Kansas State Board of Nursing
Docking State Office Building, Room 350
Education Committee Agenda
December 3, 2026

Agency Mission: To protect and promote the welfare of the people of Kansas.

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: 9:30 a.m. – Until Finished

I. Quorum (minimum of 2 members present) – Yes

II. Call to Order

III. Review of On-Site Packet

IV. Additions/Revisions to the agenda

V. Announcements

VI: Approval of Minutes: September 15, 2026

VII. Petition Summary 8/26/26 to 11/15/26

VIII. Site Visit Reports
- A. Benedictine College – BSN reapproval
- B. Colby Community College – PN reapproval
- C. Washburn Tech – PN reapproval
- D. Washburn Tech – ADN follow-up after first graduation
- E. Fort Hays Tech |NC – Hays – PN reapproval
- F. Donnelly College – PN – focus visit per board action

IX. Major Curriculum Change Requests
- A. Emporia State University - BSN
- B. Manhattan Area Tech College (MATC) – ADN
- C. MATC – PN
- D. Flint Hills Technical College – PN
- E. Mid-America College of Health Sciences - PN

X. New Business
- A. KSBN Education Annual reports
  - 1. Core Data Survey – NCSBN
  - 2. KS Five-year review report
- B. CNE Approvals – Long-term Providers
  - 1. Renewal
    - a. Eagle Med LLC (Sep)

b. NMC Health
c. Kansas City Hospice & Palliative Care
d. GERTI
e. NCK Medical Center
f. Coffeyville Regional MC
g. HCA MidAmerica Clinical Education

2. Initial Applications
   a. Kansas Neurological Institute (Sep)
   b. Just Breathe – Ceena Lund
   c. LMJ Psych LLC (Dec)
   d. Medical-Legal Education
   e. Wichita Public Schools
   f. Sunshine Meadows

C. Out-of-state Nursing Education Program clinical placements in Kansas facilities displacing access for Kansas Nursing Education Programs

XI. Unfinished Business
   A. Donnelly Update to KSBN
   B. Follow up on site survey proposal
   C. English Language Proficiency providers and scoring - update
   D. Update on LMHT Task Force
   E. Update on IVT Task Force

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 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

You are invited to a Zoom webinar!
When: Dec 3, 2026 08:30 AM Central Time (US and Canada)
Topic: Kansas State Board of Nursing - Education Committee

Join from PC, Mac, iPad, or Android:
https://us02web.zoom.us/j/81701574531?pwd=deKLz4JH8bVa61Uca95JzESb4eRt0A.1
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Petition for Permission to Test/Retest NCLEX Summary
8/26/26 to 11/16/26

Petitioner Name	NCLEX Test	Repeat Petition	Grad Date	Conditions applied to approval	Date Petition Received
Meseret Haboro	PN	No	May-24	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	10/16/2026

Documentation for Re-Approval of Registered Nursing Programs in Kansas
60-2-102 through 60-2-107

Program: Benedictine College School of Nursing Date of Site Visit: Sept 29 - Sept 30, 2026
Date/Type of Last KSBN visit: Fall 2016, reapproval Date/Type Last Accreditation Visit: October 2016; CCNE cont. approval
Site Visitors: Janelle Martin MHSA, BN - KSBN Education Compliance Officer; Rebecca Sander, MSN, RN - KSBN staff

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
Description of legal body responsible for policy and support of the program and/or home institution	Address of the Institution	CCNE Self Study	X		1020 N 2nd St. Atchison, KS 66002
	Names of Primary Administrative officials	CCNE Self-Study	X		Dr. Stephen Minnis, President Dr. Kim Shankman, Provost Dr. Richard Crane, Dean of Faculty
	Organizatonal chart for the Institution	BC Orginzational Chart	X		BOD>President>Provost/Dean of the College>Dean of Faculty>SON Director
	Current contact information for the organization	CCNE Slef Study - information page	X		Dr. Jackie Harris cell 913-367-7508 jharris@benedictine.edu
	Audited fiscal report covering the previous two years, including a statement of Income & Expenditures	Fiscal Report	X		Reviewed. No significant issues.
	Copy of school's current catalog	BC Course Catalog.	X		Reviewed
Description of the Nursing Program	Organization chart for the nursing program	BCSON Faculty Handbook P.13	X		ok
	Number of faculty	CCNE Self-Study	X		1 Director 1 Simulation Educator Director 5 Full-Time Faculty Members 2 Adunct Didactic and Clincial Instructors 8 Adjunct Clinical Instructors 2 Adjunct Laboratory Assistants
	Number of non-teaching staff	CCNE Self-Study	X		1 Program Coordinator, Kinzie Tercero
	Number of students admitted per year (site number approved for and the number admitted in most recent cohort)	CCNE Self Study	X		Approved for 36 students annually 36 students admitted Fall 2026
Nursing Program Administrator	Name and Credentials	CCNE Self Study	X		Dr. Jackie Harris, DNP, APRN, GNP-BC, CNE
	Qualifications	CCNE Self Study	X		Director x 6.5 years, Faculty 12 years prior RN /NP x 26 years
	Assigned teaching load		X		3-6 workload hours/semester
	Responsibilities	See Director Job Description BCSON Faculty Handbook pp. 14-16	X		reviewed
Faculty selection and program involvement	Faculty organizational by-laws	BCSON Faculty Handbook pp. 10-12	X		
	Faculty job description	BCSON Faculty Handbook pp. 14-35	X	X	Clinicial Instructor job description does not meet regulation. Needs to state that an MSN is required with a BSN considered.
	Faculty selection process	BCSON Faculty Handbook pp.40-43	X		
	Faculty orientation plan	BCSON Faculty Handbook Faculty Mentoring p.45-47	X		
		Full-Time Faculty Orientation Checklist.docx			
		Clinical Instructor Orientation Checklist for BC employee.docx			
		Clinical Instructor Orientation Checklist for Non-BC Employees.docx			
		Clinical Instructor without a gradate degree protocol (1).docx			
	Faculty Handbook	2026-2027 BCSON Faculty Handbook.pdf	X		
	General faculty meeting minutes for last 3 years	Meeting Minutes	X		Reviewed. Minutes in good order.
Faculty Qualifications - please use a faculty table to document all of the following information: *sample faculty table found in site visit guidelines or on website	Name of Faculty FT or PT (use FTE) Academic Credentials	Faculty Table	X		Complete faculty table - well laid out
	Institution granting degree(s) for each credential	Faculty Table	X		Complete faculty table - well laid out
	Area(s) of clinical expertise	Faculty Table	X		Complete faculty table - well laid out
	Area(s) of assignment	Faculty Table	X		Complete faculty table - well laid out
	Licensure - level, type, exp date	Faculty Table	X		Complete faculty table - well laid out
	Indicate degree plan if applicable and progress toward degree	Faculty Table	n/a		No current degree plans
	List all hire exceptions including course hired to teach and date of expiration	Faculty Table	X		5 hire exceptions for adjunct faculty - all have noted years of experience for their clinical areas
Faculty:	Faculty File Review	done onsite, electronic files	X		complete - no issues
Preceptor Qualifications and Information	Preceptor criteria & selection	BCSON Faculty Handbook pp.82-83 BCSON Preceptor Handbook	X		

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
	Preceptor job description	BCSON Faculty Handbook pp.82-83 BCSON Preceptor Handbook	X		
	Indentified roles of preceptors, faculty and students in a precepted experience	BCSON Faculty Handbook- Preceptor Policies pp. 82-85, See Clinical Course Coordinator and Precepted Clinical Course Coordinator pp. 18-19, Faculty Supervisor Job Description pp. 23-24 Preceptor Handbook	X		
	Preceptor Orientation materials	2026 Preceptor Handbook	X		
		2026 Capstone Preceptor Orientation Video.mp4	X		
	Preceptor signatures showing date orientation completed	2025-2026 Preceptors.xlsx	X		
	List of preceptors with name, license number, expiration and state of license/MSL; course name, prefix & number (ex: NRSG 101 Fundamentals of Nursing)	Preceptor Table	X		
	Methods /requirements for contact between faculty & preceptor	Preceptor Handbook Preceptor Orientation Video	X		
Student Policies: provide written evidence of the following	Admission of generic, transfer and articulation students	BCSON Faculty Handbok: Application for the Nursing Program pp. 53-55 General Biology p. 55 Oral and Written English Proficiency p. 55 Approval of Nursing Courses Taken Elsewhere pp. 55-56 Articulation Plan LPN to BSN p. 56 Articulation Plan RN to BSN pp.56-57 BCSON Student Handbook: Application for the Nursing Program pp. 9-11 General Biology p. 11 Oral and Written English Proficiency p. 11 Approval of Nursing Courses Taken Elsewhere p.12 Articulation Plan LPN to BSN p. 12 Articulation Plan RN to BSN pp.12-14	X		2026 -2027 BCSON Student Handbook.pdf Application Meeting 2026 student.pptx BCSON Acceptance Letter
	Degree plan for each degree/certificate being granted	BCSON Website BCSON Faculty Handbook: Suggested Sequence of Courses for a Bachelor Degree of Science in Nursing Degree p.52 Graduation p. 111 BCSON Student Handbook: Suggested Sequence of Courses for a Bachelor Degree of Science in Nursing Degree p.8 Graduation p. 55	X		https://coursecatalog.benedictine.edu/courses-instruction/nursing/nursing-bsn/#suggestedsequencetext
	Oral and written English proficiency	BCSON Faculty Handbook p. 55 BCSON Student Handbook p.11	X		
	Readmission	BCSON Faculty Handbook p. 113 BCSON Student Handbook p.57 BC Course Catalog	X		
	Progression	BCSON Faculty Handbook p. 112 BCSON Student Handbook pp. 56-57 BC Course Catalog	X		Progression is also outlined in the course catalog with pre- and co-requisites.
	Counseling & guidance	BCSON Faculty Handbook: Academic Coaching p. 86 Advising Services pp. 86-87 BCSON Student Handbook: Academic Coaching p. 36 Advising Services pp. 36-37	X		
	Student role vs. student as employee role	BCSON Faculty Handbook pp. 80 BCSON Student Handbook p. 31	X		

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
	Representation on faculty governance	BCSON Faculty Handbook: Student Representation on Faculty Governance/Student Advisory Council p. 102 Student Representation on Faculty Governance/Town Hall Meetings p. 103 BCSON Student Handbook: Student Representation on Faculty Governance/Student Advisory Council p. 46-47 Student Representation on Faculty Goverance/Town Hall Meetings (will include in future)	X		
	Graduation	BCSON Faculty Handbook p. 111 BCSON Student Handbook p. 55 BC Course Catalog	X		
	Refund policies governing all fees and tuition paid by students	BC Course Catalog https://coursecatalog.benedictine.edu/student-expenses/ BCSON Faculty Handbook Refund Policy p. 113 BCSON Student Handbook Refund Policy p. 57	X		
	Ethical practices of institution regarding recruitment, admission and advertising	BCSON Faculty Handbook pp 91-92	X		
	Information to any student who may be subject to licensure denial under K.S.A. 65-1120. Must be provided prior to program admission.	Application Meeting Power Points BCSON acceptance letter BCSON website BCSON Faculty Handbook, Application to the Nursing Program, p. 54 BCSON Student Handbook, Application to the Nursing Program, p.10	X		
	Student Handbook	2026 -2027 BCSON Student Handbook.pdf	X		Reviewed
Student Support Services	Description of student safety measures	BC Website	X		https://coursecatalog.benedictine.edu/sh/policies/ Student life policies
	Description of student health services (available onsite? If not, how are students made knowledgeable of available health services)	Health Services - Student Health & Wellness	Benedictine College	X		
Student Records	Review of Student files	onsite	X		
Student Documentation submitted to meet course objectives	Samples of completed work for both theory and clinical courses (include observational and precepted experiences).	Student Work Examples	X		Several examples provided including clinical paperwork and assessments
Curriculum Requirements - need copy of current curriculum with date of last revision.	Include:	BCSON Faculty Handbook, Suggested Sequence of Courses for a BSN degree p. 52 BCSON Student Handbook, Suggested Sequence of Courses for a BSN degree p. 8-9 revised June 2026	X		
	Required non-nursing courses and credit hours	BC catalog BCSON Faculty Handbook, Application to the Nursing Program pp. 53-55 BCSON Student Handbook, Application to the Nursing Program p. 9-10	X		General Education Requirements https://coursecatalog.benedictine.edu/general-education/
	Required nursing courses - include course description, objectives, content outline, and method of evaluatuon	Syllabi	X		

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
	Credit and clock hours for each nursing course: must equal or exceed 30 credit hours for RN	NURS-1100, Introduction to Professional Nursing (1) NURS-3120, Clinical Nursing Assessment (3) NURS-3140, Pathophysiology (3) NURS-3200, Foundations of Nursing (3) NURS-3210, Foundations of Nursing: Clinical (3) NURS-3350, Pharmacology (4) NURS-3400, Nursing Care of Adults (3) NURS-3410, Nursing Care of Adults: Clinical (2) NURS-3520, Pediatric Care (2) NURS-3530, Maternal/Newborn (2) NURS-3710, Maternal/Newborn, Pediatric, MH: Clincial (2) NURS-3800, Mental Health Care (2) NURS-4100, Nursing Care of Adults II (3) NURS-4110, Nursing Care of Adults II: Clinical (2) NURS-4200, Populations Care (3) NURS-4210, Populations Care: Clinical (2) NURS-4220, Research, QI, and EBP (3) NURS-4600, Professional Nursing Leadership (2) NURS-4700, Legal and Ethical Issues in Nursing (3) NURS-4800, Nursing Care of Adults III (2) NURS-4810, Nursing Care of Adults III: Clinical (2) NURS-4900, Synthesis (2) NURS-4910, Capstone: Clinical (3)	X		57 Credit Hours
	Identify theory hours and clinical hours for combined nursing courses		n/a		no combined courses
	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)	Clinical course Hourse Breakdown Learning Objectives for Observation 1100.docx Learning Objectives for Observation 4110.docx	X		observation 14 hours total NURS-1100 pre-nursing requirement 6 hours NURS-4110 8 hours (9% hours for this course)
	List all simulation hours for each relevant course (cannot exceed 50% of total clinical hours /course) and objectives should reflect for simulation experiences.	Hour breakdown by Clinical Course	X		NURS-3210, 34 hours (25% hours for this course) NURS-3410, 18 hours (20%) NURS-3710, 8 hours (9%) NURS-4110, 18 hours (20%) NURS-4210, 8 hours (9%) NURS-4810, 13 hours (14 %) NURS-4910, 8 hours (6%)
	List all preceptor hours for each relevant course (cannot exceed 20% of total clinical hours in the nursing program). Capstone course hours are excluded from this calculation.	Hour breakdown by Clinical Course	X		NURS-4210 Population Care, 64 hours (9% total clinical hours)
	Testing process with test analysis and written test procedure for faculty	BCSON Faculty Handbook: Examination Analysis and Review after Exam Administration, pp. 59-61 Examination Review Prior to Exam Administration p.61 Examination Writing p. 61-62	X		Faculty speak very clearly to policy.
	Number of students per class	31&36 in didactic courses	X		Graduation May 2027: 31 Graduation May 2028: 36
	Clinical rotation schedules with responsible faculty listed - should reflect evidence of 1:10 clinical faculty/student ratio and should include observational sites	Clinical Schedule (Ratios)	X		No clinical with greater 1:10 ratio
Curriculum includes the following:	Content in biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice.				
	Art and science of nursing	Program Overview for Prospective Students.docx	X		
	Didactic content and clinical experiences to meet the objectives in curriculum table that follows:	Master Curriculum Map - Course Objectives by EPSLO, Essentials, Concepts, KSBN and SEP Crosswalk.xlsx	X		
Curriculum Table: **Identify the nursing and non-nursing courses that contribute to the students' learning for these outcomes:**	1) Aspects of a safe, effective care environment, including coordination of care, safety, and infection conrol		X		
	2) Health promotion and maintenance, including growth and development through the lifespan and prevention and early detection of disease		X		
	3) Psychosocial integrity, including coping, adaptation and psychosocial adaptation		X		
	4) Physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potentialm physiologic adaptation		X		

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
Curriculum changes	List current changes not requiring board approval that have occurred since the last annual report was submitted		n/a		no changes
Description of Facilities (a tour of the facility will occur at the site visit)	Classrooms, laboratories and conference rooms adequate in size, number, and type to accomplish student learning.	CCNE Self Study II-B P. 24-26	X		
	Faculty offices are adequate in size, number and type to provide the faculty privacy in counseling students.	Full-time Faculty, Director, Simulation Director have their own offices One office for adjunct faculty to share	X		
	Secure space for student records	online	X		access granted to those with "need to know"
	Technological resources are of sufficient quality and quantity to meet student learning needs and support available to students when accessing resources.	IT Department, Loaner Computers at Student Success Center	X		
	Satellite program facilities (if applicable)		n/a		
	Other points of interest				
Library resources and tour	Library materials are of sufficient quality and quantity to meet student learning needs		X		New Library opened Fall 2026; many new spaces for study and group work; most resources available electronically
Written contractual agreements between the nursing education program and affiliating agencies	Current contracts with affiliating agencies. View contracts and assess for signatures and dates.	Affiliation Agreements		X	Two contracts that need updates in dates and signatures as well as incorporating appropriate regulatory language. One contract has contradictory regulatory language.
Clinical learning experiences and site are adequate	The number of affiliation agencies and types of patients are adequate to meet curriculum objectives		X		Good variety of clinical sites and adequate space for students at this time.
	If more than one nursing program uses the same affiliating agency, the nursing program documents availability of appropriate learning experiences for all students		X		BC works with schools that have close proximity to discuss clinical needs and availability. There has started to be more occurrence of out of state students being at clical sites and KS scools were not made aware that they would be sharing days/space with these programs.
	Each affiliating agency used for clinical instruction shall be staffed independently of student assignments		X		yes
	A tour of selected clinical agencies will be done to determine adequacy of facility to meet expected program and course objectives	onsite - will do two sites - meet with educational program liaison for facility and nurses/managers who work with students when onsite	X		Medicalodges - Atchison - 6 students in Foundations course
Program NCLEX pass rates	NCLEX RN pass rates for first time candiates for the last 5 years		X		
Advisory Committee	Review Advisory agendas and Committee minutes for the most current 3 years	BCSON Faculty Meeting Minutes Community Advisory Council Meeting Minutes	X		NO BCSON Committees
Fianancial support for nursing program	Audited fiscal report covering the previous two years, including a statement of Income & Expenditures	Fiscal Report	X		
	Budget procedures -include Program Administrator involvement in process		X		
Meet with member of the educational institution to determine adequate support for nursing program	Administration		X		See interview list
	General education faculty / required support course faculty		X		See interview list
	Support Services		X		See interview list
	Students		X		7 - 1st semester nursing; 14 - 3rd semester nursing
Meet with members of selected affiliating agencies to determine adequacy of facility and staff to meet expected program outcomes	Chief Nursing Officer		na		
	Program liaison		X		
	Staff RNs		X		
	Individuals conducting observational experiences (when applicable)		na		no observation during this visit
Program Evaluation	Program Evaluation Plan has been developed with faculty along with evidence of data collected, aggregated, trended and analyzed and the actions taken.	SEP	X		
	Use of program evaluation data for ongoing program improvement. (show where and how data used to make changes)	SEP, CCNE Self-Study (throughout and expecially Standard IV pp. 82-101)	X		
	Advisory Committee members (only those that are not staff or students)		X		see interview list
	Library tour and meet with person responsible for library resources		X		Darla Meyer, Director of Library Services
Onsite activities:	Educational facility tour		X		done
	Clinical agency visit /tour/ meet with personnel and students		X		Medicalodges - Atchison / Jeanne Anderson, Asst. Professor and Clinical Instructor / Nursing Care of Adults I clinical
	Classroom observation		X		NURS 4200 Population Care / Dr. Violet Gomes, Asst. Professor / 3rd semester students

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
	Clinical simulation observation		X		NURS 3210 Foundations of Nursing Clinical / 5, 1st semester students / Dr. Ryan Grove, Simulation Education Director

Onsite Interviews

Administration:

Steve Minnis - President, Benedictine College
Kimberly Shankman - Provost and Dean of the College
Sr. Linda Herndon - Sr Vice Provost
Kelly Vowels - VP for Advancement
Dr. Jackie Harris, Director of BCSON

Nursing Faculty:

Kristy Callahan, DNE, RN, CNE
Sarah Gillies, DNE, RN, PCCN
Violet Gomes, DNP, APRN, FNP-C
Ryan Grove, DNP, RN, CHSE, CHSOS
Cassie Madden, MSN, RN, PED-BC
Jordan Moser, MSN, RN

Advisory Committee:

Nichole Harrington, BC Alumni
Courtney Kearney, BC Alumni
Allison Benner, clinical partner
Amy Folsom, clinical partner
Brie Cantrell, clinical partner
Cindy Dickerson, community member

General Education faculty:

Dr. Sarah Harris - Chemistry
Dr. Mariele Courtois - Bioethics (Fall, Sr. year)
Jeremy Sienkiewicz - Intro to Theology
Dr. Martha Carletti - biology, A&P; Advisor for pre-health majors (nursing included)
Eva Chen - Gen Psych, Lifespan Development

Support Services Personnel:

Dr. Sean Mulcahy - Vice Provost/ Title IX Coordinator
Jennifer Dittemore - Director of Student Success
Pete Helgesen - VP for Enrollment and Strategic Initiatives
Jennifer DuLac - Director of Accessibility Services
Tony Tanking - Director of Financial Aid
Charles Welte - Director of IT
Charles Peitsch - Registrar

Student participation in Advisory:
Ambrose Blosser (2027)
Kaysha Swartz (2027)
Noelle Burgwald (2028)

Topic & Regulation	Supporting Information Required	Location of Documentation	Met	Not Met	Notes
Strengths:	1) Diversity of clinical experiences with a variety of clinical facilities. 2) Well developed Advisory Committee - 18 clinical and nursing partners outside of BC faculty and staff 3) Strong faculty commitment to nursing program and students. Work well as a team. 4) Strong simulation component that creates a safe, confidential and respectful learning environment for students. Certified sim faculty leads this process. 5) Endowment for nurisng scholarships has doubled in the last 5 years! 99% of students get some type of merit scholarship in nursing. 6) Strong commitment from Administration and Student Support staff for the nursing program. Very knowledgable about the program. 7) Navigate early identification system for at risk students! Allows earlier intervention and increased student success.v 8) Leadership of Dr. Harris 9) Involvement of faculty outside of nursing with the nursing program creates a cohesive and caring envimoment for students. 10) College has an immersive development process for faculty - both for those that are on tenure track (academic) and those on Professional Qualified track (bring professional practice to the classroom). 11) Students would highly recommend this program. They feel it is an "intentional, caring and person-centered" program. They chose this program for its emphasis on person-centered care that includes respect for faith and individual dignity.				
Opportunities:	1) Clarify language in rubrics for grading scale - need to be measureable 2) Faculty minutes - add student representatives at the top as attendees so their attendance is clear				
Recommendations:	1) K.A.R. 60-2-103 (a)(4)(B). Clinical Instructor job description needs to be updated to meet regulatory requirement. Faculty for BSN programs should say MSN required but can also state that a BSN would be considered. Update job description and send to Nursing Education Compliance Officer (NECO) at KSBN by March 31, 2027. 2) K.A.R. 60-2-105 (c), (h). Clinical Contracts - make sure dates are on all signed contracts as well as updates. Also need to make sure language is included that clarifies that facility is responsible for staffing and patient care. Two contracts(Hiawatha and Atchison Sr. Village Rehabilitation) - need to be updated and submit a copy to the NECO by March 31, 2027. 3) K.A.R. 60-2-105 (c), (h). Clinical contract for MRC needs language to be clear that BC faculty have the responsibility for students and student evaluation (not staff). Update MOU with facility and submit update to NECO by March 31, 2027. 4) Recommend reapproval of the BSN nursing program for the time period of national accreditation.				

Documentation for Re-Approval of Practical Nursing Programs in Kansas
60-2-102 through 60-2-107

Program: Colby Community College PN **Date(s):** October 7-8, 2026

Last KSBN Visit: November 2021 **Accrediting Agency& Date of Last Visit:** KSBN approved only

Visitors: Rebecca Sander, MSN, RN – KSBN Staff; Janelle Martin, MHSA, RN – KSBN Nursing Education Compliance Officer

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Home Institution & Nursing Program 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		SS pg. 2 1225 S. Range Rd, Colby, KS 67701 Serves 14 county region – largest service area covered by a single community college
	Names of primary administrative officials	Self-Study	X		President: Seth Macon Carter, Ed.D. Executive Vice President: Nikol Nolan Vice President of Academic Affairs: Angela Morrison Vice President of Business Affairs: Justin Villmer
	Organizational chart for the institution	Self-Study	X		Org Chart August 2025
	Current contact information	Self-Study	X		Michaelle Bliss, MSN, RN Director of Nursing and Allied Health Phone: 785-460-5442 Fax: 785-460-4788 Email: michaelle.bliss@colbycc.edu
	An audited fiscal report covering the previous two years, including a statement of income and expenditures	VRR	X		Reviewed; no sig findings
	Copy of school's current catalog	VRR	X		reviewed

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Description of nursing program	Organizational chart for nursing program	Self-Study VRR	X		SS pg. 3 DON reports so the VP of Academic Affairs Org Chart Nursing 2026
	Number of faculty	Self-Study	X		1 FT didactic faculty for PN 1 FT shared Clinical Coordinator for clinical, lab, simulation 8 clinical adjuncts – 3 shared with ADN program
	Number of non-teaching staff	Self-Study	X		1 FT Admin Asst – shared among nursing, PTA, and Dental Hygiene programs.
	Number of students admitted per year	Self-Study	X		SS pg. 3 Colby approved for 50 PN students every Fall: 30 on Colby campus and 20 seats for Norton . However, due to low numbers and resignation of faculty at Norton campus – this campus was closed Spring 2026. Fall 2026 – 26 admits with 25 still in current class at the Oct. visit
Nursing Program Administrator and Faculty 60-2-102 & 60-2-103					
Nursing Program Administrator	Name and credentials	Self-Study	X		SS pg. 3 Michaelle Bliss, MSN, RN – director since 2021 and faculty for Colby since 2015.
	Qualifications	Self-Study	X		Masters in Nursing Education; certifications in BLS, ACLS, and PALS
	Teaching load	Self-study	X		No assigned load
	Responsibilities	Self-Study	X		Director for both nursing and all Allied Health programs
Faculty selection and input into program	Faculty organizational by-laws	Self-Study	X		SS pg. 5 Nursing faculty HB

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Faculty job description	Self-Study	X		reviewed
	Faculty selection process	Self-Study	X		SS pg. 5
	Faculty orientation plan	Self-Study	X		SS pg. 5 New nursing faculty attend the department faculty orientation with the Director of Nursing. During this orientation, the Director reviews items on the orientation checklist. All nursing faculty are also assigned a faculty mentor from the nursing department to assist them during their first year
	Faculty handbook	VRR	X		reviewed
	General faculty meeting minutes for last 3 years	On-site VRR	X		Reviewed
Faculty qualifications (Enclose a table that displays the following information):	Name of faculty	Self-Study	X		Faculty table document – had all KSBN required information
	FT or PT (use FTE)	Self-Study	X		ok
	Academic Credentials	Self-Study	X		ok
	Institution granting degree	Self-Study	X		ok
	Area of clinical expertise	Self-Study	X		ok
	Area(s) of assignment	Self-Study	X		ok
	Licensure	Self-Study	X		ok
	Indicate degree plan and progress towards degree if applicable	Self-Study	n/a		n/a
	List all faculty hire exceptions including course hired to teach	Self-Study	X		5 clinical adjuncts have ADN preparation and would have been on hire exceptions until 7/1/26 when the statute change for one level above went into effect
	Faculty file review	On-site	X		No issues
Preceptor qualifications and information Nursing Student Handbook = NSHB	Preceptor criteria & selection	Self-Study or VRR	X		SS pg. 7 Guidelines for the Selection and Use of Preceptors.
	Preceptor job description	Self-Study	X		
	Identified roles of preceptors, faculty, and students	Self-Study	X		

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
College Student Handbook = SHB	Preceptor orientation materials	Self-Study	X		
	Preceptor signatures showing date orientation completed	Self-Study/On-site	X		contract signed annually by preceptor w/ preceptor contract
	Name of preceptor and course with Prefix& number (ex: NURS 1011)	Self-Study	X		Preceptor contract
	Preceptor State of license &License number	Self-Study	X		Preceptor contract
	Methods of contact between faculty & preceptor	Self-Study	X		SS pg. 7
Students 60-2-102 & 60-2-107					
Student policies: Provide written evidence of the following	Admission of generic, transfer, and articulation students	Self-Study	X		Academic catalog pg. 12-13 Program requires: 1) min. TEAS score of 56.1, 2) college GPA of 2.0, 3) resume, 4) written essay, 5) prerequisite courses with a C or better, and 6) current CNA cert. P Application deadline is March 1st each year. Must also have background checks. Each app evaluated and a score is assigned (50 max) Admission requires a min of 34 points. The CCC nursing program does not accept transfer students into the PN program due to the nature of the program.
	Degree plan for each degree being granted	Self-Study	X		SS pg. 8 CCC catalog has PN Pathway Program is 45 credit hours
	Oral and written English proficiency	Self-Study	X		SS pg. 8-9 Follow KSBN for required scores and CCC policy for when ELP is required
	Readmission	Self-Study	X		SS pg. 9; NSHB pg. 33-34 Students dismissed for either academic or personal reasons are eligible for one readmission. If dismissed in 1st semester they must reapply. If dismissed in 2nd semester they must restart the 2nd

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
					semester. Students dismissed for behavior or conduct are not eligible for readmission. Students who fail either the didactic or clinical portion of any course are required to retake both components upon readmission.
	Progression	Self-Study	X		SS pg. 9 NSHB pg. 25-28 Must pass each nursing course with a "C" (min. 78%) or better to continue in program. First semester courses must be passed to take 2nd semester.
	Counseling &guidance	Self-Study	X		SS pg. 9 All nursing students do "The Road Ahead" in May and are made aware of all the available resources including counseling. CCC has 2 staff counselors that are available for appts. They can also refer to area resources. School also has early alert system to help identify students that may need extra help.
	Student role versus employee role	Self-Study	X		SS pg. 9-10 NSHB pg. 28
	Representation on faculty governance	Self-Study	X		SS pg. 10 Faculty select a PN student to represent at monthly faculty meetings
	Graduation	Self-Study	X		SS pg. 10 – complete all requirements, pay all fees and return all school materials NSHB pg. 32-33
	Refund policies governing all fees and tuition paid by students	Self-Study	X		CCC academic catalog pg. 18-19
	Ethical practices including recruitment, admission, and advertising	Self-Study	X		On website and in CCC catalog
	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		SS pg. 8 – information given to students during the intake and application process and before selection is made
	Student Handbook	On-site VRR	X		Reviewed – well organized

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Student support services	Description of student safety measures	Self-Study	X		SS pg. 12 All policies and procedures regarding student safety are found on the CCC Security webpage.
	Description of student health services (available on-site or students have knowledge of available health services)	Self-Study	X		SS pg. 12 - Student health services are available to all students enrolled in classes at CCC. On-site nursing services are provided part-time and include basic first aid, blood pressure screenings, and health counseling. CCC has a partnership with Citizens Health Center to provide students with low-cost access to healthcare through its providers.
Student records	Review student files	On-site	X		Reviewed – no issues
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 VRR	X		Reviewed clinical paper work for acute and LTC days.; student poster presentations, Long-term care papers done by students describing what they would do if they opened a LTC facility.
Curriculum 60-2-102, 60-2-104, & 60-2-105					
Curriculum Requirements: Copy of current curriculum with date of last revision. Include:	Required non-nursing courses	Self-Study	X		SS pg. 8 CNA (5), Nutrition (3), Med Terminology (1 or 3), Dev Psych (3), A&P w/ lab I (4) & II (4) or A&P w/ lab (5). 17 min and 22 max prereq cr hrs.
	Required Nursing courses that includes course description, objectives, content outline and method of evaluation (include list of clinical facilities if applicable)	Self-Study	X		Academic catalog has course descriptions. Nursing Student HB also has descriptions. Syllabi have course description, objectives, content outline and evaluation methods.
	Credit hours for each non-nursing course	Self-Study	X		See above. 17 min and 22 max prereq cr hrs.
	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		**28 nursing credit hours** **Fall Semester** NS100 KSPN Foundations of Nursing 4 NS101 KSPN Foundations Clinical 2 NS122 KSPN Fundamentals of Pharm &

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
					Safe Medication Administration 2 NS145 KSPN Mat/Child Nursing I 2 NS146 KSPN Mat/Child Clinical 1 NS156 KSPN Mental Health Nursing I 2 Semester Total 13 **Spring Semester** NS112 KSPN Care of Aging Adults 2 NS167 KSPN Nursing Care of Adults I 4 NS168 KSPN NC Adults I Clinical 2 NS178 KSPN Nursing Care of Adults II 4 NS179 KSPN NC Adults II Clinical 2 NS189 KSPN Leadership I 1 Semester Total 15
	Identify clinical hours for combined nursing didactic and clinical courses	Self-Study	n/a		
	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		NS146 Mat/Child Clinical 7/48 = 14.6% NS168 NCA I clinical 6/96 = 6.25% NS179 NCA II clinical 6/96 = 6.25%
	List all simulation hours for each relevant course (cannot exceed 50% of total clinical hours /course) and objectives for simulation experiences.	Self-study	X		NS179 NCA II clinical 6 / 96 = 6.25%
	List all preceptor hours for each relevant course (cannot exceed 20% of total clinical hours in the nursing program). Capstone course hours are excluded from this calculation.	Self-study VRR	X		24 / 342 clinical hours in program with preceptor = 7% NS168 NCA I clinical 12 hrs NS179 NCA II clinical 12 hrs
	Testing process with test analysis and the written test procedure	Self-Study		X	All tests being given on ATI custom assessments platform with tests being developed on this platform to help with test analysis. SS pg. 16 Testing Policy PN - there is a testing policy but no test analysis process in the policy. Faculty verbalizes a test analysis process with the ATI platform but not seeing how it is used.
	Number of students per class	Self-Study	X		Current is 25:1

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Clinical rotation schedules with responsible faculty listed – (evidence of 1:10 clinical faculty/student ratio – includes observational sites)	Self-Study	X		Clinical is generally 1:5
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		See pre-reqs
	Art and science of nursing	Self-Study	X		SS pg. 18
	Didactic content and clinical experiences to meet the objectives in curriculum table that follows	Self-Study	X		Program outcomes and courses have content and clinical to meet objectives
Curriculum Table: Identify the nursing and non-nursing courses that contribute to the students' learning for these outcomes: For Practical Nurse Program	Aspects of a safe, effective care environment, including coordination of care, safety, and infection control	Self-Study	X		
	Health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease	Self-Study	X		
	Psychosocial integrity, including coping, adaptation and psychosocial adaptation	Self-Study	X		
	Physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, physiological adaptation	Self-Study	X		
Curriculum changes	List current changes not requiring board approval that have occurred since last annual report submitted	Self-Study	X		Change was made for the IVT content in the 24-25 AY
	Educational Facilities 60-2-106				
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		SS pg. 21-22 Nursing classes are currently taught in the basement of the Lon Frahm Agricultural Center in order to accommodate student numbers. The Pierre C. Henry Allied Health Sciences Building contains multiple classrooms that have been

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
					converted to labs. Simulation room also available.
	Faculty offices are adequate in size, number, and type to provide the facility with privacy in counseling students	Self-Study & On-Site	X		FT faculty have private offices in Allied Health building. Board room available for conferences, faculty meetings.
	Secure space for student records	Self-Study & On-Site	X		AH office has locked file cabinets with student records.
	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		Canvas for LMS Nursing uses ATI full pkg. Support for Canvas is provided by on-campus IT and 24/7 Canvas support. ATI provides 24/7 support and has a resource page.
	Satellite program facilities		x		Satellite at Norton was closed after Spring 2026 graduation.
	Other points of interest		n/a		
Library resources and tour	Library materials are of sufficient quality and quantity to meet student learning needs	Self-Study & On-Site	X		SS pg. 23 Students have access to the H.F. Davis library during its open hours and to online databases 24/7. The library is staffed with 2 full-time librarians and the Director of the Comprehensive Learning Center (CLC). The library offers tutoring, test proctoring, and study areas. Nursing has a dedicated reference section. Opportunity to make sure books that are not historical references are kept current (within 5 years).
	Clinical Resources 60-2-105				

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
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 VRR	X		Contracts reviewed. Kept in locked files in AH office.
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		Reviewed 7 current contracts. CMC
	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		No issues reported
	Each affiliating agency used for clinical instruction shall be staffed independently of student assignments	Self-study & VRR	X		Contracts had appropriate language.
	Tour selected clinical agencies to determine adequacy of facility to meet expected program and course objectives	On-Site	X		Toured new Citizens Medical Center with CNO Ashley Lambert
Administrative Policies & Procedures 60-2-102, 60-2-103, &60-2-104					
Program NCLEX pass rates	NCLEX PN Pass rates for the last 5 years (first time candidates)	Self-Study	X		2026 – 93.3 thru 9/30/26 2025 – 88.5 2024 – 96.2 2023 – 100 2022 – 90.5 2021 -
Advisory Committee	Review Advisory Committee minutes (for 3 most current years)	VRR	X		Meet 2X/year. Good input from communities of interest. Able to provide program info to Advisory.
Financial support for nursing program	Audited nursing program fiscal report for the previous two (2) years including income and expenditures	Self-Study	X		Reviewed

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Budget procedures		X		SS pg. 27 nursing has good fiscal resources and DON is responsible for budget
Meet with the following members of the educational institution to determine adequate support for nursing program	Administration	On-Site	X		See interview list
	General education and required support course faculty	On-Site	X		See interview list
	Support services	On-Site	X		See interview list
	Students	On-Site	X		26 PN students – all 1st semester
Meet with members of selected affiliating clinical agencies to determine adequacy of facility to meet expected program outcomes	Chief Nursing Officer	On-Site	X		Ashley Lambert, CNO Citizens MC. Ashley is also an adjunct for Colby.
	Staff RN's	On-Site	X		Jayla Helus, RN, Jersey Carney, RN
	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/ VRR	X		
	Use of program evaluation data for ongoing program improvement	Self-study/ VRR			

Interviews:

Administration:

- Seth Carter EdD – President
- Angela Morrison – VP of Academic Affairs
- Justin Villmer - VP Finance & Operations / CFO
- Nikol Nolan – Executive Vice President
- Dana Juenemann – Dean of Online Learning & Institutional Effectiveness

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments

Support Services:

- Nikol Nolan – EVP – over Student Affairs
- Brette Hankin - Director of Admissions / Registrar
- Denita Rodgers - Director of Financial Aid
- Brooke Jones – Mental Health Counselor
- Lisa Stithem - Director of Student Success Services /TRIO coordinator
- Melissa Rickford - Endowment Foundation

General Education faculty:

- Joan Johnson – A&P I-II; pathophysiology
- Dr. Jeff Sekavek – Division Chair, Sciences; microbiology
- Krista Carfen – Behavioral Sciences

Advisory Council:

- Georgetta - retired RN – Public Health Dept. – worked with many students
- Ashley Lambert, RN – CNO, Citizens Medical Center
- Deanna Schmidtberger, RN - Prairie Sr. Living Center

Classroom Observation: NS122 Fundamentals of Pharmacology & Safe Medication Administration Faculty – Macey Batie – 26 students

PN Nursing Faculty:

- Macey Batie, BSN, RN – FT didactic faculty – teaches all PN courses (first year for not having a team to teach didactic)
- Chrissy Summers, MSN, APRN-CNM – Clinical Coordinator for PN and ADN; clinical , simulation and lab

Library: Erin Adams, Manager of Library Service

Strengths:

1) Strong support for nursing from college administration and BOT
2) Partnerships are strong – Citizens MC and Critical Access Hospitals (CAH) that have adjunct faculty onsite. Looking to extend partnerships for simulation at a regional level.
3) Students very complimentary of Macey (faculty)
4) Early Alert System is great for finding students early that may need extra support. Carries over from general programs to the nursing program and has involvement from a team of faculty and staff.
5) Pass rates over time have been strong.

Opportunities:

1) Need to add observation, simulation and precepted hours to syllabi. These hours are part of the student expectations for the class and they should know how they are being evaluated.
2) Send notification to KSBN for closing the Norton PN campus.
3) Faculty input to TPE – clarify and clean up for a more concise, usable document. Need more detail on the EOPSLOs and how those are being measured (need measurable goals that speak to your outcomes).
4) If you are going to increase and elevate the simulation experience for students, it would be good to invest simulation education for the faculty as well.

Recommendations:

1. Test Process & Analysis for faculty – clarify and update the policy to include what statistical analysis is being used and how it is being used to improve test questions and overall exam experience – submit update policy to Education Compliance Officer by March 31, 2027.
2. Clinical /Lab Coordinator jo description needs qualifications. Faculty must meet qualifications and it is not clear on this job what those qualifications are. Update and submit to Education Compliance Officer by March 31, 2027.
3. Recommend reapproval of the PN program for 5 years

Documentation for Re-Approval of Practical Nursing Programs in Kansas
60-2-102 through 60-2-107

Program: Washburn Tech - PN reapproval & LPN to RN Program (f/u after 1st graduation survey)

Date(s): *October 28-30, 2026*

Last KSBN Visit: September 2021 (PN) / January 2025 (initial) **Accrediting Agency/Date of Last Visit:** KSBN Approved Only

Visitors: Rebecca Sander, MSN, RN - KSBN Education Staff; Janelle Martin, MHSA, RN - KSBN Education Compliance Officer

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Home Institution & Nursing Program 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		Pg. 1; 5724 SW Huntoon St, Topeka, KS 66604
	Names of primary administrative officials	Self-Study	X		Pg. 1; parent institution- Washburn Univ. President, WU – Dr. JuliAnn Mazachek Interim Provost/VPAA – Dr. Zach Frank Dean WIT– Scott Mathers, MBA Asst. Dean of Health Occupations – Pamela Masters, DNP, RN, CNL
	Organizational chart for the institution	Self-Study	X		Pg. 2-4; all Deans report to VPAA for WU
	Current contact information	Self-Study	X		Pg. 1; 785/670-3840 – Christine Fosher, Health Occupations Program Specialist
	An audited fiscal report covering the previous two years, including a statement of income and expenditures	On Site	X		Resource Room
	Copy of school's current catalog	Self-study Web-site	X		Appendix I – pg. 138 https://catalog.washburn.edu/washburn-institute-technology/
Description of nursing program	Organizational chart for nursing program	Self-Study	X		Pg. 5 – Asst Dean, Health Occupations reports to Dean of WIT. Responsible for all Health Occupations programs: PN, RN, CNA, CMA, HHA, phlebotomy, EMT, Surg Tech. FT Director of Nursing for the nursing programs.

To[illegible] & Regulation	Supporting Information	ocation	Met	Not Met	Comments
	Number of faculty	Self-Study	X		Pg. 6 – PN: Four FT faculty; 8 clinical/lab assistants/instructors; 1 FT open position FT Dir. of Health Occupations – no teaching load (1 FT and 3 Adj. faculty for Health Services pre-req courses. Adding 1 FT for Spr2027) RN: 2 FT faculty; 8 clinical/lab instructors assist as needed (these are same 8 available for PN); Director of Nursing has PT teaching load. 1 FT faculty positions is open.
	Number of non-teaching staff	Self-Study	X		Pg. 6 – 1 FT Health Occupations Administrative Specialist; 1 FT Simulation Lab Technician; 1 FT HC Advisor (Navigator)
	Number of students admitted per year	Self-Study	X		Pg. 6 – PN: 30 students admitted each spring and fall for FT daytime cohorts; 20 students admitted every other year for PT evening program (18 mo program) Fall2026 - admits RN: allowed 30 admits each fall & spring; 1st fall cohort – 14 admits 2nd fall cohort – 29 admits
Nursing Program Administrator, Faculty & Preceptors 60-2-102 & 60-2-103					
Nursing Program Administrator	Name and credentials	Self-Study	X		Pg. 7 – Nursing Program Administrator - Pamela Masters, DNP, MSN, BSN, RN, CNL Director of Nursing programs – Sandy Siebert, MSN, RN, CNL
	Qualifications	Self-Study	X		Pg. 7 – Pam - 28 years as RN; 6 years in nursing education Sandy – 39 years as RN; 2 years nursing education; 4 years Public Health
	Responsibilities	Self-Study	X		Pg. 7-10: job descriptions for NPA – Responsible for ADN, PN, CNA, CMA, HHA, phlebotomy, EMT, and Surg Tech programs.
Faculty selection and input into program	Faculty organizational by-laws	Self-study	X		Pg. 11: Appendix G, pg. 136 (link) – part of Instructor Handbook
	Faculty job description	Self-Study	X		Pg. 13-16 faculty job descriptions; 16-18 clinical and lab job descriptions ***WIT continues to require a BSN to teach at the PN level and for RN require MSN, BSN while actively pursuing MSN or BSN with extensive experience in

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
					content area. Meets/exceeds new faculty requirements from SB 334.
	Faculty selection process	Self-Study	X		Pg. 18
	Faculty orientation plan	Self-Study	X		Pg. 18 – FT faculty - online training modules for HR; then meet with ADHO and DONP to review nursing faculty expectations /responsibilities; faculty meet w/ Dir. of Instruction /Staff Development; nursing faculty assigned a mentor for the first year. Complete onboard training for Wolters-Kluwer (educational resources) and ATI. Also have faculty development training courses assigned. Adjunct/PT faculty – some modifications to FT
	Faculty handbook	On-site Self-Study	X		Appendix G – pg. 136 - link
	General faculty meeting minutes for last 3 years	On-site	X		Resource Room Present and conducted consistently. The recent minutes have begun a process of documenting follow-up. Encourage this to continue with review of minutes to ensure items having documented continuation.
Faculty qualifications (Enclose a table that displays the following information):	Name of faculty	Self-Study	X		SS Pg. 19 and Appendix A, pg. 74-81 – faculty table *received updated faculty table onsite with only current faculty.
	FT or PT (use FTE)	Self-Study	X		ok
	Academic Credentials	Self-Study	X		ok
	Institution granting degree	Self-Study	X		Need for all nursing degrees – not just highest degree
	Area of clinical expertise	Self-Study	X		ok
	Area(s) of assignment	Self-Study	X		ok
	Licensure	Self-Study	X		ok
	Indicate degree plan and progress towards degree if applicable	Self-Study	n/a		No required at this time
	List all faculty hire exceptions including course hired to teach	Self-Study	n/a		**With change to regulation per SB 334, no current HE in place
	Faculty file review	On-site	X		
Preceptor qualifications and information (for current semester)	Preceptor criteria & selection	Self-Study	X		RN only Pg. 20
	Preceptor job description	Self-Study	X		May need some additional clarification into feedback on student
	Identified roles of preceptors, faculty, and students	Self-Study	X		

To[illegible] & Regulation	Supporting Information	ɔcation	Met	Not Met	Comments
	Preceptor orientation materials	Self-Study	X		
	Preceptor signatures showing date orientation completed	Self-Study/On-site	X		
	Name of preceptor and course with Prefix& number (NURS 1011)	Self-Study		X	Put course number on the preceptor sheet
	Preceptor State of license &License number	Self-Study	X		
	Methods of contact between faculty & preceptor	Self-Study	X		
Students 60-2-102 & 60-2-107					
Student policies: Provide written evidence of the following	Admission of generic, transfer, and articulation students	Self-Study	X		Pg. 25-27: Admission criteria for PN/RN Appendix E for PN is incorrect dates Appendix F (pg. 135) link to RN student HB Admission rubric used to determine admission scores TEAS test – min score 55
	Degree plan for each degree being granted	Self-Study	X		PN - pg. 33-34 - offer Full-time (12 mo) and Part-time (18 mo) – both are 47 credit hours (35 nrsg courses) RN – pg. 35; 16 cr hrs for PN program, 25 cr hr pre-reqs and 24 cr hrs RN (total 65 cr hrs)
	Oral and written English proficiency	Self-Study	X		Pg. 35 pass TOEFL an entrance exams in Reading for Information and applied Math at the required levels Per catalog, minimum of 5 in math, and 6 in reading on Accuplacer Practical Nursing Program | Nursing Schools In Kansas (washburntech.edu) Need 55 or higher on TEAS
	Readmission	Self-Study	X		Pg. 37-39 PN and RN specific requirements for readmission. Can be readmitted per application or deferment (for non-academic withdrawal).
	Progression	Self-Study	X		Pg. 40-41 – complete in sequence; theory and clinical concurrently. Must stay in sequence. Progression Committee (ADHO, ADSS, Program Navigator/advisor) is responsible for determining eligibility to progress when student is on probation or has performance that warrants dismissal from the program. PN/RN handbook, must achieve a 76% passing score in each course to progress. Must achieve a 90% pass [illegible]

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
					math exam to progress in program (2 attempts given)
	Counseling &guidance	Self-Study	X		Pg. 41 Counseling services available onsite -under age 18 must have parental permission
	Student role versus employee role	Self-Study	X		Pg. 43 – student assumes full responsibility for employment status
	Representation on faculty governance	Self-Study	X		Pg. 44 – Class reps are elected – serve as communication link with faculty, attend faculty meetings and communicate student concerns to ADHO prior to faculty meetings
	Graduation	Self-Study	X		Pg. 44 Must have 76% or greater in each course Must achieve or surpass min requirement for Medication Math exams Clinical evals must be satisfactory by the end of the program.
	Refund policies governing all fees and tuition paid by students	Self-Study	X		Pg. 44; full refund policy available in AC at: https://catalog.washburn.edu/washburn-institute-technology/tuition-fees-financial-aid/withdrawal-refund-policy
	Ethical practices including recruitment, admission, and advertising	Self-Study Online AC	X		Pg. 42 https://www.washburn.edu/about/public-relations/index.html
	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		SS pg. 45 – PN and RN Admissions packets – on website and in VRR
	Student Handbook	Self-Study VRR	X		In VRR - reviewed
Student support services	Description of student safety measures	Self-Study	X		SS pg. 45-46 Campus police onsite during business hours. Security cameras installed throughout campus.
	Description of student health services (available on-site or students have knowledge of available health services)	Self-Study	X		SS pg. 46 – Student Health Services office available for all WIT students in 2 places: 1) Huntoon campus in A174 on M-W-F from 10:30-1:30p 2) Located in Morgan Hall, room 140 on the Washburn Univ. campus M-F 8-5p. Visits are free of charge with valid ID. Some services have associated fees (lab, x-ray, immunizations and prescription meds).

To' & Regulation	Supporting Information	ocation	Met	Not Met	Comments
Student records	Review student files	On-site	X		Opportunity to refine process for those on probation to ensure follow-up with student.
Student documentation submitted to meet course objectives	Samples of completed student work for both theory and clinical courses (include observational and preceptor experiences)	VRR	X		
Curriculum 60-2-102, 60-2-104, & 60-2-105					
Curriculum Requirements: Copy of current curriculum with date of last revision. Include:	Required non-nursing courses	Self-Study	X		SS pg. 48 PN: A&P w/ lab (6), Nutrition (3), Human Development (3) RN: includes the above plus Microbiology (4), First Year Writing (3), math (3), and Basic Psych Concepts (3)
	Required Nursing courses that includes course description, objectives, content outline and method of evaluation (include list of clinical facilities if applicable)	Self-Study	X		SS – Appendix B, pg. 82-118
	Credit hours for each non-nursing course	Self-Study	X		SS pg. 48: PN – 12 credit hours; RN – 25 credit hrs (includes PN hrs)
	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		SS pg. 48-49 PN: Didactic – 405 clock hrs /27 credit hrs Lab – 45 clock hrs / 2 credit hrs Clinical – 360 clock hrs / 8 credit hrs Total – 765 clock hrs / 35 credit hrs RN: Didactic – 232.5 clock / 16.5 cr hrs Lab – 22.5 clock / 1 cr hr Clinical – 342 clock / 7.5 cr hrs Total – 596 clock / 24 cr hrs (plus 16 cr hrs from PN prog)
	Identify clinical hours for combined nursing didactic and clinical courses	Self-Study	X		RN only: NUS 255 Health Assessment 1D /1L NUS 260 Adult M/S 2D / 2C NUS 265 Mental Health 2D / 1C NUS 270 Maternal/Child 2D / 1C NUS 280 High Risk Care of Adult 2D /2C NUS 290 Captone / NCLEX review 1.5D / 1.5C
	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	NA		
	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	NA		RN only: NUS 290 Capstone
	Testing process with test analysis and the written test procedure	Self-Study	X		

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Number of students per class	Self-Study	X		SS pg. 64-65 Number of students enrolled in each class is dependent on the number admitted (up to 30 per level and 20 for evening PT program) and the semester being taught. No more than 10 per clinical faculty.
	Clinical rotation schedules with responsible faculty listed – (evidence of 1:10 clinical faculty/student ratio – includes observational sites)	Self-Study	X		SS pg. 66 - Shows schedule for each clinical course and what facilities used Shows clinical faculty student ratios with all below 1:10 ratio Onsite – clinical schedules provided per the Clinical Utilization Committee calendar for all local schools. All ratios are 1:10 or less
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		PN: Prereqs include A&P with lab, Nutrition, and Human Development. RN add'l pre-reqs: microbiology, writing, math, basic psychology
	Art and science of nursing	Self-Study	X		
	Didactic content and clinical experiences to meet the objectives in curriculum table that follows	Self-Study	X		Curriculum table SS pg. 67-69
Curriculum Table: Identify the nursing and non-nursing courses that contribute to the students' learning for these outcomes: For Practical Nurse Program	Aspects of a safe, effective care environment, including coordination of care, safety, and infection control	Self-Study	X X		
	Health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease	Self-Study	X		
	Psychosocial integrity, including coping, adaptation and psychosocial adaptation	Self-Study	X		
	Physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, physiological adaptation	Self-Study	X		
Curriculum changes	List current changes not requiring board approval that have occurred since last annual report submitted	Self-Study	n/a		

To	& Regulation	Supporting Information	Location	Met	Not Met	Comments
Educational Facilities 60-2-106						
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		SS Pg. 70 Three nursing classrooms in Bldg A and one large classroom, labs and faculty offices in Bldg G. Main A building also has two skills las and simulation center that is utilized by the nursing programs. Sim center has a four bay hospital with high fidelity mannequins (4 adult, 1 birthing, 1 pediatric, 2 neonate), nurse station, medication dispenser, exam table, code cart, ventilator; numerous equipment, models, and supply options; Anatomage Table. AD program also uses one lab on the main Washburn campus.
	Faculty offices are adequate in size, number, and type to provide the facility with privacy in counseling students		Self-Study & On-Site	X		SS pg. 71 Each faculty member has their own office with a door. Can meet privately with students
	Secure space for student records		Self-Study & On-Site	X		SS pg. 71 Student records are generally kept electronically. If paper records are necessary, they are kept securely behind a locked door, in locked cabinets within the file room, located in faculty offices or the Dean's office area file room.
	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		SS pg. 71 – students advised to have own computer but do have access to check out laptops if needed from the WIT IT dept. IT staff – available during business hours. Online learning through LMS (D2L) w/ 24/7 access to support from D2L. Virtual conferencing for both classes and individual support is provided via Zoom/Teams. Low fidelity, hands-on labs and Regional Simulation Center
	Satellite program facilities			NA		
	Other points of interest			NA		
Library resources and tour	Library materials are of sufficient quality and quantity to meet student learning needs		Self-Study & On-Site	X		Zoom meeting with Dr. Sean Bird, head of Library Sciences at WU, and the Health Sciences Librarian, Scott Grady. Adequate resources at main library and WIT. Students are oriented to the databases. Library resources can also be ordered and brought to WIT campus for students.

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 VRR		X	Resource Room- One contract needs attention to review language to ensure faculty is responsible for clinical evaluation.
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		SS, p 72-74 Resource Room
	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		Resource Room SS. pg. 74
	Each affiliating agency used for clinical instruction shall be staffed independently of student assignments	Self-study & On-Site	X		Resource Room Appropriate language in contracts
	Tour selected clinical agencies to determine adequacy of facility to meet expected program and course objectives	On-Site	X		University of KS- St. Francis Stormont Vail Health
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		PN: 2021 – 83.87 2022 – 87.5 2023 – 100 2024 – 97.22 2025 – 100 RN: 2026 to date: 91.67 (11/12)
Advisory Committee	Review Advisory Committee minutes	On-site	X		Reviewed minutes.
Financial support for nursing program	Audited nursing program fiscal report for the previous two (2) years including income and expenditures	Self-Study	X		Resource Room SS pg. 76-77
	Budget procedures	On-Site	X		SS, pg. 77-78
Meet with the following members of the educational institution to determine adequate support for nursing program	Administration	On-Site	X		See interview list
	General education and required support course faculty	On-Site	X		See interview list
	Support services	On-Site	X		See interview list

To	& Regulation	Supporting Information	ocation	Met	Not Met	Comments
		Students	On-Site	X		See interview list
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	n/a		UKHS-SF - Brianna Becker/Amy Douglass - Education SVH - Richelle Rumford, Administrative Director of Acute Care
		Staff RN's	On-Site	X		Visited with staff at both facilities. Very complimentary of faculty and staff.
		Preceptors	On-Site	n/a		No preceptors in current semester
		Individuals conducting observational experiences	On-Site	N/A		None offered at this time
Program Evaluation		Program Evaluation Plan developed with faculty along with evidence of data (collected, aggregated, trended and analyzed) and actions taken	On-site	X		PEP in evidence. Consider pulling some benchmarks for EOPSLOs.
		Use of program evaluation data for ongoing program improvement	On-site	X		EOPSLO #1 has sub-measures that have benchmarks but not data showing how met? Completion, NCLEX pass rates and job placement rates have measures.

Interviews Conducted During Site Visit:

Administration:

Dr. JuliAnn Mazachek, President, Washburn University
Dr. Zach Frank, Interim Vice President for Academic Affairs
Scott Smathers, MBA – Dean, Washburn Tech

Washburn Tech Administration:
Marie Hall, Assistant Dean Curriculum, Programs & Grants
Alan Beam, Director of Professional Development
Landon Hall, Assistant Director of Marketing & Community Relations
Ian Marples, Interim Director of Admissions & Recruiting
Chaz Havens, Asst. Dean of Instructional Services

Support Personnel:

Teresa Clounch, Associate VP for Student Life
Ian Marples, Interim Director of Admissions & Recruiting
Alexis Lowder, Health Occupations Programs Advisor
Jennifer Ewing, Associate Registrar
Jennifer McGraw, Associate Director of Financial Aid
Heather Popejoy, Director of Student Accessibility Services
Molly Steffes-Herman, CAPS/Student Advocate
Sarah Velasquez, Grants Facilitator

General Education Faculty:

Dr. Mark Green, A&P, nutrition, Human Growth & Development
Dr. Dani Steffen, A&P
Dr. Elizabeth Hicks, microbiology

Nursing Faculty: PN and ADN faculty are transitioning from assignments at Level to areas of expertise. Designations are for what their primary level is currently,

Laura Keighley, MSN (PN/AD)
Dara Schober, BSN (PN)
Ashley Tyler, MSN (PN/AD)
Stacy Waldy, BSN (PN/AD)
Darlene Deters, PhD, RN (ADN)
Jael Holroyd, BSN (PN/AD)

Clinical Experience Observation:
Two Level II ADN students at UKHS-St. Francis campus; clinical faculty Jael Holroyd
One Level I PN student at Stormont Vail; Clinical faculty – Lauren Falk
Simulation – Mental Health

Classroom Observation: PN Level II Mental Health Nursing; Faculty – Stacy Waldy

Library: (Zoom)

Dr. Sean Byrd, Dean of University Libraries and Student Success Center, Washburn University
Scott Grecky, Washburn Health Sciences Librarian via Zoom

Students: met with both levels of each program. Overall students are very positive about the program. RN students are very glad to have this new program that they feel has addressed a need in this area for a long time. Many are back here after graduating from PN program here. They like the lower cost, smaller class sizes, love their faculty and say they get good clinical experience.

PN Level 1 – 12
PN Level 2 – 14
RN Level 1 – 10
RN Level 2 – 11

Advisory Committee: meets twice a year; meetings very structured and informational; very organized with reports from students, faculty and administration; members state they are consistently asked for feedback and they get good information on pass rates, completion rates and job placement rates.

Debbie Haas, Community Member /Retired RN
Mindy Olberding, CNO CHCS, Onega, KS (also adjunct faculty for ADN)
Amy Douglass, RN, Education Manager, UKHS-SF

Strengths Identified:

1. Strong support for nursing program from WIT and WU administration.
2. Asst. Dean of Health Occupations, Pam Masters, has been a strong support for the nursing programs and has made strong improvements to faculty minutes and led creation of a formal Program Evaluation Plan.
3. Students very complimentary of clinical sites and say faculty are a huge strength.
4. Great facility with large lecture areas, low fidelity labs, and exceptional Regional Simulation Center.
5. Advisory Committee identified instructors as huge benefit to students and program. Very complimentary of open, two-way conversation between clinical sites and instructors.
6. Students like the small class size, instructors really approachable, and they say faculty "care about our well-being and future". They would highly recommend the program.
7. Regional simulation center with a full-time Simulation Coordinator.
8. Strong pass rates for PN and a first graduating class rate above 90%.

Opportunities for improvement identified:

1. Syllabi – possibly use a template to ensure that all syllabi and addressing the grading policy and clinical outlines what they are graded on (direct clinical, observation, lab, simulation, preceptor time)
2. Assess use of Pass/Fail for clinical – what does pass look like and can you measure it.
3. Clarify and strengthen testing process with the analysis being documented and used. Include stats for exams and how stats will be used in determining final outcome of questions used in testing.
4. Formalize ways for students to evaluate clinical and give input to facilities.
5. Develop Employer post-grad survey to help in assessment
6. Advisory Committee minutes – clarify how feedback from group is used? How documented?
7. Faculty minutes – formatted with action column – what about follow up on actions?
8. ATI assignments – assignments with purpose – avoid "busy work". Students mentioned Mental Health as one that was "overwhelming".
9. Program Evaluation Plan – continue to refine measures and build those with specific goals and outcomes for sub-measures
10. Clinical placement – need objectives for students when they do alternative things in clinical that may be observation in nature but is not part of their "regular" paperwork. A way to assess the time they are doing alternative things and are they meeting clinical objectives when they do.

Recommendations:

1. Syllabi for clinical courses need to have delineation of time for DC / simulation / observation / preceptor. Update clinical syllabi and provide updated copy to Education Compliance Officer prior to Spring 2027 start.
2. Recommend reapproval of the PN program for five years.
3. Recommend ADN program move to full approval for five years.

Documentation for Re-Approval of Practical Nursing Programs in Kansas
60-2-102 through 60-2-107

Program: Fort Hays Tech | NC - Hays PN Program Date(s): Nov. 3-4, 2026

Last KSBN Visit: Oct. 2021 Accrediting Agency& Date of Last Visit: Board Approved Only

Visitors: Rebecca Sander, MSN, RN - KSBN Education staff & Janelle Martin, MHSA, RN - KSBN Education Compliance Officer

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Home Institution & Nursing Program 60-2-102					
Description of legal body responsible for policy and support of the program and/or home institution VRR = Virtual Resource Room FHB= FHT Faculty Handbook NFHB=nursing faculty handbook SHB=FHT student handbook NSHB=nursing student handbook CC = college catalog	Address of the institution	VRR	X		2205 Wheatland Ave, Hays, KS 67601
	Names of primary administrative officials	VRR	X		Eric Burks, MS – President Diana Baumann, BS – VP Finance & Hays Operations Jennifer Brown, MA, BA – VP, Student & Instructional Services
	Organizational chart for the institution	VRR	X		VRR – section 1, pg. 3 College Faculty Handbook
	Current contact information	VRR	X		Sheri Stone – Nrsg Program Director sstone@ncktc.edu 785-738-9057
	An audited fiscal report covering the previous two years, including a statement of income and expenditures	VRR	X		Reviewed
	Copy of school's current catalog	VRR	X		Reviewed
Description of nursing program	Organizational chart for nursing program	VRR	X		VRR – section 1, pg. 4 Nrsg Faculty HB pg. 72 Nrsg Student HB pg.
	Number of faculty	VRR	X		VRR, section 1, pg. 5 - 3 FT and 1 PT PN faculty Faculty table for all FT faculty

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Number of non-teaching staff	VRR	NA		No non-teaching staff – NPA could benefit from a full or part time assistant to help with program ongoing paperwork and administration. NPA is responsible for two programs and overall planning and evaluation for both programs along with faculty. PN program if currently meeting pass rate requirements, however overall SPE is still in need of more directed attention.
	Number of students admitted per year	VRR	X		VRR, section 1, pg. 5 Approved for 40 PN students annually Fall 2026 - 39 students admitted to current class with 1 withdrawal before start and 1 withdrawal in first week – currently 37 students Admits / Completion 2023-24 35 / 97% 2024-25 40 / 77.5% 2025-26 39 / 79.5%
Nursing Program Administrator, Faculty & Preceptors 60-2-102 & 60-2-103					
Nursing Program Administrator	Name and credentials	VRR	X		Sheri Stone, MSN, APRN-AGCNS, CCRN Pg. 9-14 institution section
	Qualifications	VRR	X		MSN-Ed, APRN
	Responsibilities	VRR	X		VRR - job description – pg. 84 NFHB
Faculty selection and input into program	Faculty organizational by-laws	VRR	X		Pgs 102-103 NFHB
	Faculty job description	VRR	X		Pg 91 Nursing Faculty Handbook
	Faculty selection process	VRR	X		FHT Faculty Handbook
	Faculty orientation plan	VRR	X		Nursing Faculty Handbook
	Faculty handbook	VRR	X		College & Nursing Faculty Handbooks reviewed
	General faculty meeting minutes for last 3 years	VRR	X		reviewed
Faculty qualifications (Enclose a table that displays the following information):	Name of faculty	VRR	X		VRR - Faculty table Also a faculty table in the NFHB pg. 82
	FT or PT(use FTE)	VRR	X		ok
	Academic Credentials	VRR	X		ok
	Institution granting degree	VRR	X		ok
	Area of clinical expertise	VRR	X		ok
	Area(s) of assignment	VRR	X		ok
	Licensure	VRR	X		ok

Top & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Indicate degree plan and progress towards degree if applicable	VRR	n/a		No current degree plans required
	List all faculty hire exceptions including course hired to teach	VRR	n/a		Not applicable - no hire exceptions
	Faculty file review	On-site	X		Able to confirm all faculty data in electronic files
Preceptor qualifications and information (for current semester)	Preceptor criteria & selection	VRR	X		Pg. 59-65 Used in spring semester for NUR111 NFHB pg. 64-67 Preceptor policy
	Preceptor job description	VRR	X		Preceptor manual
	Identified roles of preceptors, faculty, and students	VRR	X		Preceptor manual – taken to clinical sites where preceptors used; facility charge nurses make assignments for preceptor and student
	Preceptor orientation materials	VRR	X		– Preceptor manual reviewed – some sites offer coaching class for preceptors
	Preceptor signatures showing date orientation completed	VRR On-site	X		ok
	Name of preceptor and course with Prefix& number (NURS 111)	VRR	X		preceptor list; no course listed with name however currently only one course with preceptors for PN
	Preceptor State of license &License number	VRR	X		Pg.61-65 list of preceptors w/ name, license state & number; credentials and facility/experience
	Methods of contact between faculty & preceptor	VRR	X		Preceptor policy in NFHB pg. 64
Students 60-2-102 & 60-2-107					
Student policies: Provide written evidence of the following	Admission of generic, transfer, and articulation students	VRR	X		Nursing Faculty HB pg. 10-12 Nursing Student HB pg. 21-26 College catalog pg. 6-7, 14 VRR- Admission Policy
	Degree plan for each degree being granted	VRR	X		NFHB pg. 18-19 NSHB 31-33 College catalog pg. 66
	Oral and written English proficiency	VRR	X		NFHB pg. 23 College catalog pg. 13
	Readmission	VRR	X		NSHB pg. 23 NFHB pg. 17
	Progression	VRR	X		NSHB Pgs 85-92 NFHB pg. 17
	Counseling &guidance	VRR	X		NFHB pg. 25
	Student role versus employee role	VRR	X		NSHB pg. NFHB pg. 28

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
	Representation on faculty governance	VRR	X		NSHB pg. 63 – student class reps attend monthly faculty meetings; meetings are scheduled for every 3rd Wed; 2 PN serve on Student Senate NFHB pg. 27
	Graduation	VRR	X		Pg. 29 College Catalog NSHB pg. 45
	Refund policies governing all fees and tuition paid by students	VRR	X		College Catalog Pg. 12-14 NSHB pg. 86-88
	Ethical practices including recruitment, admission, and advertising	VRR	X		College Catalog pg. 4, 24-27 NSHB pg. 30 Student HB pg. 24
	Information to any student who may be subject to licensure denial under K.S.A. 65-1120. (Must be provided prior to program admission)	VRR	X		On website w/ Admission information NSHB pg. 77-84 (link to KSBN) – this is also available on the website
	Student Handbook	VRR	X		Nursing Student Handbook, College Catalog and FHTech Student Handbook
Student support services	Description of student safety measures	VRR	X		NSHB pg. 60-62 NFHB pg. 76
	Description of student health services (available on-site or students have knowledge of available health services)	VRR	X		VRR – Tiger Experience (replaces Gateway Program w/ FHSU) allows access to many services through FHSU and FHSU student health services are available
Student records	Review student files	On-site	X		Reviewed and contained necessary information – info is now in electronic files
Student documentation submitted to meet course objectives	Samples of completed student work for both theory and clinical courses (include observational and preceptor experiences)	VRR	X		Reviewed samples of course work and portfolios; ATI worl CET's Skills check-offs
Curriculum 60-2-102, 60-2-104, & 60-2-105					
Curriculum Requirements: Copy of current curriculum with date of last revision. Include:	Required non-nursing courses	VRR	X		Pg 68 College Catalog PN – A&P (5), nutrition (3), Gen Psych (3), G&D (3) and one math course (3)
	Required Nursing courses that includes course description, objectives, content outline and method of evaluation (include list of clinical facilities if applicable)	VRR	X		NFHB pg. 43-51 College Catalog pg. 105-106 - PN
	Credit hours for each non-nursing course	VRR	X		Section KAR 60-2-104 pg. 21-23 (17 credit hrs)
	Credit and clock hours for each nursing	VRR			VRR pg. 21-23 of Section Education

Top & Regulation	Supporting Information	Location	Met	Not Met	Comments
	course (must equal or exceed 30 credit hours for RN programs and 15 credit hours for PN Programs)		X		College Catalog pg. 32, 60-61 NFHB pgs. 18-19 24 credit hrs nursing (total program 41cr)
	Identify clinical hours for combined nursing didactic and clinical courses	VRR	NA		Clinical courses are separate from didactic courses
	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)	VRR		X	Not in VRR Information not on syllabi Per faculty observation is 7.7% in NUR 111
	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)	VRR		X	Not on syllabi or in VRR Preceptor hours do not exceed 20% per PN Coordinator NUR 111 61 / 305
	Testing process with test analysis and the written test procedure	VRR	X		NFHB pg. 225-238
	Number of students per class	VRR	X		VRR Section 1 up to 40 per 1 faculty for theory courses
	Clinical rotation schedules with responsible faculty listed – (evidence of 1:10 clinical faculty/student ratio – includes observational sites)	VRR	X		reviewed
Curriculum includes the following:	Content in biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice	VRR	X		
	Art and science of nursing	VRR	X		
	Didactic content and clinical experiences to meet the objectives in curriculum table that follows	VRR	X		
Curriculum Table: Identify the nursing and non-nursing courses that contribute to the students' learning for these outcomes: For Practical Nurse Program	Aspects of a safe, effective care environment, including coordination of care, safety, and infection control	VRR	X		VRR had curriculum table - reviewed
	Health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease	VRR	X		
	Psychosocial integrity, including coping, adaptation and psychosocial adaptation	VRR	X		
	Physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, physiological adaptation	VRR	X		

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Curriculum changes	List current changes not requiring board approval that have occurred since last annual report submitted	VRR	n/a		
Educational Facilities 60-2-106					
Description of facilities and tour	Classrooms, laboratories and conference rooms adequate in size, number, and type to accomplish student learning.	VRR & On-Site	X		Toured nursing building – all classrooms, labs, nursing library, faculty offices, common room
	Faculty offices are adequate in size, number, and type to provide the facility with privacy in counseling students	VRR & On-Site	X		Faculty have individual office w/ doors for privacy
	Secure space for student records	VRR & On-Site	X		Most records online in secure system; paper records in Director office in locked cabinet behind locked door
	Technological resources are of sufficient quality and quantity to meet student learning needs and there is support available to student when accessing	VRR & On-Site	X		Computers are available in the nursing building for students to use for homework, research and make-up testing. Students utilize own computers in the classroom with Wi-Fi available
	Satellite program facilities		NA		No satellite
	Other points of interest		NA		
Library resources and tour	Library materials are of sufficient quality and quantity to meet student learning needs	VRR & On-Site	X		NSHB pg. 44 Tiger Experience Program at FHTech allows students access to FHSU library which has good resources for nursing. Can also access academic assistance and tutoring through the program.
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	VRR Onsite		X	7 contracts reviewed - in use Spr26 and Fall26 -one contract needs update after changes secondary to affiliation with FHSU and name change -one contract expired 7/31/26
Clinical learning experiences and site are adequate	The number of affiliation agencies and types of patients are adequate to meeting curriculum objectives	VRR & On-site	X		VRR – list of clinical facilities and which course utilizes the site NSHB pg. 66-67 list of clinical facilities

Top & Regulation	Supporting Information	Location	Met	Not Met	Comments
	If more than one nursing program uses the same affiliating agency, the nursing program documents availability of appropriate learning experiences for all students	VRR & On-Site	X		Clinical Consortium for Hays Med used to meet F2F but now scheduling all done by emails. FHT seeing an increase in other schools being allowed in for clinical experiences and raising evaluation for student experience and patient safety at this site. Issues/changes brought to this group. No issues noted at this time.
	Each affiliating agency used for clinical instruction shall be staffed independently of student assignments	VRR & On-Site	X		Language is in clinical contracts
	Tour selected clinical agencies to determine adequacy of facility to meet expected program and course objectives	On-Site	X		Good Samaritan Center, Hays
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)	VRR	X		**2026 rates thru Q3:** PN-86.67 2025 – 93.33 2024 – 85.71 2023 – 100 2022 – 81.25 (KS passing standard moved to 80%) 2021 – 75.68 (standard was 75%)
Advisory Committee	Review Advisory Committee minutes	VRR	X		Advisory meets 2 times/year. Good information shared with Advisory Committee. School also asks for feedback on students and graduate hires from those that are clinical sites.
Financial support for nursing program	Audited nursing program fiscal report for the previous two (2) years including income and expenditures	VRR	X		Reviewed. No issues.
	Budget procedures	VRR Onsite	X		Program director has responsibility to prepare and administer the nursing budget Needs assessment done for all depts. then a budget is prepared at the school level for all depts. then each dept. has a budget meeting with school finance team.
Meet with the following members of the educational institution to determine	Administration	On-Site	X		See list of Interview Attendees
	General education and required support course faculty	On-Site	X		See list of Interview Attendees

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
adequate support for nursing program	Support services	On-Site	X		See list of Interview Attendees
	Students	On-Site	X		Met w/ 35 (of 37) PN students
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		n/a
	Staff RN's	Onsite	X		Talked with staff onsite regarding PN students and faculty.
	Preceptors	On-Site	n/a		No preceptors in current clinical courses
	Individuals conducting observational experiences	On-Site	n/a		No observations this semester
Program Evaluation	Program Evaluation Plan developed with faculty along with evidence of data (collected, aggregated, trended and analyzed) and actions taken	VRR	X		VRR EOPSLOs section needs continued refinement of defined, measurable goals that include measures from curriculum
	Use of program evaluation data for ongoing program improvement	VRR Onsite	X		SEP has dates and actions taken. Correspond mostly with faculty and Advisory minutes.

Interviews conducted on-site:

Administration:

- Eric Burks, MS, President of Fort Hays Tech (office on Beloit campus)
- Jennifer Brown, MS, BA – VP of Students and Instructional Services (office on Hays campus)
- Diana Baumann, BS – VP Finance & Hays Operations
- Brett Rowh, Dean of Instruction, Hays campus
- Sheri Stone, MSN, APRN-CNS, CCRN, MICT, Nursing Program Director

Nursing Faculty:

- Julie Gross, MSN, RN – PN faculty and First Year Coordinator
- Autumn Pakkebier, BSN, RN - PN faculty
- Amy Knipp, ADN, RN - PN faculty
- Janae Zerr, BSN, RN - PT PN Clinical Instructor (absent)

Student Support Services:

- Leah Bergmann, MBA, BS, Financial Aid Director
- Kayla Nelson, MA, Director of Learning Services
- Jayme Owen BS, Dean of Student Success
- Darsey Offutt, Registrar
- Emma, Student Accounts
- Abbey, Student Services Coordinator

General Education Faculty:

- Kathleen Albert DC MS – Gen Ed faculty (A&P, microbiology)
- Rene Meyers - General Education faculty (Gen Psych, G&D, sociology, Tech Connect)
- Terri Martin, BSN, RN – CNA / CMA Instructor

Advisory Committee:

- Janna Zeller, RN – Director of Professional Development, Hays Medical Center
- Pam Harmon, RN – CNO Rooks County Health Center
- Samantha Johnson – Workforce Director with FHTech

Nursing Students: met with 35 PN students

FHSU - tour of Tebo library on FHSU campus – Mary Alice Wade, MS, MLS - Librarian

Strengths Identified:

1. Tiger Experience Program with Fort Hays State University
    a. Mentioned by many in interviews
    b. Allows FHTech to expand student services they can offer
2. Consistent NCLEX pass rates
3. Students like the "hands on" approach of the faculty – feel they area valued
4. Good variety of clinical experiences for students
5. Offer /integrate many aspects of diversity in program
6. Strong financial commitment to nursing scholarships
7. Advisory Committee very complimentary of PN nursing program - faculty and students. Sites hire many of the FHT grads and have several staff that serve as clinical adjunct and preceptors.

Opportunities for Improvement:

1. There continues to be a need for administrative assistant support of some kind for this program. Many of the responsibilities that the program director handles, could be handled by an administrative assistant, which would free up time for program administration responsibilities. This was an opportunity on the last 2 KSBN visits as well. Revised Education regulations include specific language in KAR 60-1-104 (s) that states the individual with responsibility for oversight of the nursing program "has the primary responsibility and dedicated time for effective and continuous oversight of a nursing program, including 1) verification that the nursing program complies with the nursing act and the board's regulations, 2) assurance that nursing program and educational outcomes are met, 3) assessment of and recommendations for material, human, and clinical resources for effective nursing program implementation, (4) collaboration with faculty for continuous nursing program improvement; and (5) responsibility for the development and implementation of the nursing program.
2. Testing policy – clarification and streamlining the policy to help with test analysis and use with new faculty. Show how analysis used to review curriculum.
3. Program Evaluation Plan – End of Program Student Learning Outcomes need to be measurable – we see process but not data with action steps
4. Simulation – have capacity to be using simulation for didactic and clinical learning. Equipment and mannequins are available. Opportunity to develop faculty and incorporate a meaningful learning experience especially in light of clinical placement challenges with the influx of new programs requesting spots at main clinical facilities.
5. Faculty minutes – good template – use consistently especially for recording actions and follow up
6. Test review/policy – evaluate review process and make sure not skewing test averages when deciding if questions should be altered or not continued for use. Make sure "curved test scores" are used consistently and do now skew averages.
7. Remediation policy clear and part of student handbook. Students able to verbalize part of process but it was unclear if all understood what requirements were.

8. Opportunity to clean up Faculty and Student handbooks for nursing. Make sure items are clearly delineated and pertinent to each handbook.
9. Nursing Faculty Handbook pg. 81 for Faculty File process – need to include need for an approved FQR for each faculty.

Recommendations:

1. Add FQR requirement to Faculty file in NFHB. Provide copy of update handbook to Nursing Education Compliance Officer by March 1, 2027.
2. All clinical hours need to be defined on clinical syllabi. Should indicate clinical, observation, simulation and preceptor hours as part of student understanding of how clinical will be evaluated. Provide update proof to Nursing Education Compliance Officer before beginning or Spring semester.
3. Recommend re-approval of PN program for a period of five years.

Documentation for Re-Approval of RN Nursing Programs in Kansas
KAR 60-1-104; 60-2-102 through 60-2-107

Program: Donnelly College PN/ADN programs; **11/9/26 Donnelly PN program only**
Date(s): **2/11/25 / 10/13-1/2025 / 5/11-12/2026 / 11/9-10/2026**

Last KSBN Visit: 5/11/-12/2026 **Accrediting Agency& Date of Last Visit**: KSBN Approved Only

Visitors: 2/11/25 Karen Kidder DNP, RN – KSBN Education Committee member; Janelle Martin, MHSA, RN – KSBN Education Compliance Officer; 10/13/25 Debra Pile, DNP, APRN and Karen Kidder, DNP, RN – KSBN Education Committee members; Janelle Martin, MHSA, RN – KSBN Education Compliance Officer; 5/11-12/26 Amy Hite, EdD(c), DNP, APRN, FNP-C – KSBN Board member; Karen Kidder, DNP, RN – KSBN Education Committee member; Janelle Martin, MSHA, RN -KSBN Education Compliance Officer; 11/9-10/2026 Bernadette Fetterolf, PhD, RN – KSBN Education staff; Amy Garcia, DNP, RN, FAAN – KSBN Education Committee board member; Janelle Martin, MHSA, RN – KSBN Education Compliance Officer

Topic & Regulation	Supporting Information	Location	Met	Not Met	Comments
Home Institution & Nursing Program (KAR 60-2-102)					
Description of legal body responsible for policy and support of the program and/or home institution Accreditation Self-Study report = SSR KSBN SS = KSBN Virtual Resource Room = VRR	Address of the institution		X X X X		608 N. 18th St, Kansas City, KS 66102
	Names of primary administrative officials	Interviews	X X X X		Monsignor Stuart Swetland, President; Ana Maradiaga, Dean of College, VPAA (appointed to this position 1/6/2025). **Monsignor Stuart Swetland, President** **Ron Dempsey, CFO** **Ana Maradiaga – Dean of the College/VPAA** **Mary Pflanz, Vice President Student Affairs**
	Organizational chart for the institution	Self-Study		X	No current organizational chart found on website or in handbooks .

			X X X		**Did receive an email copy of updated org chart on 2/28/25 Updated chart available only through college administration. Not on website. Major changes for the college in the last 2 months and for the nursing program for the last 6 months. • Nursing Program Director hired 8/2019 - resigned 8/9/24 • Interim DON named 8/13/24 • Interim DON tendered resignation for the FT Interim DON role on 12/13/24. 1/6/25 was retained as adjunct faculty. • No returning FT faculty from previous semester. • New DON hired 1/10/25 (semester start was 1/22/25) • 8 new hires between 1/11/25 and time of visit on 2/11/24 – no documented orientations VRR
	Current contact information	Interview	X X X X		1/14/25 Cynthia Riley, DON Mobile 913.709.5581 3/14/25 Loran Fish, MSN, RN – DON **1/5/26 Gina Taylor - DNP, MSN RN-DON** 11/9/26 Gina Taylor, Director of Nursing
	An audited fiscal report covering the previous two years, including a statement of income and expenditures		X X		Not requested at visit. Audited report was not provided at the time of the 2024 annual report. It was requested again prior to the Sept 2024 board meeting and did receive a copy from the former Dean of the College. 23-2024 Provided w/ annual report **NA** **Not reviewed**

	Copy of school's current catalog	Web link Provided onsite	 X X	X	Catalog | Programs 2024-25 catalog does NOT state the conditional approval for the ADN program. There are also other deficiencies and incongruencies with nursing handbook. **Feb 2026 link to Current AY Catalog** 2025-2026 College Catalog 2026-27 college catalog
Description of nursing program	Organizational chart for nursing program	Catalog Interview	 X X	X X	No current one available. The program is in significant flux. Available but not accurate – **02/24/2026 - Revised Nursing Org Chart – Appendix 1** See revised
	Number of faculty	Interviews FQRs	X X	X	Unable to determine the exact number of faculty on the day classes started. 5 FT, 10 adjunct per DON on 2/11/25 **Per FQRs from 2/19/25:** 4 FT (1 MSN, 3 BSN), 4 PT (2 MSN, 2 BSN), and 6 Adjunct (1 DNP, 2 MSN, 3 BSN) Send updated faculty KSBN has new list of faculty: • 5 FT faculty (3 new for Fall2025; 1 hired Spr2025; one returned Fall25 and is FT for Donnelly but only teaching one nursing course) • 1 sim lab coordinator (working as faculty) – was PT sim faculty Spr25 and moved to FT role for Fall 2025- no credentials (BSN only) or experience w/ sim prior to this hire • 2 Adj didactic faculty • 8 clinical adjunct faculty** (1 hired prior to 2025, 2 hired SPR25 and the rest are new in Sept. '25) ** 4 are PN only adjuncts

			X		Almost complete turnover of FT faculty from Fall24 to Spring 25 and again from Spr25 to Fall 25. **02/24/2026 All have been sent to KSBN and approved as of Feb 2026** Spring26 – all are returning from Fall 25. • 1 FT ADON, faculty • 4 FT - 2 didactic faculty, 1 clinical coordinator, 1 doing Admin and teaches prereqs (teaches RN level) • 1 FT being onboarded • 4 Adjuncts – clinical
			X		11/9/26 Faculty has had some change: One FT resigned, one FT moved to adjunct, one new FT faculty hired prior to start of Fall 26. Current faculty: • FT DON and ADON; ADON is also the Clinical Coordinator - no assigned teaching load for either • 4 FT faculty: Nguyen, Andrews (new), Kelly (FT for college; teaches 1 nursing course for PN for both cohorts), and new Simulation Coordinator, Jayla Cochran • 4 Adjunct faculty: Arties, Kuhlmann, Turner, Eason (one for didactic, 2 for clinical, 1 for both after orientation in classroom). One Adjunct resigned prior to Fall start
	Number of non-teaching staff	1) Job descriptions 2) Website 3) Interview	X		3 non-teaching positions: 1) Administrative Asst – PT 2) Nursing Intake coordinator – FT 3) Clinical coordinator – FT – works remotely much of the time
			X		10/13/25 – have same 3 positions but added a Nursing Advisor position.

			X X		Prev. Intake Coord took new Nrsg Advisor role 5 mo ago – new person in the Intake Coord position. This position now reports to Advising and Nursing concurrently. **1 FT Admin Asst - Darian Brundage** **1 FT Nursing Intake Coord – Y Juarez** **1 FT Nrsg Academic Advisor – C. Rischer** No change since Spring visit
	Number of students admitted per year	Interview KSBN documentation	X X X X		KSBN has approved Donnelly to admit 50 PN students Jan & Aug (25 day & 25 eve/weekend) and 15 ADN students Jan. (Day schedule) & 15 ADN in June (evening cohort). ***Spring 2025 – admitted 15 ADN and 47 PN.** **Actual count on 2/11/25 was stated to be 22 ADN and 117 PN for all levels:** PN 1st sem – 45 RN 1st sem - 15 PN 2nd sem – 44 RN 3rd sem - 7 PN 4th sem – 28 **Currently: ADN - 14** **PN – 35 (3rd sem)** **PN – 31 (4th sem)** **23 evening cohort, 10 day cohort. Graduating spring 2026; 2 RN students completing missing work.** 23 admitted / still enrolled: 9 Day cohort 14 Evening cohort
Nursing Program Administrators, Faculty & Preceptors (KAR 60-1-104; 60-2-102 & 103; 60-1-104)					
Nursing Program Administrator	Name and credentials	Self-Study	X X		Cynthia Riley, MSN, RN Loran Fish MSN, RN – DON

			X X		**Dr. Gina Taylor, DNP, M RN – Director of Nursing** Dr. Taylor continues to be the DON / NPA
	Qualifications	Self-Study	X X X		MSN in Leadership/Nursing Ed – 2013 BSN - 1990 RN/Charge Nurse for SNF (2019-25), RN/Charge for Psych Hospital (2017-19), Clinical ops manager for PC telemed and mobile clinic, (2015-17) **Adj clinical instructor 2010-12** **DNP, Leadership and Public Health** **MSN in Education** **RN since 1997** **Faculty – 8 years** **DON – 5 years**
	Responsibilities	Self-Study	X X X	 X 	Nursing program administrator – responsible for oversight of all nursing programs Director not aware of required policies for college and nursing program; unclear on appeals, student numbers, sim lab issues, faculty issues **Very aware of policies and all aspects of nursing program. Was Donnelly board member prior to DON position.**
Faculty selection and input into program Nursing Faculty Handbook = NFHB	Teaching responsibilities	Self-study	 X	X X	Job descriptions unclear. Job descriptions updated with appropriate regulatory requirements for PN and RN level except for Sim Lab Coordinator 2026 position (states MSN preferred NOT REQUIRED) This pos[illegible]m for

Faculty Handbook for college = FHB			X X		PN and ADN; other than the nursing degree requirements the language is the same for all job descriptions (FT, PT and adjunct) in terms of summary and responsibilities. **02/24/2026 Revised job description for Sim Lab Coordinator 2026 & Simulation Consultant hired February 2026** Simulation Consultant hired as FT faculty / Simulation Coordinator for Donnelly nursing
	Faculty organizational by-laws	Self-Study VRR	 X X	X	(Provided school with a sample) Faculty Handbook VRR – Faculty handbook
	Faculty job description	Self-Study VRR	 X X	X	Not all were available at visit. Sent to KSBN on 2/11/25. The nursing **faculty job descriptions are not in compliance 2.11.25** **In Faculty Handbook** In VRR
	Faculty selection process	Self-Study	x X	x	Unclear currently. Interviews done with a nursing faculty person present for all nursing interviews. 2/28/25 Dean states hiring process is posted on Donnelly website: https://www.donnelly.edu/staff/human-resources 10/13/25 Process in faculty handbook
	Faculty orientation plan	Per 2/3/25 email	X	X	1) A mandatory orientation session was held on 1/14/24 to onboard all new faculty. **We did not receive a list of**

		Interview		X	**those present at the mar[illegible]tory orientation at time of the site visit.** The session included: *Overview of Donnelly College's mission, policies, and nursing program objectives. *Training on regulatory and accreditation requirements. *Familiarization with the learning management system (LMS) and student resources. *Clinical-specific training to address facility requirements, documentation protocols, and student evaluations. 2) Nursing had specific orientation which was "disorganized" per the new DON. ****List of attendees received 2/24/25: N=new R=returning** N C. Riley – DON R J. Broski – FT (was adjunct 9/24) N L. Fish – FT N S. Barton – PT N T. Arties – Adj per FQR; FT per Dean N M. Shalinsky – Adj R C. Ekeh – Adj (1 year) R K. Kroen – Adj (was FT F24) N A. Becker – Adj R R. Robinson – Adj (was FT F24; served as Facilitator for the orientation) **Orientation plan available in Nursing Faculty Handbook. Faculty (new) indicated they had no orientation. Limited documentation in faculty files – no dates or signatures from faculty**

			X X		**02/24/2026** **2025-2026 Revised faculty handbook** **Orientation plan available in Nursing Faculty Handbook including an orientation checklist.** **New & returning faculty participated in mandatory orientation on January 6, 2026.** **Clinical instructors participated in additional training "Clinical Faculty Academy" offered by Workforce Programs MO Hospital Association (MHA) on January 8 & 9, 2026. Clinical team met for second mandatory orientation meeting on Tuesday January 13, 2026.** 11/9/26 Two new faculty hired since last visit. Both indicate orientation has been organized and ongoing. Following policy as updated by new DON. Mentor for both new faculty.
	Faculty handbook	Onsite	 X	X	Received a college-wide faculty handbook; DON and Dean stated there was not a specific faculty HB for nursing *Faculty nursing handbook was available at last site visit per site visit report Available; in VRR
	General faculty meeting minutes for last 3 years	Not requested onsite		 X	NA – not reviewed Reviewed March through September – no set agenda; unable to determine how or when decisions were made about changes to the schedule or curriculum or program as a whole (new admission requirements, added ATI complete Fall 25, new nursing student handbook – no reference to any of these in

					minutes). No reference to the program evaluation or the "Pillars plan" for improvement. No minutes prior to March provided
			X		Minutes in VRR
Faculty qualifications (Enclose a table that displays the following information):	Name of faculty	Interviews FQRs		X	A great deal of movement in and out in the last 2-4 months with no clear direction. Four weeks into the class schedule and faculty are still being hired. One hired to start 1/22/25 did not show up for any classes. ***Nursing faculty are starting with little or no orientation to the school, program and curriculum. No nursing faculty handbook available and checklist for nursing was not produced for any new faculty. HR files had job descriptions (not in full compliance), resumes
				X	10/13/25 ***Nursing faculty are starting with little or no orientation to the school, program and curriculum. Faculty are changing syllabi (student contract) upon start, which may be 2-3 weeks into the program and changing what the expectations are. Day and evening faculty for PN do not seem to be in sync. Students are getting very different experiences.
			X		Faculty are oriented to role, to ATI, to ExamSoft, to Donnelly. Reviewed at the start of each semester.
			X		New faculty are being oriented per policy.

	FT or PT (use FTE)	FQRs	X X		FQRs provided on 2/19/25 and are being reviewed: FQRs document 4 FT, 4 PT and 6 Adjunct Hire dates are 1/11/25 to 2/19/25 for 8 new hires. 6 are returning faculty from Fall 2024 and before. Some are returning after a break in employment. See attached Faculty table with current information
	Academic Credentials	FQRs	 X X	X X	For some of the faculty, the HR file was available and a resume was in the file. One faculty file stated person hired had MSN but no transcript to support degree. Did not see transcripts in HR files. Transcripts are being provided with FQRs. Some are still missing. FQRs are mostly available – 3 faculty that require hire exceptions do not have them. They have "pending" MSN or no DP at all – still need hire exception. Sim Lab Coord does not have required credential to teach AD level – no hire exception submitted. FQRs complete
	Institution granting degree	FQR Transcripts	X		
	Area of clinical expertise	Resume	X	X	Areas of experience noted but not necessarily teaching to the listed strength and experience. Students in one of the specialty classes are concerned that the instructor has no experience and doesn't always understand the terms in the slides used to present material.
	Area(s) of assignment	FQRs	X	X	No FQRs submitted at time of the visit.

	Licensure	Onsite FQR	X	X	**Not verified onsite. Working on FQRs. Some still missing and others are outdated.**
	Indicate degree plan and progress towards degree if applicable	FQRs	X X	X	Current FQR list shows 2 on degree plans – 1 FT, 1 Adjunct Missing degree plans/hire exceptions on several. (2 FT and 2 Adj)
	List all faculty hire exceptions including course hired to teach	FQRs	X	X	Currently identified 5 who need hire exceptions to work in areas hired for
	Faculty file review		X X	X X	HR provided some to review. Job descriptions present but reflected incorrect educational requirements. Transcripts were not all available. 2/28/25 Updated job descriptions received – have appropriate qualification language No faculty files available by the program director. On-site faculty files reviewed. Missing orientation checklist for seven, license verification missing for three, Missing FQR for two. Missing transcript for one. Need DP/HE for four. All files complete Reviewed FT files - ok
Preceptor qualifications and information (for current semester) – **RN only** Nursing Student Handbook = NSHB College Student Handbook = SHB	Preceptor criteria & selection	n/a			NA
	Preceptor job description				NA
	Identified roles of preceptors, faculty, and students				NA
	Preceptor orientation materials				NA
	Preceptor signatures showing date orientation completed				NA

	Name of preceptor and course with Prefix& number (ex: NURS 1011)				NA
	Preceptor State of license &License number				NA
	Methods of contact between faculty & preceptor				NA
Students 60-2-102 & 60-2-10					
Student policies: Provide written evidence of the following College/Academic catalog = CC Nursing Student Handbook = NSHB College Student Handbook = SHB	Admission of generic, transfer, and articulation students	Documentation Review	? X X	X	Admission guidelines available on the website, some in College Catalog and parts in student handbook. Outdated. Not always congruent. Admission guidelines have changed but no new students admitted since the change. NO mentions in faculty minutes or program eval regarding the change to admission requirements? Added TEAS test back but no indication if certain scoring level is required for admission. TEAS required for RN as well – no indication if they must meet a certain level and if they must retake if they took the previous year for the PN program. **02/24/2026** **Revised Nursing Student Handbook** **nursing student handbook - present and reviewed. Donnelly Community Resource Guide available and very comprehensive.**
	Degree plan for each degree being granted	Documentation Review	X X	X	There is no degree plan for ADN level who start in the summer. Not listed in student handbook New 25-26 Nursing Student Handbook has degree plan – pg. 7.

			X		Found in catalog – PN on[illegible] updated. No ADN class at present but plan from 2025 still available No changes
	Oral and written English proficiency	Documentation Review		X	Not found in catalog or handbook. 2/28/25 per Dean: Donnelly College is an open admissions college. English proficiency is determined by their placement when testing using Accuplacer. Procedure described in College Catalog, in the General Enrollment Procedures page 5, proficiency/placement into college-level courses is described on page 6. https://donnelly.smartcatalogiq.com/en/2025-2026/academic-catalog/admissions-policies/general-enrollment-procedures X Students will demonstrate **proficiency** in information literacy skills. If student does not do well on Accuplacer, they are enrolled in Success First which stresses English Proficiency. If they have previous college credit, they do not need to take the Accuplacer. X OK
	Readmission	Documentation Review	X		Must re-apply (Student Nursing handbook). Considered on space available basis. X X CLARIFY when a returning student is not a readmission. Not clear on what constitutes readmission. X Readmission policy present and clearly stated.
	Progression	Documentation Review	X	X	2/11/25 All courses must be passed in one semester to move to the next. Not following policies 1) A PN student was not successful in Summer 2025 MCH didactic. Was put into and completed MCH clinical in Fall 2025. Now

					told has to repeat clinical with didactic. Doesn't want to pay again. 2) An RN student failed nursing pharmacology course in the spring25. She appealed May 14. She appealed to the Dean on June 11. Emails have received no response. She forwarded all the Ms, Fish. She was enrolled in MCH over the summer with clinical and passing meds. Appeal denied (email to student but no notes/resolution in file presented to site visitors.) in July. Student was enrolled in final semester w/ M/S and M/S clinical (passing meds). Will finish fall semester and still have to complete Pharmacology. NOT POLICY CLARIFY POLICY and COURSE PREREQUISITES for progression. **Progression policy revised.** Faculty and other college staff are aware of policy changes and that nursing has final say. Progression policy in NSHB - clearly stated that student must pass all classes in each semester before progressing to the next semester. Any course with a clinical associated must be repeated together if there is a failure in either course.
	Counseling &guidance	Documentation Review	X X		In college catalog **Spoke with new counselor. Beginning excellent programs for student support and has excellent community resources and**

					connection to those reso ces to help students.
	Student role versus employee role	Documentation Review	X X		**Clear in SHB**
	Representation on faculty governance	Documentation Review	X	x	In the 24-25 nursing student HB. Students we spoke with not aware 2/28/25 Dean: Student Senate has a nursing student member; student senate reports in academic council, all-staff community meetings and all college board. Student Senate reps were present and spoke to students during orientation. **Students report process of involvement in governance. Minutes substantiate** No change
	Graduation	Documentation Review	X X		Info in Nursing student handbook No issues with pinning/graduation in the past. Students saying that they now can only invite one person to their pinning – very unhappy OK
	Refund policies governing all fees and tuition paid by students	Documentation Review	X	x	All we can verify is if there is military activation they will allow a refund. 2/28/25 per Dean - Refund policy is on page 26 in the college catalog, right above the military refund policy. 10/13/25 Students have had several issues with payments and refunds. Made DON aware of continued issues regarding books, fees, and refunds. **College catalog**

	Ethical practices including recruitment, admission, and advertising	Documentation Review	? X		Currently they are not meeting the standards they are advertising. **College catalog**
	Information to any student who may be subject to licensure disqualification under K.S.A. 65-1120. (**Must be provided prior to program admission**)	Documentation Review	X		College catalog and nursing 2024-25 handbook. *Link to KSBN website takes to main page and not directly to the stated statute information.
	Student Handbook	Onsite	X X X		2024-25 nursing student handbook available 25-26 student handbook available online. Students say this is the third handbook they have received – new one with every director. This one was from last week. Not always clear on changes. **Available in VRR – changes are being planned for the next school year but handbook stayed as is during the spring semester. No complaints regarding changes to HB this time.**
Student support services	Description of student safety measures	Documentation Review	? X		Clinical safety measures. Nothing on campus security. Facilities | Students
	Description of student health services (available on-site or students have knowledge of available health services)	Documentation Review	X	x	No health services available on campus. Not clearly identified alternatives in catalog or handbook 2/28/25 per Dean - Available counseling health services are noted in every syllabus and explained during orientation: access to a LPC for free clinical mental health services, resource guide provided by the counseling center and low-cost health insurance information provided at the beginning of this semester.

			X		**Excellent Donnelly Colle** **Community Resource Guide - new**
Student records	Review student files		X? X		NA – no time to review 5 files reviewed – most have checklists for immunizations and clinical items. Not as clear on Admission items. **Reviewed - no issues**
Student documentation submitted to meet course objectives	Samples of completed student work for both theory and clinical courses (include observational and preceptor experiences)		 X	X	NA – not reviewed Saw sample rubrics but not completed ones. Students talked about concept maps but did not see any work. **Student work available in VRR. Concept maps, clinical packets w/ rubrics, medication review sheets. Work shows faculty review.**
Curriculum **60-2-102, 60-2-104, & 60-2-105**					
List Curriculum Requirements: Copy of current curriculum with date of last revision. Include:	Required non-nursing courses	Documents	X X X		Listed in NSHB and in degree plan **Prereqs –A&P (5), Human Growth & Development (3)** **Co-reqs – Med terminology (1)**
Nursing Student Handbook = NSHB College Student Handbook = SHB	Required Nursing courses that includes course description, objectives, content outline and method of evaluation (include list of clinical facilities if applicable)	Documents	X X	X X	In nursing student handbook Missing degree plan for ADNs who start in the summer. No "live stick" done in the IVT part of the AC I class for PNs who started Spr25 – person who taught class no longer with Donnelly but current course does not have that as a proficiency, so students are passing with a lab stick on mannequin. **Curriculum requirements in catalog. IV lab has required**

Nursing Faculty Handbook= NFHB					**participation. All have live sticks as part of requirements.**
	Credit hours for each non-nursing course	Documents	X X X		See above
	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)	Documents	X X	X	PN – 34 credit hours nursing 35 PN credits – no curriculum change brought to KSBN? Misprint in NSHB? RN – 30 credit hours nursing + credit for PN courses (total 69 credit hrs for ADN degree) RN 30 credits **PN – 34 credit hours nursing** **390 didactic clock hours** **360 clinical hours**
	Identify clinical hours for combined nursing didactic and clinical courses	Documents	X		Courses not combined
	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)	Documents Interview	X		no observation noted in syllabi
	List all clinical simulation hours for each relevant course (cannot exceed 50% of total clinical hours per course)	Documents	??	X XX XX	Not able to ascertain simulation hours. Not able to determine clinical and Sim. No syllabi received. Simulation does not have the basic equipment needed. No simple face mask, no medication/sim vials or medication/sim tablets. Students provided with medication names but not dosage of routes in sim.

					Missing an important opportunity einforce dosage ranges, and how to respond to an out-of-range order. Students do know how to read back orders to verify. No one actually placed stethoscope on patient who had elevated BP and HR in the scenario. Consider using vetted simulation scenarios. Mannequin was used as low fidelity when it should have high fidelity capabilities.
				XX	**This simulation is not replacement quality for clinical hours.**
				XX	No mention of clinical hours in catalog. No syllabi available to verify. Annual report stated that up to 100 sim hours were being used as clinical replacement (total of 360 clinical hours in the program).
			X		**No simulation in current coursework. All live clinical experiences. Have hands on laboratory skills and check offs.**
			X		Hired new Simulation Coordinator with CHSE certification. She is orientating/training faculty on sim process. Sim lab updated and simulation is being incorporated in clinical curriculum beginning Fall 2026. • 4 hrs sim – Fall26 – Foundations • 6 hrs sim – Spr27 – Nrsg Care Adults I • 10 hrs – Sum27 – Mat/Child • 6 hrs – Fall 27 – Nrsg Care of Adults II
	List all preceptor hours for each relevant course (cannot exceed 20% of total clinical hours/nursing program, excluding a capstone course	Documents	N/a		n/a
	Testing process with test analysis and the written test procedure	Onsite	X	X	Stated policy is to use ExamSoft. Two PN tests administered during visit; one

		Test policy sent to KSBN in response to complaint inquiry			was given by paper and pencil. New faculty not oriented to ExamSoft well enough for them to use. They were also not aware of a test policy for faculty. Paper and pencil testing does not allow for analysis and does not meet expectations of the testing policy. There was one ExamSoft exam being proctored during the visit. Student issues and computer issues caused a 70 min delay in the start of the exam. *There is no nursing faculty handbook so Testing Policy resides in the faculty lounge area. NFHB - Testing policy describes student responsibilities. No discussion of system used nor any exam analysis or exam design for faculty to use. No leveling requirements. No exam analysis discussed. How do you know if the exam is an effective evaluation tool? Testing is currently the only evaluation tool used. **Faculty verbalized consistent testing process. Exam analysis explained clearly. Policy present in FHB.** Testing process examined and discussed with DON/ADON and faculty. See opportunities below.
	Number of students per class	Interview	X		Most classes are 1:25 for PN and 1:15 for RN.

X

X

X

	Clinical rotation schedules with responsible faculty listed – (evidence of 1:10 clinical faculty/student ratio – includes observational sites)	ɔurse schedule from enrollment system	X X	? X X	Not all listed as 1:10 ratio; stu .ts are being reassigned to comply. Schedule not available **2/2026 Attached Master clinical schedule** **1:10 clinical ratios. Students indicate clinical very well organized. Schedules are received early w/ good notice if changes occur**
Curriculum includes the following:	Content in biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice	Documentation	X X		NA – no syllabi provided **2/2206 Current clinical and course syllabi are in VRR – have appropriate grading and class information**
	Art and science of nursing	Documentation	x		NA
	Didactic content and clinical experiences to meet the objectives in curriculum table that follows	Documentation	x		NA
Curriculum Table: Identify the nursing and non courses that contribute to the s learning for these outcomes: For Registered Nurse (professional) Program:	Aspects of a safe, effective care environment, including management of care, safety, and infection control	Documents	x		NA
	Health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease	Documents	x		NA
	Psychosocial Integrity, including coping, adaptation and psychosocial adaptation	Documents	x		NA
	Physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, physiological adaptation	Documents	x		NA

KSBN ADN Alignment	KSBN ADN alignment program outcomes included in curriculum, if applicable	Documents	x		Program outcomes are aligned.
Curriculum changes	List current changes not requiring board approval that have occurred since last annual report submitted	KSBN documentation	NA X		No changes submitted to KSBN in last six months. **No changes implemented. Policy changes pending**
Educational Facilities (KAR 60-2-106)					
Description of facilities and tour	Classrooms, laboratories and conference rooms adequate in size, number, and type to accomplish student learning.	Onsite	 <

			X X		**Clinical lab facility toured. Simulation lab not currently in use, but well equipped and organized. Sim consultant hired and working on PN curriculum scenarios. All didactic instruction in main building. Allows more integration into college. Faculty have private offices. DON and ADON are accessible to faculty and students. DON is part of admin suite and integrated at high level.** Consultant hired as Simulation Coordinator. She has CHSE certification and has been doing training/education for the faculty. Sims being added back to curriculum in clinical courses.
	Faculty offices are adequate in size, number, and type to provide the facility with privacy in counseling students	On-Site	X X	??	Faculty have offices that lock. Students complain that doors are always closed and faculty are not available or accessible. Faculty policies clear about number of physical hours and office hours. More doors open (per student report) and most faculty are available in offices. **Noted**
	Secure space for student records	On-Site	? X		Did not inquire about records. All faculty and DON have locked offices with locking file cabinets. Student records locked in nursing office behind locked door.
	Technological resources are of sufficient quality and quantity to meet student learning needs and there is support available to student when accessing	On-Site Interviews	?	?	eBooks for students. Not all were available for the first semester PN students. Some students bought their own books and now are being told they must pay for the eBooks required by the program. Computer labs are available in nursing building and in the main building. Not sure what tech support is for students or

			X X X	X	faculty – did not really address this question with myriad other concerns. Laptop loan program available. ATI is used for all courses. Some students did not have "adequate" instructions for using ATI. This is a big change and cost for students already in the program and using other resources for which they were originally oriented. **Laptop loaning program. Students did not report issues with books and resources.** **No complaints regarding technology or ability to access the technology. Using Lippincott online resources, ATI and ExamSoft. Orientation done with students and they state resources are basically pretty easy to use.**
	Satellite program facilities		NA		NA
	Other points of interest		X		NA **Simulation labs, skills laboratory – much improved and students very pleased with implementation of "skills boot camps"**
Library resources and tour	Library materials are of sufficient quality and quantity to meet student learning needs	On-Site	X X		not reviewed Leadership faculty saw need for textbook along with ATI resources (Fall 2025 made a complete switch to ATI abbreviated e-books). College bought some and have them in library for student use. **Spoke with librarian who reviewed resources available**

Clinical Res ces (KAR 60-2-105)

...ten 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 X X	X	No contracts were available to ... Two contracts had been provided prior to visit – contracts appear to be in compliance. Reviewed the three contracts for sites currently being used. Two current contracts reviewed and acceptable. Reviewed 4 contracts for current 26-27 year.
Clinical learning experiences and site are adequate	The number of affiliation agencies and types of patients are adequate to meeting curriculum objectives	On-site	? <

	If more than one nursing program uses the same affiliating agency, the nursing program documents availability of appropriate learning experiences for all students	On-Site	? ? X	? X	Unknown Students indicate multiple schools using same sites. We spoke w/ one clinical coordinator and she was okay with Donnelly schedule she received at beginning of semester. **No issues noted**
	Each affiliating agency used for clinical instruction shall be staffed independently of student assignments	Onsite	X X X		Two contracts reviewed appear to be in compliance. Three contracts were reviewed and were in compliance. Reviewed the current use contracts. Need to continue to get placements and be ready for further students.
	Tour selected clinical agencies to determine adequacy of facility to meet expected program and course objectives	On-Site	X X n/a		NA Two site visitors went to Providence MC **Not able to visit clinical facilities due to site issues. Addressed clinical issues with Advisory Committee. Spoke via Zoom with staff at Truman.** **Students finished clinical the week previous to the site visit. spoke with one clinical partner (Spr27) per Zoom. She is also on Advisory. She stated that she was glad**
5yjuk/ Administrative Policies & Procedures (KAR 60-2-102, 60-2-103, & 60-2-104)					
Program NCLEX pass rates	NCLEX RN Pass rates for the last 5 (full) years for first time candidates	KSBN website NCSBN reports			PN RN 2019 87% 60% 2020 77.5 77.78 Minimum Standard changed from 75 to 80% 2021 80 no data (no cohort this year per board order)

				X X X X	2022 87.1 54.55 2023 82.61 68.75 2024 72.73 77.78 – these rates being reported at March 2025 board meeting. Pulled from NCSBN web site. *ADN program on conditional approval since 2020. Rates had been steadily rising, and 2022 site visit was approved, along with PEP showing improvements. 2025 62.22 65.38 as of 9/30/25 2025 61.22 65.38 Final No official numbers for 2026. Of those who tested in 2026, **ADNs at 58%** (12) and PNs (22) at 54%. These are primarily the Dec. 2025 graduates. 2026 rates through 9/30/26: PN 57.14% / 63 1st time testers Repeat rate is 45.45%
Financial support for nursing program	Audited nursing program fiscal report for the previous two (2) years including income and expenditures	Self-Study	X	x	Not addressed Last audited report was late and had concerns. **Per support staff and administration, board is very supportive of nursing program. Lots of scholarships available.**
	Budget procedures		X		Not addressed DON is responsible for administering the nursing budget which is set with VPs, President and approved by the board.
Advisory Committee	Review Advisory Committee minutes	On-Site or VRR			NA – did not request information

				X	Advisory Committee pending reengagement. Does not exist currently. Has not met since Spring 2024. **2026** **See attached invitation letter and agenda for February 27, 2026, Advisory Nursing Committee.**
			X		**Met with members of the advisory committee, two board members and one Donnelly staff person who is advisory member but not in nursing.** **Via Zoom had two clinical staff from University Health, a PN director from Johnson County CC, and the student placement coordinator at Children's Mercy.** **Clinical nurses noted that some of the current students don't seem to be making connections, don't show critical thinking, don't know their medications for assigned patients, were on their phones, and would not do vital signs. Said that's what the aides do and "That's not why I'm here." This did not apply to all Donnelly students. Many are missing basic skills such as BP cuff placement, bedmaking, bathing patients, transfer techniques, and using assistive equipment. Seemed unprepared. Compared to 4 semesters ago, these students were not well prepared.** **They feel clinical instructors are well-prepared and do a good job. Caring and competent.** **They said that Donnelly had produced great nurses. Feel the processes are in place to return to**

			X		**that. They recommend a wing admissions.** Did not do Advisory but did set a meeting with clinical partners One of the five scheduled attended the Zoom meeting. Terri was from Olathe Med (they are part of Mo-KAN system for clinical placements) Stated they had Donnelly students in the past but not recently due to "leadership challenges". Olathe does have spots for one Donnelly PN cohort in Spring 27 on telemetry/MS unit. She felt it was a reasonable placement for the level of student coming in. Stated that it would be helpful for students to have a communication sheet to share with any nurse they would be working with on the units. Nurses work with many programs and this has been found to be a helpful practice.
Meet with the following members of the educational institution to determine adequate support for nursing program	Administration	On-Site	X		See below See below See below
	General education and required support course faculty	On-Site	n/a		NA NA n/a
	Support services	On-Site	X X X		Met with nursing advisor (new to position), HR, Admissions, IT, nursing intake coordinator (new), career services, Student wellness counselor, academic librarian, Registrar, CFO **Met with registrar, Director of FA, Director IT, Director of Admissions, Nursing Intake Coordinator, Nursing, Advisor, Controller, Director of Academic Library, Counselor, Director of Career Services.** See below list
	Students	On-Site	X		1) Met with approximately 20 1st semester (new) students

					2) Met with 15 4th semester PN students (final semester – grad in May) *see comments in Report Summary section -Met with 14 RN students, in last semester of their program. -Met with 25 3rd sem (May '26 grad class) PN students. Thirteen for day cohort and 12 evening cohort. -Met with 25 4th sem (Dec. '25 grad class) PN students – day and evening cohorts *See comments in Report Summary section **Met with 10 PN students completing the program, representing both evening and day cohorts.** Met with students by Zoom (1 in person). 5 - Day; 4 -Evening cohort. See notes below
Meet with the following members of selected affiliating clinical agencies to determine adequacy of facility to meet expected program outcomes	Chief Nursing Officer	Section not addressed – students not in clinical			NA
	Staff RN's				NA
	Preceptors				NA
	Individuals conducting observational experiences				NA
Program Evaluation	Program Evaluation Plan developed with faculty along with evidence of data (collected, aggregated, trended, and analyzed) and actions taken	Onsite Interview		X X X	Not present; director not aware of the existence of a PEP for nursing PEP requested and not received. **Basic PEP started and used appropriately. Tracking appropriately** Well outlined PEP covering all parts of the nursing program from mission to outcomes.

					No measurable goals in any of t. ections and we still need evidence of data. We did meet with the Registrar, who also does Institutional Effectiveness ,and she has started an evaluation tool that has the potential to give the nursing program much needed information. There is no data from the preceding 3 years (of any kind) to show any evidence of trending or analysis.
	Use of program evaluation data for ongoing program improvement	Onsite	X	X X X	PEP requested and not received. **Program data being used (but it is not in PEP; DON and faculty recognize need for more data and better analysis.** J Bales (Registrar) has data she is building in the college system that could really help nursing look at data by admission cohort. Currently there is no data in the PEP to show what evaluation has been done to make improvements (based on data).

On-Site Interviews: Feb. 2025

Cynthia Riley -new DON
Dean Ana Maradiaga – Dean of the College / VPAA – new position 1/6/25
Monsignor Swetland - President
Patty Dickinson – Human Resources
Tiara Arties – new (rehired after a break) - FT faculty
Michael Shalinsky – new PN Adjunct
Faith Huff – Nursing PT Admin Assistant – sat in on all discussions
Briefly met Charity Risher (intake coordinator). Did not meet Deana Vanden Hull, clinical coordinator, as she works remotely.

Onsite Interviews: 10/13-14/25

Administration:

Loran Fish - MSN, RN – Interim Director of Nursing (started March 14, 2025) – resigned, last day 11/14/25 (Email received 11/7/25)

Dean Ana Maradiaga – Dean of the College/VPAA
Mary Planz – VP Student Affairs
Zoom meeting on 10/15/25 with Monsignor Swetland and Dean Maradiaga

On-site interviews: 5/11-12/2026

Dr. Gina Taylor, Director of Nursing, beginning 1/5/2026
Laura Sampson, Assistant Director of Nursing
Monsignor Swetland - President
Ana Maradiaga – Dean of the College, VP Academics
Ron Dempsey, CFO
Dr. Mary Pflanz, VP Student Affairs

On-site interviews: 11/9-10/2026

- Dr. Gina Taylor, Director of Nursing (started 1/5/2026)
- Laura Sampson, Assistant Director of Nursing (hired Aug 2025, became Interim Director 11/11/25 until Dr. Taylor hired)
- Msgr. Stuart Swetland – President
- Ana Maradiaga – Dean of the College
- Dr. Mary Pflanz – VP Student Affairs
- Ron Dempsey – CFO
- Jennifer Bales – Registrar / Director of Institutional Effectiveness

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Nursing faculty: 10/13/25

- Tiara Arties, BSN, MPH - didactic faculty (**started Jan. 2025**)
- Laura Sampson, BSN, RN – faculty (new August 2025) – finishing MSN Fall (Nov) 2025
- Megan Kelly – DNP, APRN, PHMNP – FT faculty in 22-24; left after Fall24 semester; back to teach one nursing course (Mental Health)
- Deana Vanden Hull, MSN – Clinical Coordinator
- Nik (Nicole) Ponto – BSN, RN - Sim Coordinator – both levels (on HE) - (started Feb 2025 as PT faculty; moved to FT role summer?)
- Tyneisha Orr, DNP, FNP, CPNP (new in August 2025) – evening faculty
- Russell Robinson, DNP, RN –Adjunct didactic faculty

- Christine Nguyen, MSN, PMHNP – FT faculty (new A _. 2025)

Nursing Faculty met with 5/11-12:

- **Dr. Megan Kelly, FT Donnelly (teaches ADN pre-req classes)**
- **Tiara Arties, FT nursing dept.**
- **Nicole Ponto, FT nursing dept.**
- **Christine Nguyen, FT nursing dept.**

Nursing Faculty meeting 11/10/2026:

- Dr. Megan Kelly, FT Donnelly - teaches pre-req classes for college; Mental Health for PN program
- Christine Nguyen, FT nursing dept.
- Felicia Andrews, FT nursing dept.
- Jayla Cochran, FT Simulation Coordinator, nursing
  - Faculty discussion - they feel they have improved policies and that policies are being followed
  - Communication has been good with administration and among faculty
  - Have had opportunities to work as a team to improve testing process

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Support Services staff: 10/13/25

- Charity Risher – Nursing Academic Advisor
- Matthew Boland – Director of admissions, Oversees the nursing intake coordinator (new)
- Yolanda Juarez – Nursing Intake Coordinator. New role for her. Works with students as they wait to apply. Reports to Admissions and Nursing. New process for this position.
- Dr. Falcon – Career services, tutoring
- Diego Payan – IT / security
- Annie Payan – Student wellness counselor
- Carol Doms – academic librarian
- Robin Kimbrough – HR Director
- Jennifer Bales – Registrar, IR, accreditation
- Ron Dempsey – CFO, filling in for financial aid person

Support Services staff 5/11-12:

- **Charity Risher – Nursing Academic Advisor**

- **Matthew Boland – Director of admissions, Oversees the nursing intake coordinator (new) in concert with nursing**
- **Yolanda Juarez – Nursing Intake Coordinator.**
- **Isaac Falcon – Campus Director of Academic Support, career services**
- **Diego Payan – Director, IT / security**
- **Carol Doms – academic librarian**
- **Jennifer Bales – Registrar, IR, accreditation**
- **Nora Brown – Counselor**
- **Jesus Pelico – Controller**
- **Diamond Sauls -Director Financial Aid**
- **Heather Jackson – Financial Aid**

Support Services staff 11/9-10/2026:

- Charity Risher - Nursing Academic Advisor
- Nora Brown - Counselor / Advisor
- Yolanda Juarez - Nursing Intake Coordinator

Faculty Interviews:

Director handles clinical contracts

Simulation:

- have 3 Junos that are 4-5 years old
- Victoria cannot deliver – waiting on grant to get her repaired and delivering again
- Mid-fidelity - two Laerdals – not currently working – no contract?
- Pediatric Laerdal – not under contract
- Faculty has no formal Sim training. Would like to get certification? Not aware of INACSL(International Nursing Association for Clinical Simulation and Learning) standards and requirements to be certified
- Students do not currently evaluate Sims.
- They are in Sim for 8 hours. Have about 1 hour of actual simulation, do case study before, do clinical paperwork.

Received no orientation – fulltime and adjunct

Some teach at other programs also.

Sent random syllabi – created her own content based on PN NCLEX plan – not on Donnelly curriculum plan.

Rewrote IV certification program – unaware they need at least one actual stick. Used KSBN checklist?

ATI is only book - not wrong but pretty basic (mostly supple[illegible]al) text.

ne has a recommended text in addition to ATI but it was alre purchased by students in previous semester.
Program very disorganized – no orientation, but feel mentored by Loran
All speak highly of Loran as someone who will answer questions and supports them.

Faculty Interview:

- **3 FT faculty**
- **23 evening cohort, 10 in day cohort**
- **Have dedicated clinical faculty**
- **Ready for clinical placements in the fall and spring**
- **They appreciate the consistency in policies and the extra orientation.**

Support Staff meeting:

- **Award letter specifies what financial aid they are eligible for**
- **For PN, there are about 33 qualified now and waiting to enter the program.**
- **Exceptional counseling services**
- **Great Community Resource Guide**
- **Nursing fees all published.**
- **KC Scholars can request fees for testing**
- **Feel there is much better communication between nursing and rest of university now**
- **Better structure, consistency, systems, and processes**
- **Students need to receive transcripts within five days of request.**
- **Last new nurse orientation was Spring 2025**

5/11-12/26 – met with Advisory Board:

- **Sheri Gonzalez, Donnelly Board od Directors**
- **Davis Gordon, Executive Director of FAHC Sam Rogers.**
- **Patty Dickinson, Donnelly, Special Projects**
- **Brie Cantrell, Children's Mercy Director of Workforce Partnerships, Director of MOKAN**
- **Christine Rudacille, Director JCCC PN Program. Mentor for Laura and Gina**
- **Laura Schmidt, nurse at University Health Truman**
- **Barbara Johnson (BJ), nurse at University Health Truman.**
- **Amy Gilio, supervisor at Truman**
- **Clinical Partner at University Health, Lakewood**

11/9-10/26 Notes for 2 day visit:

- Registrar very knowledgeable and has done an outstanding job tracking data and very willing to work with and collaborate with nursing. She has identified many ways that the data could continue to be improved.
- Support staff very clear regarding their roles with the nursing population. State communication has vastly improved with the current leadership. Nora Brown a wealth of information on resources for students.
- One clinical site coordinator on Zoom meeting. Olathe Med glad to be getting Donnelly students back. They have not been there for awhile due to issues of communication, student preparation and instructor engagement. She indicated that creating communication sheets that students could share with their nurse regarding their clinical level /abilities /goals /skills would be a good tool. Shared that clinical instructors can be successful by communicating with the coordinator staff, engaging actively with students, and serving as the primary resource for their own students.

2/11/25 Student Interviews:

1) *Met with new PN students: about 20 students*
   - New students expressed several frustrations.
   - They came for orientation/class and were told there was no faculty for the class and they should come back next week.
   - They were concerned about multiple schedule changes that negatively impacted work schedules that have been set based on course schedules posted on Donnelly website when they enrolled.
   - They want better communication. They are told by faculty/staff that "it's not my responsibility" and to "read the handbook" and students are unsure where to go for assistance.
   - Books were late arriving – not available until week three. Some opted to purchase books themselves and now are being charged for eBooks that were not available on time. Still missing their Medical Terminology book in week 4.
   - Still do not have stethoscopes. They have clinical (lab) without the lecture first so unsure of what they are doing.
   - They sense faculty frustration. They are frustrated with Canvas not working. They have no advisors assigned, and several shared they were fearful and uncertain about the program. Very concerned they will be behind and how they will make up the missed content and missed labs.

2) *Met with PN students in their last semester: about 15 students*
   - Students very vocal with concerns. They describe the program as being unorganized.
   - They were told at the start of this spring semester that they must put all their immunizations, etc., into Clinical Student, which had not been used for these students previously. Some submitted documents on entry to the program and have no copies of their own. Some are paying for repeat tests/immunizations as they could not be found in their files. These are additional out of pocket costs they were not expecting. They feel emails regarding this are threatening. "We get a zero for clinical if we don't get approved before tomorrow." **"We are not being heard."**
   - Students state that program staff are dismissive of their concerns and treat them like children. They voiced, "The curriculum is all over the place" "We are not prepared nurses, not confident." Commented that clinical site in the fall was very unwelcoming, and instructor brought them back to campus for VR. Felt this was very well done with debriefing and individual assignments due but they got little direct clinical experience. State their peds rotation was just "babysitting". **Stated that the cli l instructors need to be more engaged.**

- arted IVs on each other for their IV course. Expressed concern abo ing that.
- They expressed that the faculty/staff need to be more professional in how they treat students.

10/13-14/25: Student Interviews

1) Met with 14 ADN students in their final semester

- RN students felt that they were prepared for graduation because they were already nurses. Only two of the 14 said they would choose this program again.
- 5-6 from the previous PN program
- Bumpy at the beginning.
- Now, faculty getting settled
- New are Sampson and Kuhlman
- All should be on the same page – different directors → different syllabi and policies
- Now need 80% to pass
- Syllabus not always followed. Live review mandatory,
- Still have old textbooks – have not used.
- Students just have access to ATI books – don't have very much in them.
- ATI introduced in Concepts class
- Did some clinical at Providence. ER paired with LPN. RN only charge. Some units are staffed with LPNs. Also doing clinicals at Olathe KU.
- Can give feedback on clinical sites.
- Overall clinicals are positive.
- This is now a different program – emotional rollercoaster
- Chaos – not just nursing, also college.
- Lack of communication
- Here because they are comfortable with Donnelly
- This semester better than last
- They go to Nik or Loran for clinical student - not able to contact Deanna.
- Problem with communication of timing for flu shot – ended up having to pay.
- They remediate ATI.
- Current DON communication is better than previous.

Met with 25 PN 3rd semester students, day and evening groups

- **DAYS** – It has improved since February. More stable teachers
- Get clinical schedule upfront of semester
- No clinical for Mat-Child Health – took didactic in Summer

- Did get tutoring for Pharmacology and Med-Surg
- They love Christine
- **NIGHTS –** has only 1 helpful instructor
- Clinical is "all over" not stable – horrible communication with/from the clinical coordinator.
- One faculty is belittling, brings kids to class, shares grades with all class.
- They get list of clinical/sim dates – not which one is which
- One did not pass didactic in summer – was enrolled in clinical this fall and passed. Now told she needs to repeat it with the didactic course.
- We are "getting ourselves through this program."
- M/S teacher will not tutor.
- Feel there is no Respect, no Positivity
- The sense is "I was miserable so you will be, too".
- Diamond is great.

Met with 25 PN 4th semester students day and evening groups

- Started in Fall 2024 – faculty were not experienced.
- Charged for books $300 – did not receive them. Other resources were paid for and not received.
- Only some received payback for books. Paid for both hard copy and E-books
- All billing is received late. Their job will only pay if it is received before semester starts.
- Clinical experiences good
- Faculty do care
- Meadowbrook was a great experience. The other nursing home not as great. Students only assigned to one for the whole clinical. Could they switch midway?
- Some received an incomplete because there was no clinical instructor for the summer clinical.
- Simulation is okay, but supplies and equipment not available. Everything is pretend.
- OF the 25 students, only two indicated they would return to this program and that was for familiarity with Donnelly, not the nursing program.
- Feel they don't learn enough about medications. (Sim really showed this to be an issue).
- Loran is good but cries easily.
- They have invested lots of money in this.
- **DAYS –** No additional feedback
- **Nights-** see below:
- Find out the night before if they have clinical, sometimes as late as 1 am
- Feel they get the short end of everything- just thrown in clinical
- Instructor tells them they are behind and unprepared. And compares them to a "child." She tells them they are only here because Donnelly " is easy to get in."

Have emailed the president with no response.

5/11-12 Student Interviews - Met with 10 PN students who are finishing program:

- **Having clinicals at University Health Truman Main, Truman Lakewood, mom/baby/NICU**
- **Consistent teachers**
- **Very positive clinical coordinator. Nicole has turned that clinical system around**
- **Getting prepared for NCLEX - med-surg, pharm, and leadership**
- **Skills done in clinical and also had lab days to check off. All had live IV sticks. Would like their IV certification to be accepted in Missouri (has been an issue)**
- **Previous discrepancies resolved**
- **Faculty working really hard to ensure the students are prepared.**
- **Ensuring they are professional and competent**
- **"Totally different program"**
- **New DON. All are dedicated**
- **Evening students could use more tutoring**
- **"We have all the books"**
- **One evening student felt the evening cohort did not get access to all ATI resources**
- **Students feel faculty this semester are great.**
- **All would return for RN.**

11/10/26 Student Interviews - Met with 5 day cohort and 4 evening/wknd cohort PN students in 1st semester:

- Feel communication has been good from school and nursing dept.
- Clinical experiences have been positive and staff were welcoming.
- Students believe the use of ATI and the Lippincott books are both valuable resources but they do say they wish there were less places to access all the materials.
- Have found ATI and ExamSoft to be easy to navigate
- Expressed that faculty are very supportive and that they care about how students are doing; they go the extra mile to be sure things are explained well; felt they were being challenged in the program but supported as well.
- Issues that were expressed: 1) would be helpful to have tutors for the nursing courses, 2) some expressed a desire for hard cover textbooks, and 3) would be great not to have 2 exams the same day.

Strengths:

- **Cynthia Riley**, new director, hired in January 2025. Cynthia Riley is a strength to Donnelly. She is motivated, organized and eager to make improvements. **She needs a strong mentor as she does not have program director experience. She needs support with administrative tasks and organization, and orienting faculty on lecturing, PPTs, ExamSoft, test analysis, clinical requirements and program evaluation. She needs the laboratory spaces organized immediately for student use.**
    - **3/3/25 Received notice from DON that she had resigned her position. Last day will be 3/14/25.**

- Two of the new faculty we spoke with are highly motivated and student-focused. Only one still with Donnelly
- Support from Dean is evident. However, she is very new to her position and does not have experience with nursing regulations and the nursing program.

May 2026 Strengths:

- **College wide support for nursing program. Administration is supportive of the need for change and consistency. Administrators have worked at Donnelly for several years, offering stability. Donnelly Board wants nursing to flourish and has invested in faculty and simulation.**
- **Welcoming student environment with faculty and staff working as a team. Very student-centered.**
- **Multiple supports for all students, including nursing, in the college.**
- **Robust counseling program, including organization of community resources, scholarship, MidAmerica Assistance Coalition, Holy Rosary Community Credit Union for interest free loans, Future Nurses Wellness Support Group, computer lending program. Counselors are bilingual to assist students.**
- **Nursing students now in Main Building, so much more a part of the college.**
- **Faculty very invested in program and students. All involved with curriculum and planning for the future growth.**
- **Integrating ATI into all courses.**
- **Clear, consistent, policies and communication.**
- **Using ExamSoft. Have tagged all questions according to Blooms and NCLEX Client Needs area. All exams analyzed for question quality and distractors.**
- **Consistent testing policy followed by all faculty.**
- **Advisory Committee glad to be reborn and want to be supportive of all nursing initiatives.**
- **Lab used effectively for teaching, practice, and check-off of skills. All are IV certified.**
- **Planning in progress for integration of simulation into curriculum, with simulation consultant planning Sims based on curriculum and ATI**
- **Simulation lab organized and useable, although is not yet being used. Will start with any new admissions.**
- **Nicole "turned clinical system around." Have great clinical experiences.**
- **Dr. Gina Taylor well respected in the college, by faculty, and students for consistency, leadership, organization.**
- **Laura Sampson is assistant DON. Managing all orientations and professional development.**
- **Professional Development available and encouraged for all faculty. All faculty attend Nurse Tim New Nursing Faculty Orientation.**

Students report faculty and administration very supportive. Feel this is a totally different program fr... when they started in January 2025. They have all needed books and supplies. Say program stresses competency and professionalism. Feel prepared for practice and NCLEX.

- **Say would return here for ADN should it be offered again.**
- **Nurses at University Health Lakewood "love Donnelly students."**

Concerns:

- See attached timeline at end of report. Added information on timeline.
- Discussions with college Administration in December and January emphasized KSBN concern about numerous faculty changes and the lack of a qualified program administrator at end of semester. Reminded that the school could not move forward with student admission or nursing program without an administrator. Suggested that program consider not admitting for spring and work to maintain the 84 returning students.
- Admitting 62 new students along with 84 returning students when a new director with no previous experience as a program director was hired less than 2 weeks before class start date and no returning FT faculty, was a disservice to students, faculty and new director.
    - Loran is new to her position since March 2025. No prior formal educational experience. Not using mentors or consultants. Still not familiar with policies that are concerning for program and students.
    - Received E-mail 11/7/25 that Loran has resigned her position and her last day is 11/14/25 (semester ends 12/5/25) – planning to place new faculty Laura Sampson as Interim Director. Laura

- The tremendous faculty turnover since August 2024 has created confusion. Longtime director left in August 2024; FT faculty, Russell Robinson assumed interim role but resigned the Interim role in December; did return Spring 2025 in Adjunct status.
- FT faculty from the Fall semester are gone – one went to adjunct status. Three Adjuncts and three PT faculty are returning from last semester but some have never had an FQR submitted. One faculty was moved from Adjunct to FT but does not meet requirements to teach ADN level and still have concerns with this faculty regarding an unresolved clinical issue from Fall 2024.
    - Still a concern. Fall 25 has four new FT faculty again. Only 1 FT person remaining from spring 25. Several adjuncts left and new ones continued to be hired.

- **Students voiced many concerns:**
    1. Communication with students must be improved. CONTINUES to be a concern
    2. They need to see respect modeled and not be dismissed when they have concerns. CONTINUES to be a concern
    3. Asked to do Clinical Student without good understanding (this was the senior PN students). This only affects students who do clinical in MO-KAN facilities. Timing and MO-KAN requirements continue to be an issue and clinical coordinator availability affect this as well

        2/2026 all students enrolled in clinical courses have updated clinical student accounts. Communication is greatly improved.

    4. "Will we be behind?" Students are very concerned that all the changes and chaos have put them behind and that they aren't learning what they need to in order to be successful with NCLEX. Feel unprepared when comparing to peers at other institutions. CONTINUES to be a concern

Updated concern from RN student 3/4/25 – 6 weeks in to Med-Surg III class and some groups have still not been to clinical – concern there is not enough time to meet clinical hours requirements without major changes to the current schedule.

Clinical well organized and receive schedule early

5. Some bought their own books as the school-ordered ones were not available when classes started. Now they are being told they still have to pay for the school provided ones?? CONTINUES to be a concern

   02/24/2026 - Donnelly College provided all students with both ATI workbooks and hardcopies of all current semester textbooks at no additional cost.

6. Deana (Clinical Coordinator) works remotely, and it makes it hard for students to reach her and discuss concerns. Some stated they were told/warned not to keep emailing when they were having all the issues with Clinical Student. CONTINUES to be a huge concern. Find her difficult to contact and late with clinical assignments.

   02/24/2026 - A new Interim Clinical Coordinator, Nicole Ponto, has been named for the rest of this current academic year. Ms. Ponto is a full-time, on-site employee. She has been communicating with students in a timely fashion; they received their clinical placements before the semester started.

- Students commented on learning NANDA. The NCLEX does not test specific nursing diagnoses as they are not a universal nursing language. The concept of nursing evaluation and plan is important, not the nursing diagnosis. (This is not a student complaint – rather a visiting educator observation.)
- The students take the SIMCLEX for NCLEX preparation. They do not have the opportunity to remediate. **Taking questions without remediation is not a valuable learning opportunity.** If the program does not permit student review and remediation, the instructor should be able to review the student needs and then offer remediation. The instructor who proctors the SIMCLEX does not have administrator privileges to see where the students are lacking. There are other available programs that offer robust remediation opportunities if SIMCLEX does not. NOW USING ATI for NCLEX Prep

2/24/26 Remediation is available to all students that graduated in 2025 and current students through their concept instructor. Clinical site felt students were not as well prepared as they should have been for where they were in the program, maybe 3-4 months ago. This issue is much more positive even since beginning of this semester.

Opportunities:

- The turnover in faculty provides a perfect opportunity for resetting the culture. Strong leadership is required in order to prepare students and meet the requirements of KSBN. CONTINUES TO BE AN OPPORTUNITY

2/26/2026 – Dr. Gina Taylor was hired 1/5/20

Appears to be resolved

- **Strongly recommend an experienced Mentor for the new DON (ADON).** Many years of nursing and leadership experience but has not been a director before. CONTINUE WITH THIS RECOMMENDATION Laura
  2/26/2026 – Laura Sampson is working with a mentor, Christine Rudacille (PN director at JCCC) and the new DON. Using
- Orientation is essential for new faculty and is necessary; ongoing support is also important. Many of the new faculty hires have no experience in education. They need support, mentoring and opportunities/resources for teaching and learning. CONTINUES TO BE A CONCERN Laura
  2/26/2026 – See revised faculty orientation
- Advising had previously been done by a FT faculty member who is no longer with Donnelly. Students are uncertain who they need to talk to about academic concerns. Nursing Advisor is not a nurse and has been making decisions about enrolling students in classes when they have failed a previous class or have an appeal that is not resolved. This is not following policy.
  - Per Dean Maradiaga, Nursing Advisor checks in with DON before enrolling students, decision is on the DON, not the advisor. Advisor meets monthly with DON and VP of Student Affairs to address any student concerns, including any issues with enrollment and progress.
  - Response – students still being enrolled that are not per progression policies.
  - **2/26/2026 – see revised progression policies**
  - **2/26/2026 – See nursing advisor flowchart**
- Classes started mid-week. Schedule has already been reduced from a 16-week to a 15-week schedule which is really 14.5 weeks. Need a plan for how missed classes and clinicals are going to be made up for the nursing students.
  - **2/26/2026 – The academic calendar has been revised back to a 16-week schedule starting in the Fall 2026.**
- Student complaints/grievances need to be addressed appropriately. CONTINUES TO BE A CONCERN
  - **See attached Student concern KSBN Complaint Log Response and Resolution**
- Create an atmosphere of open communication and respect with students. This is better from most faculty but some staff and faculty continue to be a major concern.
- Opportunity – Donnelly and nursing grade appeal progress is not the same. (see below)
- No grievance policy found in Donnelly catalog or Nursing Policies.
  - Per Dean, https://www.donnelly.edu/students/index
    In the Students Info Hub page, Under College Policies, found as "Student Complaints"
  - Not in nursing handbook.
  - **2/26/2026 Look at Nursing handbook pg. 25**

Opportunities 5/11-12/2026:

- Check all documents for accreditation, KSBN is an **approval** not an accreditation (handbooks, websites, etc)
- Consider ACEN accreditation, will help support and strengthen program by aligning with national standards in nursing education.
- Increase involvement in nursing education and mentoring in Kansas.

- Provide expected fees in the student handbook and catalog, especially for last semester costs so students can be prepared.
- Evening students would appreciate more tutoring opportunities.
- Consider adding an Exit Survey to provide general feedback from students, as they complete the program.
- Students would like more access to EHR in clinical, when appropriate.
- Continue to hire and retain competent faculty with proper education and clinical experience for growth and stability of program.

Continued Concerns for program: 11/9-10/2026

- Testing Process / Test Analysis
  - Leveling of test questions needs to be completed and inserted into faculty test policy. (one exam was 60% recall / knowledge which is lowest level)
  - With Day and Evening cohorts, need to make sure they are following the same syllabus and being given the same tests. Data is currently tracked separately resulting in two sets of statistics and scores. Needs to be looked at in aggregate. ExamSoft has been providing the analysis. May need to contact them for how to get the data aggregated for the two cohorts. Needs to be done for Foundations and Care of Aging which are the current nursing classes. Identify a method going forward that can set up the day and evening exams to produce a combined result.
  - Address negative PBS values in the test item analysis. Need to download and utilize the stats for the item foils and key in the analysis

- Day/Evening cohorts – need to make sure they are set up the same in terms of requirements – assignments, grading, testing for fairness and data tracking. Care of Aging is taught by two different faculty (by cohort) and there are some class variances.

- Program Evaluation Plan (PEP) – continued concerns that PEP does not contain measurable benchmarks for measuring program graduate outcomes (K.A.R. 60-2-102, 104). Without measurable benchmarks there can be no meaningful analysis of the program in meeting the outcomes stated. This is a priority!

- Admission /Retention (attrition) / Graduation data BY COHORT should be benchmarked and tracked as part of the PEP. KSBN currently has no way to look at cohorts to see if there has been improvement from previous cohorts. There will be no overall program outcome data to give KSBN information for decisions until December 2027.

- Data per KSBN reviewer: based on data we were ...le to gather during the visit. There were no Admission cohorts for Fall 2025 and Spring 2026.

Spring 2024				Fall 2024				Spring 2025			
	Day	Eve	Total		Day	Eve	Total		Day	Eve	Total
Admissions	19	15	**34**	**Admis**	25	23	**48**	**Admis**	17	23	**40**
Grad Rt	24 (70.6%)	10 (66.7%)	**24 (70.6%)**	**Grad Rt**	17 (68%)	16 (69.6%)	**33 (68.8%)**	**Grad Rt**	10 (58.8%	16 (69.9%)	**26 (65%)**
Attrit Rate	26%	33.33%	**29.4%**	**Attrit Rate**	47%	30.4%	**31.3%**	**Attrit Rate**	(41.2%)	(30.4)	**35%**

- NCLEX pass rates continue below 80% passing requirement for 1st time test takers:

PN First Time Pass Rates = % Passing/Number Taking; R=Second Time Writer Pass %				
NCSBN	2024	2025	2026 YTD	
	72.73%/ 55 (R =57.14%)	61.22%/49 (R=53.57%)	57.14%/63 (R=45.45)	

Opportunities 11/9-10/2026:

- Development of higher level test questions (better prepare students)
- Integrate statistical data from the test keys and foils into overall exam analysis
- Increasing the number of NextGen style questions on the exams with appropriate leveling
- Look at the amount of content per exam. May need to add another exam?
- Consider providing Test Taking Skills by level for the students
- Add the breakout of Clinical/Simulation /Observation/ Precepted hours to the syllabus – this is part of the evaluation of students and they need to know how they will be evaluated for the class. (K.A.R. 60-2-104, 105)
- For didactic classes, in the breakout of grade points /weighting, the makeup of the quizzes and assignments should be spelled out in terms of point /weights.
- Integration of simulation into all clinical courses - could also be incorporated into didactic learning for more active participation

Recommendations:

1. Faculty job descriptions are not all in compliance with regulations (K.A.R. 60-1-104 and 60-2-103). Need to review faculty and nursing administrator job descriptions and bring into compliance with regulation. Submit updated job descriptions by June 30, 2025.

   2/28/25 Updated job descriptions received – have appropriate qualification language but could use other clarifications.

   School is in compliance for qualifications of faculty EXCEPT Sim Lab Coordinator position – states BSN needed and this position works with PN and RN students; also consider customizing requirements and responsibilities for FT, PT, and adjunct (they all say the same thing right now). Submit updated job description for Sim Lab Coordinator by start of Spring 2026 semester.

   Not using Sim this semester. Have a simulation coordinator who is designing Sim curriculum to meet ATI and Lippincott and program curriculum. Job descriptions in compliance

2. Review student policies for presence and appropriateness and ensure all required ones are available and congruent between website and all school documents.
   a. Admission guidelines are on the website, some in college catalog and some in nursing student handbook. Parts are outdated (admission testing?) and not always congruent.
      i. **2/26/2026 – We are currently working with the Admissions Department and faculty to revise and update all admissions guidelines. We are in process of putting the application online and updating the English/math/TEAS requirements.**
   b. Student representation on faculty governance – policy is in handbook but two groups we spoke to were not aware that they had representatives or that they had that opportunity.
      i. **2/26/2026 – See attached for Student Nurse Assoc. invite.**

      ****Students reported process for input into governance.**

   c. Refund policies – not clear. Only thing we could find was regarding military activation of a student.
      2/28/25 Received update information about where Refund policy resides.
      Found in catalog

   - Need specific progression policy – what qualifies as readmission? Update and clarify policies and submit to KSBN by 1/15/26.
     - **2/26/2026 – See draft progression policy here.**

3. School catalog does NOT state conditional approval for the ADN program. All printed and website material should reflect the appropriate approval. Review website and all school documents and be clear on approval status. **This is updated.**

   ****Conditional approval and no admit status clearly evident on website and catalog.**

4. Need updated organizational charts for institution and the nursing program. Students need to be clear on the hierarchy for complaints and appeals. Submit updated charts to KSBN Education Compliance Officer by April 30, 2025.

   2/28/25 Received an updated org chart – not sure where this is available?

   Nursing's is not accurate. Need to update and send copy to KSBN by start of Spring 2026 semester.

   2/26/2026 – See Org. Chart Noted 5.11.26

5. Need a faculty handbook for nursing program (Nursing faculty handbook was reviewed and approved at the 2022 site visit to the ADN program.)
   a. Orientation plan/checklist **Exists but is not followed**
   b. Organizational by-laws for nursing Exist
   c. Unclear on faculty selection process for nursing.

      2/28/25 Received notice of where to find selection process for all faculty at Donnelly. If interviewing nursing faculty there should always be a nursing representative present when hiring.

   ****Faculty handbook in VRR. Policies consistent.**

6. Need a plan for faculty orientation and mentoring for new faculty for FT, PT and Adjunct. Plan needs to include orientation to curriculum, curriculum resources, teaching and learning resources, faculty policies, clinical orientation, student evaluation, and faculty responsibility for program evaluation. **Still not available and what is available is not being followed.**
   a. 2/26/2026 – Faculty Orientation Checklist & on-going orientation & professional development
   b. 2/26/2026 –All didactic faculty with less than 3 years of experience have been set up with a mentor through our collaboration with JCCC.

   ****Faculty report orientation and mentoring**

7. No evidence of a nursing program evaluation plan. Need to find/develop a plan for program evaluation that includes student learning outcomes. Submit plan by 9/30/2025. Received evaluation documents for the PN and ADN programs but these are not systematic plans for evaluation. Also do not include how end of program learning outcomes will be measured. **Not available**

   ****PEP available and beginning anew.**

8. Faculty files need to be maintained with KSBN required documentation. Files need current licensure verification, orientation verification, education verification (original transcripts), and current FQR approval from KSBN. **Submit plan for keeping updated faculty files to KSBN by 6/30/25. Faculty files missing some documents and a process never submitted. Submit plan / process for keeping faculty files current by 3/31/26.**

a. **2/26/2026 – See revised faculty file requirements. In compliance Reviewed 5.12.26.**

9. Current lab and simulation rooms are unusable at present. Students are supposed to be in lab now for both levels. Student 24-25 handbook states that certain lab demonstrations must be completed prior to going to clinical sites. Labs need attention immediately or alternate facilities need to be obtained. **Simulation process needs much work. See above in grid. Not currently clinical replacement quality. Recommend to limit/cease doing simulation for clinical replacement with scenarios, content, and methodology approved by mentor and experienced simulation faculty.**

   a. **2/26/2026 –** Hired a simulation consultant – see resume and job description.

   Simulation and lab areas organized. Lab used for skills. No simulation used this semester. Planning for start in the fall with the PN curriculum. Appears to be resolved. Didactic in main college building; labs and sim continue in Marian Hall.

10. Clinical schedules/syllabi need to clearly reflect direct clinical experience hours, simulation hours, observation hours and preceptor hours as part of the total clock and credit hours for each course. Must have clear policy on how clinical will be made up if hours are missed and if students are allowed any missed hours before make-up time is required. Need to set expectations for students at beginning of semester. Submit clinical schedules for each clinical group in each clinical course for Spring 2025 for RN and PN students. Needs to clearly reflect above information. Submit by 4/15/25. **Still an issue.**

    2/26/2026 – see attached Clinical schedules / syllabus

11. NCLEX first-time pass rates have been below standard for RN program for last 3 years and PN program is below standard for 2024. Submit program analysis along with a pass-rate improvement plan for both programs by 6/30/25. Include plan for faculty stabilization in the analysis and plan.
    This has not been resolved. We did receive the "Five Pillar plan" for improvement and many of the actions have been taken but little has stabilized and 8/12 recommendations from March 2025 are not resolved. First time pass rates have continued to drop and as of 11/12/25, **RN first time pass rate is 65.38% with repeat rate of 72% and PN first time pass rate is 60.87% with a repeat rate of 54%.**

    ***5/12/26 This still remains an issue. Small cohorts make it a continued issue. Have implemented ATI this semester, and it will be incorporated into all courses going forward. predictors in place, not as a completion requirement.**

12. **Due to the many deficiencies and instability issues, recommend both programs be put on conditional approval and that both programs cease admissions and focus on currently admitted students until program is stable for at least 6 months, with a site visit to be done before resuming admissions. Continue to see issues of incongruer**

communication issues, student complaints and faculty turnover. Also now seeing issues with clinical and simulation.

**Climate of faculty and students much different than previous two visits. All are happy with the structure and processes. Students indicate they would return for ADN if possible.

13. Recommend continued Conditional Approval for both programs with no admissions until above issues are resolved and board has approved to continue.

RECOMMENDATIONS 5/11-12/2026

Based on substantial improvements in climate, communication, and information from faculty and students, recommend:

- Continued conditional approval,
- Fall admission of no more than 30 PN students (can still do day and evening cohorts),
- Follow up visit during fall 2026 semester to verify continuation of improvements.
- Donnelly will provide focused update reports at each KSBN Education Committee meeting beginning September 2026 until board gives permission to stop.

RECOMMENDATIONS 11/9-10/2026

1. Continue update reports to the board
2. Continue refinement of PEP and submit and update with measurable goals for graduate outcomes and data for last 3 years with beginning analysis. Submit update to Education Dept. by 6/1/27.
3. Recommend allowance of a Spring cohort of no more than 30 students total for day and evening cohorts.

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: 10/20/2026

Name of Program: Emporia State University Nursing

Program Administrator including credentials: Katelyn Haddock, DNP, MSN, MBA, RN

Parent Institution: Emporia State University

Address of Institution: 1 Kellogg Circle
Emporia, KS 66801

Level of the Program for which the change Is being requested: BSN

Briefly describe the Change being requested: Credit-hour changes for NU486 and NU 454

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.

Major Curriculum Change Request
Credit-hour changes for NU486 and NU454

ESU Nursing proposes a curricular change to reduce NU486: Public, Population, and Global Health Nursing from four credit hours to three. NU454: Facing the Challenge of the NCLEX-RN will increase from one credit hour to two credit hours. This change reallocates one credit within the existing curriculum at the same program level. This does not change the total number of credit hours required to complete the BSN program.

The reduction in credit hours in NU486 reflects intentional curricular progression and integration of population-focused concepts throughout the BSN curriculum. Earlier nursing courses introduce and reinforce concepts related to population health, health promotion, prevention, social determinants of health, and care across diverse aggregates. As a result, students in NU486 have a foundation in these content areas and therefore require less introductory instruction and reinforcement in NU486. The course can emphasize application and mastery-level learning related to public, population, and global health nursing. The course faculty believe that the course student learning outcomes and essential content can be effectively achieved within a three-credit hour structure.

Adding one credit hour to NU454 will more accurately reflect the course's student learning outcomes. The program provides students with an intensive live NCLEX-RN review to prepare for the licensure examination upon graduation. Increasing NU454 by one credit hour will allow the contact hours associated with the live review and individual remediation efforts to be formally added as a course requirement.

The Curriculum Affairs Committee presented this curriculum change request to faculty at the August 31, 2026, faculty meeting, and faculty approved it unanimously. Implementation would begin in Fall 2027 and continue onward.

Current Curriculum		Proposed Curriculum Change	
NU 486 Public, Population, and Global Health Nursing	4 credit hours	NU 486 Public, Population, and Global Health Nursing	3 credit hours
NU 454 Facing the Challenges of the NCLEX-RN	1 credit hour	NU 454 Facing the Challenges of the NCLEX-RN	2 credit hours

Course Descriptions

NU 486: Public, Population, and Global Health Nursing
Concepts essential to public health nursing are discussed in this theory course. Content specific to meeting the health related needs of groups and the concept of community as client is emphasized.

NU 454: Facing the Challenge of the NCLEX-RN
Content of this course will focus on preparation strategies specific to the national licensure examination for registered nurses (NCLEX-RN). Students will learn strategies to

further develop test taking skills and gain additional experience with computer adapted testing. Students will be instructed in methods to assess and analyze individual strengths and limitations regarding overall nursing knowledge and to develop a study plan based on the outcomes of the assessment and analysis.

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: 10/26/2026

Name of Program: Manhattan Area Technical College Associate Degree Program

Program Administrator including credentials: Easlyn Koch, MSN, RNC-OB, RNC-MNN, C-EFM

Parent Institution: Manhattan Area Technical College

Address of Institution: 3136 Dickens Avenue
Manhattan, Kansas 66503

Level of the Program for which the change Is being requested: Associate Degree

Briefly describe the Change being requested: Increase Fall Cohort from 24 students to 30 students

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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

MANHATTAN TECH

October 26, 2026

Kansas State Board of Nursing (KSBN)
900 SW Jackson St #1051
Topeka, KS 66612

Dear KSBN Board and Education Committee Members,

Manhattan Area Technical College (MATC) respectfully requests approval to increase its fall Associate Degree Nursing (ADN) cohort admission capacity from 24 to 30 students.

Historically, the fall ADN cohort has received a strong pool of qualified applicants, while spring enrollment has been more difficult to fill consistently. Fluctuations in applicant numbers and historical faculty shortages have limited the program's ability to operate two full cohorts annually. Increasing fall capacity will allow MATC to respond to applicant demand, expand access to nursing education, and provide additional qualified applicants the opportunity to pursue their education without delaying enrollment.

Faculty Resources

The ADN program currently employs three full-time nursing faculty members. The program has evaluated instructional capacity and anticipates accommodating the additional six students within the existing faculty structure for the proposed fall cohort through appropriate planning of classroom instruction, laboratory activities, and clinical supervision. MATC administration recognizes that consistently operating two full cohorts may necessitate an additional full-time faculty member. Faculty workload, enrollment, clinical supervision requirements, and instructional needs will continue to be evaluated to ensure appropriate staffing as enrollment plans develop. Faculty letters of support are provided in **Appendix B**.

Classroom, Laboratory, and Simulation Resources

MATC has verified that the designated classroom can comfortably accommodate 30 students. Existing nursing laboratory space remains adequate for the proposed increase, and additional simulation resources have been obtained to support skills practice, clinical judgment development, and competency demonstration. With appropriate scheduling and organization, current facilities and supplement simulation resources are expected to support the increased cohort size.

Clinical Learning Resources

The ADN program has developed sample clinical schedules demonstrating how 30 students can be accommodated within the clinical rotation structure while maintaining the required 1:10 faculty-to-student ratio. These schedules are in **Appendix A**. Clinical partners have also provided letters of support for the

proposed enrollment increase, which follow the sample clinical schedules in **Appendix A**. MATC will continue coordinating with clinical agencies to ensure adequate placement capacity, meaningful learning experiences, and compliance with clinical instruction and supervision requirements.

Student Support Services

MATC provides academic mentoring, tutoring, instructional resources, and other institutional services to promote student success. A letter from the Director of the Teaching and Learning Center confirming support for student learning is provided in **Appendix C**.

Ongoing Program Evaluation

The proposed increased represents a planned expansion of six students within the fall ADN cohort. MATC has evaluated classroom capacity, laboratory and simulation resources, faculty availability, clinical scheduling, and student support services in preparation for this request. The college will continue to assess staffing, clinical placement availability, and institutional resources as enrollment needs evolve, particularly as the program works toward consistently operating both fall and spring cohorts.

MATC respectfully requests approval to increase fall AND cohort admission capacity from 24 to 30 students. This expansion will allow the program to better meet applicant demand while remaining committed to educational quality, student success, appropriate clinical supervision, and compliance with the Kansas State Board of Nursing requirements.

Thank you for your consideration.

Sincerely,

Easlyn Koch, RN

Easlyn Koch, MSN, RNC-OB, RNC-MNN, C-EFM, CNE
Director of Nursing Education
(785) 320-4507
easlynkoch@manhattantech.edu

Appendi

NUR 221 Clinica edule
SAMPLE CLINICAL SCHEDULE

Instructors reserve the right to make changes to this schedule when needed.

	Week #1				Week #3		Week #4		Week #5		Week #6		Week #7		Week #8		Week #9	
	10/1/26	10/2/26	10/8/26	10/9/26	10/15/26	10/16/26	10/22/26	10/23/26	10/29/26	10/30/26	11/5/26	11/6/26	11/12/26	11/13/26	11/19/26	11/20/26	12/3/26	12/4/26
Group A																		
Student 1	PMH				8	8	GSHH	7	8	7	8	7	8	7	8	7	8	7
Student 2	PMH						8	GSHH										
Student 3		PMH							GSHH									
Student 4		PMH								GSHH								
Student 5			PMH							GSHH								
Student 6			PMH	7					GSHH									
Student 7				PMH				GSHH										
Student 8	8	7	8	PMH			GSHH											
Group B																		
Student 9							PMH				GSHH							
Student 10							PMH					GSHH						
Student 11								PMH					GSHH					
Student 12								PMH						GSHH				
Student 13									PMH					GSHH				
Student 14									PMH				GSHH					
Student 15										PMH		GSHH						
Student 16										PMH	GSHH							
Group C																		
Student 17											PMH				GSHH			
Student 18											PMH					GSHH		
Student 19												PMH					GSHH	
Student 20												PMH						GSHH
Student 21													PMH					GSHH
Student 22													PMH				GSHH	
Student 23														PMH		GSHH		
Group D																		
Student 24	GSHH														PMH			
Student 25		GSHH													PMH			
Student 26			GSHH													PMH		
Student 27				GSHH												PMH		
Student 28				GSHH													PMH	
Student 29			GSHH														PMH	
Student 30		GSHH																PMH

AVCH OB	Mrs. Woodward
AVCH Surgical	Mrs. Miller/Ms. Rankin
AVCH Medical	Mrs. Symons
Manhattan Surgical Hospital	Mrs. Nicholson
Stormont Vail Flint Hills	Mrs. Brown
Sim Day	See syllabus for details

Observation Sites	
GSHH	Good Shepherd Homecare & Hospice
PMH	Pawnee Mental Health

Clinical Days & Time	
Thursdays	0630-1430
Fridays	0630-1230

Off-site Clinical Hours	120
Clinical Simulation Hours	16
Total Clinical Hours	136

	Thurs/Thurs	Fri/Fri	
Observation Hours	16 or 11.9%	14 or 10.4%	of total course clinical hours
Preceptor Hours	0	0	
Simulation Hours	16 or 11.9%		of total course clinical hours

NUR 221 Clinical Schedule

SAMPLE CLINICAL SCHEDULE

Instructors reserve the right to make changes to this schedule when needed.



	Week #1		Week #2		Week #3		Week #4		Week #5		Week #6		Week #7		Week #8		Week #9		Week #10		Week #11		Week #12		Week #13		Week #14	
	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri	Thurs	Fri
Group A																												
Student 1	7	6	7	6	7	6	8	8	7	6	7	6	7	6	7	6	7	6	7	6	8	8	7	6	7	6	7	6
Student 2																							PAIN	ER	CM	OR/PACU	DIALYSIS	CATH
Student 3																							ICU	HOSPICE	ER	CM	OR/PACU	DIALYSIS
Student 4																							HOSPICE	ICU	PAIN	ER	CM	OR/PACU
Student 5																							CATH	DIALYSIS	ICU	HOSPICE	ER	CM
Student 6																							DIALYSIS	CATH	HOSPICE	ICU	PAIN	ER
Student 7																							OR/PACU	DIALYSIS	CATH	HOSPICE	ICU	HOSPICE
Student 8																							CM	OR/PACU	DIALYSIS	CATH	HOSPICE	ICU
Group B																												
Student 9	ER	CM	OR/PACU	DIALYSIS	CATH	HOSPICE																						
Student 10	PAIN	ER	CM	OR/PACU	DIALYSIS	CATH																						
Student 11	ICU	HOSPICE	ER	CM	OR/PACU	DIALYSIS																						
Student 12	HOSPICE	ICU	PAIN	ER	CM	OR/PACU																						
Student 13	CATH	HOSPICE	ICU	HOSPICE	ER	CM																						
Student 14	DIALYSIS	CATH	HOSPICE	ICU	PAIN	ER																						
Student 15	OR/PACU	DIALYSIS	CATH	HOSPICE	ICU	HOSPICE																						
Student 16	CM	OR/PACU	DIALYSIS	CATH	HOSPICE	ICU																						
Group C																												
Student 17									ER	CM	OR/PACU	DIALYSIS	CATH	HOSPICE														
Student 18									PAIN	ER	CM	OR/PACU	DIALYSIS	CATH														
Student 19									ICU	HOSPICE	ER	CM	OR/PACU	DIALYSIS														
Student 20									HOSPICE	ICU	PAIN	ER	CM	OR/PACU														
Student 21									CATH	HOSPICE	ICU	HOSPICE	ER	CM														
Student 22									DIALYSIS	CATH	HOSPICE	ICU	PAIN	ER														
Student 23									OR/PACU	DIALYSIS	CATH	HOSPICE	ICU	HOSPICE														
Group D																												
Student 24															ER	CM	OR/PACU	DIALYSIS	CATH	HOSPICE								
Student 25															PAIN	ER	CM	OR/PACU	DIALYSIS	CATH								
Student 26															ICU	HOSPICE	ER	CM	OR/PACU	DIALYSIS								
Student 27															DIALYSIS	ICU	PAIN	ER	CM	OR/PACU								
Student 28															CATH	HOSPICE	ICU	HOSPICE	ER	CM								
Student 29															DIALYSIS	CATH	HOSPICE	ICU	PAIN	ER								
Student 30															OR/PACU	DIALYSIS	CATH	HOSPICE	ICU	HOSPICE								

AVCH OB	Mrs. Woodward
AVCH Surgical	Mrs. Miller/Ms. Rankin
AVCH Medical	Mrs. Symons
Manhattan Surgical Hospital	Mrs. Nicholson
Stormont Vail Flint Hills	Mrs. Brown
Sim Day 0800-1600	See syllabus for details

Off-site Clinical Hours	156
Clinical Simulation Hours	32
Total Clinical Hours	188

	Thurs/Thurs	Fri/Fri	
Observation Hours	16 or 11.9%	14 or 10.4%	of total course clinical hours
Preceptor Hours	0	0	
Simulation Hours	16 or 11.9%		of total course clinical hours

Speciality Clinical Rotation Sites	
ER	AVCH Emergency Department
ICU	AVCH Intensive Care Unit
PAIN	AVCH Pain Clinic
HOSPICE	Accord Hospice
CATH	AVCH Cath Lab
DIALYSIS	Davita Dialysis
OR/PACU	AVCH OR/PACU
CM	AVCH Case Management

Dates/Times	
Thursdays	0630-1400
Fridays	0630-1300

Stormont Vail Health

Stormont Vail Health
Clinical Education
1500 SW 10th Avenue
Topeka, KS 66604

October 21, 2026

Re: Manhattan Area Technical College Major Curriculum Change for ADN Program

To Whom It May Concern:

Stormont Vail HealthCare, Inc. is aware of the planned increase in the ADN fall cohort to 30 students. Based on our current assessment, we do not anticipate a significant impact on our facility, patients, or staff because of the increase.

Currently, we do not have additional concerns or recommendations regarding the increased cohort size. We will continue to coordinate student placements in accordance with the organizational capacity, applicable affiliation agreement, and clinical requirements.

Sincerely,

Amy Kincade, MBA, BSN, RN
Senior Vice President & Chief Nursing Officer

Salena Gillam, MBA, BSN, RN, NE-BC
Vice President, Safety & Nursing Practice

Accord
HOSPICE & PALLIATIVE CARE

3246 Kimball Ave
Manhattan, KS 66503
(785) 376-0346

Dear Manhattan Area Technical College (MATC) Representatives,

On behalf of Accord Hospice, we are writing to confirm our awareness of MATC's planned increase in the Associate Degree in Nursing (ADN) fall cohort to 30 students.

We support this increase and do not anticipate any significant negative impact on our facility, patients/clients, or staff as a result. We believe that expanding the ADN cohort is a positive step toward addressing the ongoing need for qualified nursing professionals within our healthcare community.

Increasing the number of nursing students will help strengthen the future nursing workforce and support the staffing needs of healthcare facilities throughout our medical community. By preparing more nursing graduates to enter the profession, MATC will play an important role in helping address workforce shortages and ensuring continued access to quality patient care.

At this time, we have no significant concerns or additional recommendations regarding the proposed increase. We appreciate MATC's commitment to nursing education and workforce development and are supportive of efforts to increase the number of qualified nursing graduates.

Sincerely,

Cindy Sias, BSN RN
Executive Director
Accord Hospice
(785) 390-7639;
csias@accordks.com

Manhattan Surgical HOSPITAL

October 19, 2026

To Whom It May Concern,

Thank you for providing information regarding the increase in the Manhattan Area Technical College Associate Degree Nursing (ADN) Program fall admission cohort from 24 to 30 students. Manhattan Surgical Hospital is aware of the increase and has reviewed the sample clinical schedules provided.

We value our longstanding partnership with Manhattan Area Technical College and appreciate the opportunity to support the education and development of future nurses. Based on our review of the clinical schedules, we do not anticipate a significant negative impact on patient care, facility operations, or staff at this time.

As with any increase in student placements, clinical capacity, available preceptors, patient census, and competing educational demands will require ongoing monitoring and collaboration to ensure high-quality learning experiences while maintaining our standards of patient care and operational efficiency. Continued communication regarding scheduling and clinical placement needs will be important as cohorts grow and healthcare environments evolve.

At this time, Manhattan Surgical Hospital supports the increase and looks forward to continuing our partnership with Manhattan Area Technical College in preparing the next generation of nurses.

Please let us know if additional information is needed to support the Kansas State Board of Nursing approval process.

Sincerely,

Lindsey Kannady RN

Lindsey Kannady, BSN, RN
Director of Nursing
Manhattan Surgical Hospital

Ascension Via Christi Hospital Manhattan

1823 College Avenue, Manhattan, KS 66502

October 29, 2026

Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson Street, Suite 1051
Topeka, KS 66612

SUBJECT: Letter of Clinical Site Support – Manhattan Area Technical College ADN Cohort Increase Request

To the Education Committee and Members of the Kansas State Board of Nursing,

On behalf of Ascension Via Christi Hospital Manhattan, I am writing to express our full knowledge, approval, and support regarding the major curriculum change and proposed cohort increase requested by Manhattan Area Technical College (MATC) for their Associate Degree Nursing (ADN) program.

Our facility is aware that MATC is proposing an increase in their fall admission cohort from 24 to 30 students. As an active clinical learning partner, our clinical professional development and departmental leadership teams have reviewed the proposed curriculum adjustments and distributed clinical schedules.

We have evaluated our facility's clinical capacity and anticipate no significant negative impact on our overall operations, patient care quality, or nursing staff as a result of this cohort expansion. Ascension Via Christi Hospital Manhattan remains fully prepared and committed to accommodating these additional nursing students within our clinical units, providing them with safe, high-quality, and valuable practical learning experiences.

MATC continues to be an essential partner in developing a skilled nursing workforce for our region. We strongly endorse their request to expand the cohort capacity

Please feel free to contact me if you require any further information or clarification.

Sincerely,

Tiffany Poyner

Tiffany Poyner
Coordinator–Market Program | Clinical Professional Development
Ascension Via Christi Hospitals
Phone: (316) 268-5526
Email: tiffany.poyner@ascension.org

Appendix B

October 27, 2026

Kansas State Board of Nursing

RE: Letter of Support – Major Curriculum Change

Dear Members of the Kansas State Board of Nursing,

I am writing to express my support for the proposed increase in cohort size from 24 to 30 students in the Associate Degree Nursing program at Manhattan Area Technical College.

As a nursing instructor, I recognize both the growing need for qualified nurses in our communities and the responsibility we have as educators to ensure that graduates enter the profession prepared to provide safe, competent, and compassionate care. Increasing our cohort size offers an opportunity to contribute more qualified nurses to the workforce while maintaining the educational standards that are essential to our program.

I believe this proposed increase represents a reasonable and manageable expansion. Adding six students per cohort would allow us to increase our potential number of graduates without placing undue strain on our existing clinical partnerships, instructional spaces, or faculty resources. Maintaining an appropriate balance between enrollment and available resources is essential to preserving meaningful learning experiences and individualized student support.

Our responsibility as nursing educators extends beyond preparing students to pass the NCLEX. We must also ensure they develop the clinical judgment, adaptability, and professional competencies necessary to succeed in practice. I support this proposal because I believe we can responsibly expand educational opportunities while maintaining our commitment to the quality of the nurses we prepare.

Thank you for your consideration.

Sincerely,

Sara Brown, RN

ADN Nursing Instructor

Manhattan Area Technical College

October 27, 2026

To: Kansas State Board of Nursing

Manhattan Area Technical College Associate Degree Nursing Program Major Curriculum Change

Dear Kansas State Board of Nursing Education Committee,

I am writing to express my support for the recent ADN curriculum change request to increase the cohort size from 24 to 30 students. My name is Miranda Nicholson, and I am a full-time faculty member of Manhattan Area Technical College's Associate Degree Nursing Program in Manhattan, KS.

I support the proposed increase in Manhattan Area Technical College's Associate Degree Nursing cohort size from 24 to 30 students. This would provide six additional students per cohort the opportunity to pursue their nursing education and increase the program's potential number of graduates. The program can accommodate this increase within its existing clinical partnerships, instructional spaces, and faculty resources without placing additional strain on those resources.

I ask the Education Committee to approve this proposed increase in cohort size for Manhattan Area Technical College's Associate Degree Nursing program. Thank you for your time and consideration of this request.

Sincerely,

Miranda Nicholson, MSN, RN
Manhattan Area Technical College
Associate Degree Nursing Program
mirandanicholson@manhattantech.edu

10/28/26

Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson, Suite 1051
Topeka, KS 66612

RE: Major Curriculum Change Notification – Increase in Approved Cohort Size

Dear Members of the Kansas State Board of Nursing,
On behalf of the Manhattan Area Technical College Associate Degree Nursing Program, I am writing to notify the Kansas State Board of Nursing of a proposed major curriculum change involving an increase in student cohort size.

Beginning Fall of 2027, the nursing program proposes increasing the maximum admission cohort from 24 students to 30 students per admission cycle. This proposed increase is intended to address the growing demand for nursing education within our service area and to help meet the workforce needs of local healthcare partners and communities.

The nursing faculty and administration have carefully evaluated available program resources and have determined that the program has the capacity to support this increase while maintaining the quality and integrity of nursing education. Specifically:

- Sufficient qualified nursing faculty are available to maintain appropriate faculty-to-student ratios in classroom, laboratory, simulation, and clinical settings.
- Existing classroom, laboratory, and simulation resources are adequate to support the proposed increase.
- Clinical agency partnerships have been reviewed and can accommodate the additional students without compromising clinical experiences.
- Student support services, including advising, tutoring, and learning resources, remain available to meet student needs.
- Program outcomes, including retention, completion, licensure, and employment rates, will continue to be monitored to ensure educational quality is maintained.

No changes are proposed to the nursing curriculum, program outcomes, course sequencing, or required clinical hours. The increase in cohort size will not affect the program's ability to achieve stated student learning outcomes or comply with Kansas State Board of Nursing regulations and accreditation standards. We respectfully submit this notification of a major curriculum change

and affirm our continued commitment to preparing competent, safe, and practice-ready nursing graduates.

Thank you for your consideration.

Sincerely,
Audra Rankin, MSN, BSN, APRN-C
Faculty, ADN Nursing Program

Appendix C

Darren S. Ortega
Director, Teaching & Learning Center
Manhattan Area Technical College
Manhattan, KS 666503

October 26, 2026

Kansas State Board of Nursing
Nursing Education Compliance Office
Topeka, KS 66612

Dear KSBN Education Committee and Board Members:

On behalf of the Teaching & Learning Center (TLC) at Manhattan Area Technical College, I am writing to affirm our commitment and ability to support the academic needs of students enrolled in the Associate Degree Nursing (ADN) program as the college seeks to expand its cohort from 24 to 30 students.

The TLC serves as a central resource for student academic support, providing services and a learning environment designed to promote academic achievement, strengthen learning strategies, and help students successfully progress through their programs of study. We recognize that nursing education requires consistent academic preparation, effective study habits, access to appropriate learning resources, and opportunities for students to seek assistance when they encounter academic challenges.

The TLC provides a range of academic support services that can assist nursing students throughout their educational experience. These services include tutoring, academic support, study spaces, student-use computer workstations, and access to testing services. Academic databases are provided to assist with research, coursework, and independent study. On-campus database access is available, with additional access options for students working off campus. Students may use these resources to reinforce course concepts, develop effective study and time-management strategies, organize course materials, and strengthen their overall academic performance.

As the ADN cohort expands from 24 to 30 students, the TLC will continue to make these resources available to nursing students and support their use of appropriate academic assistance. Our approach emphasizes early intervention, proactive use of academic resources, and the development of independent learning skills.

The TLC provides testing services and designated spaces for students to complete academic work. These services contribute to the college's broader academic support infrastructure and provide students with access to resources that facilitate learning and academic assessment.

The Teaching & Learning Center recognizes the importance of ensuring that student support services remain appropriate as academic programs grow. Our role is to complement classroom instruction, laboratory learning, and clinical education by providing students with additional opportunities to strengthen their knowledge, address academic challenges, and develop the skills necessary for success in nursing education.

We will continue working collaboratively with nursing faculty and college administration to communicate available resources, encourage students to seek assistance when needed, and identify opportunities to improve academic support.

We affirm our role in supporting the proposed expansion of the ADN cohort from 24 to 30 students. We support the college's efforts to ensure that students have access to appropriate academic resources and support services as they progress through the nursing curriculum.

We appreciate the opportunity to provide this information to the Kansas State Board of Nursing in support of Manhattan Area Technical College's proposed cohort expansion. Please contact the Teaching & Learning Center if additional information regarding our services or student support resources is needed.

Sincerely,



Darren S. Ortega
Director, Teaching & Learning Center
Manhattan Area Technical College
darrenortega@manhattantech.edu

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: 10/26/2026

Name of Program: Manhattan Area Technical College Practical Nursing Program

Program Administrator including credentials: Easlyn Koch, MSN, RNC-OB, RNC-MNN, C-EFM

Parent Institution: Manhattan Area Technical College

Address of Institution: 3136 Dickens Avenue
Manhattan, Kansas 66503

Level of the Program for which the change Is being requested: Practical Nursing

Briefly describe the Change being requested: Curriculum/Course Revisions

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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.

Appendix A

Comparison of Existing vs Proposed Courses

Item	Existing Course	Proposed Course
Course	**NUR 107 Foundations of Nursing** (4 credit hours) **NUR 108 Foundations of Nursing Clinical** (2 credit hours)	**NUR 100 Foundations of Nursing Practice** (5credit hours – 75 clock hours didactic/37.5clock hours lab)
Sequence of Course	First Semester	First Semester
Learning Outcomes/Competencies	**NUR 107** **Learning Outcomes and Competencies** 1. Discuss the history of nursing, the role of the practical nurse, and scope of practice related to established code of ethics, nurse practice acts, and professional registrations/certifications. 2. Review the spectrum of health care settings across which client care is provided. 3. Describe the relationship of profession-related concepts to client care: relationship-centered care, interprofessional collaboration, evidence-based practice, quality improvement, safety, informatics, client education, professionalism, and leadership. 4. Discuss concepts integral to the provision of safe, quality, relationship-centered care: nursing process, advocacy, cultural sensitivity, and communication. 5. Identify the nurse's role in supporting a client's physiologic needs: rest and sleep, spirituality, sensory perception, hygiene, activity and exercise, infection control, elimination, nutrition, oxygenation and comfort. 6. Describe the various elements of the nursing process and its relationship to clinical decision-making. 7. Identify the nurse's role in data collection as an integral part of the nursing process. 8. Describe basic data collection skills as they relate to a client's physiological, psychological, sociological, cultural, and spiritual dimensions using proper techniques and measures that ensure client safety.	**Learning Outcomes** 1. Demonstrate professional behaviors with legal, ethical, and regulatory standards of practical nursing practice. 2. Apply principles of therapeutic communication, collaboration, and client-centered care when interacting with clients, families, and members of the healthcare team. 3. Utilize the nursing process and clinical judgment to provide safe, effective, and culturally responsive nursing care. 4. Apply principles of infection prevention and safety in the delivery of nursing care. 5. Utilize healthcare technology, informatics, and documentation systems to support communication and continuity of care. 6. Demonstrate competency in fundamental nursing procedures, including comprehensive head-to-toe assessment, urinary catheterization, nasogastric tube insertion and management, specimen collection, and related nursing interventions according to established standards of care and evidence-based practice. 7. Implement nursing interventions that promote comfort, mobility, nutrition, hydration, elimination, hygiene, sleep, rest, and safety. 8. Provide client education and support health promotion activities that address identified learning needs.

	NUR 108 **Learning Outcomes and Competencies** 1. Practice assessment techniques on adult clients recognizing expected findings. 2. Apply the nursing process to client care that is based on the physiological, psychosocial, and spiritual needs of clients and acknowledges their uniqueness related to preferences, values, beliefs, and cultural differences. 3. Describe the various roles of members of the interprofessional health care team, including nurse as advocate. 4. Practice using effective verbal and non-verbal communication techniques with educators, peers, and clients. 5. Demonstrate how to safely and securely use client care technology while documenting in an accurate and timely manner. 6. Use current evidence as a basis for nursing practice. 7. Identify education needs of clients based on data. 8. Practice establishing a safe environment for client, self, and others. 9. Identify concerns related to the quality of client care. 10. Demonstrate professional behaviors in academic and client care settings. 11. Practice leadership skills that support the educational process (organization, time management, priority-setting).	9. Demonstrate accountability, professionalism, time management, and prioritization skills in the laboratory setting. **Competencies** *Actions that are essential to achieve the learning outcomes:* 1. Identify legal, ethical, and regulatory standards and demonstrate professional accountability within the practical nursing scope of practice. 2. Demonstrate therapeutic communication, collaboration, and client-centered care in simulated nursing situations. 3. Perform comprehensive client assessments, accurately document findings, and identify abnormal data. 4. Apply the nursing process and clinical judgment to prioritize client needs and select appropriate nursing interventions. 5. Demonstrate infection prevention and safety practices during laboratory and simulated nursing activities. 6. Perform fundamental nursing procedures and interventions safely and accurately according to established standards of care. 7. Utilize healthcare technology, informatics, and documentation systems to support communication and continuity of care. 8. Provide client education based on identified learning needs and evaluate understanding. 9. Demonstrate techniques to promote comfort, mobility, hygiene, physiological needs, and client independence. 10. Demonstrate accountability, organization, prioritization, and time management during laboratory and simulation learning activities.
Major Content Outline	**NUR 107** • Foundations of Nursing • Nursing Process • Health Assessment • Communication	• Professional Nursing Practice • Communication and Client-Centered care • Health Assessment • Nursing Process and Clinical Judgment • Safety and Infection prevention

	• Safety and Infection Prevention • Basic Nursing Skills • Professional Practice **NUR 108** • Health Assessment • Basic Nursing Skills • Communication • Documentation • Patient Safety • Professional Practice	• Fundamental Nursing skills • Health Promotion • Informatics and Documentation • Evidence-Based Practice • Client Education • Skills Lab
Clinical Facilities	None	None
Course	**NUR 1112 Fundamentals of Pharmacology and Safe Medication Administration** (2 credit hours)	**NUR 105 Medication Administration & Safety** (2 credit hours – 30clock hours didactic/15clock hours lab)
Sequence of Course	First Semester	First Semester
Learning Outcomes/Competencies	**Learning Outcomes and Competencies** 1. Discuss the principles of pharmacology, pharmacokinetics, and pharmacodynamics in relation to medication therapy. 2. Discuss nursing implications and concepts of safety when performing medication administration. 3. Demonstrate proper techniques that support safe medication administration. 4. Describe the legal and ethical implications/aspects of medication administration. 5. Utilize dimensional analysis to accurately compute medication dosages and IV drip rate.	**Learning Outcomes** 1. Demonstrate proficiency in mathematical calculations related to medication administration, including dosage calculations and medication-related conversions. 2. Apply and demonstrate safe and accurate medication preparation utilizing established nursing standards and safety practices using appropriate medication routes. 3. Demonstrate competency in oral, topical, transdermal, ophthalmic, otic, inhalation, rectal, vaginal, enteral, and parenteral medication administration techniques. 4. Apply legal, ethical, and regulatory principles related to medication administration. 5. Utilize the rights of medication administration and established safety protocols to reduce the risk of medication errors. 6. Safely initiate, maintain, monitor, and document peripheral intravenous access.

		7. Demonstrate accurate documentation and reporting associated with medication administration. 8. Provide client education related to medication administration procedures and safety. 9. Demonstrate professionalism, accountability, and adherence to safety standards during medication preparation and administration. **Competencies** *Actions that are essential to achieve the learning outcomes:* 1. Calculate medication dosages and convert unit of measurement accurately using appropriate methods. 2. Prepare medications using appropriate equipment, safety, and infection prevention practices. 3. Demonstrate safe and accurate medication administration techniques using appropriate equipment and established standards of care. 4. Apply legal, ethical, regulatory, and scope-of-practice requirements to medication administration. 5. Verify medication rights and identify potential medication errors or safety concerns prior to administration. 6. Perform peripheral IV insertion and maintenance using appropriate technique and safety practices. 7. Assess peripheral IV sites for patency and complications and appropriately document findings. 8. Document and report medication administration, client responses, and medication-related concerns accurately and according to established standards. 9. Identify client medication learning needs and provide appropriate medication education using effective communication strategies. 10. Evaluate client understanding of medication instructions. 11. Demonstrate accountability, professionalism, and adherence to safety standards during medication preparation and administration. 12. Prioritize medication administration activities to promote client safety.
Major Content Outline	• Pharmacology	• Pharmacology

	• Medication Administration • Medication Safety • Dosage Calculations • Legal and Ethical Considerations	• Medication Administration • Dosage Calculation • IV Therapy • Medication Safety • Legal and Ethical Considerations • Client Education • Professional Practice
Clinical Facilities	None	None
Course	**NUR 1175 Nursing Care of Adults I** (5 credit hours) **NUR 118 Nursing Care of Adults I Clinical** (3 credit hours) **NUR 136 Caring of Aging Adults** (2 credit hours)	**NUR 115 Medical-Surgical Nursing I** (9 credit hours – 6 credit hours didactic/3 credit hours clinical) **1 credit hour from previous NUR 136*
Sequence of Course	First Semester	First Semester
Learning Outcomes/Competencies	**NUR 1175** **Learning Outcomes and Competencies** 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	**Learning Outcomes** 1. Perform focused assessments of clients experiencing common health alterations and distinguish expected findings from deviations requiring nursing intervention. 2. Apply the nursing process and clinical judgment to develop, implement, and evaluate evidence-based plans of care for clients with predictable health outcomes. 3. Integrate principles of pathophysiology, pharmacology, nutrition, and evidence-based practice when providing nursing care. 4. Provide safe, client-centered nursing care that incorporates cultural, spiritual, psychosocial, and individual client needs. 5. Collaborate effectively with members of the interdisciplinary healthcare team to support quality client outcomes and continuity of care.

	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. 11. Define intravenous fluid therapy (see definition in KAR 60-16-101). 12. Outline the scope of practice of PNs (see description in KAR 60-16-102). 13. Provide client education related to need for intravenous fluid therapy and client's role in maintaining patency and preventing infection. **NUR 118** **Learning Outcomes and Competencies** 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	6. Utilize therapeutic communication techniques when interacting with clients, families, and members of the healthcare team. 7. Demonstrate accurate and timely documentation utilizing healthcare technologies and information systems while maintaining confidentiality and professional standards. 8. Identify client learning needs and provide education that promotes health maintenance, disease management, and informed participation in care. 9. Implement quality improvement and patient safety principles to reduce the risk of harm to clients, self, and others. 10. Demonstrate effective prioritization, organization, delegation awareness, and time-management skills when providing nursing care. 11. Adhere to legal, ethical, and professional standards while maintaining accountability for nursing care provided within the practical nursing scope of practice. 12. Safely initiate, maintain, monitor, and document peripheral intravenous fluid therapy according to practical nursing standards and agency policies. 13. Provide nursing care for clients undergoing diagnostic, therapeutic, and perioperative procedures utilizing evidence-based nursing interventions. 14. Demonstrate competency in the clinical application of nursing skills necessary to care for clients experiencing alterations in oxygenation, tissue perfusion, regulation and metabolism, fluid and electrolyte balance, and integumentary function. 15. Incorporate developmental and age-related considerations when assessing, planning, implementing, and evaluating nursing care for clients experiencing common health alterations. **Competencies** *Actions that are essential to achieve the learning outcomes:* 1. Perform focused assessments and identify expected and abnormal findings requiring intervention.

	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. 12. Demonstrate proper techniques for medication administration, maintenance, and monitoring of peripheral intravenous fluid therapy.	2. Apply the nursing process and clinical judgment to prioritize client needs and implement appropriate nursing interventions. 3. Integrate pathophysiology, pharmacology, nutrition, and evidence-based practice when planning and providing nursing care. 4. Provide safe, client-centered care that incorporates individual, cultural, spiritual, psychological, and age-related considerations. 5. Communication therapeutically and collaborate with clients, families, and members of the healthcare team. 6. Document assessments, interventions, and client responses accurately using appropriate healthcare technologies and information systems. 7. Identify client learning needs and provide education that promotes health maintenance and disease management. 8. Implement quality improvement and safety measures to reduce risk of harm to clients, self, and others. 9. Demonstrate effective organization, prioritization, delegation awareness, and time management when providing nursing care. 10. Apply legal, ethical, professional, and practical nursing scope-of-practice standards when providing care. 11. Perform peripheral IV therapy safely, including intuition, maintenance, monitoring, and documentation according to established standards. 12. Provide nursing care for clients experiencing alterations in oxygenation, tissue perfusion, regulation, and metabolism, fluid and electrolyte balance, and integumentary function, including clients undergoing diagnostic, therapeutic, and perioperative procedures.

	13. Demonstrate documentation related to intravenous fluid therapy. **NUR 136** **Learning Outcomes and Competencies** 1. Examine the impact of ageism on client demographics, economic status, family dynamics, and health care needs. 2. Identify psycho-social, spiritual and cultural considerations related to the care of aging adults. 3. Identify anticipated alterations of physiological functioning in aging adults. 4. Discuss focused nursing assessment unique to aging adults including functional, environmental, risk, and setting specific assessments. 5. Explore health promotion and disease prevention for aging adults. 6. Differentiate between restorative and rehabilitative care. 7. Differentiate among varying types of end-of-life and palliative care and the nurse's role in their provision. 8. Explore the role of the practical nurse in caring for aging adults in a variety of care settings. 9. Explore legal and ethical considerations in caring for aging adults.	
Major Content Outline	**NUR 1175** • Medical-Surgical Nursing • Health Assessment • Nursing Process and Clinical Judgment • Pathophysiology • Pharmacology • Nutrition • Therapeutic Communication • Patient Education • Safety and Quality Care • Professional Practice	• Adult Medical-Surgical Nursing • Gerontological Nursing • Health Assessment • Pathophysiology • Pharmacology • Nutrition • IV Therapy • Perioperative Nursing • Communication and Collaboration • Health Promotion • Professional Nursing Practice • Clinical Judgment

	NUR 118 • Medical-Surgical Nursing • Clinical Practice • Health Assessment • Medication Administration • Communication and Collaboration • Patient Education • Safety and Quality Care • Professional Practice **NUR 136** • Gerontological Nursing • Aging Process • Health Promotion • Chronic Health Conditions • End-of-Life Care • Professional Practice	• Clinical Application
Clinical Facilities	Ascension Via Christi Community Health Care Systems - Onaga Stormont Vail Flint Hills Meadowlark Via Christi Village Clay Center Medical Center	Ascension Via Christi Community Health Care Systems - Onaga Stormont Vail Flint Hills Meadowlark Via Christi Village Clay Center Medical Center
Course	**NUR 1375 Nursing Care of Adults II** (5 credit hours) **NUR 138 Nursing Care of Adults I Clinical** (3 credit hours) **NUR 136 Caring of Aging Adults** (2 credit hours)	**NUR 120 Medical-Surgical Nursing II** (9 credit hours – 6 credit hours didactic/3 credit hours clinical) **1 credit hour from previous NUR 136*
Sequence of Course	Second Semester	Second Semester
Learning Outcomes/Competencies	**NUR 1375** **Learning Outcomes and Competencies** 1. Describe how to perform a focused assessment on adult clients with common alterations in	**Learning Outcomes** 1. Apply the nursing process and clinical judgment when planning, implementing, and evaluating care

	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 clients with commonly occurring health alterations that have predictable outcomes. 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 that have predictable outcomes. 5. Articulate verbal and nonverbal communication strategies that are used to promote caring, therapeutic relationships with clients and their families, as well as professional relationships between members of the healthcare team. 6. Describe how information technology is used to access evidence, mitigate error, and communicate relevant information to members of the health care team. 7. Describe teaching strategies that can be used to reinforce the health education needs of 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, time management, and priority-setting 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-	of clients experiencing common health alterations with predictable and evolving outcomes. 2. Integrate principles of pathophysiology, pharmacology, nutrition, and evidence-based practice when providing nursing care. 3. Perform focused assessments and identify actual or potential health alterations affecting cognition and sensation, mobility, elimination, immunity, and reproduction. 4. Incorporate developmental and age-related considerations when assessing, planning, implementing, and evaluating nursing care for clients. 5. Provide client-centered nursing care that addresses cultural, psychosocial, spiritual, and individual client needs. 6. Apply principles of health promotion, chronic disease management, rehabilitation, palliative care, and end-of-life care when caring for clients and their families. 7. Implement patient safety and quality improvement principles in the delivery of nursing care. 8. Utilize therapeutic communication, client education, and collaboration with members of the interdisciplinary healthcare team to promote positive health outcomes. 9. Demonstrate effective prioritization, organization, documentation, and time-management skills when providing nursing care for multiple clients. 10. Demonstrate competency in nursing interventions and clinical skills necessary to care for clients experiencing common health alterations. 11. Adhere to legal, ethical, and professional standards of practical nursing practice. 12. Safely initiate, maintain, monitor, and document peripheral intravenous fluid therapy according to practical nursing standards and agency policies. 13. Provide nursing care for clients undergoing diagnostic, therapeutic, and various procedures utilizing evidence-based nursing interventions.

based, ethical and legal care to clients with commonly occurring health alterations that have predictable outcomes.

NUR 138

Learning Outcomes and Competencies

1. Identify priority assessment findings while performing a focused health assessment on clients experiencing common medical/surgical health alterations.
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. Collaborate with members of the health care team serving as a client advocate when providing and coordinating client care.
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 that 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 mitigate error and support clinical decision making with members of the health care team.
7. Evaluate client's acquisition of new knowledge and skills while reinforcing health education provided by members of the health care team.
8. Implement corrective actions for actual and potential safety risks to client, self, and others.
14. Demonstrate competency in the clinical application of nursing skills necessary to care for clients experiencing alterations in cognition and sensation, mobility, elimination, immunity, and reproductive function.
15. Incorporate developmental and age-related considerations when assessing, planning, implementing, and evaluating nursing care for clients experiencing common health alterations.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Perform focused assessments and identify actual or potential alterations requiring nursing intervention.
2. Apply the nursing process and clinical judgment to prioritize client needs and implement and evaluate appropriate nursing interventions.
3. Integrate pathophysiology, pharmacology, nutrition, and evidence-based practice when planning and providing nursing care.
4. Provide safe, client-centered care that incorporates cultural, spiritual, psychosocial, developmental, and age-related considerations.
5. Apply principles of health promotion, chronic disease management, rehabilitation, palliative care, and end-of-life care when providing nursing care.
6. Communication therapeutically, provide client education, and collaborate with clients, families, and members of the healthcare team.
7. Implement safety and quality improvement measures to reduce risk of harm and promote positive client outcomes.
8. Coordinate care for multiple clients by prioritizing, organizing, delegating, and managing time effectively within the practical nursing scope of practice.
9. Document assessments, interventions, and client responses accurately using appropriate healthcare technologies and information systems.

	9. Participate in quality improvement activities developed to enhance client outcomes. 10. Use organizational, time management, and priority-setting skills when coordinating the care of adult clients and assigning and supervising unlicensed assistive personnel. 11. Adhere to ethical, legal and professional standards while maintaining accountability for the care provided to adult clients and their families. **NUR 136** **Learning Outcomes and Competencies** 1. Examine the impact of ageism on client demographics, economic status, family dynamics, and health care needs. 2. Identify psycho-social, spiritual and cultural considerations related to the care of aging adults. 3. Identify anticipated alterations of physiological functioning in aging adults. 4. Discuss focused nursing assessment unique to aging adults including functional, environmental, risk, and setting specific assessments. 5. Explore health promotion and disease prevention for aging adults. 6. Differentiate between restorative and rehabilitative care. 7. Differentiate among varying types of end-of-life and palliative care and the nurse's role in their provision. 8. Explore the role of the practical nurse in caring for aging adults in a variety of care settings. Explore legal and ethical considerations in caring for aging adults.	10. Apply legal, ethical, and professional standards when providing practical nursing care. 11. Perform peripheral IV therapy safely, including initiation, maintenance, monitoring and documentation according to established standards. 12. Provide evidence-based nursing care for clients experiencing alterations in cognition and sensation, mobility, elimination, immunity, and reproductive function, including those undergoing diagnostic and therapeutic procedures.
Major Content Outline	**NUR 1375** • Medical-Surgical Nursing • Health Assessment • Nursing Process and Clinical Judgment	• Adult Medical-Surgical Nursing • Gerontological Nursing • Health Assessment • Pathophysiology

	• Pathophysiology • Pharmacology • Nutrition • Communication and Collaboration • Patient Education • Safety and Quality Care • Professional Practice **NUR 138** • Medical-Surgical Nursing • Clinical Judgment • Pharmacology • Communication and Collaboration • Patient Education • Safety and Quality Improvement • Leadership and Delegation • Professional Practice **NUR 136** • Gerontological Nursing • Aging Process • Health Promotion • Chronic Health Conditions • End-of-Life Care • Professional Practice	• Pharmacology • Nutrition • IV Therapy • Chronic Disease Management • Palliative and End-of-Life Care • Professional Nursing Practice • Clinical Application
Clinical Facilities	Ascension Via Christi Community Health Care Systems - Onaga Stormont Vail Flint Hills Meadowlark Via Christi Village Clay Center Medical Center	Ascension Via Christi Community Health Care Systems - Onaga Stormont Vail Flint Hills Meadowlark Via Christi Village Clay Center Medical Center
Course	**NUR 134 Mental Health Nursing** (2 credit hours)	**NUR 125 Mental Health Nursing** (2 credit hours)
Sequence of Course	Second Semester	Second Semester
Learning Outcomes/Competencies	1. Describe how to perform a focused mental health assessment on clients with common mental health disorders.	**Learning Outcomes and Competencies** 1. Apply the nursing process and clinical judgment for clients experiencing common mental health disorders.

	2. Develop a relationship-centered plan of care that incorporates current evidence and includes cultural, spiritual, and developmentally appropriate interventions for clients with common mental health disorders. 3. Describe the role of members of the health care team in regard to clients with common mental health disorders and their families. 4. Apply a basic knowledge of psychopathology, pharmacology, and nutrition as it relates to clients with common mental health disorders. 5. Articulate verbal and nonverbal communication techniques that support the development of trust, respect, security, and therapeutic nurse-client relationships. 6. Describe how information technology is used to support mental status assessments, client and family education, and evidence-based practice in regard to the care of clients with common mental health disorders and their families. 7. Describe the health education needs experienced by clients with common mental health disorders and their families. 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 clients with common mental health disorders. 10. Describe the role of the practical nurse in maintaining accountability for the delivery of standard-based, ethical and legal care to clients with common mental health disorders and their families.	2. Perform focused mental health assessments and recognize findings associated with common mental health disorders. 3. Develop client-centered plans of care that incorporate cultural, spiritual developmental, and psychosocial considerations. 4. Integrate principles of psychopathology, psychopharmacology, nutrition, and evidence-based practice when planning nursing care for clients with mental health disorders. 5. Utilize therapeutic verbal and nonverbal communication techniques to establish and maintain professional nurse-client relationships. 6. Collaborate with clients, families, and members of the interdisciplinary healthcare team to promote mental wellness and positive health outcomes. 7. Apply principles of client education and health promotion when supporting clients experiencing mental health disorders and their families. 8. Incorporate patient safety, quality improvement, and crisis intervention principles when caring for clients experiencing mental health disorders. 9. Utilize healthcare technology, documentation systems, and information resources to support mental health nursing care. 10. Demonstrate accountability and adherence to ethical, legal, and professional standards when providing mental health nursing care within the practical nursing scope of practice. **Competencies** *Actions that are essential to achieve the learning outcomes:* 1. Perform focused mental health assessments using case-based information and identify findings associated with common mental health disorders. 2. Apply the nursing process and clinical judgment to prioritize client needs and select appropriate nursing interventions.

		3. Develop client-centered plans of care that incorporate cultural, spiritual, developmental, and psychological considerations. 4. Integrate principles of psychopathology, psychopharmacology, nutrition, and evidence-based practice when analyzing mental health nursing situations. 5. Demonstrate therapeutic verbal and nonverbal communication techniques appropriate to common mental health nursing situations. 6. Identify appropriate interdisciplinary resources and describe the nurse's role in promoting mental wellness and continuity of care. 7. Identify client education and health promotion needs and select appropriate teaching strategies. 8. Recognize safety risks and select appropriate interventions for clients experiencing mental health crises. 9. Interpret mental health information and apply appropriate documentation, technology, and information resources to nursing situations. 10. Apply legal, ethical, and professional standards to mental health nursing situations within the practical nursing scope of practice.
Major Content Outline	• Mental Health Nursing • Mental Health Assessment • Psychopathology • Psychopharmacology • Therapeutic Communication • Health Promotion • Patient Safety • Professional Nursing Practice	• Mental Health Nursing • Mental Health Assessment • Psychopathology • Psychopharmacology • Therapeutic Communication • Health Promotion • Patient Safety and Crisis Intervention • Professional Nursing Practice
Clinical Facilities	None	None
Course	**NUR 133 Leadership, Roles, and Issues** (1 credit hour)	**NUR 130 Professional Practice in Nursing** (1 credit hour)
Sequence of Course	Second Semester	Second Semester
Learning	1. Identify effective leadership and management	**Learning Outcomes**

Outcomes/Competencies	skills for the licensed practical nurse. 2. Discuss how health care is provided, regulated, and financed and the impact on the delivery of healthcare in various settings. 3. Discuss how to assign client care tasks to assistive personnel commensurate with abilities, level of preparation, and regulatory guidelines and supervise care provided. 4. Communicate effectively as a leader in verbal and written format. 5. Construct examples of ethical decision-making, exhibiting tolerance of and respect for diversity in human abilities, cultures, age and beliefs. 6. Describe common legal issues for nurses including negligence andmalpractice. 7. Describe common legal issues for nurses including negligence andmalpractice. 8. Describe the process of attaining and maintaining licensure as a practical nurse. 9. Identify appropriate resolutions to work related challenges a practical nurse will be faced with upon entering the workforce. 10. Describe skills necessary for career placement and advancement as a licensed practical nurse.	1. Apply leadership principles and professional behaviors appropriate to the role of the licensed practical nurse. 2. Utilize effective communication and collaboration skills when interacting with clients, families, healthcare team members, and assistive personnel. 3. Apply principles of delegation, assignment, supervision, and accountability consistent with the practical nursing scope of practice. 4. Examine the impact of healthcare delivery systems, regulatory agencies, and professional organizations on nursing practice and client outcomes. 5. Apply legal, ethical, and professional standards to situations encountered in practical nursing practice. 6. Incorporate quality improvement and patient safety principles into practical nursing practice. 7. Apply conflict resolution and teamwork strategies to promote positive working relationships within healthcare settings. 8. Examine the requirements for practical nursing licensure, continued competency, and professional development. 9. Develop strategies that support career readiness, professional growth, and lifelong learning. **Competencies** *Actions that are essential to achieve the learning outcomes:* 1. Apply leadership, communication, collaboration, and teamwork principles appropriate to the practical nursing role. 2. Apply principles of delegation, assignment, supervision, and accountability within the practical nursing scope of practice. 3. Analyze legal, ethical, regulatory, and professional standards and their impact on practical nursing practice. 4. Apply patient safety, quality improvement, and conflict resolution strategies to common healthcare situations.

		5. Analyze the role of healthcare delivery systems, regulatory agencies, and professional organizations in nursing practice and client outcomes. 6. Develop strategies for licensure, career readiness, professional development, and lifelong learning.
Major Content Outline	•Leadership •Management •Delegation •Professional Practice •Legal and Ethical Issues •Healthcare Systems •Quality Improvement	•Nursing Leadership •Communication and Teamwork •Delegation and Supervision •Healthcare Systems •Legal and Ethical Practice •Quality and Safety •Professional Development •Licensure and Regulation
Clinical Facilities	None	None
Course	**NUR 170 Maternal Child Nursing** (2 credit hours) **NUR 171 Maternal Child Nursing Clinical** (1 credit hour)	**NUR 135 Maternal-Newborn and Pediatric Nursing** (3 credit hours – 2 credit hours didactic/1 credit hour clinical)
Sequence of Course	Second Semester	Second Semester
Learning Outcomes/Competencies	**NUR 170** 1. Describe how to conduct a focused assessment on childbearing women, newborns, and children and identify deviations from normal. 2. Develop a relationship-centered plan of care that incorporates current evidence and includes cultural, spiritual, and developmentally appropriate interventions for childbearing women, newborns, and children. 3. Describe the role of members of the health care team in regard to childbearing women, newborns, and children. 4. Apply a basic knowledge of pharmacology, health alterations, and nutrition to the care of childbearing	**Learning Outcomes** 1. Apply the nursing process and clinical judgment when providing care to childbearing women, newborns, infants, children, adolescents, and their families. 2. Perform focused assessments on childbearing women, newborns, infants, children, and adolescents, identifying expected findings and deviations requiring nursing intervention. 3. Integrate principles of pathophysiology, pharmacology, nutrition, and evidence-based practice when planning and implementing nursing care. 4. Provide safe, client-centered, and family-centered nursing care that incorporates cultural, spiritual, psychosocial, and developmental considerations.

	women, newborns, children, and adolescents. 5. Articulate verbal and nonverbal communication strategies that are used to promote caring, therapeutic relationships with childbearing women, newborns, children, and adolescents. 6. Describe how information technology is used to support documentation of client and family educational needs and evidence-based practice in regard to the care of childbearing women, newborns, and children. 7. Describe the health education needs experienced by childbearing women, newborns, children, and their families. 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 childbearing women, newborns, children, and their families. 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 childbearing women, newborns, children, and their families. **NUR 171** 1. Perform a focused health assessment on childbearing women, newborns, children, and adolescents differentiating between expected and unexpected findings. 2. Assist in developing an evidence-based plan of care that is family- and health promotion-centered and includes cultural and age appropriate interventions for childbearing women, newborns, children, and adolescents. 3. Participate as a member of the health care	5. Utilize therapeutic communication and collaboration skills when interacting with clients, families, and members of the healthcare team. 6. Apply principles of health promotion, disease prevention, and client education when caring for childbearing women, newborns, infants, children, adolescents, and their families. 7. Demonstrate accurate documentation and appropriate use of healthcare technology to support communication, continuity of care, and evidence-based practice. 8. Implement patient safety and quality improvement principles when providing maternal, newborn, and pediatric nursing care. 9. Demonstrate effective organization, prioritization, and time-management skills when caring for maternal, newborn, and pediatric clients. 10. Apply principles of growth and development when assessing, planning, implementing, and evaluating nursing care across the maternal-newborn and pediatric populations. 11. Demonstrate competency in nursing interventions and clinical skills necessary to care for maternal, newborn, and pediatric clients experiencing common health alterations. 12. Adhere to legal, ethical, and professional standards while maintaining accountability for nursing care provided within the practical nursing scope of practice. **Competencies** *Actions that are essential to achieve the learning outcomes:* 1. Perform focused assessments of childbearing women, newborns, infants, children, and adolescents and identify expected and abnormal findings requiring intervention. 2. Apply the nursing process and clinical judgment to prioritize client needs and implement and evaluate appropriate nursing interventions.

	team and client advocate while providing quality care that promotes client safety for childbearing women, newborns, children, and adolescents. 4. Apply a basic level of knowledge of pathophysiology, pharmacology, and nutrition, as well as evidence-based practice when providing care to childbearing women, newborns, children, and adolescents. 5. Use verbal and nonverbal communication that promotes therapeutic relationships with 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 and current trends, 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 health education needs of childbearing women, newborns, children, and their families, as well as reinforcing education provided by members of the health care team. 8. Report concerns related to client safety and delivery of quality care. 9. Use organizational and time management skills when providing care to childbearing women, newborns, children, and adolescents. 10. Adhere to ethical, legal, and professional standards while maintaining accountability for the care provided to childbearing women, newborns, children, and adolescents.	3. Integrate pathophysiology, pharmacology, nutrition, growth and development, and evidence-based practice when providing nursing care. 4. Provide safe, client- and family-centered care that incorporates cultural, spiritual, psychosocial, and developmental considerations. 5. Demonstrate therapeutic communication, collaboration, and client education appropriate to maternal, newborn, and pediatric clients and their families. 6. Implement health promotion, disease prevention, safety, and quality improvement strategies when providing maternal, newborn, and pediatric nursing care. 7. Document assessments, interventions, and client response accurately and utilize appropriate healthcare technology to support communication and continuity of care. 8. Demonstrate organization, prioritization, time management, and accountability while providing nursing care within the practical nursing scope of practice.
Major Content Outline	**NUR 170** •Maternal-Newborn Nursing •Pediatric Nursing •Growth and Development •Family-Centered Care	•Maternal-Newborn Nursing •Pediatric Nursing •Health Assessment •Pathophysiology •Pharmacology

	• Health Promotion • Patient Safety **NUR 171** • Maternal-Newborn Nursing • Pediatric Nursing • Clinical Practice • Family-Centered Care • Medication Administration • Patient Safety	• Nutrition • Growth and Development • Family-Centered Care • Health Promotion • Patient Safety • Professional Nursing Practice • Clinical Application
Clinical Facilities	Ascension Via Christi The Women's Health Group Pediatric Associates Oliver Brown Elementary School Early Elementary School Eisenhower Middle School Lee Elementary School Anthony Middle School Manhattan High School	Ascension Via Christi The Women's Health Group Pediatric Associates Oliver Brown Elementary School Early Elementary School Eisenhower Middle School Lee Elementary School Anthony Middle School Manhattan High School

MANHATTAN TECH

October 26, 2026

Kansas State Board of Nursing (KSBN)
900 SW Jackson St #1051
Topeka, KS 66612

Dear KSBN Board and Education Committee Members,

Manhattan Area Technical College (MATC) respectfully requests Kansas State Board of Nursing approval of the proposed comprehensive revisions to its Practical Nursing (PN) program curriculum, with implementation beginning with the Fall 2027 cohort. to address the need for updated coursework, strengthen alignment with end-of-program student learning outcomes, and establish a more organized and progressive curriculum.

The revisions are intended to address the need for updated coursework, strengthen alignment with end-of-program student learning outcomes, and establish a more organized and progressive curriculum. The revision includes a systematic evaluation of all courses to ensure that course learning outcomes, student competencies, and evaluation methods are clearly defined and aligned with the program's end-of-program student learning outcomes. This process addresses gaps and redundancies while ensuring students have appropriate opportunities to develop and demonstrate required competencies. A comparison of the existing and revised curriculum, including a curriculum table and course outlines is provided in **Appendix A**.

The revised curriculum reduces the number of individual courses by combining complementary didactic, laboratory, and clinical coursework where appropriate. This structure strengths the integration of theory and practice and more closely aligns with the course organization of MATC's Associate Degree Nursing program, supporting consistency for students who may pursue further nursing education.

Credit and clock hours, laboratory requirements, prerequisites, and corequisites have also been evaluated to ensure adequate instructional time, appropriate sequencing, and a strong foundation for progression to increasingly complex nursing concepts and skills. Course titles and numbers have been revised to more accurately reflect course content and establish a logical progression throughout the program.

These revisions are intended to improve curriculum organization, clarify student expectations, and ensure adequate opportunities for students to achieve course and program learning outcomes and competencies. Faculty involvement and support for the proposed curriculum revisions are found in **Appendix B**.

MATC remains committed to providing a rigorous practical nursing education that prepares for entry-level nursing practice while meeting applicable Kansas State Board of Nursing requirements.

The MATC PN program and faculty greatly appreciate your consideration of these curriculum revisions.

Sincerely,

Easlyn Koch, MSN, RNC-OB, RNC-MNN, C-EFM, CNE
Director of Nursing Education
(785) 320-4507
easlynkoch@manhattantech.edu

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR107 Foundations of Nursing
4 Credit Hours (60 Clock Hours)

Course Description

This course provides an introduction to practical nursing and roles of the practical nurse as well as profession- and client-related care concepts. Emphasis is placed on the knowledge and skills needed to provide safe, quality care. The theoretical foundation for basic data collection and nursing skills is presented and an introduction to the nursing process provides the student with a framework for decision making.

Prerequisite(s)

Admission to the PN program and concurrent enrollment in NUR108

Purpose of Course

To utilize the nursing process to establish a foundation of knowledge and theory to practice basic nursing care with competence and professionalism.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

1. Discuss the history of nursing, the role of the practical nurse, and scope of practice related to established code of ethics, nurse practice acts, and professional registrations/certifications.
2. Review the spectrum of health care settings across which client care is provided.
3. Describe the relationship of profession-related concepts to client care: relationship-centered care, interprofessional collaboration, evidence-based practice, quality improvement, safety, informatics, client education, professionalism, and leadership.
4. Discuss concepts integral to the provision of safe, quality, relationship-centered care: nursing process, advocacy, cultural sensitivity, and communication.
5. Identify the nurse's role in supporting a client's physiologic needs: rest and sleep, spirituality, sensory perception, hygiene, activity and exercise, infection control, elimination, nutrition, oxygenation and comfort.
6. Describe the various elements of the nursing process and its relationship to clinical decision-making.
7. Identify the nurse's role in data collection as an integral part of the nursing process.
8. Describe basic data collection skills as they relate to a client's physiological, psychological, sociological, cultural, and spiritual dimensions using proper techniques and measures that ensure client safety.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 108 Foundations of Nursing Clinical
2 Credit Hours (60 Clock Hours)

COURSE DESCRIPTION

This course provides an introduction to the skills required to practice nursing. The theoretical foundation for basic data collection and nursing skills is presented and the student is given an opportunity to demonstrate these skills in a clinical laboratory setting. Students are also given an opportunity to practice application of the nursing process to client-related situations.

PREREQUISITE(S)

Admission to the PN program and concurrent enrollment in NUR 107.

PURPOSE OF COURSE

To utilize the Nursing Practice to reinforce nursing theory and knowledge by participation in skills lab, practicum evaluation, and clinical experiences in assigned health care facilities. This course is designed to enhance the development of basic patient care skills and professional progress and growth.

REQUIRED MATERIALS

Textbook(s): Required Materials provided through course fees.

LEARNING OUTCOMES AND COMPETENCIES

1. Practice assessment techniques on adult clients recognizing expected findings.
2. Apply the nursing process to client care that is based on the physiological, psychosocial, and spiritual needs of clients and acknowledges their uniqueness related to preferences, values, beliefs, and cultural differences.
3. Describe the various roles of members of the interprofessional health care team, including nurse as advocate.
4. Practice using effective verbal and non-verbal communication techniques with educators, peers, and clients.
5. Demonstrate how to safely and securely use client care technology while documenting in an accurate and timely manner.
6. Use current evidence as a basis for nursing practice.
7. Identify education needs of clients based on data.
8. Practice establishing a safe environment for client, self, and others.
9. Identify concerns related to the quality of client care.
10. Demonstrate professional behaviors in academic and client care settings.
11. Practice leadership skills that support the educational process (organization, time management, priority-setting).

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR118 Nursing Care of Adults I Clinical
3 Credit Hours (135 clock Hours)

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.

Prerequisite(s)

NUR 107 and NUR 108 with a "C" or higher; concurrent enrollment in NUR1175 and NUR1112.

Purpose of Course

To have students participate in patient care through simulated and actual care situations of selected systems throughout the lifespan, utilizing acute and long-term care settings. An emphasis is placed on physical assessment, nursing care skills, critical thinking and clinical prioritizing and decision-making skills.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

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.
12. Demonstrate proper techniques for medication administration, maintenance, and monitoring of peripheral intravenous fluid therapy.
13. Demonstrate documentation related to intravenous fluid therapy.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR133 Leadership, Roles, and Issues
1 Credit Hours (15 Clock Hours)

Course Description

This course provides orientation to leadership roles of the LPN and related responsibilities. It will introduce issues to the student they will encounter in the workplace.

Prerequisite(s)

NUR 1112, NUR 107, NUR 108, NUR 1175, NUR 118, and NUR 134 with "C" or higher. Concurrent enrollment in NUR 136, NUR 1375, NUR 138.

Purpose of Course

This course is a transition course to prepare the student nurse to understand, obtain, and maintain practical nursing licensure and succeed in employment as a licensed practical nurse.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

1. Identify effective leadership and management skills for the licensed practical nurse.
2. Discuss how health care is provided, regulated, and financed and the impact on the delivery of healthcare in various settings.
3. Discuss how to assign client care tasks to assistive personnel commensurate with abilities, level of preparation, and regulatory guidelines and supervise care provided.
4. Communicate effectively as a leader in verbal and written format.
5. Construct examples of ethical decision-making, exhibiting tolerance of and respect for diversity in human abilities, cultures, age and beliefs.
6. Describe common legal issues for nurses including negligence and malpractice.
7. Describe common legal issues for nurses including negligence and malpractice.
8. Describe the process of attaining and maintaining licensure as a practical nurse.
9. Identify appropriate resolutions to work related challenges a practical nurse will be faced with upon entering the workforce.
10. Describe skills necessary for career placement and advancement as a licensed practical nurse.

Nursing Department

Approval Date: 6/15/2026

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR134 Mental Health Nursing
2 Credit Hours (30 Clock Hours)

Course Description

This course explores basic concepts and trends in mental health nursing. Therapeutic modalities and client behavior management are discussed. Emphasis is placed on using the nursing process and meeting the basic human needs of the mental health client.

Prerequisite(s)

NUR 1112, NUR 107, NUR 108, NUR 1175 and NUR 118 with "C" or higher. Concurrent enrollment in NUR 136, NUR 1375, and NUR 138.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

1. Describe how to perform a focused mental health assessment on clients with common mental health disorders.
2. Develop a relationship-centered plan of care that incorporates current evidence and includes cultural, spiritual, and developmentally appropriate interventions for clients with common mental health disorders.
3. Describe the role of members of the health care team in regard to clients with common mental health disorders and their families.
4. Apply a basic knowledge of psychopathology, pharmacology, and nutrition as it relates to clients with common mental health disorders.
5. Articulate verbal and nonverbal communication techniques that support the development of trust, respect, security, and therapeutic nurse-client relationships.
6. Describe how information technology is used to support mental status assessments, client and family education, and evidence-based practice in regard to the care of clients with common mental health disorders and their families.
7. Describe the health education needs experienced by clients with common mental health disorders and their families.
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 clients with common mental health disorders.
10. Describe the role of the practical nurse in maintaining accountability for the delivery of standard-based, ethical and legal care to clients with common mental health disorders and their families.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 136 Enter KRSN# (Delete if not applicable) Care of Aging Adults
2 Credit Hours

Course Description

This course is designed to explore issues related to the aging adults. Course content addresses the impact of ageism, alterations in physiological and psychosocial functioning, and the role of the practical nurse in caring for older adult clients across a continuum of care.

Prerequisite(s)

NUR 1112, NUR 1175, and NUR 118 with a grade of "C" or better. Concurrent enrollment in NUR 133, NUR 134, NUR 1375, and NUR 138.

Purpose of Course

This course is designed to prepare the nursing student to challenges in healthcare delivery of older adults and to recognize and respond to the physical, psychosocial, emotional and spiritual needs of the aging population in today's world.

Require Materials

Textbook(s): Required materials provided through course fees.

Other: None

Learning Outcomes and Competencies

1. Examine the impact of ageism on client demographics, economic status, family dynamics, and health care needs.
2. Identify psycho-social, spiritual and cultural considerations related to the care of aging adults.
3. Identify anticipated alterations of physiological functioning in aging adults.
4. Discuss focused nursing assessment unique to aging adults including functional, environmental, risk, and setting specific assessments.
5. Explore health promotion and disease prevention for aging adults.
6. Differentiate between restorative and rehabilitative care.
7. Differentiate among varying types of end-of-life and palliative care and the nurse's role in their provision.
8. Explore the role of the practical nurse in caring for aging adults in a variety of care settings.
9. Explore legal and ethical considerations in caring for aging adults.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 170 Maternal Child Nursing
2 Credit Hours (30 clock Hours)

Course Description

This course provides an integrative, family-centered approach to the care of childbearing women, newborns, and children. Emphasis is placed on care of the pregnant woman and newborn, normal growth and development, and common pediatric disorders.

Prerequisite(s)

NUR 1112, NUR 107, NUR 108, NUR 1175, NUR 118, NUR 133, NUR 134, NUR 136, NUR 1375, and NUR 138 with a grade of "C" or better. Concurrent enrollment in NUR 171.

Purpose of Course

To explore basic concepts and trends in the nursing care of childbearing families. Emphasis is placed on identifying and meeting the needs during normal, uncomplicated pregnancy, labor, delivery, postpartum, and newborn care. Some complications of both mother and infant will be addressed. This course focuses on pre- and post-natal maternal nursing care, as well as, the care of the infant. Emphasis is given to normal reproduction and frequently occurring biological, cultural, spiritual and psychosocial needs of the child-bearing family.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

1. Describe how to conduct a focused assessment on childbearing women, newborns, and children and identify deviations from normal.
2. Develop a relationship-centered plan of care that incorporates current evidence and includes cultural, spiritual, and developmentally appropriate interventions for childbearing women, newborns, and children.
3. Describe the role of members of the health care team in regard to childbearing women, newborns, and children.
4. Apply a basic knowledge of pharmacology, health alterations, and nutrition to the care of childbearing women, newborns, children, and adolescents.
5. Articulate verbal and nonverbal communication strategies that are used to promote caring, therapeutic relationships with childbearing women, newborns, children, and adolescents.
6. Describe how information technology is used to support documentation of client and family educational needs and evidence-based practice in regard to the care of childbearing women, newborns, and children.
7. Describe the health education needs experienced by childbearing women, newborns, children, and their families.
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 childbearing women, newborns, children, and their families.
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 childbearing women, newborns, children, and their families.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 171 Enter KRSN# (Delete if not applicable) Maternal Child Nursing Clinical
1 Credit Hour (45 Clock Hours)

Course Description

This course provides an integrative, family-centered approach to the care of childbearing women, newborns, and children. Students are given the opportunity to observe the uncomplicated birth process and practice postpartum care as well as care of the newborn in the clinical laboratory setting. Common pediatric diseases and the growth and development process is the focus of child-related clinical laboratory experiences.

Prerequisite(s)

NUR 1112, NUR 107, NUR 108, NUR 1175, NUR 118, NUR 133, NUR 134, NUR 136, NUR 1375, and NUR 138 with a grade of "C" or better. Concurrent enrollment in NUR 170.

Purpose of Course

To allow the student an introduction into the care of childbearing families. The student will be provided the opportunity to observe and care for pregnant women and post-delivery stabilization as well as normal newborn care. It will allow the student to observe labor and delivery as well as normal newborn care. Both outpatient clinics/offices and hospitals will be utilized for this experience.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

1. Perform a focused health assessment on childbearing women, newborns, children, and adolescents differentiating between expected and unexpected findings.
2. Assist in developing an evidence-based plan of care that is family- and health promotion-centered and includes cultural and age appropriate interventions for childbearing women, newborns, children, and adolescents.
3. Participate as a member of the health care team and client advocate while providing quality care that promotes client safety for childbearing women, newborns, children, and adolescents.
4. Apply a basic level of knowledge of pathophysiology, pharmacology, and nutrition, as well as evidence-based practice when providing care to childbearing women, newborns, children, and adolescents.
5. Use verbal and nonverbal communication that promotes therapeutic relationships with 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 and current trends, 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 health education needs of childbearing women, newborns, children, and their families, as well as reinforcing education provided by members of the health care team.
8. Report concerns related to client safety and delivery of quality care.
9. Use organizational and time management skills when providing care to childbearing women, newborns, children, and adolescents.
10. Adhere to ethical, legal, and professional standards while maintaining accountability for the care provided to childbearing women, newborns, children, and adolescents.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 1112 Fundamentals of Pharmacology and Safe Medication Administration
2 Credit Hours

Course Description

This course introduces the principles of pharmacology, drug classifications, and the effects of selected medications on the human body. The nursing process is used as the framework for ensuring safe and effective nursing care for clients across the lifespan.

Prerequisite(s)

Admission into the PN program and concurrent enrollment in NUR1175 and NUR118.

Purpose of Course

To promote rational and optimal drug therapy and prepares the student for integration of pharmacology into patient care.

Required Materials

Textbook(s): Required materials provided through course fees.

Other: none

Learning Outcomes and Competencies

Course Objectives:

1. Discuss the principles of pharmacology, pharmacokinetics, and pharmacodynamics in relation to medication therapy.
2. Discuss nursing implications and concepts of safety when performing medication administration.
3. Demonstrate proper techniques that support safe medication administration.
4. Describe the legal and ethical implications/aspects of medication administration.
5. Utilize dimensional analysis to accurately compute medication dosages and IV drip rate.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR1175 Nursing Care of Adults I
5 Credit Hours (75 Clock Hours)

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.

Prerequisite(s)

NUR 107 and NUR 108 with a "C" or higher; concurrent enrollment in NUR 118 and NUR1112.

Purpose of Course

1. To establish a foundation of medical-surgical knowledge that may be applied to individuals throughout the lifespan.
2. To provide a practical nursing student/graduate who will be able to plan and deliver safe, effective nursing care for adults and children.
3. To understand rational and optimal drug therapy that is effectively incorporated into all patient care.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

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.
11. Define intravenous fluid therapy (see definition in KAR 60-16-101).

12. Outline the scope of practice of PNs (see description in KAR 60-16-102).
13. Provide client education related to need for intravenous fluid therapy and client's role in maintaining patency and preventing infection.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR1375 Nursing Care of Adults II
5 Credit Hours (75 Clock Hours)

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 cognition and sensation, mobility, elimination, immunity and hematology, and reproduction. Principles related to emergency preparedness are also addressed.

Prerequisite(s)

NUR 1112, NUR 107, NUR 108, NUR 1175, NUR 118 and NUR 134 with "C" or higher. Concurrent enrollment in NUR 133, NUR 136, NUR 1375 and NUR138

Purpose of Course

1. To establish a foundation of medical-surgical knowledge that may be applied to individuals throughout the lifespan.
2. To provide a practical nursing student/graduate who will be able to plan and deliver safe, effective nursing care for adults and children.
3. To promote rational and optimal drug therapy that is effectively incorporated into all patient care.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

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 clients with commonly occurring health alterations that have predictable outcomes.
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 that have predictable outcomes.
5. Articulate verbal and nonverbal communication strategies that are used to promote caring, therapeutic relationships with clients and their families, as well as professional relationships between members of the healthcare team.
6. Describe how information technology is used to access evidence, mitigate error, and communicate relevant information to members of the health care team.
7. Describe teaching strategies that can be used to reinforce the health education needs of 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, time management, and priority-setting 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 with commonly occurring health alterations that have predictable outcomes.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR138 Nursing Care of Adults II Clinical
3 Credit Hours (135 clock Hours)

Course Description

This course focuses on the care of adult clients with common medical/surgical health problems. The clinical laboratory experience provides the student an opportunity to build on the theoretical concepts from Nursing Care of Adults I and II and implement safe client care in selected settings. Students are given the opportunity to practice leadership skills while managing a caseload of clients.

Prerequisite(s)

NUR 1112, NUR 107, NUR 108, NUR 1175 and NUR 118 with "C" or higher. Concurrent enrollment in NUR 133, NUR 134, NUR 136, and NUR 1375.

Purpose of Course

To utilize the nursing process to reinforce nursing theory and knowledge by participation in skills lab, practicum evaluation, and clinical experiences in assigned health care facilities. This course is designed to enhance the development of patient care skills, critical thinking in the clinical setting, clinical-decision making, and leadership skills applicable to the practical nurse and professional progress and growth.

Required Materials

Textbook(s): Required Materials provided through course fees.

Learning Outcomes and Competencies

1. Identify priority assessment findings while performing a focused health assessment on clients experiencing common medical/surgical health alterations.
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. Collaborate with members of the health care team serving as a client advocate when providing and coordinating client care.
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 that 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 mitigate error and support clinical decision making with members of the health care team.
7. Evaluate client's acquisition of new knowledge and skills while reinforcing health education provided by members of the health care team.
8. Implement corrective actions for actual and potential safety risks to client, self, and others.
9. Participate in quality improvement activities developed to enhance client outcomes.
10. Use organizational, time management, and priority-setting skills when coordinating the care of adult clients and assigning and supervising unlicensed assistive personnel.
11. Adhere to ethical, legal and professional standards while maintaining accountability for the care provided to adult clients and their families.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 100 Foundations of Nursing Practice
5 Credit Hours (75 Clock hours Lecture/37.5 Clock hours Lab)

Course Description

This course focuses on the foundational concepts, knowledge, skills, and behaviors essential to practical nursing practice. Emphasis is placed on professional roles and responsibilities, communication, client-centered care, safety, clinical judgment, quality improvement, informatics, and evidence-based practice. Through integrated theory and laboratory experiences, students develop fundamental nursing skills and apply the nursing process to promote health and provide safe, effective care within the scope of practical nursing practice.

Prerequisite(s)

Admission to the Practical Nursing Program

Purpose of Course

The purpose of this course is to provide students with the foundational knowledge, skills, attitudes, and professional behaviors for practical nursing practice. Students integrate theoretical concepts with laboratory experiences to develop competency in the nursing process, clinical judgment, communication, client-centered care, and fundamental nursing interventions and assessments. Emphasis is placed on delivering safe, evidence-based, and culturally responsive care while functioning within the scope of the practical nurse.

Required Materials

Textbook(s): Required Materials provided through course fees.
Enter other textbooks/materials.

Learning Outcomes

1. Demonstrate professional behaviors with legal, ethical, and regulatory standards of practical nursing practice.
2. Apply principles of therapeutic communication, collaboration, and client-centered care when interacting with clients, families, and members of the healthcare team.
3. Utilize the nursing process and clinical judgment to provide safe, effective, and culturally responsive nursing care.
4. Apply principles of infection prevention and safety in the delivery of nursing care.
5. Utilize healthcare technology, informatics, and documentation systems to support communication and continuity of care.
6. Demonstrate competency in fundamental nursing procedures, including comprehensive head-to-toe assessment, urinary catheterization, nasogastric tube insertion and management, specimen collection, and related nursing interventions according to established standards of care and evidence-based practice.
7. Implement nursing interventions that promote comfort, mobility, nutrition, hydration, elimination, hygiene, sleep, rest, and safety.
8. Provide client education and support health promotion activities that address identified learning needs.
9. Demonstrate accountability, professionalism, time management, and prioritization skills in the laboratory setting.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Identify legal, ethical, and regulatory standards and demonstrate professional accountability within the practical nursing scope of practice.
2. Demonstrate therapeutic communication, collaboration, and client-centered care in simulated nursing situations.
3. Perform comprehensive client assessments, accurately document findings, and identify abdnormal data.
4. Apply the nursing process and clinical judgment to prioritize client needs and select appropriate nursing interventions.
5. Demonstrate infection prevention and safety practices during laboratory and simulated nursing activities.
6. Perform fundamental nursing procedures and interventions safely and accurately according to established standards of care.
7. Utilize healthcare technology, informatics, and documentation systems to support communication and continuity of care.
8. Provide client education based on identified learning needs and evaluate understanding.
9. Demonstrate techniques to promote comfort, mobility, hygiene, physiological needs, and client independence.
10. Demonstrate accountability, organization, prioritization, and time management during laboratory and simulation learning activities.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 105 Medication Administration & Safety
3 Credit Hours (2 Credit hours Lecture/1 Credit hour Lab)

Course Description

This course focuses on the principles and skills necessary for safe medication administration in practical nursing practice. Emphasis is placed on dosage calculations, medication preparation, administration techniques, documentation, patient safety, and legal and ethical considerations. Through classroom and laboratory experiences, students develop competency in medication administration by various routes and apply established standards of care to promote safe and effective client outcomes.

Prerequisite(s)

NUR 100 with a "C" or higher; concurrent enrollment in NUR 115.

Purpose of Course

The purpose of this course is to prepare students to safely calculate, prepare, administer, and document medications within the scope of practical nursing practice. Students develop knowledge, clinical judgment, and psychomotor skills necessary to ensure medication safety and support quality patient care through theory and laboratory learning experiences.

Required Materials

Textbook(s): Required Materials provided through course fees.
Enter other textbooks/materials.

Learning Outcomes

1. Demonstrate proficiency in mathematical calculations related to medication administration, including dosage calculations and medication-related conversions.
2. Apply and demonstrate safe and accurate medication preparation utilizing established nursing standards and safety practices using appropriate medication routes.
3. Demonstrate competency in oral, topical, transdermal, ophthalmic, otic, inhalation, rectal, vaginal, enteral, and parenteral medication administration techniques.
4. Apply legal, ethical, and regulatory principles related to medication administration.
5. Utilize the rights of medication administration and established safety protocols to reduce the risk of medication errors.
6. Safely initiate, maintain, monitor, and document peripheral intravenous access.
7. Demonstrate accurate documentation and reporting associated with medication administration.
8. Provide client education related to medication administration procedures and safety.
9. Demonstrate professionalism, accountability, and adherence to safety standards during medication preparation and administration.

Enter learning units.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Calculate medication dosages and convert unit of measurement accurately using appropriate methods.
2. Prepare medications using appropriate equipment, safety, and infection prevention practices.

3. Demonstrate safe and accurate medication administration techniques using appropriate equipment and established standards of care.
4. Apply legal, ethical, regulatory, and scope-of-practice requirements to medication administration.
5. Verify medication rights and identify potential medication errors or safety concerns prior to administration.
6. Perform peripheral IV insertion and maintenance using appropriate technique and safety practices.
7. Assess peripheral IV sites for patency and complications and appropriately document findings.
8. Document and report medication administration, client responses, and medication-related concerns accurately and according to established standards.
9. Identify client medication learning needs and provide appropriate medication education using effective communication strategies.
10. Evaluate client understanding of medication instructions.
11. Demonstrate accountability, professionalism, and adherence to safety standards during medication preparation and administration.
12. Prioritize medication administration activities to promote client safety.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 115 Medical-Surgical Nursing I
9 Credit Hours (6 Credit Hours Lecture/ 3 Credit Hours Clinical)

Course Description

This course focuses on the nursing care of adult clients experiencing common health alterations with predictable outcomes. Emphasis is placed on alterations in oxygenation, tissue perfusion, regulation and metabolism, fluid and electrolyte balance, and integumentary function. Intravenous therapy, perioperative nursing care, and age-related physiological, psychosocial, cultural, and functional considerations are integrated throughout the course. Through classroom, laboratory, simulation, and clinical experiences, students apply the nursing process, clinical judgment, and evidence-based practice to provide safe, client-centered care across healthcare settings.

Prerequisite(s)

NUR 100 with a "C" or higher; concurrent enrollment in NUR 105.

Purpose of Course

The purpose of this course is to develop the knowledge, clinical judgment, and nursing skills necessary to provide safe, evidence-based care for clients experiencing common health alterations with predictable outcomes. Students integrate theory, laboratory, simulation, and clinical practice while developing competency in assessment, prioritization, communication, intravenous therapy, documentation, and nursing interventions. Developmental and age-related considerations are incorporated to support the delivery of safe, client-centered care.

Required Materials

Textbook(s): Required Materials provided through course fees.
Enter other textbooks/materials.

Learning Outcomes

1. Perform focused assessments of clients experiencing common health alterations and distinguish expected findings from deviations requiring nursing intervention.
2. Apply the nursing process and clinical judgment to develop, implement, and evaluate evidence-based plans of care for clients with predictable health outcomes.
3. Integrate principles of pathophysiology, pharmacology, nutrition, and evidence-based practice when providing nursing care.
4. Provide safe, client-centered nursing care that incorporates cultural, spiritual, psychosocial, and individual client needs.
5. Collaborate effectively with members of the interdisciplinary healthcare team to support quality client outcomes and continuity of care.
6. Utilize therapeutic communication techniques when interacting with clients, families, and members of the healthcare team.
7. Demonstrate accurate and timely documentation utilizing healthcare technologies and information systems while maintaining confidentiality and professional standards.
8. Identify client learning needs and provide education that promotes health maintenance, disease management, and informed participation in care.

9. Implement quality improvement and patient safety principles to reduce the risk of harm to clients, self, and others.
10. Demonstrate effective prioritization, organization, delegation awareness, and time-management skills when providing nursing care.
11. Adhere to legal, ethical, and professional standards while maintaining accountability for nursing care provided within the practical nursing scope of practice.
12. Safely initiate, maintain, monitor, and document peripheral intravenous fluid therapy according to practical nursing standards and agency policies.
13. Provide nursing care for clients undergoing diagnostic, therapeutic, and perioperative procedures utilizing evidence-based nursing interventions.
14. Demonstrate competency in the clinical application of nursing skills necessary to care for clients experiencing alterations in oxygenation, tissue perfusion, regulation and metabolism, fluid and electrolyte balance, and integumentary function.
15. Incorporate developmental and age-related considerations when assessing, planning, implementing, and evaluating nursing care for clients experiencing common health alterations.

Enter learning units.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Perform focused assessments and identify expected and abnormal findings requiring intervention.
2. Apply the nursing process and clinical judgment to prioritize client needs and implement appropriate nursing interventions.
3. Integrate pathophysiology, pharmacology, nutrition, and evidence-based practice when planning and providing nursing care.
4. Provide safe, client-centered care that incorporates individual, cultural, spiritual, psychological, and age-related considerations.
5. Communication therapeutically and collaborate with clients, families, and members of the healthcare team.
6. Document assessments, interventions, and client responses accurately using appropriate healthcare technologies and information systems.
7. Identify client learning needs and provide education that promotes health maintenance and disease management.
8. Implement quality improvement and safety measures to reduce risk of harm to clients, self, and others.
9. Demonstrate effective organization, prioritization, delegation awareness, and time management when providing nursing care.
10. Apply legal, ethical, professional, and practical nursing scope-of-practice standards when providing care.
11. Perform peripheral IV therapy safely, including intuition, maintenance, monitoring, and documentation according to established standards.
12. Provide nursing care for clients experiencing alterations in oxygenation, tissue perfusion, regulation, and metabolism, fluid and electrolyte balance, and integumentary function, including clients undergoing diagnostic, therapeutic, and perioperative procedures.

Approval Date: 10/9/2026

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 120 Medical-Surgical Nursing II
9 Credit Hours (6 Credit Hours Didactic/ 3 Credit Hours Clinical)

Course Description

This course focuses on nursing care of adult clients experiencing common health alterations with predictable outcomes and evolving outcomes. Emphasis is placed on alterations in cognition and sensation, mobility, elimination, immunity, and reproduction. Age-related physiological, psychosocial, cultural, and functional considerations are integrated throughout the course. Through classroom, laboratory, simulation, and clinical experiences, students apply the nursing process, clinical judgment, leadership, and evidence-based practice to provide safe, client-centered care across healthcare settings.

Prerequisite(s)

NUR 100, NUR 105, NUR 115 with a "C" or higher; concurrent enrollment in NUR 125, NUR 130, NUR 135.

Purpose of Course

The purpose of this course is to develop the knowledge, clinical judgment, leadership abilities, and nursing skills necessary to provide safe, evidence-based care for adult clients experiencing common health alterations with predictable and evolving outcomes. Students integrate theory, laboratory, simulation, and clinical experiences while developing competency in assessment, prioritization, care coordination, communication, documentation, delegation, and nursing interventions. Developmental and age-related considerations are incorporated to support the delivery of safe, client-centered care.

Required Materials

Textbook(s): Required Materials provided through course fees.
Enter other textbooks/materials.

Learning Outcomes

1. Apply the nursing process and clinical judgment when planning, implementing, and evaluating care of clients experiencing common health alterations with predictable and evolving outcomes.
2. Integrate principles of pathophysiology, pharmacology, nutrition, and evidence-based practice when providing nursing care.
3. Perform focused assessments and identify actual or potential health alterations affecting cognition and sensation, mobility, elimination, immunity, and reproduction.
4. Incorporate developmental and age-related considerations when assessing, planning, implementing, and evaluating nursing care for clients.
5. Provide client-centered nursing care that addresses cultural, psychosocial, spiritual, and individual client needs.
6. Apply principles of health promotion, chronic disease management, rehabilitation, palliative care, and end-of-life care when caring for clients and their families.
7. Implement patient safety and quality improvement principles in the delivery of nursing care.
8. Utilize therapeutic communication, client education, and collaboration with members of the interdisciplinary healthcare team to promote positive health outcomes.
9. Demonstrate effective prioritization, organization, documentation, and time-management skills when providing nursing care for multiple clients.

10. Demonstrate competency in nursing interventions and clinical skills necessary to care for clients experiencing common health alterations.
11. Adhere to legal, ethical, and professional standards of practical nursing practice.
12. Safely initiate, maintain, monitor, and document peripheral intravenous fluid therapy according to practical nursing standards and agency policies.
13. Provide nursing care for clients undergoing diagnostic, therapeutic, and various procedures utilizing evidence-based nursing interventions.
14. Demonstrate competency in the clinical application of nursing skills necessary to care for clients experiencing alterations in cognition and sensation, mobility, elimination, immunity, and reproductive function.
15. Incorporate developmental and age-related considerations when assessing, planning, implementing, and evaluating nursing care for clients experiencing common health alterations.

Enter learning units.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Perform focused assessments and identify actual or potential alterations requiring nursing intervention.
2. Apply the nursing process and clinical judgment to prioritize client needs and implement and evaluate appropriate nursing interventions.
3. Integrate pathophysiology, pharmacology, nutrition, and evidence-based practice when planning and providing nursing care.
4. Provide safe, client-centered care that incorporates cultural, spiritual, psychosocial, developmental, and age-related considerations.
5. Apply principles of health promotion, chronic disease management, rehabilitation, palliative care, and end-of-life care when providing nursing care.
6. Communication therapeutically, provide client education, and collaborate with clients, families, and members of the healthcare team.
7. Implement safety and quality improvement measures to reduce risk of harm and promote positive client outcomes.
8. Coordinate care for multiple clients by prioritizing, organizing, delegating, and managing time effectively within the practical nursing scope of practice.
9. Document assessments, interventions, and client responses accurately using appropriate healthcare technologies and information systems.
10. Apply legal, ethical, and professional standards when providing practical nursing care.
11. Perform peripheral IV therapy safely, including initiation, maintenance, monitoring and documentation according to established standards.
12. Provide evidence-based nursing care for clients experiencing alterations in cognition and sensation, mobility, elimination, immunity, and reproductive function, including those undergoing diagnostic and therapeutic procedures.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 125 Mental Health Nursing
2 Credit Hours

Course Description

This course focuses on the nursing care of clients experiencing common mental health disorders across the lifespan. Emphasis is placed on therapeutic communication, mental health assessment, client-centered care, psychopharmacology, crisis intervention, and evidence-based nursing interventions. Cultural, developmental, spiritual, and psychosocial factors influencing mental health are explored. Students apply the nursing process and clinical judgment to promote mental wellness and provide safe, client-centered care within the scope of the practical nurse.

Prerequisite(s)

NUR 100, NUR 105, NUR 115, with a "C" or higher; concurrent enrollment in NUR 120, NUR 130.

Purpose of Course

The purpose of this course is to develop the knowledge, clinical judgment, and communication skills necessary to care for clients experiencing common mental health disorders. Students apply concepts of therapeutic communication, mental health assessment, relationship-centered care, and evidence-based practice to promote mental wellness and support safe, ethical, and client-centered nursing care.

Required Materials

Textbook(s): Required Materials provided through course fees.
Enter other textbooks/materials.

Learning Outcomes and Competencies

1. Apply the nursing process and clinical judgment for clients experiencing common mental health disorders.
2. Perform focused mental health assessments and recognize findings associated with common mental health disorders.
3. Develop client-centered plans of care that incorporate cultural, spiritual developmental, and psychosocial considerations.
4. Integrate principles of psychopathology, psychopharmacology, nutrition, and evidence-based practice when planning nursing care for clients with mental health disorders.
5. Utilize therapeutic verbal and nonverbal communication techniques to establish and maintain professional nurse-client relationships.
6. Collaborate with clients, families, and members of the interdisciplinary healthcare team to promote mental wellness and positive health outcomes.
7. Apply principles of client education and health promotion when supporting clients experiencing mental health disorders and their families.
8. Incorporate patient safety, quality improvement, and crisis intervention principles when caring for clients experiencing mental health disorders.
9. Utilize healthcare technology, documentation systems, and information resources to support mental health nursing care.
10. Demonstrate accountability and adherence to ethical, legal, and professional standards when providing mental health nursing care within the practical nursing scope of practice.

Enter learning units.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Perform focused mental health assessments using case-based information and identify findings associated with common mental health disorders.
2. Apply the nursing process and clinical judgment to prioritize client needs and select appropriate nursing interventions.
3. Develop client-centered plans of care that incorporate cultural, spiritual, developmental, and psychological considerations.
4. Integrate principles of psychopathology, psychopharmacology, nutrition, and evidence-based practice when analyzing mental health nursing situations.
5. Demonstrate therapeutic verbal and nonverbal communication techniques appropriate to common mental health nursing situations.
6. Identify appropriate interdisciplinary resources and describe the nurse's role in promoting mental wellness and continuity of care.
7. Identify client education and health promotion needs and select appropriate teaching strategies.
8. Recognize safety risks and select appropriate interventions for clients experiencing mental health crises.
9. Interpret mental health information and apply appropriate documentation, technology, and information resources to nursing situations.
10. Apply legal, ethical, and professional standards to mental health nursing situations within the practical nursing scope of practice.

Approval Date: 10/9/2026

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 130 Professional Practice in Nursing
1 Credit Hours

Course Description

This course focuses on the professional roles and responsibilities of the practical nurse within contemporary healthcare settings. Emphasis is placed on leadership principles, communication, collaboration, delegation, supervision, legal and ethical practice, patient safety, quality improvement, healthcare delivery systems, and professional development. Students examine issues affecting practical nursing practice and apply clinical judgment, prioritization, and decision-making skills necessary for safe and effective client care.

Prerequisite(s)

NUR 100, NUR 105, NUR 115 with a "C" or higher; concurrent enrollment in NUR 120, NUR 125, NUR 135.

Purpose of Course

The purpose of this course is to prepare students for entry into practical nursing practice by developing professional, leadership, communication, and decision-making skills necessary to function effectively within the healthcare team. Students examine legal, ethical, regulatory, and professional issues while preparing for licensure and transition to the role of the licensed practical nurse.

Required Materials

Textbook(s): Required Materials provided through course fees.

Enter other textbooks/materials.

Learning Outcomes

1. Apply leadership principles and professional behaviors appropriate to the role of the licensed practical nurse.
2. Utilize effective communication and collaboration skills when interacting with clients, families, healthcare team members, and assistive personnel.
3. Apply principles of delegation, assignment, supervision, and accountability consistent with the practical nursing scope of practice.
4. Examine the impact of healthcare delivery systems, regulatory agencies, and professional organizations on nursing practice and client outcomes.
5. Apply legal, ethical, and professional standards to situations encountered in practical nursing practice.
6. Incorporate quality improvement and patient safety principles into practical nursing practice.
7. Apply conflict resolution and teamwork strategies to promote positive working relationships within healthcare settings.
8. Examine the requirements for practical nursing licensure, continued competency, and professional development.
9. Develop strategies that support career readiness, professional growth, and lifelong learning.

Enter learning units.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Apply leadership, communication, collaboration, and teamwork principles appropriate to the practical nursing role.
2. Apply principles of delegation, assignment, supervision, and accountability within the practical nursing scope of practice.
3. Analyze legal, ethical, regulatory, and professional standards and their impact on practical nursing practice.
4. Apply patient safety, quality improvement, and conflict resolution strategies to common healthcare situations.
5. Analyze the role of healthcare delivery systems, regulatory agencies, and professional organizations in nursing practice and client outcomes.
6. Develop strategies for licensure, career readiness, professional development, and lifelong learning.

MANHATTAN AREA TECHNICAL COLLEGE

Course Outline

NUR 135 Maternal Newborn and Pediatric Nursing
3 Credit Hours (2 Credit Hours Didactic/ 1 Credit Hours Clinical)

Course Description

This course focuses on the nursing care of childbearing women, families, newborns, infants, children, and adolescents experiencing common health alterations. Emphasis is placed on reproductive health, pregnancy, labor and delivery, postpartum care, newborn adaptation, growth and development, family-centered care, health promotion, and nursing care of pediatric clients. Through classroom, laboratory, simulation, and clinical experiences, students apply the nursing process, clinical judgment, and evidence-based practice to provide safe, client-centered care to maternal, newborn, and pediatric populations.

Prerequisite(s)

NUR 100, NUR 105, NUR 115, NUR 125 with a "C" or higher; concurrent enrollment in NUR 120, NUR 130.

Purpose of Course

The purpose of this course is to develop knowledge, clinical judgment, and nursing skills necessary to provide safe, evidence-based care to childbearing women, newborns, infants, children, adolescents, and their families. Students integrate theory, laboratory, simulation, and clinical experiences while developing competency in assessment, communication, education, and nursing interventions that promote positive maternal, newborn, and pediatric health outcomes.

Required Materials

Textbook(s): Required Materials provided through course fees.

Enter other textbooks/materials.

Learning Outcomes

1. Apply the nursing process and clinical judgment when providing care to childbearing women, newborns, infants, children, adolescents, and their families.
2. Perform focused assessments on childbearing women, newborns, infants, children, and adolescents, identifying expected findings and deviations requiring nursing intervention.
3. Integrate principles of pathophysiology, pharmacology, nutrition, and evidence-based practice when planning and implementing nursing care.
4. Provide safe, client-centered, and family-centered nursing care that incorporates cultural, spiritual, psychosocial, and developmental considerations.
5. Utilize therapeutic communication and collaboration skills when interacting with clients, families, and members of the healthcare team.
6. Apply principles of health promotion, disease prevention, and client education when caring for childbearing women, newborns, infants, children, adolescents, and their families.
7. Demonstrate accurate documentation and appropriate use of healthcare technology to support communication, continuity of care, and evidence-based practice.
8. Implement patient safety and quality improvement principles when providing maternal, newborn, and pediatric nursing care.
9. Demonstrate effective organization, prioritization, and time-management skills when caring for maternal, newborn, and pediatric clients.

10. Apply principles of growth and development when assessing, planning, implementing, and evaluating nursing care across the maternal-newborn and pediatric populations.
11. Demonstrate competency in nursing interventions and clinical skills necessary to care for maternal, newborn, and pediatric clients experiencing common health alterations.
12. Adhere to legal, ethical, and professional standards while maintaining accountability for nursing care provided within the practical nursing scope of practice.

Enter learning units.

Competencies

Actions that are essential to achieve the learning outcomes:

1. Perform focused assessments of childbearing women, newborns, infants, children, and adolescents and identify expected and abnormal findings requiring intervention.
2. Apply the nursing process and clinical judgment to prioritize client needs and implement and evaluate appropriate nursing interventions.
3. Integrate pathophysiology, pharmacology, nutrition, growth and development, and evidence-based practice when providing nursing care.
4. Provide safe, client- and family-centered care that incorporates cultural, spiritual, psychosocial, and developmental considerations.
5. Demonstrate therapeutic communication, collaboration, and client education appropriate to maternal, newborn, and pediatric clients and their families.
6. Implement health promotion, disease prevention, safety, and quality improvement strategies when providing maternal, newborn, and pediatric nursing care.
7. Document assessments, interventions, and client response accurately and utilize appropriate healthcare technology to support communication and continuity of care.
8. Demonstrate organization, prioritization, time management, and accountability while providing nursing care within the practical nursing scope of practice.

Appendix B

RE: Rationale for Proposed Curriculum Changes in the Practical Nursing Program

Dear Members of the Kansas State Board of Nursing,

I am writing in support of the proposed curriculum revisions for the Practical Nursing Program at Manhattan Area Technical College. These changes have been carefully designed to improve student learning, enhance faculty evaluation of student performance, and better prepare graduates for safe entry-level nursing practice.

One of the most significant proposed changes is the consolidation of courses that include clinical and laboratory components into a single course. This change will provide a more streamlined learning experience for students by aligning classroom instruction, laboratory practice, and clinical application within the same course structure. Students will be able to more easily connect theory to practice, reducing confusion and reinforcing key concepts as they are learned and applied in real-world settings.

This course structure will also benefit faculty by allowing for a more comprehensive evaluation of student competency. Rather than assessing knowledge, skills, and clinical performance across multiple separate courses, faculty will be able to evaluate student progression holistically. This will improve communication among instructors, promote consistency in evaluation methods, and provide a clearer picture of each student's overall readiness for practice.

The proposed revisions to the Foundations course will also create additional instructional time in areas where students traditionally require more support, specifically Pharmacology and Medical-Surgical Nursing I. Expanding instructional time in these content-heavy areas will allow students to build stronger foundational knowledge, improve medication safety principles, and strengthen clinical judgment skills that are essential for success in both clinical practice and on the NCLEX-PN.

Additionally, the proposed changes to Maternal-Newborn Nursing will allow for increased instructional and clinical focus on maternal, newborn, and pediatric concepts. This additional time will better prepare Practical Nursing students to care for these patient populations and strengthen their understanding of family-centered care, health promotion, and developmental considerations across the lifespan.

Overall, these curriculum revisions will create a more cohesive and efficient learning experience, promote stronger competency evaluation, optimize instructional time in critical content areas, and better prepare graduates to meet the demands of contemporary practical nursing practice.

Thank you for your consideration of these proposed curriculum changes. We respectfully request approval and appreciate your continued support of quality practical nursing education.

Sincerely,

Louisa Asbury, RN

Faculty, Practical Nursing Program

Manhattan Area Technical College

October 29, 2026

To: Curriculum Committee
From: Elizabeth Dice, RN, BSN, PN Faculty
Subject: Letter of Support for Minor and Major Curriculum Changes

Dear Curriculum Committee Members,

I am writing to express my support for the proposed curriculum changes to the Manhattan Technical College Practical Nursing Program.

The proposed changes will enhance the curriculum by ensuring that course content remains current, relevant, and aligned with industry standards, accreditation requirements, and student learning needs. These revisions will strengthen students' knowledge and skills while providing a more effective pathway for achieving program outcomes.

For the major curriculum changes that have been requested will improve the course numbering to now be sequentially, combining didactic and lab/clinical hours for a courses that were previously separated, and removing the specific course Caring of Aging Adults and dispersing throughout the other courses.

The changes will improve program quality, enhance student preparedness for professional practice, and strengthen the program's ability to meet current and future needs.

I believe these curriculum revisions are well planned and will provide meaningful benefits to our students, faculty, and community stakeholders. Therefore, I fully support the approval and implementation of these proposed curriculum changes.

Thank you for your consideration.

Sincerely,

Elizabeth Dice, RN, BSN, QCP

Elizabeth Dice, RN, BSN, QCP
PN Faculty
Manhattan Technical College

Letter of Support for Proposed PN Program Curriculum Changes

Kansas State Board of Nursing Education Committee,

As a Practical Nursing (PN) faculty member at Manhattan Area Technical College (MATC) in Manhattan, Kansas I am writing to express my support of the recent PN curriculum change request. The PN faculty, including myself, have discussed the need for a curriculum change over the last several months in detail. In addition to PN faculty support and discussion, we as faculty have also brought ideas and requested insight from the MATC Director of Nursing in developing a curriculum that would better meet the needs of our students. The changes proposed include two minor changes to prerequisites for admission to the PN program, and several major changes to courses in the PN program curriculum.

Minor Changes:

The first minor change we are requesting is the formal identification of Certified Nurse Aide (CNA) certification as a prerequisite for admission into the PN program. CNA certification has been an informal requirement for admission, but since it was not formally identified as a prerequisite, prospective students were occasionally confused about it and had trouble accessing financial aid resources to help them pay for their CNA training. This minor curriculum would provide clarity for prospective students and advisors working with them. The change would also allow students to better access financial aid for their CNA certification, reducing a financial barrier for prospective students who are concerned about paying for their CNA course. The second minor change we are requesting is to change the math prerequisite for our program from Technical Mathematics II to College Algebra. We have noticed a trend in students struggling with the basic algebraic thinking required for completing dosage calculations and other medical math. We believe that College Algebra would better prepare these students for the kind of mathematical thinking and problem solving required for nurses. This course change would also benefit students by being more easily transferrable between institutions of higher learning for students who want to progress in their nursing education past the associates degree level.

Major Changes:

The major changes that are being proposed are as follows.

- NUR 107(Foundations of Nursing) & NUR 108 (Foundations of Nursing Clinical): We would like to merge these two courses into one course called NUR 100 (Foundations of Nursing Practice). This would benefit the students by making the calendar/schedule easier to follow and allowing us more flexibility in balancing our classroom time with our lab time for this course.

- NUR 1112 (Fundamentals of Pharmacology & Safe Medication Administration): We would like to change the name of this course to NUR 105 (Medication Administration & Safety). This name change would more accurately reflect what is being currently taught in this course, as we do not teach pharmacology in it but instead teach pharmacology by body system in the med-surg courses. We would also change our clock hours on this course to 30 hours didactic and 15 hours labs. We currently does not have a lab hour component and we find that it is much needed for them to have hands-on lab time in this course when teaching medication administration.
- NUR 1175 (Nursing Care of Adults I) and NUR 118 (Nursing Care of Adults I Clinical): We are proposing to merge these two courses into one course called NUR 115 (Medical-Surgical Nursing I). This change would make keeping up with calendar/schedules for courses easier for students. It would also take the word "adult" out of the course title, allowing us to disperse our geriatric content out over the Medical-Surgical Nursing I & II courses, eliminating the need for a separate geriatrics course.
- NUR 133 (Leadership, Roles, & Issues): The proposed change is a simple name change to NUR 130 (Professional Practice in Nursing) to better reflect course content and making this course a corequisite with NUR 135 (Maternal-Newborn Nursing)
- NUR 134 (Mental Health Nursing): The proposed change is a simple name change to NUR 125, for the reason of giving our course numbers a logical progression from lower number numbers to higher numbers.
- NUR 136 (Nursing Care of Aging Adults): The proposed change is to remove this course entirely and disperse its content over NUR 115 and NUR 120. This would benefit our students by reducing the number of courses to keep up with in the final semester, while still ensuring the course content is taught throughout the program.
- NUR 170 (Maternal-Child Nursing) and NUR 171 (Maternal-Child Nursing Clinical): The proposed change is to merge these two courses into one course, NUR 135 (Maternal-Newborn Nursing). Once again, merging courses reduces the amount of courses that the student has to manage at one time without reducing content. This proposal change would also make this course a corequisite with NUR 130 (Professional Practice in Nursing).

As a PN faculty member, I ask that you consider this curriculum change as it will be of most benefit to the students and their learning. As PN faculty, we are constantly looking for ways to improve learning outcomes and help our students be successful in our nursing program. I believe that these proposed changes will not only strengthen our curriculum but also facilitate improved time management in our students as they prioritize their lab practice time and study time while balancing multiple courses . Thank you for your consideration of the curriculum change at Manhattan Area Technical College.

Sincerely,

Jenny Sullivan, BSN, RN

Practical Nursing Faculty

Manhattan Area Technical College

3136 Dickens Ave

Manhattan, KS 66503

Email: jennysullivan@manhattantech.edu

RECEIVED
OCT 29 2026
KSBN EDUCATION

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: 10/29/2026

Name of Program: Practical Nursing

Program Administrator including credentials: Emily Dieker, RN, MSN, APRN/CNS

Parent Institution: Flint Hills Technical College

Address of Institution: 3301 West 18th Avenue
Emporia, KS 66801

Level of the Program for which the change Is being requested: Practical Nursing

Briefly describe the Change being requested: Allow optional hybrid and online delivery for targeted courses.

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

Request for Approval of Changes to Course Delivery Methods
Flint Hills Technical College (FHTC)
Date: October 29, 2026
Proposed Implementation: Fall 2027

Purpose of Request
Flint Hills Technical College (FHTC) respectfully requests approval from the Kansas State Board of Nursing (KSBN) to modify the delivery methods of nine (9) Practical Nursing courses, effective Fall 2027. The proposed modifications would establish an optional hybrid delivery method for seven (7) courses and an optional fully online delivery method for two (2) courses.

These changes are intended to enhance instructional flexibility, optimize the use of faculty resources, and expand opportunities for individualized student support while maintaining the quality and integrity of the Practical Nursing program.

Rationale for Proposed Changes
As a small institution serving a rural community with limited faculty resources, FHTC continually evaluates instructional delivery methods to maximize faculty effectiveness and promote student success. Offering a hybrid or online format for the nine identified courses would allow faculty to dedicate additional time and resources to essential instructional activities, including facilitating new simulation laboratory experiences, providing individualized tutoring and academic support, and reviewing and updating instructional materials. Additionally, offering these alternative delivery formats could expand the pool of qualified adjunct instructors by providing greater flexibility for nurse practitioners currently working in clinical practice to contribute their expertise and knowledge to the program.

The proposed delivery options are intended to complement existing instructional practices and provide greater flexibility in course delivery. FHTC remains committed to maintaining appropriate educational standards and ensuring that students receive the instruction and support necessary to meet course and program outcomes.

The FHTC Practical Nursing program is working to expand enrollment to meet its approved capacity of 30 students per cohort. Increasing cohort sizes to 30 per semester would help address the statewide nursing shortage by preparing more graduates to enter the workforce. Currently, FHTC limits cohorts to 20 students due to challenges in hiring full-time faculty, limited classroom and laboratory space on campus, and the availability of clinical sites. Implementing alternative delivery formats would provide greater flexibility in

faculty utilization and course scheduling each semester, helping the program work toward meeting its approved enrollment capacity.

Learning Management System and Institutional Support

FHTC utilizes Moodle, a comprehensive learning management system, to support hybrid and online instruction. Moodle is currently used across the institution, and students in all programs access the platform for various instructional purposes.

Within the Practical Nursing program, students currently use Moodle to complete pre-and post-tests, access supplemental learning materials, and complete the First Year Experience course, which serves as the institution's new student orientation. These existing applications provide a foundation for expanding the use of Moodle to support the proposed course delivery options.

FHTC provides institutional and technical support for Moodle through its information technology (IT) staff. In addition, the Dean of Academic Affairs assists faculty with incorporating instructional content and developing online learning activities, including discussion forums, quizzes, and examinations. Faculty members who are new to Moodle are required to complete a Moodle Bootcamp course to develop familiarity with the platform and its instructional capabilities. Professional development related to the Moodle platform is also offered throughout the academic year to instructors.

This combination of established technology, institutional support, and faculty preparation will facilitate the transition to the proposed hybrid and online delivery formats.

Implementation Plan

If approved by the Kansas State Board of Nursing, FHTC plans to complete the development and preparation of the proposed course delivery options during the Spring 2027 semester. This preparation period will allow faculty to adapt course materials, organize online learning activities, and ensure that the courses are appropriately structured for their respective delivery formats.

The revised delivery options are scheduled to be available for optional implementation beginning in Fall 2027. The proposed changes will provide students with additional flexibility while allowing FHTC to continue supporting student learning and achievement of established course and program outcomes.

Proposed Course Delivery Modifications

The following table identifies the nine Practical Nursing courses included in this request and the proposed changes to their delivery methods.

Course #	Course Name	Credit Hours	Current Contact Hours Face-to-Face	Proposed Change to Delivery Format	Proposed Face-to-Face Hours	Proposed Online Hours
NSG 101	KSPN Fundamentals of Pharmacology	2	25	Hybrid	12.5	12.5
NSG 121	KSPN Foundations of Nursing	4	50	Hybrid	25	25
NSG 125	KSPN Nursing Care of Adults I	4	50	Hybrid	25	25
NSG 202	KSPN Maternal/Child	2	25	Hybrid	12.5	12.5
NSG 204	KSPN Mental Health Nursing	2	25	Online	0	25
NSG 222	KSPN Nursing Care of Adults II	4	50	Hybrid	25	25
NSG 224	KSPN Care of Aging Adults	2	25	Online	0	25
NSG 225	KSPN Leadership Roles and Issues	2	25	Hybrid	12.5	12.5
NSG 226	Seminar in Nursing II	1	12.5	Hybrid	6.25	6.25

Conclusion

Flint Hills Technical College respectfully requests the Kansas State Board of Nursing's approval to offer the identified Practical Nursing courses in the proposed optional hybrid and online formats beginning in Fall 2027. These modifications represent an effort to use institutional resources effectively, strengthen faculty capacity to provide individualized student support, and incorporate established educational technology into course delivery. With existing learning management system infrastructure, institutional technical support, and a planned faculty preparation period, FHTC is positioned to implement the proposed changes in a structured and deliberate manner while maintaining its commitment to quality nursing education.

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: 09/28/2026

Name of Program: Practical Nurse

Program Administrator including credentials: Mrs. Sue Watson, MSN, RN

Parent Institution: Mid-America College of Health Sciences

Address of Institution: 10000 W. 75th Street
Suite 241
Merriam, KS 66204

Level of the Program for which the change Is being requested: Practical Nursing (PN) Program

Briefly describe the Change being requested: Please see attached description of change request and proposal.

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.

Mid-America College of Health Sciences (MACOHS) is proposing to convert several Practical Nursing courses from a fully on-campus format to a hybrid delivery model. The proposed change is intended to strengthen instructional delivery, improve the use of on-campus instructional time, provide students with greater flexibility, and better align the method of instruction with the actual structure and learning requirements of each course.

The courses proposed for conversion are:

- **Module II – PN201: Nursing Care of Adults I**
- **Module III – PN301: Maternal Child Nursing**
- **Module III – PN303: Care of Aging Adults**
- **Module III – PN304: Leadership, Roles, and Issues**
- **Module IV – PN403: Preparation for NCLEX/Preparation & Professional Behavior**
- **Module IV – PN405: Mental Health Nursing**

A primary consideration in this decision is the instructional composition of these courses. The majority of the identified courses contain approximately 20 clock hours of classroom didactic instruction and do not include separate laboratory or clinical clock hours. Because these courses are primarily didactic in nature, requiring students to be physically on campus for every instructional hour does not necessarily provide the most effective or efficient use of instructional time.

The proposed hybrid format would allow the didactic portion of these courses to be delivered through a combination of structured online learning and scheduled on-campus instruction. This model would preserve meaningful faculty-to-student interaction while allowing portions of the courses that are well suited for independent learning, guided discussion, readings, assignments, case studies, review activities, and other academic exercises to be completed online.

The conversion is not intended to reduce instructional expectations or academic rigor. Rather, it is intended to provide a more purposeful use of instructional time. Faculty will continue to establish clear learning objectives, provide instructional materials, monitor student participation and progress, assess student learning, and maintain appropriate faculty availability. Required assessments and other activities will continue to be administered in accordance with institutional policies and applicable regulatory requirements.

For courses that do not contain laboratory or clinical components, the hybrid model also creates an opportunity to reserve on-campus time for activities that benefit most from direct faculty and student interaction. These may include clarification of complex concepts, application of nursing knowledge, case-based discussions, clinical judgment activities, examination preparation, remediation, faculty feedback, and other structured learning experiences.

For example, PN201: Nursing Care of Adults I can use online instruction for foundational content and guided learning while utilizing scheduled on-campus sessions for discussion, application, and clarification of more complex adult health concepts. PN301: Maternal Child Nursing and PN405: Mental Health Nursing can similarly incorporate online content delivery with scheduled face-to-face sessions focused on application, discussion, case studies, clinical judgment, and faculty feedback. PN303: Care of Aging Adults and PN304: Leadership, Roles, and Issues contain significant content that can be effectively supported through structured online learning activities, discussion, assignments, and faculty-guided learning while maintaining appropriate opportunities for in-person engagement. PN403: Preparation for NCLEX/Preparation & Professional Behavior can benefit from a combination of online review, practice activities, preparation resources, and scheduled faculty-led sessions focused on NCLEX preparation, test-taking strategies, professional expectations, and remediation.

The hybrid model also provides students with greater flexibility while maintaining accountability for their learning. Students will be expected to complete assigned online activities within established deadlines and meet all course participation, attendance, assessment, and academic requirements. Faculty will monitor student engagement and academic progress and will intervene when students demonstrate difficulty meeting course expectations.

This delivery model is particularly appropriate because the identified courses are primarily didactic courses rather than courses requiring ongoing laboratory or clinical practice. Courses that require hands-on skills, laboratory practice, simulation, or clinical experiences will continue to provide those experiences in the appropriate face-to-face environment. The proposed conversion therefore distinguishes between instructional activities that require physical presence and those that can be effectively delivered through a structured hybrid format.

The conversion will also allow MACOHS to make more strategic use of classroom space and faculty resources while maintaining the quality of instruction. Rather than requiring students to be on campus for instructional hours that are primarily lecture-based, the institution can use on-campus time for higher-value, interactive learning experiences. This approach supports a more student-centered learning environment and provides students with multiple ways to engage with course content.

MACOHS will continue to evaluate the effectiveness of the hybrid delivery model through student performance, course completion, student feedback, faculty observations, attendance and participation data, and other appropriate academic measures. The institution will use these data to determine whether the delivery format is meeting the intended educational outcomes and to identify any areas requiring adjustment or additional student support.

In summary, the proposed conversion of these courses to hybrid delivery is based on the instructional design and clock-hour composition of the courses, particularly the fact that most contain approximately 20 clock hours of didactic instruction with no laboratory or clinical clock

hours. The hybrid model provides an opportunity to maintain academic rigor while improving flexibility, increasing the purposeful use of face-to-face instructional time, and creating a more student-centered approach to learning. MACOHS will maintain appropriate faculty oversight, student accountability, assessment, and academic support throughout the implementation of the hybrid model.

INSTITUTIONAL PROPOSAL

Practical Nursing Program
Hybrid Delivery & Strategic Improvement Initiative

Maintain Residential Delivery | Add Hybrid Option | Strengthen Simulation & Clinical Education

Purpose	Institutional authorization and regulatory approval pathway
Program	Practical Nursing
Current Modality	Residential / brick-and-mortar
Proposed Addition	Hybrid delivery option for academically appropriate components, subject to required approvals
Cc: Kansas Board of Regents	Kansas Board of Regents

Strategic premise

This is not a proposal to move nursing education online. It is a proposal to align each instructional modality with the educational purpose it serves best while strengthening access, faculty capacity, simulation, clinical education, competency validation, and outcome accountability.

Presenter

Dr. Susan Nkonyeasua Omare, DNP-RN, MBA/HCM, M.Sc.-HCQ, ABSN, B.Sc.-IT

President and Founder

October 27, 2026

1. Executive Summary

The Parent Institution of the Practical Nursing Program, Mid-America College of Health Sciences (MACOHS), recommends the addition of a hybrid instructional delivery option for the Practical Nursing Program while maintaining the program's current residential/brick-and-mortar delivery option. Implementation would occur only after completion of applicable Kansas State Board of Nursing (KSBN) curriculum change process and approval.

Institutional Ownership and Program Governance

The Practical Nursing Program is an educational program of MACOHS, its Parent Institution. Institutional ownership, authority, and ultimate accountability for the Program reside with MACOHS and are not vested in any individual program administrator.

The Director of Nursing and other designated nursing personnel are entrusted with the academic administration, implementation, monitoring, and day-to-day oversight of the Program within their assigned authority. Such delegated administrative responsibility does not constitute ownership of the Program and does not supersede the governance authority and institutional accountability of MACOHS as the Parent Institution.

Accordingly, a change in the Director of Nursing, Program Administrator, faculty, or other nursing personnel does not alter the identity, ownership, governance, or continuing responsibility of the Parent Institution for the Practical Nursing Program. Personnel may change; the Program remains an institutional program of MACOHS.

MACOHS therefore exercises its institutional responsibility to evaluate program needs, provide resources, establish strategic direction, ensure regulatory compliance, support continuous quality improvement, and initiate institutional and programmatic changes through the appropriate governance and regulatory processes. Nursing Program Administration participates in and implements these processes within its designated academic and regulatory responsibilities.

This institutional recommendation represents one component of the Nursing Program's strategic improvement response during the period of conditional approval. Hybrid delivery is not presented as a stand-alone remedy for conditional approval. Rather, it is a controlled intervention within a broader quality-improvement strategy that will be tied to defined measures, documented implementation, Board oversight, and continuous quality improvement (CQI).

Institutional Action Requested

- Approve the institutional strategic direction to maintain the residential Practical Nursing option and develop an additional hybrid option.
- Authorize the appropriate institutional and Nursing Program personnel to pursue required regulatory approvals and complete curriculum, technology, faculty-development, student-support, policy, and operational preparations.

- Require implementation and outcomes to be monitored through the Nursing Program Strategic Improvement Plan and MACOHS institutional effectiveness/CQI processes.
- Require institutional leadership to provide implementation status and outcome data through established governance and reporting intervals, with the Board of Regents copied on the proposal and subsequent material updates.

Why Now

The proposal responds to four converging needs: (1) strengthening the Nursing Program under conditional approval and beyond; (2) expanding the pool of qualified faculty who can participate in didactic instruction; (3) reducing avoidable access barriers for students; and (4) modernizing instructional design while preserving rigorous hands-on preparation.

2. National Evidence & Benchmarking

The National Council of State Boards of Nursing (NCSBN) National Nursing Education Database: 2024-2025 Aggregate Data provides a current national benchmark. The report includes data from 35 U.S. nursing regulatory bodies, 1,978 nursing programs, and 237,226 enrolled students. NCSBN describes the data as appropriate for benchmarking nursing education program metrics with national data.

Source: NCSBN, National Nursing Education Database: 2024-2025 Aggregate Data (July 2026), pp. 1, 8-9.

Hybrid Learning

Among its positive findings, NCSBN reported that nursing programs used more hybrid learning modalities in 2024-2025 than in previous years and stated that this is supported as a best practice in higher-education literature. This finding supports consideration of hybrid delivery as an established and increasing instructional approach, not as a reduction of nursing education requirements.

Clinical Education

NCSBN identified decreasing clinical hours as an area of concern and called for action by the nursing education community, including robust research on best practices for direct-care clinical experiences, consideration of minimum numbers of clinical hours, and alternative practice sites and times. The strategic opportunity is to improve how didactic; simulation, laboratory, and direct-care experiences are intentionally combined.

Simulation

NCSBN reported that simulation hours remain low nationally, ranging from 40.6 to 106.5 hours across the six program types, and called for research into barriers and strategies to increase simulation use. The same aggregate data show that only 26.7% of programs reported certified simulation faculty; among LPN/VN programs, 15.2% reported certified simulation faculty.

These findings support pairing the hybrid initiative with deliberate simulation-faculty development and simulation-quality controls.

Remediation & Patient Safety

The NCSBN report also identifies formal remediation for student clinical errors and near misses as a patient-safety issue. Although remediation has increased, 15.7% of programs reported no formal remediation process for students responsible for clinical errors or near misses. MACOHS will use this national finding to reinforce, not replace, its existing remediation, competency-validation, and documentation controls.

3. Proposed Strategic Improvement Architecture

MACOHS, as the Parent Institution, proposes that the hybrid initiative be recognized as one component of a broader Nursing Program Quality, Access & Instructional Modernization strategy.

Strategic Pillar	Primary Aim	Key Actions	Evidence of Effectiveness
1. Instructional Modernization	Use the right modality for the right learning objective.	Hybrid delivery for approved didactic components; LMS standards; faculty readiness; student orientation; attendance/engagement controls.	Course outcomes, engagement, progression, completion, modality comparison.
2. Experiential Education Strengthening	Preserve and strengthen practice readiness.	In-person skills/lab; enhanced simulation; intentional direct-care clinical experiences; competency validation; remediation.	Skills/clinical evaluations, simulation utilization, remediation closure, clinical outcomes.
3. Faculty Capacity & Student Access	Expand qualified instructional capacity and reduce avoidable barriers.	Broader faculty recruitment; flexible didactic assignments; reduced commuting burden; support for working/caregiving students.	Vacancy/coverage trends, faculty retention, attendance, student feedback, persistence.

Integrated Educational Model

HYBRID DIDACTIC → IN-PERSON LAB/SKILLS → ENHANCED SIMULATION → DIRECT PATIENT CARE → REMEDIATION & COMPETENCY VALIDATION → NCLEX PREPARATION → PRACTICE READINESS

The model deliberately separates instructional flexibility from experiential rigor. Hybrid delivery would apply only where academically appropriate and approved. Laboratory, simulation, skills validation, clinical education, and other experiences requiring physical presence would remain in person as appropriate and as required.

4. Anticipated Institutional & Student Benefits

- Faculty capacity: potential to recruit more qualified instructors beyond the immediate commuting area for appropriate didactic assignments, subject to licensure, qualification, authorization, and institutional requirements.
- Student access: reduced commuting time and transportation expenses for selected instructional periods and fewer scheduling/logistical barriers for students managing employment, childcare, and family responsibilities.
- Enrollment and capacity: potential to increase instructional capacity without a proportionate increase in physical classroom utilization.
- Continuity and resilience: established technology-supported instructional pathways may improve continuity during weather, facility, or other disruptions.
- Strategic scalability: creates an infrastructure that can support controlled growth while preserving measurable quality expectations.

5. Academic & Operational Safeguards

- No automatic reduction in required instructional, laboratory, simulation, clinical, or competency expectations solely because hybrid delivery is introduced.
- Course-by-course determination of which learning objectives are appropriate for hybrid delivery.
- Faculty qualification verification, hybrid-teaching orientation, LMS competency, and ongoing evaluation.
- Student orientation to technology, attendance/participation expectations, academic integrity, communication, support, and escalation pathways.
- Reliable identity/authentication, assessment-integrity, privacy, accessibility, and technology-support controls.
- Defined standards for synchronous/asynchronous engagement, attendance, timely faculty response, and documentation.
- Simulation standards addressing scenario design, faculty preparation, debriefing, evaluation, and CQI.
- Clinical placement and direct-care experiences maintained and monitored separately from hybrid didactic delivery.
- Modality-specific outcome analysis so hybrid and residential results can be compared rather than blended.

6. Regulatory & Institutional Approval

MACOHS recognizes that its institutional authority and responsibility for the Practical Nursing Program are exercised within applicable regulatory requirements. The proposed hybrid instructional delivery option will proceed through the appropriate institutional governance and regulatory review processes.

Approval of this proposal by the Parent Institution does not constitute authorization to implement the change before required regulatory approval is obtained.

Following the required approval(s), Nursing Program Administration will implement the approved change within its designated academic and administrative responsibilities and in accordance with applicable requirements.

Step	Control Point	Required Evidence
1	Internal academic design	Identify courses/components appropriate for hybrid delivery; preserve required hands-on experiences.
2	Board authorization	Approve strategic direction, resources, and regulatory pursuit.
3	Regulatory review	Confirm and obtain all required KSBN and other applicable approvals before launch.
4	Readiness build	Faculty development, LMS design, simulation plan, student support, policies, disclosures, technology testing.
5	Controlled implementation	Launch only after written readiness verification and required approvals.
6	IE/CQI monitoring	Compare hybrid and residential outcomes; trigger corrective action where variance is material.

7. Connection to Conditional Approval

MACOHS recommends that this initiative be entered into the Nursing Program Strategic Improvement Plan as a documented improvement action during the period of conditional approval. The proposal does not state or imply that hybrid delivery, by itself, resolves the conditions underlying conditional approval. Instead, MACOHS shall demonstrate a disciplined improvement cycle: identify needs, benchmark against current national evidence, select interventions, secure governance and regulatory approvals, implement controls, measure outcomes, and document CQI.

CONDITIONAL APPROVAL → NEEDS ANALYSIS → NCSBN BENCHMARKING → STRATEGIC ACTION → BOARD/REGULATORY APPROVAL → IMPLEMENTATION → OUTCOME MEASUREMENT → CQI → EVIDENCE OF IMPROVEMENT

8. Strategic Implementation & CQI Matrix

Targets will be established from MACOHS-approved baselines and regulatory expectations.

Domain	Measure	Owner	Frequency	Evidence	CQI Trigger
Hybrid readiness	Approved course map; LMS build; faculty/student readiness	Academic leadership / Program Director	Pre-launch; each term	Readiness checklist; course shells; training records	Any incomplete control before launch
Faculty capacity	Qualified faculty coverage, vacancies, retention, orientation completion	Program Director / Academic leadership	Monthly/term	Faculty files; schedules; orientation records	Coverage gap or qualification variance
Student access & engagement	Attendance, LMS participation, response/support utilization, student feedback	Faculty / Student Services / Program Director	Weekly/term	LMS, attendance, advising/support records	Material engagement or attendance variance
Academic outcomes	Course pass, progression, completion, remediation	Program Director / IE	Each course/term	SIS/LMS; remediation records	Material adverse variance by modality
Simulation	Hours/utilization, faculty preparation, competency/debriefing evidence	Program Director / Academic Leadership	Each term	Simulation logs; faculty training; evaluations	Low utilization, incomplete competency, recurring deficits
Clinical quality	Direct-care hours, site adequacy, clinical evaluations, incidents/near misses	Program Director / Clinical faculty	Each rotation/term	Clinical logs; evaluations; incident/remediation records	Hours/site shortfall, safety event, repeated competency concern
Licensure readiness	NCLEX preparation indicators and licensure outcomes	Program Director / IE	Cohort/annual	Readiness assessments; NCLEX reports	Negative trend or modality variance
CQI closure	Action plans completed and effectiveness rechecked	IE / Academic leadership	Quarterly/Board cycle	CQI log; minutes; follow-up evidence	Open action beyond approved deadline

9. Proposed Institutional Authorization / Board of Regents Acknowledgment

AUTHORIZED, that Mid-America College of Health Sciences (MACOHS), as the Parent Institution of the Practical Nursing Program, approves the strategic direction to develop and pursue implementation of a hybrid instructional delivery option in addition to the existing residential modality, subject to completion of all applicable regulatory, accreditation, academic, technological, student-support, and institutional requirements.

FURTHER AUTHORIZED, that the appropriate institutional and Nursing Program personnel may undertake curriculum design, faculty development, technology preparation, simulation and clinical planning, student-support preparation, policy development, regulatory submissions, and other reasonable readiness activities necessary to support the proposed initiative.

FURTHER AUTHORIZED, that no hybrid delivery option shall be represented as fully implemented or offered to students until all required approvals and institutional readiness controls have been completed.

FURTHER AUTHORIZED, that implementation and outcomes shall be monitored through MACOHS institutional-effectiveness and continuous-quality-improvement processes, including comparative review of hybrid and residential outcomes where applicable, and that material findings and improvement actions shall be reported through established institutional governance channels, with the Board of Regents copied as appropriate.

10. Institutional Decision Record

Institutional Action ■ Approved ■ Approved with Conditions ■ Tabled ■ Not Approved

Conditions / Directives

Effective Date

President & Founder / Authorized Signatory

Date

References & Source Control

1) National Council of State Boards of Nursing. (2026, July). National Nursing Education Database: 2024-2025 Aggregate Data. Nancy Spector, PhD, RN, FAAN; Josephine Silvestre, MSN, RN; Qiana McIntosh, MBA; Nicole Kaminski-Ozturk, PhD, PMP. Hard-copy conference material supplied to MACOHS leadership.
2) Kansas State Board of Nursing (KSBN). Nursing Program Administrator Resources. Faculty and Curriculum Forms, including the Major Curriculum Change Request. Available from the official KSBN Nursing Program Administrator Resources page.
3) Kansas State Board of Nursing (KSBN). Education Committee Meeting Minutes, December 9, 2025; approved March 24, 2026. See p. 5, Motion #12: Major Curriculum Change request approving a nursing-course delivery method of either in-person or hybrid modality.
4) Kansas State Board of Nursing (KSBN). Education Committee Meeting Minutes, September 10, 2024; approved December 10, 2024. See p. 3, Major Curriculum Change Requests: Mid-America College of Health Sciences Practical Nursing curriculum change request, approved as amended.
5) Kansas State Board of Nursing (KSBN). Nursing Program Administrator Resources. Resource collection includes nursing-program reapproval materials, site-visit guidance, curriculum resources, administrator orientation/update materials, annual-report resources, and simulation resources.

Source-control note: The NCSBN 2024-2025 aggregate report obtained from 2026 NCSBN Annual Meeting – Chicago is the controlling source for the national findings cited in this proposal.

NCSBN
Leading Regulatory Excellence

National Nursing Education Database: 2024–2025 Aggregate Data

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July 2026

Introduction

In the fall of 2020 NCSBN launched the Annual Report Program, which is the first-ever national program to collect annual education data from all nursing programs in participating U.S. nursing regulatory bodies (NRBs). This program is based on NCSBN's studies of quality indicators of nursing schools (Spector et al., 2020), where NCSBN's Annual Report team collects demographic data and evidence-based quality indicators of nursing programs for the NRBs. In 2026 NCSBN's Research Department and the Nursing Education Policy team collaborated to update the nursing education quality indicators with 5 years of data from the Annual Report Program. Most NRBs require nursing education annual report data as part of their approval process of nursing programs. Regulatory approval of nursing programs ensures the NRBs that the programs are graduating safe and competent nurses.

Each nursing program in participating states/jurisdictions receives a report of their metrics and each participating NRB receives a report of all their programs' metrics, including how well their programs are meeting the quality indicators. Please note that all outlier data are verified by the NCSBN Annual Report team before the data are analyzed. This report includes the 2024–2025 aggregate data of the participating NRBs, and these data can be used by all U.S. nursing programs for benchmarking. The NRBs and nursing programs can then work together to identify needed improvements — *before* NCLEX® Exam pass rates and other outcomes fall. It is important to remember that NCLEX pass rates are lagging indicators, meaning that they don't begin to fall until other key quality indicators have not been met (Spector et al., 2020).

In 2025 NCSBN launched the National Nursing Education Database dashboard*, which illustrates Annual Report aggregate data from nursing programs related to demographics and evidence-based quality indicators. This database provides an in-depth look at the characteristics and performance of nursing education programs. It is interactive so that comparisons can be made, and unique data can be identified. In 2026 the Annual Report team is collaborating with IT to develop individual dashboards for the participating NRBs so that they can make comparisons with the national dashboard. The individual dashboards will be released to the participating NRBs by the end of summer 2026.

Participating NRBs

Table 1 illustrates the number of participating NRBs in the Annual Report Program from 2020, when the program began, to 2025. All the participating NRB's prelicensure nursing programs (practical nursing and all types of registered nursing programs) complete the surveys, and each question on the survey requires the programs to respond. Table 1 also cites the number of programs, enrolled students, and faculty in each academic year. It is interesting to note the number of adjunct faculty the programs are using, particularly considering that an evidence-based quality indicator is that programs should employ at least 35% full-time faculty.

*Scan to visit the National Nursing Education Database Dashboard
ncsbn.org/EduDashboard

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Table 7. Other Quality Indicators							
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry	Grand Total
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)	1,978
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Disability Support Services							
Yes	649 (98.8%)	30 (100.0%)	735 (99.9%)	454 (99.8%)	54 (100.0%)	45 (97.8%)	1,967 (99.4%)
No	8 (1.2%)	0 (0.0%)	1 (0.1%)	1 (0.2%)	0 (0.0%)	1 (2.2%)	11 (0.6%)
Non-native English Speaker Services							
Yes	352 (53.6%)	7 (23.3%)	471 (64.0%)	260 (57.1%)	41 (75.9%)	36 (78.3%)	1,167 (59.0%)
No	305 (46.4%)	23 (76.7%)	265 (36.0%)	195 (42.9%)	13 (24.1%)	10 (21.7%)	811 (41.0%)
Services for Low Socioeconomic Class Students							
Yes	630 (95.9%)	23 (76.7%)	724 (98.4%)	447 (98.2%)	52 (96.3%)	45 (97.8%)	1,921 (97.1%)
No	27 (4.1%)	7 (23.3%)	12 (1.6%)	8 (1.8%)	2 (3.7%)	1 (2.2%)	57 (2.9%)
Formal Remediation Process for Students Needing Academic Support							
Yes	583 (88.7%)	23 (76.7%)	653 (88.7%)	415 (91.2%)	50 (92.6%)	41 (89.1%)	1,765 (89.2%)
No	74 (11.3%)	7 (23.3%)	83 (11.3%)	40 (8.8%)	4 (7.4%)	5 (10.9%)	213 (10.8%)
Formal Remediation Process for Students Committing Errors/Near Misses							
Yes	546 (83.1%)	20 (66.7%)	620 (84.2%)	394 (86.6%)	49 (90.7%)	39 (84.8%)	1,668 (84.3%)
No	111 (16.9%)	10 (33.3%)	116 (15.8%)	61 (13.4%)	5 (9.3%)	7 (15.2%)	310 (15.7%)
Certified Simulation Faculty							
Yes	100 (15.2%)	5 (16.7%)	185 (25.1%)	184 (40.4%)	26 (48.1%)	29 (63.0%)	529 (26.7%)
No	456 (69.4%)	20 (66.7%)	523 (71.1%)	257 (56.5%)	28 (51.9%)	17 (37.0%)	1,301(65.8%)
Does not offer simulated clinical experience	101 (15.4%)	5 (16.7%)	28 (3.8%)	14 (3.1%)	0 (0.0%)	0 (0.0%)	148 (7.5%)
Simulation Lab Accredited by SSH or Endorsed by INACSL							
Yes	16 (2.4%)	2 (6.7%)	16 (2.2%)	38 (8.4%)	11 (20.4%)	8 (17.4%)	91 (4.6%)
No	540 (82.2%)	23 (76.7%)	692 (94.0%)	403 (88.6%)	43 (79.6%)	38 (82.6%)	1,739 (87.9%)
Does not offer simulated clinical experience	101 (15.4%)	5 (16.7%)	28 (3.8%)	14 (3.1%)	0 (0.0%)	0 (0.0%)	148 (7.5%)

Conclusions

In this 2024–2025 aggregate report, 35 U.S. NRBs participated so that data were collected from 1,978 programs that had enrolled 237,226 students. Therefore, this is an excellent document for benchmarking nursing education program metrics with national data. Additionally, with the launch of the National Nursing Education dashboard, which is interactive, programs can analyze these data with more depth.

Some positive findings included:

- Programs were using more hybrid learning modalities in 2024–2025, as compared to previous years, which is supported as a best practice in higher education literature.

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- Compared to previous years, there was an increase in the formal orientation of faculty, which is a quality indicator of nursing education programs.
- In RN programs, with the exception of Associate's and Diploma programs, the majority of the deans/directors had doctoral degrees. In both RN and LPN/VN programs the majority of faculty had graduate degrees.
- Compared to previous years, there has been an increase in the number of programs that provide resources for non-English-speaking students.

Some areas of concern included:

- Clinical hours continue to decrease from previous years. The nursing education community needs to take action on this. For example, regulators and educators are calling for robust research on best practices of direct care clinical experiences, considering minimum numbers of clinical hours and alternative practice sites and times.
- Simulation hours continue to be low (range of 40.6 – 106.5 hours across the six program types). Future research might investigate why this is happening and provide strategies to increase the use of simulation.
- While formal remediation for student errors and near misses in clinical experiences has increased over the past five years, it is still a concern that 15.7% of all programs do not provide remediation for students who are responsible for patient errors and near misses. One longitudinal study of more than 200 programs found that medication errors account for more than ½ of the errors students make in their clinical experiences. Nursing education leaders should provide faculty with evidence-based strategies for developing policies and providing remediation for student errors and near misses in clinical experiences. This is a patient safety issue.

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Appendix B — Practical Nursing Program Governance Record

Institutional Ownership • Delegated Administration • Continuity of Accountability

Purpose. This governance record establishes the continuing institutional relationship between Mid-America College of Health Sciences (MACOHS), as the Parent Institution, and the Practical Nursing Program. It is intended to preserve clarity of authority and accountability notwithstanding changes in individual personnel or program administratorship.

Institutional Ownership and Accountability. The Practical Nursing Program is an educational program of MACOHS. Institutional ownership, governance authority, resource responsibility, and ultimate accountability for the Program remain with MACOHS as the Parent Institution.

Delegated Program Administration. MACOHS delegates day-to-day nursing academic and program administration to a qualified Director of Nursing/Program Administrator and other designated nursing personnel in accordance with applicable regulatory requirements, institutional policies, approved job responsibilities, and established reporting relationships. Delegation of administrative responsibility does not transfer institutional ownership of the Program.

Continuity Through Leadership Changes. Appointment, resignation, replacement, reassignment, or other change involving the Director of Nursing, Program Administrator, faculty, or other program personnel does not change the identity or ownership of the Practical Nursing Program. MACOHS remains the Parent Institution and retains continuing responsibility for program governance, resources, compliance, institutional effectiveness, and continuity.

Institutional and Program Responsibilities. MACOHS establishes institutional strategy, governance, resources, policies, compliance systems, and continuous-quality-improvement expectations. Nursing Program Administration exercises the nursing academic and operational responsibilities delegated to it, including curriculum implementation, faculty oversight, student progression, clinical and simulation oversight, program evaluation, and other responsibilities assigned by regulation or institutional policy.

Governance Principle. Institutional authority and delegated nursing program administration are complementary rather than competing responsibilities. Program leadership administers the Practical Nursing Program within its designated authority; MACOHS remains accountable for the Program as the Parent Institution.

INSTITUTIONAL PROPOSAL

Practical Nursing Program
Hybrid Delivery & Strategic Improvement Initiative

Maintain Residential Delivery | Add Hybrid Option | Strengthen Simulation & Clinical Education

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- Student access: reduced commuting time and transportation expenses for selected instructional periods and fewer scheduling/logistical barriers for students managing employment, childcare, and family responsibilities.
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- Continuity and resilience: established technology-supported instructional pathways may improve continuity during weather, facility, or other disruptions.
- Strategic scalability: creates an infrastructure that can support controlled growth while preserving measurable quality expectations.

5. Academic & Operational Safeguards

- No automatic reduction in required instructional, laboratory, simulation, clinical, or competency expectations solely because hybrid delivery is introduced.
- Course-by-course determination of which learning objectives are appropriate for hybrid delivery.
- Faculty qualification verification, hybrid-teaching orientation, LMS competency, and ongoing evaluation.
- Student orientation to technology, attendance/participation expectations, academic integrity, communication, support, and escalation pathways.
- Reliable identity/authentication, assessment-integrity, privacy, accessibility, and technology-support controls.
- Defined standards for synchronous/asynchronous engagement, attendance, timely faculty response, and documentation.
- Simulation standards addressing scenario design, faculty preparation, debriefing, evaluation, and CQI.
- Clinical placement and direct-care experiences maintained and monitored separately from hybrid didactic delivery.
- Modality-specific outcome analysis so hybrid and residential results can be compared rather than blended.

6. Regulatory & Institutional Approval

MACOHS recognizes that its institutional authority and responsibility for the Practical Nursing Program are exercised within applicable regulatory requirements. The proposed hybrid instructional delivery option will proceed through the appropriate institutional governance and regulatory review processes.

Approval of this proposal by the Parent Institution does not constitute authorization to implement the change before required regulatory approval is obtained.

Following the required approval(s), Nursing Program Administration will implement the approved change within its designated academic and administrative responsibilities and in accordance with applicable requirements.

Step	Control Point	Required Evidence
1	Internal academic design	Identify courses/components appropriate for hybrid delivery; preserve required hands-on experiences.
2	Board authorization	Approve strategic direction, resources, and regulatory pursuit.
3	Regulatory review	Confirm and obtain all required KSBN and other applicable approvals before launch.
4	Readiness build	Faculty development, LMS design, simulation plan, student support, policies, disclosures, technology testing.
5	Controlled implementation	Launch only after written readiness verification and required approvals.
6	IE/CQI monitoring	Compare hybrid and residential outcomes; trigger corrective action where variance is material.

7. Connection to Conditional Approval

MACOHS recommends that this initiative be entered into the Nursing Program Strategic Improvement Plan as a documented improvement action during the period of conditional approval. The proposal does not state or imply that hybrid delivery, by itself, resolves the conditions underlying conditional approval. Instead, MACOHS shall demonstrate a disciplined improvement cycle: identify needs, benchmark against current national evidence, select interventions, secure governance and regulatory approvals, implement controls, measure outcomes, and document CQI.

CONDITIONAL APPROVAL → NEEDS ANALYSIS → NCSBN BENCHMARKING → STRATEGIC ACTION → BOARD/REGULATORY APPROVAL → IMPLEMENTATION → OUTCOME MEASUREMENT → CQI → EVIDENCE OF IMPROVEMENT

8. Strategic Implementation & CQI Matrix

Targets will be established from MACOHS-approved baselines and regulatory expectations.

Domain	Measure	Owner	Frequency	Evidence	CQI Trigger
Hybrid readiness	Approved course map; LMS build; faculty/student readiness	Academic leadership / Program Director	Pre-launch; each term	Readiness checklist; course shells; training records	Any incomplete control before launch
Faculty capacity	Qualified faculty coverage, vacancies, retention, orientation completion	Program Director / Academic leadership	Monthly/term	Faculty files; schedules; orientation records	Coverage gap or qualification variance
Student access & engagement	Attendance, LMS participation, response/support utilization, student feedback	Faculty / Student Services / Program Director	Weekly/term	LMS, attendance, advising/support records	Material engagement or attendance variance
Academic outcomes	Course pass, progression, completion, remediation	Program Director / IE	Each course/term	SIS/LMS; remediation records	Material adverse variance by modality
Simulation	Hours/utilization, faculty preparation, competency/debriefing evidence	Program Director / Academic Leadership	Each term	Simulation logs; faculty training; evaluations	Low utilization, incomplete competency, recurring deficits
Clinical quality	Direct-care hours, site adequacy, clinical evaluations, incidents/near misses	Program Director / Clinical faculty	Each rotation/term	Clinical logs; evaluations; incident/remediation records	Hours/site shortfall, safety event, repeated competency concern
Licensure readiness	NCLEX preparation indicators and licensure outcomes	Program Director / IE	Cohort/annual	Readiness assessments; NCLEX reports	Negative trend or modality variance
CQI closure	Action plans completed and effectiveness rechecked	IE / Academic leadership	Quarterly/Board cycle	CQI log; minutes; follow-up evidence	Open action beyond approved deadline

9. Proposed Institutional Authorization / Board of Regents Acknowledgment

AUTHORIZED, that Mid-America College of Health Sciences (MACOHS), as the Parent Institution of the Practical Nursing Program, approves the strategic direction to develop and pursue implementation of a hybrid instructional delivery option in addition to the existing residential modality, subject to completion of all applicable regulatory, accreditation, academic, technological, student-support, and institutional requirements.

FURTHER AUTHORIZED, that the appropriate institutional and Nursing Program personnel may undertake curriculum design, faculty development, technology preparation, simulation and clinical planning, student-support preparation, policy development, regulatory submissions, and other reasonable readiness activities necessary to support the proposed initiative.

FURTHER AUTHORIZED, that no hybrid delivery option shall be represented as fully implemented or offered to students until all required approvals and institutional readiness controls have been completed.

FURTHER AUTHORIZED, that implementation and outcomes shall be monitored through MACOHS institutional-effectiveness and continuous-quality-improvement processes, including comparative review of hybrid and residential outcomes where applicable, and that material findings and improvement actions shall be reported through established institutional governance channels, with the Board of Regents copied as appropriate.

10. Institutional Decision Record

Institutional Action ■ Approved ■ Approved with Conditions ■ Tabled ■ Not Approved

Conditions / Directives

Effective Date

President & Founder / Authorized Signatory

Date

References & Source Control

1) National Council of State Boards of Nursing. (2026, July). National Nursing Education Database: 2024-2025 Aggregate Data. Nancy Spector, PhD, RN, FAAN; Josephine Silvestre, MSN, RN; Qiana McIntosh, MBA; Nicole Kaminski-Ozturk, PhD, PMP. Hard-copy conference material supplied to MACOHS leadership.
2) Kansas State Board of Nursing (KSBN). Nursing Program Administrator Resources. Faculty and Curriculum Forms, including the Major Curriculum Change Request. Available from the official KSBN Nursing Program Administrator Resources page.
3) Kansas State Board of Nursing (KSBN). Education Committee Meeting Minutes, December 9, 2025; approved March 24, 2026. See p. 5, Motion #12: Major Curriculum Change request approving a nursing-course delivery method of either in-person or hybrid modality.
4) Kansas State Board of Nursing (KSBN). Education Committee Meeting Minutes, September 10, 2024; approved December 10, 2024. See p. 3, Major Curriculum Change Requests: Mid-America College of Health Sciences Practical Nursing curriculum change request, approved as amended.
5) Kansas State Board of Nursing (KSBN). Nursing Program Administrator Resources. Resource collection includes nursing-program reapproval materials, site-visit guidance, curriculum resources, administrator orientation/update materials, annual-report resources, and simulation resources.

Source-control note: The NCSBN 2024-2025 aggregate report obtained from 2026 NCSBN Annual Meeting – Chicago is the controlling source for the national findings cited in this proposal.

NCSBN
Leading Regulatory Excellence

National Nursing Education Database: 2024–2025 Aggregate Data

Nancy Spector, PhD, RN, FAAN

Josephine Silvestre, MSN, RN

Qiana McIntosh, MBA

Nicole Kaminski-Ozturk, PhD, PMP

July 2026

Introduction

In the fall of 2020 NCSBN launched the Annual Report Program, which is the first-ever national program to collect annual education data from all nursing programs in participating U.S. nursing regulatory bodies (NRBs). This program is based on NCSBN's studies of quality indicators of nursing schools (Spector et al., 2020), where NCSBN's Annual Report team collects demographic data and evidence-based quality indicators of nursing programs for the NRBs. In 2026 NCSBN's Research Department and the Nursing Education Policy team collaborated to update the nursing education quality indicators with 5 years of data from the Annual Report Program. Most NRBs require nursing education annual report data as part of their approval process of nursing programs. Regulatory approval of nursing programs ensures the NRBs that the programs are graduating safe and competent nurses.

Each nursing program in participating states/jurisdictions receives a report of their metrics and each participating NRB receives a report of all their programs' metrics, including how well their programs are meeting the quality indicators. Please note that all outlier data are verified by the NCSBN Annual Report team before the data are analyzed. This report includes the 2024–2025 aggregate data of the participating NRBs, and these data can be used by all U.S. nursing programs for benchmarking. The NRBs and nursing programs can then work together to identify needed improvements — *before* NCLEX® Exam pass rates and other outcomes fall. It is important to remember that NCLEX pass rates are lagging indicators, meaning that they don't begin to fall until other key quality indicators have not been met (Spector et al., 2020).

In 2025 NCSBN launched the National Nursing Education Database dashboard*, which illustrates Annual Report aggregate data from nursing programs related to demographics and evidence-based quality indicators. This database provides an in-depth look at the characteristics and performance of nursing education programs. It is interactive so that comparisons can be made, and unique data can be identified. In 2026 the Annual Report team is collaborating with IT to develop individual dashboards for the participating NRBs so that they can make comparisons with the national dashboard. The individual dashboards will be released to the participating NRBs by the end of summer 2026.

Participating NRBs

Table 1 illustrates the number of participating NRBs in the Annual Report Program from 2020, when the program began, to 2025. All the participating NRB's prelicensure nursing programs (practical nursing and all types of registered nursing programs) complete the surveys, and each question on the survey requires the programs to respond. Table 1 also cites the number of programs, enrolled students, and faculty in each academic year. It is interesting to note the number of adjunct faculty the programs are using, particularly considering that an evidence-based quality indicator is that programs should employ at least 35% full-time faculty.

*Scan to visit the National Nursing Education Database Dashboard
ncsbn.org/EduDashboard

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Table 7. Other Quality Indicators							
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry	Grand Total
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)	1,978
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Disability Support Services							
Yes	649 (98.8%)	30 (100.0%)	735 (99.9%)	454 (99.8%)	54 (100.0%)	45 (97.8%)	1,967 (99.4%)
No	8 (1.2%)	0 (0.0%)	1 (0.1%)	1 (0.2%)	0 (0.0%)	1 (2.2%)	11 (0.6%)
Non-native English Speaker Services							
Yes	352 (53.6%)	7 (23.3%)	471 (64.0%)	260 (57.1%)	41 (75.9%)	36 (78.3%)	1,167 (59.0%)
No	305 (46.4%)	23 (76.7%)	265 (36.0%)	195 (42.9%)	13 (24.1%)	10 (21.7%)	811 (41.0%)
Services for Low Socioeconomic Class Students							
Yes	630 (95.9%)	23 (76.7%)	724 (98.4%)	447 (98.2%)	52 (96.3%)	45 (97.8%)	1,921 (97.1%)
No	27 (4.1%)	7 (23.3%)	12 (1.6%)	8 (1.8%)	2 (3.7%)	1 (2.2%)	57 (2.9%)
Formal Remediation Process for Students Needing Academic Support							
Yes	583 (88.7%)	23 (76.7%)	653 (88.7%)	415 (91.2%)	50 (92.6%)	41 (89.1%)	1,765 (89.2%)
No	74 (11.3%)	7 (23.3%)	83 (11.3%)	40 (8.8%)	4 (7.4%)	5 (10.9%)	213 (10.8%)
Formal Remediation Process for Students Committing Errors/Near Misses							
Yes	546 (83.1%)	20 (66.7%)	620 (84.2%)	394 (86.6%)	49 (90.7%)	39 (84.8%)	1,668 (84.3%)
No	111 (16.9%)	10 (33.3%)	116 (15.8%)	61 (13.4%)	5 (9.3%)	7 (15.2%)	310 (15.7%)
Certified Simulation Faculty							
Yes	100 (15.2%)	5 (16.7%)	185 (25.1%)	184 (40.4%)	26 (48.1%)	29 (63.0%)	529 (26.7%)
No	456 (69.4%)	20 (66.7%)	523 (71.1%)	257 (56.5%)	28 (51.9%)	17 (37.0%)	1,301(65.8%)
Does not offer simulated clinical experience	101 (15.4%)	5 (16.7%)	28 (3.8%)	14 (3.1%)	0 (0.0%)	0 (0.0%)	148 (7.5%)
Simulation Lab Accredited by SSH or Endorsed by INACSL							
Yes	16 (2.4%)	2 (6.7%)	16 (2.2%)	38 (8.4%)	11 (20.4%)	8 (17.4%)	91 (4.6%)
No	540 (82.2%)	23 (76.7%)	692 (94.0%)	403 (88.6%)	43 (79.6%)	38 (82.6%)	1,739 (87.9%)
Does not offer simulated clinical experience	101 (15.4%)	5 (16.7%)	28 (3.8%)	14 (3.1%)	0 (0.0%)	0 (0.0%)	148 (7.5%)

Conclusions

In this 2024–2025 aggregate report, 35 U.S. NRBs participated so that data were collected from 1,978 programs that had enrolled 237,226 students. Therefore, this is an excellent document for benchmarking nursing education program metrics with national data. Additionally, with the launch of the National Nursing Education dashboard, which is interactive, programs can analyze these data with more depth.

Some positive findings included:

- Programs were using more hybrid learning modalities in 2024–2025, as compared to previous years, which is supported as a best practice in higher education literature.

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- Compared to previous years, there was an increase in the formal orientation of faculty, which is a quality indicator of nursing education programs.
- In RN programs, with the exception of Associate's and Diploma programs, the majority of the deans/directors had doctoral degrees. In both RN and LPN/VN programs the majority of faculty had graduate degrees.
- Compared to previous years, there has been an increase in the number of programs that provide resources for non-English-speaking students.

Some areas of concern included:

- Clinical hours continue to decrease from previous years. The nursing education community needs to take action on this. For example, regulators and educators are calling for robust research on best practices of direct care clinical experiences, considering minimum numbers of clinical hours and alternative practice sites and times.
- Simulation hours continue to be low (range of 40.6 – 106.5 hours across the six program types). Future research might investigate why this is happening and provide strategies to increase the use of simulation.
- While formal remediation for student errors and near misses in clinical experiences has increased over the past five years, it is still a concern that 15.7% of all programs do not provide remediation for students who are responsible for patient errors and near misses. One longitudinal study of more than 200 programs found that medication errors account for more than ½ of the errors students make in their clinical experiences. Nursing education leaders should provide faculty with evidence-based strategies for developing policies and providing remediation for student errors and near misses in clinical experiences. This is a patient safety issue.

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Appendix B — Practical Nursing Program Governance Record

Institutional Ownership • Delegated Administration • Continuity of Accountability

Purpose. This governance record establishes the continuing institutional relationship between Mid-America College of Health Sciences (MACOHS), as the Parent Institution, and the Practical Nursing Program. It is intended to preserve clarity of authority and accountability notwithstanding changes in individual personnel or program administratorship.

Institutional Ownership and Accountability. The Practical Nursing Program is an educational program of MACOHS. Institutional ownership, governance authority, resource responsibility, and ultimate accountability for the Program remain with MACOHS as the Parent Institution.

Delegated Program Administration. MACOHS delegates day-to-day nursing academic and program administration to a qualified Director of Nursing/Program Administrator and other designated nursing personnel in accordance with applicable regulatory requirements, institutional policies, approved job responsibilities, and established reporting relationships. Delegation of administrative responsibility does not transfer institutional ownership of the Program.

Continuity Through Leadership Changes. Appointment, resignation, replacement, reassignment, or other change involving the Director of Nursing, Program Administrator, faculty, or other program personnel does not change the identity or ownership of the Practical Nursing Program. MACOHS remains the Parent Institution and retains continuing responsibility for program governance, resources, compliance, institutional effectiveness, and continuity.

Institutional and Program Responsibilities. MACOHS establishes institutional strategy, governance, resources, policies, compliance systems, and continuous-quality-improvement expectations. Nursing Program Administration exercises the nursing academic and operational responsibilities delegated to it, including curriculum implementation, faculty oversight, student progression, clinical and simulation oversight, program evaluation, and other responsibilities assigned by regulation or institutional policy.

Governance Principle. Institutional authority and delegated nursing program administration are complementary rather than competing responsibilities. Program leadership administers the Practical Nursing Program within its designated authority; MACOHS remains accountable for the Program as the Parent Institution.

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: 09/28/2026

Name of Program: Practical Nurse

Program Administrator including credentials: Mrs. Sue Watson, MSN, RN

Parent Institution: Mid-America College of Health Sciences

Address of Institution: 10000 W. 75th Street
Suite 241
Merriam, KS 66204

Level of the Program for which the change Is being requested: Practical Nursing (PN) Program

Briefly describe the Change being requested: Please see attached description of change request and proposal.

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.

Instructions

1. Complete page one. Pay particular attention to the section describing the change. This is usually used for the motion and should be written carefully.

2. On Page 2 indicate the revision requested.

3. If this change involves a new course, complete the curriculum revision or a course revision, including the following items:
   - Course title
   - Course objectives/outcomes
   - Sequence of the course
   - Major content outline
   - Clinical facility(ies) to be used
   - Course evaluation

4. **Submit 1 paper copy of the request form and all addenda on white paper, loose leaf and single-sided pages.**

5. Major Curriculum Change Requests are reviewed by the Education Committee and Board of Nursing at their scheduled meetings. The request will be approved/not approved/deferred.

6. Following the Education Committee and Board review and action, a copy of the form will be returned to you indicating Board action.

7. The program must receive board approval before implementation.

8. Notify the Nursing Education Compliance Officer to request Word document version of this form to complete electronically, print and mail to KSBN with the requested information, if desired.

Mid-America College of Health Sciences (MACOHS) is proposing to convert several Practical Nursing courses from a fully on-campus format to a hybrid delivery model. The proposed change is intended to strengthen instructional delivery, improve the use of on-campus instructional time, provide students with greater flexibility, and better align the method of instruction with the actual structure and learning requirements of each course.

The courses proposed for conversion are:

- **Module II – PN201: Nursing Care of Adults I**
- **Module III – PN301: Maternal Child Nursing**
- **Module III – PN303: Care of Aging Adults**
- **Module III – PN304: Leadership, Roles, and Issues**
- **Module IV – PN403: Preparation for NCLEX/Preparation & Professional Behavior**
- **Module IV – PN405: Mental Health Nursing**

A primary consideration in this decision is the instructional composition of these courses. The majority of the identified courses contain approximately 20 clock hours of classroom didactic instruction and do not include separate laboratory or clinical clock hours. Because these courses are primarily didactic in nature, requiring students to be physically on campus for every instructional hour does not necessarily provide the most effective or efficient use of instructional time.

The proposed hybrid format would allow the didactic portion of these courses to be delivered through a combination of structured online learning and scheduled on-campus instruction. This model would preserve meaningful faculty-to-student interaction while allowing portions of the courses that are well suited for independent learning, guided discussion, readings, assignments, case studies, review activities, and other academic exercises to be completed online.

The conversion is not intended to reduce instructional expectations or academic rigor. Rather, it is intended to provide a more purposeful use of instructional time. Faculty will continue to establish clear learning objectives, provide instructional materials, monitor student participation and progress, assess student learning, and maintain appropriate faculty availability. Required assessments and other activities will continue to be administered in accordance with institutional policies and applicable regulatory requirements.

For courses that do not contain laboratory or clinical components, the hybrid model also creates an opportunity to reserve on-campus time for activities that benefit most from direct faculty and student interaction. These may include clarification of complex concepts, application of nursing knowledge, case-based discussions, clinical judgment activities, examination preparation, remediation, faculty feedback, and other structured learning experiences.

For example, PN201: Nursing Care of Adults I can use online instruction for foundational content and guided learning while utilizing scheduled on-campus sessions for discussion, application, and clarification of more complex adult health concepts. PN301: Maternal Child Nursing and PN405: Mental Health Nursing can similarly incorporate online content delivery with scheduled face-to-face sessions focused on application, discussion, case studies, clinical judgment, and faculty feedback. PN303: Care of Aging Adults and PN304: Leadership, Roles, and Issues contain significant content that can be effectively supported through structured online learning activities, discussion, assignments, and faculty-guided learning while maintaining appropriate opportunities for in-person engagement. PN403: Preparation for NCLEX/Preparation & Professional Behavior can benefit from a combination of online review, practice activities, preparation resources, and scheduled faculty-led sessions focused on NCLEX preparation, test-taking strategies, professional expectations, and remediation.

The hybrid model also provides students with greater flexibility while maintaining accountability for their learning. Students will be expected to complete assigned online activities within established deadlines and meet all course participation, attendance, assessment, and academic requirements. Faculty will monitor student engagement and academic progress and will intervene when students demonstrate difficulty meeting course expectations.

This delivery model is particularly appropriate because the identified courses are primarily didactic courses rather than courses requiring ongoing laboratory or clinical practice. Courses that require hands-on skills, laboratory practice, simulation, or clinical experiences will continue to provide those experiences in the appropriate face-to-face environment. The proposed conversion therefore distinguishes between instructional activities that require physical presence and those that can be effectively delivered through a structured hybrid format.

The conversion will also allow MACOHS to make more strategic use of classroom space and faculty resources while maintaining the quality of instruction. Rather than requiring students to be on campus for instructional hours that are primarily lecture-based, the institution can use on-campus time for higher-value, interactive learning experiences. This approach supports a more student-centered learning environment and provides students with multiple ways to engage with course content.

MACOHS will continue to evaluate the effectiveness of the hybrid delivery model through student performance, course completion, student feedback, faculty observations, attendance and participation data, and other appropriate academic measures. The institution will use these data to determine whether the delivery format is meeting the intended educational outcomes and to identify any areas requiring adjustment or additional student support.

In summary, the proposed conversion of these courses to hybrid delivery is based on the instructional design and clock-hour composition of the courses, particularly the fact that most contain approximately 20 clock hours of didactic instruction with no laboratory or clinical clock

hours. The hybrid model provides an opportunity to maintain academic rigor while improving flexibility, increasing the purposeful use of face-to-face instructional time, and creating a more student-centered approach to learning. MACOHS will maintain appropriate faculty oversight, student accountability, assessment, and academic support throughout the implementation of the hybrid model.

Kansas Association of Colleges of Nursing (KACN)
November 10th, 2026

Kansas State Board of Nursing Education Committee
Kansas State Board of Nursing
900 SW Jackson St., Ste. 1051
Topeka, KS 66612-1230

Dear Ms. Janelle Martin, Members of the Education Committee and Board of Nursing:

On behalf of the Kansas Association of Colleges of Nursing (KACN), we respectfully request that the Kansas State Board of Nursing consider policies and guidance that prioritize clinical placement opportunities for students enrolled in Kansas-based prelicensure and graduate nursing programs while maintaining reasonable provisions for students from bordering states whose programs have historically partnered with Kansas healthcare facilities.

Kansas nursing programs are experiencing significant and increasing challenges in securing adequate clinical placements for both undergraduate and graduate nursing students. These challenges have become particularly acute as out-of-state nursing programs expand their use of Kansas clinical agencies to meet educational requirements for students who reside outside of Kansas.

KACN members are especially concerned about the growing presence of large distance-based nursing programs, including the Nightingale College model, which utilizes clinical placements throughout the country and, in some cases, compensates healthcare agencies for access to clinical rotations. Such arrangements can result in out-of-state programs securing clinical reservations before Kansas programs have an opportunity to place students, thereby limiting or preventing Kansas schools from accessing clinical experiences that are essential for student progression and graduation.

Kansas nursing programs are dedicated to educating the future nursing workforce for the State of Kansas. Research consistently demonstrates that nurses are more likely to practice in the regions and states where they receive their education and complete clinical training. When Kansas programs are unable to secure clinical placement opportunities, the state's ability to produce and retain a qualified nursing workforce is compromised. Prioritizing clinical placements for students enrolled in Kansas-approved nursing programs would directly support workforce development efforts and help address ongoing shortages experienced by Kansas healthcare organizations, particularly in rural and underserved communities.

The impact of clinical placement competition extends beyond prelicensure programs. Graduate nursing education programs across Kansas are also facing increasing difficulties securing clinical practicums for nurse practitioners, nurse educator, nurse administrator, and other advanced nursing students. These challenges are particularly problematic for programs and students participating in grant-funded initiatives that require rural clinical

experiences as a condition of funding. When clinical opportunities are occupied by students from out-of-state programs, Kansas graduate nursing students may be unable to fulfill grant obligations, complete required hours in a timely manner, or meet workforce goals intended to improve healthcare access for Kansans.

KACN recognizes and appreciates the long-standing partnerships that exist between Kansas healthcare organizations and nursing programs in neighboring states. We are not advocating for the exclusion of students from bordering states. Rather, we respectfully request consideration of a framework that:

1. Provides priority consideration for clinical placement requests from the Kansas Board of Nursing-approved nursing programs.
2. Preserves opportunities for students enrolled in programs located in bordering states that have established relationships with Kansas clinical agencies and contribute to the regional healthcare workforce.
3. Discourages practices in which clinical placement opportunities are effectively secured through financial arrangements that disadvantage Kansas nursing programs.
4. Supports equitable access to clinical education experiences for both prelicensure and graduate nursing students enrolled in Kansas institutions.
5. Promotes the development and retention of a strong Kansas nursing workforce by ensuring that Kansas nursing programs have adequate access to clinical education resources.

Kansas colleges and universities are making substantial investments in expanding nursing education capacity, increasing enrollment, and preparing students to meet the healthcare needs of our citizens. Those efforts depend upon reliable access to clinical learning environments. We believe that prioritizing clinical placements for Kansas nursing students represents an important strategy to strengthen the state's nursing workforce pipeline and support healthcare organizations across the state.

We appreciate your consideration of this request and welcome the opportunity to collaborate with the Education Committee, the Board, healthcare agencies, and other stakeholders to develop solutions that ensure clinical education resources are used in a manner that best serves the current and future healthcare needs of Kansas.

Thank you for your leadership and commitment to nursing education and public protection.

Sincerely,

Members of the Kansas Association of Colleges of Nursing (KACN)

Progress Report: Donnelly College Nursing Program – December 2026

Program Overview: The Donnelly Nursing Program is undergoing restructuring, with a focus on skill labs, exam analysis, curriculum review, and policy updates. Existing policies and procedures have been revised, and new ones have been developed to address identified areas for improvement.

Nursing sub-committees' progression and action plans:

Curriculum

Progress:

- The curriculum committee has integrated Assessment Technologies Institute (ATI) NCLEX resources and supplements into all first-semester courses. This integration will continue until ATI resources are included in all nursing courses.
- Review of syllabi for required information and alignment with the student handbook.
- Assessment of course topics to be taught. For example, comparison of Care of Adults 1 and Care of Adults 2 for curriculum taught in each class.
- Day and evening cohort instructors have collaborated and will continue to ensure that all students receive consistent learning experiences and examinations.
- In collaboration with the exam committee, we established a standard number of exams based on course credit hours.

Action:

- ATI pre and post-assessment examinations will be incorporated into all courses to evaluate instructional effectiveness and predict student success and comprehension.
- Development of course review schedule.
- ATI and Lippincott NCLEX resources are being utilized by students and faculty to enhance student knowledge.
- Remediation tools have been incorporated into the curriculum to help students reinforce course content.

Exam analysis

Progress:

- The analysis of each examination will generate data to assess the knowledge acquired and retained by students.
- The exam analysis results will also be used to improve the teaching method of the content.

- The committee implemented an exam analysis worksheet that is to be completed by each faculty member after each exam.
- The committee will review all exam worksheets.
- This process is newly implemented, and faculty have begun to discuss its usefulness in evaluating their examinations.

Action:

- The exam analysis worksheet will assist faculty in breaking down examination data and utilizing it to improve course content.
- Development of the same exam (material) for day/evening cohorts for a valid measurement of student outcomes
- Linking exams in ExamSoft for improved analysis
- Faculty are working with ExamSoft to ensure the product is utilized to its fullest potential.
- Faculty are paired to review each other's examinations prior to administration.

Policies & Procedures

Progress:

- The committee has reviewed all nursing policies and led the nursing team to ensure all policies and procedures comply with Kansas Nurse Practice Act statutes and regulations.
- This was completed in Spring 2026.

Action:

- The committee will continue to review and present policy updates to the faculty.
- The committee is reviewing current nursing handbooks and preparing annual updates to promote positive student outcomes.

Clinical management

Skill lab progress:

- The skill lab process has been fully redesigned.
- Skill labs will be introduced at the beginning of each clinical course.
- This approach prepares students each semester for the new skills and systems to be taught.
- Students will complete a final check-off after face-to-face clinicals each semester to demonstrate proficiency in required skills.
  Full-time faculty will collaborate with the skill and clinical coordinator to align skill labs with didactic courses.

Simulation progress:

- Each simulation includes a preparatory assignment due by noon the preceding day to ensure student readiness. Simulations are conducted in groups of four to five, with roles assigned as primary bedside nurse, documenter, medication administrator, and charge nurse. Roles are announced during the prebrief, requiring all students to be prepared for any assignment. Students are expected to collaborate to provide patient care. Each two-hour simulation consists of a prebrief, hands-on simulation, and immediate debrief with a student evaluation for feedback. The facilitator leads the debrief to promote discussion and reflection.

Actions:

- The skill lab will continue to develop skills in collaboration with didactic faculty to establish a direct educational link and support positive student outcomes.
  The remaining PN simulation curriculum for Care of Adult 1, Obstetrics (OB), and Care of Adult 2 has been developed with careful attention to timing and alignment with students' didactic and skills progression. The curriculum includes client histories, scenario and communication tool plans for simulation operators, orders, laboratory results, ATI EHR Tutor documentation with medication bar code scanning for each client, and specific instructions for standardized patient (SP) actors as needed.
  The primary objective of Donnelly's clinical program is to prepare nursing students to become skilled, safe, and competent bedside nurses.

Program evaluation plan (PEP)

Progress:

- The program has initiated a review of data from the past two years to establish measurable benchmarks for each area and will continue to review current data. The nursing program is collaborating with Donnelly's Institutional Research department to extract this information.

Action:

- Faculty will identify benchmarks that best represent Donnelly's Nursing Program outcome goals and student learning outcomes. Each area outlined in the PEP will be reviewed, and realistic goals and action plans will be established.
- The program will obtain training and resources to develop and maintain its PEPs.
- Faculty will continue to collect and update data to ensure the accuracy of PEPs.
- The department will share and obtain data with assistance from the Director of Institutional Research.

Day - nine

- Evening/Weekend - fourteen students

Professional Development

- Full-time faculty are attending the Best Practices in Teaching & Assessment conference on November 5, 2026.

- Faculty utilize ATI, Lippincott, and Nurse Tim resources for ongoing professional development. Knowledge acquired from in-services, conferences, and scholarly articles has been applied in both classroom and skills lab settings. The Director of Nursing has observed multiple courses and noted the implementation of diverse teaching methodologies.

- Two members of the nursing team will attend the January 2027 IMSH Simulation conference.

Program Objectives for 2027

- The program seeks approval to continue offering the Practical Nursing program beyond the current approved term.
- The nursing program requests approval to increase enrollment capacity to 40 students.
- Sufficient faculty resources are available to support the proposed increase in enrollment.
- Adequate clinical sites are available to accommodate cohorts of 40 students, with two cohorts admitted annually.
- Expanding the cohort size will facilitate more robust data collection and enhance efforts to improve NCLEX examination outcomes.
- Approval is requested to admit Associate Degree in Nursing (ADN, RN) students beginning in summer 2027 and to initiate recruitment for the ADN program.
- Spring 2027 - Orientation for faculty for clinical and lecture
- Returning students – Orientation to review policies and prepare for the new semester.
- Proposed new Spring 2027 PN cohort – Two-day new student orientation (lecture and clinical).

Planned Recruitment Initiatives

- Collaboration with local clinic workforce partners will be pursued to expand clinical site availability and attract prospective nursing students.