



BOARD OF NURSING

Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
June 9, 2016

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 actions and deliberation of the Board.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-4)**
- B. Approval of the Minutes of May 12, 2016 (5-11)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Paul Abegglen – 7/1/2019
 - b. Jodi Johnson – 7/1/2019
 - c. Maria Joseph – 7/1/2013
 - d. Sheryl Krause – 7/1/ 2018
 - e. Jeffrey Miller – 7/1/2016 (*Reappointed, not yet confirmed*)
 - f. Peter Kallio – 7/1/ 2018
 - g. Lillian Nolan – 7/1/2019
 - h. Luann Skarlupka – 7/1/2017
 - i. Cheryl Streeter – 7/1/2017
- D. Education and Examination Matters – Discussion and Consideration**
 - 1) Request for Authorization to Admit Students to a Nursing School
 - a. Lakeshore Technical College **(12-81)**
 - 2) Analysis of NCLEX Pass Rates and Plan of Remediation:
 - a. Bryant & Stratton College **(82-85)**
 - b. Herzing University – Madison **(86-92)**
 - c. Marian University **(93-102)**
 - d. Rasmussen College – Wausau **(103)**
 - e. Herzing University - Brookfield-Kenosha
- E. Legislative and Administrative Rule Matters – Discussion and Consideration**
 - 1) Update on Legislation and Pending or Possible Rulemaking Projects
- F. 2016 Board Review of Website Position Statements – Discussion and Consideration (104-108)**

G. Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration

- 1) National Council of State Boards of Nursing (NCSBN) 2016 Annual Meeting – August 17-19, 2016 – Chicago, IL **(109-115)**

H. Information Item(s) – Discussion and Consideration

- 1) National Nursing Workforce Survey Published **(116-117)**
- 2) Nurses Can Track License Status With Nursys e-Notify **(118-119)**

I. Discussion and Consideration of Items Received After Preparation of the Agenda

- 1) Introductions, Announcements, and Recognition
- 2) Election of Board Officers
- 3) Appointment of Board Liaison(s)
- 4) Informational Item(s)
- 5) Division of Legal Services and Compliance Matters
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislation / Administrative Rule Matters
- 10) Liaison Report(s)
- 11) Presentations of Petition(s) for Summary Suspension
- 12) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 13) Presentation of Final Decision and Order(s)
- 14) Speaking Engagement(s), Travel, or Public Relations Request(s)

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), 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.).

K. APPEARANCE: DLSC Staff and Respondent - Administrative Warning Review (WARN00000484)(DLSC Case # 15 NUR 612 – D.R.) (120-124)

L. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

- 1) **Attorney Amanda Florek**
 - a. *Administrative Warnings*
 1. 16 NUR 053 (D.L.M.) **(125-126)**
 2. 16 NUR 105 (G.A.K.) **(127-128)**
 3. 16 NUR 129 (P.J.M.) **(129-130)**
 4. 16 NUR 210 (J.P.Q.) **(131-132)**
 - b. *Proposed Stipulations, Final Decisions and Orders*
 1. 15 NUR 183 (A.M.B.) **(133-139)**
 2. 15 NUR 382 (M.C.G.) **(140-149)**
 3. 15 NUR 458 (M.E.M.) **(150-155)**
 4. 15 NUR 476 (C.R.B.) **(156-166)**
 5. 15 NUR 590 (Q.R.K.) **(167-175)**
 6. 16 NUR 076 (K.A.S.) **(176-182)**

c. Proposed Stipulations, Final Decisions and Remedial Education Orders

1. 16 NUR 105 (A.M.Q.) **(183-188)**
- 2) **Attorney Kim Kluck**
 - a. *Administrative Warnings*
 1. 16 NUR 133 (A.L.R.) **(189-190)**
 2. 16 NUR 137 (V.I.K.) **(191-192)**
 - b. *Proposed Stipulations, Final Decisions and Orders*
 1. 15 NUR 681 (D.J.G.) **(193-199)**
 2. 16 NUR 065 (L.L.C.) **(200-205)**
- 3) **Case Closures**
- 4) **Monitoring (206-316)**
 - a. Kathy Berry, R.N. – Requesting Several Modifications **(208-221)**
 - b. Nichole Degroot, R.N. – Requesting Reduction in Drug Screens **(222-230)**
 - c. Christine Hamilton, R.N. – Requesting Full Licensure **(231-240)**
 - d. Stacey Medved, R.N. – Requesting Several Modifications **(241-264)**
 - e. Peter Meekma, L.P.N. – Requesting Reduction in Drug and Alcohol Screens **(265-287)**
 - f. Donna Wiegert, R.N. – Requesting Reduction in Drug Screens **(288-301)**
 - g. Laura Wood, R.N. – Requesting Full Licensure **(302-316)**

M. Deliberation on Credentialing Matters

- 1) Kaylee Kowalchuk – Conviction Review **(317-352)**
- 2) Bisola Salako – Education Review **(353-390)**

N. Deliberation on Proposed Final Decision(s) and Order(s) in the Matter of Disciplinary Proceedings Against:

- 1) Amber S. Ochoa, R.N., Respondent (DHA case # SPS-16-0018)(DLSC case # 14 NUR 618) and Objections **(391-411)**

O. Deliberation on Order(s) Fixing Costs in the Matter of Disciplinary Proceedings Against:

- 1) Stephanie Y. Gaines, L.P.N., Respondent (ORDER0004686)(DHA case # SPS-15-0086)(DLSC case # 14 NUR 497) **(412-419)**

P. Deliberation of Items Received After Preparation of the Agenda

- 1) Professional Assistance Procedure (PAP) Matters
- 2) Division of Legal Services and Compliance Matters
- 3) Monitoring Matters
- 4) Credentialing Matters
- 5) Education and Examination Matters
- 6) Administrative Warnings
- 7) Review of Administrative Warnings
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Proposed Final Decisions and Orders
- 10) Orders Fixing Costs/Matters Related to Costs
- 11) Petitions for Summary Suspension
- 12) Petitions for Designation of Hearing Examiner
- 13) Petitions for Re-hearings
- 14) Appearances from Requests Received or Renewed
- 15) Motions

Q. Consult 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

R. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**
1) **Newsletter**

S. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is July 14, 2016.

**BOARD OF NURSING
MEETING MINUTES
MAY 12, 2016**

PRESENT: Paul Abegglen (*joined the meeting at 8:03 a.m.*), Peter Kallio, Jodi Johnson, Maria Joseph (*joined the meeting at 8:06 a.m.*), Sheryl Krause, Jeffrey Miller, Lillian Nolan, Luann Skarlupka, Cheryl Streeter

STAFF: Dan Williams, Executive Director; Nilajah Hardin, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Jeffrey Miller called the meeting to order at 8:02 a.m. A quorum was confirmed.

ADOPTION OF THE AGENDA

Paul Abegglen joined the meeting at 8:03 a.m.

MOTION: Peter Kallio moved, seconded by Sheryl Krause, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 14, 2016

MOTION: Cheryl Streeter moved, seconded by Luann Skarlupka, to approve the minutes of April 14, 2016 as published. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Maria Joseph Joined The Meeting At 8:06 A.M.

Analysis of NCLEX Pass Rates and Plan of Remediation

Cardinal Stritch University

MOTION: Luann Skarlupka moved, seconded by Sheryl Krause, to acknowledge and thank Kathy Van Eerden and Lori Stutte from Cardinal Stritch University for their appearance before the Board. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Cheryl Streeter, to acknowledge receipt of Cardinal Stritch University's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

Marquette University

MOTION: Peter Kallio moved, seconded by Sheryl Krause, to acknowledge and thank Kerry Kosmoski-Goepfert and Madeline Schmidt from Marquette University for their appearance before the Board. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge receipt of Marquette University's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

Rasmussen College-Green Bay

MOTION: Luann Skarlupka moved, seconded by Sheryl Krause, to acknowledge and thank Tammie Rogers from Rasmussen College-Green Bay for her appearance before the Board. Motion carried unanimously.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to acknowledge receipt of Rasmussen College-Green Bay's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Post Licensure Schools of Nursing Approval

MOTION: Lillian Nolan moved, seconded by Jodi Johnson, that the Board defers making approval decisions until rules are promulgated for the following types of schools of nursing:

1. Schools offering graduate programs with the following exception: programs preparing students for Registered Nurse licensure need to meet current N 1 standards
2. Bachelors of Science in Nursing (BSN) completion programs

The Board also recognizes that these schools will continue to operate in the state of Wisconsin while N 1 is being amended. Motion carried unanimously.

Scope Amending N 1 Relating to Schools of Nursing

MOTION: Sheryl Krause moved, seconded by Lillian Nolan, to approve the Scope Statement on N1 relating to Schools of Nursing for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

2016 BOARD REVIEW OF WEBSITE POSITION STATEMENTS

MOTION: Sheryl Krause moved, seconded by Cheryl Streeter, to remove Board of Nursing Position Statement "I am a Nurse Living Outside of Wisconsin (and also not in a Compact State). Do I Need a Wisconsin Nursing License to Provide Telephone Triage or Care Management to a Patient That Resides in Wisconsin?" from the DSPS website. Motion carried unanimously.

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to remove Board of Nursing Position Statement "Administration of Methadone by Licensed Practical Nurses" from the DSPS website. Motion carried unanimously.

MOTION: Jodi Johnson moved, seconded by Peter Kallio, to remove Board of Nursing Position Statement "I have a Complaint About my Nursing Program or Wish to Appeal an Academic Decision. Can the Board Nursing Respond to my Complaint?" from the DSPS website. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Sheryl Krause, to remove Board of Nursing Position Statement "As an APNP, Does The Nurse Licensure Compact Cover Me?" from the DSPS website. Motion carried unanimously.

MOTION: Jodi Johnson moved, seconded by Maria Joseph, to remove Board of Nursing Position Statement “Position of The Wisconsin Board Of Nursing on APNP Verbal Orders” from the DSPS website. Motion carried unanimously.

MOTION: Sheryl Krause moved, seconded by Jodi Johnson, to remove Board of Nursing Position Statement “Does a Collaborating Physician Need to be Within a Certain Specialty (Advanced Practice Nurse Prescribers)?” from the DSPS website. Motion carried unanimously.

2015 DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) STATISTICS REPORT

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to acknowledge receipt of the 2015 Division of Legal Services and Compliance (DLSC) Statistics Report and request the next annual report by March 1, 2017. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Jodi Johnson, to request DSPS staff to include in the 2016 Division of Legal Services and Compliance (DLSC) Statistics Report a five year statistical summary of all categories included on the report. Motion carried unanimously.

PUBLIC COMMENTS

MOTION: Peter Kallio moved, seconded by Sheryl Krause, to authorize the Chair to meet with DSPS Administration regarding the Professional Assistance Procedure (PAP). Motion carried unanimously.

CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.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.). Jeffrey Miller, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Jodi Johnson-yes; Maria Joseph-yes; Peter Kallio-yes; Sheryl Krause-yes; Jeffrey Miller-yes; Lillian Nolan-yes; Luann Skarlupka-yes; and Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:39 a.m.

RECONVENE TO OPEN SESSION

MOTION: Peter Kallio moved, seconded by Jodi Johnson, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 2:04 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Sheryl Krause, to affirm all motions made in closed session. Motion carried unanimously.

APPEARANCE: ADMINISTRATIVE WARNING REVIEW

WARN00000500 - DLSC Case # 16 NUR 139 – K.M.

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to affirm the Administrative Warning in the matter of DLSC case number 16 NUR 139 (K.M.). Motion carried. Abstained:
Paul Abegglen

CREDENTIALING MATTERS

Danny Knutson – Discipline Review

MOTION: Paul Abegglen moved, seconded by Luann Skarlupka, to issue an Intent to Deny the Registered Nurse application of Danny Knutson. **Reason for Intent to Deny:** Denial of full licensure per Wis. Stat. § 441.07(1g) and Wis. Admin. Code § N 7.03 (1)(b). Motion carried unanimously.

Kristine Kohlmann – Conviction and Discipline Review

MOTION: Peter Kallio moved, seconded by Jodi Johnson, to deny the Registered Nurse application of Kristine Kohlmann. **Reason for Denial:** Denial of application for reinstatement for failure to comply with prior Board Orders and per Wis. Stat. § 441.07(1g) and Wis. Admin. Code § N 7.03. Motion carried unanimously.

Aaron Olson – Conviction Review

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to offer Aaron Olson a Limited License. Should the applicant decline the offer, then the application is denied. **Reason for Denial:** Denial of full licensure per Wis. Stat. § 441.07(1g) and Wis. Admin. Code § N 7.03(2). Motion carried unanimously.

ORDER(S) FIXING COSTS

Kelly L. Kowalkowski, R.N., Respondent (ORDER00004613)(DHA case # SPS-15-0093)(DLSC case # 14 NUR 385 and 14 NUR 564)

MOTION: Paul Abegglen moved, seconded by Lillian Nolan, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Kelly L. Kowalkowski, R.N., Respondent (ORDER00004613)(DHA case # SPS-15-0093)(DLSC case # 14 NUR 385 and 14 NUR 564). Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Attorney Amanda Florek

Administrative Warnings

16 NUR 055 – K.E.A.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to issue an Administrative Warning in the matter of 16 NUR 055 (K.E.A.). Motion carried unanimously.

16 NUR 109 – A.M.M.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to issue an Administrative Warning in the matter of 16 NUR 109 (A.M.M.). Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

15 NUR 654 – J.A.R.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Julie A. Reyes, L.P.N., DLSC case number 15 NUR654. Motion carried unanimously.

16 NUR 104 – L.B.W.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Laura B. Weber, R.N., DLSC case number 16 NUR 104. Motion carried unanimously.

Proposed Interim Orders

15 NUR 463 – R.J.M.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Randy J. Magnus, DLSC case number 15 NUR 463. Motion carried. Recused: Jodi Johnson

(Jodi Johnson recused herself and left the room for deliberation, and voting in the matter concerning Randy J. Magnus, DLSC case number 15 NUR 463.)

DLSC Attorney Kim Kluck

Administrative Warnings

15 NUR 706 –K.J.L.

MOTION: Lillian Nolan moved, seconded by Sheryl Krause, to issue an Administrative Warning in the matter of 15 NUR 706 (K.J.L.). Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 14 NUR 626 (B.L.K.)
2. 14 NUR 660 (C.D.L.)
3. 15 NUR 493 (C.R.C.)
4. 15 NUR 509 (T.M.B.)
5. 15 NUR 624 (M.E.A.)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

16 NUR 118 – T.J.K.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Tiffany J. Kneeland, R.N., DLSC case number 16 NUR 118. Motion carried unanimously.

Case Closures

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to close the DLSC cases for the reasons outlined below:

1. 15 NUR 684 – Insufficient Evidence
 2. 15 NUR 678 – Prosecutorial Discretion (P5 - Flag)
 3. 15 NUR 584 - Prosecutorial Discretion (P5 - Flag)
 4. 15 NUR 538 - Prosecutorial Discretion (P5 - Flag)
 5. 15 NUR 319 - Prosecutorial Discretion (P5 - Flag)
 6. 15 NUR 545 – Prosecutorial Discretion (P2)
 7. 15 NUR 616 – Insufficient Evidence (IE)
 8. 16 NUR 014 - Prosecutorial Discretion (P2)
 9. 15 NUR 591 - Prosecutorial Discretion (P5 - Flag)
 10. 15 NUR 253 (A.O.) - Prosecutorial Discretion (P2)
- Motion carried unanimously.

Monitoring

Andrea Connelly, L.P.N. – Review of Fitness-for-Duty Evaluation

MOTION: Peter Kallio moved, seconded by Jodi Johnson, to accept the Fitness-for-Duty Evaluation of Andrea Connelly, L.P.N. and add the following limitations to her Board Order (12/10/2015): ongoing care by a Board approved psychiatrist for medication management, cognitive behavioral therapy by a Board approved psychotherapist, quarterly treater reports, and a fitness-for-duty evaluation within one month prior to request for full licensure. Motion carried unanimously.

Randy Cornell, R.N. – Requesting Access to Controlled Substances

MOTION: Sheryl Krause moved, seconded by Cheryl Streeter, to deny the request of Randy Cornell, R.N. for access to controlled substances. **Reason for Denial:** Failure to demonstrate continuous and successful compliance. Respondent needs to fully comply with the complete terms and conditions of the original Board Order (7/22/2010). Motion carried unanimously.

Matthew Elliott, R.N. – Requesting Full Licensure or Modifications

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to **grant** the request of Matthew Elliott, R.N. for access to controlled substances. The Board **denies** the request of Matthew Elliott, R.N. for full licensure, ability to work in an agency or pool setting, a reduction in drug screens, and for a monitoring interruption. **Reason for Denial:** Respondent needs to practice nursing under the current conditions of the Board Order (03/14/2013) before the Board will consider amending other requirements. Motion carried unanimously.

Tammy Finley, R.N. – Requesting Reduction in Drug Screens

MOTION: Sheryl Krause moved, seconded by Maria Joseph, to grant the request of Tammy Finley, R.N. for a reduction in drug screens to 14 and one annual hair test. Motion carried unanimously.

Nancy Ogden, R.N. – Requesting Full Licensure

MOTION: Cheryl Streeter moved, seconded by Maria Joseph, to grant the request of Nancy Ogden, R.N. for full licensure. Motion carried unanimously.

Sue Schindler, R.N. – Requesting Termination of Treatment and Work Reports

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to grant the request of Sue Schindler, R.N. for termination of treatment and work reports. Motion carried unanimously.

Adam Zlotocha, R.N. – Requesting Full Licensure

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to grant the request of Adam Zlotocha, R.N. for full licensure. Motion carried unanimously.

Deanna Matis – Requesting Stay of Suspension

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to **table** the request of Deanna Matis, R.N. for a stay of suspension. Motion carried unanimously.

Hoepfner, R.N. and Beaber, R.N. – Board Discussion on Preapproval

MOTION: Peter Kallio moved, seconded by Jodi Johnson, courses that are approved by American Nurses Credentialing Center (ANCC) or sponsored by National Council of State Boards of Nursing (NCSBN) could be preapproved by the Department Monitor without contact with the Monitoring Liaison. Motion carried unanimously.

ADJOURNMENT

MOTION: Cheryl Streeter moved, seconded by Paul Abegglen, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:10 p.m.

Friday, May 27, 2016

To WI Board of Nursing,

The Lakeshore Technical College nursing program is providing additional documentation as requested after the April BON meeting to demonstrate that the program has hired a sufficient number of qualified people to teach in the PN program. For a cohort group of 16 students, the program will need 1.38 full-time equivalencies (FTE). The program wants to assure the BON that LTC has hired two individuals to fulfill the need for the PN program with an effective hire date of January 2017. These individuals have active, unencumbered WI nursing licensure, two years of experience and will have met the educational qualifications needed to teach in the PN program.

I hope this additional documentation meets the faculty standards for the application process and the program will be able to obtain authorization to admit students to the PN program. Thank you for your help and support through this application process.

Sincerely,



Kathi Calabresa RN, MSN

Associate Dean of Nursing

Lakeshore Technical College

Michael A. Lanser, Ed.D., President

REQUEST FOR AUTHORIZATION TO ADMIT STUDENTS TO A NURSING SCHOOL

#1. VERIFICATION OF EDUCATIONAL ADMINISTRATOR

Kathleen Calabresa has been approved by the WI Board of Nursing as the educational administrator for the ADN nursing program at Lakeshore Technical College since January 2015. She will assume the educational administrator role for the PN program if this program is approved. She has been a registered nurse since 1975 and has a current WI license. She graduated from University of Phoenix with honors in 2003 with a MSN degree (See Attached form #1114).

Prior to this position, Kathleen was a member of the nursing faculty at LTC since 2003. She has taken curriculum development coursework as part of her MSN curriculum and has been a member of the WTCS curriculum advisory committee for 4 years. She had accountability for Accreditation Commission for Nursing (ACEN) Standard 4 which relates to curriculum upon the last accreditation site visit in 2011. The standard was found to be in full compliance without any recommendations.

#2. EVIDENCE OF FACULTY MEETING THE QUALIFICATIONS IN N 1.08(3) INCLUDING THE FOLLOWING:

Based on a cohort of 16 students, the Lakeshore Technical College has recently hired two new faculty instructors who will have primary responsibility to the PN nursing program. One full-time and one part-time PN instructor will start in their role as a PN instructor in January 2017. Chris Keaton has a Master's degree in nursing and accepted the position of a full-time instructor on May 25, 2016. Katie Klueger will complete her Bachelor's degree in nursing in December 2016 and accepted the position of part-time instructor on May 24, 2016. Her ability to hire and start in the role of the part-time PN instructor on January 2017 is contingent on her completion of her Bachelor's degree in nursing in December 2016. Katie is currently completing the application process to start in a Master's degree in nursing program at UW-Oshkosh starting in January 2017.

Both of these people have a current Wisconsin unencumbered nursing license with a minimum of two years of nursing experience. Supporting documentation includes a letter from LTC's Human Resources department confirming the hire of these two individuals, e-mails from Chris Keaton and Katie Klueger confirming that they accepted the offer of hire, copy of form #1114 and verification of current licensure can be found within this application.

In the event that Katie Klueger does not graduate with her Bachelor's degree in nursing as planned in December 2016, the nursing program has identified an alternate plan if needed. Jill Wittman is a current employee at LTC. She has her Master's degree in nursing and is currently a nursing assistant instructor. Jill has provided a letter of intent that she is willing to be an instructor in the PN program if needed. Supporting documentation confirming that Jill has an active WI nursing license and her intent to teach in the PN program if needed is included in the application.

(3) SCHOOL'S PHILOSOPHY AND OBJECTIVES:

The philosophy for the nursing program incorporates Wisconsin Technical College System (WTCS) faculty beliefs regarding nursing education as shaped by the WTCS nursing mission statement.

Nursing is the dynamic interpersonal goal-directed process that seeks to promote optimal health within the context of individuals, family, community and society. The concepts of caring and integrity are central to nursing and communicated through both attitude and action. Nursing uses the nursing process, a problem solving approach to provide holistic, patient centered care to individuals, families, and groups. Nurses assess health and make clinical decisions to manage and provide safe and effective nursing care according to standards of practice within the legal, ethical and regulatory frameworks. Nursing is based on knowledge and science and is demonstrated by evidence-based practice. Through collaboration with other health care professionals, nursing is responsive to the needs of the community across the health-illness and lifespan continuum.

Individuals, families, and groups are diverse, complex living beings, in which physical, psychological, cultural and spiritual health processes are in constant interaction. This constant interaction provides the capacity for change. Individuals have inherent worth, dignity and autonomy in health care decisions.

Nursing education facilitates the development of knowledge, attitudes and skills appropriate to the learner’s level of nursing practice. Nursing education integrates concepts from nursing and other disciplines and takes place in institutions of higher learning. As a practice discipline, nursing education requires the use of performance based instruction with measureable competencies. Faculty and learners create a safe, cooperative environment which stimulates the spirit of inquiry, clinical reasoning, and self-directed life-long learning. Excellence in nursing education is achieved by providing students with a rigorous and dynamic curriculum using technology, partnerships and resources. Graduates are prepared to meet community specific healthcare needs as entry level practitioners.

System-wide Curriculum

The WTCS nursing programs provide a seamless curriculum, which is flexible and accessible for learners on a statewide basis. Prior learning, experience and career mobility are valued and efforts are aimed at facilitating articulation between levels of nursing. Information gathering within the community network that includes advisory committees, employers, and health care consumers enhances curriculum review and revision.

Comparison of LTC Mission to the Mission of the Associate Degree-Nursing Mission	
College Mission & Vision	Nursing Education Unit Mission & Vision
<p>Mission: To enrich lives and strengthen the economy by preparing a work force that is skilled, diverse, and flexible.</p> <p>Vision: To meet the needs of the future with innovation and excellence.</p>	<p>Mission Statement: The nursing programs within the Wisconsin Technical College System (WTCS) are committed to educational excellence. We prepare nurses with the knowledge, skills and attitude to enhance and restore the well-being of individuals, families, and the community by using the nursing process.</p> <p>Vision Statement: The Wisconsin Technical College nursing programs provide a quality, dynamic learning environment which prepares a diverse workforce of nurses to meet community needs.</p>

#4. OVERVIEW OF CURRICULUM INCLUDING ALL OF THE FOLLOWING:

The WTCS PN nursing curriculum which has been approved by the WI BON previously will be adopted for implementation by Lakeshore Technical College. The curriculum has been designed for face-to-face delivery on a part-time track. The admission requirements for this program have lower placement test scores than the current ADN program. As a result, there will be support courses (extended education) that will be delivered as a co-requisite model to help increase student success within the program. Enrollment in the support courses will be done based on admission placement tests and student progress/success when enrolled in the course.

Content and Sequencing of Courses

Practical Nursing Technical Diploma -Part-Time Track

Catalog No.	Class Title	Credit(s)
Fall		
10-809-188	Developmental Psych	3.0
78-858-785	Reading Fundamentals and Study Skills	Ext-Ed
10-801-195	Written Communications	3.0
78-851-781	Writing Fundamentals and Study Skills	Ext-Ed
Total		6.0
Spring		
10-806-103	Body, Structure, and Function	3.0
78-8560789	Science Fundamentals and Study Skills	Ext-Ed
10-801-196	Oral/Interpersonal Communications	3.0
78-851-789	Communication Fundamentals and Study Skills	Ext-Ed
Total		6.0
Summer		
31-543-301	Nursing Fundamentals	2.0
78-854-783	Math for Nursing	Ext-Ed
Total		2.0
Fall		
31-543-302	Nursing Skills	3.0
31-543-303	Nursing Pharmacology	2.0
31-543-304	Introduction to Clinical Practice	2.0
Total		7.0
Spring		
31-543-306	Nursing Health Promotions	3.0
31-543-307	Clinical Care Across Lifespan	2.0
31-543-305	Nursing Health Alterations	3.0
31-543-308	Intro Clinical Care Management	2.0
Total		10.0
Program Total		31.0

Program evaluation plan

Feedback and evaluation for the program will be obtained from faculty, students and the community healthcare partners that are represented on the program advisory committee and who affiliate with the program for clinical placement. Evaluation of the program will include:

- Student learning outcomes
- Program completion rates
- PN-NCLEX pass rates
- Graduate satisfaction results
- Employer satisfaction results
- Job Placement rates

Student Learning Outcomes

The Student Learning Outcomes (SLO) that will be evaluated for the PN programs are identified below. The achievement of these SLO's will be done through each clinical course evaluation. The use of HESI PN exit exams will also evaluate the achievement of the SLOs. In addition, program graduates and employers will evaluate the achievement of these outcomes within 6-12 months after completion of the program.

PN1. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice

PN2. Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts

PN3: Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making

PN4: Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings

PN5: Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness

PN6: Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan

PN7: Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

COURSE DESCRIPTIONS AND SYLLABI FOR PN NURSING COURSES

Refer to Course Outcome Summaries which are attached for further course information

Nursing Fundamentals

31-543-301

Total Credits 2

Description

This course focuses on basic nursing concepts to provide evidenced-based care to diverse patient populations across the lifespan. Current and historical issues impacting nursing will be explored within the scope of nursing practice. The nursing process will be introduced as a framework for organizing the care of patients.

Competencies

1. Differentiate scopes of practice within the nursing profession
2. Maintain a safe, effective care environment for adults of all ages
3. Use appropriate communication techniques
4. Use the nursing process
5. Adapt nursing practice to meet the needs of diverse patients in a variety of settings
6. Provide nursing care for patients with sleep/rest/mobility alterations
7. Provide nursing care for patients with comfort alterations
8. Provide nursing care for patients with nutritional, fluid, and electrolytes disturbances
9. Provide nursing care for patients with commonly occurring alterations in elimination patterns
10. Provide nursing care for patients with integumentary disorders
11. Provide nursing care for patients with infection
12. Provide nursing care for patients with cognitive and sensory impairments
13. Provide nursing care for patients and families experiencing grief and loss
14. Provide nursing care for patients with alterations in oxygenation

Nursing Skills

31-543-302

Total Credits 3

Description

This course focuses on development of evidence-based clinical skills and physical assessment across the lifespan. Content includes mathematical calculations and conversions related to clinical skills. In addition the course includes techniques related to obtaining a health history and basic physical assessment skills using a body systems approach.

Competencies

1. Use aseptic technique
2. Perform mathematical calculations related to clinical practice
3. Provide wound care
4. Measure blood pressure
5. Manage oxygen therapy
6. Perform tracheostomy care and suctioning procedures (oral, nasal, pharyngeal, and tracheostomy)
7. Demonstrate specimen collection procedures
8. Maintain enteral tubes (feeding, irrigation, suction)

9. Administer medications via the enteral route (oral/tube/rectal)
10. Administer medications via the parenteral routes (Intradermal/Subcutaneous/Intramuscular)
11. Administer medications via topical, transdermal, eye, ear, inhalation, and vaginal routes
12. Manage intravenous therapy
13. Facilitate alternative methods of elimination (urinary and bowel)
14. Obtain a health history
15. Perform a general survey assessment
16. Perform an integumentary assessment
17. Perform a musculoskeletal assessment
18. Perform a head/neck assessment
19. Perform a basic eye/ear assessment
20. Perform a basic neurological assessment
21. Perform a basic respiratory assessment
22. Perform a basic cardiovascular assessment
23. Perform an abdominal assessment

Nursing Pharmacology

31-543-303

Total Credits 2

Description

This course introduces the principles of pharmacology, including drug classifications and their effects on the body. Emphasis is on the use of the components of the nursing process when administering medications.

Competencies

1. Apply basic pharmacology principles to medication management
2. Examine legal, ethical, social, and cultural issues related to medication administration
3. Apply components of the nursing process to the administration of antimicrobial drugs
4. Apply components of the nursing process to the administration of autonomic nervous system drugs
5. Apply components of the nursing process to the administration of respiratory system drugs
6. Apply components of the nursing process to the administration of cardiovascular and renal systems drugs
7. Apply components of the nursing process to the administration of gastrointestinal system drugs
8. Apply components of the nursing process to the administration of central nervous system drugs
9. Apply components of the nursing process to the administration of endocrine system drugs
10. Apply components of the nursing process to the administration of analgesic and musculoskeletal system drugs

Nursing: Introduction to Clinical Practice
31-543-304

Total Credits 2

Description

This introductory clinical course emphasizes basic nursing skills and application of the nursing process in meeting the needs of diverse clients across the lifespan. Emphasis is placed on performing basic nursing skills, the formation of nurse-client relationships, communication, data collection, documentation, and medication administration.

Course Competencies

- 1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- 2 Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- 3 Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- 4 Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- 5 Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- 6 Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- 7 Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

Nursing Health Alterations
31-543-305

Total Credits 3

Description

This course elaborates upon the basic concepts of health and illness as presented in Nursing Fundamentals. It applies theories of nursing in the care of patients through the lifespan, utilizing problem solving and critical thinking. This course will provide an opportunity to study conditions affecting different body systems and apply evidence-based nursing interventions. It will also introduce concepts of leadership and management.

Course Competencies

- 1 Evaluate nursing care for patients with coronary artery disease
- 2 Evaluate nursing care for patients with other alterations in the cardiovascular system
- 3 Evaluate nursing care for patients with acute alterations in the respiratory system
- 4 Evaluate nursing care for patients with chronic alterations in the respiratory system
- 5 Evaluate nursing care for patients with alterations in hematology
- 6 Evaluate nursing care for patients with alterations in the endocrine system
- 7 Evaluate nursing care for patients with alterations in fluid and electrolyte balance
- 8 Evaluate nursing care for patients with alterations in acid-base balance
- 9 Evaluate nursing care for patients with pain and alterations in comfort

Nursing Health Promotion

31-543-306

Total Credits 3

Description

This course focuses on topics related to health promotion for individuals and families throughout the lifespan. We will cover nursing care of the developing family, which includes reproductive issues, pregnancy, labor and delivery, post-partum, the newborn, and the child. Recognizing the spectrum of healthy families we will discern patterns associated with adaptive and maladaptive behaviors applying mental health principles. An emphasis is placed on teaching and supporting healthy lifestyles choices for individuals of all ages. Nutrition, exercise, stress management, empowerment, and risk reduction practices are highlighted. Study of the family will cover dynamics, functions, discipline styles, and stages of development.

Competencies

1. Use principles of teaching/learning when reinforcing teaching plans
2. Apply principles of family dynamics to nursing care
3. Adapt nursing interventions for maladaptive patterns of behavior
4. Plan nursing care for patients with reproductive issues
5. Plan nursing care for a healthy pregnant woman
6. Plan nursing care during uncomplicated labor and delivery
7. Plan nursing care for a healthy newborn
8. Plan nursing care for the post-partum patient
9. Examine adaptations of nursing care for patients from infancy through adolescence
10. Plan nursing care for the ill child
11. Plan a healthy diet for a well patient
12. Encourage healthy lifestyle behaviors in patients
13. Promote safety/accident prevention for patients from infancy through adolescence
14. Promote healthy coping in acute and chronic illness

Nursing: Clinical Care across the Lifespan

31-543-307

Total Credits

2

Description

This clinical experience applies nursing concepts and therapeutic interventions to patients across the lifespan. It also provides an introduction to concepts of teaching and learning. Extending care to include the family is emphasized.

Course Competencies

- 1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- 2 Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- 3 Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- 4 Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- 5 Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- 6 Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- 7 Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

Nursing: Introduction to Clinical Care Management

31-543-108

Total Credits

2

Description

This clinical experience applies nursing concepts and therapeutic nursing interventions to groups of patients across the lifespan. It also provides an introduction to leadership, management, and team building.

Course Competencies

- 1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice
- 2 Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- 3 Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making
- 4 Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings
- 5 Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness
- 6 Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan
- 7 Use information and technology to communicate, manage data, mitigate error, and assist with decision-making

#5 STUDENT POLICIES

Admission policies

The following admission steps are required for the Practical Nursing Program:

1. Application and application fee
2. High school/college transcripts
3. Background Information check and fee
4. Accuplacer Placement Scores
 - Math 50-78 or ACT 16
 - Reading 55-73 or ACT 16
 - Writing 70-85 or ACT 16
5. HESI Admission Exam -70%
6. Complete Health Requirements
7. Complete Functional Ability form
8. Complete Nursing Assistant course within 6 months of clinical or take NA refresher
9. Priority admission process

PN (Stand-Alone) Program Admission Requirements

1. _____ College Application (can be done online at www.gotoltc.edu)
2. _____ \$30 College Application Fee, if applicable (non-refundable)
3. _____ Official High School Transcripts & Official College Transcripts if applicable
4. _____ Entrance Assessment: Accuplacer

ACC Math (50) _____ ACT Math (16) _____
ACC Reading (55) _____ ACT Reading (16) _____
ACC Writing (70) _____ ACT Writing (16) _____

OPTIONS TO MEET PROGRAM SCORES:

1. Accuplacer Retest (\$10)
2. Math: Successfully complete Pre-Algebra
3. Reading: Successfully complete 15 college-level credits
4. Writing: Successfully complete Written Communication

5. _____ Program Advising (call 920-693-1109 to set up appt.)
6. _____ Functional Abilities Statement of Understanding *
7. _____ Background Check & \$16 (check or cash) *
 1. If one clinical site says no, program entry is denied
 2. If denied, a letter is sent to student
8. _____ Health Form *
9. _____ **READ** and complete Nursing Program Handbook Signature Sheet *
10. _____ **HESI -70%-**
 1. Nursing-level Accuplacer/ACT scores **MUST** be met before taking the HESI
 2. When program-required scores are met, The Program Advisor will send an email granting permission to take the HESI.

11. Nursing Assistant Class within 6 months of Clinical course, working as CNA or NA Refresher Course

All admission requirements must be 100% completed.

Progression policies

The nursing course curriculum is designed for students to complete part-time in three semesters. For optimal learning of theory and practice, students are advised to maintain enrollment each semester as outlined in the academic pathway. Nursing faculty believe that course performance and test scores are highly correlated to success on the NCLEX-PN. With this belief, the following grading policies are in place:

1. Students may enroll in a nursing course **only two times**. This includes enrollment in on-line or face to face courses from other colleges. Two unsuccessful enrollments of the same nursing course will result in dismissal from the PN program. Examples of two unsuccessful enrollments include:
 - a. Withdrawal from a course at any point during the course and a subsequent failure on the second attempt of the same course or
 - b. Withdrawal from an online course and a subsequent failure in a face-to-face delivery of the same course.
2. Students must be actively enrolled and participating in a co-requisite theory course to be able to continue in the clinical course.
3. Students must successfully complete the skills course prior to taking a clinical course.
4. All students who do not remain in the usual course progression (Example: for course failure or opting out for personal reasons) must meet with the program advisor, Lisa Weadge. Call 920.693.1109 to make an appointment. Students who do not remain in the usual course progression are not guaranteed a spot in a clinical or skill course registration.
5. A student may step out of the program for one semester. The student must notify the advisor, Lisa Weadge of his/her intent to step out and plan for returning. Prior to re-enrollment the student must also confirm with the counselor the intent to return. Re-enrollment will be on a space available basis as noted above.

Theory Courses

- Students must attain a minimum 80% overall score in the theory course to demonstrate achievement of course competencies.
- There will be no rounding of any grades, extra credit or alternative testing to achieve the 80% course score.
- In addition, students must attain a minimum 80% test score average in the class. If the student does not achieve the 80% average, they will fail the course regardless of the other course work.

Skill Courses

- Students must attain a minimum 80% overall score in the skill course to demonstrate achievement of course competencies.
- All skills must be completed satisfactorily to pass the course.
- Students must attain a minimum 80% test score average in the class. If the student does not achieve the 80% average, they will fail the course regardless of the other course work.
- There will be no rounding of any grades, extra credit or alternative testing to achieve the 80% course score.

Clinical Courses

- Students must attain a minimum 80% overall score in the clinical course to demonstrate achievement of course competencies.
- There will be no rounding of any grades, extra credit or alternative testing to achieve the 80% course score.

- In addition, students must demonstrate achievement of each clinical competency (a score of 4 or higher) in order to pass the clinical course. If the student does demonstrate achievement of each competency (they receive a score of 2 or lower), they will fail the clinical course regardless of the other course work.

The grading scale in the Practical Nurse Program:

A = 92%-100%
B = 85-91%
C = 80-84%
D = 79-70%
F = < 69%

Retention policies

LTC'S nursing program's model for intrusive advising is student-centered. It is designed specifically for at-risk students to provide them with structured support in an attempt to increase persistence rates. Persistence rates is defined as percent of students completing a degree with a designated time frame at the same institution (Act Institutional Data file, 2015). Nursing program persistence rates measure the percent of students who complete the part-time practical nursing program within a four semester (2 year) timeframe.

Although all students can benefit by supportive faculty and advising relationships, students who would be required to participate in a structured intrusive advising process would include those that previously failed a course, those students who failed an exam or students who demonstrate high risk behaviors such as absence and not completing assignments. There are two courses based on past course pass rate statistics that have been targeted to have Academic Specialist support with the goal of increasing pass rates > 80%.

- Nursing Pharmacology
- Health Alteration

Nurse educator role and responsibility

1. Early identification of high-risk performance/behavior

It is important that the faculty make contact with the student as soon as they are identified as being high-risk which is identified as failing a previous course or failing an exam with the intent of helping the student further explore obstacles that may be hindering their success. Other behaviors such as poor attendance, tardiness, falling asleep in class and late or missing assignments should alert the instructor to make contact with the student and consider these behaviors to be an obstacle to successful course completion and early referral to the academic advisor.

2. Initial Communication with student

Nursing faculty should contact student for a face-to-face meeting to discuss observed behaviors and/or academic progress as soon as there is evidence of lack of progress or high risk behaviors. Show concern and support for the student. Discuss the expectations for the nursing program's intrusive advising program as defined in your course and following program guidelines and the requirements for the student's participation in the program. Explain consequences of being dropped from the course for non-participation in the intrusive advising requirements.

Facilitate a student self-appraisal and develop a plan to improve academic success

The student must gather appreciation of the impact of their actions on the potential for being successful in the class.

- a. Facilitate the student to complete a self-appraisal of academic skills and potential environmental obstacles. Be aware that self-perceptions may be inaccurate and may fail to result in appropriate help-seeking behaviors. As a result, guidance with self-appraisal is strongly recommended (Jeffreys 2012). Soliciting student self-appraisals of study skills must be partnered with actively offering appropriate assistance to weaker students.
- a. Review self-appraisal with the student and have student develop a written plan with specific strategies to improve academic and environmental barriers. Listen carefully to students to determine if they need additional support services. Discuss written plan and offer suggestions for additional strategies that may be helpful.
- b. Offer student encouragement to map out a schedule of time commitments throughout the day to develop a full understanding of time allocation. This can include school, work, family and personal commitments. Have student share their map with you at a subsequent meeting and analyze if the student has a good plan for school and life balance addressing time for studying and completing assignments.

3. Early referral to Support Services

Early referral and intervention for Academic, Personal and Financial support is key to increase student success and retention.

- a. Use the **Referral Form for Academic Advising** that can be found on the Bridge home page <https://dynamicforms.ngwebsolutions.com/ShowForm.aspx?RequestedDynamicFormTemplate=aabe869c-bf7d-4397-b7b9-90deed09f428> to provide notification of students who show high risk behaviors that may impact academic success or those that are failing exams. In addition, you may contact the program advisor directly by e-mail to update her on student's progress.
- b. Use the **Referral Form for non-attendance** that can be found on the Bridge home page <https://dynamicforms.ngwebsolutions.com/ShowForm.aspx?RequestedDynamicFormTemplate=1c1edff1-23ae-493e-a4ec-db7b948d3c7c> Non-attendance should be reported in situations where the student NEVER attends the course or who began attendance and then ceased attending prior to the 14th day of the semester.
- c. Review the **Student Support Service** page on the LTC website with the student at <http://www.gotoltc.edu/current-students/student-support-services/> to facilitate a discussion of potential support services. Help student make a plan on who to contact based on needs assessment and assist with directing students to the correct person. Literature supports bringing the student directly to their office has more impact rather than just a referral.
- d. Follow-up with phone call or e-mail as appropriate with Counselor, Disability Services or Financial services to facilitate initiation or continuity of support and services.
- e. Notify the **Academic Specialist** about student referral. Share results of student self-appraisal and communicate and student specific concerns.

4. Ongoing student communication

- a. Instructors are expected to maintain personal contact with students each week. If the student's academic performance and behaviors have improved, communication may be in class or by e-mail providing student with feedback and encouragement.
- b. Instructors should communicate scheduled office hours that they are available for extra help.
- c. Instructors are expected to meet with students within a week after any exam that the student did not pass. The meeting should include individual time with the student to review any exam in which they were not successful. Have the student review the test questions that were incorrect and have student analyze why their answer was incorrect and provide rationale for the correct answer. Review any learning plan content that the students need additional information.

- d. Stimulate the student to critically think of academic and environmental factors that contributed to poor test results. Explore the following as options:
 - Knowledge deficit r/t poor preparation/lack of study skills/time management
 - Poor test taking skills
 - Anxiety
 - e. Review the student's academic plan and discuss with student if there should be modification of the plan based on the student's analysis of contributors that impacted lack of success.
 - f. Refer any concerns related to anxiety or mental health concerns to college counselor. Refer any concerns related to learning disabilities to Disability Services.
 - g. Instructors should communicate with any student at least 2 days prior to the test opening if they did not meet the requirements of intrusive advising and the consequences of non-participation.
- 6. Ongoing communication with the Academic Specialist**
- a. Instructors are expected to provide a course packet, syllabus and calendar with the Academic Specialist. Instructors should request Blackboard access for the Academic Specialist from Heather Pokorsky.
 - b. Instructors are expected to communicate with the Academic specialist after each exam providing them with the names of the students who are required to meet with them prior to the next exam and reviewing the expectations for student attendance/participation with the Academic Specialist. (example: minimal of one hour weekly).
 - c. Instructors should confirm with the Academic specialist at least 3 days prior to each exam to confirm if the student met the tutoring expectations and share student progress results.
 - d. Instructors should collaborate with the Academic specialist at the end of the course to obtain data that they have gathered on the impact of the intrusive advising on course pass rates. This data should be included in the end of the semester course reports. Data should minimally include the following:
 - # of unique student contacts
 - # of overall student contacts
 - # of student contacts who were at risk (identified by failing previous course or failing exams)
 - Review individual student results:
 - % of high risk students who passed subsequent module exam –list results per each module exam
 - % of high risk students who passed the final exam
 - % of high risk students who passed the course

7. Ongoing communication with Academic Advisor

Communicate with the advisor if the student has not passed the course and future plans to continue in the program if known.

Academic specialist role and responsibility

1. Establishing student relationships

The academic specialist should come to the first day of class to explain the role of the academic specialist in helping with student success and to offer her/his services. Gather times/days students prefer to meet to aid in developing a calendar/availability of tutoring hours.

2. Setting a calendar and communicating availability/location for tutoring

- a. Develop a calendar of availability for each course in which you are responsible. Calendar should include time for individual and walk-in appointments. The hours should be set based on student availability and

preference and should be throughout the week. Schedule separate tutoring group times for each course and each section. Additional hours may be needed seven days prior to a scheduled exam. Evening hours may be an option to address student need and evening tutoring may be done on campus, by phone, e-mail, Skype, Face-time or other electronic means.

- b. A written calendar of availability for the semester should be shared with the Associate Dean of Nursing and the instructor by the end of the first week of class. It is expected that the scheduled hours stay within the tutoring hours available for the course. If the hours exceed based on student need/request, it is expected that the Academic specialist share variance with the Associate Dean of Nursing prior to scheduling additional hours.
- c. Communication of the tutoring calendar to the students should be done by the first week of class by e-mail and posting the schedule on Blackboard. The library is a good location for visibility for students for drop-in appointments. Classroom settings would be optimum for large group instruction. Reserving a classroom can be done through Trish Klein, administrative assistant.

3. Facilitating learning

- a. The main focus of the academic specialist is to prepare students for the next exam as a way to improve course pass rates. Although all students may choose to participate in tutoring with the academic specialist, students who are high-risk are required to participate in academic tutoring each week or as determined by the instructor.
- b. The AS should provide encouragement and support to the learning by providing supplemental support to classroom instruction. They should not reteach the class or review exams. They should use multiple learning strategies to meet the needs of the diverse learners. Students should be encouraged to come to review sessions with questions on areas that need clarification. The AS can provide additional instruction on difficult concepts using a variety of teaching strategies including small group activities, active learning, case scenarios, stimulating critical thinking, simulation, review of practice quizzes, etc. to meet the learning needs of the students.

4. Ongoing communication with high risk students

- a. The AS is responsible for weekly communication with high-risk students who must participate in intrusive advising. If the student's academic performance and behaviors have improved, communication may be in class or by e-mail providing student with feedback and encouragement.
- b. Although students are strongly encouraged to make contact to set up tutoring times with the AS, the AS is responsible for reaching out to any student (in person, phone or e-mail) who has not made contact to set up time for tutoring as required by the specific course. Copy course instructor on e-mails.

5. Ongoing communication with course instructor

- a. The AS is responsible for weekly (or as determined by the instructor) communication with the instructor to communicate weekly participation of high risk students in intrusive advising. At least 3 days prior to the next exam, the AS should communicate with the instructor names of student who participated as well as those that did not participate in intrusive advising requirements as expected.
- b. The AS is responsible for communicating to the instructor for any student specific concerns that may impact positive student outcomes.
- c. The AS is responsible for sharing a summary of the student contacts and outcomes as defined in 6 C below.

6. Tracking of time, student participation and student outcomes

The AS is responsible for having students complete and return any grant funded required paperwork. The requirements will be variable on grant requirements. Obtain forms and clarification on requirements from the grant manager who is the Dean of Health and Human Services.

- a. Weekly recordkeeping to summarize AS effort and results is required by using an established excel spreadsheet.
- b. Weekly recordkeeping to summarize individual plan for each student which was served is required by using an established WORD document.
- c. A summation of time and outcomes will be completed at the end of each course and shared with the course instructor within two weeks of the course completion

Program advisors role and responsibility

1. Establishing relationships

The Program Advisor should establish early relationships with students prior to entering the nursing program during academic advising and program planning as well as during program orientation. Central to academic advising are discussions about educational goals, helping students understand strengths and weaknesses to meet those goals, and linking students to campus services. Advising is not just about course selections but also involves an ongoing relationship between advisors and students.

Building relationships with students is the first step, but additional contacts may be used to provide the information to connect students with useful and appropriate resources. Use information gleaned from advisees to make referrals to campus resources for which the student qualifies and can benefit. When making referrals, advisors should try to provide students with as much information on the resource as possible including a contact name, phone number and email address. When practical, walk students to their next campus destination.

Establish a Relationship and Maintain Regular Contact with Advisees

Maintain regular, ongoing contact with students by sending emails; follow up regarding their mid-term grades; call any time an early alert is received from a faculty member; and use social media to your advantage. All of these practices will help build and foster strong relationships with advisees which allow advisors the opportunity to be intrusive without intruding.

Ongoing Communication with the Nursing Program

- a. Maintain regular contact with the nursing instructor who provided referral for high-risk students providing academic information that may help improve student outcomes.
- b. Maintain regular contact with the Associate Dean of Nursing to provide updates on student status; changing progression, leaving the program, etc.

Student's role and responsibility

Initial Instructor Communication

- Students who have previously failed a course must meet with the instructor prior to taking the course for the second time.
- Students who have failed a learning plan exam must meet with the instructor within a week after completing the exam.

Students must meet with the instructor to review their performance and identify strategies to increase success. Self-reflection is an important component of this process so students are required to identify strengths and/or

barriers to their success in the nursing program by completing a self-perception appraisal and then developing a specific performance improvement plan with a specific strategies, action plan and timeline for implementation. These documents must be completed and submitted to the instructor. Lack of completion may result in removal of the nursing program. Because there are many potential factors that may impact student success, instructors will review the self-perception appraisal survey with the students and will recommend additional college resources.

Ongoing Instructor Communication

Students are encouraged to meet regularly with their instructors throughout the course. They are required to meet the instructor within the week after completing an unsuccessful learning plan exam to review and analyze the rationale for not being successful. Students will share their perceived reason for lack of success with the instructor and develop/modify their improvement plan that they will follow for the next exam.

Academic Tutoring

- Students who were unsuccessful in the course on a previous attempt must make an hour weekly appointment for tutoring at the beginning of the course.
- Students who were unsuccessful on a learning plan exam must make an appointment for one hour weekly tutoring within the week after failing an exam.

The instructor will identify if the tutoring will be completed by an Academic Specialist or a peer tutor. Students may seek out additional academic support with peer tutors, study groups and/or the instructor if desired. Students must complete and submit to instructor acknowledgment of tutoring activities using the Academic Support Log prior to taking the next module exam per instructor guidelines. Please see course syllabus for instructor guidelines and to locate the Academic Support Log.

Program Advising

Students must meet with the program advisor at least once a semester. The instructor or program advisor may request additional meetings based on student progress. The advisor will assist in academic program planning and assisting with non-academic factors that may impact success in the nursing program. The advisor may initiate referrals to college support services based on review of the student's self-perception appraisal.

College Support Services

Students should participate in college support services based on personal need or by the referral of the instructor or the program advisor. College support services may include disability services, financial services, counseling, etc.

Consequences of not participating in Mandatory Academic coaching

Students who have previously failed a course or who failed a learning plan exam are required to follow the mandatory academic coaching guidelines that are outlined in the nursing handbook and the course syllabus or they may be dropped from the course which may result in removal from the nursing program.

Graduation policies

Students must attain a grade of "C" or better in all required courses and maintain a grade point average of 2.0 or above to be eligible for graduation. The student assumes the ultimate responsibility to see that all credit requirements for graduation are met. Required courses include general education courses.

To graduate with a Practical nursing technical diploma from Lakeshore Technical College, the student must:

- Obtain at least 25% of the credits from LTC (i.e. 8 credits for a 32 credit program) AND
- Obtain at least 25% of the nursing credits from Lakeshore Technical College (i.e. 5 credits for PN).
- Include at least the clinical credits from the final semester of the nursing program.

#6 Updated Timeline for Implementation

The admission of the first cohort of 16 students into the nursing courses would be projected for summer 2017. Timeline is as follows:

April-May 2016

- Communication to parties of interest to plan program
- Develop PN nursing program sheet
- Create LTC PN program website
- Develop course schedules
- Create faculty job descriptions
- Create nursing student handbook

May-August 2016

- Marketing of program to community
- Recruit nursing faculty
- Recruit PN nursing students
- Candidacy request for ACEN accreditation as soon as obtain BON approval to admit students
- Begin process to obtain written affiliation agreements with clinical agencies

Fall 2016-Spring 2017

- Hire nursing faculty
- Offering general education courses with academic support
- Developing below-the-line nursing curriculum learning activities and assessments
- Finalize the written affiliation agreements with clinical agencies

Summer 2017

- Admit first cohort to PN nursing courses

Spring 2018

- Graduate first PN nursing cohort
- Site visit for accreditation through Accreditation Commission for Nursing (ACEN)

#7 Verification of students' ability to acquire clinical skills

Each cohort will be a maximum of 16 students. Each clinical group will have a maximum of 8 students. Intent is to have clinical placement in Sheboygan as well as Manitowoc counties to serve the students within our district. When exploring a needs assessment to initiate a PN program, representatives on the advisory board representing nursing homes throughout the district unanimously stated they supported the program and would be willing to host clinical placement of our students. Attached is total documentation (form #1004, contract and job descriptions) to affiliate with two nursing homes for PN clinical placement. The intent is to pursue additional contracts in the future.

- Rocky Knoll Health Care Center in Plymouth, WI
- Manitowoc Health and Rehabilitation Center in Manitowoc, WI

Simulation equipment and experiences

PN nursing students will have access to the LTC clinical skills and simulation lab. Simulation equipment is both high and low fidelity. There are three separate simulation rooms with high fidelity manikins including 3 adult, 1 infant, 1 child, and one mother. There are 2 skills classrooms; one with 3 beds and one with 4 beds to practice clinical skills. The skills lab is fully stocked with equipment and supplies needed to facilitate the skills course and simulations within the clinical courses.

Models/Mannequins Inventory:

Developed: November 2015

Adult - Full Body Manikin (11)
Useful for teaching basic skills and patient care

Adult - Full Body Manikin (1)
Useful for basic skills and patient care. Formerly Sim Man. Monitor with VS, verbalizations thru PC, Foley, IV/PIC sites (with fluids).

Adult – Full body Otic/Ophthalmic Manikin (1)
Useful for eye & ear gtts, IM/SQ injection, catheterization.

Adult – Full body Manikin - Nursing Anne (2)
Designed for scenario-based training for the care and management of basic patient handling skills to advanced nursing skills. Sim Pads available to enhance functionality with Heart & Lung sounds, VS, some verbalizations.

Adult – Mobile Full body functional manikin (2)
Susie (2013) and ECS Meti-Man (2015). For Simulation. Wireless patient simulators with pulses, heart/lung sounds, VS, verbalization capability, IV sites (with fluids), foley/ng placement. Has CPR evaluation tool.

Auscultation Trainer and SmartScope Manikin (1) (Updated 2013)
Has a menu of heart & lung conditions controlled by a wireless remote control. As the Smartscope™ is moved to different locations on the manikin, different heart & lung sounds are heard

Birth Process Model (1)
Natural size. The model shows the beginning of the birth process. Formation of the bag of waters. Model separates into 3 parts.

Birthing Manikin - Noelle with baby (1/1)

Designed to provide a complete birthing experience before, during and after delivery. Fetal Heart Tone App also available.

Blood Pressure Arms (2)

Arms to demonstrate the five Korotkoff phases, has palpable radial pulse. The optional external Amplifier/Speaker System can be used instead of the speaker in the arm to broadcast sounds for a group. Includes sphygmomanometer, cuff, and gauge assembly.

Breast Self-Exam Models (9)

Form with simulated tumors of different common lumps in the breast.

Chest Surgical Wound Model Plates (total 16 - able to make more)

Full Breast stapled site with tube (5)

Small stapled site with tube (3)

Small stapled site without tube (5)

Small site with open wound (3)

Chester Chests (9)

Used to develop competence with the three most common types of long-term vascular access routes. Including a surgically implanted port.

Child - 2 Years of age Full Body Manikin (1)

Mobile, functional: useful for teaching basic skills and patient care. Realistic size and weight, chest rise, cyanosis, monitor with VS, verbalizations, able to catheterize, IV site, IO, injections. Has CPR evaluation tool.

Choking Charlies (11)

Anatomically accurate male torso designed to simulate a foreign body upper airway obstruction for training the Abdominal Thrust Maneuver.

Decubitus Foot Models (11)

This replica contains varying stages of pressure ulcers.

Ear Examination Simulator (1)

Used to practice examination of the human ear. Has plug-in removable ears with various observable differences such as normal tympanic membrane with slanted ear canal. The lifelike, flexible texture of the ears requires the same manipulation when using the otoscope as required on a live patient.

Ear Model (1)

Cross-Section Ear Model. Economical, soft foam cross-sections are realistically detailed with the Cross-Section Ear Model. Printed with vocabulary terms on one

Ear Syringing Heads (4)

For learning irrigation. Has a flexible pinna that allows manipulation.

Infant - Full Body Manikin (3)

Nonfunctional manikins useful for teaching basic skills and patient care.

Infant Newborn Hal - Mobile Manikin (1) (2013)

Wireless patient simulator: heart/lungs sounds, VS, cries, seizures, cyanosis.

Injection Pad Models:

SQ (15) for Insulin/Lovenox

SQ/IM - Gold Pads (11 - 2014/2015) (4 - older)

Intradermal (11) (I hope to replace some of these)

Interchangeable Catheterization and Enema Trainer (6) (2006)
Lower torso for used peri care and positioning during catheterization.

Intramuscular Injection Torso Models (11)
Lower torso to patella (4)
Mid abdomen torso's (7)
Left gluteal taken off so it is easy to observe internal structure.

NG Tube and Trach Insertion Manikins (8). (2003/2005)
Torso designed for practice of gastrointestinal care procedures via nasal and oral access. Can also be used for Trach care and suctioning.

NG Tube Teaching Models (4). (2005)
A model of the nose, mouth, pharynx, trachea, esophagus, & stomach covered with Plexiglas for observation. Plastic feeding tubes or catheters may be passed through the nose or mouth into the esophagus or stomach. Also features tracheostoma for endotracheal aspiration.

Ostomy Model (16). (2005)
Varying sized stomas which may be washed with soap and water, taped, bandaged, or fitted with ostomy bags. Flat plates have carrying cases.

Peri-Genitalia (10)
For peri care and foley catheter insertion. Model features a viscoelastic urethra that accurately duplicates the feeling of inserting a lubricated catheter into the bladder. These are delicate and last only a few years.

Peritoneal Dialysis Model (2). (1997)
Designed to introduce the essentials of Continuous Ambulatory Peritoneal Dialysis (CAPD) procedures and care to patients. Solution setup included.

Peri-Ostomy Models (10). (2014-2015)
Two-in-one simulator combines the features of female and male catheterization and fully functional stomas. 1-2 yrs. old.
Each CNA classroom has one.

Pitting Edema Simulator (2)
Model simulates edema in which pitting results in a depression in the peripheral extremities. 1+ through 4+ depths can be demonstrated.
Seymour Butts (6). (2005 & 2012)
Manikin with variety of ulcer wounds. It simulates undermining, tunneling, subcutaneous fat, exposed bones, eschar, slough, and more.

Skeleton Model (1)
Life-Size Skeletal reproduction of an adult Male Specimen.

Surgical Sally (4). (2005)
Surgical bandaging female simulator female with 14 surgical wounds, including a mid-sternal split with chest tube drain, a sacral decubitus ulcer- stage 2, and a leg amputation stump.

Testes Exam (8)
Simulator features soft, thin outer skin with delicate underlying structures and four embedded, simulated tumors.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: dsps.wisconsin.gov

BOARD OF NURSING

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

New nursing school seeking authorization to admit students: Completion of this form is required for each faculty member and the educational administrator. This form must be submitted to the Board of Nursing along with the request for authorization to admit students.

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Change in educational administrator: Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (*Last, First*): Calabresa, Kathleen WI RN License #: 64601

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): Practical Nursing

Position: Educational Administrator Faculty

Appointment Effective Date: 1/2015

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor

Wisconsin Department of Safety and Professional Services

EDUCATIONAL ADMINISTRATOR APPOINTMENTS

Fully-qualified educational administrator must have current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing, knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and **either** educational preparation (master's degree in nurse education or doctorate degree in nurse education) or at least two (2) years experience as an instructor in a nursing education program within the last five (5) years.

NOTE: Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
Alverno College	Mil. WI	12/1975	BSN	Nursing	
Univ of Phoenix	Phoenix, AZ	8/2003	MSN	Nursing	

B. NURSING INSTRUCTION EXPERIENCE*

*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Kathleen Calabresa
Educational Administrator

Associate Dean of Nursing
Title

Kathleen Calabresa
Signature

3/1/2016
Date

(620) 693-1860
Telephone Number

kathleen.calabresa@goto1tc.edu
Email Address

May 26, 2016

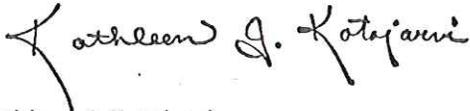
To: State Board of Nursing

Lakeshore Technical College officially hired a full-time Practical Nursing Instructor and a part-time Practical Nursing Instructor with a start date of January 1, 2017.

- Christopher Keaton, accepted the full-time Practical Nursing Instructor position on May 25, 2016.
- Katie Krueger, accepted the part-time Practical Nursing Instructor position on May 24, 2016.

Please feel free to contact me with any questions. I can be reached via email at kathleen.kotajarvi@gotoltc.edu or by phone at 920.693.1163.

Sincerely,



Kathleen J. Kotajarvi
Chief Human Resources Officer
Lakeshore Technical College

cc: Kathi Calabresa, Associate Dean of Nursing



Kathleen Calabresa <kathleen.calabresa@gotoltc.edu>

Job offer of employment

1 message

Chris Keaton <chriskeaton1968@gmail.com>

Thu, May 26, 2016 at 12:51 PM

To: Kathleen Calabresa <Kathleen.Calabresa@gotoltc.edu>

This message serves as my acceptance of the offer of employment as a full time faculty member for the practical nursing program at Lakeshore Technical College. My position is effective January 1, 2017

--

Chris Keaton RN MSN

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
 Madison, WI 53708-8366
 FAX #: (608) 266-2602
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: dsps@wisconsin.gov
 Website: dsps.wisconsin.gov

BOARD OF NURSING

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

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Change in educational administrator: Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (Last, First): Keaton, Christopher WIRN License #: 110905-30

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): PN

Position: Educational Administrator Faculty

Appointment Effective Date: Jan 2017

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
Gonzaga Univ.	Spokane, WA	June 2015	MSN	Nursing	
Univ. of Wisc.	Eshkosh, WI	May 1992	BSN	Nursing	



Individual Search Results - Detail

Credential/License Summary for 110905

Name: KEATON, CHRISTOPHER C

Profession: REGISTERED NURSE (30)

Credential/License Number: 110905-30

Location: SHEBOYGAN WI

Credential/License Type: regular

Status: License is current (Active)

Eligible To Practice: credential license is current

[Details](#) [Requirements](#) [Payments](#) [Orders](#) [Relationships](#)

Credential/License current through: 2/28/2018

Granted date: 9/11/1992

Multi-state: Y

Orders: NONE

Specialties: NONE

Other Names: NONE

The State of Wisconsin Department of Safety and Professional Services

BOARD OF NURSING

Hereby certifies that

CHRISTOPHER C KEATON

was granted a license to practice as a

REGISTERED NURSE

*in the State of Wisconsin in accordance with Wisconsin Law
on the 11th day of September in the year 1992.*

The authority granted herein must be renewed each biennium by the granting authority.

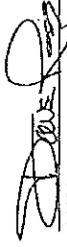
In witness thereof, the State of Wisconsin

Board of Nursing

has caused this certificate to be issued under

the seal of the Department of Safety and Professional Services




2016 Secretary


Chairperson


Secretary

This certificate was printed on the 26th day of April in the year 2016.



Kathleen Calabresa <kathleen.calabresa@gotoltc.edu>

Offer of Employment

1 message

Katie Klueger <katie.klueger@gmail.com>

Thu, May 26, 2016 at 11:10 AM

To: kathleen.calabresa@gotoltc.edu

Hi Kathi,

I am accepting the offer of employment that was extended to me on May 24, 2016 for a PN instructor at Lakeshore Technical College. My start date will be January 1, 2017.

Thank You,
Katie Klueger

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
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Website: dsps.wisconsin.gov

BOARD OF NURSING

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Faculty/EA Name (Last, First): Clueger, Katie WIRN License #: 199015-30

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): PN

Position: Educational Administrator Faculty

Appointment Effective Date: January 1, 2017

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
UW-Sheboygan	Sheboygan, WI	5/2009	Associate's	Liberal Arts/Science	
UW-Milwaukee	Milwaukee, WI	-	35	Nursing	-
LTC	Cleveland, WI	12/2013	ADN	Nursing	-
UW-Green Bay	Green Bay, WI	12/2016	BSN - 27	Nursing	-



Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 199015

Name: KLUEGER, KATIE A
Profession: REGISTERED NURSE (30)
Credential/License Number: 199015-30
Location: SHEBOYGAN WI
Credential/License Type: regular
Status: License is current (Active)
Eligible To Practice: credential license is current

Credential/License current through: 2/28/2018

Granted date: 4/23/2014

Multi-state: Y

Orders: NONE

Specialties: NONE

Other Names: NONE

[Return to Search Results](#)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov.

April 27, 2016

To the WI Board of Nursing,

I am writing this letter to document my intent to teach in the PN nursing program at Lakeshore Technical College. I understand that the first nursing course will be offered in summer of 2017. I am including my Faculty Qualification Record to demonstrate I have the qualifications to teach in this program. I have a Master's degree in nursing. I am including a copy of my nursing license to demonstrate that I have a current, active registered nurse WI license that is not encumbered.

Sincerely,



Jill Wittman, RN, MS, MSN

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
 Madison, WI 53708-8366
 FAX #: (608) 266-2602
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: dsps@wisconsin.gov
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BOARD OF NURSING

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Faculty/EA Name (*Last, First*): Wittman, Jill WI RN License #: 85800-30

School of Nursing Employed By: Lakeshore Technical College

Type of Nursing Program(s) (ADN, PN, BSN, etc.): PN

Position: Educational Administrator Faculty

Appointment Effective Date: January 2017

FACULTY APPOINTMENTS (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor
UW - Eau Claire	Eau Claire, WI	5/1983	BSN	Nursing	_____
UW - Milwaukee	Milwaukee, WI	5/1996	MS	Adult Education	_____
American Sentinel University	Aurora, Colorado	5/2011	MSN	Nursing Education	_____

State of Wisconsin

MULTI-STATE

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

REGISTERED NURSE

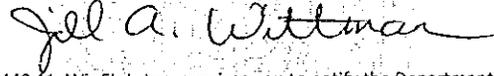
No. 85800-30

Expires: 2/28/2018

JILL ANNE WITTMAN
904 COBBLESTONE DR
HOWARDS GROVE WI 53083
UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified. Signature:



Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366
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Phone #: (608) 266-2112

1400 E. Washington Avenue
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E-Mail: dsps@wisconsin.gov
Website: dsps.wisconsin.gov

BOARD OF NURSING

CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

I. IDENTIFYING DATA

- A. Name of facility: Manitowoc Health + Rehabilitation Center
Address: 2021 S Alverno Rd
Manitowoc WI 54220
Telephone: 920-683-4100
- B. Type of facility: Hospital Nursing Home Community Health Agency
 Other: _____
- C. Number of beds at facility: 150
- D. Types of patients: Short-term; Long-term; Dementia
- E. Administrator of facility: Raeline Springstroh
- F. Director of nursing service: Julie Place
- G. School(s) of nursing utilizing the facility: No Other

II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
 2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
 2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility? Yes No

Comments: _____

B. Does the facility agree to cooperate in promoting the nursing school objectives? Yes No

Comments: _____

C. Are there experiences in the facility available to students to meet clinical objectives? Yes No

Comments: _____

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

Lakeshore Technical College
Nursing School

Kathi Calabresa
Educational Administrator

Kathi Calabresa
Signature

920 693 1860
Telephone Number

Associate Degree Nursing + Practical
Nursing Program(s) Utilizing Facility/Simulated Setting Nursing

Associate Dean of Nursing
Title

3/1/16
Date

kathi.calabresa@gotohlc.edu
Email Address

JOB DESCRIPTION

Title of Position: Licensed Practical Nurse

Date: 11/96

Approximate number of employees in classification or with same title: 20

Division/Dept.: Nursing

Location: Health Care Center

Reports to: Registered Nurse, Clinical Coordinator

PURPOSE OF POSITION:

Functions as a member of the interdisciplinary team and exercises sound judgement based on theoretical and clinical knowledge, skills, understanding and experience in nursing situations. Facilitates the care of residents by meeting specific nursing requirements; assists the professional nurse as directed to perform nursing measures, and communicates significant observations to the registered nurse or clinical coordinator who is in charge.

FUNDAMENTAL JOB DUTIES AND RESPONSIBILITIES:

A. Essential Functions:

1. Reports to the unit appropriately groomed and professionally attired. Utilizes nursing knowledge and is professional in all contacts with families, visitors and fellow staff members.
2. Attends and participates in unit report from previous shift and prioritizes staff duties accordingly.
3. Provides specific instruction and direction to certified nursing assistants and assures that duties are completed.
4. Administers properly prepared oral and injectable medications as ordered by the physician. Accurately records medications given, understand the purpose for which a medication is given, expected results of the medication, the customary dosage, expected side effects and any abnormal reactions to the medication given. Follows proper procedures for giving PRN medications. Completes resident treatments in accordance with M.D. orders and resident care plans.
5. Operates equipment which is available for specific residents' needs, and understands the basis for use of such equipment. Insures that equipment is clean and ready for use at all times.
6. Notifies the registered nurse, physician, and guardian of any change of condition in resident status as appropriate, documents action taken & results that occurred.
7. Knows diet options of the facility and monitors resident nutritional status including food and fluid intake, notifies the registered nurse and attending physician as needed.

Licensed Practical Nurse
Page 2

8. Participates in the care planning process and implementation of the resident plan of care. Cooperates with all staff to provide quality care to residents according to their individual need and preference.
9. Updates physician orders, medication administration record (MARS), nurses notes, consult forms, and other medical records required for the completion of the medical record.
10. Provides input to the RN concerning performance of CNA's.
11. Attends continuing education programs, staff meetings.

B. Non-Essential or Marginal Demands: None

PHYSICAL DEMANDS OF THE ESSENTIAL FUNCTIONS:*

Standing, walking, bending/twisting, reaching, feeling, talking and hearing are required over 75% per shift. Crouching, low levels of pushing/pulling and low levels of handling are required about 25% per shift. Low to high levels of lifting and low to high levels of fingering are required 25% per shift.

For additional information on physical demands, refer to position inventory.

WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:

Over 75% of the time is spent inside. Exposure to wet conditions and noise occurs about 25% per shift. Extreme temperature changes (hot) and atmospheric conditions such as noxious odors and dust are present about 10% per shift. Temperature changes (cold), hazards such as mechanical, electrical, chemicals, burns, physical attack or injury, fast moving vehicles, atmospheric conditions, fumes, mists, gases, poor ventilation and physically confined worksite are present only in unusual situations.

EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:

Medical equipment (patient lifting devices, gloves, scales), personal protective equipment (gloves)

QUALIFICATIONS NEEDED:

Three to four years of high school are required as well as licensure in the State of Wisconsin as a licensed practical nurse is required. Basic everyday living skills, the ability to understand and follow directions as well as the ability to read, write, add and subtract are also required.

This position description has been prepared to assist in defining job responsibilities, physical demands, working conditions and skills needed. It is not intended as a complete list of job duties, responsibilities and/or essential functions. This description is not intended to limit or

Licensed Practical Nurse
Page 3

modify the right of any supervisor to assign, direct and control the work of employees under supervision. Manitowoc Health Care Center retains and reserves any or all rights to change, modify, amend, add to or delete from any section of this document as it deems, in its judgement, to be proper.

Director of Nursing Service

Date

JOB DESCRIPTION

Title of Position: Registered Nurse

Date: 5-24-2010

Division/Dept.: Nursing

Reports to: Clinical Coordinator

PURPOSE OF POSITION:

Supervises and monitors nursing care provided on assigned unit. Assures resident needs are managed and addressed in the plan of care. Interacts with other disciplines to assure quality care is provided within policies and parameters defined by the nursing management.

A. Essential Functions:

1. Assigns and supervises duties to unit staff and monitor staff performance, including the completion of employee performance evaluations.
2. Administer and record medications given during shift of duty as prescribed by the medical staff.
3. Perform comprehensive nursing assessments on all residents and establish a nursing plan of care based on assessment outcomes.
4. Complete required documentation including the minimum data set (MDS), nursing narratives and other documents according to established policies and procedures
5. Inform respective medical staff of changes in conditions, accurately document and transcribe physician orders and communicate orders to other departments according to established policies and procedures.
6. Replace absent staff as directed.
7. Attend inservice programs and staff meetings to keep current with nursing practice and facility policies.
8. Provide treatments to residents according to the resident plan of care and/or as prescribed by the attending physician.

In addition to the above essential functions, employee(s) must treat residents and staff with dignity and respect and must know Resident's Bill of Rights. Employee(s) must also adhere to good working habits.

B. Non-Essential or Marginal Demands: None

PHYSICAL DEMANDS OF THE ESSENTIAL FUNCTIONS:

Hearing, far vision and near vision are required about 75% per shift. Walking, talking and sitting are required about 50% per shift. Standing and low levels of pushing and pulling are required about 25% per shift. Sitting, stooping, crouching, bending/twisting, reaching, feeling, low levels of carrying, low to high to very high levels of pushing/pulling, low to medium levels of handling and low levels of fingering are required about 10% per shift. Kneeling, crawling, running, grappling, climbing, using legs and feet, balancing, medium to high levels of carrying, medium levels of pushing/pulling and high levels of fingering are required in unusual or non-routine situations.

* For additional information on physical demands, refer to position inventory.

WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:

Over 75% of the time is spent inside with exposure to wet occurring about 10% per shift. Working outside with exposure to humid conditions, noise and physical attack or injury is present only in unusual situations.

EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:

Medical equipment (first aid equipment, oxygen and anesthesia, patient lifting devices)

QUALIFICATIONS NEEDED:

Two or more years at a university, community college, college, business school, trade or technical school as well as current licensure in the State of Wisconsin as a registered nurse is required. Basic everyday living skills as well as the ability to understand and follow directions. Also, the ability to read, write, add and subtract is also required.

This position description has been prepared to assist in defining job responsibilities, physical demands, working conditions and skills needed. It is not intended as a complete list of job duties, responsibilities and/or essential functions. This description is not intended to limit or modify the right of any supervisor to assign, direct and control the work of employees under supervision. Manitowoc Health Care Center retains and reserves any or all rights to change, modify, amend, add to or delete from any section of this document as it deems, in its judgement, to be proper.

Director of Nursing

Date

Job Attachment: Registered Nurse

The following are expected responsibilities of this position:

1. Monitors staff compliance with facility policies and residents rights on assigned unit.
2. Actively participates in the employee performance evaluation process as directed by unit coordinator

I have read, understand and agree to comply with the requirements as set forth in the job description and attachment for this position.

Employee Signature

Date

Supervisor Signature

Date

**CLINICAL AFFILIATION AGREEMENT FOR
HEALTH OCCUPATIONS**

Effective Date: June 22, 2015

This Agreement is made and executed as of the date first written above at Cleveland, Wisconsin, by and between the LAKESHORE TECHNICAL COLLEGE, a Wisconsin institution for technical education and training ("LTC"), and **MANITOWOC HEALTH & REHABILITATION CENTER, Manitowoc**, a Wisconsin clinical education setting ("Clinical Education Setting").

WITNESSETH:

WHEREAS, LTC administers educational curricula for various health services (each a "Program" and collectively the "Programs"), and seeks to provide, as part of the Program curricula, supervised clinical experiences for LTC students enrolled in the Programs ("Students"); and **MANITOWOC HEALTH & REHABILITATION CENTER**.

WHEREAS, the Clinical Education Setting serves patients in various health services through the provision of medical or other services consistent with the one or more Programs, and seeks to train future health care practitioners by providing Students with supervised clinical experiences at the Clinical Education Setting sites, consistent with the educational objectives of Students and LTC; and **MANITOWOC HEALTH & REHABILITATION CENTER**.

WHEREAS, LTC and the Clinical Education Setting have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement;

NOW THEREFORE, LTC and the Clinical Education Setting agree as follows:

AGREEMENT

1. **LTC'S RIGHTS AND RESPONSIBILITIES**. In addition to its rights and responsibilities described elsewhere in this Agreement, LTC shall have the following rights and responsibilities:

1.1 **Preparation of Students for Clinical Placement**. LTC shall assure, through qualified faculty that each Student assigned to the Clinical Education Setting is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (i) academic performance indicating an ability to understand what Student will observe and/or perform during the clinical placement; and (ii) appreciation of the nature and seriousness of the work Student will observe and/or perform.

1.2 **Assigning Students to the Clinical Education Setting**. After receiving from the Clinical Education Setting the number of placements available for Students, LTC shall

select Students to be assigned (with the approval of the Clinical Education Setting) to the Clinical Education Setting. LTC shall notify the Clinical Education Setting of the Students assigned to the Clinical Education Setting, and each Student's availability for participation in clinical experiences.

1.3 Educational Coordinator. LTC shall appoint a faculty member to serve as Educational Coordinator for each Program, and shall communicate his or her name, title and telephone number to the Clinical Education Setting. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Programs.

1.4 Accreditation and Licensure. LTC shall maintain, at all times during the term of this Agreement: (i) accreditation as an educational institution; (ii) all licensures and approvals from the State of Wisconsin necessary to the applicable Program; and (iii) full and unrestricted accreditation of the Programs from the accrediting organization. LTC shall promptly notify the Clinical Education Setting of any change in its accreditation or licensure status.

1.5 Background Investigative Disclosure. All Students who are assigned to the Clinical Education Setting shall have had a background check performed under the direction of LTC in accordance with applicable Wisconsin Caregiver Background Check Law. The background check shall include obtaining, as applicable, information from the Department of Justice, the Department of License and Regulation, the Department of Health and Family Services and from out-of-state agencies if the Student has lived outside of Wisconsin within the past three years. If the Student has a criminal record, it will be evaluated by LTC to determine if the individual is barred from performing duties at the Clinical Education Setting. Prior to placement of the Student, LTC will notify the Clinical Education Setting in writing of any crime of which Student has been convicted so that the Clinical Education Setting may make a determination as to whether the conviction(s) is substantially related to the duties the Student would be performing. The Clinical Education Setting may refuse placement of any Student the Clinical Education Setting believes could put its patients, employees and/or visitors at risk. LTC hereby agrees to notify the Clinical Education Setting when LTC becomes aware that any Student on site at the Clinical Education Setting is charged with or convicted of any crime or is investigated by any governmental agency.

2. CLINICAL EDUCATION SETTING RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, the Clinical Education Setting shall have the following rights and responsibilities:

2.1 Number of Placements. The Clinical Education Setting shall have sole discretion to determine its capacity to accept Students for clinical placement under this Agreement, whether such capacity is described in terms of the number of Students on-site at any one time, the number of hours of clinical supervision that the Clinical Education Setting can provide over a period of time, or other such description of capacity. The Clinical Education Setting shall communicate such capacity to LTC before Students may be assigned to the Clinical Education Setting.

2.2 Site Coordinator. The Clinical Education Setting shall appoint an employee to serve as a coordinator at the site for each Program (for purposes of this Agreement, the "Site Coordinator"), and shall communicate his or her name, title and telephone number to LTC. The Site Coordinator shall be responsible for overall management of the experience at the Clinical Education Setting, and may be assigned as Site Coordinator for one or more Programs.

2.3 Orientation. The Clinical Education Setting shall provide LTC's faculty and Students with a comprehensive orientation to the Clinical Education Setting, including all applicable policies and procedures and expectations of the Clinical Education Setting, and a tour of the physical plant. Such orientation shall include a comprehensive orientation to the Clinical Education Setting's emergency and safety protocols and policies.

2.4 Qualified Supervision. The Clinical Education Setting shall maintain throughout the term of the Agreement a student/practitioner ratio in accordance with Wisconsin law.

2.5 Student Access to the Clinical Education Setting and Patients. The Clinical Education Setting shall permit access by Students to any and all areas of the Clinical Education Setting as reasonably required to support Students' clinical development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Education Setting reserves the right to refuse access to any Student who does not meet, in the Clinical Education Setting's reasonable determination, its standards for safety, health or proper conduct.

2.6 Accreditation, Licensure and Eligibility. The Clinical Education Setting shall maintain, at all times during the term of this Agreement all qualifications necessary to provide services under this Agreement, including: (i) full and unrestricted accreditation, as appropriate, from the Joint Commission on Accreditation on Healthcare or be approved by the State of Wisconsin; (ii) all necessary licensures, certifications and approvals from the State of Wisconsin or other authority; and (iii) if applicable, eligibility for participation in the Medicare and Medicaid programs. The Clinical Education Setting shall immediately notify LTC of any change in the Clinical Education Settings' qualifications, accreditation, licensure or eligibility status.

2.7 Clinical Component Requirements. The clinical component offered by LTC shall in all respects be implemented and administered by the Clinical Education Setting in a manner that meets the requirements of any agency that accredits, licenses, certifies or otherwise oversees the Program, other authorities identified by LTC, and all applicable laws.

2.8 Inspections. The Clinical Education Setting shall, upon reasonable request, permit inspection of its premises by LTC, Program oversight agencies, if any, and other authorities.

2.9 Final Authority. The Clinical Education Setting retains final authority for all aspects of operations at and management of the Clinical Education Setting.

2.10 Remuneration. Students may not receive remuneration for services relating to the Program and performed for or on behalf of the Clinical Education Setting.

3. JOINT RIGHTS AND RESPONSIBILITIES. In addition to their rights and responsibilities described elsewhere in this Agreement, LTC and the Clinical Education Setting shall have the following rights and responsibilities.

3.1 Supervision and Evaluation of Students. LTC and the Clinical Education Setting shall, in good faith, work cooperatively to assure adequate supervision and evaluation of Students while Students are on-site at the Clinical Education Setting. Both parties shall reinforce with Students: (i) the seriousness of the service being performed at the Clinical Education Setting, including the Student's impact upon patients' wellbeing; (ii) the importance of abiding by the Clinical Education Setting rules and regulations; and (iii) the confidentiality of patient identities and health information. LTC shall, if the Clinical Education Setting so desires, assure prompt feedback to the Clinical Education Setting regarding Students' evaluation of their clinical experience at the Clinical Education Setting. The Clinical Education Setting shall assure prompt feedback to LTC regarding Students' performance at the Clinical Education Setting and additional feedback as described in the Program Memorandum, if any.

3.2 Review and Evaluation of Affiliation. LTC and the Clinical Education Setting agree to review and evaluate any and all aspects of their affiliation at periodic intervals, and to work cooperatively to establish and maintain clinical experiences that meet their respective objectives. This Agreement may be amended or modified, pursuant to Section 7 below, to reflect changes in the parties' relationship.

4. STUDENT RIGHTS AND RESPONSIBILITIES. LTC and the Clinical Education Setting shall instruct Students regarding Students' rights and responsibilities while on-site at the Clinical Education Setting. These rights and responsibilities shall include the following:

4.1 Conduct. Student shall, at all times while on the Clinical Education Setting premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Student shall refrain from the improper use of alcohol or other drugs, and shall not carry any firearms or other weapons while on the Clinical Education Setting premises. Student shall abide by all policies, rules and regulations established by the Clinical Education Setting and LTC.

4.2 Timeliness. Student shall report to the Clinical Education Setting at the assigned place and time. Student shall immediately inform the Clinical Education Setting and LTC of Student's inability to report to the Clinical Education Setting as assigned.

4.3 Uniform and Identification. Student shall wear the uniform or other clothing as directed by LTC. Student shall display proper identification as directed by the Clinical Education Setting. Student's appearance shall be, at all times, neat and clean.

4.4 Personal Expenses. While at the Clinical Education Setting, Student shall be responsible for Student's personal expenses such as meals, travel, medical care and incidentals.

4.5 Evaluation of Clinical Experience. Student shall, upon request of LTC or the Clinical Education Setting, provide a candid evaluation of the clinical experience at the Clinical Education Setting including, without limitation, preparation for the on-site experience, orientation to the Clinical Education Setting, and experience and supervision at the Clinical Education Setting.

5. STUDENT HEALTH POLICIES

5.1 Emergency Medical Services. If Student is injured or becomes ill while at the Clinical Education Setting, the Clinical Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Clinical Education Setting's capability and policies. The Clinical Education Setting shall promptly notify LTC that Student has been injured or become ill. Student shall bear financial responsibility for charges associated with said treatment.

5.2 Immunizations. LTC shall assure that Students have received, before reporting to the Clinical Education Setting, appropriate immunizations and vaccines, or, in the alternative, have completed the appropriate declination of immunization form, notice of which is provided to the Clinical Education Setting.

5.3 OSHA Policies. The Clinical Education Setting shall instruct Students regarding OSHA policies, and regarding precautions and other procedures to protect Students, patients and the Clinical Education Setting personnel from bloodborne and other pathogens.

6. TERM AND TERMINATION

6.1 Initial and Renewal Term. Subject to Section 6.2 below, this Agreement shall be effective as of the date set forth above **June 22, 2015** and shall continue for an initial term of one academic or Program year. Thereafter, this Agreement shall automatically renew and continue in full force and effect for any and all periods during which any Student in a Program is placed at and accepted by the Clinical Education Setting. Notwithstanding the foregoing, either party may choose not to renew this Agreement at the end of the then-current Program by providing the other with not less than sixty (60) days' advance written notice of its intent not to renew prior to the end of then-current Program. In the event that either party's non-renewal of this Agreement disrupts the clinical experience of any Student(s) in a Program, the Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Student(s)' clinical experience. Upon notice of non-renewal by either party, no new Student may be placed at the Clinical Education Setting.

6.2 Termination. Notwithstanding Section 6.1 above, this Agreement may be terminated as follows:

A. By Mutual Agreement. LTC and the Clinical Education Setting may terminate this Agreement at any time upon written agreement.

B. For Cause. In the event LTC or the Clinical Education Setting fails in any substantial manner to perform as required herein, this Agreement may be terminated as described below:

(1) Either party may terminate this Agreement at any time, upon material breach of any of its provisions by the other party; provided, however, if such breach is curable, that not less than thirty (30) days prior to termination, written notice shall be given by the non-breaching party to the breaching party that states the intention of the non-breaching party to terminate this Agreement, the nature of the material breach giving rise to termination, and shall permit the breaching party reasonable opportunity to cure such material breach to the reasonable satisfaction of the non-breaching party during said thirty (30) day period.

(2) If the material breach is not resolved to the reasonable satisfaction of the non-breaching party during the thirty (30) day period as provided in B.(1) above, the non-breaching party shall immediately give the breaching party written notice of termination of the Agreement.

(3) In the event that termination of the Agreement by the Clinical Education Setting pursuant to this Section 6.2 (B) disrupts the clinical experience of any Student(s) in a Program, the parties shall attempt, in good faith and using their commercially reasonable best efforts, to continue Students' clinical experiences and this Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Students' clinical experience. During any time period in which notice of termination has been given and existing Students are completing the Program, no new Student may be placed at the Clinical Education Setting.

C. Immediate Termination. LTC may immediately terminate this Agreement if the Clinical Education Setting fails to maintain full and unrestricted accreditation, licensure and, if applicable, eligibility as required under Section 2.6 of this Agreement. The Clinical Education Setting may terminate this Agreement immediately upon written notice to LTC if LTC fails to maintain full and unrestricted accreditation and licensure as required under Section 1.4 of this Agreement. In addition, the Clinical Education Setting may also terminate any Program if LTC fails to maintain full and unrestricted accreditation.

6.3 Effect of Termination. Upon termination of this Agreement, no party shall have any further obligation hereunder except for obligations accruing under the terms of this Agreement prior to the date of termination.

6.4 Termination of a Student's Program Due to Student's Actions. Notwithstanding Article 6 above, a Program for a Student may be terminated by LTC or the Clinical Education Setting as described below in the event such Student fails in any substantial manner to perform as required herein. Either LTC or the Clinical Education Setting may terminate a Program for a Student at any time upon material breach by a Student of any of the provisions in this Agreement governing such Student; provided, however, written notice shall be given by the party declaring such breach to the other party hereto and to such Student that states the intention of the party declaring such breach to immediately terminate the Program for the Student in question and the nature of the material breach giving rise to such termination.

7. AMENDMENTS AND MODIFICATIONS. This Agreement may be changed at any time with the written approval of the parties. Such amendments or modifications will be written, signed by the parties and made a part of this Agreement.

8. INDEMNIFICATION AND LIABILITY

8.1 LTC. LTC shall indemnify, defend and hold harmless the Clinical Education Setting, its governing board, officers, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by LTC or any of its employees. LTC will not indemnify the Clinical Education Setting for any act or failure to act by any Student that may occur during or that may arise out of this Agreement.

8.2 The Clinical Education Setting. The Clinical Education Setting shall indemnify, defend and hold harmless LTC, its governing board, officers, faculty, employees, students, and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Clinical Education Setting or any of its employees, agents, medical residents or members of its medical staff that may occur during or that may arise out of this Agreement.

8.3 Costs. In the event each party is found to be at fault, then each shall bear its own costs and attorney fees and its proportionate share of any judgment or settlement based on its percentage of fault, as determined by a procedure established by the parties.

8.4 Survival. This Section 8 shall continue beyond the expiration, non-renewal or termination of this Agreement.

9. INSURANCE.

9.1 LTC. LTC shall maintain, at no cost to the Clinical Education Setting, general and professional liability insurance covering LTC as an entity and each of its employees and agents against general and professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

9.2 The Clinical Education Setting. The Clinical Education Setting shall maintain, at no cost to LTC, general and professional liability insurance covering the Clinical Education Setting as an entity and each of its physician-employees, nonphysician-employees, medical residents and agents against professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to LTC upon request.

9.3 Students. Students shall maintain, at no cost to LTC or the Clinical Education Setting (unless either such party consents to such cost), accident insurance. LTC shall maintain, at no cost to the Clinical Education Setting, general liability insurance covering LTC as an entity and each of its students against general liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

10. DISPUTE RESOLUTION. Any dispute arising under or in any way related to this Agreement that is not resolved by agreement of LTC and the Clinical Education Setting may be submitted by either party to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The parties agree that such arbitration shall result in a final and binding award in the State of Wisconsin, and may be judicially enforced. Each party shall bear its own arbitration costs and expenses, unless otherwise determined by the arbitrator.

11. NOTICES AND COMMUNICATION

11.1 Notices. All notices under this Agreement shall be given in writing and shall be deemed to have been properly given when delivered:

If to LTC:

LAKESHORE TECHNICAL COLLEGE, INC.
Attn: Kathleen Calabresa
Associate Dean of Nursing
Health & Human Services
1290 North Avenue
Cleveland, WI 53015

If to the Clinical Education Setting:

**MANITOWOC HEALTH & REHABILITATION
CENTER**
ATTN: Raeline Springstroh, Administrator
2021 South Alverno Road
Manitowoc, WI 54220
Phone: 920-683-4100
raelinespringstroh@manitowochrc.co

or at other such addresses as a party from time to time may designate by written notice to the other party.

12. NON-EXCLUSIVE. The parties agree that LTC shall be free to enter into similar

agreements with other facilities, and that the Clinical Education Setting shall be free to enter into similar agreements with other educational institutions.

13. GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the internal Laws of the State of Wisconsin (regardless of such State's conflict of laws principles), and without reference to any rules of construction regarding the party responsible for the drafting hereof.

14. INVALID PROVISION. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

15. ASSIGNMENT. No assignment by a party of this Agreement or its rights and responsibilities hereunder shall be valid without the specific written consent of the other party.

16. RELATIONSHIP OF PARTIES. LTC and the Clinical Education Setting, including their respective agents and employees, shall be, at all times, independent contractors of the other. Nothing in this Agreement is intended or shall be construed to create a joint venture relationship, a partnership, a lease, or a landlord/tenant relationship. Should any governmental agency question or challenge the independent contractor status of LTC, the Clinical Education Setting or their employees, both LTC and the Clinical Education Setting, upon receipt by either of them of notice, shall promptly notify the other party and afford the other party the opportunity to participate in any government agency discussion or negotiations, irrespective of how such discussions are initiated.

17. CONFIDENTIALITY OF RECORDS

17.1 Student Records. LTC and the Clinical Education Setting acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA") and that, generally, student permission must be obtained before releasing specific student data to anyone other than LTC. LTC agrees to provide the Clinical Education Setting with guidance with respect to compliance with FERPA.

17.2 Patient Health Care Records. LTC and the Clinical Education Setting acknowledge that patient health information is protected under Wisconsin law (e.g., Wis. Stat. §§ 146.82, 51.30 and 252.15) and the Health Insurance Portability and Accountability Act ("HIPAA"), and that, generally, the written permission of the patient (or person authorized by the patient) must be obtained before disclosing patient health information. The Clinical Education Setting agrees to provide Students and LTC with guidance with respect to compliance with these statutes and regulations.

18. NON-DISCRIMINATION. LTC and the Clinical Education Setting shall not unlawfully discriminate against any individual on the basis of race, creed, color, sex, religion, age, disability or national origin, and shall comply with applicable anti-discriminatory laws and policies promulgated by LTC.

19. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the subject hereof. This Agreement supercedes any and all other agreements, in writing or oral, between the parties hereto with respect to the subject matter thereof.

20. NO THIRD PARTY BENEFICIARIES. No third parties (including any Student) are intended to benefit from this Agreement, and no third-party beneficiary rights shall be implied from anything contained in this Agreement.

21. WAIVER. Any party may waive in writing any term or condition contained in this Agreement and intended to be for its benefit; provided, however, that no waiver by any party, whether by conduct or otherwise, in any one or more instances, shall be deemed or construed as a further or continuing waiver of any such term or condition.

22. COUNTERPARTS. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument, provided that all such counterparts, in the aggregate, shall contain the signatures of all parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

LAKESHORE TECHNICAL COLLEGE

MANITOWOC HEALTH &
REHABILITATION CENTER

By: Kathleen Calabrese
Kathleen Calabrese
Associate Dean of Nursing
Health & Human Services

By: Raeline Springstroh
Raeline Springstroh
Administrator

Date: 7/6/2015

Date: 06-29-15

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53708-8366

E-Mail: dsps@wisconsin.gov
Website: dsps.wisconsin.gov

BOARD OF NURSING

CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

I. IDENTIFYING DATA

- A. Name of facility: Rocky Knoll Health Care Center
Address: N7135 Rocky Knoll Pkwy
Plymouth WI 53073
Telephone: 920-892-6718
- B. Type of facility: Hospital Nursing Home Community Health Agency
 Other: _____
- C. Number of beds at facility: 155
- D. Types of patients: Short-Term + Long-Term
- E. Administrator of facility: Rachelle Valleskey
- F. Director of nursing service: Carla Darrah
- G. School(s) of nursing utilizing the facility: No Others

II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
 2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
 2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility? Yes No

Comments: _____

B. Does the facility agree to cooperate in promoting the nursing school objectives? Yes No

Comments: _____

C. Are there experiences in the facility available to students to meet clinical objectives? Yes No

Comments: _____

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes No

Comments: _____

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

Lakeshore Technical College
Nursing School

Kathi Calabresa
Educational Administrator

Kathi Calabresa
Signature

920 693 1860
Telephone Number

Assoc Degree Nursing + Practical Nursing
Nursing Program(s) Utilizing Facility/Simulated Setting

Associate Dean of Nursing
Title

3/1/2016
Date

Kathi.calabresa@gotoltc.edu
Email Address

Registered Nurse (RN)

Type: Full Time
Salary/Pay Rate: \$25.19/hr. to \$28.29/hr.
Posted Date: 03/19/2015
Deadline to Apply: 04/17/2015

3rd shift available

PURPOSE & SUMMARY

The primary purpose of the Registered Nurse is to utilize the nursing process in planning and providing direct care to residents as assigned. The nurse will plan, direct and carry out shift routines in assigned nursing unit and observe, direct and evaluate the activities of personnel as the person "in charge" according to the Nurse Practice Act, current state and federal regulations, and in compliance to current nursing standards of practice.

ESSENTIAL DUTIES

Provides Leadership and Direction on the Unit:

- Role models positive communication skills with LPN's, CNA's, (if applicable), interdisciplinary team, supervisory and management team, customers, residents and families.
- Listen to shift report and keep open lines of communication with supervisor, co-workers and on-coming shift.
- Make shift rounds to observe the physical and psychosocial status of assigned unit and residents.
- Assign personnel appropriately to meet resident needs.
- Ensure that unit personnel on your shift are carrying out their assignments.
- Attend nurses and team meetings as scheduled and/or assigned.
- Initiate disciplinary action when the performance of personnel warrants such action.
- Report occupational exposures to needle sticks, blood, body fluids, infectious materials, and hazardous chemicals in accordance with facility policy and procedures governing accidents and incidents.

Resident Care Functions:

- Maintains competence in all required skills within the facility.
- Treats and ensures that residents are treated with respect and dignity.
- Immediately reports any suspected abuse or neglect per facility policy.
- Perform nursing techniques for the comfort and well being of the resident.
- Administers prescribed medications and treatments per MD orders.
- Is drug knowledgeable and reports resident response, side effects, responds to drug considerations and reports problems or potential problems to the physician.
- Maintains all required documentation in an accurate and timely manner according to policies and procedures of the facility.
- Follows all shift routines, policy and procedures regarding monitoring of vital signs, weights, administration of medications and treatments.
- Make physician calls to report resident change in condition.
- Keep families updated on resident conditions.
- Comply with acute emergency protocols and tasks involved in the event of a 911 call.
- Follows all DNR/DNI/CPR/Comfort Care protocols and orders.
- Monitors use of special equipment, i.e. oxygen, intravenous supplies and equipment, enteral

Graduate of an accredited school of nursing. Current licensure in the State of Wisconsin as a Registered Nurse as defined by §41.11 (1) Wisconsin Statutes.

Current CPR Registration

A Registered Nurse with previous geriatric, medical, psychiatric or developmentally disabled preferred.

Good problem solver with abilities to make independent judgments utilizing initiative, discretion and the nursing process as needed.

Demonstrates leadership ability.

Effective communicator with staff, families and outside agencies.

Ability to prioritize duties.

Customer service oriented with knowledge of successful customer service techniques.

Clinical competence to utilize the nursing process to perform physical and cognitive assessments of residents.

Must be a team player and portray a positive attitude.

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Licensed Practical Nurse (LPN)

Type: Part Time
Salary/Pay Rate: \$18.37/hr. to \$21.42/hr.
Posted Date: 03/11/2015

1st, 2nd & 3rd shift available

PURPOSE & SUMMARY

Provides comprehensive nursing care to residents.

Supports the principles of the nursing process, standards of nursing practice, current state regulations as per HFS132 and federal regulations, and/or the program objectives for the diversified population of the facility.

Assists in supervising Nursing Assistants/Attendants.

ESSENTIAL DUTIES

Participates in development, implementation, and evaluation of the total plan of care as assigned.

Observes, reports, and charts on physical and mental condition of residents.

Administers medications and treatments as prescribed by the physician and permitted by licensing regulations.

May participate in the care planning process in coordinating nursing services with other discipline services.

Directly responsible for supervision of the daily work assignments and performances of assigned activities of nursing staff, i.e. Nursing Assistants, in accordance with the Nurse Practice Act.

May initiate and prepare updates to the resident plan of care.

Assists in assessing resident for any permanent change in condition that would result in an alteration of the care plan. Notifies RN of such.

Initiates specialty assessments as needed, i.e. safety assessment, hydration assessment, skin assessment, pain assessment, etc.

Reviews and updates care plans for acute changes in condition, i.e. UTI, URI, etc., notifies RN of change.

Assists in evaluation of pharmacy indicators.

Attends in-service education programs and provides on-unit orientation for nursing staff.

Provides orientation to all levels of nursing staff.

Provides facility updates to all nursing staff, i.e. policy and procedure updates/changes.

Attends in-services provided by facility in order to update their skills. The nurses also provide suggestions for topics they would like to have discussed at monthly meetings.

Observes, reports, and documents changes in conditions of residents to the registered nurse, attending physician, and family/legal responsible party.

Receives and executes the written or verbal orders of physicians.

Assists residents with activities of daily living as assigned.

Monitors use of special equipment, i.e. oxygen, intravenous, etc.

Understands and promotes the concept of comprehensive individualized nursing care for a diversified population.

Initiates investigations of incident accident reports of residents and employees (coordinates with Social Services).

May perform other care duties/assignments per facility needs.

QUALIFICATIONS

Current Wisconsin license as a Licensed Practical Nurse.

Ability to handle crisis intervention situations as directed by individualized care plan, facility protocol, resident rights, etc.

Understands and effectively carries out oral and written instructions.

Practices comprehensive nursing techniques.

(See Physical Standards Addendum.)

WORKING RELATIONSHIPS

Provides direction to the following subordinate positions: Certified Nursing Assistants; Medication Aides.

Formally supervised by Nurse Supervisor.

Performs duties with consideration for residents, employees, and visitors.

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**CLINICAL AFFILIATION AGREEMENT FOR
HEALTH OCCUPATIONS**

Effective Date: May 20, 2015

This Agreement is made and executed as of the date first written above at Cleveland, Wisconsin, by and between the LAKESHORE TECHNICAL COLLEGE, a Wisconsin institution for technical education and training ("LTC"), and **ROCKY KNOLL HEALTH CARE CENTER, N7135 ROCKY KNOLL PARKWAY, PLYMOUTH**, a Wisconsin clinical education setting ("Clinical Education Setting").

WITNESSETH:

WHEREAS, LTC administers educational curricula for various health services (each a "Program" and collectively the "Programs"), and seeks to provide, as part of the Program curricula, supervised clinical experiences for LTC students enrolled in the Programs ("Students"); and **ROCKY KNOLL HEALTH CARE CENTER.**

WHEREAS, the Clinical Education Setting serves patients in various health services through the provision of medical or other services consistent with the one or more Programs, and seeks to train future health care practitioners by providing Students with supervised clinical experiences at the Clinical Education Setting sites, consistent with the educational objectives of Students and LTC; and **ROCKY KNOLL HEALTH CARE CENTER.**

WHEREAS, LTC and the Clinical Education Setting have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement;

NOW THEREFORE, LTC and the Clinical Education Setting agree as follows:

AGREEMENT

1. **LTC'S RIGHTS AND RESPONSIBILITIES.** In addition to its rights and responsibilities described elsewhere in this Agreement, LTC shall have the following rights and responsibilities:

1.1 **Preparation of Students for Clinical Placement.** LTC shall assure, through qualified faculty that each Student assigned to the Clinical Education Setting is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (i) academic performance indicating an ability to understand what Student will observe and/or perform during the clinical placement; and (ii) appreciation of the nature and seriousness of the work Student will observe and/or perform.

1.2 **Assigning Students to the Clinical Education Setting.** After receiving from the Clinical Education Setting the number of placements available for Students, LTC shall

select Students to be assigned (with the approval of the Clinical Education Setting) to the Clinical Education Setting. LTC shall notify the Clinical Education Setting of the Students assigned to the Clinical Education Setting, and each Student's availability for participation in clinical experiences.

1.3 Educational Coordinator. LTC shall appoint a faculty member to serve as Educational Coordinator for each Program, and shall communicate his or her name, title and telephone number to the Clinical Education Setting. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Programs.

1.4 Accreditation and Licensure. LTC shall maintain, at all times during the term of this Agreement: (i) accreditation as an educational institution; (ii) all licensures and approvals from the State of Wisconsin necessary to the applicable Program; and (iii) full and unrestricted accreditation of the Programs from the accrediting organization. LTC shall promptly notify the Clinical Education Setting of any change in its accreditation or licensure status.

1.5 Background Investigative Disclosure. All Students who are assigned to the Clinical Education Setting shall have had a background check performed under the direction of LTC in accordance with applicable Wisconsin Caregiver Background Check Law. The background check shall include obtaining, as applicable, information from the Department of Justice, the Department of License and Regulation, the Department of Health and Family Services and from out-of-state agencies if the Student has lived outside of Wisconsin within the past three years. If the Student has a criminal record, it will be evaluated by LTC to determine if the individual is barred from performing duties at the Clinical Education Setting. Prior to placement of the Student, LTC will notify the Clinical Education Setting in writing of any crime of which Student has been convicted so that the Clinical Education Setting may make a determination as to whether the conviction(s) is substantially related to the duties the Student would be performing. The Clinical Education Setting may refuse placement of any Student the Clinical Education Setting believes could put its patients, employees and/or visitors at risk. LTC hereby agrees to notify the Clinical Education Setting when LTC becomes aware that any Student on site at the Clinical Education Setting is charged with or convicted of any crime or is investigated by any governmental agency.

2. CLINICAL EDUCATION SETTING RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, the Clinical Education Setting shall have the following rights and responsibilities:

2.1 Number of Placements. The Clinical Education Setting shall have sole discretion to determine its capacity to accept Students for clinical placement under this Agreement, whether such capacity is described in terms of the number of Students on-site at any one time, the number of hours of clinical supervision that the Clinical Education Setting can provide over a period of time, or other such description of capacity. The Clinical Education Setting shall communicate such capacity to LTC before Students may be assigned to the Clinical Education Setting.

2.2 Site Coordinator. The Clinical Education Setting shall appoint an employee to serve as a coordinator at the site for each Program (for purposes of this Agreement, the "Site Coordinator"), and shall communicate his or her name, title and telephone number to LTC. The Site Coordinator shall be responsible for overall management of the experience at the Clinical Education Setting, and may be assigned as Site Coordinator for one or more Programs.

2.3 Orientation. The Clinical Education Setting shall provide LTC's faculty and Students with a comprehensive orientation to the Clinical Education Setting, including all applicable policies and procedures and expectations of the Clinical Education Setting, and a tour of the physical plant. Such orientation shall include a comprehensive orientation to the Clinical Education Setting's emergency and safety protocols and policies.

2.4 Qualified Supervision. The Clinical Education Setting shall maintain throughout the term of the Agreement a student; practitioner ratio in accordance with Wisconsin law.

2.5 Student Access to the Clinical Education Setting and Patients. The Clinical Education Setting shall permit access by Students to any and all areas of the Clinical Education Setting as reasonably required to support Students' clinical development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Education Setting reserves the right to refuse access to any Student who does not meet, in the Clinical Education Setting's reasonable determination, its standards for safety, health or proper conduct.

2.6 Accreditation, Licensure and Eligibility. The Clinical Education Setting shall maintain, at all times during the term of this Agreement all qualifications necessary to provide services under this Agreement, including: (i) full and unrestricted accreditation, as appropriate, from the Joint Commission on Accreditation on Healthcare or be approved by the State of Wisconsin.; (ii) all necessary licensures, certifications and approvals from the State of Wisconsin or other authority; and (iii) if applicable, eligibility for participation in the Medicare and Medicaid programs. The Clinical Education Setting shall immediately notify LTC of any change in the Clinical Education Settings' qualifications, accreditation, licensure or eligibility status.

2.7 Clinical Component Requirements. The clinical component offered by LTC shall in all respects be implemented and administered by the Clinical Education Setting in a manner that meets the requirements of any agency that accredits, licenses, certifies or otherwise oversees the Program, other authorities identified by LTC, and all applicable laws.

2.8 Inspections. The Clinical Education Setting shall, upon reasonable request, permit inspection of its premises by LTC, Program oversight agencies, if any, and other authorities.

2.9 Final Authority. The Clinical Education Setting retains final authority for all aspects of operations at and management of the Clinical Education Setting.

2.10 Remuneration. Students may not receive remuneration for services relating to the Program and performed for or on behalf of the Clinical Education Setting.

3. JOINT RIGHTS AND RESPONSIBILITIES. In addition to their rights and responsibilities described elsewhere in this Agreement, LTC and the Clinical Education Setting shall have the following rights and responsibilities.

3.1 Supervision and Evaluation of Students. LTC and the Clinical Education Setting shall, in good faith, work cooperatively to assure adequate supervision and evaluation of Students while Students are on-site at the Clinical Education Setting. Both parties shall reinforce with Students: (i) the seriousness of the service being performed at the Clinical Education Setting, including the Student's impact upon patients' wellbeing; (ii) the importance of abiding by the Clinical Education Setting rules and regulations; and (iii) the confidentiality of patient identities and health information. LTC shall, if the Clinical Education Setting so desires, assure prompt feedback to the Clinical Education Setting regarding Students' evaluation of their clinical experience at the Clinical Education Setting. The Clinical Education Setting shall assure prompt feedback to LTC regarding Students' performance at the Clinical Education Setting and additional feedback as described in the Program Memorandum, if any.

3.2 Review and Evaluation of Affiliation. LTC and the Clinical Education Setting agree to review and evaluate any and all aspects of their affiliation at periodic intervals, and to work cooperatively to establish and maintain clinical experiences that meet their respective objectives. This Agreement may be amended or modified, pursuant to Section 7 below, to reflect changes in the parties' relationship.

4. STUDENT RIGHTS AND RESPONSIBILITIES. LTC and the Clinical Education Setting shall instruct Students regarding Students' rights and responsibilities while on-site at the Clinical Education Setting. These rights and responsibilities shall include the following:

4.1 Conduct. Student shall, at all times while on the Clinical Education Setting premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Student shall refrain from the improper use of alcohol or other drugs, and shall not carry any firearms or other weapons while on the Clinical Education Setting premises. Student shall abide by all policies, rules and regulations established by the Clinical Education Setting and LTC.

4.2 Timeliness. Student shall report to the Clinical Education Setting at the assigned place and time. Student shall immediately inform the Clinical Education Setting and LTC of Student's inability to report to the Clinical Education Setting as assigned.

4.3 Uniform and Identification. Student shall wear the uniform or other clothing as directed by LTC. Student shall display proper identification as directed by the Clinical Education Setting. Student's appearance shall be, at all times, neat and clean.

4.4 Personal Expenses. While at the Clinical Education Setting, Student shall be responsible for Student's personal expenses such as meals, travel, medical care and incidentals.

4.5 Evaluation of Clinical Experience. Student shall, upon request of LTC or the Clinical Education Setting, provide a candid evaluation of the clinical experience at the Clinical Education Setting including, without limitation, preparation for the on-site experience, orientation to the Clinical Education Setting and experience and supervision at the Clinical Education Setting.

5. STUDENT HEALTH POLICIES

5.1 Emergency Medical Services. If Student is injured or becomes ill while at the Clinical Education Setting, the Clinical Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Clinical Education Setting's capability and policies. The Clinical Education Setting shall promptly notify LTC that Student has been injured or become ill. Student shall bear financial responsibility for charges associated with said treatment.

5.2 Immunizations. LTC shall assure that Students have received, before reporting to the Clinical Education Setting, appropriate immunizations and vaccines, or, in the alternative, have completed the appropriate declination of immunization form, notice of which is provided to the Clinical Education Setting.

5.3 OSHA Policies. The Clinical Education Setting shall instruct Students regarding OSHA policies, and regarding precautions and other procedures to protect Students, patients and the Clinical Education Setting personnel from bloodborne and other pathogens.

6. TERM AND TERMINATION

6.1 Initial and Renewal Term. Subject to Section 6.2 below, this Agreement shall be effective as of the date set forth above **May 20, 2015** and shall continue for an initial term of one academic or Program year. Thereafter, this Agreement shall automatically renew and continue in full force and effect for any and all periods during which any Student in a Program is placed, at and accepted by the Clinical Education Setting. Notwithstanding the foregoing, either party may choose not to renew this Agreement at the end of the then-current Program by providing the other with not less than sixty (60) days' advance written notice of its intent not to renew prior to the end of then-current Program. In the event that either party's non-renewal of this Agreement disrupts the clinical experience of any Student(s) in a Program, the Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Student(s)' clinical experience. Upon notice of non-renewal by either party, no new Student may be placed at the Clinical Education Setting.

6.2 Termination. Notwithstanding Section 6.1 above, this Agreement may be terminated as follows:

A. By Mutual Agreement. LTC and the Clinical Education Setting may terminate this Agreement at any time upon written agreement.

B. For Cause. In the event LTC or the Clinical Education Setting fails in any substantial manner to perform as required herein, this Agreement may be terminated as described below:

(1) Either party may terminate this Agreement at any time, upon material breach of any of its provisions by the other party; provided, however, if such breach is curable, that not less than thirty (30) days prior to termination, written notice shall be given by the non-breaching party to the breaching party that states the intention of the non-breaching party to terminate this Agreement, the nature of the material breach giving rise to termination, and shall permit the breaching party reasonable opportunity to cure such material breach to the reasonable satisfaction of the non-breaching party during said thirty (30) day period.

(2) If the material breach is not resolved to the reasonable satisfaction of the non-breaching party during the thirty (30) day period as provided in B.(1) above, the non-breaching party shall immediately give the breaching party written notice of termination of the Agreement.

(3) In the event that termination of the Agreement by the Clinical Education Setting pursuant to this Section 6.2 (B) disrupts the clinical experience of any Student(s) in a Program, the parties shall attempt, in good faith and using their commercially reasonable best efforts, to continue Students' clinical experiences and this Agreement shall remain in full force and effect until such time as this Agreement may expire without disruption of said Students' clinical experience. During any time period in which notice of termination has been given and existing Students are completing the Program, no new Student may be placed at the Clinical Education Setting.

C. Immediate Termination. LTC may immediately terminate this Agreement if the Clinical Education Setting fails to maintain full and unrestricted accreditation, licensure and, if applicable, eligibility as required under Section 2.6 of this Agreement. The Clinical Education Setting may terminate this Agreement immediately upon written notice to LTC if LTC fails to maintain full and unrestricted accreditation and licensure as required under Section 1.5 of this Agreement. In addition, the Clinical Education Setting may also terminate any Program if LTC fails to maintain full and unrestricted accreditation.

6.3 Effect of Termination. Upon termination of this Agreement, no party shall have any further obligation hereunder except for obligations accruing under the terms of this Agreement prior to the date of termination.

6.4 Termination of a Student's Program Due to Student's Actions. Notwithstanding Article 6 above, a Program for a Student may be terminated by LTC or the Clinical Education Setting as described below in the event such Student fails in any substantial manner to perform as required herein. Either LTC or the Clinical Education Setting may terminate a Program for a Student at any time upon material breach by a Student of any of the provisions in this Agreement governing such Student; provided, however, written notice shall be given by the party declaring such breach to the other party hereto and to such Student that states the intention of the party declaring such breach to immediately terminate the Program for the Student in question and the nature of the material breach giving rise to such termination.

7. AMENDMENTS AND MODIFICATIONS. This Agreement may be changed at any time with the written approval of the parties. Such amendments or modifications will be written, signed by the parties and made a part of this Agreement.

8. INDEMNIFICATION AND LIABILITY

8.1 LTC. LTC shall indemnify, defend and hold harmless the Clinical Education Setting, its governing board, officers, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by LTC or any of its employees. LTC will not indemnify the Clinical Education Setting for any act or failure to act by any Student that may occur during or that may arise out of this Agreement.

8.2 The Clinical Education Setting. The Clinical Education Setting shall indemnify, defend and hold harmless LTC, its governing board, officers, faculty, employees, students, and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Clinical Education Setting or any of its employees, agents, medical residents or members of its medical staff that may occur during or that may arise out of this Agreement.

8.3 Costs. In the event each party is found to be at fault, then each shall bear its own costs and attorney fees and its proportionate share of any judgment or settlement based on its percentage of fault, as determined by a procedure established by the parties.

8.4 Survival. This Section 8 shall continue beyond the expiration, non-renewal or termination of this Agreement.

9. INSURANCE.

9.1 LTC. LTC shall maintain, at no cost to the Clinical Education Setting, general and professional liability insurance covering LTC as an entity and each of its employees and agents against general and professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

9.2 The Clinical Education Setting. The Clinical Education Setting shall maintain, at no cost to LTC, general and professional liability insurance covering the Clinical Education Setting as an entity and each of its physician-employees, nonphysician-employees, medical residents and agents against professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to LTC upon request.

9.3 Students. Students shall maintain, at no cost to LTC or the Clinical Education Setting (unless either such party consents to such cost), accident insurance. LTC shall maintain, at no cost to the Clinical Education Setting, general liability insurance covering LTC as an entity and each of its students against general liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Clinical Education Setting upon request.

10. DISPUTE RESOLUTION. Any dispute arising under or in any way related to this Agreement that is not resolved by agreement of LTC and the Clinical Education Setting may be submitted by either party to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The parties agree that such arbitration shall result in a final and binding award in the State of Wisconsin, and may be judicially enforced. Each party shall bear its own arbitration costs and expenses, unless otherwise determined by the arbitrator.

11. NOTICES AND COMMUNICATION

11.1 Notices. All notices under this Agreement shall be given in writing and shall be deemed to have been properly given when delivered:

If to LTC:

LAKESHORE TECHNICAL COLLEGE, INC.
Attn: Kathleen Calabresa
Associate Dean of Nursing
Health & Human Services
1290 North Avenue
Cleveland, WI 53015

If to the Clinical Education Setting:

ROCKY KNOLL HEALTH CARE CENTER
Rachelle Valleskey, Administrator
N7135 Rocky Knoll Parkway
Plymouth, WI 53073
rvalleskey@rockyknoll.net

or at other such addresses as a party from time to time may designate by written notice to the other party.

12. NON-EXCLUSIVE. The parties agree that LTC shall be free to enter into similar agreements with other facilities, and that the Clinical Education Setting shall be free to enter into similar agreements with other educational institutions.

13. GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the internal Laws of the State of Wisconsin (regardless of such State's conflict of laws principles), and without reference to any rules of construction regarding the party responsible for the drafting hereof.

14. INVALID PROVISION. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

15. ASSIGNMENT. No assignment by a party of this Agreement or its rights and responsibilities hereunder shall be valid without the specific written consent of the other party.

16. RELATIONSHIP OF PARTIES. LTC and the Clinical Education Setting, including their respective agents and employees, shall be, at all times, independent contractors of the other. Nothing in this Agreement is intended or shall be construed to create a joint venture relationship, a partnership, a lease, or a landlord/tenant relationship. Should any governmental agency question or challenge the independent contractor status of LTC, the Clinical Education Setting or their employees, both LTC and the Clinical Education Setting, upon receipt by either of them of notice, shall promptly notify the other party and afford the other party the opportunity to participate in any government agency discussion or negotiations, irrespective of how such discussions are initiated.

17. CONFIDENTIALITY OF RECORDS

17.1 Student Records. LTC and the Clinical Education Setting acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA") and that, generally, student permission must be obtained before releasing specific student data to anyone other than LTC. LTC agrees to provide the Clinical Education Setting with guidance with respect to compliance with FERPA.

17.2 Patient Health Care Records. LTC and the Clinical Education Setting acknowledge that patient health information is protected under Wisconsin law (e.g., Wis. Stat. §§ 146.82, 51.30 and 252.15) and the Health Insurance Portability and Accountability Act ("HIPAA"), and that, generally, the written permission of the patient (or person authorized by the patient) must be obtained before disclosing patient health information. The Clinical Education Setting agrees to provide Students and LTC with guidance with respect to compliance with these statutes and regulations.

18. NON-DISCRIMINATION. LTC and the Clinical Education Setting shall not unlawfully discriminate against any individual on the basis of race, creed, color, sex, religion, age, disability or national origin, and shall comply with applicable anti-discriminatory laws and policies promulgated by LTC.

19. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the

subject hereof. This Agreement supercedes any and all other agreements, in writing or oral, between the parties hereto with respect to the subject matter thereof.

20. NO THIRD PARTY BENEFICIARIES. No third parties (including any Student) are intended to benefit from this Agreement, and no third-party beneficiary rights shall be implied from anything contained in this Agreement.

21. WAIVER. Any party may waive in writing any term or condition contained in this Agreement and intended to be for its benefit; provided, however, that no waiver by any party, whether by conduct or otherwise, in any one or more instances, shall be deemed or construed as a further or continuing waiver of any such term or condition.

22. COUNTERPARTS. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument, provided that all such counterparts, in the aggregate, shall contain the signatures of all parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

**LAKESHORE TECHNICAL COLLEGE
CENTER**

By: Kathi Calabrese
Kathleen Calabresa
Associate Dean of Nursing
Health & Human Services

Date: 6/1/2015

**ROCKY KNOLL HEALTH CARE
CENTER**

By: Rachelle Valleskey
Rachelle Valleskey
Administrator

Date: 5/24/2015



Bryant & Stratton College

April 29, 2016

Jeffery Miller, Chairperson
Wisconsin Board of Nursing
Department of Safety and Professional Services
1400 East Washington Avenue
Post Office Box 8935
Madison Wisconsin 53708-8935

Dear Mr. Miller,

Please find enclosed a copy of Bryant & Stratton College Associate Degree Nursing Program's NCLEX plan based on the 2015 first-time pass rate being below the required benchmark. I would appreciate the opportunity to address any questions or concerns by the Board of Nursing at the meeting in which this plan will be discussed.

Please let me know if you have any questions regarding this submission.

Sincerely,

Linda Krueger EdD RN MSN
Dean of Nursing
Bryant & Stratton College
10950 W. Potter Road
Wauwatosa WI 53226
414-302-7007 ext. 572

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Wauwatosa Campus 10950 W. Potter Road, Wauwatosa, WI 53226 Tel: 414.302.7000 Fax: 414.302.7009

Bayshore Campus Bayshore Town Center, 500 W. Silver Spring Drive, Suite K340, Glendale, WI 53217 Tel: 414.961.9600 Fax: 414.961.9605

www.bryantstratton.edu

Bryant & Stratton College
Nursing Program NCLEX Results and Action Plan

The nursing faculty at Bryant & Stratton College have reviewed the NCLEX pass rate data and have identified the following:

1. Annual NCLEX pass rate for first-time test takers has decreased over the last four years:
2012= 89% 2013= 83.4% 2014= 78% 2015= 77.25%
2. NCLEX pass rate for 2016 based on our weekly data collection = 86% with 31 of 36 testers passing on first attempt
3. NCLEX pass rate for our December 2015 graduating class = 89% with 24/27 testers passing on first attempt and 13 graduates remaining to test
4. There are 4 graduates from 2015 who have not attempted their first NCLEX yet.
5. Our program has a strong correlation between ATI Comprehensive Predictor scores and NCLEX pass rate on first attempt (Students who score with a 93% probability of passing NCLEX on the ATI exam do indeed pass NCLEX on the first attempt at a much higher rate compared to students who score less than the 93% probability)
6. Our program has a strong correlation between the number of ATI tests scored at level 1 or below and the NCLEX pass rate on first attempt (Students who score level 1 or below on 5 or more ATI exams throughout the program have a significantly lower NCLEX pass rate compared to students who score level 1 or below on 4 ATI exams or less)
7. While we recognize we have not seen an improvement in our annual NCLEX pass rate, our team created and implemented a strong, comprehensive action plan over the last 15 months. We believe we will be seeing increases in the NCLEX pass rates as this plan impacts students throughout the duration of their program. The action plan has taken more time to see the positive results than we anticipated. We do believe that if we continue on this plan, with the additional steps noted below, that we will see overall improvement in our student outcomes, including the NCLEX, as the students are impacted from the beginning of their program to the end.

Faculty Responses/Action Plan

1. Our program incorporates ATI testing and resources throughout the program. During the winter 2016 semester we noticed with new course leads that our Internship course in the final semester of the program had not been using ATI resources or remediation plans to the extent possible. Our course lead increased the expectation for students to use the ATI resources in a more comprehensive manner. We anticipate that these resources will help students recognize their areas of improvement, and with faculty oversight in remediation activities, students will be completing remediation in a more thorough and meaningful manner. These remediation activities should help students be more successful on NCLEX.

2. During the Winter 2016 term there were several instances of academic dishonesty reported and witnessed by faculty. We recognize that this activity may have been occurring previously without faculty notice. The nursing team has increased their efforts to curb academic dishonesty through increased exam proctoring; creating at least two versions of each exam and alternating the exam during the distribution so that students seated next to each other will not receive the same exam; requiring all personal belongings and beverages to be placed at the front or sides of the classroom during the exam. Faculty are anticipating less chance for academic dishonesty with these interventions.

3. The nursing team has reviewed our comprehensive ATI and NCLEX data and we identified four areas that our graduates score the lowest, which were consistent between the ATI and the NCLEX. These four areas include: basic care and comfort, risk reduction, physiological adaptation, and health promotion and maintenance. Our course leads (teach lecture and coordinate learning activities for all components of the course, including lab and clinical) will be creating action plans for each of their respective courses to address these four areas for the spring semester and ongoing thereafter.

4. We have been implementing more computerized exams on Blackboard, our learning management system, in order to better prepare students for taking the NCLEX computerized exam.

5. Course leads have increased the rigor of the course exams to include more alternative style items, analysis level questions, and to more closely mimic the NCLEX test plan. In the final semester we are reaching toward our goal of 100% of the multiple choice exam items being analysis level and 30% of total exam items being alternative style. Faculty planned a gradual increase in exam rigor throughout the program to lead to student success on these items in 5th semester. For example: third semester exams 25% items at application level, 75% at analysis, and 30% alternative items; fourth semester courses with 15% application items and 85% analysis with 30% alternative items. Faculty recognize that as exam rigor increases, teaching methodology should be revised and student support needs to be increased.

6. Faculty have implemented more active learning strategies in the classroom and a two hour post-conference at the end of clinical to more effectively help students to make important learning connections. We realized during the winter semester that not all faculty were participating in the two hour post-conference and we discussed this at our last faculty meeting of the semester to ensure we obtain greater support and compliance.

7. Faculty are strategizing on new ways to review exams. Rather than reviewing the exam in class, faculty are reviewing the main concepts students had difficulty with, and meeting with students individually as needed. The faculty feel this change will promote a greater emphasis on learning and decrease the student focus on bartering for exam points. Faculty have offered test-taking strategy sessions for students during the semester. In addition, the course leads have agreed to keep 90% of the final course grade determined by exams.

8. Faculty have recognized the need to improve our students' critical thinking and knowledge in medical-surgical nursing concepts based on ATI scores, comprehensive predictor ATI, and core

course exam results. In response to this realization, faculty have improved the assessment activities in clinical to better evaluate and to promote increased student learning. One specific area of improvement is in student prep work. Faculty in our medical-surgical courses (both I and II) are increasing the rigor of the prep to help students make stronger connections between diagnoses, medications, treatment modalities, nursing care and interventions, and complications. The prep work is meant to provide students with a greater opportunity to expand their learning while giving faculty more concrete information for evaluating student knowledge and critical thinking. Our faculty in the geriatric/mental health clinical are incorporating more medical-surgical concepts with the geriatric simulation scenarios and class discussions and case studies. We are anticipating these actions will improve students' knowledge of medical-surgical concepts. In addition, the faculty in our Nursing Fundamentals course trialed Gordon's functional assessment tool in clinical and noted an increase in students' ability to make connections, think critically, and consider the patient situation holistically. This tool will be implemented throughout this course as a result of the data obtained.



HERZING[®]
UNIVERSITY

May 11, 2016

Mr. Dan Williams
Executive Director
On Behalf of the Wisconsin Board of Nursing
Department of Safety and Professional Services
1400 E. Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Re: Herzing University-Madison analysis of NCLEX-RN pass rate improvement plan from 2015.

Dear Mr. Williams:

Please find enclosed the analysis and report of NCLEX-RN pass rates in follow up to the improvement plan submitted in 2015 for Herzing University-Madison.

Please contact me if you have any questions or concerns.

Respectfully submitted,

Jennifer A. Kowalkowski, MS, MPH, RN
Department Chair of Nursing
Director of Nursing
Herzing University-Madison
5218 E. Terrace Dr. Madison, WI 53718

**Herzing University – Madison NCLEX-RN First-Time Pass Rate
Follow-Up Report 2016**

Submitted to

State of Wisconsin:
Wisconsin State Board of Nursing

March 11, 2016



Herzing University-Madison Associate Degree in Nursing program is accredited by the Accrediting Commission for Education in Nursing (ACEN)

Herzing University is accredited by the Higher Learning Commission (HLC) and a member of the North Central Association

Overview

The interventions described in the improvement plan submitted to the Wisconsin Board of Nursing in 2015 were implemented by the faculty of Herzing-Madison's nursing program, and continue to be refined based on data analysis. As predicted in the 2015 improvement plan, these interventions have not significantly affected NLCEX pass rates. Interventions were not in place for graduates in the April 2015 cohort, and the December 2015 cohort did not test in 2015. As a result, any effect of the interventions describe in the 2015 improvement plan will not be realized until 2016.

NCLEX-RN pass rates for the last three calendar years are summarized in Table 1. Overall first-time NLCEX-RN pass rates for 2014 and 2015 are below the annual state benchmark of 80%; 77.08% in 2014 and 75.61% in 2015. However, the three-year average remains above the state benchmark.

Table 1: Herzing University – Madison First-Time NCLEX Pass Rates:

2013				2014				2015			
PN	TR	AS	RN	PN	TR	AS	RN	PN	TR	AS	RN
4	29	ND	29	13	37	ND	37	17	21	10	31
4	33	ND	33	13	48	ND	48	18	29	12	41
100.00%	87.88%	ND	87.88%	100.00%	77.08%	ND	77.08%	94.44%	72.41%	83.33%	75.61%
Three-Year Mean			91.22%	Three-Year Mean			83.34%	Three-Year Mean			81.33%

PN: Practical Nurse

TR: Traditional Pathway Students

AS: Advanced Standing Pathways Students (prior training as an LPN, Paramedic, or military medic)

RN: Registered Nurse – includes traditional and advanced standing pathway students

Students who graduated in December 2015 began testing in 2016. Table 2 summarizes first-time pass rates for this group to date. Of note, advanced standing pathway students in the December 2015 cohort achieved similar first-time pass rates on the NCLEX-RN as the April 2015 cohort, however the pass rate for traditional students dropped precipitously from 72.41% to 60.71%; 11.7 percentage points (See Table 3). Based on these data, greater emphasis is being directed to students in those courses that are completed in the first three semesters of the nursing program; those courses for which the advanced standing pathway students receive transfer credit. Additional data are being analyzed to determine specific content areas where students have consistently demonstrated substandard performance as a means to refine interventions to improve NLCEX-RN pass rates.

Table 2: Herzing University – Madison First-Time NCLEX Pass Rates December 2015 Cohort

December 2015 Cohort to Date			
PN	TR	AS	RN
NT	17	7	24
NT	28	8	36
-	60.71%	87.50%	66.67%

PN: Practical Nurse

TR: Traditional Pathway Students

AS: Advanced Standing Pathways Students (prior training as an LPN, Paramedic, or military medic)

RN: Registered Nurse – includes traditional and advanced standing pathway students

NT: Not tested

The 2015 NCLEX improvement plan outlined several interventions intended to improve first-time NCLEX-RN pass rates. These included improved faculty and student support, as well as revisions to the curriculum. To evaluate whether the interventions described in the 2015 improvement plan are having the intended effects, the faculty and Educational Administrator are collecting and analyzing outcomes data. Data sources include course evaluations, course observations, program completion rates, participation in study and review sessions, content exam item analysis, performance on standardized assessments through ATI (Assessment Technologies Institute), and performance on the NLCEX-RN.

Review of the data from ATI standardized assessments administered to the last three graduating cohorts has revealed several trends that highlight areas of opportunity, and provide additional insight to the evaluation of NLCEX-RN pass rate data. Assessment data reflect performance on nine standardized exams that focus on specific content areas, known as the Content Mastery Series (CMS), as well as the Comprehensive Predictor (Comp Predictor) which is administered in the last semester of the nursing program. Achievement on CMS assessments is an indicator of the level of mastery students attain in specific content areas. To prepare students for the NLCEX-RN, the majority of questions on these assessments are written at the application and analysis levels. The Comp Predictor is a valid and reliable indicator of the likelihood that a student will successfully pass the NCLEX-RN on the first attempt. This assessment is based on the NCLEX-RN test blueprint and includes alternate format questions that mirror those questions that students will experience on their licensure exam. Herzing University has established Level 2 on the CMS assessments, and a 95% predicted probability of passing the NLCEX-RN on the Comp Predictor as benchmarks for the nursing program.

For the April 2015 cohort (n=43), students met the benchmark for ATI Assessments of Level 2 or better on 35.90% of the CMS assessments taken by all students during the program (See Table 2). Scores for traditional pathway students (those who receive no transfer credit for prior licensure or certification in related disciplines) on ATI CMS assessments were lower than for advanced standing pathway students (those who receive transfer credit for prior licensure or certification as LPNs, paramedics, or military medics) on the following assessments: Fundamentals, Adult Medical-Surgical, Maternal Newborn, and Nursing Care of Children. There was no statistically significant difference in mean scores between these groups with the exception of the Maternal Newborn exam ($p=0.036$, $\alpha=0.05$), for which the advanced standing pathway students scored an average of 0.65 points better than the traditional pathway students.

Table 3: Data Analysis by Cohort and Pathway on ATI Standardized Assessments

Cohort	Cohort			Traditional Pathway			Advanced Standing Pathway		
	Number Students	Level 2 on CMS Assessments	95% on Comp Predictor	Number Students	Level 2 on CMS Assessments	95% on Comp Predictor	Number Students	Level 2 on CMS Assessments	95% on Comp Predictor
April 2015	43	35.90% (135/376)	20.93% (9/43)	32	35.07% (101/288)	21.88% (7/32)	11	38.64% (34/88)	18.18% (2/11)
December 2015	37	29.93% (87/323)	43.24% (16/37)	28	28.29% (17/251)	35.71% (10/28)	9	22.22% (16/72)	66.87% (6/9)
April 2016	49	26.62% (115/432)	42.86% (21/49)	40	24.17% (87/360)	40.00% (16/40)	9	38.89% (28/72)	55.56% (5/9)

Data for the December 2015 and April 2016 cohorts reveal persistence of the trends in CMS assessment outcomes from the April 2014 graduates. Most students, regardless of pathway, did not achieve the benchmark of Level 2 or greater on the ATI Assessments (Table 2). Analysis reveals no significant difference in attainment of Level 2 between these groups ($p=0.557$, $\alpha=0.05$), or 95% on the Comp

predictor ($p=0.412$, $\alpha=0.05$). The only statistically significant difference in achievement was on the Pharmacology CMS assessment for the April 2016 cohort. The mean level of achievement dropped from 1.05 to 0.88; $p= 0.00085$, $\alpha=0.05$). There were no changes to this course during the period data were analyzed, and the course professor remained consistent. This suggests that a deeper analysis of student characteristics be performed to fully understand the factors contributing to this change in outcomes.

To better understand the specific content areas that need focus and remediation, data from the Comp Predictor for the April and December cohorts was analyzed and reviewed for trends (See Table 4). Content areas where students have consistently scored below expectations include some of the following: ethical practice, health screening, system-specific assessment, and complications or unexpected responses to therapies or procedures. As a result of these data, faculty have identified where this content is introduced and opportunities to further reinforce application to facilitate learning.

Table 4: Summary of Performance on ATI Comprehensive Predictor for April and December 2015 Cohorts

Areas of Consistent Strength	Areas of Consistent Opportunity
<ul style="list-style-type: none"> • Case management • Expected actions/Outcomes • Therapeutic environments/Procedures • Management of care • Informed consent • Performance improvement/Quality improvement • Nutrition and oral hydration • Changes/Abnormalities in vital signs • Delegation • Dosage calculation 	<ul style="list-style-type: none"> • Ethical practice • Health screening • Potential complications related to surgical procedures and health alterations • Self-care • TPN • System-specific assessment • Unexpected response to therapies • Mental health concepts
Areas of Demonstrated Growth	Areas of Regression
<ul style="list-style-type: none"> • Abuse/Neglect • Family dynamics • Grief and loss • Handling of hazardous/Infectious materials • Hemodynamics • Home safety • Standard precautions • Illness management • Chemical and other dependencies • Crisis intervention 	<ul style="list-style-type: none"> • Emergency response • Fluid and electrolyte imbalances • Medical emergencies

Another source of rich data used to drive innovations in the classroom is from students who have completed the NCLEX-RN. Performance of Herzing graduates on specific content areas is reported by Mountain Measurement and has been analyzed and revealed several trends (Table 4).

Table 4: Summary of Findings on NCLEX-RN Performance as Reported by Mountain Measurement

Reporting Period	Pass Rates: Herzing-Madison Compared to Similar Programs	Pass Rates: Herzing-Madison Compared to National Average	Performance Compared to Prior Year by Content Area
April 2012 – March 2013	Herzing-Madison graduates (88%) Similar programs nursing (89%)	Herzing-Madison graduates (88%) National average for all nursing programs (90%)	<ul style="list-style-type: none"> - Lower performance: Client needs; Nursing process; Human functioning; Health alterations; Wellness-illness; Stages of maturity - No significant change: Human functioning - Improved performance: Stress-adaptation
April 2013 – March 2014	Herzing-Madison graduates (88%) Similar programs nursing (79%)	Herzing-Madison graduates (88%) National average for all nursing programs (82%)	<ul style="list-style-type: none"> - Lower performance: None - No significant change: None - Improved performance: Client needs; Nursing process; Human functioning; Health alterations; Wellness-illness continuum; Stages of maturity; Stress-adaptation
April 2014 – March 2015	Herzing-Madison graduates (78%) Similar programs nursing (79%)	Herzing-Madison graduates (78%) National average for all nursing programs (82%)	<ul style="list-style-type: none"> - Lower performance: Human functioning; Stages of maturity; Stress-adaptation - No significant change: Client needs; Nursing process; Wellness-illness continuum - Improved performance: Health alterations

Reviewing data from the NCLEX-RN as provided by Mountain Measurement reveal several trends. First, graduates have scored the lowest on questions written at the analysis level. Second, graduates score the lowest on questions on basic care and comfort, and then on questions related to complex medical conditions, specifically related to the respiratory and nervous/sensory systems. Students have not performed well for the past three academic years on questions on the NCLEX-RN that integrate the concepts of protective functions, nutrition, and health restoration. In addition, students have consistently performed below other graduate nurses on questions about the natal period and older adults. Like the findings from the ATI data analysis, these findings are being used by faculty to identify where content areas of deficiency are introduced and opportunities to further reinforce application to facilitate learning.

Analysis of instructor-developed content exams has demonstrated the need for faculty development in item writing and test construction, as well as a greater emphasis on test blue printing and level of questions using Bloom’s Revised Taxonomy; interventions that will be implemented beginning in the summer of 2016. Data analysis from end-of-course student evaluations have not provided actionable insight into areas of focus to improve NCLEX-RN pass rates. Student feedback combined with course observations have highlighted the need for faculty to integrate more active learning strategies to improve student engagement and facilitate adaptive learning. Student participation in study sessions and NCLEX-RN review and prep sessions has been low. Active outreach by the program staff and

Educational Administrator is in progress as a means to increase participation. Based on on-going data collection and analysis, the following activities were instituted in 2015 and continue into 2016:

- Curriculum revision with a focus on content guided by organizing and unifying frameworks that emphasize student learning outcomes, and professional standards and competencies.
- Directed faculty development focused on instructional strategies and test development.
- Full integration of ATI resources to support student learning to include:
 - Capstone – Complete content review with personal coach and individualized remediation in last 8 weeks of nursing program.
 - Three-Day Live Review – In-class NCLEX-RN test-taking strategy and exam prep course.
 - Virtual ATI – Complete content review with personal coach and remediation for 90-days post-graduation.
 - Pulse – Real-time prediction of success on NLCEX-RN used for faculty advising and individualized remediation.
 - CMS assessment remediation policy – Individualized content remediation based on performance on CMS assessments.
- Faculty-led, weekly course study strategies sessions.
- Faculty-led, weekly NCLEX-RN review and preparation sessions.
- Integration of Beacon – Electronic platform for internal, student-based communication directed at retention and early identification of at-risk students.
- Content exam blueprinting and leveling using Bloom’s Revised Taxonomy.

As we fully implement the aforementioned interventions and make revisions based on student outcome data, we expect improvement of student performance on the NCLEX-RN. Data collection and analysis is ongoing, with findings used for targeted interventions. This process provides an opportunity to assess the effectiveness of current interventions, and the extent to which critical concepts are adequately covered across the curriculum and reinforced through opportunities for application and analysis. In addition, policies related to admission, readmission, and program progression are also under review by the nursing division curriculum committee to assess further opportunities for continuous improvement.

We thank the Wisconsin State Board of Nursing for their continued support and guidance.

**Report to the Wisconsin Board of Nursing on the
NCLEX-RN Improvement Plan for
Marian University School of Nursing
Fond du Lac, WI
May 13, 2016**



Submitted by Linda Matheson, PhD, RN
Dean, School of Nursing and Health Professions
Marian University, Fond du Lac WI

Report to the Wisconsin Board of Nursing on the

NCLEX-RN Improvement Plan for Marian University School of Nursing

The Marian University Nursing Program (MUNP) has offered a pre-licensure bachelor of science in nursing (BSN) degree since its initial approval by the Wisconsin State Board of Nursing in April, 1964. The MUNP maintained successful program accreditation by the National League for Nursing – Accrediting Commission from 1968 to 2005 and by the Commission on Collegiate Nursing Education (CCNE) since 1998. The MUNP was placed on monitoring status in 2010, and removed from monitoring status in November 2012 through the implementation of NCLEX-RN improvement plans submitted May 2011 and May 2012. Subsequently, a new concept-based curriculum (CBC) was launched in fall 2013 to reflect current nursing practice concepts, such as evidence-based practice, patient-centered care, safety, informatics and technology. This substantive curricular change was designed to better prepare graduates for the NCLEX-RN examination and nursing practice demands. The new CBC created better alignment with the BSN Essentials and QSEN core competencies and a reduction from six to five semesters to allow for easier transfer of students from other colleges and universities. In March 2014, the MUNP was granted a ten year accreditation by the Commission of Collegiate Nursing Education (CCNE) with the CBC fully underway. However, as this CBC curriculum has been phased in, the old curriculum had to be phased out. The 2015 NCLEX-RN pass rate of 74% is reflective of graduates from the old curriculum.

Four factors have contributed to the current NCLEX-RN pass rate. This includes the transition of curriculums, insufficient numbers of faculty, development of new programs in the School of Nursing and Health Profession (SNHP), and turnover in SNHP leadership. The first factor involved running two curricula simultaneously. The last graduating class of the old curriculum was in May 2015. The first graduates of the CBC was in December 2015, and these graduates' NCLEX-RN exam pass rates will be reported in 2016.

The second factor was transitioning to a new curriculum in conjunction with a faculty shortage. This caused nursing program resources to be spread thin. In the March 2014 CCNE evaluation team report, it was noted that faculty vacancies resulted in credit overload for nursing faculty for more than three years. This has been subsequently resolved as the total full-time equivalents (FTE) count has been increased by 6.75 FTE from academic year (AY) 13-14 (16.5 FTE) to AY15-16 (23.25 FTE). However, while the SNHP has been able to increase the number of FTE, many of the new hires were recent master's prepared graduates with limited teaching experience. This is reflective of the nationwide faculty shortage.

Other SNHP initiatives diverted some attention from the ongoing formative evaluation process during the implementation of the CBC to create the third factor. Two new programs, Exercise and Sport Science and Community Health and Human Services, were created and implemented in 2013. Attention to the development of these programs and re-accreditation of the Bachelor of Science in radiology program, combined with a focus on student recruitment and retention, provided additional strain to SNHP resources.

The fourth factor was the departure of the dean of SNHP in July 2014. An interim dean with a social work background and an interim nursing program director were in place for the academic year 2014-2015. The interim nursing program director's primary focus was on administration of the undergraduate and graduate nursing programs, and the undergraduate nursing program chair was new to her role. This resulted in a void of leadership for the implementation and evaluation of the CBC. A new dean with a nursing education and clinical practice background was hired in July 2015.

Plan to Meet the NCLEX-RN First Time Taker Pass Rate Standard

The December 2015 class was the first to graduate under the new curriculum. A second cohort will graduate in May 2016. Therefore, there has been limited comprehensive data to evaluate the effectiveness of the CBC or its impact on NCLEX-RN pass rates. Concerned about the May 2015 graduates' performance on the NCLEX-RN exam and anticipating that the implementation of a new curriculum could impact NCLEX-RN pass rates, the new dean initiated aggressive curricular assessment strategies. A SWOT analysis (see Appendix A) was conducted at the curriculum committee workday in December 2015, and an intensive curriculum review is planned for May 16-18, 2016. The dean intends to proactively address this concern on three levels.

The first level is to optimize the May 2016 nursing graduates' ability to pass the NCLEX-RN exam this summer. This has primarily been approached by using remediation strategies with the standardized practice tests from Health Education Systems, Inc. (HESI) within the NCLEX prep course. See Appendix B for specific details for this strategy.

The second level addresses optimization of learning for those who are progressing through the program, and the third level includes an assessment of the nursing curriculum to resolve foundational issues. Strategies for the second and third levels will be finalized after the extensive curricular assessment is completed in May after the faculty engage in peer review and conduct a gap analysis of the curricular plan. Faculty will compare the curriculum to its original proposed state, best practices, and the NCLEX test plan. See Appendix C for the agenda for the curriculum assessment days. The outcome of this assessment will be to:

- Identify gaps in the curriculum that impact student learning outcomes and NCLEX-RN pass rates.
- Identify improvement strategies for the 2016-2017 academic year.
- Begin to develop the foundation for further enhancements to the curricular plan.

In the interim, other strategies are being implemented or considered to proactively optimize AY 16-17 student learning as follows:

1. Sophomore I students will be required to take BIO 201 and 202 (Anatomy and Physiology I and II, 4 credits each) instead of BIO 205 (Fundamentals of Anatomy and Physiology, 5 credits).
 - a. It is felt that the one semester hybrid course, BIO 205, does not provide an adequate foundation for nursing courses.
2. N461 (Concept Synthesis) will be reviewed and revised to enhance senior II outcomes.
3. Standardize assignments across the curriculum (feedback from student curriculum reps)
 - a. Clinical paperwork should reflect increasing competency levels across the curriculum
 - i. Inclusion of critical behaviors essential to passing clinical
 - b. Improve the use of concept maps
 - c. Provide substantive student feedback on written and clinical work
 - d. Create consistent APA and writing rubrics
 - e. Student curriculum representatives are willing to assist with this work
4. Offer a pediatric and obstetrics course; however, students representatives stated that students do not want added cost if they move from 11 credits (part time) to 12 credits (full time)
5. Revision of course assessment criteria
 - a. Test construction policy will be developed for fall 2016
 - i. 90% of course grades will come from NCLEX-RN style questions (currently set at 80%)
 - ii. 10% of the 90% will come from HESI standardized testing products
 - iii. Some nonclinical classes may be excused from this requirement
 - b. Elsevier adaptive question (EAQ) will be incorporated into every class
 - c. Pre-class quizzes to evaluate content mastery will be incorporated into (TBD) classes so faculty can provide targeted instruction
 - d. A testing committee will be implemented in fall 2016 to provide oversight of NCLEX-RN style test questions
 - e. Faculty will be required to take the NCBSN test writing course over the summer (paid by department of nursing). This will be optional if already taken but a refresher is encouraged.
6. Simulation or standardized patients (SP) will be incorporated into select classes
 - a. Consider assigning a fictional family to each cohort as a teaching strategy to apply across the lifespan content
 - b. One faculty will be designated to assist in oversight and ensure simulation and SP are evenly distributed and optimized across courses.
7. Faculty will be encouraged to teach across the curriculum according to their area of expertise. This can be within the course itself or within various levels.
 - a. Consider combining sections so students get all of the content at the same time with faculty assigned to their area of expertise.

8. All faculty will be assigned a CBC mentor (Katie Hughes, Judi Pomeroy or Linda Matheson).
 - a. Mentor will provide oversight of course activities to ensure CBC is being fully implemented.
9. Mandatory training for adjunct faculty prior to teaching
10. Consider implementing a certified nursing assistant course in July or August 2016.

And finally, the MUNP needs to ensure a pipeline of high quality applicants who can be successful in a rigorous nursing curriculum while simultaneously ensuring that all applicants have equal opportunity to be admitted to the nursing program. There are well-documented, evidence-based predictors of eventual NCLEX success. Therefore, admission and progression criteria are being refined to optimize each student's potential for success in the program.

In summary, the MUNP faculty believes the current NCLEX-RN pass rate is reflective of a confluence of factors over the period of time that a new curriculum was being phased in. We are encouraged by the fact that the May 2016 average mean aggregate HESI score was 848, while the national score was 824 (see Appendix B). Therefore, the dean and faculty is confident that the new CBC and proactive assessment strategies will lead to a 2016 NCLEX-RN first time taker pass rate that exceeds the 80% benchmark.

Appendix A
Marian University – School of Nursing and Health Professions
Undergraduate Curriculum Committee – SWOT Analysis Discussion
December 21, 2015

STRENGTHS

Mission: Core of what we do.

Faculty: Experts, dedicated, dedicated, supportive, invested, accessible, experienced/experts, hard-working, share same goals, student-centered, engaged with students, flexible, committee to quality, work well together

Nursing Learning Specialist position

Strong community reputation

CBC: State of art, forward thinking EBP, exemplars

Well established clinical sites

Simulation/Instructors

Team teaching

WEAKNESSES

Relationships & communication, silos, support

Culture: Turnover of admin/mgmt. decision making & input, unwritten rules, don't follow policies and procedures, resistant to change

Clinical instructors

Curriculum: lack of knowledge about CBC

Faculty turnover & retention, mentor program

Adjuncts – too many, inconsistent, don't know CBC

Lack resources - \$ lab computers, data

Testing products

Math for meds

Dissolution of team teaching

Too many observational experiences, not enough hands on

Student evaluations do not differentiate strong from weak students

Lack of nursing preparation course

Not enough focus on fundamental concepts in sophomore year

Lack of curriculum map, not well structured

Testing varies from faculty to faculty

Curriculum may be lacking some OB, peds mental health, cultural spiritual

Not enough med surg

Separation of graduate and undergraduate faculty

Lack of clear roles for level & course coordinators

Lack of student mentors

Change in course requirements

Students need to be held accountable

We don't let students fail

Students may not be prepared for rigor of nursing program

OPPORTUNITIES

Expand clinical sites outside FDL

Marketing: Differentiate us with CBC, sim
Reach out to high schools

Teamstepps

Simulation & service learning

Orientation of adjuncts and new faculty (vest them)

Collaborate with other MU programs

Increase relationship between undergraduate and graduate nursing faculty, team building

Develop plan for at-risk students

Develop admission and retention requirements and strategies

Research

Build community partnerships

Engage nurse educator students

Develop projects to benefit MU

THREATS

Low pass rate

Other online programs – competition

Isolation of SON with move downtown

Lack of financial resources

Loss of or decreased access to clinical sites

Becoming too consumer driven

Inadequate Nielsen building accommodations

Turnover & retention of faculty, not enough faculty

Low enrollment

Not getting everyone's input for decision making

Appendix B

Plan to Optimize May 2016 Graduates on the NCLEX-RN Exam

1. Students took HESI exit exam version one on March 2, 2016
 - Overall results: low scores in fundamentals, maternity, mental health, and med/surg
2. Elsevier Adaptive Quizzing (EAQ)
 - Elsevier added the EAQ product to the current seniors' Evolve accounts at no additional charge
 - 3/29/16: Elsevier representative trained students on EAQ
 - Students are required to do remediation in fundamentals, maternity, mental health, and medical/surgical EAQ
 - For each of the areas a student scored less than 900 the student must use the EAQ product to earn a mastery level 3 by 4/29/16
 - NRS 425 (Trends and Issues in Health Care), NRS 461 (Concept Synthesis), and NRS 470 (Senior Capstone) have given up class time for the next four weeks so students have dedicated time to work on this. This equates to three hours and 20 min per week.
 - Achieving a Level 3 in EAQ replaces the requirement of practice tests in NRS 461 (Concept Synthesis). Practice tests were very content-specific and offered no remediation.
3. All students are required to attend the NCLEX-RN live review course offered by HESI on May 8 through May 10, 2016.
4. Students took the HESI exit exam version two on May 12, 2016.
 - The mean aggregate HESI score was 848, while the national score was 824. This represents an increase of 102 points from version one to version two.

Appendix C
Spring 2016 Undergraduate Curriculum Assessment
May 16-18, 2016

Agenda

Purpose: To complete a gap analysis of the undergraduate curriculum through a peer review process.

Goal: By the end of this 2 ½ day on campus retreat:

- Faculty will identify gaps in the curriculum that impact student learning outcomes and NCLEX-RN pass rates.
- Faculty will identify improvement strategies for the 2016-2017 academic year.
- Faculty will begin to develop the foundation for further enhancements to the curricular plan.

Objective: To complete a gap analysis of the current undergraduate curriculum plan according to the NCLEX test plan, the original curriculum plan, and concepts that are taught across the curriculum.

Monday: Teams will answer the following questions in the gap analysis.

- How does course content and clinical compare to the original plan?
- How do the concepts compare from the original plan to what is currently being taught?
- How does course content and clinical contribute to meeting student learning outcomes?
- How does course content and clinical address the 2016 NCLEX-RN test plan?
- How do course and level outcomes contribute to achievement of program outcomes?

Tuesday: Teams will prepare their conclusions and prepare a flip chart presentation for Wed.

- Identify the curricular gaps as they relate to program outcomes and the NCLEX-RN test plan.
- What concepts should be kept, added, omitted or changed?

Team and Room Assignments:

1. End of curriculum (Room A205)	2. Sophomore level (Room A207)
<ul style="list-style-type: none"> a. Nancy Stuever (facilitator) b. Lois Augustson c. Devon Lor d. Nancy Noble 	<ul style="list-style-type: none"> a. Jessica Sabel (facilitator) b. Mary Fisher c. Bre Sutfin d. KiErrin Phillips
3. Junior level (Room A208)	4. Senior level (Room A209)
<ul style="list-style-type: none"> a. Mary Polchert (facilitator) b. Chris Laurent c. Heidi Neuhauser d. Judi Pomeroy e. Lisa Schmidt 	<ul style="list-style-type: none"> a. Pat O'Connor (facilitator) b. Rachel Loduha c. Jayme Nagle d. Karen Roberts e. Cheryl Passel
5. Circulators	
<ul style="list-style-type: none"> a. Linda Matheson b. Katie Hughes c. Anne Rosploch 	

Agenda (cont.)

Monday, May 16 in Room A205: Put on your analyst hat!

0900-1030: Overview of gap analysis & peer review process (Linda Matheson)

Review of NCLEX test plan (Linda Matheson)

1030-1200: Team meetings

Determine if you have sufficient documents. If not, team facilitator will order them.

Determine your plan of attack

1200-1230: Lunch

1230-1600: Team meetings

Tuesday, May 17: Put on your synthesis hat!

0900-1130: Team meetings

Prepare your presentation for Wednesday

Wednesday, May 18 @ NRC: Put on your creative hat!

0900-0930: Analysis of progression data and NCLEX results of first cohort

0930-1000: Report out by sophomore team

1000-1030: Report out by junior team

1030-1045: Break

1045-1115: Report out by senior team

1115-1145: Report out by end of curriculum team

1145-1230: Lunch

1230-1600: Finalize conclusions from gap analysis



Date: April 26, 2016
To: Wisconsin Board of Nursing
From: Kari Luoma, PhD, Dean of Nursing
Subject: 2016 Rasmussen College – School of Nursing Annual Self-Evaluation Report

Rasmussen College – Wausau Dean of Nursing, nursing faculty, and staff continues to examine and refine our process for continued improvement and strive for success for our first time NCLEX test takers. The leadership and faculty for the School of Nursing on the Wausau Campus are unequivocally supporting the changes necessary to improve the success of our first time test takers.

The full and part time faculty are engaging in professional development directly targeting concept-based teaching, ongoing ACEN accrediting processes, simulation, and identifying struggling students early during the course. We are implementing weekly simulations for Professional Nursing I, Professional Nursing II, Professional Nursing III, and Role, Scope, Quality, and Leadership. Simulation has also been implemented in all other clinical courses and offered towards the end of the quarter. It is our expectation that this change will help students when applying concepts shortly after their learning modules present the topics. It is our hope that students will have a deeper understanding of the concepts when engaging in simulation.

The leadership, faculty, and staff at the Wausau Campus are committed to supporting our graduates as they transition to their new role. It is our strong belief that the actions we are taking will lead to improving in the graduate first time NCLEX-RN success rates in order achieve the Wisconsin Board of Nursing benchmark in 2016.

Kind Regards,

Kari Luoma, PhD, RN

Kari Luoma, PhD, MSN, RN
Dean of Nursing, Rasmussen College – Wausau
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Email: kari.luoma@rasmussen.edu

**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: May 16, 2016 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 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: Wisconsin Board of Nursing			
4) Meeting Date: 06/09/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2016 Board review of website Position Statements_Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>In 2016 the Board will review the Position statements that are currently on the Board webpage and determine whether to revise what is there and/or create new statements as necessary.</p> <p>http://dsps.wi.gov/Documents/Board%20Services/Position%20Statements/Nursing/Board_of_Nursing.pdf</p>			

BON Position Statements

1. PAIN MANAGEMENT

Safe and competent care of the management of pain involves appropriate and effective assessment by the professional nurse. Under treatment of pain continues to be a major public health problem.

Inadequate pain control may result from nurses' lack of knowledge about pain assessment and management and/or their misunderstanding of the safety and efficacy of opioid analgesics, drugs that are essential for the management of moderate to severe pain.

The Board of Nursing recognizes that the profession nurse shares in the responsibility for the assessment and management of pain. The Board encourages professional nurses to view effective pain management as part of nursing practice for all patients with pain, whether it is acute or chronic. It is especially important for patients who are experiencing pain at the end of life. Professional nurses should be knowledgeable about the safe and effective methods of pain management as well as the statutory requirements related to the use of controlled substances.

The Board recognizes that opioid analgesics are subject to abuse by individuals who seek them for mood altering and other psychological effects rather than for legitimate medical purposes. The professional nurse who administers these drugs in the course of treatment should be diligent and incorporate established safeguards into their practices to minimize the potential for abuse and diversion of controlled substances.

The Board also recognizes that opioids can cause life-threatening respiratory depression if they are not administered at appropriate doses and at appropriate dosing intervals. Nurses should be knowledgeable about the signs and symptoms of impending respiratory depression and about the risk factors that increase the likelihood of the occurrence of this drug side effect. However, excessive and inappropriate concerns about respiratory depression should not lead to nursing practices that deprive patients of doses needed for effective pain control, especially to those patients who are experiencing pain at the end of life.

The Board of Nursing is disseminating this white paper to support and encourage safe, competent and high quality nursing care for persons with pain.

Revised: 2/14/2013

2. PATIENT ABANDONMENT

The Wisconsin Administrative Code and the Rules and Regulations that govern the practice of nursing do not specifically define the term "abandonment". Abandonment falls under the general category of misconduct or unprofessional conduct. Misconduct or unprofessional conduct is defined in N7.04 of the Rules and Regulations. It states, "misconduct or unprofessional conduct" means any practice or behavior which violates the minimum standards of the profession necessary for the protection of the health, safety, or welfare of a patient or the public".

The Board of Nursing (BON) has been asked to describe some of the circumstances where a nurse's actions would be considered misconduct or unprofessional with regard to abandonment and thereby subject to discipline. The BON considers each complaint individually, examining the circumstances and facts of the situation as it pertains to the involved licensees, including the nurse who is assigned to provide care and the nurses who supervise or manage the staff.

When reaching a decision on whether misconduct has occurred, the BON will consider, but is not limited to the following:

- Generally, for patient abandonment to occur, did the nurse first accept the patient assignment?
- Was sufficient notice given to a manager or other responsible individual, including client in a home care setting, of the nurse's intent to cease providing nursing care such that arrangements could be made to assure continuity of nursing service?
- Did the nurse report essential patient information to an appropriate person?
- What were the issues or reasons that the nurse would not accept or continue an assignment?

The BON has determined that it will not consider employment issues over which the BON has no jurisdiction. An example may be a nurse refusing to remain on duty for an extra shift or partial shift beyond his/her established schedule.

The primary responsibility of the BON, relative to licensees who practice nursing, is public safety. All investigations of complaints focus on patient safety. The actions and conduct of licensees are determined to be or not to be negligent or unprofessional based on what actions a reasonable and prudent nurse would take in the same or similar circumstances.

Revised: 4/11/2013

3. USE OF SOCIAL MEDIA BY NURSES

The Board of Nursing recognizes the increasing prevalence and use of social media and other electronic social networking (Facebook/Twitter/LinkedIn/You Tube) by nurses. Social media and networking can be a positive professional communication tool for nurses and can enhance the provision of nursing services. These online networks facilitate the rapid exchange and dissemination of information in a public or semi-public forum. However, the use of social media may also have unintended negative impacts in the health care context involving patient privacy and confidentiality of patient-related health care information.

Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse and may only be disclosed to other members of the health care team who are directly involved in the patient's care and only for health care purposes.

Confidential information may only be shared with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Nurses are also required to observe the professional boundaries of the patient-nurse relationship. The ethical standards of professionalism apply equally to online contact and in the online network environment as to face-to-face contact.

Federal law reinforces and further defines patient privacy through the Health Insurance Portability and Accountability Act (HIPAA). The federal law defines individually identifiable information and establishes how this information may be used, by whom and under what circumstances. Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Common situations involved the use of computers, cell phones, cameras and other electronic devices for on-line posting or dissemination through social media. Nurses have violated the standards of professional conduct by taking photos or videos of patients any patient information, or making disparaging remarks about patients, even if they are not identified

The Wisconsin Administrative Code, Chapter N 7.04(10) defines the breach of patient privacy and confidentiality in the following manner “revealing to other personnel not engaged in the care of the patient or to members of the public information which concerns a patient’s medical condition unless release of the information is authorized by the patient or required or authorized by law.”

The Wisconsin Administrative Code, Chapter N 7.04 (1), also defines unprofessional conduct as including the violating, aiding or abetting a violation of any law substantially related to the practice of professional nursing. This would apply in situations which involve violations of health care laws such as HIPAA. Thus, a nurse in Wisconsin may be subject to disciplinary action by the Board of Nursing for transmitting or discussing online individually identifiable patient information, including posting or sending photos or videos or other health care records of the patient, unless authorized by law. In addition, a nurse may be found to violate professional nurse-patient boundaries through online contact with patients.

The American Nurses Association (ANA) and the National Council of State Board of Nursing (NCSBN) have recently published materials which address the pitfalls and potential negative consequences of the use of social media in the nursing profession.

The ANA has an e- publication, “ANA Principles for Social Networking and the Nurse,” that provides guidance to registered nurses on using social networking media in a manner that protects the patient’s privacy, confidentiality and inherent dignity.

<http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit.aspx>

The NCSBN has published a white paper, “A Nurse’s Guide to the Use of Social Media,” which contains examples of illustrative cases depicting inappropriate uses of social and electronic media. These publications are accessible free of charge through the ANA and NCSBN internet websites. The members of the nursing profession are encouraged to review these useful materials for further guidance.

https://www.ncsbn.org/Social_Media.pdf

Revised: 4/11/2013

4. TELEPHONE TRIAGE

In certain health care settings, RN's and LPN's are performing telephone triage. This practice involves providing guidance to clients who call the clinic regarding health problems or symptoms, which concern them. The advice given by the triage nurse may relate to coming to the clinic, remaining at home and monitoring symptoms, or following a treatment regimen approved by the health care provider.

It is the position of the Board of Nursing that nurses performing telephone triage should be acting according to mutually accepted protocols with a physician, dentist, podiatrist, or optometrist. The board has taken the position that the act of medical diagnosis itself cannot be performed by a nurse as a delegated medical act. The advice or information provided by the triage nurse should not involve medical diagnosis, but should follow the protocols or standing orders of the physician, dentist, podiatrist, or optometrist.

Under sec. 441.11(4), Stats., and sec. N 6.03(1)(a), Code, the function of assessment is performed by the RN. Under sec. N 6.04(1)(e), Code, the LPN may assist with the collection of the data. The board has taken the position that the functions of assessment and evaluation cannot be delegated by the RN to the LPN. Accordingly, LPN's performing telephone triage must do so only in an assistive capacity under the supervision of the RN, physician, dentist, podiatrist, or optometrist.

The board recommends that the triage nurse provide callers with information regarding all options for treatment, including coming into the clinic, going to the nearest hospital or calling 911. In addition, the board recommends that the triage nurse document and name specifically which protocols or standing orders are used in providing guidance to the client based on the information gathered from the caller. The board also recommends documenting the response of the caller to the information provided.

This position statement does not address the scope of practice of advanced practice nurses.

Revised 04/11/2013

PROGRAM SCHEDULE*

Tuesday, Aug. 16, 2016

9:00 am – 5:00 pm

Nurse Licensure Compact Administrators (NLCA) Meeting

Open to the public.

2:00 – 5:30 pm

Registration Opens

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

4:00 – 5:00 pm

Nominee from the Floor Interviews with the Leadership Succession Committee (LSC)

Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the LSC the day before adoption of the slate of candidates by the Delegate Assembly. Please contact execoffice@ncsbn.org to schedule a time.

6:00 – 8:00 pm

NCSBN Welcome Reception

School of the Art Institute of Chicago (SAIC)
Ballroom
116 S. Michigan Avenue
Chicago, IL 60603

NCSBN welcomes all attendees to the 2016 Annual Meeting. Please join us at the SAIC Ballroom for a networking reception. This is an opportunity to meet your 2016 candidates.

The reception is open to attendees only. The center is approximately one mile from the hotel. Shuttles will be provided. The first shuttle will depart from the hotel lobby at 5:45 pm.

Walking map

Wednesday, Aug. 17, 2016

6:30 – 7:30 am

Tai Chi

Align your body and mind with morning tai chi.

The maximum participant count is 30 people. The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 9:00 am

Continental Breakfast

7:30 – 9:30 am

Organization Exchange

7:30 am – 5:00 pm

Registration

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:45 – 8:00 am

Resolutions Committee Meeting

Open to Resolutions Committee members only.

8:00 – 9:00 am

Delegate Orientation

Open to all attendees.

9:30 – 10:30 am

Delegate Assembly: Opening Ceremony

Welcome

- Opening Ceremony
 - Introductions
 - Announcements
- Opening Reports
 - Credentials
 - Adoption of Standing Rules
- Adoption of Agenda
- Report of the LSC
 - Presentation of the 2016 Slate of Candidates
 - Nominations from Floor
 - Approval of the 2016 Slate of Candidates

10:30 – 10:45 am

Organization Exchange Break

10:45 – 11:00 am

President's Address

Shirley Brekken, MS, RN
President, NCSBN Board of Directors
Executive Director, Minnesota Board of Nursing

11:00 – 11:15 am

CEO's Address

David C. Benton, RGN, PhD, FFNF, FRCN, FAAN
CEO, NCSBN

11:15 am – 12:30 pm

Keynote: What is a Risk-Based Regulator, and Would You Like to be One?

Malcolm K. Sparrow, PhD, MA, MPA
Professor of the Practice of Public Management, John F. Kennedy School of Government, Harvard University

12:30 – 1:30 pm

Lunch

1:30 – 2:45 pm

Candidate Forum

Tony Graham
Chair, NCSBN LSC
Board Staff, North Carolina Board of Nursing

Support NCSBN and your fellow NCSBN members. Come to the Candidate Forum to hear from the nominees for NCSBN elected office.

2:45 – 3:00 pm

Organization Exchange Break

3:00 – 5:00 pm

Committee Forums

Finance Committee

Julia George, MSN, RN, FRE
Treasurer, NCSBN Board of Directors
Executive Director, North Carolina Board of Nursing

NCLEX Examination Committee

Janice Hooper, PhD, RN
Chair, NCLEX Examination Committee
Board Staff, Texas Board of Nursing

Bylaws Committee

Mark Majek, MA, PHR, SHRM-CP
Chair, NCSBN Bylaws Committee
Board Staff, Texas Board of Nursing

Simulation Guidelines Update

Nathan Goldman, JD
Director-at-Large, NCSBN Board of Directors
General Counsel, Kentucky Board of Nursing

Strategic Plan Update

Shirley Brekken

3:00 – 5:30 pm

Parliamentarian Office Hours

Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm on Thursday, Aug. 18.

**LEADING
TRANSFORMATION:
ARCHITECTS OF
NURSING REGULATION**

NCSBN Annual Meeting
Chicago | Aug. 17-19, 2015

Thursday, Aug. 18, 2016

6:30 – 7:30 am

Bust a Move Zumba

Start your day with dance moves at Zumba.

The maximum participant count is 30 people. The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 8:30 am

Continental Breakfast

7:30 – 8:30 am

Organization Exchange

7:30 am – 3:30 pm

Registration

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

8:30 – 8:45 am

Elections

8:45 – 9:45 am

Regulatory Aspects of Prescription Drug Abuse

9:45 – 10:00 am

Delegate Assembly: Election Results

10:00 – 10:30 am

Organization Exchange Break

10:30 – 11:15 am

The Regulatory Implications of the Global Strategy on Human Resources for Health

Jim Campbell

Executive Director, Global Health Workforce Alliance, (GHWA) and Director of the Health Workforce Department, World Health Organization (WHO)

11:15 am – 12:00 pm

What's on Your Mind About Nursing Regulation Today?

Join the NCSBN Board of Directors for an interactive session about your concerns and insights on nursing regulation. We will use the Social Q&A website for this session.

12:00 – 3:30 pm

Knowledge Network Lunches

NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues.

Choose from the following options:

- Consumer Member Network
This session is only for consumer/public members that serve on a board of nursing.
- NCSBN Executive Officers
Open to NCSBN Executive Officers only.
- NCSBN Board Presidents
Open to NCSBN Board Presidents only.
- Regulatory Network
Open to all attendees.

2:00 – 3:30 pm

Parliamentarian Office Hours

Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm.

3:30 – 4:30 pm

Resolutions Committee Meeting

Open to Resolutions Committee members only.

6:00 – 6:30 pm

Awards Reception

Evening Cocktail Attire.

6:30 – 9:00 pm

Awards Ceremony followed by Dinner

Evening Cocktail Attire.

Friday, Aug. 19, 2016

8:00 – 9:00 am

Pearson VUE Sponsored Breakfast

9:00 – 10:00 am

Turning Crisis into Opportunity

Alan Hobson

Mt. Everest Summiteer and Cancer Survivor

At the age of 29, international bestselling author and worldwide adventurer Alan Hobson set out to realize his greatest childhood dream. It took him 10 grueling self-guided and self-organized expeditions to high altitude, including three expeditions to Mt. Everest, each of which required \$250,000 to \$500,000 in fundraising, to ultimately realize his dream. When he finally stood on top of the world, the tears of elation froze to his face. He could actually see the curvature of the Earth as the horizon bent in his peripheral vision at 29,035 feet (8,852 m). "Half the dream is done," the then 39-year-old radioed to base camp as his voice cracked with emotion. "If we're persistent enough, we can do the dreams."

Three years later after stepping down from the top of the world, he found himself at the bottom when, in August 2000, at 42, he was diagnosed with a very aggressive cancer of the blood and given less than a year to live. Using the hard-won lessons he learned on Everest, he chose to ignore solid medical evidence that there was an 85 percent chance he would die and thanks to raw courage, a strong spiritual faith and the miracles of modern medicine, he not only survived but thrived. He is now one of less than a few dozen people in the world ever to regain an elite level of fitness after an adult blood stem cell transplant for acute leukemia and has been leukemia-free for over decade. In 2010, however, he was again diagnosed with cancer, this time with squamous cell carcinoma. After minor surgery, he was back cross-country skiing within a week. He is now considered to be medically cured and has no lasting significant side effects from either of his cancers or cancer treatments.

10:00 – 10:30 am

Break

10:30 am – 12:00 pm

Delegate Assembly

New business and closing ceremonies

11:30 am – 12:30 pm

Boxed Lunch

12:00 - 2:00 pm

Post-DA Board of Directors Meeting

FY17 NCSBN Board of Directors only

REGISTRATION

Registration must be [submitted online](#) by **Monday, Aug. 1, 2016**.

Accommodations

[Sheraton Grand Hotel](#)

301 E. North Water Street
Chicago, IL 60611
312.464.1000

Check-in time: 3:00 pm

Checkout time: 12:00 pm

Room rate: **\$212 Single/Double**

Rate is subject to a 17.4% state and local tax (subject to change).

Reservations

To reserve your hotel room:

1. Call 888.627.7106 referring to NCSBN room block in order to receive the NCSBN guest room rate; or
2. [Book online](#).

The cut-off for the room block is Monday, July 25, 2016, or until full, whichever comes first.

Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night's stay.

Attire

Business casual attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.

Transportation

Airport:

[O'Hare International Airport \(ORD\):](#)

Plan on approximately 30-60 minutes in travel time from the airport to the hotel depending on arrival time.

[Midway International Airport \(MDW\):](#)

Plan on approximately 40-70 minutes in travel time from the airport to the hotel depending on arrival time.

Public Transportation:

The [Chicago Transit Authority \(CTA\)](#) is a fast and convenient way to travel to and from the airport, avoiding traffic. A one-trip fare is \$5 from the airport terminal and \$2.25 to the airport. The [Chicago Area Regional Transportation Authority](#) provides information for Metra and other regional train and bus transportation.

Shuttle:

[Go Airport Express](#) shuttle service is available at O'Hare and Midway airports. Use the link to receive the discount rates. From O'Hare, one-way fare is \$23; from Midway, one-way fare is \$19 USD. You may also call 888.284.3826 and mention the code NCSBN to the reservations agent to receive the discounted rates.

Taxi:

Taxicabs are available on a first-come, first-served basis from the lower level curbside front of all terminals. Shared ride service is available. There are no flat rates because all taxicabs run on meters. Expect to spend approximately \$40 to \$50 USD and about an hour travel time for a taxicab ride from ORD to downtown Chicago; and \$30 to \$35 USD and 40 minutes for a taxicab ride from MDW to downtown Chicago. For wheelchair accessible vehicles, please call United Dispatch at 800.281.4466.

Rideshare:

Uber and Lyft pick up and drop off at ORD and MDW.

Registration

The deadline for registration is **Monday, Aug. 1, 2016**.

The capacity for the meeting is 350 attendees and is on a first-come, first-served basis. Online registration will stop once capacity is reached; a waitlist will then be started.

Registration Fees:

\$450 per person for nonmembers.

\$350 per person for NCSBN Member Boards (NCSBN members are staff or board members of state boards of nursing and associate members).

The registration fee includes continental breakfasts, beverage breaks, lunches, welcome reception, awards dinner and meeting materials.

Registration may be paid by credit card or check. If paying for multiple registrations by check, submit the confirmation print out for each attendee. Payment is due **Monday, Aug. 1, 2016**. Make your check payable to NCSBN and write "2016 Annual Meeting" on it. Send registration confirmation print out with payment to:

NCSBN

Attn: Mary Trucksa

111 E. Wacker Drive, Suite 2900

Chicago, IL 60601

Phone: 312.525.3600

Fax: 312.279.1032

Online Registration

You must register for the meeting at:

WWW.NCSBN.ORG/EVENTS

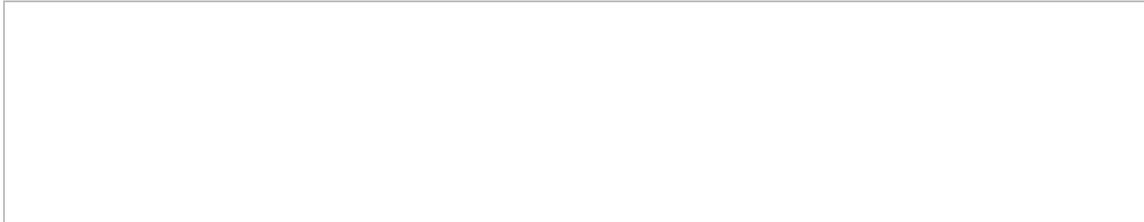
If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration form, contact 312.525.3639 or via [email](#).

Cancellations

Registration cancellations must be received by **Monday, Aug. 1, 2016**. No refunds will be provided after this date. Attendees must contact NCSBN Meetings at 312.525.3639 or via [email](#) to cancel.

Attendees are responsible for cancelling all flight and hotel arrangements.

From: [Colleen Neubauer](#)
To: [MB Executive Officers](#); [MB Presidents](#); [Member Boards](#)
Cc: [Board of Directors](#); [Leadership Team](#); [Andrew Hicks](#); [Lauren Izzo](#); [Christine McNeela](#); [Catherine Cantieri](#); [Ashby Rosenberger](#); [Colleen Neubauer](#)
Subject: 2016 NCSBN Annual Meeting Announcement
Date: Monday, May 16, 2016 9:23:40 AM
Attachments: [image002.jpg](#)
[2016 NCSBN Annual Meeting Brochure Agenda.pdf](#)
[Delegate Designation Form 2016.pdf](#)
[NCSBN Meeting Registration Process for Waiver Attendees.doc](#)



[Registration](#) for the 2016 NCSBN Annual Meeting is open! The meeting takes place on Aug. 17-19 in Chicago, Ill. Registration, hotel and travel information about the meeting can be found at <https://www.ncsbn.org/8372.htm>.

Travel Waiver

The NCSBN Board of Directors is sponsoring the attendance of two Member Board representatives at the Midyear Meeting. Each representative receives a waiver for transportation, lodging, registration and reasonable travel expenses outlined in NCSBN policy 5.12. Executive Officers must complete the online [travel waiver form](#) by July 15, 2016. After the form is received, attendees will receive a Call to Meeting email with meeting registration instructions and hotel and travel information.

Resource Fund

The Executive Officer may request funding for an additional representative(s) to attend by sending an email to the resource fund inbox at: ResourceFund@ncsbn.org. All resource fund recipients must have an active NCSBN Passport account.

Delegate Designation Form

Attached is the Delegate Designation Form. Please complete the Delegate Designation Form as soon as the information is available and upload the form to this [webpage](#) no later than July 29, 2016 for processing and confirmation purposes. The respective Board President or Executive Officer must sign-off on the completed form. This signed document will serve as the official delegate designation registration form for voting delegates and alternates. As a reminder to Executive Officers, **the Delegate Designation Form differs from the Travel Waiver Form**. Specifically, the Delegate Designation Form designates your two (2) voting Delegates and any Alternates at the 2016 Delegate Assembly. If you have any questions regarding the Delegate Designation Form, please contact Joe Dudzik at 312.525.3644 or jdudzik@ncsbn.org.

-
Please feel free to contact me with any questions or concerns. We look forward to seeing you in Chicago!

Colleen Neubauer, CMP | Senior Meetings Manager | 312.525.3639 (D) | cneubauer@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

NCSBN
Leading in nursing regulation

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NCSBN 2016 Delegate Designation Form

Pursuant to our membership in the National Council of State Boards of Nursing, Inc., the undersigned Board hereby gives notice of the appointment of the following individual(s) as the delegated representative(s) of this jurisdiction to the Council for representation at the 2016 NCSBN Delegate Assembly in Chicago, Illinois, Aug. 17 - 19.

DELEGATES

Delegate (1) Name: _____ First time attendee? Yes No

Delegate (2) Name: _____ First time attendee? Yes No

ALTERNATES

Alternate (1) Name: _____ First time attendee? Yes No

Alternate (2) Name: _____ First time attendee? Yes No

Signature: _____

Please specify: Board President or Executive Officer

Jurisdiction: _____

Date: _____

Phone: _____

PLEASE NOTE: The Delegate Designation Form **must be signed** by the President or Executive Officer of the Member Board. If it is necessary to change identified delegates, notice must be in writing and signed by the President or Executive Officer of the Member Board. Please submit this completed form to the designated [2016 Delegate Designation Form Upload](https://www.ncsbn.org/2016-Delegate-Designation-Form-Upload) webpage no later than **Friday, July 29, 2016**. Link: <https://ncsbn111.wufoo.com/forms/r1mac61j1b1k26e/> Please email Joe Dudzik, Director, Human Resources at NCSBN with any questions at jdudzik@ncsbn.org.

For more information on delegate roles, please visit <https://www.ncsbn.org/485.htm>. There will also be a delegate orientation at the Annual Meeting. See the Annual Meeting agenda for details or contact Ashby Rosenberger at arosenberger@ncsbn.org.



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

NCSBN MEETING REGISTRATION PROCESS FOR WAIVER ATTENDEES

The NCSBN Board of Directors may approve funding for NCSBN members to attend certain meetings throughout the year. These members are considered waiver attendees. There is a specific process that waiver attendees must follow when registering for a meeting. The instructions to register as a waiver attendee are:

1. Executive Officer will submit the names for the travel waiver on the online form.
2. NCSBN Meetings Manager will reserve waiver attendees' hotel rooms. Attendees **should not** contact the hotel to make their own reservations.
3. A Call to Meeting document will be emailed to the waiver attendee by the NCSBN Meetings Manager. The document contains the attendee's hotel room confirmation number with check-in and check-out dates, travel agency information and online meeting registration instructions. If the hotel check-in and/or check-out dates need to be changed, approval from the NCSBN Meetings Manager is required.
4. After attendees receive the Call to Meeting document, they must do the following:
 - a. Register online at www.ncsbn.org/events and select Waiver as their registration type.
 - b. Call the travel agency and book their flight. Flights must be booked 30 days prior to the start of the meeting. The travel agency is given specific travel dates by the NCSBN Meetings Manager. To change these dates, approval from the NCSBN Meetings Manager is required.



May 19, 2016

NCSBN and The National Forum Publish the 2015 National Nursing Workforce Survey

FOR IMMEDIATE RELEASE

Media Contact: Dawn M. Kappel
Director, Marketing & Communications
312.525.3667 direct
312.279.1034 fax
dkappel@ncsbn.org

Chicago - The National Council of State Boards of Nursing (NCSBN) and The National Forum of State Nursing Workforce Centers (The National Forum) announce the publication of the 2015 National Nursing Workforce Survey, a new study that provides a comprehensive snapshot of the U.S. registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) workforce in 2015.

Every two years, NCSBN partners with The National Forum to conduct the only national-level survey specifically focused on the U.S. nursing workforce. The study generates information on the supply of nurses in the country, which is critical to planning for sufficient numbers of nurses and ensuring a safe, diverse, accessible and effective health care system.

Study data were collected between June 2015 and September 2015. Approximately 79,000 nurses participated in the study, with representation from all 50 states, the District of Columbia and four U.S. territories (American Samoa, Guam, the Northern Mariana Islands and Virgin Islands).

In addition to offering a description of the current nursing workforce, the data obtained from this study allow for an examination of trends as compared to the previous survey conducted in 2013, as well as past studies conducted by the Health Resources and Services Administration (HRSA). It also serves as a baseline for future research.

A trend that emerged from the study is that the nursing population is changing in both ethnic/racial and gender makeup. The number of male RNs is growing slightly with a higher proportion of male nurses in the more recently licensed cohorts (12.7 percent) as opposed to those licensed prior to 2000 (4.7 percent). Additionally, the nursing workforce is becoming more ethnically diverse as ethnic minorities are better represented in younger age-groups and in more recently licensed RNs than in older RNs and RNs licensed prior to 2000. Similarly, newly licensed LPN/VNs were more likely to have a more diverse racial/ethnic composition.

Reflecting transformations in the health care environment, the study found that what is considered the “work setting” for both RNs and LPN/VNs has evolved, as patient care is no longer confined within the walls of a health care facility, owing in part to the growing use and acceptance of technology. Nearly half of RNs and LPN/VNs in the study reported having provided nurse services using telehealth technologies.

Each board of nursing and state nursing workforce center will be provided with their own state data from the study that they can use for their own analyses as well as national-level data that they can use as a comparison benchmark.

The article, "The 2015 National Nursing Workforce Survey," is available as a supplement to the April 2016 issue of the Journal of Nursing Regulation (JNR) and can be purchased [here](#).

About The National Forum

The National Forum of State Nursing Workforce Centers is a national group of nurse workforce entities that focus on addressing the nursing shortage within each state and contributes to the national effort to assure an adequate supply of qualified nurses to meet the health needs of the U.S. population. The Forum supports the advancement of new as well as existing nurse workforce initiatives and shares best practices in nursing workforce research, workforce planning, workforce development and formulation of workforce policy. The Forum shares information in three major ways: through publications, via annual conferences, and by way of a virtual network located at <http://www.NursingWorkforceCenters.org>.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 24 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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May 5, 2016

NCSBN Provides Nursys e-Notify Free of Charge to Nurses Wishing to Track Their License Status

FOR IMMEDIATE RELEASE

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Chicago – The National Council of State Boards of Nursing (NCSBN) now provides automatic license status quickly, easily, securely and free of charge to individual nurses who enroll through Nursys e-Notify. This innovative nurse licensure notification system was previously only available to institutions that employ nurses.

Nursys is the only national database for licensure verification for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys is designated as a primary source equivalent database through a written agreement with [participating boards of nursing](#) (BONs). Nursys is live and dynamic, and all updates to the system are reflected immediately, pushed directly from participating BON databases through frequent, secured data updates.

In just a few minutes, Nurses can self-enroll into Nursys e-Notify for free and take advantage of a quick and convenient way to keep up-to-date with their professional licenses. They can receive licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of license status can help nurses prevent fraudulent licenses or certificates being issued in their names.

Creating an account is quick and easy. Enroll at www.nursys.com/e-notify and select “As a Nurse” to complete the registration process. Learn more about Nursys e-Notify by viewing an introductory video or visiting the Nursys website. For questions, contact nursysenotify@ncsbn.org.

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