

Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas Board of Nursing  
Education Committee Agenda  
December 8, 2020**

**NOTE:** The meeting will be held via Zoom. [Link to access meeting to follow agenda.](#)

**Time:** 8:30 a.m. – 12:00 p.m.

**Committee Members:** Patsy Zeller, MSN, APRN, NP-C, Chair  
Carol Bragdon, PhD, APRN, Vice-Chair  
Mandy Karstetter, LPN  
Gita Noble, Public Member  
Christina Rudacille, MSN, RN  
Karen Kidder, DNP, RN, CNE  
Dee Bohnenblust, EdD, MSN, APRN, RN  
Amy Hite, DNP, EdS, APRN, FNP

**Staff:** Janelle Martin, MHSA, RN – Nursing Education Compliance Officer  
Carol Moreland, MSN, RN – Executive Administrator  
Chelsey Stephenson – Education Secretary

- I. Call to Order
- II. Review of On-Site Packet
- III. Additions/Revisions to the Agenda
- IV. Announcements
- V. Approval of Minutes – September 15, 2020
- VI. Nursing Education Compliance Officer Report
- VII. Site Visit Reports
  - A. Review /clarity of education policies and procedures
  - B. Labette Community College – reapproval site visit for Bi-level Program – Nov. 4-5, 2020
- VIII. New Business
  - A. Major Curriculum Change Request – WSU Tech PN Program
  - B. Major Curriculum Change Request – Labette CC Bi-level Program
  - C. Discussion: Practice/Academic partnerships / clinical partnership programs
  - D. Follow-up from Task Force – Annual Report format
  - E. NCSBN Nursing Education Approval Guidelines

- IX. Unfinished Business
  - A. Discussion / clarification for clinical hours – Direct vs. virtual
  - B. Virtual Site Visits – update on pilot for revised guidelines
  - C. Spring 2021 Site visits – virtual or in-person
  - D. 2021 Nursing & MHT Program Site Visit Schedules
- X. Petitions
  - A. Petition for Permission to Test/Retest Summary 8/15/2020 – 11/6/2020
- XI. Agenda for March 2021
- XII. Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30<sup>th</sup> calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

**Please click the link below to join the webinar:**

<https://us02web.zoom.us/j/89896034619?pwd=SnlhVkl4R0NSM04rWlArdUpjOG9rUT09>

**Passcode: KsbnEDComm**

Or iPhone one-tap :

US: +12532158782,,89896034619#,,,,,0#,,8987218349# or  
+13462487799,,89896034619#,,,,,0#,,8987218349#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833 or +1 301 715 8592 or +1 312  
626 6799 or +1 646 876 9923

Webinar ID: 898 9603 4619

Passcode: 8987218349

International numbers available: <https://us02web.zoom.us/j/89896034619?pwd=SnlhVkl4R0NSM04rWlArdUpjOG9rUT09>

PAGE LEFT  
BLANK  
INTENTIONALLY

PAGE LEFT  
BLANK  
INTENTIONALLY

PAGE LEFT  
BLANK  
INTENTIONALLY

PAGE LEFT  
BLANK  
INTENTIONALLY

PAGE LEFT  
BLANK  
INTENTIONALLY

# Education Report

December 2020

Janelle B. Martin, MHSA, RN

## Nursing Program Updates:

- **Barclay College** (Haviland, KS) has sent a letter of intent to KSBN regarding the development of a BSN degree program within their institution. This intent has full support from the Board of Trustees and authority for administering the nursing education program has been vested in the Nurse Administrator, Kim Hansen, MSN/Ed, RN.
- **Butler Community College** - Caleb Ediger, DNP, is the new Associate Dean for Nursing & Allied Health effective 10/5/2020.
- **Dodge City Community College** – effective 9/22/2020 Mechele Hailey, DNP, RNC-OB has had a title change from Director to Dean for Nursing & Allied Health.
- **Flint Hills Technical College** – Patricia (Tricia) Parks, MSN, RN has been named the Program Administrator for Nursing programs effective 10/27/2020.
- **Manhattan Area Technical College** – effective 11/12/2020, Laurie Stegeman has resigned as director of the nursing programs and Deirdre Greeley, MSN, RN, has been named the Interim Director for the programs.
- **Newman University** hired Sarah Kelley, DNAP, as the new Assistant Director/Clinical Director for the RNA program effective 8/1/2020.
- **Osawatomie State Hospital/LMHT Program** announced Janet Badders, RN, as the new Director of LMHT Programs.
- **Washburn Tech** - effective November 2, 2020, Pamela Masters, MSN, RN, CNL is the new Director for Health Occupations (includes PN Program).

**Site Visits:** all of the cancelled (secondary to COVID outbreak) site visits from April 2020 have been completed. Two of the visits were done as onsite while two were done virtually due to COVID issues in the counties where schools reside. Virtual site visits went smoothly and all required documents were available to site visitors as requested.

- Kansas Wesleyan University, BSN reapproval visit – September 23-24, 2020 (onsite)
- Seward Community College, ADN focus visit – October 21-22, 2020 (virtual)
- Colby Community College, follow-up Focus visit – October 27-28, 2020 (virtual)
- Labette Community College, Bilevel program reapproval visit – November 4-5, 2020 (onsite)



## Education Activities / Projects:

- Assisted in ensuring applicants meet educational requirements for licensure:
  - Reviewed 5 transcripts from out of state schools
  - Reviewed 9 CGFNS reports for foreign educated nurses
  - Two TOEFL required
- *FQRs* – Faculty Qualification Reports have moved to an all-electronic process via the website. All FQRs this quarter were done electronically. Processing and approval have been delayed in several cases when incomplete FQRs, or information needed for FQRs, were not present with the submission. (see note below). Most of the incompletes were due to Hire Exceptions that were not submitted with an updated or initial FQR. We have not received any new feedback from programs this quarter, so no further changes have been made to the process. We continue to receive positive response to the online process. FQR activity this quarter:
  - 128 FQRs submitted this quarter (61 from BSN programs, 45 ADN, 17 PN, 5 APRN)
    - 73 were Initial requests
    - 55 were updates to previous FQRs
    - 50 for Full-time positions, 7 Part-time, 68 Adjunct and 3 Other/contract)
  - 23 submitted with Degree plans (13 for BSN programs, 8 ADN, 2 PN)
  - 28 submitted with Hire Exceptions (7 for BSN programs, 16 ADN, 3 PN, 2 APRN)
  - 5 updated FQRs submitted for completion of Degree plans
  - 34 were returned as incomplete
    - 21 – no FQR with a Hire Exception
    - 8 – did not include all required transcripts
    - 1 – no transcripts
    - 3 – no Degree plan or Hire exception when one was required for approval
    - 1 – license info did not match name given
- *Minor Curriculum changes* – 3 reviewed and approved requests
  - Washburn University – Grad program – changes to NU 822 Adv Pharm; course title, objectives and outcomes
  - Colby Community College – ADN program – change to outcomes for 5/6 nursing courses
  - University of Kansas – Grad program
- Responded to seven NCSBN survey requests from other state Boards of Nursing or NCSBN. Topics were:
  - Mandated /optional IV therapy at PN level for the state – KS
  - BLS requirements (in conjunction with L. Davies) - IA
  - Jurisprudence exam for licensing – IA
  - Annual report expectations – consequences for non-submission or late submission - MS
  - NCLEX reporting – calendar year or academic year – NCSBN
  - IV content in RN programs – PA
  - Practical Nursing programs in High School - TN

- **Responded** to 15 potential petitioners regarding KS requirements for NCLEX exam and licensing. Currently have 31 active petitioners.
- Continue to work on reviewing and updating education information on KSBN website and updating links.
  - Program Administrator Orientation – presented virtually on Sept. 21, 2020 and the updated PP presentation was moved to website.
  - New resource added for Program Evaluation – request was made at the Kansas Nurse Educator conference for help with a template for program evaluation. There are many acceptable ways to present a Program Evaluation Plan (PEP), and one example template and a PEP guideline were added to the website in response to the request. This is not a mandatory template from KSBN but intended as a resource for administrators.
  - Developing process to accept and approve Minor Curriculum Change requests electronically
  - Updated documentation for the petition process and continue to work on process to move this to an all-electronic process for submission, approvals and follow-up
  - Continue to work on new section under Education to direct the inquiries from higher education (see next bullet) regarding Kansas requirements for prelicensure nursing programs
- Responded to 31 requests from higher education entities or potential students regarding Kansas approval for / educational requirements for prelicensure undergraduate and advanced practice nursing programs. A requirement from the Department of Education has all schools with distance learning programs or hybrid programs researching requirements for all states from which they could accept students.
- Participated in an 8-week course, “Role of the Nursing Regulatory Bodies' Education Consultant” led by Nancy Spector from NCSBN. Participated with 11 other Education Consultants and Board members from the U.S. and Canada. The course was offered through the International Center for Regulatory Scholarship (ICRS). ICRS provides opportunities for regulators from around the world to learn, interact and collaborate.
- Continue to work on analysis of the current Annual Report system compared to the new system being offered by NCSBN for possible change in 2021.

**Documentation for Re-Approval of Bilevel (PN/RN)**  
**Nursing Programs in Kansas**  
**60-2-102 through 60-2-107**

**Program:** Labette Community College Bi-Level Nursing **Date(s):** November 4-5, 2020

**Last KSBN Visit:** Fall 2012 (AND level) and Fall 2017 (PN level) **Accrediting Agency & Date of Last Visit:** ACEN (ADN) – Feb. 2013

**Visitors:** Karen Kidder, DNP, RN, CNE - KSBN Education Committee Member; Janelle Martin, MHSA, RN – KSBN Nursing Education Compliance Officer

	Supporting Information	Location	Met	Not Met	Comments
<b>Home Institution &amp; Nursing Program</b> 60-2-102					
Description of legal body responsible for policy and support of the program and/or home institution	Address of the institution	Self-Study	X		200 S. 14 <sup>th</sup> St., Parsons, KS 67357 620.421.6700
	Names of primary administrative officials	Self-Study	X		SS., p 5 President – Mark Watkins VP Academic Affairs – Jason Sharp
	Organizational chart for the institution	Self-Study	X		SS., Appendix A - p 153
	Current contact information	Self-Study	X		SS., p 5 SNHB (Student Nursing Handbook) pg. 10
	An audited fiscal report covering the previous two years, including a statement of income and expenditures	On Site	X		Admin P&P p 62
	Copy of school's current catalog	Self-Study	X		<a href="https://www.labette.edu/">https://www.labette.edu/</a>
Description of nursing program	Organizational chart for nursing program	Self-Study	X		SS pg. 153 NI&NP, p 25
	Number of faculty	Self-Study	X		SS, p 6 - 7 FT, 3 Adjunct, 1 Program Director
	Number of non-teaching staff	Self-Study	X		SS pg 5 – 1 Program Assistant - FT HI&NP, p 45 Sherry Simpson

	Supporting Information	Location	Met	Not Met	Comments
	Number of students admitted per year	Self-Study	X		HI&NP, p 163 Approved for 40 fall /35 spring PN level admits with 40 Fall /40 spring allowed at ADN level – currently only admitting in Fall with max of 80 students in bi-level program Current enrollment is 50 students (25 each level) -lower admits due to need for social distancing and smaller clinical groups
<b>Nursing Program Administrator, Faculty &amp; Preceptors</b> 60-2-102 & 60-2-103					
Nursing Program Administrator      Faculty selection and input into program	Name and credentials	Self-Study	X		SS pg. 5, 12 and Appendix B pg. 154 Dr. DeLyna Bohnenblust, EdD, EdS, MSN, BSN, APRN, CNE
	Qualifications	Self-Study	X		SS, p 12, Appendix B pg. 154
	Responsibilities	Self-Study	X		Home Institution Position Description  SS Appendix C, pg. 155
	Faculty organizational by-laws	Self-Study	X		Faculty HB, p 15
	Faculty job description	Self-Study	X		Faculty HB, p 8
	Faculty selection process	Self-Study	X		Nursing Faculty HB On-site in KSBN Box. Clear policies and sample interview questions. Rating system for candidates.
	Faculty orientation plan	Self-Study	X		SSR pg. 13, 49 Nursing Faculty HB, p 6

	Supporting Information	Location	Met	Not Met	Comments
Faculty qualifications (Enclose a table that displays the following information):	Faculty handbook	On-site	X		NFH
	General faculty meeting minutes for last 3 years	On-site	X		Organized, address curriculum at each meeting as well as standards for accreditation.
	Name of faculty	Self-Study	X		SS p 158 Appendix D – Faculty table FT faculty; Appendix F, pg. 170 – faculty table for part time faculty KSBN faculty notebook also has all table information
	FT or PT(use FTE)	Self-Study	X		SS p 158
	Academic Credentials	Self-Study	X		SS p 158 – 159
	Institution granting degree	Self-Study	X		KSBN faculty notebook
	Area of clinical expertise	Self-Study	X		SS, App D, p 160-166 and App F pg. 171
	Area(s) of assignment	Self-Study	X		SSR Appendix D & F – start pg 158
	Licensure	Self-Study	X		KSBN Notebook Nursing Program Administrator, Faculty & Preceptors 60-2-102 & 60-2-103, Tab 2 Self-Study Appendix D
	Indicate degree plan and progress towards degree if applicable	Self-Study	X		SSR – Appendix D&F
	List all faculty hire exceptions including course hired to teach	Self-Study	n/a		
	Faculty file review	On-site	X		Very organized and complete

	Supporting Information	Location	Met	Not Met	Comments
Preceptor qualifications and information (for current semester)	Preceptor criteria & selection	Self-Study	X		SS, p 43 Reviewed all 40 of current preceptor agreements.
	Preceptor job description	Self-Study	X		SS 44, orientation plan Table 2.4 Preceptor Orientation packet
	Identified roles of preceptors, faculty, and students	Self-Study	X		SS p 43
	Preceptor orientation materials	Self-Study	X		SS p 44 List of contents Also viewed packet onsite
	Preceptor signatures showing date orientation completed	Self-Study/ On-site	X		On-site files
	Name of preceptor and course with Prefix & number (NURS 1011)	Self-Study	X		On-site files
	Preceptor State of license & License number	Self-Study	X		On-site files
	Methods of contact between faculty & preceptor	Self-Study	X		

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments (Miranda)
<b>Students 60-2-102 &amp; 60-2-107</b>					
Student policies: Provide written evidence of the following	Admission of generic, transfer, and articulation students	Self-Study	X		KSBN Notebook HI&NP SS p. 54
	Degree plan for each degree being granted	Self-Study	X		SS pg. 16 – number of credits SSR pg. 55 SSR pg. 108 - plan of study SNHB pg. 19 and nursing information packet
	Oral and written English proficiency	Self-Study	X		SSR pg. 55 HI&NP p130
	Readmission	Self-Study	X		SS p 55-56 SHB p 40
	Progression	Self-Study	X		SS p 55 SHB p.21
	Counseling & guidance	Self-Study	X		SS p 56 FHB p 18 SHB p 43
	Student role versus employee role	Self-Study	X		SHB p 42
	Representation on faculty governance	Self-Study	X		SS p 56-57 SNO by laws, SHB p 47
	Graduation	Self-Study	X		SS p 58 College catalog
	Refund policies governing all fees and tuition paid by students	Self-Study	X		SS p 58, College catalog

	Ethical practices including recruitment, admission, and advertising	Self-Study	X		CC p 14 SS p. 58-59
	Information to any student who may be subject to licensure denial under K.S.A. 65.1120. (Must be provided prior to program admission)	Self-Study	X		HI&NP, p125, p 141 Application packet addresses this also.
	Student Handbook	On-site	X		SS and On Site Program Policies Notebook/File
Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments (Miranda)
Student support services	Description of student safety measures	Self-Study	X		Catalog p 54
	Description of student health services (available on-site or students have knowledge of available health services)	Self-Study	X		None on campus; students provided with list of available physicians. Mental health – 3 free visits (handled thru VP Student Affairs)
Student records	Review student files	On-site	X		Complete for both levels.
Student documentation submitted to meet course objectives	Samples of completed student work for both theory and clinical courses (include observational and preceptor experiences)	On-Site	X		Reviewed work from Level 1 & Level 2
<b>Curriculum</b> <b>60-2-102, 60-2-104, &amp; 60-2-105</b>					
Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Curriculum Requirements: Copy of current curriculum with date of last revision. Include:	Required non-nursing courses	Self-Study	X		SSR pg. 95-97 course, rationale, credit hrs HI&NP p 127
	Required Nursing courses that includes course description, objectives, content outline and method of evaluation (include list of clinical facilities if applicable)	Self-Study	X		Self-Study Appendix K & I Course Syllabi-Schedules Notebook/Files for Level 1 (PN) and Level 2 (RN). On-site notebook
	Credit hours for each non-nursing course	Self-Study	X		SSR pg. 95-97, 107 HI&NP p 127
	Credit and clock hours for each nursing course (must equal or exceed 30 credit hours for RN programs and 15 credit hours for PN Programs)	Self-Study	X		Nursing FH, p 21 SSR pg. 106 KSBN Curriculum NB, Tabs 2&3



	Identify clinical hours for combined nursing didactic and clinical courses	Study	X		NFH p 23
	List all clinical observation hours for each relevant course (cannot exceed 15% of total clinical hours/course) and objectives for clinical observation experiences (reflect observation rather than participation in nursing activities)	Self-Study	X		Course syllabi, and KSBN notebook
	List all preceptor hours for each relevant course. (cannot exceed 20% excluding capstone of total clinical hours/nursing program – does not apply to capstone course)	Self-Study	X		Course syllabi and KSBN notebook
	Testing process with test analysis and the written test procedure	Self-Study	X		FH., p 24 Faculty clarified what is done with this data.
	Number of students per class	Self-Study	X		SS p 13, 45 Clinical max 1:10 and theory max 1:40
	Clinical rotation schedules with responsible faculty listed – (evidence of 1:10 clinical faculty/student ratio – includes observational sites)	Self-Study	X		SS p 13, 45 Also in each course notebook
Curriculum includes the following:	Content in biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice	Self-Study	X		Self-Study Tables 4.4, 4.5, 4.6
	Art and science of nursing	Self-Study	X		Self-Study Tables: 4.4, 4.5, 4.6
	Didactic content and clinical experiences to meet the objectives in curriculum table that follows	Self-Study	X		SS p 86, 87, 90
Curriculum Table:  Identify the nursing and non-nursing courses that contribute to the students' learning for these outcomes:  For Registered Nurse (professional) Program:	Aspects of a safe, effective care environment, including management of care, safety, and infection control	Self-Study	X		SS Table 4.4, pg. 84 Reviewed level 1 (PN) and Level 2 (RN)
	Health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease	Self-Study	X		SS Table 4.4 Reviewed level 1 (PN) and Level 2 (RN)
	Psychosocial integrity, including coping, adaptation and psychosocial adaptation	Self-Study	X		SS Table 4.4 Reviewed level 1 (PN) and Level 2 (RN)

	Physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, physiological adaptation	Self-Study	X		SS Table 4.4 Reviewed level 1 (PN) and Level 2 (RN)
KSBN ADN Alignment	KSBN ADN alignment program outcomes included in curriculum, if applicable	Self-Study	X		SS p 11 & 15 KSBN notebook, tab 11
Curriculum changes	List current changes not requiring board approval that have occurred since last annual report submitted	Self-Study	X		KSBN notebook, tab 9 SS table 7
Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
<b>Educational Facilities 60-2-106</b>					
Description of facilities and tour	Classrooms, laboratories and conference rooms adequate in size, number, and type to accomplish student learning.	Self-Study/ On-Site	X		SSR pg. 17 descriptions  Tour
	Faculty offices are adequate in size, number, and type to provide the facility with privacy in counseling students	Self-Study/ On-Site	X		Tour
	Secure space for student records	Self-Study/ On-Site	X		SSR pg. 70 Tour
	Technological resources are of sufficient quality and quantity to meet student learning needs and there is support available to student when accessing	Self-Study/ On-Site	X		Computers in each classroom Extensive IT dept with support also from Student Services Center SSR pg. 75-77 IT resources
	Satellite program facilities		N/A		None
	Other points of interest		X		Simulation Center – set up like nursing unit with nurse desk, med room and carts, 6 pt rooms with computer tables at bedside, observation rooms for each pt room with video capability
Library resources and tour	Library materials are of sufficient quality and quantity to meet student learning needs	Self-Study/ On-Site	X		ProQuest available for students. Current editions of journals. Intra-library loans options. Course text books maintained for student use in library.

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments																					
Clinical Resources 60-2-105																										
Written contractual agreements between the nursing education program and affiliating agencies	View current contracts with affiliating agencies for signatures. Ensure they are current and kept in nursing education program office	On-site	X		All up to date																					
Clinical learning experiences and site are adequate	The number of affiliation agencies and types of patients are adequate to meeting curriculum objectives	Self-Study/ On-site	X		Self-Study Table 4.23 pg. 31 Nursing faculty meet with clinical sites each academic year; spreadsheet to help with shared clinical space – handled by mutual agreement with other schools and site																					
	If more than one nursing program uses the same affiliating agency, the nursing program documents availability of appropriate learning experiences for all students	Self-Study/ On-Site	X		Course Syllabi Schedules Notebook/File On Site																					
	Each affiliating agency used for clinical instruction shall be staffed independently of student assignments	Self-Study/ On-Site	X		On Site																					
	Tour selected clinical agencies to determine adequacy of facility to meet expected program and course objectives	On-Site	X		Incredible support for LCC program.																					
Administrative Policies & Procedures 60-2-102, 60-2-103, &60-2-104																										
Program NCLEX pass rates	NCLEX RN or PN Pass rates for the last 5 years (first time candidates)	Self-Study	X		<table><thead><tr><th></th><th>RN</th><th>PN</th></tr></thead><tbody><tr><td>2015</td><td>100%</td><td>90.9%</td></tr><tr><td>2016</td><td>82.35%</td><td>100%</td></tr><tr><td>2017</td><td>92.59%</td><td>100 %</td></tr><tr><td>2018</td><td>100%</td><td>100%</td></tr><tr><td>2019</td><td>100%</td><td>100%</td></tr><tr><td>2020 (TD)</td><td>89.65%</td><td>84.61%</td></tr></tbody></table>		RN	PN	2015	100%	90.9%	2016	82.35%	100%	2017	92.59%	100 %	2018	100%	100%	2019	100%	100%	2020 (TD)	89.65%	84.61%
	RN	PN																								
2015	100%	90.9%																								
2016	82.35%	100%																								
2017	92.59%	100 %																								
2018	100%	100%																								
2019	100%	100%																								
2020 (TD)	89.65%	84.61%																								
Financial support for nursing program	Audited nursing program fiscal report for the previous two (2) years including income and expenditures	Self-Study	X		Self-Study Standard 5 Table 5.1																					
	Budget procedures		X		SS p 36																					
Advisory Committee	Review Advisory Committee minutes	On-Site	X		Self-Study Standard Criterion 1.7, 1.81 Advisory Committee Minutes																					

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Meet with the following members of the educational institution to determine adequate support for nursing program	Administration	On-Site	X		President, VPAA, Dean of Instruction
	General education and required support course faculty	On-Site	X		See interview list
	Support services	On-Site	X		Finance, Student Success, Bookstore, financial aid, CTE recruiter, VP Fin & Operations, facilities director, dean of enrollment/registrar
	Students	On-Site	X		Met with 35 Level 1 & Level 2 students. Met with Level 1 & 2 students at clinical site.also
Meet with the following members of selected affiliating clinical agencies to determine adequacy of facility to meet expected program outcomes	Chief Nursing Officer	On-Site	X		Kathi McKinney
	Staff RN's	On-Site	X		
	Preceptors	On-Site	X		Met with Gina Miller
	Individuals conducting observational experiences	On-Site	N/A		
Program Evaluation	Program Evaluation Plan developed with faculty along with evidence of data (collected, aggregated, trended and analyzed) and actions taken	Self-study/ On-site	X		Detailed assessment data regarding EPSLO, includes course reports, revision of HBs, curriculum crosswalk, GAP analysis, NLN Excellence assessment, review of curriculum, evaluating of faculty, review of clinical contracts, pass rates,
	Use of program evaluation data for ongoing program improvement	Self-study/ On-site	X		Several areas of documentation of evaluation and results of outcome reviewed.

#### Interviews on site:

##### Administration:

Dr. Mark Watkins (president)

Dr. Jason Sharp (VPAA)

Kara Wheeler (Dean of Instruction)

Dr. DeLyna Bohnenblust, Director of Nursing Program

##### Support services:

Theresa Hendey, Dean of Enrollment Management

Tammy Fuentez, VP of Student Affairs

Jenna Doherty, VP of Finance & Operations

Jody Bursinski, IT Director  
Kevin Doherty, Facilities Director  
Brandi Irish, CTE Recruiter/Advisor  
Kelly Kirkpatrick, Student Success Ctr Director  
Jessica Letterman, Finance & Operations Assistant/bookstore

**Advisory Committee:**

Brian Williams, CEO, Labette Health – public  
Mark Watkins, president - member  
Kara Wheeler, Dean of Instruction -member  
Matt Atteberry, Executive Director of Labette Center for Mental Health Services– public  
Archana Lol, LCC – member  
Janelle Wade, Ascension Via Christi- member  
Nancy Newby, LCC Concurrent and Dual Enrollment - member  
Robert Perez, LCC – member  
Cheryl Giefer, Pittsburg State University – member  
Amber Kinder, Freeman Health - member

**General Education Faculty:**

Kenneth Elliott, English  
Ranee Baty, English  
Tonya Bell, Communication  
Robert Perez, sociology  
Archana Lol, Microbiology

**Nursing Faculty:** (All teach in both levels)

Cheryl Smith  
Julie Page  
Jill Coomes  
Kathi Bennett  
Aaron Smith  
Miranda Plum  
Kim Beachner

**Students:**

35 (14 Level 1 & 21 Level 2) on campus, 4 (2 Level 1 & 2 Level 2) at clinical

**Labette Health Staff:**

Sharon Roberts, Director OB Nursing  
Donna Vitt, Manager 2N (also on Advisory Cmte)  
Kathi McKinny, CNO (also on Adv Cmte)  
Amy Jo Holtzman, Clinical Educator/Education (also on Adv Cmte)

Tereasa DeMentt, Quality (also on Adv Cmte)  
Gina Miller, RN, preceptor

**Strengths:**

1. Tremendous support for the program from the community, college, and local hospital
2. LCC Nursing recognized as #1 in the state by RegisteredNursing.com
3. Strong leadership from Dr. Bohnenblust.
4. Sherry Simpson (program asst) very organized and supportive of faculty, students, and visitors.
5. Very cohesive and supportive faculty
6. Students recognize the strengths of program and strong pass rates
7. Students, hospital staff, and college administration very complementary of dedicated, student-oriented faculty and their wealth of experience
8. Simulation lab with several manikins, control rooms, and dedicated faculty
9. Strong IT support
10. Classrooms with good social distancing and individual computers for each student.
11. Creative teaching techniques.

**Opportunities:**

1. Extensive data collected for program evaluation. Consider clarifying trail to find these details from the NFO minutes.
2. Consider clarifying contract language to ensure understanding that contracted clinical facilities are to be fully staffed independent of students.

**Recommendations:**

1. Recommend full reapproval for the LCC Bilevel nursing program; 5-year approval for Level 1 (PN), and reapproval for time period of national accreditation (up to eight years) for Level 2 (ADN).

#164

**Major Curriculum Change Request**  
**Kansas State Board of Nursing**  
**60-2-104 (g) (1) (2) (3) - Prelicensure**

Must be received by KSBN at least 30 days before the board meeting

Date: 9/22/2020

Name of Program: WSU Tech Practical Nursing

Program Administrator including credentials: Patricia Plank, MSN, RN

Parent Institution: WSU Tech

Address of Institution: 213 N. Mead  
Wichita, KS 67202

Level of the Program for which the change is being requested: First and second semesters.

Briefly describe the Change being requested: To include IV Therapy in the Practical Nursing Program beginning January 2021

---

**Action Taken**

Education Committee Review \_\_\_\_\_  
Date

Action Taken: ☐ Approved ☐ Not Approved ☐ Deferred

Board of Nursing Review \_\_\_\_\_  
Date

Action Taken: ☐ Approved ☐ Not Approved ☐ Deferred

\_\_\_\_\_  
Nursing Education Compliance Officer

\_\_\_\_\_  
Date



**Prelicensure Major Curriculum Change Request**  
60-2-104 (g) (1) (2) (3)

☒ **(1) Any change in the plan of nursing curriculum organization involving:**

- ☐ Philosophy
- ☐ Number of semesters of study
- ☐ Delivery method of nursing courses

(This includes things such as sequencing, learning methods, content areas, and resources.)

**Provide:**

- Written documentation that includes a comparison of old to new, this may be in the form of a table
- Address any changes needed in resources and the adequacy of resources, if resources are involved in the change

☐ **(2) Any change in content requiring a change of clock-hours or credit hours in nursing courses**

**Provide:**

- Rationale for the change
- Show faculty involvement in process –may use statements of support from faculty and/or evidence of understanding of the change
- A table that shows the differences between the old and new curriculum.
- Include single page course descriptions. **Do Not submit entire course syllabus**

☐ **(3) Any change in the number of students to be admitted to the nursing education program**

**Provide:**

- Statements of explanation from the program
- Facility letters which must include that they are aware of changes and the effect if any the change will have on the facility and the patients/clients and facility staff
- Reaffirm 1:10 clinical ratio by providing a working model of the clinical schedule
- Information that resources such as library, AV materials and equipment, laboratory, faculty, and support services are adequate

*In making decisions concerning curriculum change requests, the Board of Nursing asks if the changes made are consistent with sound educational principles.*

**WSU Tech  
PN Program  
Course Syllabus**

Course Information:

Course Number and Title: PNR 128 - KSPN Nursing Care of Adults I

Total Credit/Contact Hours: 5.00

Theory Credit/Contact Hours: 5.00

Course Description:

This course focuses on the care of adult clients experiencing common medical/surgical health alterations with predictable outcomes. Emphasis is placed on the care of clients with alterations in cardiac output and tissue perfusion, oxygenation, regulation and metabolism, and integument. Principles of pre-and post-operative care and IV therapy are also addressed.

Course Objectives:

1. Describe how to perform a focused assessment on adult clients with common alterations in health related to selected body systems.
2. Develop a relationship-centered plan of care that incorporates current evidence and includes cultural, spiritual, and developmentally appropriate interventions for clients with commonly occurring health alterations that have predictable outcomes.
3. Describe the role of members of the health care team in regard to caring for clients with commonly occurring health alterations that have predictable outcomes.
4. Apply a basic level of knowledge of pathophysiology, pharmacology, and nutrition as it relates to adult clients with commonly occurring health alterations that have predictable outcomes.
5. Articulate verbal and nonverbal communication strategies that are used to promote caring, therapeutic relationships with clients and their families.
6. Describe how information technology is used to communicate with members of the health care team by accurately documenting client care in a secure and timely manner.
7. Describe the health education needs experienced by clients with commonly occurring health alterations that have predictable outcomes.
8. Describe strategies that provide quality care in a safe environment for clients, self, and others.
9. Discuss how organizational and time management skills are used when providing care to adult clients.
10. Describe the role of the practical nurse in maintaining personal and professional accountability for the delivery of standard-based, ethical and legal care to clients.

Content Units:

Alterations in Fluid and Electrolytes

Unit Objectives:

1. Recognize alterations in the laboratory values of urine osmolarity, and serum sodium, potassium, chloride, calcium, and phosphorus.
2. Recognize clinical manifestations of fluid imbalances and alterations in sodium, potassium, chloride, calcium, and phosphorus



Copyright© 2010 Assesment Technologies Institute™, LLC

3. Apply knowledge of pathophysiology when planning care for clients with alterations in fluid balance.
4. Apply knowledge of pathophysiology when planning care for clients with alterations in sodium, potassium, chloride, calcium, and phosphorus.
5. Identify priority actions for clients with an alteration in fluid balance or sodium, potassium, chloride, calcium, and phosphorus.

#### Alteration in Oxygenation

##### Unit Objectives:

1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in oxygenation.
2. Apply knowledge of anatomy, physiology, basic pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in oxygenation.
3. Identify priority actions for adults who have an alteration in oxygenation.
4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in oxygenation.
5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in oxygenation.
6. Discuss the correct use and functioning of therapeutic devices that support oxygenation.
7. Describe the role of the nurse in providing quality care to adults who have an alteration in oxygenation.
8. Identify health care education and safety needs for adults who have an alteration in oxygenation.

##### Content Topics:

- a. Health alteration/ Obstructive disorders (COPD- emphysema, chronic bronchitis; asthma; pulmonary embolism)
- b. Health alteration/ Trauma related disorders (pneumothorax, hemothorax)
- c. Health alteration/ Infectious & inflammatory disorders (bronchitis, pneumonia, influenza, tuberculosis)
- d. Health alteration/ Abnormal cell proliferation disorders (laryngeal cancer, lung cancer)
- e. Pharmacology/ Methylxanthines
- f. Pharmacology/ Mast cell stabilizers
- g. Pharmacology/ Anticholinergics (inhaled)
- h. Pharmacology/ Leukotriene modifiers
- i. Pharmacology/ Beta 2-adrenergic agonists
- j. Pharmacology/ Antibiotics (penicillin, cephalosporins, tetracyclines, macrolides, flouroquinolones, monobactams)
- k. Phamacology/ Bronchodilators



l. Pharmacology/ Expectorants & mucolytics

m. Pharmacology/ Antimycobacterials

n. Pharmacology/ Adult immunizations

o.. Nutrition/ Diet for clients with nutritional deficit (high calorie, high protein diet with limitation of empty liquids)

p. Nutrition/ Diets for clients with dyspnea (soft diet, small frequent meals)

q. Nutrition/ Nutritional supplements (high calorie, low carbohydrate)

## Alterations in Cardiac Output and Tissue Perfusion

### Unit Objectives:

1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in cardiac output and tissue perfusion.
2. Apply knowledge of anatomy, physiology, basic pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in cardiac output and tissue perfusion.
3. Identify priority actions for adults who have an alteration in cardiac output and tissue perfusion.
4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in cardiac output and tissue perfusion.
5. Recognize alterations in laboratory values related to alterations in cardiac output and tissue perfusion.
6. Discuss the correct use and functioning of therapeutic devices that support cardiac output and tissue perfusion.
7. Describe the role of the nurse in providing quality care to adults who have an alteration in cardiac output and tissue perfusion.
8. Identify health care education and safety needs for adults who have an alteration in cardiac output and tissue perfusion.

### Content Topics:

- a. Health Alterations/Electrical conduction disorders (dysrhythmias and electronic pacing)
- b. Health Alterations/Infectious and inflammatory disorders (rheumatic/infective endocarditis, pericarditis, arteritis)
- c. Health Alterations/Structural abnormality (Venous stasis, emboli, aneurysms, peripheral vascular disease peripheral arterial disease; valvular heart disease)
- d. Health Alterations/Arterial pressure disorders (hypertension, shock (hemodynamic, hypovolemic, septic, hypovolemic, anaphylactic)
- e. Health Alterations/Ischemic disorders (angina, coronary artery disease, myocardial infarction)
- f. Health Alterations/Decreased cardiac output disorders (heart failure, pulmonary edema)
- g. Pharmacology/ Organic nitrates
- h. Pharmacology/ Beta and alpha adrenergic blockers



Copyright© 2010 Assesment Technologies Institute™, LLC

- i. Pharmacology/ Centrally acting alpha agents
- j. Pharmacology/ Calcium channel blockers
- k. Pharmacology/ Atropine
- l. Pharmacology/ Antilipemics
- m. Pharmacology/ Renin-angiotensin-aldosterone system (RAAS) inhibitors (ACE inhibitors, ARBs, angiotensin II receptor blockers, aldosterone antagonists)
- n. Nutrition/ Dietary Approaches to Stop Hypertension (DASH) diet
- o. Nutrition/ Therapeutic Lifestyle Changes (TLC) diet
- p. Nutrition/ Diets rich in iron, Vitamin B12, and folic acid

#### Alterations in Regulation and Metabolism

##### Unit Objectives:

1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in regulation and metabolism.
2. Apply knowledge of anatomy, physiology, basic pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in regulation and metabolism.
3. Identify priority actions for adults who have an alteration in regulation and metabolism.
4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in regulation and metabolism.
5. Recognize alterations in laboratory values related to alterations in regulation and metabolism.
6. Discuss the correct use and functioning of therapeutic devices that support regulation and metabolism.
7. Describe the role of the nurse in providing quality care to adults who have an alteration in regulation and metabolism.
8. Identify health care education and safety needs for adults who have an alteration in regulation and metabolism.

##### Content Topics:

- a. Health Alterations/Adrenal disorders (Addison's disease/Cushing's disease, DI/SIADH, pituitary disorders)
- b. Health Alterations/Endocrine/exocrine disorders (diabetes mellitus, thyroid & parathyroid disorders)
- c. Pharmacology/ Thyroid hormones
- d. Pharmacology/ Thyrotropin-releasing hormone
- e. Pharmacology/ Thyroid hormone synthesis inhibitor
- f. Pharmacology/ Radioactive and nonradioactive iodine
- g. Pharmacology/ Insulins



Copyright© 2010 Assessment Technologies Institute™, LLC

- h. Pharmacology/ Oral hypoglycemic
- i. Pharmacology/ Glucagon
- j. Pharmacology/ Antidiuretic hormone preparation
- k. Pharmacology/ Posterior pituitary hormones
- l. Pharmacology/ Anterior pituitary hormones/growth hormones
- m. Pharmacology/ Glucocorticoid and mineralcorticoid hormones
- n. Nutrition/ Addison's diet (high calorie, high sodium, low potassium diet)

## Alterations in Integument

### Unit Objectives:

1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in integument.
2. Apply knowledge of anatomy, physiology, basic pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in integument.
3. Identify priority actions for adults who have an alteration in integument.
4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in integument.
5. Recognize alterations in laboratory values related to alterations in integument.
6. Discuss the correct use and functioning of therapeutic devices that support integument.
7. Describe the role of the nurse in providing quality care to adults who have an alteration in integument.
8. Identify health care education and safety needs for adults who have an alteration in integument.

### Content Topics:

- a. Health Alterations/Tissue injury disorders (pressure ulcers, burns)
- b. Health Alterations/Infectious and inflammatory disorders (cellulitis, herpes zoster)
- c. Health Alterations/Abnormal cell proliferation disorders (actinic keratosis, basal and squamous cell cancer, melanoma, dermatitis, psoriasis, skin infections/infestations)
- d. Pharmacology/ Sulfonamides
- e. Pharmacology/ Topical antibacterial (nitrofurazone)
- f. Pharmacology/ Topical chemotherapy
- g. Pharmacology/ Interferon
- h. Nutrition/ High calorie, high protein diet
- i. Nutrition/ Enteral nutrition



Copyright© 2010 Assesment Technologies Institute™, LLC

## j. Nutrition/ Nutritional supplements

### Pre- and Postoperative Care

#### Unit Objectives:

1. Differentiate between the various phases of the surgical experience (pre, peri, and postoperative) and Identify the role of the nurse in each of these phases.
2. List the responsibilities of the nurse when caring for a client in the immediate pre- and postoperative period.
3. Differentiate between general and regional anesthesia and conscious sedation.
4. Describe the impact drugs used during a surgical procedure can have on drugs given in the immediate postoperative period.
5. Compare and contrast medications commonly given for postoperative pain, nausea, and vomiting.
6. Discuss the legal and ethical issues related to ensuring informed consent.
7. Discuss potential post surgical and immobility complications and the nurses' role in preventing them (thromboemboli, pneumonia, atelectasis, wound infection, wound dehiscence and evisceration).
8. Intervene to provide a safe environment for the surgical client.

#### Content Topics:

- a. Health alterations/ Post surgical and immobility complications (thromboemboli, pneumonia, atelectasis, wound infection, wound dehiscence and evisceration)
- b. Pharmacology/ Postoperative pain: Opioid agonists
- c. Pharmacology/ Postoperative pain: Agonists-antagonists opioids
- d. Pharmacology/ Postoperative pain: Opioid antagonists
- e. Pharmacology/ Postoperative nausea and vomiting: Serotonin antagonists
- f. Pharmacology/ Postoperative nausea and vomiting: Dopamine antagonists
- g. Pharmacology/ Postoperative nausea and vomiting Anticholinergics
- h. Pharmacology/ Postoperative nausea and vomiting: Antihistamines

### Intermediate/advanced Nursing Skills

#### Unit Objectives:

1. Review principles related to the selected skills.
2. Practice client care skills using proper techniques while ensuring client safety.

#### Content Topics:

- a. Theory/Lab/ Post-mortem care and tissue/organ donation (preparation of the body, tagging, shrouding, and documentation)



Copyright© 2010 Assesment Technologies Institute™, LLC

- b. Theory/Lab/ Glucose monitoring and screening tests (urine and blood glucose testing, and reporting, sliding scale, hemocult, dipsticks, and documentation).
- c. Theory/Lab/Integument Complications of immobility (complications of immobility precautions, thromboembolic hose, (Pressure ulcer risk assessment and documentation)
- d. Theory/Lab/ IV Maintenance (types of access devices, administration tubing, continuous, bolus and intermittent infusions, assessment for infiltration and phlebitis, determining and maintaining patency, and documentation).
- e. Theory/Lab/ Drug calculation (intermediate/advanced)
- f. Theory/Lab/ EKG (lead placement, reading normal strips, reading paced strips and documentation).
- g. Theory/Lab/ Oxygenation and airway (oxygen therapy, oxygen delivery systems, tracheostomy suctioning and care, spirometry, ventilator monitoring, chest tube monitoring and documentation).
- h. Theory/Lab/ Wound care (Sterile dressing changes, specialized wound dressings, suture and staple removal, emergency care of evisceration, wound vacuum, wound debridement and packing)
- i. Theory/Lab/ Joint replacement care (CPM machine, hip precautions and documentation)
- j. Theory/Lab/ Pre- and postoperative care (NPO status, postoperative diets, vital sign monitoring, safety measures for clients with altered LOC and documentation).

## Intravenous Therapy

### Unit Objectives:

- A) Define intravenous fluid therapy (see definition in KAR 60-16-101)
- (B) Outline the scope of practice of PNs (see description in KAR 60-16-102)
- (C) Identify the different types of vascular access delivery devices.
- (D) Discuss age-related considerations.
- (E) Review the legal implications for intravenous fluid therapy.
- (F) Review the anatomy and physiology of common sites used for intravenous fluid therapy
- (G) Review fluid and electrolyte balance considerations that relate to intravenous fluid therapy.
- (H) Identify infusion equipment used in intravenous fluid therapy.
- (I) Review client care necessary to maintain patency of established intravenous lines.
- (J) Review various types of infusion therapies and selection criteria for their use.\*\*\*
- (K) Contrast the various types of parenteral solutions and indications for each.
- (L) Describe infection control and safety measures to be taken to prevent infection and infiltration.
- (M) Describe site care and maintenance of various type of intravenous therapies.
- (N) Describe the process for determining vascular access device selection and placement.
- (O) Discuss the indications for the insertion of peripheral short catheters.



Copyright© 2010 Assesment Technologies Institute™, LLC



(P) Differentiate between central and peripheral vascular devices and their care.

(Q) Discuss administration, maintenance, and monitoring of existing central intravenous fluid therapy.

(R) Articulate documentation needed in relation to intravenous fluid therapy

(S) Provide client education related to need for intravenous fluid therapy and client's role in maintaining patency and preventing infection.



**WSU Tech  
PN Program  
Course Syllabus**

Course Information:

Course Number and Title: PNR 129 - KSPN Nursing Care of Adults I Clinical  
Clinical Credit Hours: 3.00

Course Description:

This course focuses on the care of adult clients with common medical/surgical health alterations. The clinical laboratory experience provides the student an opportunity to apply the theoretical concepts from Nursing Care of Adults I and implement safe client care in selected settings.

Course Objectives:

1. Perform a focused assessment on adult clients differentiating between expected and unexpected findings.
2. Assist in developing an evidence-based plan of care that includes cultural, spiritual, and developmentally appropriate interventions related to health promotion and commonly occurring health alterations of adult clients who have predictable outcomes.
3. Participate as a member of the health care team and client advocate while providing quality care that promotes client safety for adults.
4. Apply a basic level of knowledge of pathophysiology, pharmacology, and nutrition, as well as evidence based practice, to the care of adult clients with commonly occurring health alterations who have predictable outcomes.
5. Use verbal and nonverbal communication that promotes therapeutic relationships with adult clients and their families, as well as professional relationships with members of the health care team.
6. Use information technology to access evidence based literature as well as communicate with members of the health care team, accurately documenting client care in a secure and timely manner.
7. Participate in identifying the educational needs of adult clients and their families, as well as reinforcing education provided by members of the health care team.
8. Participate in quality improvement practices while reflecting on individual action to improve client outcomes.
9. Provide an environment that is safe and reduces risk of harm for clients, self, and others.
10. Use organizational, time management, and priority-setting skills when providing care to adult clients.
11. Adhere to ethical, legal and professional standards while maintaining accountability and responsibility for the care provided to adult clients and their families.

Content Units:

IV Therapy

Unit Objectives:

1. Demonstrate proper techniques for medication administration, maintenance, and monitoring of peripheral intravenous fluid therapy.
- 2 Demonstrate documentation related to intravenous fluid therapy



Copyright© 2010 Assesment Technologies Institute™, LLC

Clinical Objectives:

A. Provide nursing care that is relationship-centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients with commonly occurring health problems that have predictable outcomes.

A.1. Perform a focused assessment on adult clients differentiating between expected and unexpected findings. A.2. Contribute to the development of an individualized relationship-centered plan of care for adult client(s). A.3. Provide culturally sensitive care to adults from diverse backgrounds. A.4. Identify opportunities for client advocacy. A.5. Use verbal and nonverbal communication that promotes caring, therapeutic relationships with adult clients. A.6. Reinforce health-related education provided to adult clients.

B. Collaborate with the client and members of the interprofessional health care team to promote continuity of care and shared decision-making.

B.1. Participate as a member of the interprofessional health care team. B.2. Communicate client-related information to designated members of the healthcare team in a timely manner. B.3. Collaborate with the healthcare team when a situation requires knowledge/actions beyond the expertise and scope of LPN practice.

C. Use current evidence as a basis for nursing practice.

C.1. Access evidence from credible resources. C.2. Utilize current evidence as a basis for nursing practice.

D. Use information and client care technology to support the delivery of safe, quality client care.

D.1. Use information technology to communicate with other members of the health care team. D.2. Use information technology to securely and accurately document nursing care while monitoring client response. D.3. Use client care technology in a way that supports quality and safe processes of care.

E. Participate in quality improvement practices evaluating their effect on client outcomes.

E.1. Report concerns related to the quality of client care. E.2. Reflect on individual action necessary to provide quality care.

F. Provide an environment that is safe and reduces risk of harm for clients, self, and others.

F.1. Report actual and potential safety risks to clients, self, and others in the health care environment. F.2. Implement actions that promote safe practice and a safe environment for clients, self, and others. F.3. Implement interventions consistent with the National Patient Safety Goals in selected settings.

G. Demonstrate accountability for client care that incorporates legal and ethical principles, regulatory guidelines, and standards of nursing practice.

G.1. Practice nursing in accordance with the Kansas PN scope of practice as dictated by state's practical nursing regulations and statutes. G.2. Use the Client Bill of Rights, and the Self Determination Act along with an established nursing code of ethics as a personal framework for practice. G.3. Maintain personal and professional accountability in the delivery of client care. G.4. Practice in accordance with institutional policies and procedures.

H. Use leadership skills that support the provision and coordination of client care.

H.1. Use organizational and time management when providing client care. H.2. Support assistive personnel with client care tasks. H.3. Supervise assistive personnel to whom tasks have been assigned.



**Major Curriculum Change Request  
Kansas State Board of Nursing  
60-2-104 (g) (1) (2) (3) - Prelicensure**

Must be received by KSBN at least 30 days before the board meeting

Date: 10/5/2020

Name of Program: Nursing

#180

Program Administrator including credentials: Dee Bohnenblust, EdD, MSN, ARNP-CNS, CNE

Parent Institution: Labette Community College

Address of Institution: 200 S. 14th

Parsons, Kansas 67357

Level of the Program for which the change is being requested: ADN Bi-Level Nursing Program

Briefly describe the Change being requested: Incorporate IV Therapy Curriculum into NURS 122 Medical Surgical Nursing Course.

---

**Action Taken**

Education Committee Review

\_\_\_\_\_ Date

Action Taken: ☐ Approved ☐ Not Approved ☐ Deferred

Board of Nursing Review

\_\_\_\_\_ Date

Action Taken: ☐ Approved ☐ Not Approved ☐ Deferred

\_\_\_\_\_  
Education Specialist

\_\_\_\_\_  
Date

**Prelicensure Major Curriculum Change Request**  
60-2-104 (g) (1) (2) (3)

None (1) Any change in the plan of nursing curriculum organization involving:

- ☐ Philosophy
- ☐ Number of semesters of study
- ☐ Delivery method of nursing courses

(This includes things such as sequencing, learning methods, content areas, and resources.)

**Provide:**

- Written documentation that includes a comparison of old to new, this may be in the form of a table
- Address any changes needed in resources and the adequacy of resources, if resources are involved in the change

None ☐ (2) Any change in content requiring a change of clock-hours or credit hours nursing courses

**Provide:**

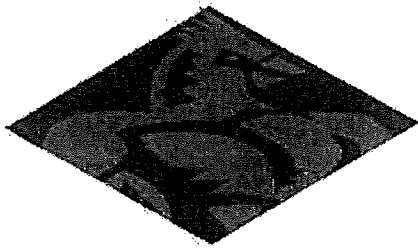
- Rationale for the change
- Show faculty involvement in process –may use statements of support from faculty and/or evidence of understanding of the change
- A table that shows the differences between the old and new curriculum.
- Include single page course descriptions. **Do Not** submit entire course syllabus

None ☐ (3) Any change in the number of students to be admitted to the nursing education program

**Provide:**

- Statements of explanation from the program
- Facility letters which must include that they are aware of changes and the effect if any the change will have on the facility and the patients/clients and facility staff
- Reaffirm 1:10 clinical ratio by providing a working model of the clinical schedule
- Information that resources such as library, AV materials and equipment, laboratory, faculty, and support services are adequate

*In making decisions concerning curriculum change requests, the Board of Nursing asks if the changes made are consistent with sound educational principles.*



Labette  
Community College

Nursing  
Program

October 8, 2020

Janelle B. Martin, MHSA, RN  
Nursing Education Compliance Officer  
Kansas State Board of Nursing  
900 SW Jackson, Suite 1051  
Topeka, KS 66612

Dear Janelle,

The Labette Community College Nursing Program is seeking approval for a major curriculum change related to the incorporation of the IV Therapy curriculum into NURS 122 Medical Surgical Nursing course. As a program, we request to incorporate this material into the course for spring 2021. This course is taught during the second semester of the first year in the program. As part of the Bi-level Nursing Program, students have the option of sit for the NCLEX-PN after completion of the first year. By incorporating the Kansas Administrative Regulations for Article 16 – Intravenous Fluid Therapy for LPNs in the curriculum, students will be able to apply these skills into their entry-level nursing practice.

The faculty fully support this change to the curriculum. The current NURS 122 Medical Surgical Nursing course, includes IV therapy content with specific laboratory skill check-offs and clinical experiences specific to IV therapy. However, the students are not eligible to become IV certified after course completion at this time. Further, the faculty do not expect that any additional resources will be required to facilitate this change. The nursing program acquired additional IV arms during the last academic year and there are two IV simulators available for student use in the Skills Lab. In addition, the program has IV pumps, tubing, and fluids for IV skills practice.

The course faculty will utilize the curriculum learning outcomes to direct theory content and clinical experiences so that students meet the course and clinical objectives. Students will receive instruction related to IV therapy, learning activities in the Skills Lab for practice, skills lab checkoffs, and face-to-face clinical opportunities for IV initiation and medication administration. Finally, as part of the clinical experience for the course, all students will be required to take and pass the written examination for IV certification.

Upon approval, the nursing program will follow all KSBN requirements for submission of student information related to the successful completion of the course. Submitted support documents include a copy of the of the unit objectives to be incorporated into the current syllabus after approval. If any further information is required, please feel free to contact us at 620-421-6700.


Sincerely,

Miranda Plumlee, BSN, RN, DNP Candidate, Instructor NURS 122 Medical Surgical Nursing

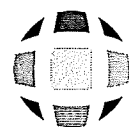
DeLyna Bohnenblust, EdD, MSN, APRN, CNE, Program Director

### Intravenous Fluid Therapy Unit Objectives

1. Define intravenous fluid therapy as specified in K.A.R. 60-16-101
2. Outline the scope of practice for Licensed Practical Nurses in Kansas, as specified in K.A.R. 60-16-102
3. Identify the different types of vascular-access devices.
4. Identify and discuss age-related concerns for intravenous fluid therapy.
5. Review the legal implications for intravenous fluid therapy.
6. Review the anatomy and physiology of commonly used sites for intravenous therapy.
7. Review fluid and electrolyte balance considerations related to intravenous therapy.
8. Identify infusion equipment used in intravenous fluid therapy.
9. Review client care necessary to maintain patency of established intravenous lines.
10. Review various types of infusion therapies and the selection criteria for their use.
11. Contrast the various types of parenteral solutions and indications for each.
12. Describe infection control and safety measures to be taken to prevent infection and infiltration.
13. Describe site care and maintenance of various types of intravenous therapies.
14. Describe the process for vascular-access device selection and placement.
15. Discuss the indications for insertion of peripheral short catheters.
16. Discuss administration, maintenance, and monitoring of peripheral intravenous fluid therapy.
17. Describe infusion-related complications and identify nursing interventions to address these complications.
18. Differentiate between central and peripheral vascular sites and related care activities.
19. Discuss administration, maintenance, and monitoring of central intravenous fluid therapy.
20. Articulate documentation related to intravenous fluid therapy.
21. Provide client education related to intravenous fluid therapy and client's role in maintaining patency and preventing complications.



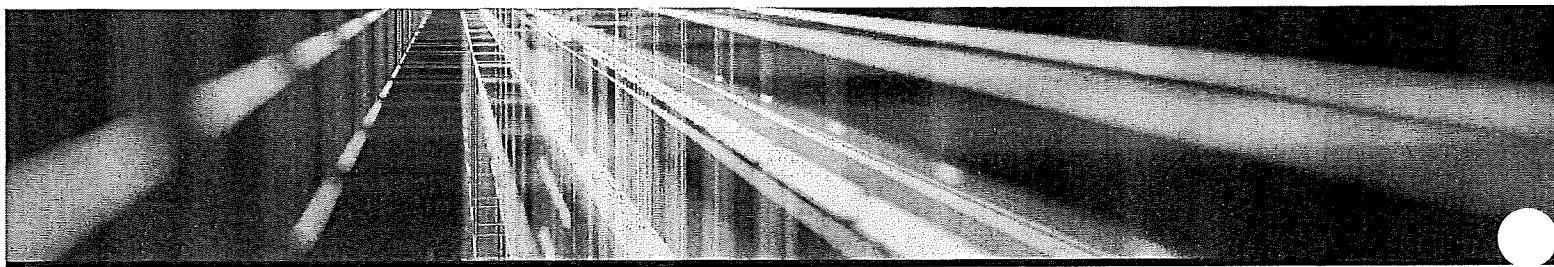
# NURSING EDUCATION **Approval Guidelines**



**NCSBN**  
Leading Regulatory Excellence







# Guidelines for Prelicensure Nursing Program Approval

---

## NCSBN Approval Guidelines for BONs

**Scope and Purpose:** The following guidelines are meant to guide:

1. BONs and other nursing regulatory bodies (NRBs) in their approval of prelicensure nursing education programs in meeting regulatory standards.
2. The collection of annual report data from prelicensure nursing education programs.
3. Site visits to nursing education programs when warning signs have been identified.

### Level of Nursing Education Programs:

Prelicensure RN and PN/VN nursing education programs.

### Guideline Development

An Expert Panel consisting of representatives from the BONs, the College of Nurses of Ontario, the National League for Nursing, the American Association of Colleges of Nursing, the Organization of Associate Degree Nursing and NCSBN staff developed the guidelines from a literature review and three landmark national studies of nursing education outcomes and metrics that were conducted and analyzed by NCSBN.

## Expert Panel

<b>Maryann Alexander, PhD, FAAN</b> Chief Officer, Nursing Regulation, NCSBN	<b>Donna Meyer, MSN, ANEF, FAADN, FAAN</b> CEO, Organization of Associate Degree Nursing
<b>Janice Brewington, PhD, RN, FAAN</b> Director, Center for Transformational Leadership, Chief Program Officer, National League for Nursing	<b>Bibi Schultz, MSN, RN, CNE</b> Director of Education Missouri State Board of Nursing
<b>Rebecca Fotsch, JD</b> Director, State Advocacy and Legislative Affairs, NCSBN	<b>Anne Marie Shin RN, MN, MSc (QIPS)</b> Manager, Education Program, College of Nurses of Ontario
<b>Janice I. Hooper, PhD, RN, FRE, CNE, FAAN, ANEF</b> Nursing Consultant for Education, Texas Board of Nursing	<b>Josephine H. Silvestre, MSN, RN</b> Senior Associate, Regulatory Innovations, NCSBN
<b>Nicole Livanos, JD</b> Senior Associate, State Advocacy and Legislative Affairs, NCSBN	<b>Nancy Spector, PhD, RN, FAAN</b> Director, Regulatory Innovations, NCSBN
<b>Elizabeth Lund, MSN, RN</b> Executive Director, NCSBN Board of Directors, Tennessee Board of Nursing	<b>Joan Stanley, CRNP, FAAN, FAANP</b> Chief Academic Officer, American Association of Colleges of Nursing
<b>Brendan Martin, PhD</b> Associate Director, Research, NCSBN	<b>Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE</b> Director of Education and Practice, North Carolina Board of Nursing

# The Guidelines

These guidelines have been developed at the request of nursing regulatory bodies (NRBs) who requested evidence-based criteria for the prelicensure nursing education program approval process. The guidelines are based on both quantitative and qualitative data that emerged from three groundbreaking national studies<sup>1</sup> and a literature review conducted by NCSBN to learn about quality indicators of nursing education programs, as well as warning signs. These guidelines are meant to help both NRBs as well as nursing education programs. It is hoped that these will increase collaboration between regulators and educators, allow for transparency in the approval process, help NRBs avoid antitrust issues, and provide criteria which allow the NRB to intervene prior to a program falling below standards.

## Definitions

1. **Approval of nursing education programs** – Official recognition of nursing education programs that go through a systematic approval process implemented by U.S. BONs, thus meeting regulatory standards and being able to make their students eligible to take the nursing licensure exam. In most states, the approval process will be designated as full approval when all requirements are met; conditional or probationary or other designations when some, but not all of the requirements are met; or approval removal when programs fail to correct cited deficiencies. (adapted from Spector et al., 2018)
2. **Graduation rates** – Number and percentage of degree-seeking students who graduate within the normal program time. (Reyna, 2010, p. 10)
3. **Metrics** – For the purposes of this report, those measures that are used when evaluating the outcomes, quality and warning signs of nursing programs.
4. **Outcomes** – The behaviors, characteristics, qualities, or attributes that learners display at the end of an educational program (Gaberson, Oermann, & Sellenbarger, 2015, p. 18).
5. **Quality clinical experiences** – Either in face-to-face clinical experiences or in simulation, under the oversight of an experienced clinical instructor, the intentional integration of knowledge, clinical reasoning, skilled know-how and ethical comportment across the lifespan (adapted from Benner, Sutphen, Leonard, & Day, 2010.)
6. **Warning signs** – Negative indicators when a program is beginning to fall below the standards of graduating safe and competent students.

## Warning Signs

---

1. Complaints to BONs or other NRBs from students, faculty, clinical sites or the public.
2. Turnover of program directors; More than three directors in a five-year period.
3. Frequent faculty turnover/cuts in numbers of faculty.
4. Trend of decreasing NCLEX® pass rates.

## High-Risk Programs That May Need Additional Oversight<sup>2</sup>

---

Prelicensure programs younger than seven years.

## Quality Indicators

---

### Administrative Requirements

1. The program has criteria for admission, progression and student performance.
2. Written policies and procedures are in place and have been vetted by faculty and students.

### Program Director

1. The program director of an RN program is doctorally prepared and has a degree in nursing.
2. The program director of a PN/VN program has a graduate degree and a degree in nursing.

### Faculty

1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty.
2. In RN programs, faculty hold a graduate degree.
3. In PN programs, faculty hold a BSN degree.
4. Faculty can demonstrate they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:
  - a. Methods of instruction;
  - b. Teaching in clinical practice settings;
  - c. Teaching in simulation settings;
  - d. How to conduct assessments, including test item writing; and
  - e. Managing "difficult" students.
5. Faculty can demonstrate participation in continuing education related to nursing education and adult learning pedagogies.

---

<sup>2</sup> Additional oversight may include progress reports every six months related to the number of students, faculty qualifications, stability of the program director, NCLEX® pass rates, in addition to the regularly collected annual reports. If there is concern, the BON may make a focused visit to the program to make recommendations.

6. The school provides substantive and periodic workshops and presentations devoted to faculty development.
7. Formal mentoring of new full-time and part-time faculty takes place by established peers.
8. Formal orientation of adjunct clinical faculty.
9. Clinical faculty have up-to-date clinical skills and have had experience in direct patient care in the past 5 years.
10. Simulation faculty are certified.

### **Students**

1. The nursing program should ensure the following are in place to assist students:
  - a. English as a second language assistance is provided.
  - b. Assistance is available for students with learning disabilities.
  - c. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.
  - d. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.

### **Curriculum and Clinical Experiences**

1. 50% or more of clinical experience in each clinical course is direct care with patients.
2. Variety of clinical settings with diverse patients.
3. Opportunities for quality and safety education integrated into the curriculum, including delegating effectively, emergency procedures, interprofessional communication and time management.
4. Systematic evaluation plan of the curriculum is in place.

### **Teaching and Learning Resources**

1. The simulation lab is accredited.
2. Students have access to a library, technology and other resources.
3. Programs are able to assess students with learning disabilities and tailor the curriculum to meet their needs.

## Evidence Table

Warning Signs	Evidence
<ol style="list-style-type: none"> <li>1. Complaints to BONs or other NRBs from students, faculty, clinical sites or public.</li> <li>2. Turnover of program directors; More than three directors in a five-year period.</li> <li>3. Frequent faculty turnover/cuts in numbers of faculty.</li> <li>4. Trend of decreasing NCLEX® pass rates.</li> </ol>	<ol style="list-style-type: none"> <li>1. Literature, Delphi, Qualitative 5-Year Site Visit Study.</li> <li>2. Literature, Delphi, Qualitative 5-Year Site Visit Study; Quantitative 5-Year Annual Report Study.</li> <li>3. Literature, Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.</li> <li>4. Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.</li> </ol>
High-Risk Programs That May Need Additional Oversight <sup>3</sup>	Evidence
<p>Prelicensure programs younger than seven years.</p>	<p>Literature, Qualitative 5-Year Site Visit Study; Quantitative 5-Year Annual Report Study.</p>
Quality Indicators.	Evidence
<p><i>Administrative Requirements</i></p>	
<ol style="list-style-type: none"> <li>1. The program can provide evidence that their admission, progression and student performance standards are based on data.</li> <li>2. Policies and procedures are in place, based on data that have been vetted by faculty and students.</li> </ol>	<ol style="list-style-type: none"> <li>1. Literature, Qualitative 5-Year Site Visit Study</li> <li>2. Literature, Qualitative 5-Year Site Visit Study</li> </ol>

<sup>3</sup> Additional oversight may include progress reports every six months related to the number of students, faculty qualifications, stability of the director, NCLEX® pass rates, in addition to the regularly collected annual reports. If there is concern, the BON may make a focused visit to the program to make recommendations.

## Evidence Table (continued)

### *Program Director*

- |                                                                                              |                                                                                              |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. The program director of an RN program is doctorally prepared and has a degree in nursing. | 1. Literature, Qualitative 5- Year Site Visit Study, Quantitative 5-Year Annual Report Study |
| 2. The program director of a PN/VN program has a graduate degree and a degree in nursing.    | 2. Literature, Quantitative 5-Year Annual Report Study                                       |

### *Faculty*

- |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty.                                                                                                                                                                                                                                            | 1. Literature, Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study. |
| 2. In RN programs, faculty hold a graduate degree.                                                                                                                                                                                                                                                                                                                                                       | 2. Literature, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.         |
| 3. In PN programs, faculty hold a BSN degree.                                                                                                                                                                                                                                                                                                                                                            | 3. Literature, Quantitative 5-Year Annual Report Study.                                              |
| 4. Faculty can demonstrate they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:<br>a. Methods of instruction;<br>b. Teaching in clinical practice settings;<br>c. Teaching in simulation settings;<br>d. How to conduct assessments, including test item writing; and<br>e. Managing “difficult” students. | 4. Literature, Qualitative 5-Year Site Visit Study.                                                  |



## Evidence Table (continued)

- |                                                                                                                              |                                                            |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 5. Faculty can demonstrate participation in continuing education related to nursing education and adult learning pedagogies. | 5. Literature, Qualitative 5-year Site Visit Study         |
| 6. The school provides substantive and periodic workshops and presentations devoted to faculty development.                  | 6. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 7. Formal mentoring of new full-time and part-time faculty takes place by established peers.                                 | 7. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 8. Formal orientation of adjunct clinical faculty.                                                                           | 8. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 9. Clinical faculty have up-to-date clinical skills and have had experience in direct patient care in the past 5 years.      | 9. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 10. Simulation faculty are certified.                                                                                        | 10. Literature, Qualitative 5-Year Site Visit Study        |

### *Students*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. The nursing program should ensure the following are in place to assist students: <ul style="list-style-type: none"><li>a. English as a second language assistance is provided.</li><li>b. Assistance is available for students with learning disabilities</li><li>c. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.</li><li>d. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.</li></ul> | 1. Literature, Delphi, Qualitative 5-Year Site Visit Study. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

## Evidence Table (continued)

### *Curriculum and Clinical Experiences*

- |                                                                                                                                                                                                |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. 50% or more of clinical experience in each clinical course is direct care with patients.                                                                                                    | 1. Literature, Delphi.                                      |
| 2. Variety of clinical settings with diverse patients.                                                                                                                                         | 2. Literature, Delphi, Qualitative 5-Year Site Visit Study. |
| 3. Opportunities for quality and safety education integrated into the curriculum, including delegating effectively, emergency procedures, interprofessional communication and time management. | 3. Literature, Delphi.                                      |
| 4. Systematic evaluation plan of the curriculum is in place.                                                                                                                                   | 4. Literature, Delphi, Qualitative 5-Year Site Visit Study. |

### *Teaching and Learning Resources*

- |                                                                                                                   |                                                     |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. The simulation lab is accredited.                                                                              | 1. Literature, Qualitative 5-Year Site Visit Study. |
| 2. Students have access to a library, technology and other resources.                                             | 2. Literature, Qualitative 5-Year Site Visit Study. |
| 3. Programs are able to assess students with learning disabilities and tailor the curriculum to meet their needs. | 3. Literature, Qualitative 5-Year Site Visit Study. |

## References

- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Gaberson, K.B., Oermann, M.H., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing* (4th ed.). New York, NY: Springer Publishing Company.
- Reyna, R. (2010). Complete to compete: Common college completion metrics. *National Governors Association Chair's Initiative* (June 2010).
- Spector, N., Hooper, J. I., Silvestre, J., & Qian, H. (2018). Board of nursing approval of registered nursing education programs. *Journal of Nursing Regulation*, 8(4), 22-29.

## Additional Resources

### Site Visit Template

**Use of the Site Visit Template:** This template was developed based on the qualitative five-year site visit study that NCSBN conducted, looking at programs that were not fully approved by BONs. Each of the items below were found to be lacking in those programs not meeting regulatory standards. Nursing regulatory bodies (NRBs) could use this template as a guide when making a focused site visit. NRBs may choose to adapt this template to customize it to their particular needs.

Date of Site Visit \_\_\_\_\_

Name of Education Consultant \_\_\_\_\_

Name of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

Director of Program \_\_\_\_\_

Contact Information of Director \_\_\_\_\_

NCLEX® Program Code \_\_\_\_\_

### Program

1. Current approval status \_\_\_\_\_
2. Age of program \_\_\_\_\_
3. Ownership of program (for-profit; nonprofit; public) \_\_\_\_\_
4. Trend of Program's NCLEX® Pass rates for Three Years  
 \_\_\_\_\_ Current Year  
 \_\_\_\_\_ Year 2  
 \_\_\_\_\_ Year 3

### Administration

5. Written policies and procedures are available to faculty and students. Yes/No/Comments
6. There is evident student and faculty input into policies and procedures. Yes/No/Comments
7. Record keeping is in place for faculty credentials, course evaluations, student records. Yes/No/Comments
8. Quality improvement strategies are in place, particularly related to student outcomes and course evaluations. Yes/No/Comments
9. Students have the educational materials (books, uniforms, software, internet access, syllabi, etc.) they need to be successful. Yes/No/Comments

10. Data is used to set admission, progression and student performance. Yes/No/Comments  
(Below are some key areas to check)
- a. Student socioeconomic status.
  - b. English as a second language.
  - c. Presence of children under 18 years of age in the home.
  - d. Need to work while attending program.
  - e. Program admission, such as GPA, SAT®/ACT®, secondary education.
  - f. Remediation programs, including remediation for clinical errors/near misses, are in place.
  - g. Program progression (GPA standards, minimum course grades, pass/fail, etc.).

### Program Director

11. How many directors has the program had in the past five years (including interim directors)? \_\_\_\_\_
12. Is the director in charge of other allied health and/or vocational programs? Yes/No
13. If the answer to #12 is yes, is there an assistant director for managing the day-to-day operations of the nursing program? Yes/No  
Explain \_\_\_\_\_
14. What is the highest academic degree of the program director? \_\_\_\_\_
15. Is the program director a nurse? Yes/No

### Faculty

16. Total number of faculty (including full-time, part-time, adjunct clinical faculty each academic cycle, etc.)  
is \_\_\_\_\_
17. Number of full-time faculty \_\_\_\_\_
18. Credentials of faculty (provide separately)
19. Faculty have a basic knowledge of pedagogical methods Yes/No Comments
20. Workload for faculty is reasonable (average number of courses taught in an academic year) \_\_\_\_\_  
Yes/No Comments
21. All faculty teaching in clinical experiences have performed direct patient care in the last 5 years.  
Yes/No Comments
22. Formal orientation plan for new full-time/part-time faculty is in place. Yes/No  
Explain \_\_\_\_\_
23. Formal orientation plan for adjunct faculty is in place. Yes/No  
Explain \_\_\_\_\_
24. There is administrative support for ongoing faculty development. Yes/No  
Explain \_\_\_\_\_
25. All faculty who teach simulation are certified. Yes/No
26. Faculty have control over the curriculum. Yes/No  
Explain \_\_\_\_\_

27. Full-time faculty turnover during the past academic year was \_\_\_\_\_

### **Students**

28. English as a second language assistance is provided on an ongoing basis, when appropriate. Yes/No  
Comments

29. Resources are available for student learning disabilities. Yes/No Comments

30. Throughout the program books and resources are provided. Yes/No Comments

a. When students can't afford books and other required resources, strategies are in place to help them.

31. Remediation strategies are in place so that students are aware of how to seek help. Yes/No Comments

a. Remediation strategies include errors/near misses made in clinical experiences.

### **Curriculum and Clinical Experiences**

32. 50% or more of clinical experiences in each course are with direct care with patients. Yes/No

33. Variety of clinical settings with diverse patients. Yes/No Comment

34. Opportunities in clinical experiences for promoting safety and quality. Yes/No Comment  
Evidence-based examples include:

a. Delegation

b. Emergency procedures

c. Interprofessional communication

d. Time management

### **Teaching and Learning Resources**

35. The simulation lab is accredited. Yes/No

a. Simulation lab in working order with up-to-date equipment. Yes/No Comment

36. Syllabi are consistent in their design and with internal policies. Yes/No Comment

a. Course descriptions match the course content and expected outcomes. Yes/No Comment

37. Physical instructional resources are adequate. Yes/No

a. Full- and part-time faculty have private office space for student meetings. Yes/No Comment

b. Adjunct faculty have the ability to reserve conference rooms to meet with students. Yes/No. Comment

## Additional Resources

### Annual Report Core Data Template

Name of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Phone # of Person Completing Form \_\_\_\_\_

NCLEX® Program Code \_\_\_\_\_

### Program

1. Is the program nationally nursing accredited?      Yes      No
2. What is the program's current approval status?
  - ☐ Full Approval
  - ☐ Conditional/Probationary Approval
  - ☐ Non-Approved
3. What best describes the program's geographic location?
  - ☐ Urban
  - ☐ Suburban
  - ☐ Rural
  - ☐ Not Applicable
4. What is the institutional ownership?
  - ☐ Public
  - ☐ Private Not for Profit
  - ☐ Private for Profit
5. What is the program type?
  - ☐ Licensed Practical Nurse/Licensed Vocational Nurse
  - ☐ Diploma
  - ☐ Registered Nurse – Associates
  - ☐ Registered Nurse – Bachelors
  - ☐ Master's Entry
6. In what year was the program founded? \_\_\_\_\_ [Numeric response field]
7. Does the program have any satellite sites?      Yes [Q8]      No [Skip to Q9]
8. [If yes to Q7] How many total sites, including the home site, does the program have?  
\_\_\_\_\_ [Numeric response field]

9. What types of learning modalities does the program offer?
- ☐ In-Person Only [Skip to Q11]
  - ☐ Online Only [Skip to Q11]
  - ☐ Hybrid
10. What proportion of your program is online? [Sliding scale proportion]
11. What best describes the program's academic schedule?
- ☐ Quarters
  - ☐ Trimesters
  - ☐ Semesters
  - ☐ Other
12. Does the program administer a formal student orientation process? Yes No
13. Does the program offer English as a second language services for non-native English speakers?  
Yes No
14. Does the program offer disability support services? Yes No
15. Does the program offer support services to help low socioeconomic students access available resources (e.g. peer mentoring services, tuition assistance, work study program, etc.)? Yes No
16. Does the program have a formal remediation process in place for students having trouble? Yes No
17. Does the program have a formal remediation process in place for students who commit errors/near misses in their clinical experiences? Yes No
18. Has the nursing program experienced major organizational changes over the past year (such as collapsing programs)? Yes [Q19] No [Skip to Q20]
19. What major organizational changes have the nursing program experienced in the past year?
- ☐ New Director
  - ☐ New Assistant/Associate Director
  - ☐ Staff Layoff
  - ☐ Faculty Layoff
  - ☐ Change in University Leadership (e.g. Provost or President)
  - ☐ Collapsing programs
  - ☐ Economic efficiencies
  - ☐ Other \_\_\_\_\_
20. What is the total number of clinical experience hours? \_\_\_\_\_ [Numeric response field]
21. How many hours do students spend in direct client care? \_\_\_\_\_ [Numeric response field]
22. How many hours do students spend in simulation? \_\_\_\_\_ [Numeric response field]
23. How many hours do students spend in skills lab? \_\_\_\_\_ [Numeric response field]

### Simulation Data

24. Does the program offer simulated clinical experience? Yes [Q25] No [Skip to Q27]
25. [If yes to Q24] Are simulation faculty certified? Yes No
26. [If yes to Q24] Is the simulation lab accredited? Yes No



## Program Director Data

27. Is the program director a nurse?

Yes [Q2]

No [Skip to Q29]

28. [If yes to Q27] What is the program director's highest nursing degree achieved?

☐ Diploma

☐ ADN

☐ BSN

☐ MSN

☐ MS

☐ DNP

☐ PhD

☐ Other \_\_\_\_\_

29. What is the program director's highest non-nursing degree achieved?

☐ Associates

☐ Bachelors

☐ MEd

☐ Other Master's

☐ EdD

☐ Other Doctoral

☐ Other \_\_\_\_\_

30. In the past year, how many directors, including interim directors, has the program had?

\_\_\_\_\_ [Numeric response field]

31. Does the program director hold a joint allied health appointment?

Yes No

32. Does the program have an assistant/associate director?

Yes No

33. Does the program director have administrative support?

Yes No

## Faculty Data

34. How many full-time faculty are there? \_\_\_\_\_ [Numeric response field]

35. How many clinical adjunct faculty are there? \_\_\_\_\_ [Numeric response field]

36. How many part-time faculty are there? \_\_\_\_\_ [Numeric response field]

37. How many of the full-time faculty are graduate educated?

☐ MSN \_\_\_\_\_ [Numeric response field]

☐ MS \_\_\_\_\_ [Numeric response field]

☐ Other Masters \_\_\_\_\_ [Numeric response field]

☐ DNP \_\_\_\_\_ [Numeric response field]

☐ PhD \_\_\_\_\_ [Numeric response field]

☐ Other Doctoral \_\_\_\_\_ [Numeric response field]

38. What is the student to faculty ratio for didactic/theory courses? \_\_\_\_\_ [Numeric response field]

39. What is the student to clinical faculty ratio? \_\_\_\_\_ [Numeric response field]

- |                                                                                 |     |    |
|---------------------------------------------------------------------------------|-----|----|
| 40. Does the program offer formal orientation for new adjunct clinical faculty? | Yes | No |
| 41. Does the program offer formal orientation for new part-time faculty?        | Yes | No |
| 42. Does the program offer formal orientation for new full-time faculty?        | Yes | No |
| 43. Does the program offer formal mentoring for new full-time faculty?          | Yes | No |

## Student Data

44. How many students are enrolled in the nursing program as of the beginning of the current academic year?  
\_\_\_\_\_ [Numeric response field]
45. What is the maximum nursing enrollment capacity? \_\_\_\_\_ [Numeric response field]
46. What is your attrition rate?
47. What is the average age of a student enrolled in the program as of the beginning of the current academic year? [Instructions: Round to the nearest integer]  
\_\_\_\_\_ [Numeric sliding scale]
48. Please provide a detailed breakdown of the racial composition of the students currently enrolled in the program.
- ☐ American Indian or Alaska Native \_\_\_\_\_ [Proportion response field]
  - ☐ Asian \_\_\_\_\_ [Proportion response field]
  - ☐ Black or African American \_\_\_\_\_ [Proportion response field]
  - ☐ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ [Proportion response field]
  - ☐ White \_\_\_\_\_ [Proportion response field]
  - ☐ Multi-Racial \_\_\_\_\_ [Proportion response field]
  - ☐ Other \_\_\_\_\_ [Proportion response field]
49. Please provide a detailed breakdown of the ethnic composition of the students currently enrolled in the program.
- Hispanic or Latino or Spanish Origin \_\_\_\_\_ [Proportion response field]
  - Non-Hispanic or Latino or Spanish Origin \_\_\_\_\_ [Proportion response field]
50. Please provide a detailed breakdown by student sex.
- Female \_\_\_\_\_ [Numeric response field]
  - Male \_\_\_\_\_ [Numeric response field]
  - Other \_\_\_\_\_ [Numeric response field]



**NCSBN**

Leading Regulatory Excellence

©2020

Updated 01/20

## 2021 Nursing & MHT Program Site Visits

Spring 2021	School	Level	Visitors	Comments
Jan. 26-27	Johnson Co CC	PN	Janelle Martin	Reapproval visit
Feb. 7-8?	Pratt CC	ADN	Janelle Martin Karen Kidder?	Cond. Approval F/U visit
Feb. 15-17	Colby CC	ADN	Janelle Martin	w/ ACEN visit
Feb. 17-19	Baker University	BSN	Janelle Martin Karen Kidder?	w/ CCNE (virtual)
Feb. 24-25	Salina ATC	ADN	Janelle Martin Rebecca Sander?	F/U after 1 <sup>st</sup> graduation
March 2-3	WSU Tech	PN	Janelle Martin Christina Rudacille	Reapproval visit
May 2021??	Newman	RNA	Janelle Martin Karen Kidder?	w/COA??
	Osawatomie -- Larned	LMHT	Janelle Martin Carol Moreland	After 1 <sup>st</sup> graduation
Fall 2021	School	Level	Visitors	Comments
Sept. 7-8, 2020	Garden City CC	ADN	Janelle Martin Karen Kidder	Reapproval prior to ACEN
Sept. 22-23 (need to confirm when closer to time)	Washburn Tech	PN	Janelle Martin Christina Rudacille	Reapproval visit
Oct. 6-8	Hesston College	BSN	Janelle Martin Amy Hite	w/ CCNE
ACEN schedule	KCKCC	ADN PN	Janelle Martin Christina Rudacille	w/ nat'l accreditation Follow up on focus visit 4/2018
ACEN schedule	Seward CCC	ADN	Janelle Martin Rebecca Sander	w/ ACEN (focus visit for pass rates and reapproval)
	Barton CC	PN		Or could do with ADN in Feb 2022??
	Colby CC	PN	Janelle Martin Patsy Zeller	
	NCKT-Hays	ADN PN	Janelle Martin Rebecca Sander	w/ ACEN?

**Petition for Permission to Test/Retest NCLEX Summary**  
**8/15/20 through 11/7/20**

<b>Petitioner Name</b>	<b>NCLEX Test</b>	<b>Repeat</b>	<b>Conditions applied to approval</b>
<b>Shandra Daniels</b>	RN	No	1) additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical for all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score
<b>Maria Freeman</b>	RN	Yes	1) additional 20 hours of study for each area on study plan 2) Total of 30 hours of observational clinical for all unsuccessful areas on exam 3) Audit nursing class(es) in all unsuccessful areas
<b>Erica Hunt</b>	RN	No	1) additional 20 hours of study for each area on study plan 2) Total of 30 hours of observational clinical for all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score 4) Audit nursing class in all unsuccessful areas
<b>Jamie Layne</b>	RN	No	1) additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical for all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score

Petitioner Name	NCLEX Test	Repeat	Conditions applied to approval
Ufuoma Oruoghor	RN	Yes	1) additional 20 hours of study for each area on study plan 2) Total of 30 hours of observational clinical for all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score 4) Audit nursing class(es) in all unsuccessful areas
Renu Shrestha	RN	No	1) additional 20 hours of study for each area on study plan 2) Total of 30 hours of observational clinical for all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score 4) Audit nursing class in all unsuccessful areas
Gabriela Torres	RN	Yes	1) additional 20 hours of study for each area on study plan 2) Total of 30 hours of observational clinical for all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score 4) Audit nursing class in all unsuccessful areas