	60	7.9	22	5.9	40	8.6
5-9 years	921	22.6		199	22.2	336	24.3	144	19.1	77	20.8	117	25.1
10-19 years	1,225	30.1		260	29.0	400	28.9	237	31.4	121	32.7	135	28.9
20-29 years	820	20.1		166	18.5	247	17.9	183	24.2	80	21.6	104	22.3
30 or more years	377	9.3		83	9.3	117	8.5	83	11.0	41	11.1	37	7.9
Plan to Work in Present Type of Employment													
< 2 years	599	9.9		134	10.7	206	10.1	85	8.3	43	8.8	70	9.6
2-4 years	893	14.8		223	17.9	314	15.4	128	12.4	47	9.6	99	13.6
5-9 years	1.476	24.5		309	24.8	544	26.6	200	19.4	120	24.4	179	24.5
10-19 years	1,714	28.4		330	26.4	569	27.8	329	31.9	147	29.9	206	28.2
20-29 years	959	15.9		175	14.0	288	14.1	205	19.9	98	20.0	133	18.2
30 or more years	388	6.4		77	6.2	124	6.1	83	8.1	36	7.3	43	5.9
Plans for Further Education in Nursing													
No plans	4,859	74.2		906	72.0	1,470	71.2	759	73.3	365	73.9	562	76.3
Enrolled in MS	100	1.5		14	1.1	36	1.7	22	2.1	9	1.8	9	1.2
Enrolled in DNP	160	2.4		27	2.1	48	2.3	18	1.7	27	5.5	21	2.8
Enrolled in PhD	108	1.6		20	1.6	52	2.5	16	1.5	*	*	*	*
Enrolled in specialty certificate	115	1.8		21	1.7	39	1.9	22	2.1	*	*	*	*
Plan to pursue within next 2 years	1,205	18.4		271	21.5	420	20.3	199	19.2	85	17.2	124	16.8
Single Most Important Factor in Career Decisions Today													
Personal satisfaction/ collegial relationships	375	5.9		103	7.3	142	6.3	65	5.7	25	4.7	40	5.6
Family personal issues	2,943	46.5		667	47.2	1,007	44.3	532	46.9	264	49.8	333	46.6
Pay	877	13.8		194	13.7	316	13.9	168	14.8	70	13.2	103	14.4
Medical benefits	854	13.5		173	12.2	313	13.8	160	14.1	76	14.3	87	12.2
Retirement benefits	192	3.0		48	3.4	75	3.3	25	2.2	12	2.3	24	3.4
Hours/shift availability	171	2.7		49	3.5	67	2.9	22	1.9	7	1.3	16	2.2
Potential for advancement	416	6.6		88	6.2	167	7.4	64	5.6	31	5.8	46	6.4

Future Plans of Master of Science Degree Prepared Registered Nurse Workforce in Wisconsin (continued)													
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Single Most Important Factor in Career Decisions Today (continued)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Employer supported education options	219	3.5		41	2.9	95	4.2	48	4.2	10	1.9	16	2.2
Worksite location	48	0.8		10	0.7	18	0.8	6	0.5	6	1.1	6	0.8
Physical work requirements	175	2.8		29	2.1	46	20.	33	2.9	25	4.7	31	4.3
Physical disability	65	1.0		12	0.8	26	1.1	*	*	*	*	12	1.7

*cells too small to report

Summary:

The majority of nurses holding master's degrees are clustered in three most densely populated regions of the state: Southern, Southeastern, and Northeastern. Over half of them report preparation as Advanced Practice Nurses. At this level of education, there is a decrease in the number engaged in direct patient care. Nurses who hold master's degrees are largely salaried employees (64.9%) who report hospitals as their primary employer (41%), though at a decreased percentage than baccalaureate (60.1%) and associate degree (50.6) prepared nurses. Almost half of these nurses (49.2%) plan to remain in their present type of employment nine or fewer years, suggesting a major loss of expertise for the nursing profession.

Recommendations:

1. The nursing profession needs to examine the factors that would attract Advanced Practice Nurses to rural settings as primary care providers.
2. Because nurses with a master's degree represent a potential pool of applicants for doctoral programs, the profession needs to present this group with information about the faculty role in colleges and universities.

Issue V.G.1. The Clinical Practice of Registered Nurses with Doctoral Preparation

This section examines the clinical practice and employment of registered nurses who hold a PhD in Nursing, ND, or DNS. Note that this includes only nurses with doctoral degrees in nursing. These are the research degrees within the profession. Because the numbers are so small and resulted in many suppressed cells to protect anonymity, a decision was made not to report regional data.

Table V.27. shows the very small number (260) of nurses prepared at this level, the lack of diversity, the vast majority (96.3%) of females, and a mean age of over 56 years of age.

Table V.27.
Registered Nurse Workforce in Wisconsin Prepared at the Doctoral Level (PhD, ND, DNS).

	State Level	
	n	***%***
Resides in WI	388	96.5
Resides out WI	14	3.5
Works in WI	217	86.5
Works out WI	9	3.6
Resides WI, not working	25	9.6
Male	7	3.7
Female	253	96.3
Mean Age	56.98 (SD = 8.61)	
Diverse	19	7.3
Not diverse	241	92.7

*cells too small to report

Over 80% of doctorally prepared nurses report working in nursing though few are involved in direct patient care. These nurses report have provided over 17 years of direct patient care. Most are employed in nursing education (53%) and 12.4% report being nurse researchers. They are also working more hours than any other group of RNs by educational level.

Table V.28.
Employment Status of Registered Nurse Workforce with Doctoral Preparation (PhD, ND, DNS)

	State Level	
Employment Status		
	N	***%***
Working as a nurse	215	82.7
Working in health care, not nursing	9	9
Working in another field	7	3.5
Unemployed, seeking work in nursing	*	*
Unemployed , seeking work in another field	0	0
Unemployed, not seeking work	*	*
Retired	26	10.0
Primary Job Require RN License		
Yes	220	97.3
No	6	2.7

Employment Status of Nurses with Doctoral Preparation (continued)		
	State Level	
Primary Function is to Provide Direct Patient Care (DPC)		
	N	***%***
Yes	28	12.4
No, I provide limited DCP	26	11.5
No, I supervise DPC	24	10.6
No, but have in past	114	50.4
No, provided limited DPC in past	9	4.0
No, have never provided DPC	25	11.1
Mean years worked as RN providing DPC?	17.74	
Primary Work Setting		
Hospital	36	15.9
Extended care	*	*
Ambulatory care	15	6.6
Home Health	5	2.2
Public Health	*	*
Nurse Educator	148	65.5
Other	15	7.1
Function at Primary Position		
Staff nurse	7	3.1
Case manager	*	*
Nurse Manager	*	*
Advanced Practice Nurse	23	10.2
Consultant	*	*
Administrator	21	9.3
Nurse Executive	9	4.0
Nurse Faculty	120	53.1
Nurse Researcher	28	12.4
Payment Basis of Primary Position		
Full time, salary	187	82.7
Full time, hourly	*	*
PT, salary	21	9.3
PT, hourly	9	4.0
Per Diem	*	*
Mean hours worked per week primary job	47.39	
Have a second job	61	27.0
Mean hours per week in second job	10.08	

*cells too small to report

Table V.29. shows that nurses who hold a doctorate are the most stable group of employees, with 78% reporting no change in the past year. Of the number that did change employment, 15.9% reported retirement. This retirement rate was higher than any other group of nurses. It was not possible to provide further detailed analysis of reasons for changes in employment because all remaining cells were too small to report.

Table V.29.
Changes in Employment Status of Registered Nurses With Doctoral Preparation (PhD, ND, DNS)

	State Level	
Change in Employment in Pat Year		
	N	***%***
No change in employment status	203	78.1
Change in number of hours worked	9	3.5
New position with same employer	13	5.0
New position with different employer	20	7.7
Was not working as RN but am now	*	*
Was working as RN but no longer working as RN	0	0
I retired	10	15.9

*cells too small to report

Table V.30. indicates that over 58% of these nurses plan to work nine or fewer years. Like all of their colleagues, family and personal issues govern career decisions.

Table V.30.
Future Plans of Registered Nurses with Doctoral Preparation (PhD, ND, DNS)

	State Level	
Plan to Work Providing Direct Patient Care		
	N	***%***
< 2 years	*	*
2-4 years	11	18.0
5-9 years	16	26.2
10-19 years	15	24.6
20-29 years	10	16.4
30 or more years	*	*
Plan to Work in Present Employment		
< 2 years	21	9.1
2-4 years	46	19.8
5-9 years	69	29.7
10-19 years	69	29.7
20-29 years	20	8.6
30 or more years	7	3.0
Single Most Important Factor in Career Decisions Today		
Personal satisfaction/ collegial relationships	24	10.0
Family personal issues	139	58.2
Pay	18	7.5
Medical benefits	28	11.7
Retirement benefits	*	*
Hours/shift availability	6	2.5
Potential for advancement	*	*
Employer supported education options	*	*
Worksite location	*	*
Physical work requirements	8	3.3
Physical disability	*	*

*cells too small to report

Summary:

The number of nurses with these doctoral degrees (PhD, ND, DNS) represents nurses prepared as nurse researchers. They report that the majority are employed in nursing education. Given their plans to work nine or fewer years, there will be a loss of research and educational expertise in the state that is not easily replaced.

Recommendations:

1. The profession will need to enhance recruitment into doctoral education for nursing research. This recruitment needs to be focused on recruiting nurses early in their professional careers in order to support sustained research productivity.
2. Doctoral education in nursing needs to include preparation for the educator role of nurse faculty.
3. Consider developing flexible, less than full-time employment options in order to retain the expertise of these nurses.

Issue V.G.2. The Clinical Practice of Registered Nurses with a Doctorate of Nursing Practice

This section examines the clinical practice and employment of registered nurses who hold a Doctorate in Nursing Practice (DNP). This is the clinical practice degree within the profession. Because the numbers are small and resulted in many suppressed cells to protect anonymity, a decision was made not to report regional data. The nurses described here report living and/or working in Wisconsin.

The first observation is the very small number of nurses holding a Doctorate of Nursing Practice. Although several institutions in Wisconsin now offer the degree, not surprisingly, few students have completed the requirements and earned the degree at the time of this survey.

Table V.31.
Registered Nurses with Doctorate of Nursing Practice in WI

	State Level	
Demographics		
	n	***%***
Resides in WI	136	95.8
Resides out WI	6	4.2
Works in WI	132	93.6
Works out WI	*	*
Resides WI, not working	*	*
Male	8	5.6
Female	134	94.4
Mean Age	48.94 (SD = 8.99)	
Diversity		
Diverse	7	4.9
Not diverse	135	95.1

Table V.32. reveals that almost all (93.7%) of these nurses report being employed as a nurse, and almost 60% of them are engaged in direct patient care. This is in contrast to their PhD prepared colleagues who report only 12.4% employment in direct patient care. This suggests the utilization of these two types of doctorates in different types of employment. Few (17.3%) DNPs report nurse educator positions compared to their PhD counter parts at 53%. Nurses holding a DNP report almost 20 years of experience in providing direct patient care.

Table V.32. Employment Status of Registered Nurses with Doctorate of Nursing Practice in WI

	State Level	
Employment Status		
	n	***%***
Working as a nurse	133	93.7
Primary Job Requires Licensure as RN		
Yes	138	99.3
Primary Function to Provide Direct Patient Care (DPC)		
Yes	83	59.7
No, I provide limited DPC	16	11.5
No, I supervise DPC	18	12.9

Employment Status of Registered Nurses with a DNP (continued)		
	State Level	
Primary Function to Provide Direct Patient Care (DPC) continued		
	n	***%***
No, but have in past	17	12.2
No, provided limited DPC in past	*	*
No, have never provided DPC	*	*
Mean years worked as RN providing DPC?	19.28	
Primary Work Setting		
Hospital	41	29.5
Extended care	*	*
Ambulatory care	51	36.7
Home Health	*	*
Public Health	*	*
Nurse Educator	27	19.4
Other	11	7.9
Function at Primary Position		
Staff nurse	*	*
Case manager	0	0
Nurse Manager	*	*
Advanced Practice Nurse	93	66.9
Consultant	*	*
Administrator	*	*
Nurse Executive	*	*
Nurse Faculty	24	17.3
Nurse Researcher	0	0
Payment Basis of Primary Position		
Full time, salary	105	75.5
Full time, hourly	12	8.6
PT, salary	9	6.5
PT, hourly	*	*
Per Diem	*	*
Mean hours worked per week at primary job	41.47	
Have a second job	42.4	
Mean hours per week in second job	12.32	

*cells too small to report

Table V.33. shows that that this group is also a stable workforce, with 74.6% reporting no change in employment in the past year. Those that did change employment cited the factor most important was opportunity for promotion and advancement.

Table V.33.
Changes in Employment Status of Registered Nurses with Doctorate of Nursing Practice in WI

	State Level	
Change in Past Year		
	N	***%***
No change in employment status	106	74.6
Change in number of hours worked	*	*
New position with same employer	*	*
New position with different employer	20	14.1
Was not working as RN but am now	0	0

Change in Employment Status of RNs with DNP (continued)		
	State Level	
Change in the Past Year continued		
	N	***%***
Was working as RN but no longer working as RN	0	0
Factor Most Important in Change of Employment		
Promotion/advancement	13	28.9
Dissatisfaction with previous position	8	17.8

Table V.34. shows that 35.2% of nurses with a DNP plan to continue in providing direct patient care for nine or fewer years; 40.3% plan to continue in their present their present position for nine or fewer years, again reflecting the age of this group. However, this figure (40.3%) is much less than the comparable figure for the PhD group (58.6%). Like all of their nurse colleagues regardless of educational preparation, DNPs identify family and personal issues as the most important factor in their career decisions.

Table V.34.
Future Plans of Registered Nurses with a Doctorate of Nursing Practice in WI

	State Level	
Plan to Work Providing Direct Patient Care		
	n	***%***
< 2 years	*	*
2-4 years	10	9.5
5-9 years	27	25.7
10-19 years	40	38.1
20-29 years	16	15.2
30 or more years	10	9.5
Plan to Work in Present Type of Employment		
< 2 years	13	9.4
2-4 years	16	11.5
5-9 years	27	19.4
10-19 years	56	40.3
20-29 years	20	14.4
30 or more years	7	5.0
Single Most Important Factor in Career Decisions Today		
Personal satisfaction/ collegial relationships	*	*
Family personal issues	83	60.1
Pay	10	7.2
Medical benefits	21	15.2
Retirement benefits	*	*
Hours/shift availability	*	*
Potential for advancement	7	5.1
Employer supported education options	9	6.5
Worksite location	0	0
Physical work requirements	*	*
Physical disability	0	0

*cells too small to report

Summary:

Because the DNP is a relatively new academic degree, there are few DNPs in Wisconsin. From this survey, DNPs are engaged in direct patient care, are younger than their PhD counterparts (49 years compared to 57 years), and plan to remain in their positions longer. DNPs are being employed in ambulatory care (36.7%) and hospitals (29.5%) with only 19% in nurse educator positions. This is in sharp contrast to the PhD prepared nurses who (6.6%) report employment settings in ambulatory care, 15.9% in hospitals, and 65.5% in nurse educator position.

Recommendations:

1. The nursing profession will need studies to determine the optimal balance between PhD (including ND, DNS) and DNP prepared nurses to serve the health care needs of the state.
2. Educational institutions will require more nurses prepared at the DNP level to advance their educational mission.
3. As the Patient Protection and Affordable Care Act is fully implemented, more DNPs will be needed to serve as primary care providers in the state.

Issue V.H. The Registered Nurse Workforce in Urban and Rural Settings

This section compares the Registered Nurse workforce in urban and rural areas. The urban and rural designations created by the Wisconsin Department of Workforce Development were used to stratify the nurses. The following rules were applied to the original nine Wisconsin Area Health Education Center (AHEC) categories to create the groupings. The two rural categories were defined as: Rural Area of < 2,500 and Rural Area 2,500 and <50,000.The remaining two categories were defined as: Urban Area >= 50,000 and City of Milwaukee.

Nurses were grouped according to the location of their primary position. State-level data included all the nurses living and/or working in Wisconsin so comparisons between regional and state data are inexact.

Table V.35. shows, as expected, that the concentration of the workforce in urban areas and Milwaukee. The highest levels of diversity are also in Milwaukee. Nurses practicing in the smaller rural area (<2,500) tend to be older and prepared at the Associate Degree level.

Table V.35.
Demographics of the Urban and Rural Registered Nurse Workforce in WI

	State Level			City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Demographics											
				n	***%***	***n***	***%***	***n***	***%***	***N***	***%***
Location of primary position				13,253	22.8	29,960	51.4	11,917	20.5	3,120	5.4
Resides in WI	68,839			13,062	98.6	28,983	96.7	11,552	96.9	3,002	96.2
Resides out WI	2,149			44	0.3	131	0.4	53	0.4	24	0.8
Works in WI	59,237			13,209	99.7	29,829	99.6	11,864	99.6	3,096	99.2
Male	4,573	6.6		881	6.6	1,959	6.5	740	6.2	181	5.8
Female	66,315	93.4		12,372	93.4	28,001	93.5	11,177	93.8	2,939	94.2
Mean Age	46.96 (SD = 12.60)			44.71 (SD = 12.34)		45.13 (SD = 11.95)		46.27 (SD = 11.69)		47.91 (11.85)	
Diversity											
Diverse	3,817	5.4		1,556	11.7	1,185	4.0	279	2.3	97.3	2.7
Not diverse	67,171	94.6		11,697	88.3	28,775	96.0	11,638	97.7	3,036	97.3
Know > 1 language	7,585	10.7		1,918	15.3	3,069	10.2	927	8.8	238	7.7
Highest Nursing Degree Earned											
Diploma in nursing	6,647	9.4		934	7.0	2,223	7.4	928	7.8	265	8.5
Associate degree in nursing	26,236	37.0		3,739	28.6	11,020	36.8	5,773	48.4	1,652	52.9
BS in nursing	31,047	43.7		7,087	53.5	13,601	45.4	4,208	35.3	912	29.2
Masters in nursing	6,547	9.2		1,349	10.2	2,918	9.7	952	8.0	268	8.6
Doctorate in nursing	402	0.6		128	1.0	154	0.5	35	0.3	15	0.5
Additional education that qualifies you to practice as APN											
Yes				1,554	11.7	3,308	11.0	1,256	10.5	349	11.2

*cells too small to report

In Table V.36., data indicate that approximately 75% of nurses in each grouping report providing direct patient care. Urban nurses are more likely to be employed in hospitals. It is notable that in Milwaukee only 6.6% of nurses report employment in extended care whereas in small rural areas 30% report extended care employment. The highest level (16.9%) of nurses reporting a second job also occurs in the smallest rural grouping.

Table V.36. Employment Status of the Urban & Rural Registered Nurse Workforce in WI

	State Level			City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Employment Status											
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***N***	***%***
Working as a nurse	60,026	84.6		12,894	97.3	29,064	97	11,555	97	2,992	95.9
Working in health care, not nursing	2,157	3.0		276	2.1	627	2.1	246	2.1	75	2.4
Working in another field	1,197	1.7		37	0.3	96	0.3	35	0.3	19	0.6
Unemployed, seeking work in nursing	1,539	2.2		27	0.2	50	0.2	26	0.2	9	0.3
Unemployed, seeking work in another filed	165	0.2		0	0	*	*	*	*	*	*
Unemployed, not seeking work	2,010	2.8		*	*	29	0.1	6	0.1	7	0.2
Retired	3,894	5.5		14	0.1	89	0.3	48	0.4	16	0.5
Primary Function to Provide Direct Patient Care (DPC)											
Yes	46,646	76.9		10,185	76.9	23,062	77.0	9,318	78.2	2,328	74.6
No, I provide limited DPC	3,251	5.4		656	4.9	1,572	5.2	661	5.5	231	7.4
No, I supervise DPC	3,893	6.4		784	5.9	1,838	6.1	852	7.1	252	8.1
No, but I have in past	5,796	9.5		1,380	10.4	2,981	9.7	962	7.8	256	8.2
No, but have provided limited DPC in past	497	0.8		103	0.8	259	0.9	85	0.7	24	0.8
No, have never provided DPC	612	1.0		145	1.1	318	1.1	75	0.6	29	0.9
Primary Position Requires Licensure as Nurse											
Yes	59,467	98		13,044	98.4	29,325	97.9	11,703	98.2	3,029	97.1
Primary Position Work Setting											
Hospital	32,472	53.5		8,479	64	16,074	53.7	5,915	49.6	899	28.8
Extended care	6,482	10.7		877	6.6	2,616	8.7	1,832	15.4	935	30.0
Ambulatory care	10,483	17.3		1,610	12.1	5,853	19.5	2,098	17.6	525	16.8
Home health	3,461	5.7		759	5.7	1,537	5.1	694	5.8	206	6.6
Public Health	2,324	3.8		458	3.5	1,029	3.4	522	4.4	233	7.5
Nurse Educator	1,289	2.1		295	2.2	682	2.3	187	1.6	73	2.3
Other	4,184	6.9		775	5.8	2,169	7.2	669	5.6	249	8.0
Function at Primary Position											
Staff nurse	39,412	64.9		8,781	66.3	19,844	66.2	7,686	64.5	1,792	65.4
Case manager	4,047	6.7		907	6.8	1,916	6.4	807	6.8	206	6.6
Nurse Manager	4,704	7.8		794	6.0	2,159	7.2	1,197	10.0	375	7.8
Advanced Practice Nurse	3,598	5.9		787	5.9	1,707	5.7	676	5.7	205	5.8
Consultant	727	1.2		126	1.0	355	1.2	90	0.8	43	1.1
Administrator	937	1.5		195	1.5	416	1.4	220	1.8	71	1.5
Nurse Executive	688	1.1		134	1.0	280	0.9	157	1.3	66	1.1
Nurse Faculty	1,247	2.1		280	2.1	650	2.2	193	1.6	68	2.0
Nurse Researcher	319	0.5		123	0.9	153	0.5	16	0.1	5	0.5

Employment Status of the Urban & Rural Registered Nurse Workforce in WI (continued)											
	State Level			City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Payment Basis of Primary Position											
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*N*	*%*
Full time, salary	13,999	23.1		3,356	25.3	6,571	21.9	2,580	21.6	757	24.3
Full time, hourly	27,074	44.6		5,975	45.1	13,274	44.3	5,438	45.6	1,427	45.7
PT, salary	1,740	2.9		422	3.2	880	2.9	283	2.4	89	2.9
PT, hourly	15,535	25.6		3,117	23.5	8,056	26.9	3.146	26.4	707	22.7
Per Diem	2,120	3.0		357	2.7	1,069	3.6	416	3.5	117	3.8
Mean hours/worked per week primary job	36.09			37.76		35.57		35.56		35.67	
Have a second job	8,421	13.9		1,902	14.4	3,696	12.3	1,712	14.4	526	16.9
Mean hours per week in second job	11.13			11.51		10.43		11.37		12.03	

*cells too small to report

In Table V.37., it would appear that the larger the population, the more likely the nurses are to have changed positions in the past year, probably because there are more opportunities for change. There is also a higher retirement rate in rural areas. All of these nurses listed promotion and opportunities for advancement as the most important factor in the change of employment.

Table V.37.
Changes in Employment Status of Urban & Rural Registered Nurse Workforce in WI

	State Level			City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Changes in the Past Year											
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*N*	*%*
No change in employment	48,567	68.4		9,323	70.3	20,576	68.7	8,277	69.5	2,088	66.9
Change in number of hours	6,130	8.6		1,273	9.6	2,902	9.7	1,123	9.4	320	10.3
New position with same employer	5,107	7.2		1,029	7.8	2,548	8.5	983	8.2	237	7.6
New position with different employer	6,227	8.8		1,175	8.9	2,885	9.6	1,157	9.7	348	11.2
Was not working as RN but am now	1,581	2.2		349	2.6	781	2.6	285	2.4	81	2.6
Was working as RN but no longer working as RN	1,805	2.5		15	0.1	56	0.2	17	0.1	10	0.3
Other	1,571	2.2		89	0.7	212	0.7	75	0.6	36	1.2
Factor Most important in Change of Employment											
I retired	1,756	7.4		31	0.8	130	1.4	63	1.7	26	2.5
Child care responsibilities	1,484	6.2		332	8.3	630	6.5	188	5.0	39	3.8
Other family responsibilities	1,030	4.3		172	4.3	383	4.0	147	3.9	34	3.3
Salary/benefits	1,937	8.1		378	9.5	854	5.9	385	10.3	129	12.4
Laid off	792	3.3		135	3.4	208	2.2	73	2.0	38	3.7
Change in spouse/partner work	683	2.9		132	3.3	323	3.4	113	3.0	31	3.0
Change in financial status	800	3.4		155	3.9	391	4.1	128	3.4	35	3.4
Relocation	1,281	5.4		150	3.8	605	6.3	204	5.5	50	4.8

Changes in Employment Status of Urban & Rural Registered Nurse Workforce in WI (continued)											
	State Level			**City of Milwaukee**		**Urban Population =>50,000**		**Rural Population 2,500-50,000**		**Rural Population <2,500**	
Factor Most important in Change of Employment (continued)											
Promotion/advancement	3,584	15.0		701	17.6	1,681	17.5	676	18.1	178	17.1
Change in health status	1,074	4.5		119	3.0	252	2.6	91	2.4	44	4.2
More convenient hours	2,659	11.1		477	12.0	1,288	13.4	557	14.9	132	12.7
Dissatisfaction with previous position	3,239	13.6		623	15.6	1,407	14.6	527	14.1	132	12.7

*cells too small to report

In Table V.38., a large number (19%) of nurses across the state indicate that they are planning to leave direct patient care positions in the next four years. This may be particularly acute in rural areas where recruitment of replacements may be more difficult. All nurses cite personal/family reasons as the single most important factor influencing career decisions today. The second most frequently cited reason for urban nurses was the potential for advancement. Rural nurses gave pay as the next most important factor in career decisions.

Table V.38.
Future Plans of the Urban & Rural Registered Nurse Workforce in WI

	State Level			**City of Milwaukee**		**Urban Population =>50,000**		**Rural Population 2,500-50,000**		**Rural Population <2,500**	
Plan to Work Providing Direct Patient Care											
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***N***	***%***
< 2 years	3,127	6.0		680	6.2	1,447	5.8	558	5.5	173	6.5
2-4 years	6,800	13.0		1,535	14.0	3,122	12.5	1,264	12.4	368	13.9
5-9 years	11,675	22.3		2,541	23.1	5,581	22.3	2,163	21.1	594	22.5
10-19 years	15,181	28.9		3,150	28.6	7,122	28.5	3,075	30.1	769	29.1
20-29 years	8,659	16.5		1,674	15.2	4,287	17.2	1,725	16.9	769	29.1
30 years or >	7,002	13.4		1,422	12.9	3,438	13.8	1,443	14.1	414	15.7
Plan to Work in Present Type of Employment											
< 2 years	7,082	11.1		1,546	11.8	3,256	11.0	1,169	9.9	343	11.1
2-4 years	11,925	18.6		2,701	20.6	5,472	18.4	2,007	17.0	569	18.4
5-9 years	14,486	22.6		2,995	22.8	6,686	22.5	2,573	21.8	696	22.6
10-19 years	16,423	25.7		3,321	25.3	7,480	25.2	3,197	27.1	798	25.9
20-29 years	8,492	13.3		1,558	11.9	4,094	13.8	4,094	14.3	411	13.3
30 years or >	5,591	8.7		1,017	7.7	2,709	9.1	2,709	10.0	269	8.7
Plans for Future Education in Nursing											
No plans	37,692	64.7		8,256	62.3	19,510	65.1	7,840	65.8	2,086	66.9
Enrolled in BSN	2,294	3.9		496	3.7	1,137	3.8	498	4.2	113	3.6
Enrolled in MS in nursing	1,901	3.3		601	4.5	965	3.2	269	2.3	66	2.1
Enrolled in DNP	278	0.5		67	0.5	148	0.5	48	0.4	15	0.5
Enrolled in PhD	115	1.4		49	0.4	50	0.2	*	*1	*	*
Currently enrolled in specialty certificate	827	1.4		164	1.2	418	1.4	193	1.6	52	1.7
Plan to pursue within next 2 years	15,193	26.1		3,620	27.3	7,732	25.8	3,057	25.7	784	25.1

Future Plans of the Urban & Rural Registered Nurse Workforce in WI (continued)										
	State Level			**City of Milwaukee**		**Urban Population =>50,000**		**Rural Population 2,500-50,000**		**Rural Population <2,500**	
Single Most Important Factor in Career Decisions Today (continued)											
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***N***	***%***
Personal satisfaction/ collegial relationships	4,635	6.5		12	0.1	59	0.2	27	0.2	8	0.3
Family personal issues	22,802	32.1		4,762	37.0	10,946	37.5	4,038	34.8	9974	32.2
Pay	10,886	16.0		1,969	15.3	4,673	16.1	1,930	16.6	480	15.9
Medical benefits	9,365	13.7		2,090	16.2	4,318	14.8	1,578	13.6	417	13.8
Retirement benefits	2,773	4.1		476	3.7	1,261	4.3	521	4.5	198	6.5
Hours/shift availability	1,339	2.0		319	2.5	595	2.0	222	1.9	52	1.7
Potential for advancement	10,025	14.7		2,118	16.5	4,765	16.4	1,824	15.7	435	14.4
Employer supported education options	2,367	3.5		564	4.4	1,069	3.7	371	3.2	99	3.3
Worksite location	583	0.9		141	1.1	257	0.9	92	0.8	31	1.0
Physical work requirements	2,443	3.6		242	1.9	782	2.7	860	7.4	289	9.6
Physical disability	981	1.4		182	1.4	408	1.4	134	1.2	42	1.4

*cells too small to report

Summary:

Nurses practicing in the rural areas tend to be older than their urban counterparts and prepared at the associate degree level. There are also lower percentages of nurses prepared at the master's degree level in rural areas. Nurses in urban areas most frequently report hospitals as their primary employment setting, while rural nurses report extended care settings. All of the nurses cited persona/family reasons as the single most important factor influencing career decisions today. The second most frequently cited reason for urban nurses was the potential for advancement. Rural nurses gave pay as the second most important factor in career decisions.

Recommendations:

1. Assure access to varied format of degree programs for rural nurses. Not all nurses wish to engage in online programs, so alternatives need to be available to these potential students.

Wisconsin Registered Nurse Survey

2012 Appendix A: Clinical Practice Settings

wicenterfornursing.org

Wisconsin Center for Nursing

Mary Ellen Murray, PhD, RN, School of Nursing
University of Wisconsin-Madison

Judith Westphal, PhD, RN, College of Nursing
University of Wisconsin-Oshkosh

Lea Acord, PhD, RN, College of Nursing
Marquette University

Rachel Schiffman, PhD, RN, FAAN, College of Nursing
University of Wisconsin-Milwaukee

Jeffrey B. Henriques, PhD, Department of Psychology
University of Wisconsin-Madison

Research Assistants:

I-Hui Chen, BS, RN, PhD, School of Nursing
University of Wisconsin-Madison

Mary Raynor, BSN Student, College of Nursing
Marquette University

© March 2013

5/7/13 ME

Appendix A: Clinical Practice Settings

In this section the current supply of Registered Nurses is examined by the practice setting of their primary employment position. First the state level data is presented for each for each clinical practice setting. State level comparison data include all registered nurses who report living and/or working in the state. Next the data is presented by Wisconsin Department of Workforce Development Regions. Individual nurses are aggregated into a region by the location of the nurse's residence. Please note that state totals may not equate to the regional totals. Not all surveys included responses that permitted assignment to regions. An analysis of practice setting data may help to identify potential shortage areas as well as unemployed nurses who may be recruited back into the workforce. The areas that will be examined include:

1. Primary Work Setting: Hospital
2. Primary Work Setting: Ambulatory Care
3. Primary Work Setting: Long Term Care
4. Primary Work Setting: Home Health
5. Primary work setting: Public Health
6. Primary Work Setting: School Health Nursing
7. Primary Work Setting: Mental Health & Substance Abuse

A.1. Primary Work Setting: Hospital

(N = 28,599)

These data include RNs who self-identified their primary work setting as in the hospital including: emergency/urgent care, 24 hour inpatient unit, obstetrics, intensive care, perioperative services (OR, PACU, and others), other hospital departments, or work in several/all hospital units. The state level data are first presented and then sorted by residence into Department of Workforce Development Regions. In the detailed analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

In Table A.1 there is a slight increase in the number of males in the acute care setting compared to the ambulatory setting. While only the most frequently cited certifications are included, the numbers of RNs reporting this achievement is very low, ranging from 0.4 to 3.6% with the higher range among nurse anesthetists. In three regions (Southern, Southeastern , Northeastern) the majority of nurses are prepared at the baccalaureate level, a trend that is reversed in the Western and Northern Regions.

Table A.1.
Demographics of Registered Nurses Employed in Hospitals in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	27,565	96.4		5,612	0.20	11,304	0.41	4,990	0.18	2,354	0.08	3,305	0.12
Resides out WI	1,034	3.6											
Works in WI	27,977	97.8		5,515	98.3	11,133	98.5	4,902	98.2	2,293	97.4	3,100	93.8
Works out WI	622	2.2		97	1.7	171	1.5	88	1.8	61	2.6	205	6.2
Male	2,246	8.5		505	9.0	810	7.2	400	8.0	264	11.2	304	9.2
Female	26,173	91.5		5,107	91	10,494	92.8	4,590	92.0	2,090	88.8	3,001	90.8
Mean Age	42.54 (SD = 11.91)			42.23 (SD = 11.89)		42.06 (SD = 12.01)		42.34 (SD = 11.65)		44.13 (SD = 11.81)		43.48 (SD = 12.0)	
Diversity													
Diverse	1,502	5.3		231	4.1	962	8.5	64	6.2	57	2.4	62	1.9
Not diverse	27,097	94.7		5,381	95.9	10,342	91.5	970	93.8	2,297	97.6	3,243	98.1
Certification (Five most frequently reported)													
Anesthesia CRNA	588	2.1		141	2.5	68	0.6	126	2.5	84	3.6	113	3.4
Medical-Surgical	386	1.3		70	1.2	158	1.0	43	0.9	40	1.7	58	1.8
Oncology	348	1.2		47	0.8	149	1.3	76	1.5	25	1.1	44	1.2
Neonatal	337	1.2		59	1.1	129	1.1	65	1.3	23	1.0	35	1.1
Pediatric	336	1.2		70	1.2	181	1.6	33	0.7	13	0.6	26	0.8
Peri-operative	295	1.0		50	0.9	125	1.1	59	1.2	9	0.4	39	1.2
Highest Nursing Degree													
Diploma	1,795	6.3		326	0.2	706	6.2	322	6.5	193	8.2	190	5.7
Associate Degree	10,397	36.4		1,924	34.3	3,567	31.6	1,786	35.8	1,097	46.6	1,561	47.2
Bachelor degree	14,261	49.9		2,858	50.9	6,211	54.9	2,571	51.5	903	38.4	1,318	39.9
Master Degree	2,040	7.1		476	8.5	773	6.8	301	6.0	159	6.8	221	6.7
Doctorate	66	0.2		17	0.3	34	0.3	6	0.1	*	*	*	*

*reflect cells too small to report

In Table A.2 at the state level and across all regions, there are few nurses who report that they are working in health care but not in nursing positions. Most nurses in hospitals (a range of 84.5% to % to 87.2%) work in direct patient care and report a 36 hour work week, suggesting perhaps a norm of 12 hour shifts given that they also report working 3.5 days per week.

Table A.2.
Employment Status of Registered Nurses Employed in Hospitals in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	27,140	98.5		5,543	98.8	11,117	98.3	4,910	98.4	2,318	98.5	3,252	98.4
Work health care not nurse	369	1.3		63	1.1	158	1.4	72	1.4	31	1.3	45	1.4
Primary Role is to Provide Direct Patient Care													
Yes	24,347	85.1		4,892	87.2	9,558	84.6	4,216	84.5	1,997	84.8	2,806	84.9
No, I provide limited DCP	893	3.1		166	3.0	336	3.0	172	3.4	75	3.2	116	3.5
No, I supervise DCP	1,322	4.6		231	282	506	4.5	247	4.9	111	4.7	168	5.1
No, but have in past	1,837	6.4		282	5.0	810	7.2	326	6.5	157	6.7	202	6.1
No, but have provided limited DCP in past	95	0.3		19	0.3	43	0.4	16	0.3	6	0.3	9	0.3
Have never provided DCP	105	0.4		22	0.4	51	.05	13	0.3	8	0.3	*	*
Hours/ week	35.96			35.57		36.95		34.80		36.28		34.80	
Days/ week	3.67			3.63		3.76		3.55		3.66		3.61	

*reflect cells too small to report

Table A.3 presents data that is consistent with every area of the RN workforce as described in this report. That is, in nine years or less many (49.9% statewide) nurses employed in hospitals will cease their current employment, and 38.3% will plan to stop providing direct patient care. The pattern is consistent across all regions. Almost 30% of these nurses plan to continue their education in the next two years.

Table A.3.
Future Plans of Registered Nurses Employed in Hospitals in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	2,999	10.6		521	9.3	1,317	11.8	481	9.7	237	10.1	333	10.1
2-4 years	5,237	18.4		993	17.8	2,255	20.1	852	17.2	416	17.8	563	17.1
5-9 years	5,298	20.9		1,160	20.8	2,359	21.1	1,025	20.6	473	20.2	694	21.1
10-19 years	6,898	24.3		1,323	23.7	2,761	24.6	1,209	24.3	572	24.4	769	23.4
20-29 years	4,195	14.8		649	16.7	1,444	12.9	754	15.2	355	15.2	540	16.4
30 years or more	3,159	11.0		649	11.6	1,067	9.5	645	13.0	290	12.4	394	12.0

Future Plans of Nurses Employed in Hospitals continued												
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Continue to Provide Direct Patient Care													
<2 years	1,483	5.2		277	4.8	634	5.4	273	5.6	136	5.6	163	4.7
2-4 years	3,483	12.3		689	11.9	1,551	13.2	527	10.9	302	12.5	414	11.9
5-9 years	6,135	21.7		1,241	21.3	2,648	22.6	991	20.4	519	21.4	736	21.1
10-19 years	8,033	28.4		1,668	28.7	3,386	28.9	1,320	27.2	674	27.8	985	28.2
20-29 years	4,952	17.5		1,134	19.5	1,841	15.7	895	18.4	412	17.0	670	19.2
30 or > years	4,217	14.9		805	13.8	1,663	14.2	848	17.5	381	15.7	520	14.9
Future Education Plans													
No plans	16,884	59.o		3,279	58.4	6,529	57.8	3,084	61.8	1,432	60.8	1,985	60.1
Enrolled BSN	1,374	4.8		254	4.5	533	4.7	212	4.2	129	5.5	185	5.6
Enrolled MSN	1,291	4.5		213	3.8	594	5.3	227	4.5	84	3.6	128	3.9
Enrolled DNP	154	0.5		46	0.8	49	0.4	19	0.4	12	0.5	21	0.6
Enrolled Nursing PhD	33	0.1		8	0.1	16	0.1	6	0.1	*	*	*	*
Enrolled in certificate	364	1.3		73	1.3	145	1.3	64	1.3	22	0.9	43	1.3
Plan to pursue education in next 2 years	8,499	29.7		1,739	31.0	3,438	30.4	1,378	27.6	674	28.8	942	28.5

*reflect cells too small to report

Summary

Examination of the Registered Nurse workforce in hospitals reveals a mean age of 42 years, proportionately more males than in the state as a whole, and the majority prepared at the baccalaureate level. Of concern is the number planning to leave their current hospital employment or direct patient care in nine or fewer years. About one-third plan to continue their education in the next two years. These nurses may be planning to work in other health care settings, perhaps creating a shortage among hospital employers.

Recommendations

1. Hospitals need to consider ways to retain experience in the workforce. Retention strategies may include opportunities for decreased hours, shortened shifts, or shared positions.
2. Given the majority preparation is at the baccalaureate level, hospitals may wish to consider supporting the further education of associate degree prepared nurses both financially and with flexible schedule. If this is done in exchange for a commitment to remain in their positions for a specified period of time, it may become a retention strategy.

A.2. Specialty Practice: Ambulatory Care Regional

(N = 12,313)

These data include RNs who self-identified their primary work setting as Ambulatory Care including: medical practice, clinic, physician office; surgery center, dialysis center; urgent care not hospital based; outpatient mental health, substance abuse; call center, tele-nursing center.

For the purpose of analysis, all of the nurses who reported working in ambulatory care were aggregated at the state level and then placed them into Department of Health Services regions according to the location of their residence. State level data used for comparison includes all RNs living and/or working in the state.

Table A.4 reveals that nurses working in ambulatory care are older by approximately five years than their counterparts who are employed in hospitals. The largest group (40.9%) has a bachelor's degree in nursing. Less than 1% holds certification in ambulatory care. Note that more males are practicing in the Western region and the workforce is more diverse in the Southeastern region.

Table A.4.
Demographic Information for Registered Nurses Employed in Ambulatory Care in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	11,877	96.5		2,522		4,364		2,446		1,207		1,338	
Resides out WI	436	3.5											
Works in WI	12,057	97.9		2,478	98.3	4,306	98.7	2,425	99.1	1,188	98.4	1,224	91.5
Works out WI	436	2.1		44	1.7	58	1.3	21	.09	19	1.6	114	8.5
Male	401	3.3		79	3.1	115	2.6	64	2.6	73	6.0	49	3.7
Female	11,912	96.7		2,443	96.9	4,249	97.4	2382	97.4	1,134	94.0	1,289	96.3
Mean Age	47.54 (SD = 10.84)			47.94 (SD = 10.79)		47.81 (SD = 10.87)		46.38 (SD = 10.87)		47.63 (SD = 10.82)		47.85 (SD = 10.85)	
Diversity													
Diverse	447	3.6		75	3.0	257	5.9	54	2.2	29	2.4	14	1.0
Not diverse	11,866	96.4		2,447	97.0	4,107	94.1	2,392	97.8	1,178	97.6	1,324	99.0
Certification (highest frequency in state)													
Ambulatory Care Nursing	57	0.5		10	0.4	23	0.5	10	0.4	*	*	*	*
Highest Nursing Degree													
Diploma	1,211	9.8		255	10.1	469	10.7	244	10.0	112	9.3	99	7.4
Associate degree	4,134	33.6		865	34.3	1,267	29.0	806	33.0	483	40.0	545	40.7
Bachelor degree	5,041	40.9		1,027	40.7	2,019	46.3	979	40.0	404	33.5	472	35.3
Master Degree	1,847	15.0		365	14.5	573	13.1	402	16.4	200	16.6	215	16.1
Doctorate	68	0.6		7	0.3	34	0.8	14	0.6	*	*	*	*

*reflect cells too small to report

In Table A.5 note that almost 98% of nurses working in this setting are employed as nurses, and providing direct patient care (86%) as their primary role. They report working approximately 36 hours per week and a 4 day week.

Table A.5.
Employment Status of Registered Nurses Employed in Ambulatory Care in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	12,032	97.7		2,461	97.6	4,263	97.7	2,386	97.5	1,179	97.7	1,313	98.1
Work health care not nurse	212	1.7		44	1.7	73	1.7	47	1.9	26	2.2	18	1.3
Work in other field	11	0.1		*	*	*	*	*	*	*	*	*	*
Unemployed, seeking work in nursing	15	0.1		*	*	12	0.3	*	*	*	*	*	*
Unemployed seeking work in another field	*	*		*	*	*	*	*	*	*	*	*	*
Unemployed, not seeking work	9	0.1		*	*	*	*	*	*	*	*	*	*
Retired	33	0.3		12	0.5	10	0.2	*	*	*	*	6	0.4
Primary Role is to Provide Direct Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Yes	10,587	86.0		2,189	86.8	3,748	85.9	2,100	85.9	1,037	85.9	1,145	85.6
No, I provide limited DCP	644	5.2		126	5.0	243	5.6	132	5.4	54	4.5	73	5.5
No, I supervise DCP	503	4.1		99	3.9	167	3.8	92	3.8	51	4.2	66	4.9
No, but have in past	495	4.0		91	3.6	175	4.0	102	4.2	57	4.7	49	3.7
No, but have provided limited DCP in past	55	0.4		9	0.4	18	0.4	17	0.7	*	*	*	*
Have never provided DCP	29	0.2		8	.03	13	0.3	*	*	*	*	*	*
Hours per week worked	35.48			35.32		35.51		34.97		36.72		36.32	
Days per week worked	4.09			4.10		4.09		4.03		4.20		4.19	
Weeks worked per year with paid vacation	49.04			49.43		48.95		48.90		48.69		48.36	

*reflect cells too small to report

In Table A.6 there are large numbers of nurses either leaving their present type of employment (5,961 or 40.6%) and or leaving direct patient care (4,646 or 41.7%) in nine or fewer years. Since these nurses are older, it may be a reflection of their retirement plans. Only 18% of these nurses plan to continue their education in the next 2 years.

Table A. 6.
Future Plans of Registered Nurses Employed in Ambulatory Care in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Plan to Work in Present Type of Employment													
<2 years	985	8.0		192	7.7	398	9.2	191	7.9	81	6.7	94	7.1
2-4 years	1,987	16.2		450	18.0	759	17.5	344	14.1	187	15.5	181	13.6
5-9 years	2,989	24.4		591	23.6	1,107	25.6	551	22.7	283	23.5	361	27.1
10-19 years	3,577	29.2		747	29.8	1,238	28.6	727	29.9	353	29.3	377	28.3
20-29 years	1,775	14.5		355	14.2	564	13.0	383	15.7	199	16.5	201	15.1
30 years or >	924	7.6		168	6.7	265	6.1	236	9.7	103	8.5	117	8.8
Plan to Continue to Provide Direct Patient Care													
<2 years	611	5.5		123	5.3	244	6.2	113	5.1	54	5.0	60	5.0
2-4 years	1,364	12.2		304	13.1	512	13.0	231	10.5	126	11.7	146	12.1
5-9 years	2,674	24.0		556	23.9	848	24.9	484	21.9	248	23.0	317	26.2
10-19 years	3,514	31.5		747	32.1	1,233	31.3	699	31.6	332	30.9	366	30.2
20-29 years	1,871	16.8		377	16.2	618	15.7	405	18.3	200	18.6	203	16.8
30 or > years	1,122	10.1		217	9.3	354	9.0	278	12.6	116	10.8	119	9.8
Future Education Plans													
No plans	9,141	74.2		1,905	75.5	3,204	73.4	1,830	74.8	916	75.9	989	73.9
Enrolled BSN	328	2.7		62	2.5	106	2.4	74	3.0	35	2.9	37	2.8
Enrolled MSN	255	2.1		42	1.7	110	2.5	56	2.3	19	1.6	20	1.5
Enrolled DNP	68	0.6		13	0.5	23	0.5	13	0.5	12	1.0	*	*
Enrolled Nursing PhD	9	0.1		*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	201	1.6		28	1.1	74	1.7	49	2.0	23	1.9	21	1.6
Plan to pursue education in next 2 years	2,311	18.8		470	18.6	843	19.3	422	17.3	202	16.7	266	19.9

*reflect cells too small to report

Summary

Nurses working in ambulatory care are slightly older than the average of nurses in the state as a whole, suggesting that this may be a setting that could employ the expertise of an older workforce. The very high number (86%) that provide direct patient care suggests that it is critical to retain these skilled clinicians in the workforce.

Recommendation

1. Develop strategies to recruit registered nurses to ambulatory care practice in order to replace the retiring registered nurse workforce.

A.3. Specialty Practice: Long Term Care

Part 1: Comparisons at State and Department of Health Services Regions

(N = 5,523)

This section provides information on the long term care (LTC) RN workforce in Wisconsin. These data include RNs who self-identified their primary work setting as nursing homes, skilled nursing facility and assisted living facilities. State level data includes all RNs who report working in long term care settings. Next, these registered nurses were place into Department of Health Services regions according to the location of their primary position.

This is a two part analysis of this workforce since the aging population will require an expanded workforce of direct care providers. Two comparisons will be made: (Part 1) comparisons at the state and Department of Health Services Regions, and (Part 2) comparisons of rural/urban regions.

Table A.7 indicates that the majority (64.3%) of RNs working in LTC hold an associate degree in nursing both in the state and across all regions. In addition, the percentage of nurses holding a baccalaureate degree ranges from 14.5% (n=81) in the Western region to 31.5% (n=420) in the Northeastern region. The number (n=6, 0.1%) reporting a doctoral degree in nursing is very low. Almost none report being certified in this specialty area.

Table A.7.
Demographics of Registered Nurses Employed in LTC Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	5362	97.1		975		1534		1326		583		944	
Resides out WI	161	2.9											
Works in WI	5397	97.7		957	98.2	1502	97.9	1309	98.7	570	97.8	898	95.1
Works out WI	126	2.3		18	1.8	32	2.1	17	1.3	13	2.2	46	4.9
Male	307	5.6		49	5.0	106	6.8	63	4.7	20	3.6	59	6.1
Female	5216	94.4		929	95.0	1445	93.2	1270	95.3	538	96.4	908	93.9
Mean Age	46.50 (SD = 12.46)			46.10 (SD = 12.55)		48.36 (SD = 11.67)		45.30 (12.60)		45.96 (SD = 12.32)		45.8 (SD = 13.26)	
Diversity													
Diverse	351	6.4		50	4.5	226	14.8	36	2.7	10	1.8	21	2.2
Not diverse	5124	93.6		928	95.5	1300	85.2	1293	97.3	546	98.2	936	97.8
Certification (highest frequently in state)													
Gerontological CNS	6	0.1		*	*	*	*	*	*	0	0	0	0
Highest Nursing Degree													
Diploma	394	7.1		69	7.1	131	8.4	87	6.5	28	5.0	69	7.1
Associate degree	3549	64.3		665	68.0	894	57.6	783	58.7	442	79.2	677	70.0
Bachelor degree	1375	24.9		202	20.7	439	28.3	420	31.5	81	14.5	203	21.0
Master degree	179	3.2		34	3.5	77	5.0	40	3.0	*	*	15	1.6
Doctorate	6	0.1		*	*	*	*	0	0	0	0	*	*

*cells too small to report

Table A.8 reveals that over 97% of the LTC RNs is employed as nurses across the whole state as well as all regions. It is interesting to note that 62% of RNs stayed in the same position in the past year. More than 21% reported having a new position either with the same or a different employer. One of the most frequently reported reason for an employment changes was promotion or career advancement. The LTC RN workforce across all regions has, on average, approximate 7 years' experience in their primary job position and over 67% of these nurses provide direct patient care. The mean weekly hours (37) and mean days per week (4) for LTC RNs are higher than hospital RNs.

Table A.8.
Employment Status of Registered Nurses Employed in LTC Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	5401	97.8		951	97.2	1510	97.4	1305	97.9	546	97.8	957	99.0
Work health care not nursing	74	1.3		17	1.7	23	1.5	18	1.4	7	1.3	6	0.6
Mean years in primary job	6.6			7.1		6.3		6.5		6.5		7.0	
Status Change Last Year													
No change	3425	62.0		612	62.6	969	62.5	837	62.8	347	62.2	580	60.0
Change work hours	606	11.0		96	9.8	157	10.1	159	11.9	66	11.8	120	12.4
New position with same employers	481	8.7		84	8.6	120	7.7	104	7.8	48	8.6	110	11.4
New position with different employer	701	12.7		132	13.5	221	14.2	160	12.0	62	11.1	97	10.0
Was not working as RNs but am now	258	4.7		46	4.7	62	4.0	63	4.7	29	5.2	55	5.7
Was working as RNs but no longer working as RNs	9	0.2		*	*	*	*	*	*	*	*	*	*
Factors for Employment Change (May check multiple choices. Two most frequently reported in state)													
Salary/benefits	249	12.1		51	14.4	76	13.0	43	8.8	19	9.4	55	14.4
Promotion/career advancement	433	21.0		90	25.4	117	20.0	89	18.2	41	20.3	82	21.5
Employment Basis for Primary Position													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Full time, salaried	1505	27.2		252	25.8	544	35.1	357	26.8	114	20.4	185	19.1
Full time, hourly wage	2408	43.6		418	42.7	579	37.3	567	42.5	290	52.0	504	52.1
Part time, salaried	74	1.3		16	1.6	32	2.1	16	1.2	*	*	6	0.6
Part time, hourly wage	1298	23.5		253	25.9	316	20.4	337	25.3	131	23.5	236	24.4
Per diem	228	4.1		37	3.8	76	4.9	54	4.1	19	3.4	36	3.7
Volunteer	10	0.2		*	*	*	*	*	*	*	*	0	0

Employment Status of Nurses Employed in LTC Settings continued													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Work Hours													
Hours worked per week	36.8			36.8		37.7		36.3		35.9		35.6	
Days worked per week	4.3			4.3		4.3		4.3		4.1		4.2	
Weeks worked per year including paid vacation	46.4			46.5		46.4		46.6		46.4		46.2	
Primary Role is to Provide Direct Patient Care (DPC)													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Yes	3719	67.3		671	68.6	919	59.3	927	69.5	421	75.4	713	73.7
No, I provide limited DCP	512	9.3		97	9.9	172	11.1	120	9.0	38	6.8	70	7.2
No, I supervise DCP	855	15.5		148	15.1	284	18.3	202	15.2	73	13.1	124	12.8
No, but have in past	355	6.4		51	5.2	140	9.0	67	5.0	23	4.1	52	5.4
No, but have provided limited DCP in past	52	0.9		6	0.6	21	1.4	13	1.0	*	*	7	0.7
Have never provided DCP	30	0.5		*	*	15	1.0	*	*	*	*	*	*

*cells too small to report

Table A.9 indicates that within the next 2 years, it appears likely that there will be 16.3% (n = 889) currently employed RNs leaving their current LTC positions. There will be a much smaller number (n=289, 6.2%) of RNs leaving the position of providing direct patient care. At present, the majority of RNs in long term care (approximately 63%) do not plan to continue their education in nursing, but 1,655 RNs (30%) have plans to continue their education in the next 2 years.

Table A.9.
Future Plans of Registered Nurses Employed in LTC Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	n	*%*		*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
< 2 years	889	16.3		143	14.9	225	14.7	238	18.0	90	16.2	174	18.2
2-4 years	1081	19.8		182	19.0	315	20.6	271	20.5	94	16.9	193	20.1
5-9 years	1137	20.8		195	20.3	349	22.8	268	20.3	118	21.3	181	18.9
10-19 years	1300	23.5		227	23.6	392	25.6	301	22.8	137	24.7	206	21.5
20-29 years	603	11.1		114	11.9	173	11.3	134	10.1	58	10.5	107	11.2
30 years or >	447	8.2		99	10.3	75	4.9	109	8.3	58	10.5	97	10.1
Factors for Career Decision (Three most frequently reported in state) Valid Response													
Family/personal issues	1677	30.4		293	31.4	509	34.0	388	30.1	153	28.6	286	30.4
Medical benefit	811	14.7		129	13.8	266	17.8	186	14.4	74	13.8	138	14.7
Potential for advancement	833	15.1		145	15.5	193	12.9	246	19.1	98	18.3	138	14.7

Future Plans of Nurses Employed in LTC Settings in WI continued													
Plan to Continue to Provide Direct Patient Care (DPC)													
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
< 2 years	289	6.2		46	5.5	97	7.8	58	5.1	31	6.3	48	5.7
2-4 years	632	13.6		104	12.4	182	14.7	148	13.1	58	11.8	128	15.1
5-9 years	991	21.3		171	20.3	306	24.7	238	21.1	97	19.8	158	18.7
10-19 years	1302	28.0		230	27.3	367	29.6	304	26.9	150	30.6	221	26.1
20-29 years	671	14.4		138	16.4	164	13.2	173	15.3	63	12.9	117	13.8
30 or > years	763	16.4		153	18.2	124	10.0	209	18.5	91	18.6	174	20.6
Future Education in Nursing Plans													
No plans	3455	62.6		613	62.7	952	61.4	850	63.8	362	64.9	599	61.9
Enrolled BSN	247	4.5		44	4.5	58	3.7	54	4.1	31	5.6	53	5.5
Enrolled MSN	72	1.3		*	*	29	1.9	23	1.7	*	*	*	*
Enrolled DNP	8	0.1		*	*	*	*	*	*	0	0	*	*
Enrolled PhD	0	0		0	0	0	0	0	0	0	0	0	0
Enrolled in certificate	85	1.5		12	1.2	34	2.2	17	1.3	*	*	14	1.4
Plan to pursue education in next 2 years	1655	30.0		301	30.8	476	30.7	388	29.1	158	28.3	285	29.5
Challenges in Pursuing Higher Education (Three most frequently reported in state)													
None	1404	25.4		233	23.8	403	26.0	341	25.6	159	28.5	239	24.7
Cost of lost work time and benefit	1642	29.7		323	33.0	415	26.8	401	30.1	154	27.6	309	32.0
Cost of tuition, books, etc.	1556	28.2		274	28.0	473	30.5	376	28.2	145	26.0	251	26.0

*cells too small to report

Summary

The characteristics of the RN workforce in LTC settings include that they are older, more diverse, with fewer males and fewer holding a bachelor's degree in comparison RNs employed in hospital settings. Moreover, there are few who are certified or who hold graduate degrees. Over half of them have plans to leave their present position within the next nine years or less and approximately 50% of LTC RNs will not stay in the position of providing direct care to patients for nine more years, indicating a significant reduction in this part of the RN workforce. With the increasing aging population with complex health care needs, the following recommendations are made.

Recommendations

1. Efforts will be needed to focus on assuring flexibility in educational programs and flexibility in scheduling from employers to support RNs achieving additional education at the bachelors and higher levels.
2. Additional funding sources to support continued education are needed.
3. Within next ten years, there is a need to put more efforts into developing recruitment and retention plans for registered nurses in long term care.

A.3. Specialty Practice: Long Term Care

Part 2: Comparisons at Rural and Urban Regions

(N = 5,341)

In Part 2 of this analysis of the Long Term Care (LTC) Registered Nurse workforce comparisons of LTC nurses in rural/urban areas are provided. The urban and rural designations created by the Wisconsin Department of Workforce Development. The following rules were applied to the original nine Wisconsin Area Health Education Center (AHEC) categories to create the groupings:

The two rural categories were defined as:
- Rural Area population of < 2,500
- Rural Area population of 2,500 to 49,999

The urban 2 categories were defined as:
- Urban Area population ≥50,000
- City of Milwaukee

Nurses were grouped according to the location of their primary position. Due to missing values, the data reported by 5,341 LTC RNs were used in this analysis.

Table A.10 presents the number of RNs work in LTC in Milwaukee, urban areas (≥50,000), rural areas (2,500-49,999) and rural areas (< 2,500). Surprisingly, a small number (n=679, 12.7%) of LTC RNs are working in Milwaukee. This may reflect the distribution of LTC settings or the fact that there are more opportunities in urban hospital settings rather than LTC. The lack of diversity in the LTC nursing workforce exists across urban (≥50,000) and both rural categories. Most nurses (approximately 70%) in both rural categories are prepared at associate degree level. A high percentage (31.2%) of nurses holding a baccalaureate degree work in Milwaukee compared to the other three categories.

Table A.10.
Demographic Information for Rural/Urban Registered Nurses Employed in LTC Settings in WI

	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Demographics								
	n	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	671	98.8	2093	97.3	1,585	97.5	855	96.5
Resides out WI	8	1.2	58	2.7	40	2.5	31	3.5
Works in WI	675	99.4	2,141	99.5	1618	99.6	880	99.3
Male	58	8.5	137	6.4	63	3.9	35	4.0
Female	621	91.5	2014	93.6	1562	96.1	851	96.0
Mean Age	48.40 (SD = 11.61)		45.40 (SD = 11.45)		46.11 (SD = 12.52)		47.88 (SD = 12.38)	
Diversity								
Diverse	162	23.9	158	7.3	54	3.3	16	1.8
Not diverse	517	76.1	1993	92.7	1571	96.7	870	98.2

Demographic Information continued								
	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Highest Nursing Degree								
	n	%	*n*	%	*n*	%	*n*	%
Diploma	61	9.0	140	6.5	107	6.6	74	8.4
Associate degree	357	52.6	1334	62.0	1126	69.3	616	69.5
Bachelor degree	212	31.2	588	27.3	357	22.0	173	19.5
Master degree	44	6.5	78	3.6	29	1.8	19	2.1
Doctorate	*	*	*	*	*	*	0	0

*cells too small to report

Table A.11 indicates that over 97% of LTC RNs are employed as nurses across the city, urban and rural areas. Over 60% RNs stay in the same position in each population group. The LTC RN workforce in the two urban areas has fewer years of experience (6.3, 6.1years) in their primary position than does the rural (7.1, 7.6 years) workforce. Over half RNs are in the positions providing direct patient care. Noticeably, the lowest proportion of direct care providers is in the city of Milwaukee. The mean weekly hours for LTC RNs range from 35.6 hours per week in rural areas of the population less than 2,500 to 37.9 hours per week in the city of Milwaukee.

Table A.11.
Employment Status of Rural/Urban Registered Nurses Employed in LTC Settings in WI

	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Employment Status								
	n	%	*n*	%	*n*	%	*n*	%
Work as nurse	661	97.3	2108	98.0	1588	97.7	867	97.9
Work health care not nurse	9	1.3	20	0.9	28	1.7	14	1.6
Mean years in primary position	6.3		6.1		7.1		7.6	
Status Change Last Year								
No change	412	60.7	1327	61.7	1033	63.6	542	61.2
Change work hours	77	11.3	223	10.4	182	11.2	111	12.5
New position with same employers	60	8.8	178	8.3	140	8.6	89	10.0
New position with different employers	93	13.7	290	13.5	181	11.1	99	11.2
Was not working as RNs but am now	28	4.1	111	5.2	78	4.8	36	4.1
Was working as RNs but no longer working as RNs	0	0	6	0.3	*	*	*	*

Employment Status of Rural/Urban Registered Nurses Employed in LTC Settings in WI (continued)								
	City of Milwaukee		**Urban areas (≥50,000)**		**Rural areas (2,500-49,999)**		**Rural areas (<2,500)**	
Employment Basis for Primary Position								
	n	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Full time, salaried	253	37.3	612	28.5	390	24.0	186	21.0
Full time, hourly wage	247	36.4	912	42.4	744	45.8	441	49.8
Part time, salaried	14	2.1	31	1.4	17	1.0	10	1.1
Part time, hourly wage	130	19.1	504	23.4	401	24.7	225	25.4
Per diem	33	4.9	87	4.0	71	4.4	24	2.7
Volunteer	*	*	*	*	*	*	0	0
Work Hours								
Hours per week worked	37.9		37.0		36.4		35.6	
Days per week worked	4.3		4.3		4.2		4.2	
Weeks worked per year with paid vacation	45.5		46.2		46.7		47.1	
Primary Role is to Provide Direct Patient Care (DPC)								
Yes	368	54.2	1447	67.3	1161	71.4	642	72.5
No, I provide limited DCP	82	12.1	190	8.8	147	9.0	76	8.6
No, I supervise DCP	140	20.6	340	15.8	222	13.7	118	13.3
No, but have in past	74	10.9	143	6.6	73	4.5	41	4.6
No, but have provided limited DCP in past	9	1.3	19	0.9	15	0.9	6	0.7
Have never provided DCP	6	0.9	12	0.6	7	0.4	*	*

*cells too small to report

Table A.12 indicates that within the next nine years, it appears likely that there will be a significant percentage (over 55%) of currently employed RNs leaving their current positions across these four groups, particularly urban areas (≥50,000) (n=1229, 58%). Interestingly, 50% or higher of nurses report they would continue to provide direct patient care over nine years in each group. A large percentage (66.6%) of RNs do not plan to continue their education in nursing in rural areas of the population less than 2,500. Noticeably, none of RNs plans to pursue a PhD in nursing.

Table A.12.
Future Plans of Rural/Urban Registered Nurses Employed in LTC Settings in WI

	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Plan to Work in Present Type of Employment								
	n	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	98	14.7	376	17.8	268	16.6	124	14.1
2-4 years	146	21.9	414	19.5	325	20.2	165	18.8
Future Plans of Nurses Employed in LTC Settings in WI continued								
	City of Milwaukee		**Urban areas (≥50,000)**		**Rural areas (2,500-49,999)**		**Rural areas (<2,500)**	
Plan to Work in Present Type of Employment continued								
	n	***%***	***n***	***%***	***n***	***%***	***n***	***%***
5-9 years	138	20.7	439	20.7	324	20.1	197	22.4
10-19 years	190	28.4	472	22.3	384	23.8	201	22.8
20-29 years	72	10.8	220	10.4	179	11.1	110	12.5
30 years or >	24	3.6	197	9.3	132	8.2	83	9.4
Plan to Continue to Provide Direct Patient Care (DPC)								
<2 years	53	10.2	94	5.2	78	5.5	53	6.9
2-4 years	86	16.5	228	12.6	191	13.6	109	14.2
5-9 years	123	23.6	394	21.7	284	20.2	164	21.4
10-19 years	151	29.0	499	27.5	407	28.9	201	26.2
20-29 years	67	12.9	254	14.0	207	14.7	118	15.4
30 or > years	41	7.9	346	19.1	240	17.1	121	15.8
Plans for Further Education in Nursing								
No plans	409	60.2	1304	60.6	1050	64.6	590	66.6
Enrolled BSN	29	4.3	105	4.9	78	4.8	25	2.8
Enrolled MSN	18	2.7	33	1.5	11	0.7	10	1.1
Enrolled DNP	*	*	*	*	*	*	*	*
Enrolled PhD	0	0	0	0	0	0	0	0
Enrolled in certificate	14	2.1	32	1.5	18	1.1	16	1.8
Plan to pursue education in next 2 years	208	30.6	675	31.4	466	28.7	243	27.4
Challenges in Pursuing Higher Education (Three most frequently reported in state) Valid Response								
No challenges	181	26.7	506	23.5	426	26.2	248	28.0
Cost of lost work time and benefit	183	27.0	699	32.5	472	29.0	239	27.0
Cost of tuition, books, etc.	214	31.5	641	29.8	444	27.3	206	23.3

*cells too small to report

Summary

RNs work in urban areas tend to have less years of experience in their primary job position (roughly 6 years), high turnover rate (approximately 14%) and high intentions to leave either current job or DCP with less 2 years. There is a high percentage (about 70%) of nurses with associate degrees in rural areas. Further, nurses in rural areas are less likely to pursue education in next 2 years, compared to urban areas. Cost of lost work time and benefit has been identified as a common barrier for RNs in rural areas to continue higher education.

Recommendations

1. Workforce plans should be addressed based on the distribution of nurses in rural and urban areas.
2. In order to motivating rural nurses to purse advanced education, it is necessary to reduce the barriers through providing such as flexible work schedule and financial support and bringing educational programs to the rural areas perhaps with use of distance technology.

A.4. Primary Work Setting: Home Health

Specialty Practice: Home Health

(N = 3,461)

These data include RNs who self-identified their primary work setting as home health agency, home health service or hospice care. For the purpose of analysis, first all of the nurses who reported working in home health were selected at the state level, and then placed them into Department of Health Services regions according to the location of their residence. In the detailed regional analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

Table A.13 shows that registered nurses employed in home health are approximately the same mean age as all RNs in the state, and approximately 50% of them hold an associate degree in nursing. Over 6% are certified in Hospice and Palliative Care Nursing.

Table A.13.
Demographic Information for Registered Nurses Employed in Home Health Care in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	N	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	3,283	94.1		646		1,267		737		267		366	
Resides out WI	178	5.1											
Works in WI	3,374	97.5		636	98.5	1,247	98.4	723	98.1	263	98.5	327	89.3
Works out WI	87	2.5		*	*	20	1.6	14	1.9	*	*	39	10.7
Resides WI, not working	31	0.9		7	1.1	15	1.2	*	*	*	*	*	*
Male	184	5.3		36	5.6	66	5.2	37	5.0	15	5.6	15	4.1
Female	3,277	94.7		610	94.4	1,201	94.8	700	95.0	252	94.4	351	95.9
Mean Age	47.64 (SD = 11.68)			48.13 (SD = 11.90)		47.67 (SD = 11.70)		46.28 (SD = 11.69)		46.28 (SD = 11.66)		49.01 (SD = 11.22)	
Diversity													
Diverse	259	7.5		28	4.3	173	13.7	22	3.0	14	5.2	10	2.7
Not diverse	3,202	92.5		618	95.7	1,094	86.3	715	97.0	253	94.8	356	97.3
Certification (Five most frequently reported)													
Hospice & Palliative Care	214	6.4		48	7.3	51	4.0	63	8.7	15	5.0	37	9.4
Home Health	132	3.9		25	3.8	65	5.0	18	2.5	11	3.6	13	3.3
Respiratory Pulmonary Care	131	3.9		34	5.2	57	4.4	23	3.2	11	3.6	6	1.5
Wound/Ostomy Care	45	1.3		11	1.7	13	1.0	10	1.4	*	*	*	*
Nursing Case Management	33	1.0		*	*	19	1.5	*	*	0	0	6	1.5
Highest Degree in Nursing													
Diploma	291	8.4		59	9.1	105	8.3	58	7.9	14	5.2	29	7.9
Associate Degree	1,727	49.9		302	46.7	579	45.7	365	49.5	178	66.7	208	56.8
Bachelor Degree	1,303	37.6		247	38.2	550	43.4	283	38.4	64	24.0	111	30.3
Master's Degree	130	3.8		36	5.6	31	2.4	28	3.8	11	4.1	16	4.4
Doctorate	7	0.2		*	*	*	*	*	*	*	*	*	

*reflect cells too small to report

Table A.14 shows that 76.4% of these nurses provide direct patient care. Note that they tend to work an average of 36-37 hours per week in a four day work week.

Table A.14.
Employment status of Registered Nurses employed in Home Health Care in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	3,357	97.0		627	97.1	1,219	96.2	723	98.1	258	96.6	355	97.0
Work health care not nurse	66	1.9		10	1.5	312	2.5	8	1.1	8	3.0	7	1.9
Primary Role is to Provide Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***N***	***%***	***n***	***%***	***n***	***%***
Yes	2,644	76.4		510	78.9	952	75.1	570	77.3	203	76.0	264	72.1
No, I provide limited DCP	219	6.3		39	6.0	81	6.4	50	6.8	11	4.1	27	7.4
No, I supervise DCP	319	9.2		55	8.5	119	9.4	65	8.8	26	9.7	41	11.2
No, but have in past	243	7.0		37	5.7	103	8.1	47	6.4	21	7.9	28	7.7
No, but have provided limited DCP in past	24	0.7		*	*	9	0.7	*	*	*	*	*	*
Have never provided DCP	12	0.3		0	0	*	*	*	*	*	*	*	*
Hours per week worked	36.92			36.60		37.98		37.06		35.06		36.02	
Days per week worked	4.23			4.15		4.31		4.17		4.16		4.26	
Weeks worked per year with paid vacation	46.77			47.31		46.3		47.45		46.75		46.58	

*reflect cells too small to report

Table A.15 reveals that over half (55.2%) of these nurses plan to leave their present employment in nine or less years and 43.5% plan to leave direct patient care in the same time period. Given that the majority of these nurses are prepared at the associate degree level, it is surprising that 63.6% have no plans for future education.

Table A.15.
Future Plans of Registered Nurses Employed in Home Health Care in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	441	12.9		68	10.5	159	12.7	98	13.4	38	14.3	60	16.6
2-4 years	665	19.4		146	22.8	234	18.7	142	19.5	47	17.7	64	17.7
5-9 years	784	22.9		157	24.5	296	23.6	150	20.6	59	22.3	77	21.3
10-19 years	893	26.1		152	23.7	350	28.0	178	24.4	67	25.3	93	25.7
20-29 years	407	11.9		84	13.1	135	10.8	98	13.4	34	12.8	42	11.6
30 years or more	233	6.8		34	5.3	78	6.2	63	8.6	20	7.5	26	7.2

Future Plans of Registered Nurses Employed in Home Health Care in WI (continued)													
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Plan to Continue to Provide Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	198	6.7		32	5.7	65	6.0	40	6.4	20	8.6	34	9.3
2-4 years	419	14.2		97	17.4	160	14.9	78	12.5	28	11.2	41	13.4
5-9 years	669	22.6		130	23.3	245	22.8	142	22.8	45	19.4	62	20.2
10-19 years	881	29.8		152	27.2	340	31.6	174	27.9	70	30.2	93	30.3
20-29 years	452	15.3		87	15.6	152	14.1	109	17.5	41	17.7	40	13.0
30 or > years	339	11.5		61	10.9	114	10.6	81	13.0	30	12.9	37	12.1
Future Education Plans													
No plans	2,202	63.6		409	63.3	780	61.6	485	65.8	165	61.8	260	71.0
Enrolled BSN	120	3.5		23	3.6	37	2.9	31	4.2	10	3.7	12	3.3
Enrolled MSN	95	2.7		15	2.3	50	3.9	14	1.9	*	*	*	*
Enrolled DNP	7	0.2		*	*	*	*	*	*	*			
Enrolled PhD	0	0		*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	67	1.9		21	3.3	17	1.3	11	1.5	*	*	*	
Plan to pursue education in next 2 years	970	28.0		177	27.4	381	30.1	196	26.6	84	31.5	77	21.0

*reflect cells too small to report

Summary

The majority of nurses practicing in this setting are prepared at the ty of associate degree nurses employed in this setting and high numbers planning to leave direct patient care in nine or fewer years. Given that an aging population will require increasing amounts of home care in the same period that will see large numbers of nurses leaving direct patient care in the home setting, planning must be done to assure an adequate workforce. Because home health agencies typically require hospital experience as a requirement for home health positions, it may be that RNs leave hospitals to work in home health, further deepening a future shortage of RNs in hospitals.

Recommendation:

1. Employers will to support nurses in attaining additional education to meet the Institute of Medicine recommendations of 80% of Registered Nurses prepared at the baccalaureate level by 2020.
2. Establish a statewide planning committee to address the supply RNs in home health care.

A.5 Primary Work Setting: Public Health

(N = 1,460)

These data include RNs who self-identified their primary work setting as public health (governmental: federal, state, local); community health centers, agencies and departments. For this analysis, all of the nurses who reported working in public health were selected at the state level and then placed them into Department of Health Services regions according to their residence.

Table A.16 reveals the very small number of nurses in public health practice, only 1,460 spread across the entire state. The registered nurses employed in public health are slightly older (49 years) than the same mean age of all RNs in the state(46.9 years), and 62.5% hold a baccalaureate degree in nursing.

Table A.16.
Demographic Information for Registered Nurses employed in Public Health in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	1428	97.8		274		528		266		165		195	
Resides out WI	32	2.2											
Works in WI	1,435	98.3		271	98.9	516	97.7	264	99.2	162	98.2	190	97.4
Works out WI	25	1.7		*	*	12	2.3	*	*	*	*	*	*
Male	73	5.0		16	5.8	26	4.9	13	4.9	7	4.2	9	4.6
Female	1,387	95		258	94.2	502	95.1	253	95.1	258	95.8	186	95.4
Mean Age	49.01 (SD = 11.29)			49.14 (SD = 12.32)		49.00 (SD = 12.71)		50.41 (SD = 12.86)		46.79 (SD = 11.81)		48.97 (SD = 10.77)	
Diversity													
Diverse	113	7.7		10	3.6	78	14.8	12	4.5	8	4.8	*	*
Not diverse	1,347	92.3		264	96.4	450	85.2	254	95.5	157	95.2	190	2.6
Certification (Five most frequently reported)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Occupational Health	70	3.1		8	1.8	29	3.5	23	4.7	*	8	*	*
Family health	44	1.9		*	*	14	1.7	15	3.0	7	2.9	*	*
Public/ Community Health	43	1.9		*	*	12	1.5	15	3.0	*	*	7	2.4
OB/GYN/Women's Health	37	1.6		*	*	21	2.6	*	*	*	*	*	*
Pediatric	28	1.2		15	3.6	9	1.1	*	*	*	*	*	*
Highest Degree in Nursing													
Diploma	78	5.3		17	6.2	33	6.3	15	5.6	5	3.0	7	3.6
Associate Degree	309	21.2		57	20.8	106	20.1	47	17.7	46	27.9	47	24.1
Bachelor degree	913	62.5		165	60.2	321	60.8	184	69.2	102	61.8	123	63.1
Master Degree	153	10.5		34	12.4	62	11.7	20	7.5	12	7.3	18	9.2
Doctorate	7	0.5		*	*	6	1.1	0	0	0	0	0	0

*reflect cells too small to report

Table A.17 reveals that 60% of Public Health nurses report providing direct patient care, working an average of 36 hours per week, and 4.4 days per week.

Table A.17.
Employment Status of Registered Nurses Employed in Public Health in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	1,349	94.5		255	93.1	496	93.9	253	95.1	157	95.2	188	96.4
Work in health care not nursing	37	2.6		*	*	17	3.2	*	*	7	4.2	*	*
Primary Role is to Provide Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Yes	866	59.3		174	63.5	329	62.3	164	61.7	75	45.5	105	53.8
No, I provide limited DCP	218	14.9		22	8.0	83	15.7	45	16.9	40	24.2	26	13.3
No, I supervise DCP	107	7.3		21	7.7	34	6.4	18	6.8	13	7.9	16	8.2
No, but have in past	216	14.8		44	16.1	66	12.5	31	11.7	31	18.8	40	20.5
No, but have provided limited DCP in past	29	2.0		11	4.0	*	*	7	2.6	*	*	6	3.1
Have never provided DCP	24	1.6		*	*	13	2.5	*	*	*	*	*	*
Hours/ week	36			35.53		36.38		35.15		35.87		37.26	
Days/ week	4.42			4.38		4.40		4.39		4.46		4.56	
Weeks worked per year with paid vacation	47.55			47.89		46.89		47.35		48.10		48.51	

*reflect cells too small to report

Table A.18 shows that 60% of these nurses plan to leave their present employment in nine or fewer years and 51 % of direct care providers will leave in the same period. While a majority of these nurses hold a baccalaureate degree, only 23% plan to continue their education in the next 2 years.

Table A.18.
Future Plans of Registered Nurses employed in Public Health in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	188	13.2		33	12.3	79	15.5	27	10.4	14	8.6	26	13.5
2-4 years	310	21.7		59	22.0	116	22.7	56	21.5	34	20.9	38	19.7
5-9 years	358	25.1		70	26.1	136	26.6	68	26.2	35	21.5	41	21.2
10-19 years	323	22.6		61	22.8	96	18.8	67	25.8	47	28.8	47	24.4
20-29 years	145	10.2		29	10.8	51	10.0	22	8.5	18	11.0	25	13.0
30 years or >	103	7.2		16	6.0	33	6.5	20	7.7	15	9.2	16	8.3
Plan to Provide Direct Patient Care													
<2 years	106	9.9		14	6.9	49	12.0	19	9.8	8	7.4	16	12.1
2-4 years	175	16.4		35	17.3	64	15.6	37	19.1	15	13.9	19	14.4
5-9 years	269	25.2		50	24.8	110	26.9	51	26.3	21	19.4	29	22.0
10-19 years	263	24.6		52	25.7	79	19.3	55	28.4	33	30.6	40	30.3
20-29 years	154	14.4		34	16.8	63	15.4	17	8.8	21	19.4	17	12.9
30 or > years	100	9.4		17	8.4	44	10.8	15	7.7	10	9.3	11	8.3
Future Education Plans													
No plans	1,045	71.6		211	77.0	361	68.4	199	74.8	113	68.5	142	72.8
Enrolled BSN	32	2.2		*	*	10	1.9	8	3.0	*	*	7	3.6
Enrolled MSN	34	2.3		*	*	17	3.2	*	*	*	*	*	2.6
Enrolled DNP	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled Nursing PhD	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	10	0.7		*	*	*	*	*	*	*	*	*	*
Plan to pursue education in next 2 years	335	22.9		53	19.3	136	25.8	53	19.9	42	25.5	39	20.0

*reflect cells too small to report

Summary

These data reveal the very low number of nurses engaged in providing public health services in the state. The majority hold a baccalaureate degree though only a small number (22.9%) plan to continue their education in the next 2 years.

Recommendations

1. Research must be conducted to determine an optimal number of registered nurses practicing in public health settings. These data will serve to inform policy makers at the state budget level.

A.6 Primary Work Setting: School Health Nursing

(N = 674)

These data include RNs who self-identified their primary work setting as school health services: K-12, colleges and universities. For this analysis, all of the registered nurses who reported working in school health were selected at the state level and then placed them into Department of Health Services regions according to the location of their residence. Because the aggregate number is so small (674), in the detailed regional analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

Table A.19 presents the small group of registered nurses (674) charged with providing in school health services. This group of registered nurses is significantly older than the state average of all nurses (49.95 years compared to 46.9years) and 69% are prepared at the baccalaureate level.

Table A.19.
Demographic Information for Registered Nurses Employed in School Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	654	97.0		163		242		124		42		83	
Resides out WI	20	3.0											
Works in WI	20	100.0		160	98.2	238	98.3	123	99.2	39	92.9	80	96.4
Works out WI	14	2.1		*	*	*	*	*	*	*	*	*	*
Resides WI, not working													
Male	7	1.0		*	*	*	*	*	*	*	*	*	*
Female	667	99		160	98.2	240	99.2	124	100.0	41	97.6	82	98.8
Mean Age	49.95 (SD = 10.12)			50.70 (SD = 10.17)		49.09 (SD = 10.01)		49.31 (SD = 10.07)		50.00 (SD = 9.72)		51.08 10.56)	
Diversity													
Diverse	40	5.9		6	3.7	30	12.4	*	*	*	*	0	0
Not diverse	634	94.1		157	96.3	212	87.6	121	97.6	41	97.6	83	100.0
Certification (Most frequently reported)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
School nursing	36	5.3		*reflect cells too small to report									
School Nursing (NCSN)	28	4.2											
College health nursing	6	0.9											
Highest Nursing Degree													
Diploma	40	5.9		13	8.0	7	2.9	8	6.5	*	*	*	*
Associate	75	11.1		22	13.5	15	6.2	12	9.7	7	16.7	13	15.7
Bachelor degree	465	69.0		83	50.9	191	78.9	93	75.0	28	66.7	61	73.5
Master degree	91	13.5		44	27.0	27	11.2	11	8.9	*	*	*	*
Doctorate	*	*		*	*	*	*	*	*	*	*	*	*

*reflect cells too small to report

Table A.20 presents data showing that almost 80% of these registered nurses report providing direct patient

care. They report working an average of 33.32 hours per week and 4.33 days per week.

Table A.20.
Employment Status of Registered Nurses Employed in School Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	659	97.8		159	97.5	239	98.8	120	98.8	40	95.2	81	97.6
Working health care not nursing	9	1.3		*	*	*	*	*	*	*	*	*	*
Primary Role is to provide Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Yes	537	79.7		141	86.5	191	78.9	89	71.8	35	83.3	62	74.7
No, I provide limited DCP	67	9.9		13	8.0	18	7.4	21	16.9	3	7.1	11	13.3
No, I supervise DCP	36	5.3		8	4.9	16	6.6	*	*	*	*	6	7.2
No, but have in past	26	3.9		*	*	11	4.5	9	7.3	*	*	*	*
No, but have provided limited DCP in past	*	*		0	0	*	*	*	*	0	0	0	0
Have never provided DCP	6	0.9		0	0	*	*	0	0	0	0	*	*
Hours / week	33.32			33.21		32.87		33.60		33.83		33.80	
Days / week	4.33			4.24		4.30		4.47		4.33		4.35	
Weeks worked per year with paid vacation	39.86			41.17		40.11		40.35		36.64		37.27	

*reflect cells too small to report

Table A.21 shows that 64.9% of these nurses plan to leave their present employment in nine or fewer years and 54.5% of direct care providers will leave in the same period. While a majority (69%) of these nurses holds a baccalaureate degree, only 21.5% plan to continue their education in the next 2 years.

Table A.21.
Future plans of Registered Nurses Employed in School Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	100	15.0		23	14.4	37	15.4	18	14.5	9	22.0	10	12.2
2-4 years	149	22.4		31	19.4	60	25.0	24	19.4	*	*	*	*
5-9 years	183	27.5		59	36.9	55	22.9	33	26.6	11	26.8	19	23.2
10-19 years	169	25.4		33	20.6	64	26.7	34	27.4	15	36.6	17	20.7
20-29 years	52	7.8		11	6.9	19	7.9	11	8.9	*	*	8	9.8
30 years or more	13	2.0		*	*	*	*	*	*	*	*	*	

Future Plans of Registered Nurses Employed in School Settings in WI (continued)													
	State Level			**Southern**		**Southeastern**		**Northeastern**		**Western**		**Northern**	
Plan to Continue to Provide Direct Patient Care													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	63	10.7		18	12.3	16	7.9	12	11.3	7	19.4	8	10.4
2-4 years	101	17.2		22	15.1	36	17.7	18	17.0	*	*	20	26.0
5-9 years	156	26.6		46	31.5	51	25.1	26	24.5	10	27.8	20	26.0
10-19 years	173	29.5		40	27.4	63	31.0	31	29.2	13	36.1	17	22.1
20-29 years	73	12.4		14	9.6	29	14.3	15	14.2	*	*	9	11.7
30 or > years	21	3.6		6	4.1	8	3.9	*	*	0	0	*	*
Future Education Plans													
No plans	483	71.1		110	67.5	173	71.5	92	74.2	32	76.2	65	78.3
Enrolled BSN	7	1.0		3	1.8	1	0.4	1	0.8	1	2.4	1	1.2
Enrolled MSN	24	3.6		*	*	12	5.0	5	4.0	0	0	*	*
Enrolled DNP	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled Nursing PhD	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	12	1.8		*	*	*	*	*	*	*	*	*	*
Plan to pursue education in next 2 years	145	21.5		44	27.0	52	21.5	24	19.4	8	19.0	12	14.5

*reflect cells too small to report

Summary

Nurses employed in school settings are older than the state average of registered nurses, perhaps reflecting the less physically demanding work environment. They are largely (69%) prepared at the baccalaureate level, only 4.6% are currently enrolled in degree programs, and 21.5% plan to continue their education in the next two years.

Recommendations

1. Nursing research must provide evidence of the clinical and fiscal outcomes of the clinical practice of nurses in school settings.
2. Research must be conducted to determine an optimal number of registered nurses practicing in school settings. These data will serve to inform policy makers at the state budget level.

A.7. Primary Work Setting:
Inpatient Mental Health and Outpatient Mental Health and Substance Abuse

(N = 278)

These data include RNs who self-identified their primary work setting as inpatient mental health and/or substance abuse, outpatient mental health and substance abuse. For this analysis, all of the nurses who reported working in school health were selected for the state level and then placed them into Department of Health Services regions according to the location of their residence. Because the aggregate number is so small (278), there are many regional cells that are too small to report. In the detailed regional analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

In Table A.22 it is noted that this is a very small group of registered nurses (278) working to provide mental health and substance abuse services in the state. This group of registered nurses is significantly older than the state average of all nurses (51.78) years compared to 46.9 years) and 35.6% are prepared at the baccalaureate level. Especially concerning is the very low number of practitioners prepared at the advanced practice level.

Table A.22
Demographic Information for Registered Nurses Employed in Mental Health & Substance Abuse in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Demographics													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Resides in WI	263	94.6		71	100.0	74	100.0	40	100.0	31	100.0	47	100.0
Resides out WI	15	5.4											
Works in WI	273	98.2		71	100.0	73	98.6	39	97.5	30	96.8	45	95.7
Male	32	11.5		9	12.7	8	10.8	7	17.5	*	*	*	*
Female	246	88.5		62	87.3	66	89.2	33	82.5	28	90.3	45	95.7
Mean Age	51.78 (SD = 11.15)			53.72 (SD = 10.81)		51.26 (SD = 11.34)		50.28 (SD = 11.70)		51.00 (SD = 9.01)		48.66 (SD = 12.02)	
Diversity													
Diverse	15	5.4		2	2.8	7	9.5	3	7.5	1	3.2	2	4.3
Not diverse	263	94.6		69	97.2	67	90.5	37	92.5	30	96.8	45	95.7
Certification (Most frequently reported)													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Psychiatric & Mental Health Nursing-Advanced	45	16.2		*reflect cells too small to report									
Psychiatric & Mental Health Nursing	20	7.2											
Highest Degree in Nursing													
Diploma	23	8.3		8	11.3	*	*	*	*	*	*	*	*
Associate degree	85	30.6		19	26.8	18	24.3	10	25.0	10	32.3	23	48.9
Bachelor degree	99	35.6		27	38.0	27	36.5	14	35.0	11	35.5	15	31.9
Master degree	67	24.1		15	21.1	24	32.4	12	30.0	7	22.6	6	12.8
Doctorate	*	*		*	*	*	*	0	0	0	0	0	0

*reflect cells too small to report

In Table A.23 data show that 94.6% (263) of these registered nurses are employed in nursing positions. They

report a work week that averages 35 hours and four days per week. Almost 85% of these nurses report providing direct patient care.

Table A.23.
Employment Status of Registered Nurses Employed in Mental health & Substance Abuse settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Employment Status													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Work as nurse	248	97.3		67	94.4	70	94.6	37	92.5	27	87.1	47	100.0
Work in health care not nursing	10	3.8		*	*	*	*	*	*	*	*	0	0
Primary Role is to Provide Direct Patient Care													
Yes	236	84.9		60	84.5	64	86.5	29	72.5	26	83.9	43	91.5
No, I provide limited DCP	20	7.2		6	8.5	5	6.8	6	15.0	*	*	*	*
Hours per week worked	35.17			35.45		36.36		35.75		35.00		33.64	
Days per week worked	4.19			4.27		4.23		4.33		4.06		4.13	
Weeks worked per year with paid vacation	48.45			48.77		48.77		48.87		46.71		48.30	

*reflect cells too small to report

Table A.24 shows that 54.29% of these nurses plan to leave their present employment in nine or fewer years and 48% of direct care providers will leave in the same period. While 35.6 (99) of these nurses hold a baccalaureate degree, only 19.4% plan to continue their education in the next 2 years.

Table A.24.
Future plans of Registered Nurses Employed in Mental Health & Substance Abuse Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
<2 years	33	12.1		9	12.9	6	8.2	5	13.2	5	16.7	*	*
2-4 years	49	17.9		14	20.0	15	20.5	7	18.4	4	13.3	6	12.8
5-9 years	66	24.2		18	25.7	18	24.7	5	13.2	8	26.7	13	27.7
10-19 years	83	30.4		18	25.7	22	30.1	15	39.5	9	30.0	15	31.9
20-29 years	27	9.9		5	7.1	8	11.0	6	15.8	*	*	*	*
30 years or more	15	5.5		6	8.6	*	*	0	0	0	0	5	10.6
Plan to Continue to Provide Direct patient Care (DPC)													
<2 years	20	8.1		6	8.5	*	*	*	*	*		*	*
2-4 years	41	16.5		13	18.3	10	15.4	*	*	5	20.0	6	14.3
5-9 years	58	23.4		18	25.4	14	21.5	7	21.2	5	20.0	10	23.8
10-19 years	86	34.7		20	28.2	25	38.5	12	36.4	10	40.0	15	35.7
20-29 years	28	11.3		6	8.5	8	12.3	8	24.2	*	*	*	*
30 or > years	15	6.0		5	7.0	5	7.7	0	0	*	*	*	

Future plans of Registered Nurses Employed in Mental Health & Substance Abuse Settings in WI Continued													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plans for Future Education in Nursing													
	n	***%***		***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
No plans	207	74.5		54	76.1	56	75.7	28	70.0	24	77.4	32	68.1
Enrolled BSN	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled MSN	6	2.2		0	0	*	*	0	0	*	*	*	*
Enrolled DNP	*	*	*	*	*	*	*	0	0	0	0	0	0
Enrolled PhD	0	0		0	0	0	0	0	0	0	0	0	0
Enrolled in certificate	*	*		*	*	0	0	*	*	*	*	0	0
Plan to pursue education in next 2 years	54	19.4		14	19.7	13	17.6	10	25.0	*	*	12	25.5

*reflect cells too small to report

Summary

Nurses employed in mental health and substance abuse settings are older than the state average (51.78 years compared to 46.9 years) and only 35.6% are prepared at the baccalaureate level than the state average of registered nurses. 54.29% of these nurses plan to leave their present employment in nine or fewer years and 48% of direct care providers will leave in the same period. Given the expanded access to mental health care and substance abuse treatment under the Patient Protection and Affordable Care Act, it is reasonable to assume that this is an insufficient workforce.

Recommendations

1. Research must be conducted to project an optimal number of registered nurses providing substance abuse and mental health care, especially at an advanced practice level. These data will serve to inform policy makers at the state budget level.

Wisconsin Registered Nurse Survey

2012 Appendix B: Department of Workforce Development Regional Profiles

WICENTERFORNURSING.ORG

Wisconsin Center for Nursing

Mary Ellen Murray, PhD, RN, School of Nursing
University of Wisconsin-Madison

Judith Westphal, PhD, RN, College of Nursing
University of Wisconsin-Oshkosh

Lea Acord, PhD, RN, College of Nursing
Marquette University

Rachel Schiffman, PhD, RN, FAAN, College of Nursing
University of Wisconsin-Milwaukee

Jeffrey B. Henriques, PhD, Department of Psychology
University of Wisconsin-Madison

Research Assistants:

I-Hui Chen, BS, RN, PhDc, School of Nursing
University of Wisconsin-Madison

Mary Raynor, BSN Student, College of Nursing
Marquette University

© March 2013

Appendix B: Department of Workforce Development Regional Profiles

Appendix B presents data that describe the regional Registered Nurse (RN) workforce. The following analyses include RNs residing in the state and then sorted into Department of Workforce Development (DWD) regions by the location of the primary position. This results in a description of the potential workforce in the regions. Comparisons were made between the 2010 and 2012 Registered Nurses surveys when possible. Note that the surveys were not identical in each year, making comparisons difficult. When evaluating the data from the two surveys, the percentages offer the most useful comparison due to reduction in numbers in the data cleaning process. Especially interesting are data related to the highest nursing degree earned and the future plans of direct care providers.

Wisconsin Workforce Development Regions

1. Southeast
2. Milwaukee County
3. Washington-Ozaukee-Waukesha
4. Fox Valley
5. Bay Area
6. North Central
7. Northwest
8. West Central
9. Western
10. South Central
11. Southwest

(Retrieved 5/1/13: http://dwd.wisconsin.gov/dislocatedworker/wda/wda_map.htm)

Department of Workforce Development Region 1: Southeast

Population: 464,062

	2010	2012
RNs with primary position in the Region:	3,141	3,384
RNs who work in the Region per 1,000 residents	6.77	7.29

DWD Region 1: Southeast				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	2,954	94.0	3,191	94.3
Male	187	6.0	193	5.7
Race				
White	2,913	92.8	3,119	92.2
Black	85	2.7	90	2.7
Asian	21	0.7	73	2.2
Southeast Asian/Pacific Islander	54	1.7	*	*
American Indian/Alaska Native	*	*	*	*
Multiracial	27	0.9	44	1.3
Of Hispanic Origin				
Yes	81	2.6	87	2.6
No	3,057	97.4	3,297	97.4
Age (median)				
	46.00		47.00	
Language other than English				
No	2,954	94.0	2,972	87.8
Yes – one other	162	5.3	373	11.0
Yes – two other	22	0.7	34	1.0
Residency				
Wisconsin	3,011	95.9	3,182	94.0
Out of state	130	4.1	202	6.0
Highest Nursing Degree Earned				
Diploma in Nursing	330	10.5	297	8.8
Associate Degree in Nursing	1,411	45.0	1,622	47.9
BS in Nursing	1,020	32.5	1,204	35.6
Masters in Nursing	157	5.0	248	7.3
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	*	*	10	0.3
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.77		36.17	
Working as an RN	3,092	98.4	3,300	97.5
Working in health care, not nursing	-	-	55	1.6
Working in another field	-	-	8	0.2
Unemployed, seeking work in nursing	-	-	10	0.3
Retired	-	-	7	0.2

* reflects cells too small to report
\- reflects data not collected this year

DWD Region 1: Southeast				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	455	14.5	599	17.7
Nursing Home/Extended Care	416	13.3	397	11.7
Academic Education	47	1.5	75	2.2
Public/Community Health	181	5.8	160	4.7
Home Health	147	4.7	203	6.0
Hospital	1,556	49.6	1,801	53.2
Other	337	10.7	149	4.4
Job Title				
Administrator	66	2.1	62	1.8
Advanced Practice Nurse	107	3.4	146	4.3
Case Manager	-	-	237	7.0
Consultant/Contract	35	1.1	28	0.8
Nurse Executive	21	0.7	27	0.8
Nurse Faculty	51	1.6	70	2.1
Nurse Manager	296	9.4	272	8.0
Nurse Researcher	*	*	*	*
Staff Nurse	2,173	69.3	2,277	67.3
Staff, non-medical industry	-	-	8	2
Change in Employment Status in Past Year				
No change	-	-	2,324	68.7
Change in n of hours worked	-	-	311	9.2
New position with same employer	-	-	322	9.5
New position with different employer	-	-	283	8.4
Was not working as RN but am now	-	-	108	3.2
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	185	16.8
Seeking more convenient hours	-	-	147	13.4
Dissatisfaction with previous position	-	-	142	12.9
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	1,123	34.2
Pay	-	-	523	15.9
Medical Benefits	-	-	496	15.1
Retirement benefits	-	-	147	4.5
Hours/shift availability	-	-	79	2.4
Potential for advancement	-	-	549	16.7

* reflects cells too small to report
- reflects data not collected this year

DWD Region 1: Southeast				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	122	3.7
Worksite location	-	-	21	0.6
Physical work requirements	-	-	180	5.5
Physical disability	-	-	42	1.2
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	122	4.5	169	5.8
2-4 years	396	15.3	399	11.8
5-9 years	513	19.8	654	19.3
10-19 years	847	32.7	880	26.0
Over 20 years	833	32.2	802	23.7
Plans for Future Education in Nursing				
No	1,739	55.4	2,014	59.5
Currently enrolled in nursing	124	4.0	263	7.8
Yes in nursing	497	15.8	1,065	31.5

* reflects cells too small to report
- reflects data not collected this year

Department of Workforce Development Region 2: Milwaukee

Population: 947,735

	2010	2012
RNs with primary position in the Region:	13,215	13,623
RNs who work in the Region per 1,000 residents	13.94	14.37

DWD Region 2: Milwaukee				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	12,319	93.2	12,705	93.3
Male	896	6.8	918	6.7
Race				
White	11,809	89.4	12,107	90.6
Black	790	6.0	761	5.7
Asian	57	0.4	274	2.0
Southeast Asian/Pacific Islander	125	0.9	20	0.1
American Indian/Alaska Native	39	0.3	46	0.3
Multiracial	140	1.1	159	1.2
Of Hispanic Origin				
Yes	330	2.5	389	2.9
No	12,880	97.5	13,234	97.1
Age (median)				
	45.00		46.00	
Language other than English				
No	12,193	92.3	11,654	85.5
Yes – one other	922	7.0	1,801	13.2
Yes – two other	100	0.8	147	1.1
Residency				
Wisconsin	13,158	99.6	13,393	98.3
Out of state	59	0.4	230	1.7
Highest Nursing Degree Earned				
Diploma in Nursing	957	7.2	972	7.1
Associate Degree in Nursing	3,412	25.8	3,882	28.5
BS in Nursing	6,694	50.7	7,237	53.1
Masters in Nursing	1,025	7.8	1,376	10.1
Doctorate in Nursing Practice	-	-	45	.3
PhD in Nursing	83	0.6	138	1.0
Workforce Patterns Primary Position				
Hours worked/week (mean)	37.58		37.76	
Working as an RN	12,959	98.1	13,328	97.2
Working in health care, not nursing	-	-	295	2.2
Working in another field	-	-	39	0.3
Unemployed, seeking work in nursing	-	-	32	0.2
Retired	-	-	14	0.1

* reflects cells too small to report
- reflects data not captured

DWD Region 2: Milwaukee				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	1,556	11.8	1,664	12.2
Nursing Home/Extended Care	865	6.5	917	6.7
Academic Education	316	2.4	298	2.2
Public/Community Health	451	3.4	469	3.4
Home Health	538	4.1	795	5.8
Hospital	7,861	59.5	8,647	63.5
Other	1,624	12.3	833	6.1
Job Title				
Administrator	246	1.9	208	1.5
Advanced Practice Nurse	602	4.6	810	5.9
Case Manager	-	-	946	6.9
Consultant/Contract	176	1.3	143	1.0
Nurse Executive	119	0.9	143	1.0
Nurse Faculty	260	2.0	280	2.1
Nurse Manager	953	7.2	819	6.0
Nurse Researcher	116	0.9	123	0.9
Staff Nurse	9,054	68.6	8,983	65.9
Staff, non-medical industry	-	-	34	0.2
Change in Employment Status in Past Year				
No change	-	-	9,547	70.1
Change in n of hours worked	-	-	1,319	9.7
New position with same employer	-	-	1,059	7.8
New position with different employer	-	-	1,235	9.1
Was not working as RN but am now	-	-	356	2.6
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	724	17.4
Seeking more convenient hours	-	-	493	11.9
Dissatisfaction with previous position	-	-	650	15.7
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.1
Family/personal issues	-	-	4,865	36.8
Pay	-	-	2,016	15.2
Medical Benefits	-	-	2,169	16.4
Retirement benefits	-	-	492	3.7
Hours/shift availability	-	-	329	2.5
Potential for advancement	-	-	2,182	16.5

* reflects cells too small to report
- reflects data not captured

DWD Region 2: Milwaukee				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	581	4.4
Worksite Location	-	-	143	1.1
Physical work requirements	-	-	257	1.9
Physical disability	-	-	189	1.4
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	568	5.1	700	6.2
2-4 years	1,554	14.8	1,565	13.9
5-9 years	2,115	20.2	2,611	23.2
10-19 years	3,214	30.7	3,239	28.7
Over 20 years	3,584	34.2	3,162	28.1
Plans for Future Education in Nursing				
No	7,001	53.0	8,491	62.3
Currently enrolled in nursing	809	6.1	1,243	9.1
Yes in nursing	2,195	16.6	3,717	27.3

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 3: WOW
(Washington, Ozaukee, Waukesha Counties)

Population: 608,173

	2010	2012
RNs with primary position in the Region:	5,181	5,220
RNs who work in the Region per 1,000 residents:	8.47	8.58

DWD Region 3: WOW				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	4,904	95.2	4,978	95.4
Male	247	4.8	242	4.6
Race				
White	5,005	97.2	5,025	97.3
Black	40	0.8	54	1.0
Asian	12	0.2	35	0.7
Southeast Asian/Pacific Islander	24	0.5	7	0.1
American Indian/Alaska Native	8	0.2	11	0.2
Multiracial	31	0.6	31	0.6
Of Hispanic Origin				
Yes	51	1.0	54	1.0
No	5,096	99.0	5,166	99.0
Age (median)				
	47.00		48.00	
Language other than English				
No	4,957	96.3	4,648	89.6
Yes – one other	181	3.5	497	9.5
Yes – two other	12	0.2	44	0.8
Residency				
Wisconsin	5,115	99.3	5,150	98.7
Out of state	36	0.7	70	1.3
Highest Nursing Degree Earned				
Diploma in Nursing	517	10.1	437	8.4
Associate Degree in Nursing	1,620	31.5	1,815	34.8
BS in Nursing	2,269	44.1	2,536	48.6
Masters in Nursing	313	6.1	410	7.9
Doctorate in Nursing Practice	-	-	11	0.2
PhD in Nursing	*	*	17	0.3
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.04		34.76	
Working as an RN	5,001	96.5	5,026	96.3
Working in health care, not nursing	-	-	128	2.5
Working in another field	-	-	27	0.5
Unemployed, seeking work in nursing	-	-	15	0.3
Retired	-	-	17	0.3

* reflects cells too small to report
\- reflects data not captured

DWD Region 3: WOW				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	846	16.4	1,024	19.6
Nursing Home/Extended Care	545	10.6	628	12.0
Academic Education	101	2.0	115	2.2
Public/Community Health	201	3.9	170	3.3
Home Health	209	4.1	246	4.7
Hospital	2,400	46.6	2,643	50.6
Other	849	16.5	394	7.5
Job Title				
Administrator	103	2.0	89	1.7
Advanced Practice Nurse	172	3.3	215	4.1
Case Manager	-	-	319	6.1
Consultant/Contract	108	2.1	73	1.4
Nurse Executive	66	1.3	74	1.4
Nurse Faculty	99	1.9	108	2.1
Nurse Manager	468	9.1	396	7.6
Nurse Researcher	16	0.3	16	0.3
Staff Nurse	3,404	66.2	3,421	65.5
Staff, non-medical industry	-	-	20	0.4
Change in Employment Status in Past Year				
No change	-	-	3,621	69.4
Change in n of hours worked	-	-	536	10.3
New position with same employer	-	-	402	7.7
New position with different employer	-	-	472	9.0
Was not working as RN but am now	-	-	133	2.5
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	270	16.4
Seeking more convenient hours	-	-	232	14.1
Dissatisfaction with previous position	-	-	236	14.3
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.2
Family/personal issues	-	-	1,723	34.1
Pay	-	-	938	18.6
Medical Benefits	-	-	745	14.7
Retirement benefits	-	-	204	4.0
Hours/shift availability	-	-	54	1.1
Potential for advancement	-	-	854	16.9

* reflects cells too small to report
\- reflects data not captured

DWD Region 3: WOW				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	185	3.7
Worksite location	-	-	42	0.8
Physical work requirements	-	-	218	4.3
Physical disability	-	-	76	1.5
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	161	3.8	241	5.6
2-4 years	539	13.1	570	13.2
5-9 years	851	20.8	1,039	24.1
10-19 years	1,349	32.9	1,281	29.8
Over 20 years	1,361	33.2	1,173	27.3
Plan for Future Education in Nursing				
No	3,174	61.7	3,524	67.5
Currently enrolled in nursing	183	3.6	372	7.1
Yes in nursing	583	11.3	1,235	23.7

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 4: Fox Valley

	2010	2012
Population:	590,250	413,355
RNs with primary position in the Region:	5,390	3,535
RNs who work in the Region per 1,000 residents	9.13	8.55

DWD Region 4: Fox Valley				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	5,048	93.7	3,320	93.9
Male	342	6.3	215	6.1
Race				
White	5,275	97.9	3,455	98.4
Black	9	0.2	7	0.2
Asian	9	0.2	20	0.6
Southeast Asian/Pacific Islander	18	0.3	*	*
American Indian/Alaska Native	14	0.3	7	0.2
Multiracial	26	0.5	20	0.6
Of Hispanic Origin				
Yes	33	0.6	31	0.9
No	5,354	99.4	3,504	99.1
Age (median)				
	45.00		47.00	
Language other than English				
No	5,210	96.7	3,226	91.3
Yes – one other	162	3.0	275	7.8
Yes – two other	18	0.3	29	0.8
Residency				
Wisconsin	5,334	99.0	3,490	98.7
Out of state	56	1.0	45	1.3
Highest Nursing Degree Earned				
Diploma in Nursing	471	8.7	237	6.7
Associate Degree in Nursing	1,361	32.1	1,228	34.7
BS in Nursing	2,475	45.9	1,703	48.2
Masters in Nursing	365	6.8	344	9.7
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	13	0.2	19	0.5
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.99		35.24	
Working as an RN	5,244	97.3	3,452	97.7
Working in health care, not nursing	-	-	54	1.5
Working in another field	-	-	11	0.3
Unemployed, seeking work in nursing	-	-	6	0.2
Retired	-	-	8	0.2

* reflects cells too small to report
\- reflects data not captured

DWD Region 4: Fox Valley				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	803	14.9	635	18.0
Nursing Home/Extended Care	786	14.6	577	16.3
Academic Education	94	1.7	77	2.2
Public/Community Health	338	6.3	169	4.8
Home Health	253	4.7	225	6.4
Hospital	2,335	43.3	1,619	45.8
Other	778	14.4	233	6.6
Job Title				
Administrator	102	1.9	52	1.5
Advanced Practice Nurse	249	4.6	227	6.4
Case Manager	-	-	233	6.6
Consultant/Contract	64	1.2	33	0.9
Nurse Executive	63	1.2	41	1.2
Nurse Faculty	89	1.7	90	2.5
Nurse Manager	509	9.5	335	9.5
Nurse Researcher	16	0.3	11	0.3
Staff Nurse	3,647	67.7	2,249	63.6
Staff, non-medical industry	-	-	14	0.4
Change in Employment Status in Past Year				
No change	-	-	2,384	67.4
Change in n of hours worked	-	-	345	9.8
New position with same employer	-	-	353	10.0
New position with different employer	-	-	342	9.7
Was not working as RN but am now	-	-	84	2.4
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	218	18.5
Seeking more convenient hours	-	-	160	13.6
Dissatisfaction with previous position	-	-	167	14.2
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	1,285	37.4
Pay	-	-	549	16.0
Medical Benefits	-	-	475	13.8
Retirement benefits	-	-	137	4.0
Hours/shift availability	-	-	68	2.0
Potential for advancement	-	-	580	16.9

* reflects cells too small to report
- reflects data not captured

DWD Region 4: Fox Valley				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	121	3.5
Worksite Location	-	-	23	0.7
Physical work requirements	-	-	142	4.1
Physical disability	-	-	48	1.4
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	208	4.6	174	5.9
2-4 years	507	11.8	352	11.8
5-9 years	783	18.2	645	21.7
10-19 years	1,351	31.3	838	28.2
Over 20 years	1,671	38.7	963	32.4
Plan for Future Education in Nursing				
No	3,288	61.0	2,419	68.4
Currently enrolled in nursing	220	4.1	238	6.8
Yes in nursing	606	11.2	821	23.2

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 5: Bay Area

	2010	2012
Population:	623,328	800,023
RNs with primary position in the Region:	5,706	7,782
RNs who work in the Region per 1,000 residents	9.15	9.28

DWD Region 5: Bay Area				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	5,347	93.7	7,318	94.0
Male	359	6.3	464	6.0
Race				
White	5,570	97.6	7,555	97.8
Black	9	0.2	15	0.2
Asian	6	0.1	55	0.7
Southeast Asian/Pacific Islander	7	0.1	*	*
American Indian/Alaska Native	37	0.6	54	0.7
Multiracial	35	0.6	40	0.5
Of Hispanic Origin				
Yes	29	0.5	57	0.7
No	5,676	99.5	7,725	99.3
Age (median)				
	46.00		46.00	
Language other than English				
No	5,549	97.2	7,148	91.9
Yes – one other	149	2.6	581	7.5
Yes – two other	9	0.2	41	0.5
Residency				
Wisconsin	5,538	97.0	7,550	97.0
Out of state	169	3.0	232	3.0
Highest Nursing Degree Earned				
Diploma in Nursing	581	10.2	626	8.0
Associate Degree in Nursing	2,224	39.0	3,085	39.6
BS in Nursing	2,144	37.6	3,340	42.9
Masters in Nursing	325	5.7	692	8.9
Doctorate in Nursing Practice	-	-	16	0.2
PhD in Nursing	16	0.2	31	0.4
Workforce Patterns Primary Position				
Hours worked/week (mean)	36.23			35.02
Working as an RN	5,574	97.7	7,524	96.7
Working in health care, not nursing	-	-	186	2.4
Working in another field	-	-	26	0.3
Unemployed, seeking work in nursing	-	-	14	0.2
Retired	-	-	24	0.3

* reflects cells too small to report
\- reflects data not captured

DWD Region 5: Bay Area				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	848	14.9	1,560	20.0
Nursing Home/Extended Care	814	14.3	907	11.7
Academic Education	102	1.8	169	2.2
Public/Community Health	296	5.2	319	4.1
Home Health	255	4.5	495	6.4
Hospital	2,677	46.9	3,789	48.7
Other	714	12.5	543	7.0
Job Title				
Administrator	113	2.0	116	1.5
Advanced Practice Nurse	285	5.0	501	6.4
Case Manager	-	-	490	6.3
Consultant/Contract	86	1.5	84	1.1
Nurse Executive	59	1.0	79	1.0
Nurse Faculty	103	1.8	161	2.1
Nurse Manager	566	9.9	625	8.0
Nurse Researcher	16	0.3	19	0.2
Staff Nurse	3,790	66.4	4,954	63.7
Staff, non-medical industry	-	-	41	0.5
Change in Employment Status in Past Year				
No change	-	-	5,310	68.2
Change in n of hours worked	-	-	808	10.4
New position with same employer	-	-	674	8.7
New position with different employer	-	-	725	9.3
Was not working as RN but am now	-	-	181	2.3
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	468	18.6
Seeking more convenient hours	-	-	377	15.0
Dissatisfaction with previous position	-	-	354	14.1
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.2
Family/personal issues	-	-	2,704	35.7
Pay	-	-	1,437	19.0
Medical Benefits	-	-	958	12.6
Retirement benefits	-	-	268	3.5
Hours/shift availability	-	-	102	1.3
Potential for advancement	-	-	1,349	17.8

* reflects cells too small to report
- reflects data not captured

DWD Region 5: Bay Area				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	314	4.1
Worksite location	-	-	59	0.8
Physical work requirements	-	-	274	3.6
Physical disability	-	-	104	1.4
Plan to Work Providing Direct Patient Care				
Less than 2 years	220	4.5	389	6.0
2-4 years	576	12.4	754	11.6
5-9 years	838	18.0	1,370	21.1
10-19 years	1,453	31.3	1,834	28.2
Over 20 years	1,783	38.3	2,154	33.1
Plans for Future Education in Nursing				
No	3,417	59.9	5,144	66.1
Currently enrolled in nursing	264	4.6	593	7.1
Yes in nursing	692	12.1	1,920	24.7

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 6: North Central

Population: 415,158

	2010	2012
RNs with primary position in the Region:	4,636	4,794
RNs who work in the Region per 1,000 residents	11.17	11.55

DWD Region 6: North Central				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	4,250	91.7	4,440	91.8
Male	386	8.3	394	8.2
Race				
White	4,562	98.4	4,683	98.3
Black	7	0.2	*	*
Asian	*	*	35	0.7
Southeast Asian/Pacific Islander	19	0.4	6	0.1
American Indian/Alaska Native	7	0.2	12	.03
Multiracial	18	0.4	24	0.5
Of Hispanic Origin				
Yes	32	0.7	33	0.7
No	4,599	99.3	4,761	99.3
Age (median)				
	46.00		47.00	
Language other than English				
No	4,508	97.2	4,437	92.6
Yes – one other	115	2.5	311	6.5
Yes – two other	13	0.3	41	0.9
Residency				
Wisconsin	4,586	98.9	4,697	98.0
Out of state	50	1.1	97	2.0
Highest Nursing Degree Earned				
Diploma in Nursing	458	9.9	387	8.1
Associate Degree in Nursing	2,009	43.4	2,232	46.6
BS in Nursing	1,536	33.2	1,723	35.9
Masters in Nursing	293	6.3	433	9.0
Doctorate in Nursing Practice	-	-	7	0.1
PhD in Nursing	*	*	14	0.3
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.87		36.60	
Working as an RN	4,537	97.9	4,627	96.5
Working in health care, not nursing	-	-	120	2.5
Working in another field	-	-	19	0.4
Unemployed, seeking work in nursing	-	-	10	.02
Retired	-	-	15	0.3

* reflects cells too small to report
\- reflects data not captured

DWD Region 6: North Central				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	721	15.6	1,010	21.1
Nursing Home/Extended Care	516	11.1	459	9.6
Academic Education	82	1.8	90	1.9
Public/Community Health	201	4.3	189	3.9
Home Health	133	2.9	223	4.7
Hospital	2,247	48.5	2,395	50.0
Other	733	15.8	428	8.9
Job Title				
Administrator	96	2.1	100	2.1
Advanced Practice Nurse	220	4.7	306	6.4
Case Manager	-	-	363	7.6
Consultant/Contract	59	1.3	36	0.8
Nurse Executive	46	1.0	45	0.9
Nurse Faculty	91	2.0	91	1.9
Nurse Manager	406	8.8	362	7.6
Nurse Researcher	18	0.4	11	0.2
Staff Nurse	3,094	66.8	3,082	64.3
Staff, non-medical industry	-	-	20	0.4
Change in Employment Status in Past Year				
No change	-	-	3,360	70.1
Change in n of hours worked	-	-	402	8.4
New position with same employer	-	-	382	8.0
New position with different employer	-	-	482	10.3
Was not working as RN but am now	-	-	110	2.3
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	264	17.8
Seeking more convenient hours	-	-	186	12.6
Dissatisfaction with previous position	-	-	239	16.2
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.3
Family/personal issues	-	-	1,712	36.7
Pay	-	-	736	15.8
Medical Benefits	-	-	671	14.4
Retirement benefits	-	-	202	4.3
Hours/shift availability	-	-	89	1.9
Potential for advancement	-	-	724	15.5

* reflects cells too small to report
\- reflects data not captured

DWD Region 6: North Central				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today				
Employer supported education options	-	-	166	3.6
Worksite location	-	-	38	0.8
Physical work requirements	-	-	256	5.5
Physical disability	-	-	58	1.2
Plan to Work Providing Direct Patient Care				
Less than 2 years	187	4.9	240	6.1
2-4 years	450	12.3	482	12.2
5-9 years	678	18.5	844	21.4
10-19 years	1,143	31.3	1,126	28.5
Over 20 years	1,388	37.9	1,255	32.8
Plans for Future Education in Nursing				
No	2,767	59.7	3,183	66.4
Currently enrolled in nursing	212	4.6	365	7.6
Yes in nursing	594	12.8	1,188	24.8

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 7: Northwest

Population: 178,774

	2010	2012
RNs with primary position in the Region:	1,127	1,241
RNs who work in the Region per 1,000 residents	6.30	6.94

DWD Region 7: Northwest				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	1,034	91.7	1,142	92.0
Male	93	8.3	99	8.0
Race				
White	1,088	96.6	1,197	97.2
Black	*	*	*	*
Asian	*	*	*	*
Southeast Asian/Pacific Islander	*	*	0	0
American Indian/Alaska Native	14	1.2	16	1.3
Multiracial	15	1.3	12	1.0
Of Hispanic Origin				
Yes	7	0.6	9	0.7
No	1,119	99.4	1,232	99.3
Age (median)				
	50.00		50.00	
Language other than English				
No	1,085	96.3	1,133	91.3
Yes – one other	37	3.3	95	7.7
Yes – two other	*	*	8	0.6
Residency				
Wisconsin	1,024	90.9	1,038	83.6
Out of state	103	9.1	203	16.4
Highest Nursing Degree Earned				
Diploma in Nursing	129	141.5	121	9.8
Associate Degree in Nursing	560	49.8	654	52.7
BS in Nursing	269	23.9	341	27.5
Masters in Nursing	64	6.0	119	9.6
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	0	0	*	*
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.07		34.55	
Working as an RN	1,105	98.0	1,212	97.7
Working in health care, not nursing	-	-	20	1.6
Working in another field	-	-	*	*
Unemployed, seeking work in nursing	-	-	*	*
Retired	-	-	*	*

* reflects cells too small to report
\- reflects data not captured

DWD Region 7: Northwest				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	129	11.5	178	14.3
Nursing Home/Extended Care	278	24.7	236	19.0
Academic Education	16	1.4	25	2.0
Public/Community Health	73	6.5	81	6.5
Home Health	83	7.4	145	11.7
Hospital	437	38.8	507	40.9
Other	110	9.8	69	5.6
Job Title				
Administrator	26	2.3	30	2.4
Advanced Practice Nurse	60	5.3	105	8.5
Case Manager	-	-	112	9.0
Consultant/Contract	12	1.1	9	0.7
Nurse Executive	23	2.0	25	2.0
Nurse Faculty	16	1.4	20	1.6
Nurse Manager	163	14.5	147	11.8
Nurse Researcher	*	*	*	*
Staff Nurse	713	63.4	700	56.4
Staff, non-medical industry	-	-	7	0.6
Change in Employment Status in Past Year				
No change	-	-	865	69.7
Change in n of hours worked	-	-	121	9.8
New position with same employer	-	-	93	7.5
New position with different employer	-	-	123	9.9
Was not working as RN but am now	-	-	32	2.6
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	65	17.4
Seeking more convenient hours	-	-	64	17.1
Dissatisfaction with previous position	-	-	42	15.0
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	445	37.0
Pay	-	-	165	13.7
Medical Benefits	-	-	158	13.1
Retirement benefits	-	-	87	7.2
Hours/shift availability	-	-	18	1.5
Potential for advancement	-	-	154	12.8

* reflects cells too small to report
- reflects data not captured

DWD Region 7: Northwest				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Employer supported education options	-	-	41	3.4
Worksite location	-	-	11	0.9
Physical work requirements	-	-	104	8.6
Physical disability	-	-	18	1.5
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	53	5.4	154	12.5
2-4 years	160	17.2	203	16.5
5-9 years	185	19.9	289	23.4
10-19 years	314	33.8	324	26.3
Over 20 years	269	29.0	263	21.4
Plans for Future Education in Nursing				
No	695	61.8	828	66.7
Currently enrolled in nursing	36	3.2	74	6.0
Yes in nursing	143	12.7	310	25.0

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 8: West Central

Population: 462,606

	2010	2012
RNs with primary position in the Region:	3,856	4,160
RNs who work in the Region per 1,000 residents	8.34	8.99

DWD Region 8: West Central				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	3,601	93.4	3,888	93.5
Male	255	6.6	272	6.5
Race				
White	3,796	98.4	4,078	98.6
Black	*	*	6	0.1
Asian	*	*	20	0.5
Southeast Asian/Pacific Islander	7	0.2	0	0
American Indian/Alaska Native	10	0.3	9	0.2
Multiracial	20	0.5	21	0.5
Of Hispanic Origin				
Yes	16	0.4	21	0.5
No	3,838	99.6	4,139	99.5
Age (median)				
	46.00		47.00	
Language other than English				
No	3,731	96.8	3,862	92.8
Yes – one other	116	3.0	264	6.3
Yes – two other	8	0.2	28	0.7
Residency				
Wisconsin	3,764	97.6	3,981	95.7
Out of state	92	2.4	179	4.3
Highest Nursing Degree Earned				
Diploma in Nursing	301	7.8	259	6.2
Associate Degree in Nursing	1,760	45.7	2,122	51.0
BS in Nursing	1,220	31.7	1,383	33.2
Masters in Nursing	238	6.2	360	8.7
Doctorate in Nursing Practice	-	-	8	0.2
PhD in Nursing	7	0.2	24	0.6
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.79		35.13	
Working as an RN	3,843	99.7	4,059	97.6
Working in health care, not nursing	-	-	66	1.6
Working in another field	-	-	12	0.3
Unemployed, seeking work in nursing	-	-	*	*
Retired	-	-	14	0.3

* reflects cells too small to report
\- reflects data not captured

DWD Region 8: West Central				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	442	11.5	641	15.4
Nursing Home/Extended Care	557	14.4	580	13.9
Academic Education	76	2.0	94	2.3
Public/Community Health	184	4.8	162	3.9
Home Health	174	4.5	222	5.3
Hospital	1,940	50.3	2,217	53.3
Other	483	12.5	244	5.9
Job Title				
Administrator	71	1.8	62	1.5
Advanced Practice Nurse	186	4.8	242	5.8
Case Manager	-	-	296	7.1
Consultant/Contract	73	1.9	40	1.0
Nurse Executive	52	1.3	58	1.4
Nurse Faculty	68	1.8	99	2.4
Nurse Manager	436	11.3	388	9.3
Nurse Researcher	9	0.2	7	0.2
Staff Nurse	2,564	66.5	2,676	64.3
Staff, non-medical industry	-	-	11	0.3
Change in Employment Status in Past Year				
No change	-	-	2,808	67.5
Change in n of hours worked	-	-	399	9.6
New position with same employer	-	-	341	8.2
New position with different employer	-	-	468	11.3
Was not working as RN but am now	-	-	110	2.6
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	264	19.1
Seeking more convenient hours	-	-	193	14.0
Dissatisfaction with previous position	-	-	191	13.6
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	6	0.1
Family/personal issues	-	-	1,502	36.9
Pay	-	-	632	15.5
Medical Benefits	-	-	540	13.3
Retirement benefits	-	-	213	5.2
Hours/shift availability	-	-	63	1.5
Potential for advancement	-	-	670	16.5

* reflects cells too small to report
- reflects data not captured

DWD Region 8: West Central				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	131	3.2
Worksite location	-	-	40	1.0
Physical work requirements	-	-	212	5.2
Physical disability	-	-	63	1.5
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	165	4.9	465	11.2
2-4 years	424	13.3	713	17.2
5-9 years	620	19.5	921	22.3
10-19 years	1,000	31.4	1,053	25.5
Over 20 years	1,139	35.8	982	23.8
Plans for Future Education in Nursing				
No	2,395	62.1	2,275	65.5
Currently enrolled in nursing	152	3.9	304	7.3
Yes in nursing	483	12.5	1,061	25.5

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 9: Western

Population: 295,244

	2010	2012
RNs with primary position in the Region:	3,349	3,479
RNs who work in the Region per 1,000 residents	11.34	11.78

DWD Region 9: Western				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	3,094	92.4	3,223	92.6
Male	255	7.6	256	7.4
Race				
White	3,300	98.5	3,414	98.7
Black	6	0.2	*	*
Asian	6	0.2	24	0.7
Southeast Asian/Pacific Islander	9	0.3	0	0
American Indian/Alaska Native	9	0.3	7	0.2
Multiracial	10	0.3	13	0.4
Of Hispanic Origin				
Yes	18	0.5	26	0.7
No	3,328	99.5	3,453	99.3
Age (median)				
	47.00		47.00	
Language other than English				
No	3,251	97.0	3,226	92.7
Yes – one other	94	2.8	221	6.4
Yes – two other	*	*	28	0.8
Residency				
Wisconsin	2,959	88.3	3,037	87.3
Out of state	391	11.7	442	12.7
Highest Nursing Degree Earned				
Diploma in Nursing	222	6.6	179	5.1
Associate Degree in Nursing	1,352	40.4	1,516	43.6
BS in Nursing	1,286	38.4	1,402	40.3
Masters in Nursing	231	6.9	353	10.1
Doctorate in Nursing Practice	-	-	8	0.2
PhD in Nursing	9	0.3	22	0.6
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.20		36.32	
Working as an RN	3,292	98.3	3,388	97.4
Working in health care, not nursing	-	-	59	1.7
Working in another field	-	-	9	0.3
Unemployed, seeking work in nursing	-	-	*	*
Retired	-	-	14	0.4

* reflects cells too small to report
\- reflects data not captured

DWD Region 9: Western				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	559	16.7	712	20.5
Nursing Home/Extended Care	441	13.2	481	13.8
Academic Education	70	2.1	67	1.9
Public/Community Health	169	5.0	135	3.9
Home Health	76	2.3	124	3.6
Hospital	1,651	49.3	1,680	48.3
Other	384	11.5	280	8.0
Job Title				
Administrator	59	1.8	52	1.5
Advanced Practice Nurse	163	4.9	236	6.8
Case Manager	-	-	227	6.5
Consultant/Contract	27	0.8	36	1.0
Nurse Executive	28	0.8	29	0.8
Nurse Faculty	72	2.2	75	2.2
Nurse Manager	327	9.8	309	8.9
Nurse Researcher	14	0.4	13	0.4
Staff Nurse	2,268	67.8	2,236	64.3
Staff, non-medical industry	-	-	13	0.4
Change in Employment Status in Past Year				
No change	-	-	2,485	71.4
Change in n of hours worked	-	-	323	9.3
New position with same employer	-	-	310	83.9
New position with different employer	-	-	263	7.6
Was not working as RN but am now	-	-	70	2.0
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	193	18.9
Seeking more convenient hours	-	-	141	13.8
Dissatisfaction with previous position	-	-	157	12.5
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	11	0.3
Family/personal issues	-	-	1,315	38.9
Pay	-	-	474	14.0
Medical Benefits	-	-	486	14.4
Retirement benefits	-	-	170	5.0
Hours/shift availability	-	-	95	2.8
Potential for advancement	-	-	461	13.6

* reflects cells too small to report
- reflects data not captured

DWD Region 9: Western				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	137	4.1
Worksite location	-	-	26	0.8
Physical work requirements	-	-	159	4.7
Physical disability	-	-	46	1.4
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	110	3.9	154	5.3
2-4 years	369	13.5	393	13.5
5-9 years	511	18.8	653	22.4
10-19 years	836	30.7	800	27.5
Over 20 years	1,008	37.0	913	31.3
Plans for Future Education in Nursing				
No	1,984	59.2	2,262	65.0
Currently enrolled in nursing	157	4.7	304	8.7
Yes in nursing	450	13.4	878	25.2

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 10: South Central

Population: 794,731

	2010	2012
RNs with primary position in the Region:	9,096	9,469
RNs who work in the Region per 1,000 residents	11.45	11.91

DWD Region 10: South Central				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	8,395	92.3	8,774	92.7
Male	701	7.7	695	7.3
Race				
White	8,743	96.1	9,049	96.4
Black	83	0.9	94	1.0
Asian	40	0.4	154	1.6
Southeast Asian/Pacific Islander	68	0.7	6	0.1
American Indian/Alaska Native	12	0.1	14	0.1
Multiracial	59	0.6	67	0.7
Of Hispanic Origin				
Yes	85	0.9	94	1.0
No	9,007	99.1	9,375	99.0
Age (median)				
	46.00		46.00	
Language other than English				
No	8,550	94.0	8,294	87.6
Yes – one other	487	5.4	1,060	11.2
Yes – two other	59	0.6	96	1.0
Residency				
Wisconsin	9,060	99.6	9,356	98.8
Out of state	37	0.4	113	1.2
Highest Nursing Degree Earned				
Diploma in Nursing	754	8.3	704	7.4
Associate Degree in Nursing	2,650	29.2	3,100	32.7
BS in Nursing	4,032	44.4	4,497	417.5
Masters in Nursing	784	8.6	1,089	11.5
Doctorate in Nursing Practice	-	-	18	0.2
PhD in Nursing	30	0.3	59	0.6
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.39		35.62	
Working as an RN	8,907	97.9	9,165	96.8
Working in health care, not nursing	-	-	212	2.2
Working in another field	-	-	30	0.3
Unemployed, seeking work in nursing	-	-	14	0.1
Retired	-	-	41	0.4

* reflects cells too small to report
- reflects data not captured

DWD Region 10: South Central				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	559	16.7	1,804	19.1
Nursing Home/Extended Care	441	13.2	815	8.6
Academic Education	70	2.1	189	2.0
Public/Community Health	169	5.0	294	3.1
Home Health	76	2.3	496	5.2
Hospital	1,651	49.3	5,215	55.1
Other	384	11.5	656	6.9
Job Title				
Administrator	59	1.8	110	1.2
Advanced Practice Nurse	163	4.9	592	6.3
Case Manager	-	-	596	6.3
Consultant/Contract	27	0.8	138	1.5
Nurse Executive	28	0.8	98	1.0
Nurse Faculty	72	2.2	168	1.8
Nurse Manager	327	9.8	675	7.1
Nurse Researcher	14	0.4	92	1.0
Staff Nurse	2,268	67.8	6,335	66.9
Staff, non-medical industry	-	-	32	0.3
Change in Employment Status in Past Year				
No change	-	-	6,576	69.4
Change in n of hours worked	-	-	925	9.8
New position with same employer	-	-	708	7.5
New position with different employer	-	-	925	9.8
Was not working as RN but am now	-	-	258	2.7
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	481	16.2
Seeking more convenient hours	-	-	388	13.1
Dissatisfaction with previous position	-	-	442	14.9
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	23	0.3
Family/personal issues	-	-	3,493	38.0
Pay	-	-	1,368	14.9
Medical Benefits	-	-	1,505	16.4
Retirement benefits	-	-	454	4.9
Hours/shift availability	-	-	266	2.9
Potential for advancement	-	-	1,357	14.8

* reflects cells too small to report
- reflects data not captured

DWD Region 10: South Central				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	260	2.8
Worksite location	-	-	97	1.1
Physical work requirements	-	-	260	2.8
Physical disability	-	-	106	1.2
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	371	4.8	1,014	10.8
2-4 years	1,041	14.1	1,814	19.3
5-9 years	1,440	19.4	2,147	22.9
10-19 years	2,288	30.9	2,306	24.6
Over 20 years	2,635	35.6	2,109	22.4
Plans for Future Education in Nursing				
No	5,410	59.5	6,212	65.6
Currently enrolled in nursing	380	4.2	658	6.9
Yes in nursing	1,205	13.3	2,461	26.0

* reflects cells too small to report
- reflects data not captured

Department of Workforce Development Region 11: Southwest

Population: 306,925

	2010	2012
RNs with primary position in the Region:	2,159	2,341
RNs who work in the Region per 1,000 residents	7.03	7.63

DWD Region 11: Southwest				
Year of Data Collection	**2010**		**2012**	
Demographics	***n***	***%***	***n***	***%***
Gender				
Female	2,051	95.0	2,233	95.4
Male	108	5.0	108	4.6
Race				
White	2,102	97.4	2,273	98.0
Black	18	0.8	16	0.7
Asian	*	*	12	0.5
Southeast Asian/Pacific Islander	9	0.4	*	*
American Indian/Alaska Native	*	*	*	*
Multiracial	15	0.7	13	0.6
Of Hispanic Origin				
Yes	18	0.8	27	1.2
No	2,140	99.2	2,314	98.8
Age (median)				
	47.00		47.00	
Language other than English				
No	2,085	96.6	2,119	90.5
Yes – one other	68	3.2	200	8.5
Yes – two other	*	*	19	0.8
Residency				
Wisconsin	1,983	91.8	2,088	89.2
Out of state	176	8.2	253	10.8
Highest Nursing Degree Earned				
Diploma in Nursing	231	10.7	194	8.3
Associate Degree in Nursing	1,096	50.8	1,247	53.3
BS in Nursing	576	26.7	724	30.9
Masters in Nursing	103	4.8	167	7.1
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	*	*	*	*
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.81		36.17	
Working as an RN	2,119	98.1	2,273	97.1
Working in health care, not nursing	-	-	45	1.9
Working in another field	-	-	*	*
Unemployed, seeking work in nursing	-	-	6	0.3
Retired	-	-	8	0.3

* reflects cells too small to report
- reflects data not captured

DWD Region 11: Southwest				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Setting				
Ambulatory care	286	13.3	392	16.7
Nursing Home/Extended Care	386	17.9	322	13.8
Academic Education	35	1.6	53	2.3
Public/Community Health	127	5.9	118	5.0
Home Health	120	5.6	187	8.0
Hospital	938	43.5	1,154	49.3
Other	265	12.3	115	4.9
Job Title				
Administrator	39	1.8	34	1.5
Advanced Practice Nurse	69	3.2	89	3.8
Case Manager	-	-	131	5.6
Consultant/Contract	19	0.9	9	0.4
Nurse Executive	28	1.3	30	1.3
Nurse Faculty	39	1.8	45	1.9
Nurse Manager	270	12.5	244	10.4
Nurse Researcher	*	*	*	*
Staff Nurse	1,485	68.8	1,588	67.8
Staff, non-medical industry	-	-	9	0.4
Change in Employment Status in Past Year				
No change	-	-	1,516	64.8
Change in n of hours worked	-	-	212	9.1
New position with same employer	-	-	193	8.2
New position with different employer	-	-	336	14.4
Was not working as RN but am now	-	-	68	2.9
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	143	16.9
Seeking more convenient hours	-	-	114	13.5
Dissatisfaction with previous position	-	-	138	16.3
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	805	35.5
Pay	-	-	330	14.6
Medical Benefits	-	-	322	14.2
Retirement benefits	-	-	107	4.7
Hours/shift availability	-	-	40	1.8
Potential for advancement	-	-	382	16.8

* reflects cells too small to report
- reflects data not captured

DWD Region 11: Southwest				
Year of Data Collection	**2010**		**2012**	
	n	***%***	***n***	***%***
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	82	3.6
Worksite location	-	-	29	1.3
Physical work requirements	-	-	144	6.3
Physical disability	-	-	25	1.1
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	74	3.9	194	8.4
2-4 years	245	13.3	402	17.4
5-9 years	323	17.5	481	20.8
10-19 years	606	32.9	628	27.1
Over 20 years	669	36.3	610	26.4
Plans for Future Education in Nursing				
No	1,315	60.9	1,372	58.6
Currently enrolled in nursing	63	2.9	181	7.8
Yes in nursing	278	12.9	753	32.2

* reflects cells too small to report
- reflects data not captured

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

National Center for Health Workforce Analysis

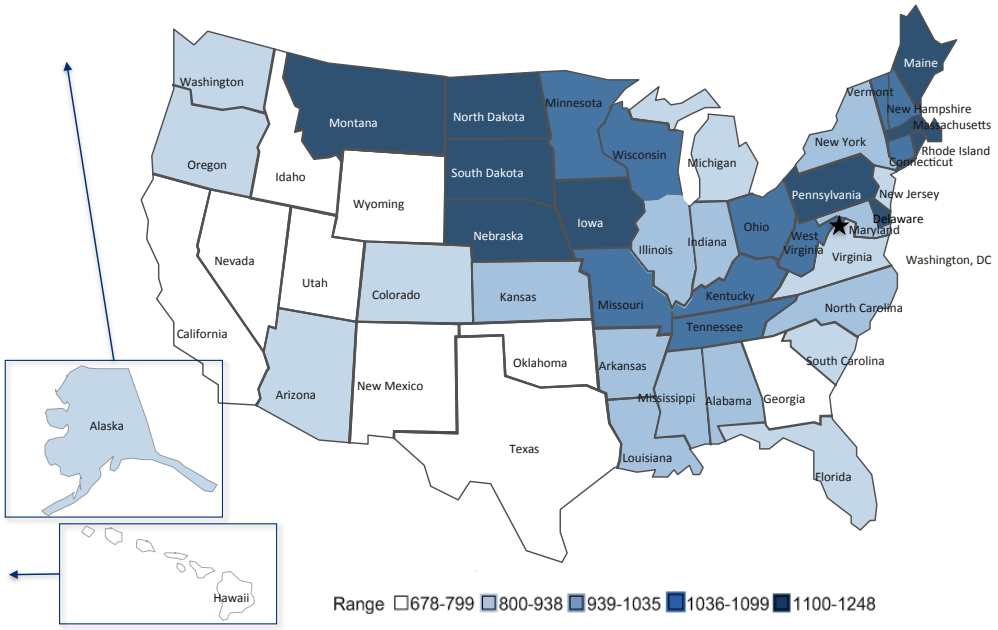
The U.S. Nursing Workforce: Trends in Supply and Education – Results in Brief

Understanding the supply, distribution, and educational pipeline of nurses is an important tool to inform the programs and policies that will ensure access to care and an effective health care system. This brief analyzes data from a variety of sources to present recent trends and the current status of the registered nurse (RN) and licensed practical nurse (LPN) workforces.

The Current Supply of Nurses and Trends Over Time

There were 2.8 million RNs (including advanced practice RNs) and 690,000 LPNs working in the field of nursing or seeking nursing employment in 2008 to 2010. About 445,000 RNs (16 percent) and 166,000 LPNs (24 percent) lived in rural areas. The per capita distribution of RNs varied substantially across states (see Figure 1).

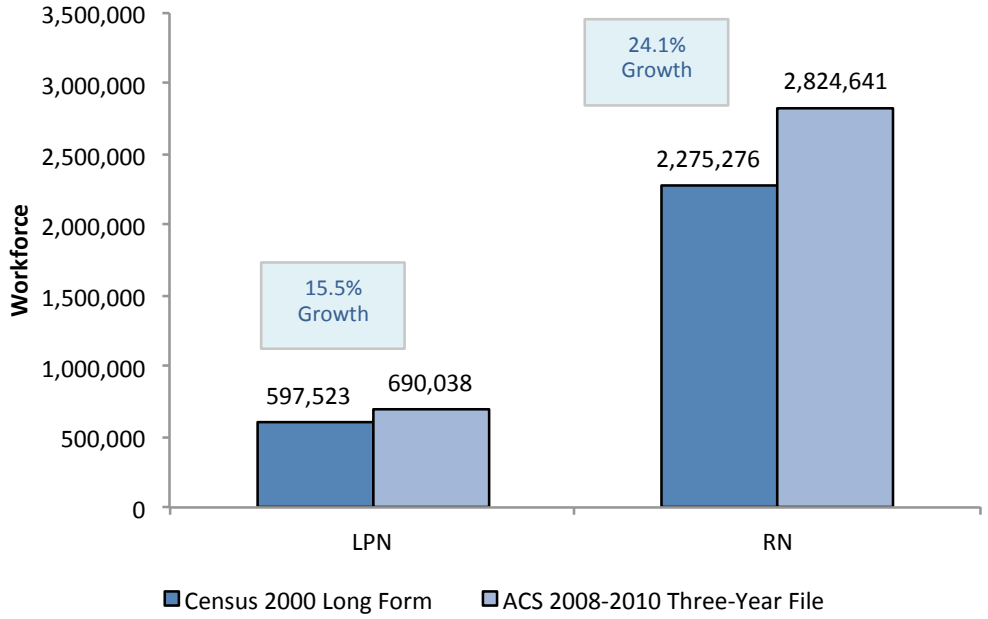
Figure 1. The RN Workforce per 100,000 Population, by State



Data Source: HRSA analysis of the American Community Survey (ACS) 2008-2010 three-year file

The nursing workforce grew substantially in the past decade, with RNs growing by more than 500,000 (24 percent) and LPNs by more than 90,000 (16 percent), as shown in Figure 2.

Figure 2. Growth in the U.S. Nurse Workforce



Data Sources: HRSA analysis of the Census 2000 Long Form 5% sample and the ACS 2008-2010 three-year file

Growth in the nursing workforce outpaced growth in the U.S. population. The number of RNs per 100,000 population (per capita) increased by nearly 14 percent, and the number of LPNs per capita increased by about 6 percent.

Other key findings about changes in the nurse supply over the past decade include:

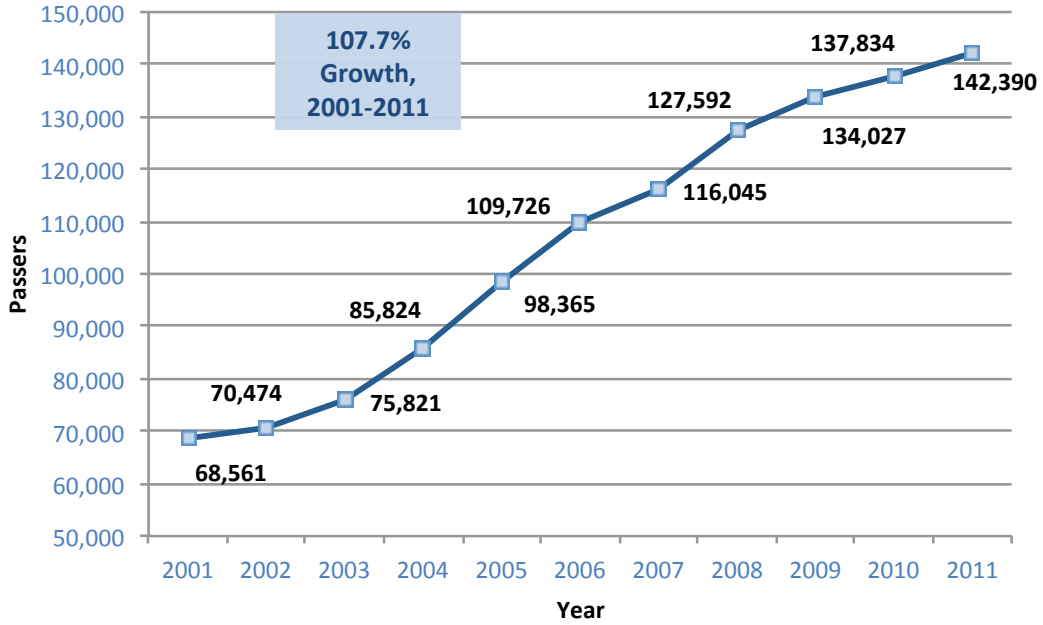
- ***Education:*** Currently, about 55 percent of the RN workforce holds a bachelor's or higher degree. An associate's degree in nursing was the first nursing degree for many of these nurses. The percentage of the RN workforce holding a bachelor's or higher degree increased from 50 to 55 over the past decade.
- ***Diversity:*** RNs and LPNs are slowly becoming more diverse over time. The proportion of non-white RNs increased from 20 to 25 percent during the past decade. The proportion of men in the RN workforce increased from 8 to 9 percent.
- ***Age:*** Owing to strong growth in new entrants, the absolute number of RNs younger than 30 has increased. Nevertheless, the average age of nurses has also increased slightly, and about one-third of the nursing workforce is older than 50.
- ***Workplace:*** The majority of RNs (63 percent) are providing inpatient and outpatient care in hospitals. The distribution of RNs across settings held relatively steady over the past decade. However, while the *proportion* of RNs in hospitals held steady,

the *number* of RNs working in hospitals increased by more than 350,000 (about 25 percent). In contrast, fewer than one-third of LPNs (29 percent) work in hospitals, and that proportion has declined slightly over the past decade. A higher percentage of LPNs now work in skilled nursing facilities (31 percent) than in hospitals.

The RN and LPN Pipeline

The nursing pipeline, measured by the number of individuals who pass national nursing licensing exams, grew substantially from 2001 to 2011. In 2011, more than 142,000 new graduate RNs passed the NCLEX-RN®, compared with 68,561 in 2001 (see Figure 3). LPN passers grew by 80 percent over the same time period.

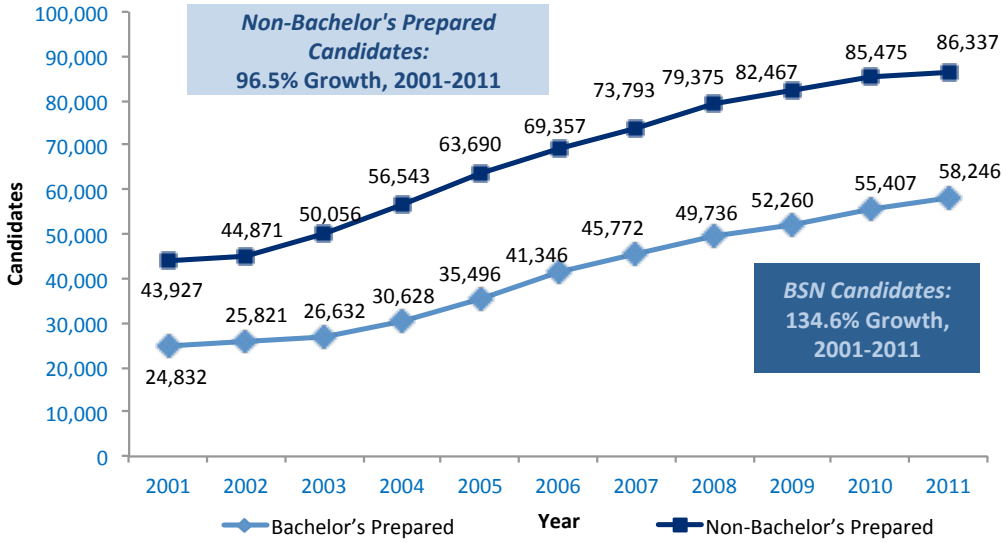
Figure 3. NCLEX-RN Passers, 2001 to 2011



Data Sources: HRSA compilation of data from the National Council of State Boards of Nursing, Nurse Licensure and NCLEX Examination Statistics Publications, 2002-2012, and from the National Council of State Boards of Nursing, "Number of Candidates Taking the NCLEX Examination and Percent Passing, by Type of Candidate," https://www.ncsbn.org/Table_of_Pass_Rates_2011.pdf

Among first-time test takers, the number of bachelor's prepared RN candidates taking the NCLEX-RN exam more than doubled, from 24,832 individuals in 2001 to 58,246 in 2011. Non-bachelor's prepared RN candidates taking the NCLEX-RN exam nearly doubled, increasing from 43,927 in 2001 to 86,337 in 2011. Non-bachelor's prepared RN candidates continue to constitute the majority of all RN candidates (60 percent in 2011). Figure 4 presents the annual number of candidates, by degree type.

Figure 4. Growth in NCLEX-RN First-Time Test Takers, by Bachelor's and Non-Bachelor's Degree Status, 2001 to 2011



Data Sources: HRSA compilation of the National Council of State Boards of Nursing, Nurse Licensure and NCLEX Examination Statistics Publications, 2002-2012, and from the National Council of State Boards of Nursing, "Number of Candidates Taking the NCLEX Examination and Percent Passing, by Type of Candidate," https://www.ncsbn.org/Table_of_Pass_Rates_2011.pdf

The number of internationally educated RNs passing the NCLEX fluctuated significantly from 2001 to 2011. While the number of passers increased steadily each year from 2001 to 2007, the annual number of internationally educated NCLEX passers has dropped since 2007 and was 6,100 in 2011.

Nearly 28,000 RNs were awarded a post-licensure bachelor's in nursing (RN-BSN) in 2011, and another 26,200 were awarded master's or doctoral degrees. There has been an estimated 86-percent increase in the annual number of RN-BSN graduates, and a 67-percent increase in graduate degree awards, over just the past four years. However, the annual number of post-licensure graduates is still too small, and the rapid growth too recent, to have generated large increases in the portion of the workforce prepared with bachelor's or graduate degrees.

Nurses will continue to play a critical, growing role in health care delivery. In the coming years, HRSA will monitor the key indicators tracked in this brief, including supply, distribution, and educational pipeline. It will be important to follow these trends closely as the nation's demographic and health systems evolve.

For more information about the data, methods, and findings in this brief, see the full report, "The U.S. Nursing Workforce: Trends in Supply and Education," at http://bhpr.hrsa.gov/healthworkforce/index.html.

Page intentionally left blank

State of Wisconsin
Department of Safety and Professional Services

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request:	Date When Request Submitted:
Mitali Chatterjee, Paralegal On behalf of Janie Brischke & Mitali Chatterjee Division Of Legal Services & Compliance	May 30, 2013 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
June 13, 2013	☒ Yes ☐ No	Division Of Legal Services and Compliance Statistics for the Board of Nursing 2012

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☐ Open Session ☒ Closed Session ☐ Both	☒ Yes by Janie Brischke & Mitali Chatterjee (name) ☐ No	N/A

Describe the issue and action the Board should address:

Authorization:

Signature of person making this request — Date: 5/30/13

Supervisor signature (if required) — Date

Bureau Director signature (indicates approval to add late items to agenda) — Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

BOARD APPEARANCE REQUEST FORM

Board Name: Board of Nursing

Board Meeting Date: June 13, 2013

Person Submitting Agenda Request: Mitali Chatterjee, Paralegal

Person requesting an appearance: Janie Brischke & Mitali Chatterjee

Mailing address: DLSC

Email address: mitali.chatterjee@wisconsin.gov

Telephone #: 608-266-9931

Reason for Appearance: Presentation of DLSC Statistics for the BON-2012

****

Is the person represented by an attorney? If so, who?

Attorney's mailing address:

Attorney's e-mail address:

Phone Attorney:

BOARD OF NURSING

DIVISION OF LEGAL SERVICES and COMPLIANCE

STATISTICS

(May 23, 2013)

DIVISION OF LEGAL SERVICES AND COMPLIANCE

The Division of Legal Services and Compliance (DLSC) is a public law office which provides legal services to professional boards and regulated industries. As part of these services, DLSC provides a Team which consists of intake staff, investigators, paralegals, prosecutors and a designated board counsel. DLSC also monitors compliance with disciplinary orders and administers the Professional Assistance Procedure -- a confidential monitoring program for impaired professionals.

Over the past two years, DLSC Teams have had unprecedented success in resolving the backlog of pending cases.[i] This has resulted in more manageable caseloads, and in turn, higher levels of consumer protection and a renewed focus on quality legal work. DLSC has the capacity to allocate resources as necessary to ensure responsible consumer protection.

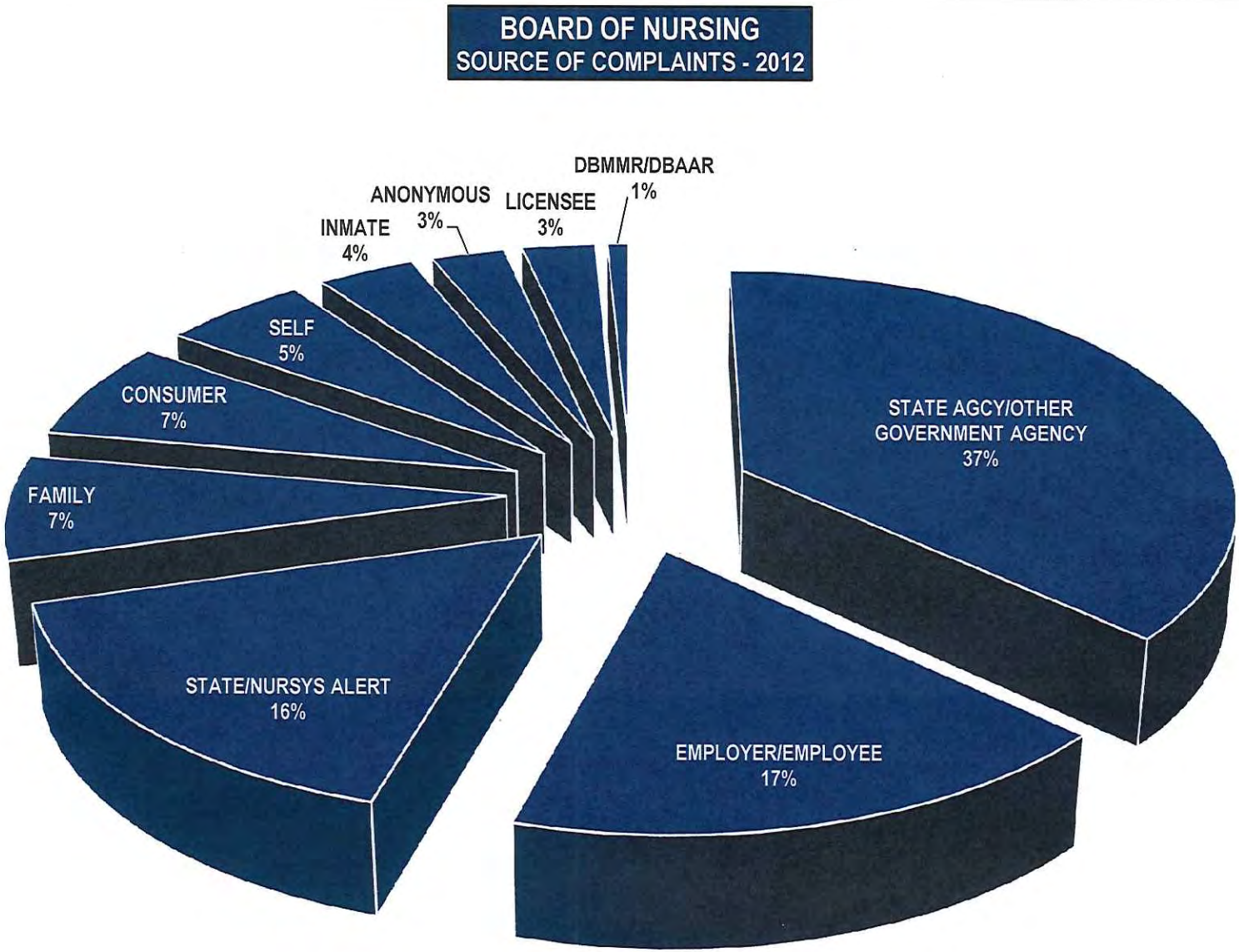
Key DLSC statistics for 2012 for the Board of Nursing (BON) include:

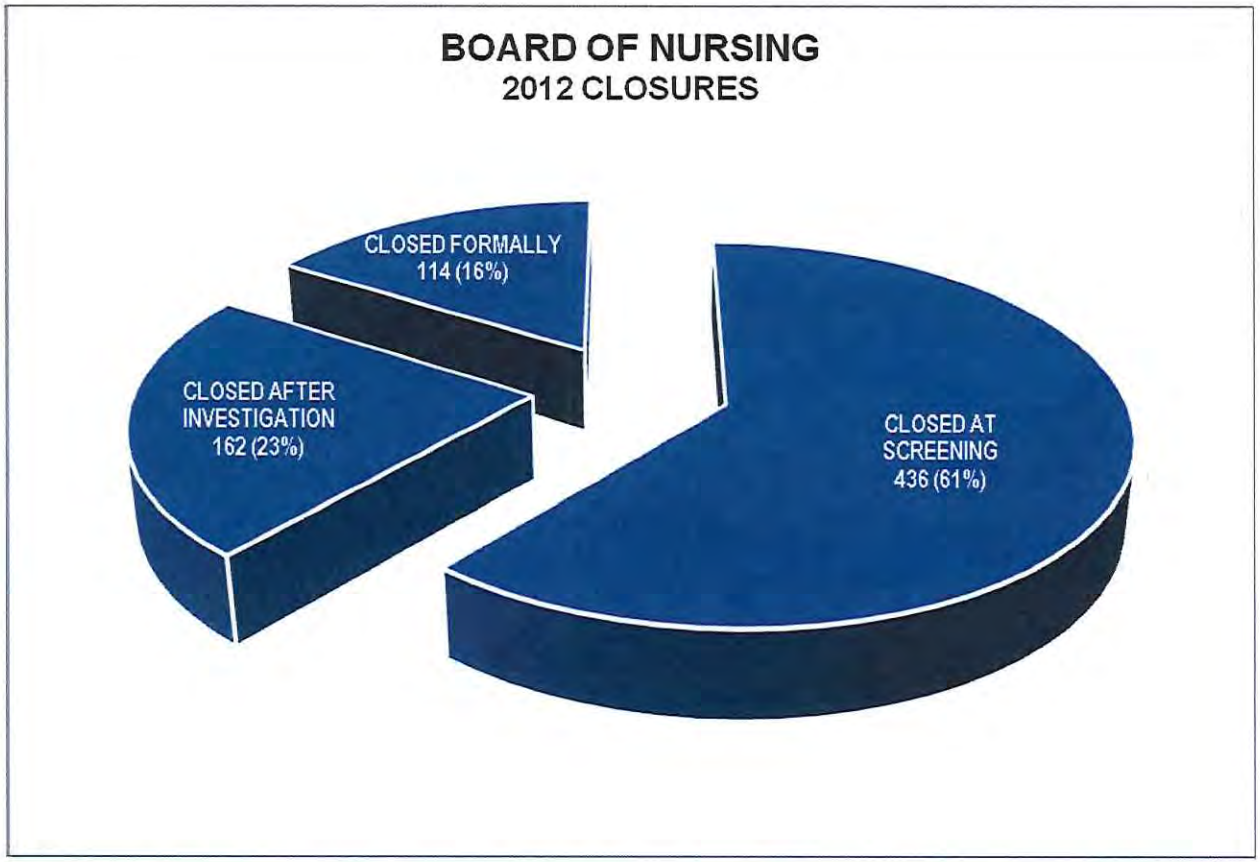
- Complaints Received: **627**
- Complaints Resolved:
  - Cases resolved formally (through prosecution and negotiated stipulations): **114**
  - Complaints closed after Investigation (without a Formal Order): **162**
  - Complaints closed by the Board's Screening Panel: **436**
- Backlog Eliminated:
  - Cases from 2010 pending **(1)** (status in hearing)
  - 2011 **(4)** (status: 3 in hearing and 1 opened for investigation)
- Number of participants enrolled in the PAP program: **38 (as of April 11, 2013)**
- Number of participants being actively monitored under a disciplinary order: **711 (as of March 2013)**
- Primary source of complaints originated from **government agencies, employers and State/NURSYS Alert.**
- Most common discipline issued included **reprimands, license limitations and suspensions.**

In 2012, DLSC consolidated legal services, implemented staff production metrics and quality control procedures, standardized templates and conducted legal training, which has resulted in enhanced efficiencies, higher standards of service to our Boards and responsible consumer protection. These improved services are reflected in our statistics. DLSC respects and values the Board of Nursing's service to the State of Wisconsin and members of its profession. We look forward to continuing our partnership in 2013 and working hard to continue to improve our services to the Board and to the public, including our revamped case advisor training methods and materials.

---

[i] **Note**: In January 2011 DLSC had a total of **221** cases in backlog status for all professional boards (defined as cases aged 2008 or older). Currently, the backlog has been all but eliminated with **only 1** case from 2008 in hearing. Only 11 cases remain for all boards from 2009 and 2010 with 7 of those cases in hearing. This accomplishment is unprecedented in the Department's history.


BOARD OF NURSING
SOURCE OF COMPLAINTS - 2012
DBMMR/DBAAR 1%
LICENSEE 3%
ANONYMOUS 3%
INMATE 4%
SELF 5%
CONSUMER 7%
FAMILY 7%
STATE/NURSYS ALERT 16%
EMPLOYER/EMPLOYEE 17%
STATE AGCY/OTHER GOVERNMENT AGENCY 37%



CLOSED AT SCREENING: 436 (61%)

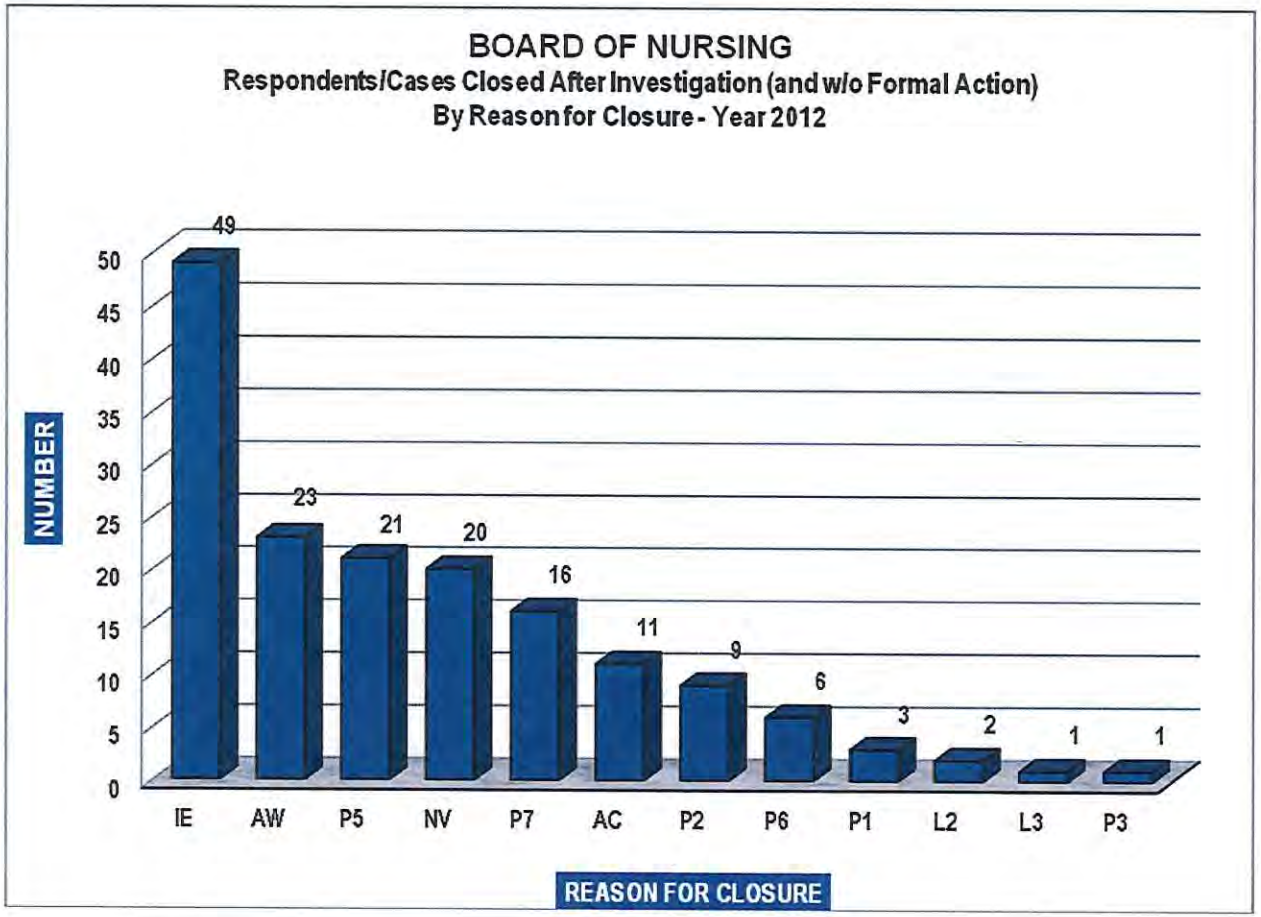
Copies of the complaint and related information are screened by the Board of Nursing Screening Panel and DLSC legal staff to determine if an investigation is warranted. Complaints that do not warrant investigation are closed.

CLOSED AFTER INVESTIGATION WITHOUT A FORMAL ORDER: 162 (23%)

The investigator and attorney develop an investigative plan. Investigative staff gathers necessary evidence and makes contacts with witnesses. The case advisor is consulted on issues requiring professional expertise. The results of the investigation are provided to and discussed with the case advisor. The case advisor makes a final recommendation on the professional aspects of the case. The attorney makes a final recommendation on the legal aspects of the case. Cases that do not warrant professional discipline are closed. *Administrative Warnings are included in this category.*

CLOSED WITH FORMAL ORDER: 114 (16%)

Cases may resolve by means of stipulated agreements. Cases may go to hearing where the DLSC attorney litigates the case before an administrative law judge (ALJ). After the Hearing, the ALJ issues a proposed decision which is reviewed by the board. If a violation is found, discipline may be imposed.



- **INSUFFICIENT EVIDENCE FOR PROSECUTION (IE) -** There is insufficient evidence to meet the standard of proof required to prove that a violation occurred.
- **ADMINISTRATIVE WARNING (AW) -** There was an Administrative Warning issued to the credential holder pursuant to Sec. 440.205, Stats. Administrative warnings do not constitute an adjudication of guilt or the imposition of discipline and may not be used as evidence that the credential holder is guilty of the alleged misconduct.
- **PROSECUTORIAL DISCRETION (P5) -** There may have been a violation, but because the person or entity in question cannot be located, is no longer actively practicing or does not have a current credential to practice, a decision was made to close the case and place a "FLAG OR HOLD" on the credential in accordance with the Department's "Hold Status and Flagged Credentials" Policy. In the event that the person or entity is located an application for renewal of the credential is received or the credential is renewed, the case may be re-opened and reconsidered.
- **NO VIOLATION OF STATUTES OR RULES (NV) -** There is sufficient evidence to show that no violation of statutes or rules occurred.
- **PROSECUTORIAL DISCRETION (P7) -** There may have been a violation, but the regulatory authority has taken action in regard to this credential holder that addressed the conduct and further action is unnecessary.
- **ADMINISTRATIVE CLOSURE (AC) -** There is a duplicate complaint; a file was opened in error; or the Respondent named in the complaint is inaccurately identified.
- **PROSECUTORIAL DISCRETION (P2) -** There may have been a minor or technical violation but a decision was made not to commence formal disciplinary action on the grounds that compliance with statutes or rules has been gained.
- **PROSECUTORIAL DISCRETION (P6) -** There may have been a violation, but litigation is pending which involves the credential holder and affects the licensing authority's ability to investigate the case. At the conclusion of the litigation, the case will be reviewed and the licensing authority may consider the case once again.
- **PROSECUTORIAL DISCRETION (P1) -** There may have been a minor or technical violation but a decision was made not to commence formal disciplinary action because the incident in question was not seriously harmful to the public.
- **LACK OF JURISDICTION (L2) -** There is authority to act on the subject matter or the complaint, but no authority to act regarding the person or entity in question.
- **LACK OF JURISDICTION (L3) -** There is no authority to act on the subject matter of the complaint or the person or entity in question..
- **PROSECUTORIAL DISCRETION (P3) -** There may have been a violation that is more than a minor or technical violation. However, it is not a violation, which caused serious harm, and a determination has been made that the expenditure of resources required to pursue the violation would greatly exceed the value to the public of having the matter pursued.

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **7/1/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☐ Yes ☐ No	**Criminal Background and Fingerprint checks – Discussion and Consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

Place this item to the agenda per the request of Carol Ott:

From: Beth Radtke <bradtke@ncsbn.org>
To: Carol Ott - WI
Sent: Tuesday, June 25, 2013 10:00 AM
Subject: WI CBC Bill

Carol,
I hope this message finds you well. We had our contact at CSG (Council of State Governments) do a little research into the WI statute that prevents fingerprinting. What she found is listed below:

I did a little more investigation of the Wisconsin bill prohibiting fingerprint checks. As I told you earlier, I have looked up the lobbying reports on Senate Bill 464 in the 2011 session and found three organizations that filed papers in support of the bill: Rural Wisconsin Health Cooperative, Wisconsin Academy of Family Physicians and the Wisconsin Medical Society. Only the Rural Wisconsin Health Cooperative showed any hours (29) or dollars spent lobbying. See here. In addition, I discovered this report on testimony at the public hearing. And here is a document of testimony from Rep. Severson and rural hospitals in support of the bill and from a physician on the Wisconsin Medical Examining Board opposing the bill.

Now since nursing was not involved in the original bill, if this is something that you want to try and change, legislation could be introduced to make the BON an exception to current law. The Medical Board was against the bill, however involving them may stir up the original medical associations/societies that were against it in the first place.

Please let me know if you need any further information or assistance on this issue, as I am happy to help!
Thank you,
Beth Radtke, MS | Associate, Nursing Regulation| 312.525.3655(D) | bradtke@ncsbn.org
National Council of State Boards of Nursing (NCSBN) | 111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601-4277
312.525.3600 (P) | 312.279.1032 (F) | www.ncsbn.org

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	**6/21/13** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☒ Yes ☐ No	**Substance use and criminal history/conviction re: licensure – discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

At the June meeting, the Board wanted a discussion item on the July agenda related to Substance Use and criminal history/conviction re: licensure.

11) Authorization

Signature of person making this request Date

Supervisor (if required) Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

Professionalism Extends Beyond the Workplace

Kathleen A. Russell, JD, MN, RN, and Lindsay K. Beaver, JD

While driving home from a party, a nurse was involved in a one-car accident. The nurse pled no contest to a misdemeanor count of driving under the influence of alcohol (DUI). Though the nurse was off duty and had no prior disciplinary actions, no prior DUI convictions, and no apparent alcohol abuse or dependency issues, the board of nursing (BON) determined that the DUI conviction was evidence of unprofessional conduct and placed the nurse's license on probation for 3 years. Subsequently, the BON's action was upheld by the appellate court. This article reviews the case and the legal and ethical foundations of the BON's decision.

A nurse who decided to drive home after having some drinks collided with the center divider of a highway. Luckily, no one was injured in the one-car accident. Authorities measured the driver's blood alcohol level at 0.16%, twice the legal limit. The nurse pled no contest to a count of driving under the influence of alcohol (DUI; Egelko, 2012).

*The DUI incident did not occur while the nurse was on duty, and it appeared to be an isolated event. A substance use evaluation determined the incident was not indicative of a substance use disorder. The nurse was not a bad nurse or a bad person. However, the nurse did make a bad decision to drink and drive, and that decision resulted in unprofessional behavior. The California Board of Nursing (BON) and the California Appellate Court determined that the nurse's behavior outside of working hours was evidence of unprofessional conduct and placed the nurse's nursing license on probation for 3 years (*Sulla v. Board of Registered Nursing, *2012).*

DUI Conviction: Evidence of Unprofessional Conduct

To understand why the BON—and subsequently, the court—regarded the nurse's DUI conviction as conclusive evidence of unprofessional conduct, consider the principles of nursing professionalism, the nursing code of ethics, and the California Nursing Practice Act.

Commonly, nursing is referred to as a profession, not a job. Unlike a job, a profession is a chosen, paid occupation requiring prolonged training and formal qualification (Gokenbach, 2012). As such, nurses are professionals and can be defined as individuals expected to display competent and skillful behaviors in alignment with their profession. Therefore, the values of the profession must drive the professional's beliefs and behavior (Gokenbach, 2012). Obligations of professionalism and practice implicitly and explicitly embedded in codes and regulations require nurses to conduct themselves with respect, confidentiality, moral courage, and cultural sensitivity and to act as good citizens of the world (Butts, 2013).

Codes of ethics provide explicit guidelines for the profession. The American Nurses Association's *Code of Ethics* clearly delineates duties to self and others as well as the responsibilities to preserve integrity and safety, to maintain competence, and to continue personal and professional growth (American Nurses Association [ANA], 2011). Further, the code states that moral self-respect accords moral worth and dignity to all, including oneself. Identifying common ethical concerns, such as professional growth and maintenance of competence in the field of nursing, the code also notes the "preservation of wholeness of character, and personal integrity" as ethical guidance to all members of the profession (ANA, 2011; see Table 1).

All can agree that driving while under the influence of alcohol endangers not only the driver, but other drivers and pedestrians. This behavior demonstrates a lack of respect for the integrity and safety of oneself and others. Therefore, driving while intoxicated is a behavior that fails to align with the nursing profession's moral obligation of professionalism or of a good citizen of the world.

The California Nursing Practice Act explicitly requires a nurse to exhibit behaviors consistent with professionalism within and outside the workplace. The act specifically directs nurses on the professional expectations concerning the use of alcohol and convictions related to alcohol misuse. See Table 2 for specific legislative language regarding alcohol use and convictions (California Nursing Practice Act, 2011).

The actions of a nurse will be judged by the standards of the profession as well as by the law that guides and governs the nurse. BONs are required to protect the public by reviewing the conduct of the nurse, applying the law to the nurse's actions, and determining a disciplinary sanction for any violations (Russell,

TABLE 1

Expectations of the Code of Ethics

Provision 5 of the American Nurses Association's *Code of Ethics for Nurses With Interpretive Statements* reads as follows:

Provision 5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

5.1. Moral self-respect. Moral respect accords moral worth and dignity to all human beings irrespective of their personal attributes or life situation. Such respect extends to oneself as well; the same duties that we owe to others we owe to ourselves. Self-regarding duties refer to a realm of duties that primarily concern oneself and include professional growth and maintenance of competence, preservation of wholeness of character, and personal integrity (American Nurses Association, 2011).

2012). The following summary of the findings of the administrative hearing, district court, and appellate court serves to further illuminate the disciplinary process regarding this incident of unprofessional conduct.

Administrative Hearing

*As a result of the DUI conviction, the California BON filed an accusation alleging that the conduct of the nurse warranted discipline under several provisions of the nursing practice act. The matter proceeded to a hearing in front of an administrative law judge (ALJ). During the hearing, attorneys for the nurse argued that a criminal conviction could not provide grounds for discipline unless the misconduct substantially related to the qualifications, functions, and duties of the profession (*Sulla v. Board of Registered Nursing, *2010, p. 4).*

*The ALJ reviewed the behavior underlying the nurse's conviction and found that it did not reflect, to a substantial degree, a present or potential unfitness to practice nursing (*Sulla v. Board of Registered Nursing, *2010, p. 5). However, the ALJ determined that the nurse violated two provisions of the nursing practice act that do not require a substantial relationship between the nurse's misconduct and professional fitness, § 2762 (b) and (c). The first provision provides that a nurse violates professional conduct by using "alcoholic beverages, to an extent or in a manner dangerous to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license" (*Sulla v. Board of Registered Nursing, *2010, p. 5; see Table 2). The second provision defines unprofessional conduct as including "a criminal offense involving the . . . consumption . . . or self-administration of alcohol" (*Sulla v. Board of Registered Nursing, *2010, p. 4; see Table 2).*

*Under the authority of these two provisions, the ALJ ordered the revocation of the nurse's license as a result of the DUI conviction (although the judge stayed the revocation subject to 3 years' probation). The ALJ read the existing law as requiring professional conduct at all times by one licensed as a nurse. Further, the ALJ noted there was no requirement in the nursing practice act that a "substantial relationship" exist between the DUI conviction and professional fitness because the particular violation was explicitly recited in the nursing practice act (*Sulla v. Board of Registered Nursing, *2010, p. 5).*

Two Appeals

*The nurse appealed the ALJ's finding and the BON's disciplinary action to the San Francisco Superior Court, which overturned the BON's decision, finding that the imposition of discipline required a substantial relationship between the conviction and the qualifications, functions, or duties of a registered nurse (*Sulla v. Board of Registered Nursing, *2011).*

*The BON then appealed the decision, and in response, the nurse made two general arguments. First, the nurse asserted that due process requires a finding of a nexus, or logical relationship, between misconduct and professional qualification before the BON may impose professional discipline. Secondly, the nurse argued that the BON violated equal protection by imposing discipline after a single alcohol-related conviction, while the Medical Board requires two alcohol-related convictions prior to disciplining a physician. The Court of Appeals overturned the Superior Court and reinstated the original ruling of the ALJ imposing discipline on the nurse's license (*Sulla v. Board of Registered Nursing, *2012).*

Rationale of the Appellate Court

The appellate court maintained that the nursing practice act did not explicitly require the BON to establish a nexus between the conduct described and the licensee's professional fitness (*Sulla v. Board of Registered Nursing,* 2012, p. 1201). In addition to the explicit language of the pertinent statute (Table 2), the court extrapolated case law from three analogous instances of physician discipline by medical boards because the court had not previously considered similar actions by the BON.

First, the court cited a case clearly noting that a medical board may discipline physicians for personal drug use without showing that the drug use impacted the physician's professional ability (*Sulla v. Board of Registered Nursing*, 2012, p. 1202, citing *Weissbuch v. Board of Medical Examiners,* 1974). The court found that the constitution provided no basis for imposing a special requirement of nexus, especially since the legislative language explicitly defines unprofessional conduct as including a conviction related to alcohol misuse.

In the second case relied upon by the court, the facts revealed that three misdemeanor drunken driving offenses constituted conclusive evidence of professional misconduct and grounds for discipline. There, a logical nexus between misconduct and professional qualification existed because driving under the influence reflects a lack of personal and professional judgment, threatens public safety, and demonstrates a lack of medical

knowledge of the effects of alcohol and legal prohibitions against drinking and driving (*Sulla v. Board of Registered Nursing,* 2012, p. 1203, citing *Griffiths v. Superior Court,* 2002). In other words, an implicit nexus exists between alcohol-related misconduct and professional fitness, even if the transgression does not occur during the actual practice of medicine.

Finally, the court referred to a case upholding the discipline of a physician with several DUI arrests, but no convictions. In this case, the court required a nexus between the type of misconduct underlying the discipline and the ability of the physician to practice medicine (*Sulla v. Board of Registered Nursing*, 2012, pp. 1203–1204, citing *Watson v. Superior Court,* 2009). However, a logical connection exists if the conduct of the licensee endangers himself, another person, or the public generally (*Sulla v. Board of Registered Nursing,* 2012). Three DUI arrests, even without a conviction, represented sufficiently dangerous misconduct logically connected to an inability to professionally practice medicine (*Sulla v. Board of Registered Nursing,* 2012).

Drawing from these cases, the Court of Appeals maintained that a nexus or logical relationship existed between the professional fitness of a registered nurse and the alcohol-related misconduct because the nursing practice act specified the nexus by including in the relevant portion of the definitions of unprofessional conduct a conviction related to alcohol misuse. Therefore, the statute did not violate due process by conclusively presuming professional unfitness and authorizing the BON to impose discipline. In other words, whether a conviction is "substantially related" to professional qualifications is a question of law, not fact. It does not matter whether the ALJ found, as in this case, that the nurse's conduct did not substantially relate to his professional qualifications. The BON may exercise authority to discipline according to statute without independently proving a "substantial relationship" (*Sulla v. Board of Registered Nursing,* 2012, p. 1206).

Also, the Court of Appeals quickly disposed of the nurse's claim that the statute governing the regulation of nurses violated equal protection. The nurse argued that imposing discipline on nurses for a single alcohol-related incident violated the constitution because a similar statute governing the regulation of physicians required more than one such conviction to form the basis of disciplinary action (*Sulla v. Board of Registered Nursing,* 2012, p. 1207). The court explained that legislatures may treat members of various professions dissimilarly, unless such treatment is "palpably arbitrary and beyond rational doubt erroneous" (*Sulla v. Board of Registered Nursing,* 2012).

TABLE 2

California Nursing Practice Act: Alcohol Use and Convictions

On the subject of drug-related—including alcohol-related—transgressions, the California Nursing Practice Act states:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof (California Nursing Practice Act, 2011).

Implications

Guidance on the definition of acts that will be considered unprofessional is found in each state's nurse or nursing practice act or rules and regulations. As seen in this case, the California Nursing Practice Act does not require that unprofessional conduct be substantially related to the practice of nursing. California is very specific in its definition of unprofessional conduct related to a conviction for alcohol misuse (California Nursing Practice Act, 2011, §2762 (c)). Among other states, both Missouri and New Hampshire also specifically include alcohol misuse as grounds for discipline within their nurse practice acts. (See Table 3.)

Arkansas provides specific acts in its legislative definition of unprofessional conduct:

- Failing to assess and evaluate a patient's status
- Unlawfully appropriating medications
- Providing inaccurate or misleading information regarding employment history to an employer
- Failing a drug screen
- Failure to repay loans to the nursing student loan fund (Arkansas Administrative Procedures Act, 2008).

In addition, Arkansas law gives the BON great discretion by further defining unprofessional conduct as any other conduct that, in the opinion of the board, is likely to deceive, defraud, injure, or harm a patient or the public by an act, practice, or omission that fails to conform to the accepted standards of the

TABLE 3

Grounds for Discipline Related to Alcohol Use in the Missouri and New Hampshire Nurse Practice Acts

Missouri	New Hampshire
Violation of the drug laws or rules and regulations of this state, any other state or the federal government (Missouri Nurse Practice Act, 2012).	(b) Other drug-related actions or conduct that include but are not limited to: (1) Use of any controlled substance or any drug or device or alcoholic beverages to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public, or to the extent that such use may impair his or her ability to conduct with safety to the public the practice of nursing (New Hampshire Nurse Practice Act, 2012).

nursing profession (Arkansas Administrative Procedures Act, 2008).

Vermont also provides the BON with discretion via its nurse practice act by defining unprofessional conduct as including "conduct of a character likely to deceive, defraud, or harm the public" (Code of Vermont Rules, 2012).

Conclusion

Nurses must never lose sight of the fact that they are licensed professionals, and the nursing license brings broad responsibilities (Trentham, 2011). There is a duty to be informed about the laws that guide and govern the nursing profession (Russell, 2012). Nurses also have the duty to recognize that as a part of the license to practice in the nursing profession, one is considered a professional at all times. As the court in this case noted, "driving under the influence reflects a lack of sound professional and personal judgment, threatens the safety of the public, and demonstrates both a disregard of the medical knowledge of the effects of alcohol and the legal prohibitions against drinking and driving" (*Sulla v. Board of Registered Nursing,* 2012, p. 1203 citing *Griffiths v. Superior Court,* 2002).

Quite simply, nurses do not leave their nursing license and professionalism at the workplace door.

References

American Nurses Association. (2011). Code of Ethics for Nurses with Interpretive Statements. Retrieved from http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf

Arkansas Administrative Procedures Act. (2008). Chpt. 7, § 4, A 6. Retrieved from www.arsbn.arkansas.gov/lawsRules/Documents/Rules_Chapter7_Dec_2008.pdf

Butts, J. B. (2013). Ethics in professional nursing practice. In J. Butts & K. Rich (Eds.), *Nursing ethics: Across the curriculum and into practice* (3rd ed., pp. 81–93) [Advance online publication]. Retrieved from www.jblearning.com/samples/0763748986/48986_CH03_Pass3.pdf

California Nursing Practice Act. (2011). Cal. Bus. & Prof. Code § 2762. Retrieved from www.leginfo.ca.gov/cgi-bin/displaycode?section=bpc&group=02001-03000&file=2750-2765

Code of Vermont Rules. (2012). Administrative rules of the board of nursing, 04-030 Vt. Code R. § 107.11.2. Retrieved from www.lexisnexis.com/hottopics/codeofvtrules/

Egelko, B. (2012, August 8). High court lets nurse's probation stand. *San Francisco Chronicle.* Retrieved from www.sfgate.com/news/article/High-court-lets-nurse-s-probation-stand-3774130.php

Gokenbach, V. (2012). Professionalism in nursing: What does it really mean? *Nurse Together.* Retrieved from www.nursetogether.com/Career/Career-Article/itemid/2245.aspx

Griffiths v. Superior Court. (2002). 96 Cal.App.4th 757.

Missouri Nurse Practice Act. (2012). Mo. Rev. Stat. § 335.066. 2 (14). Retrieved from www.moga.mo.gov/statutes/C300-399/3350000066.HTM

New Hampshire Nurse Practice Act. (2012). N.H. Rev. Stat. Ann. § 326-B:37. Retrieved from http://www.gencourt.state.nh.us/rsa/html/XXX/326-B/326-B-37.htm

Russell, K. A. (2012). Nurse practice acts guide and govern nursing practice. *Journal of Nursing Regulation,* 3(1), 36–40.

Sulla v. Board of Registered Nursing. (2010, November 17). OAH No. 2010060913.

Sulla v. Board of Registered Nursing. (2011, June 2). CPF-11-511124 (Sup. Ca.).

Sulla v. Board of Registered Nursing. (2012). 205 Cal. App. 4th 1195.

Trentham, M. (2011). What is professional conduct? *ASBN Update,* 50, 16–17. Retrieved from www.digitaleditionsonline.com/display_article.php?id=753207

Watson v. Superior Court. (2009). 176 Cal.App.4th 1407.

Weissbuch v. Board of Medical Examiners. (1974). 41 Cal.App.3d 924.

Kathleen A. Russell, JD, MN, RN, is an associate, Nursing Regulation, National Council of State Boards of Nursing. **Lindsay K. Beaver, JD,** is an associate, Nursing Regulation, National Council of State Boards of Nursing.

Page intentionally left blank

BOARD OF COMMISSIONERS

NURSING EDUCATION REPRESENTATIVES

ANN B. BAIN, EDD, MSN, RN
Professor and Chairperson, Department of Nursing
University of Arkansas - Little Rock
Little Rock, Arkansas

SUSAN C. BALTRUS, MSN, RNBC, CNE
President, College of Nursing and Health Professions
Central Maine Medical Center
Lewiston, Maine

NANCY PHOENIX BITTNER, PHD, RN, CNS
Professor
School of Nursing, Science and Health Professions
Regis College
Weston, Massachusetts

LINDA K. COCKRELL, MSN, RN
Program Leader, Health and Medical Sciences
Central School of Practical Nursing
Norfolk Technical Center, Norfolk Public Schools
Norfolk, Virginia

KIMBERLY K. CRIBB, EDD, MSN, RN, CNE
MSN Program Director, Division of Nursing
Thomas University
Thomasville, Georgia

CATHERINE McJANNET, MN, RN, CEN
Director of Nursing and Health Occupations Programs
Southwestern College
San Diego, California

MARY LOU RUSIN, EDD, RN, ANEF
Professor and Chair, Nursing Department
Daemen College
Amherst, New York

MARY W. STEC, MSN, RN, CNE
Course Coordinator/Instructor
Dixon School of Nursing, Abington Memorial Hospital
Willow Grove, Pennsylvania

PEGGY TUDOR, EDD, MSN, RN, CNE
Department Chair, Associate Degree Nursing
Eastern Kentucky University
Richmond, Kentucky

NURSING SERVICE REPRESENTATIVES

CHRISTINA DIMICHELE, MSN, RN, NEA-BC
Nurse Manager
The Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

JANET Y. HARRIS, DNP, RN, NEA-BC
Chief Nursing Officer
The University of Mississippi Medical Center
Jackson, Mississippi

RAQUEL PASARON, DNP, APRN, FNP-BC
ARNP/Pediatric Surgery Liaison
Miami Children's Hospital
Miami, Florida

PUBLIC REPRESENTATIVES

GARY CARMAN, PHD, LMSW
President
Carman Consulting
South Windsor, Connecticut

DAVID E. ORMSTEDT, JD
Attorney/Consultant
Bloomington, Indiana

HOWARD S. SMITH, EDD
Education Leadership Consultant
Harris Beach, PLLC
Buffalo, New York

Formerly NLNAC, National League for Nursing Accrediting Commission, Inc.

May 20, 2013

Dan Williams
Bureau Director, Division of Board Services
Wisconsin Department of Regulation and Licensing
PO Box 8935
Madison, WI 53708-8935

Dear Mr. Williams:

We are writing to notify you that, effective May 6, 2013, the National League for Nursing Accrediting Commission (NLNAC) changed its name and is now the Accreditation Commission for Education in Nursing (ACEN). Please note that our work will continue uninterrupted during the transition to the new name. There will be no change in the day-to-day operations of the agency or the work of the Commission in ensuring quality nursing education throughout the U.S. and the U.S. Territories for all six (6) program types (clinical doctorate, master's, baccalaureate, associate, diploma, and practical). As you are aware, the ACEN is the only U.S. Department of Education (USDOE)– and Council for Higher Education Accreditation (CHEA)– recognized accrediting agency to offer accreditation for all six (6) types of nursing programs.

The Accreditation Manual, policies, and procedures are also unchanged, and the adoption of a new name will in no way affect the current accreditation status of the Commission's accredited nursing programs. In addition, the name change has been reported to the U.S. Department of Education (USDOE), and the change has been reviewed and accepted by the USDOE; the USDOE website has already been updated to reflect the change to ACEN. You may also find additional information related to the ACEN's USDOE recognition by contacting the ACEN's Staff Analyst at the USDOE, Chuck Mula, at (202) 219-7036.

Additional announcements and information will be sent in the coming weeks. In the meantime, should you have any questions, please feel free to contact Dr. Sharon Tanner, CEO, at (404) 975-5000. We look forward to continuing to work with you in the support of quality nursing education and the accreditation process.

Sincerely,

Mary Lou Rusin

Mary Lou Rusin, EdD, RN, ANEF
Chair, ACEN Board of Commissioners

Sharon Tanner

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer

Page intentionally left blank

May 14, 2013
365 Sherman Street
Fond du Lac, WI 54935

State of Wisconsin
Department of Safety and
Professional Standards
Board of Nursing
1400 East Washington Avenue, Rm. 112
Madison, WI 53708-8935
Attn: Dr. Rachelle Lancaster

Dear Dr. Lancaster,

My name is Christopher Cross, a name with which you have become somewhat familiar near the end of 2012, and I am writing this letter in order to thank you and the members of the Board of Nursing for unanimously approving the granting of my licensure as an LPN here in Wisconsin. Belated, but heartfelt thanks.

I have been told, second-and third-hand, that I am the first such applicant to be granted such a credential based in large part on my experience as a Navy Hospital Corpsman, on Active Duty and in the Naval Reserves. If true, then I am both honored and truly humbled by this decision. It is my hope that such significant decisions by the Board to grant Nursing Licenses to Corpsmen and Medics in the Armed Forces, will open a door to continued professional development to my brothers and sisters coming home, and bring more and more nursing personnel to the forefront throughout the state. Our soldiers, sailors, airmen, Marines and Coast Guardsmen volunteered to put themselves in harms' way; it's great to have a new means by which we can honor what they've sacrificed for us.

Having said that, I'd like to share with you my decision to move forward in my career. I will be attending Moraine Park Technical College to make the transition from LPN to an Associate Degree in Nursing, with the Bridge class starting this June in West Bend. This would not have been possible without your help, and you have my appreciation for all that you have done. I hope that working towards continued success in our shared profession will serve as partial recompense for the Boards' efforts. Again, thank you—all of you—very much.

Humble but proud,

Christopher M. Cross, LPN

cc:
Executive Director
Governors' Office

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Matthew C. Niehaus, Bureau Assistant	**5/29/2013** Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
6/13/2013	☒ Yes ☐ No	Report by Matthew C. Niehaus – 2013 NCSBN Information Technology Conference

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☒ Yes by Matthew C. Niehaus, Bureau Assistant for the Board of Nursing ☐ No	N/A

10) Describe the issue and action that should be addressed:

Report by Matthew C. Niehaus, Bureau Assistant for the Board of Nursing, regarding his attendance at the 2013 NCSBN Information Technology Conference in Jacksonville, Florida.

11) Authorization

Matthew C. Niehaus	5/29/2013
Signature of person making this request	**Date**
Supervisor (if required)	**Date**
Executive Director signature (indicates approval to add post agenda deadline item to agenda)	**Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

2013 IT CONFERENCE

May 23–24, 2013 | Atlantic Beach, FL.

Igniting Powerful Solutions for Today's Technological Challenges

Objectives

- Provide a forum for member board information technology personnel to collectively discuss technology challenges and offer inspiration for resolutions.
- Proliferate the application of knowledge by offering technology workshops based upon recommendations from member board information technology personnel.
- Present information on current technical topics that offer solutions to obstacles faced by technology personnel.

Thursday, May 23, 2013

7:30 – 8:30 am
Registration

7:30 – 8:30 am
Breakfast

8:30 – 8:35 am
Welcome and Conference Overview

Joe Baker, Jr., Director-at-Large, NCSBN Board of Directors, Executive Director, Florida Board of Nursing

8:35 – 9:30 am
Mobile Design: Plain and (not-so) Simple

Andrew Maier
Founder, UX Booth

A number of principles will be presented that help create intuitive design for mobile devices and websites. Maier explores the best way to place navigational elements to ensure the design has great clarity and retains the user's focus on the task.

9:30 – 10:30 am
Member Board Initiatives

Each group member will have the opportunity to update all attendees with completed and in-progress initiatives.

10:30 – 10:45 am
Networking Break

10:45 am – 12:00 pm
Member Board Initiatives, continued

Attendees will present demonstrations on initiatives.

12:00 – 1:00 pm
Networking Lunch

1:00 – 5:05 pm
Rotating Workshops

All workshops will be held three times in the afternoon.

1:00 –2:15 pm | 2:25 – 3:40 pm | 3:50 – 5:05 pm

VMware, vMotion, HA and DRS

William Grismore, MCT, VCI, CISSP
Computer Networking Consultants

1:00 –2:00 pm | 2:25 – 3:25 pm | 3:50 – 4:50 pm

HTML5 and Mobile Ready Development

Ben Ihnchak
Co-founder, Fuzzy Math

1:00 –2:00 pm | 2:25 – 3:25 pm | 3:50 – 4:50 pm

How to Develop a BYOD Policy

Nancy Campbell
Chief Thinking Officer, Leader Fuel Now

5:30 – 7:30 pm
Networking Reception

Friday, May 24, 2013

7:30 – 8:30 am
Breakfast

8:30 – 8:35 am
Recap of Day 1

8:35 – 9:50 am
NCSBN Showcase:
Nursys®/FITS/NCSBN Passport/ROMS/NCSBN.org

NCSBN Information Resource Division

9:50 – 10:20 am
Member Board Initiatives

NCSBN Interactive Services Team

Continuation of updates.

10:20 – 10:30 am
Networking Break

10:30 am – 12:00 pm
Technology Network Exchange

Moderators:

Lori Scheidt, MBA-HCM, Executive Director, Missouri State Board of Nursing

Bill Ray
Network Specialist
Texas Board of Nursing

During the technology exchange, attendees are encouraged to ask questions, offer solutions and share advice with fellow participants.

12:00 – 1:15 pm
Networking Lunch

1:15 – 2:30 pm
Technology Network Exchange, continued

2:30 – 2:45 pm
Networking Break

2:45 – 3:45 pm
Cybercriminals: Businessmen at Heart

Christopher Pogue, CISSP, CEH, CREA, GCFA, QSA
Director, SpiderLabs, Trustwave

Pogue will provide unique insight around security breaches, malware, mobile security and information security trends. He leads the global organization, SpiderLabs, which performed more than 1,500 computer incident response and forensic investigations globally, and runs thousands of ethical hacking and application security tests.

3:45 pm
Closing Statements

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **6/21/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/11/13	☐ Yes ☐ No	**WLN Fall Conference speaking engagement-discussion and consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Edited for agenda purposes

From: Rachelle Lancaster
Sent: Thursday, May 30, 2013 7:50 PM
To: Nancy Burruss
Subject: Re: **WLN Fall Conference**

Dear Nancy,
Thank you for this opportunity and I would be interested. In order to speak as the BON representative I need to place the request on the agenda for motion/approval. I can speak about QSEN as well. I have copied Dan Williams on this email (DSPS). We will place it on the July agenda for BON action. Thanks Nancy!
Shelly

On Wed, May 29, 2013 at 6:47 PM, Nancy Burruss wrote:

HI Shelly,
I am on the Board of Directors for the WLN. Diane Skewes, Associate Dean of Nursing at Gateway Technical College gave me your contact information. I am on the Program Committee and we would like to know if you would be our keynote speaker at our WLN Fall Conference on October25th at the Richard Anderson Center in Pewaukee, WI. All were very impressed with your comments at the Spring conference April 11th and hoped you would consider sharing more about the WI BON activities and your involvement. We also were interested in QSEN and that application to nurses in practice and nurse eductors. Please let me know if you would consider this opportunity. Thank you,

Nancy Burruss, PhD, RN, CNE

Associate Professor, BSN Program Director, Bellin College

Page intentionally left blank

STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: http://dsps.wi.gov

Governor Scott Walker **Secretary Dave Ross**

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
JULY 11, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. ***A quorum of the Board will be present during the committee meetings.***

LEGISLATION AND RULES COMMITTEE

3:00 A.M.
(or immediately following the conclusion of the Nursing Board meeting).

CALL TO ORDER – ROLL CALL

OPEN SESSION: Jeffrey Miller (Committee Chair), Rachelle Lancaster, Lillian Nolan

A. **Approval of Agenda (1339-1340)**

B. **Approval of Legislation and Rules Committee Minutes of May 9, 2013 (1341-1342)**

C. **Rule-Making Goals and Timelines – Discussion and Consideration**

D. **Amendments to N1 Relating to Nursing Program Approval – Discussion and Consideration (1343-1344)**

E. **Amendments to N2, 3 Relating to Licensure – Discussion and Consideration (1345-1346)**

F. **Amendments to N7 Relating to Unprofessional Conduct – Discussion and Consideration (1347-1348)**

G. Public Comments

ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING

Page intentionally left blank

LEGISLATIVE AND RULES COMMITTEE
BOARD OF NURSING
MEETING MINUTES
May 9, 2013

PRESENT: Jeffrey Miller, Rachelle Lancaster, Lillian Nolan

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; Other Department Staff

CALL TO ORDER

Jeffrey Miller, Chair called the meeting to order at 8:01 a.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Rachelle Lancaster moved, seconded by Lillian Nolan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF LEGISLATION AND RULES COMMITTEE MINUTES OF MAY 8, 2013

MOTION: Lillian Nolan moved, seconded by Rachelle Lancaster, to approve the minutes as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Lillian Nolan moved, seconded by Rachelle Lancaster, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 8:51 a.m.

DRAFT

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Sharon Henes** **Paralegal**	**2) Date When Request Submitted:** *2 July 2013* **Items will be considered late if submitted after 4:30 p.m. and less than:** ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date: **11 July 2013**	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** **Amendments to N1 relating to school approval programs – Discussion and consideration**

7) Place Item in: ☐ Open Session ☐ Closed Session ☐ Both	**8) Is an appearance before the Board being scheduled? If yes, who is appearing?** ☐ Yes by (name) ☐ No	**9) Name of Case Advisor(s), if required:**

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes — *2 July 2013*

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Sharon Henes** **Paralegal**	**2) Date When Request Submitted:** *2 July 2013* **Items will be considered late if submitted after 4:30 p.m. and less than:** ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date: **11 July 2013**	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** **Amendments to N 2&3 relating to licensure – Discussion and consideration**

7) Place Item in: ☐ Open Session ☐ Closed Session ☐ Both	**8) Is an appearance before the Board being scheduled? If yes, who is appearing?** ☐ Yes by (name) ☐ No	**9) Name of Case Advisor(s), if required:**

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes — *2 July 2013*

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Page intentionally left blank

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Sharon Henes** **Paralegal**	**2) Date When Request Submitted:** *2 July 2013* **Items will be considered late if submitted after 4:30 p.m. and less than:** ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date: **11 July 2013**	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** **Amendments to N 7 relating to unprofessional conduct – Discussion and consideration**

7) Place Item in: ☐ Open Session ☐ Closed Session ☐ Both	**8) Is an appearance before the Board being scheduled? If yes, who is appearing?** ☐ Yes by (name) ☐ No	**9) Name of Case Advisor(s), if required:**

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes — *2 July 2013*

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Page intentionally left blank

Nursing Forward

PROTECTING THE PUBLIC

LICENSURE

EDUCATION

WISCONSIN

LEGISLATION

DISCIPLINE

Board of Nursing

Page intentionally left blank