SUFFOLK COUNTY COMMUNITY COLLEGE

NURSING DEPARTMENT

Interim Report
For
National League for Nursing Accrediting Commission

November 2001

[Signature]
SUFFOLK COUNTY
COMMUNITY
COLLEGE

NURSING DEPARTMENT

533 College Road
Selden
New York
11784-2899
March 1, 2000

Sal LaLima, MS
Interim President
Suffolk County Community College-Ammerman Campus
533 College Road
Selden, NY 11784-2899

President LaLima:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on February 16, 2000. The Commission approved the associate degree program in nursing for continuing accreditation. The next visit is scheduled for Fall 2004.

Deliberations centered on the Self Study Report, the School Catalog, the Program Evaluator Report, and the recommendation for accreditation proposed by the program evaluators and the evaluation review panel.

The Commission requests an interim report addressing 3 areas - (1) Systematic Plan for Program Evaluation and Assessment of Outcomes; (2) Curriculum; (3) Human Resources. The interim report is to be submitted to NLNAC by November 2001. At the time of its review, the Commission may affirm the time of the next evaluation visit, reschedule the accreditation visit for an earlier or later date, or request a focused visit.

Requests for interim reports signal situations in which the goal is for the Commission to receive specific and important information about the program. These include being able to monitor how the program is progressing in coping with certain changes; address concerns or conditions that have significant effect on the program; provide ongoing attention to certain situations; or give evidence that program plans have reached fruition as expected by the program and by NLNAC.

The interim report is to present a clear, concise explanation which addresses the patterns of difficulties underlying the concerns. The report is to be developed in two sections: a) Introduction-a brief description of the program and demographic data; and b) Program Actions-a discussion and documentation on the areas requested to be addressed and the progress made in remedying the concerns.

The patterns of strengths and concerns, and the advice offered by the peer reviewers are to be used by the program in nursing for continuing improvement. The Evaluation Review Panel Summary Report is attached.

On behalf of the Commission, we thank you and your associates for your cooperation. If you have questions about this action or about Commission policies and procedures, please write or call the Executive Director or a member of the NLNAC Staff.

[Signature]
Gertrude Felton, EdD, RN, FAAN
Executive Director

cc: Susan Dewey-Hammer, MN, RN  Academic Chair
Wanda A. Brignac, MS, RN  Program Evaluator
Beverly L. Welman, MSN, RN  Program Evaluator
NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION
61 Broadway – 33rd Floor, New York, New York 10006

SUFFOLK COUNTY COMMUNITY COLLEGE, AMMERMAN CAMPUS
SELDEN, NEW YORK

EVALUATION REVIEW PANEL SUMMARY
FALL 1999 ACCREDITATION CYCLE
Associate Degree Nursing Program

ACREDITATION HISTORY

Associate Degree Program: Continuing Accreditation
Established 1963; Initial Accreditation 1966; Date of Last Evaluation Visit: Fall 1991

OVERVIEW OF NURSING PROGRAM

Length of program: 69 – 72.5 credits
Number of students currently enrolled: 290 (209 Full-time, 81 Part-time)
Number of Faculty: 39 (9 Full-time; 30 Part-time)

ACREDITATION RECOMMENDATION

Associate Degree: Continuing accreditation for 5 years. Next scheduled visit – Fall 2004.
Interim Report in 2 years (Fall 2001): (1) Systematic Plan for Program Evaluation and Assessment of Outcomes;
(2) Curriculum; (3) Human Resources.

PATTERNS OF CONCERN

1. inconsistencies exist in the structure, integrity, and implementation of the nursing curriculum across all program options; Day, Evening, Advanced Placement.
2. Systematic planning for evaluation and assessment of outcomes is incomplete.
3. Adequacy of human resources is questionable:
   • There is a high ratio of part-time to full-time faculty.
   • There is a low ratio of support services.

ADVICE

1. There is one ADN program with three options. Provide assurance of curriculum integrity through clearly delineated philosophy, organizing framework, program objectives, curriculum design, progression evident in all course materials, and outcome measures across all program options.
2. Planning for systematic program evaluation and assessment of outcomes requires: definitions; timelines; appropriate methods and tools; levels of achievement for decision rules; collection and analysis of trended aggregate data; and verification that the findings are used for development, maintenance, and revision of the program.
3. Continue to evaluate the adequacy, credentials, and experiential backgrounds of faculty to meet institutional and nursing program goals. Clerical and support staff should be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements.

Reviewer analysis is based on the Self Study Report, School Catalog, and Program Evaluator Report. The Self Study Report was developed based on Accreditation Manual, 1999 and Interpretative Guidelines for Standards and Criteria, 1997 Revised. Associate Degree Programs in Nursing.

REPRESENTING ACCREDITATION STATUS TO THE PUBLIC

Accurately presenting the program’s accreditation status to the public requires use of the statement:
Accredited by the National League for Nursing Accrediting Commission

If a program releases incorrect information regarding its accreditation status, the contents of a site visit report or accreditation actions with regard to the program, the institution must make a public disclosure of correction.
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Interim Report

Introduction

1. **Name and Address of Unit of Nursing**
   Nursing Department,
   Riverhead Building,
   Ammerman Campus,
   Suffolk County Community College
   533 College Road, Selden, New York 11784

2. **Name and Address of Parent Institution**
   Suffolk County Community College
   Ammerman Campus,
   533 College Road, Selden, New York 11784

3. **Name of the administrator of the Nursing Unit**
   Susan Dewey-Hammer, MN, RN, CS
   Academic Chair Nursing Department
   Phone – (631) 451-4268
   Fax – (631) 451-4671
   E-mail – deweyhs@sunysuffolk.edu

4. **Name of the chief executive officer of the Parent Institution**
   Salvatore J. LaLima, AAS, BBA, MS
   President

5. **Name of State Board of Nursing, date of last review and action taken**
   The State Education Department/Office of the Professions
   The University of the State of New York
   Albany, NY 11230
   September 14-15, 1999
   Continuing accreditation

6. **Date of most recent NLNAC accreditation and action taken**
   Fall 1999
   Continuing accreditation for 5 years. Next scheduled visit – Fall 2004
   Interim Report in 2 years.

7. **Name of institutional accrediting body, date of last review and action taken**
   Middle States Association of Colleges and Schools
   1997
   10 year re-accreditation

8. **Year the nursing program was established**
   1972
9. Total number of full- and part-time faculty
   12 full-time faculty
   18 part-time faculty

10. Total number of full- and part-time students
    190 full-time students
    96 part-time students

11. Length of program in credit hours
    Day program  72.5 credits
    Evening program  69 credits
CURRICULUM
Program Action - Curriculum

Patterns of Concern – Inconsistencies exist in the structure, integrity, and implementation of the nursing curriculum across all program options: Day, Evening, Advanced Placement.

The nursing faculty have changed the Day and Evening program so that they both have the same structure, integrity and implementation. The nursing courses in both programs have the same credit allocation as well as the same distribution of lecture, clinical laboratory and college laboratory hours. Refer to minutes of 12/5/00, 2/20/01 and 2/27/01, as well as the comparison chart of the old and new curriculum. The faculty is planning on modifying the Advanced placement program in the near future, however due to the brief amount of time for this interim report have been unable to do so yet.

The nursing faculty modified our organizing framework and program objectives this spring. Refer to minutes 4/24/01 and 6/1/01. These changes have been integrated throughout all nursing courses with evidence of progression – refer to course outlines and table of “Progression of Core Components in Nursing Program.”
SUFFOLK COUNTY COMMUNITY COLLEGE
AMMERMAN CAMPUS
NURSING DEPARTMENT
MINUTES

Presiding: Susan Dewey-Hammer
Date: December 5, 2000
F. Mullarkey, T. Paukovits, D. Price, H. Wist
Student Representative: Debbie Holland

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<tr>
<th>TOPIC</th>
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| Student Representative of Class 2002 (evenings) presentation | Student presented a memorandum re: specific concerns expressed by evening students about the classrooms and attendance of classes in the Islip Arts Building. Some concerns were:  
- Comfort in the classrooms  
- High noise levels  
- Portable blackboard (not big enough)  
- Notices re: dept. of nursing news not accessible  
- Temperature and lighting inadequate | Susan Dewey-Hammer discussed the unavailability of classroom space for fall classes within the Dept. of Nursing |
<p>| | The evening students are concerned that they will also be scheduled there next semester. | Susan Dewey-Hammer will inquire about coordination of rooms and space availability for spring semester |
| Review of prior minutes | Minutes from 10/3/00, 10/10/00, 11/14/00 reviewed by faculty | Changes/corrections made to said minutes and approved |</p>
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<td><strong>Announcements:</strong> Arnett package re: NCLEX</td>
<td>J. Garner from western campus suggested that a proposal be written in conjunction with SDH noting that the (Arnett?) fee will be included with student tuition</td>
<td>Joan Garner and SDH will work on this proposal and come up with a new name for the fee. Faculty approved</td>
</tr>
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<td><strong>Joan Garner will be retiring. James Caniff called a meeting with Nursing Department Chairs</strong></td>
<td><strong>SDH presented proposal on 11/15/00. The day program course numbers will be NR33 and Nr36. Both day and evening courses will be equivalent in course credits</strong></td>
<td><strong>Meeting to be scheduled</strong></td>
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<td><strong>College curriculum committee approval of course number change re: NR25/56</strong></td>
<td><strong>National certification in a specialty may count as 15 credits towards promotion. Credits may also be given for every year worked post-masters (with the exception of teaching) for promotion</strong></td>
<td><strong>This change will be presented to the senate meeting on Dec. 13th for approval. SDH suggested that all courses (both day and evening) follow suit for the future</strong></td>
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<td><strong>Promotion process</strong></td>
<td><strong>- If a web-page is designed and a faculty member becomes a “web-master”, it will count towards promotion as service to the college in lieu of committee work.</strong> <strong>- A “blackboard” course can be constructed providing students accessibility to course outlines and faculty “bio’s” (biographies).</strong></td>
<td><strong>Sharon Placella will continue to inquire about this process</strong></td>
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<td>Topic</td>
<td>Discussion</td>
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<td>Minutes of January 23, 2001</td>
<td>Minutes reviewed</td>
<td>Minutes approved with corrections</td>
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<td>Student concerns</td>
<td>Minutes of 1/23 outline the process students should follow regarding concerns (problems) in any course.</td>
<td>This information will be included in student handbook.</td>
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<td>Minutes of February 6, 2001</td>
<td>Minutes reviewed in part by full faculty</td>
<td>Due to limited time complete review of minutes will be done by Denise Price and Joan Anderson.</td>
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<td>Senate Position</td>
<td>Lisa Fernandez has a class conflict (this semester) with Senate and Curriculum Meetings.</td>
<td>Florence Mullarkey will substitute for Lisa this semester.</td>
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<td>Grade Changes</td>
<td>Susan Dewey-Hammer announced a change in the policy as follows: Faculty must now take grade changes to the Dean of Faculty.</td>
<td>Susan will make a copy of the memo and distribute it to the faculty.</td>
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<td>Submission of rosters</td>
<td>The department secretary must now take rosters to the Registrar’s Office</td>
<td>Faculty aware of change in college policy.</td>
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<td>Curriculum Committee Report</td>
<td>Jennifer Ortiz gave report of Curriculum Committee meeting of 2/13. Curriculum Proposals were presented which will bring integrity to the day and evening programs.</td>
<td>Faculty approved some proposals and agreed to some additional changes (see attached). Faculty will continue to discuss curriculum proposals at next meeting on 2/27/2001. Changes must be made by Fall 2001 so that evening students will have adequate credits for graduation. After faculty review on 2/27 these proposals will go to the College Curriculum Committee and the Faculty Senate. These changes will bring integrity to the day and evening programs. Integrity of NR 29 (Advanced Standing LPN Program) will be worked on next year. Family Course Coordinators must decide on content for two Family Nursing Courses. Faculty recommended that content be organized so that students don’t need to take courses in sequence. This will facilitate their progression throughout the program.</td>
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These proposals include the changes we agreed upon at the meeting of 2/20

Curriculum Proposals

Add to the College Catalogue - *Students must obtain a minimum passing grade of C in each science course (BY30, BY32 & BY44) and all nursing courses with a fieldwork (clinical) component in order to progress to the next course in the sequence and to qualify for graduation.

Add to course descriptions – NR33 & NR36 – Prerequisite NR20 & BY30 with a grade of C or higher.
NR40 – Prerequisite NR33 & NR36 & BY32 with a grade of C or higher.
NR45 – Prerequisite NR33 & NR36 & BY44 with a grade of C or higher and PC60.

Change the Day and Evening Program

Day
1st semester – NR20 – Core Concepts of Nursing Practice – 7 credits – 4 hours lecture, 2 hours lab & 6 hours clinical
2nd semester – NR33 & NR36 – Adult Physical Health I & Adult Mental Health – 5 credits & 4 credits – 2.5 hours lecture, 2 hours lab & 5 hours clinical – 2.5 hours lecture & 5 hours clinical.
3rd semester – NR40 – Adult Physical Health II – 8 credits – 5 hours lecture & 10 hours clinical
4th semester – NR45 – Family Nursing – 8 credits – 5 hours lecture & 10 hours clinical *Propose making this 2 half semester courses like NR33 & NR36

Evening
1st semester – NR20 – Core Concepts of Nursing Practice – 7 credits – 4 hours lecture, 2 hours lab & 6 hours clinical
2nd semester – NR33 – Adult Physical Health I – 5 credits – 2.5 hours lecture, 2 hours lab & 5 hours clinical
3rd semester – NR 36 – Adult Mental Health – *4 credits* - 2.5 hours lecture & 5 hours clinical
4th semester NR?? – Family Nursing A? - *4 credits* - 2.5 hours lecture & 5 hours clinical
5th semester – NR?? – Family Nursing B? - *4 credits* - 2.5 hours lecture & 5 hours clinical
6th semester-NR?? – Adult Physical health II-*8 credits*-5 hours lecture & 10 hours clinical

*With these changes the Day & Evening would have the same number of credits with the same lecture, clinical & lab components.
### TOPIC

- Minutes of 2/6/01 and 2/20/01
- Curriculum changes for second half of Day & Evening Programs

### DISCUSSION

- Minutes reviewed
- Goal is to have Day & Evening Programs equal in credits & hours. SDH had distributed 4 options (A-D) for review. Two other options (E-F) developed during meeting. See Attachment#1 for details of options A-G.
- J. Ortiz reported that Family Nursing faculty prefer option A. Family nursing would continue as the last course in the Day & Evening Programs. Students come to the course with background in Physical Health problems. Faculty then focus on developmental variations with these problems. Family nursing would become 2 courses:
  1. Family Nsg. A – Child Bearing
  2. Family Nsg. B – Child Rearing
- SDH expressed concern re: rationale for placing NK40 in the 4th semester of the Evening Program rather than the last semester since it would be the heaviest course in credits & hours. Each option was discussed. Advantages &
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<td>Disadvantages of each were identified before faculty vote on options.</td>
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<td>Option A:</td>
<td><strong>Advantages:</strong></td>
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<td></td>
<td>1. Family Nsg. becomes 2 Courses in the day like the evening.</td>
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<td>2. NR40 remains 1 course.</td>
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<td>3. The sequence of courses stays the same.</td>
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<td><strong>Disadvantages:</strong></td>
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<td>1. Evening program has NR40, the heaviest course in the middle of the program.</td>
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<td>2. Students don’t get the benefit of an intense capstone hospital experience right before graduation.</td>
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<td>3. Evening students receive only a 1 semester notice of increase in schedule for NR40 from 2 to 4 evenings.</td>
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<td><strong>Option B:</strong></td>
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<td><strong>Disadvantage:</strong></td>
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<td>1. 3½ years is too long for program completion. This will negatively impact recruitment.</td>
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<td><strong>Option C:</strong></td>
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<td><strong>Advantages:</strong></td>
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<td>1. The sequence of courses stays the same.</td>
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<td>2. Heavy credit/hour load is in last semester of the evening program.</td>
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<td><strong>Disadvantages:</strong></td>
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<td>1. Heavy credit/hour load in last semester is in Family Nsg. rather than Adult Physical Health.</td>
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<td>2. Adult Physical Health II</td>
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<td></td>
<td>Eliminate option B</td>
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<td>Eliminate option C</td>
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<td>Needs to be divided into 2 courses in the Day &amp; Evening Programs.</td>
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<td>2.</td>
<td>Day &amp; Evening Family courses would both be offered only in the Spring</td>
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<td></td>
<td>a. Faculty who teach this course in the Fall would no longer be able to do this.</td>
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<td>b. Hiring crisis possible as evening course would be 2 clinical nights in Spring</td>
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<td>c. Overutilization of units. Day &amp; Evening students would be using units in Spring.</td>
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<td>Option D:</td>
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<td>Advantages:</td>
<td></td>
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<td>1.</td>
<td>Intense hospital experience at end of evening program, NR40 in the last semester can't be done for Day Program as NR33 &amp; Brentwood Campus using these sites in the Spring.</td>
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<td>Disadvantages:</td>
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<tr>
<td>1.</td>
<td>Students do not have the Physical Health background of NR40 before coming into Family Nursing.</td>
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<td>Discussion:</td>
<td>Students would have NR33 before Family Nursing. Adult Physical Health Faculty could change content in NR33 to meet Family Nsg. needs. The focus of Adult Physical Health I could be health problems seen across the lifespan.</td>
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<td><strong>Option E:</strong></td>
<td>Complete Evening Program in 2½ years by making both Adult Physical Health II &amp; Family Nsg. 4 evenings in 1 semester with 5 hours of lecture &amp; 10 hours of clinical each. Evening Program has historically been a P/T program. This would be too intense.</td>
<td>Eliminate option E</td>
</tr>
<tr>
<td><strong>Option F:</strong></td>
<td>Advantages: 1. Hospital experience in Adult Physical Health in last semester of Evening Program Disadvantages: 1. Students do not have complete Physical Health background of NR40 before coming into Family Nursing. 2. Heavy semester is in Family Nursing which is in 5th semester. Evening Program doesn’t end with heavy semester — capstone experience.</td>
<td>Vote on Options A &amp; D</td>
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<td><strong>Vote:</strong></td>
<td>Option A – 3 yes, 9 no Option D – 9 yes, 3 no</td>
<td>Option D passed SDH will present Option D to College-wide curriculum committee. If it is approved &amp; implemented than Adult Physical Health &amp; Family Nsg. faculty will work on modifying NR33 to address health problems across the lifespan. Timeline will be the Spring of 2002 for changes in NR33.</td>
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ATTACHMENT #1

A.) Keep Adult Physical Health II as one course in the Day and Evening — increase the number of lecture hours and clinical hours in the Evening — this would probably be two evenings of clinical and two evenings of lecture. Make Family Health two courses, Family Health I and Family Health II each 4 credits, with 2.5 hours of lecture and 5 hours of clinical. **Keep all of the courses in their current place.**

B.) Make Adult Physical Health II into two courses as the other courses are. Both courses would be 4 credits, with 2.5 hours of lecture and 5 hours of clinical. The Day program would have to decide if the courses would be sequential or not and if you could take the second part if you failed the first. **The first half of the Evening could be offered in the Spring as it currently is and the second half could be offered the next Fall.** Make Family Nursing into two courses in both Day and Evening, both 4 credits as the other courses are. Again, need to decide if the courses are sequential and what happens if you fail the first. **The first half of the Evening would be offered in the Spring and the second half would be offered the next Fall. This would make the Evening Program 3½ years.**

C.) Make Adult Physical Health II into two courses as the other courses are. Both courses would be 4 credits, with 2.5 hours of lecture and 5 hours of clinical. The Day program would have to decide if the courses would be sequential or not and if you could take the second part if you failed the first. **The first half of the Evening could be offered in the Spring as it currently is and the second half could be offered the next Fall.** Make the Evening Family Nursing course one course instead of two, this would probably be two evenings of clinical and two of lecture. **This would mean that Family Nursing is only offered on this campus in the Spring, nothing in the Fall.**

D.) Keep Adult Physical Health II as one course in the Day and Evening — increase the number of lecture hours and clinical hours in the Evening — this would probably be two evenings of clinical and two evenings of lecture. Make Family Health two courses, Family Health I and Family Health II each 4 credits, with 2.5 hours of lecture and 5 hours of clinical. **Move the Evening Adult Physical Health II to the last semester in the Spring.**

E.) Keep Adult Physical Health II as one course in the Day and Evening — increase the number of lecture hours and clinical hours in the Evening — this would probably be two evenings of clinical and two evenings of lecture. Make the Evening Family Nursing course one course instead of two, this would probably be two evenings of clinical and two of lecture. **This would decrease the length of the Evening Program to 2½ years.**

F.) Make Adult Physical Health II into two courses as the other courses are. Both courses would be 4 credits, with 2.5 hours of lecture and 5 hours of clinical. Make Family Nursing into two courses in both Day and Evening, both 4 credits with 2.5 hours of lecture and 5 hours of clinical.

Sequence of courses would be:

**Day:**
- Semester 3: Adult Physical Health A & B
- Semester 4: Family Nursing A & B

**Evening:**
- Semester 4: Adult Physical Health A
- Semester 5: Family Nursing A & B
- Semester 6: Adult Physical Health B
SUFFOLK COUNTY COMMUNITY COLLEGE
AMMERMAN CAMPUS
NURSING DEPARTMENT
MINUTES

Presiding: Susan Dewey-Hammer/Joan Anderson
Date: April 24, 2001
Present: S. Auslander, L. Fernandez, A. Kucmeroski, M. McAuley, S. McCabe,
F. Mullarkey, J. Ortiz, J. Paukovits, D. Price, H. Wist

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<td>Summer Lab Hours</td>
<td>Lab will be open for student use: Mon./Wed. 10:30 - 3:30pm after NRLA sessions</td>
<td>Faculty to make students aware of program.</td>
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<tr>
<td>North Shore L.I. Health System</td>
<td>Will give $5000 to a senior student in good academic standing. Two references are required from professors. The graduate must commit to 2 years of employment after graduation.</td>
<td>Faculty to make students aware of program.</td>
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<tr>
<td>Educational Center of Excellence, University Hospital Stony Brook</td>
<td>The program prepares both experienced &amp; novice nurses to function as beginning practitioners in various specialties through didactic &amp; clinical education</td>
<td>Faculty to make students aware of program.</td>
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<tr>
<td>Review of Minutes from 3/13/01</td>
<td>Minutes reviewed</td>
<td>Accepted as modified</td>
</tr>
<tr>
<td>Clinical Evaluations</td>
<td>Students completing first half of NR33/NR36 have completed evaluations.</td>
<td>It is too early in the semester to complete evaluations for the 2nd half of NR33/NR36</td>
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<td>Conceptual Framework Mission Statement</td>
<td>Framework must be consistently incorporated into curriculum, program objectives &amp; course descriptions</td>
<td>Faculty accepted modified framework &amp; mission statement.</td>
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Curriculum Committee
Nursing Department Conceptual Framework

The faculty utilizes Gordon’s “Functional Health Pattern’s” and stress and adaptation as the framework for nursing education and practice. The faculty believes that all human beings have patterns, which contribute to health, quality of life and achievement of human potential. Patterns focus on client-environment interactions, age/developmental norms, and cultural realities as they relate to stress and adaptation. Patterns are detected in the individual, the family and the community. Each pattern is a biopsychosocial-spiritual expression.

Nursing assumes responsibility for health promotion and maintenance. Gordon’s “Functional Health Patterns” and the nursing process allow for the systematic, early identification and treatment of actual and potential stressors. Unresolved dysfunctional patterns may increase susceptibility to stressors.

The following core components are integrated into the nursing curriculum: professional behavior, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care.
Curriculum Committee
Nursing Department Mission Statement

Echoing the college mission statement, the nursing curriculum is designed to prepare associate degree graduates to use resources and life-long learning opportunities and strive toward their highest potential. Faculty facilitates student adaptation to the ongoing changes in the health care environment and population of Suffolk County. The program's emphasis is on the following core components: professional behavior, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care. The conceptual framework for promoting these core components is Gordon's "Functional Health Patterns" along with stress and adaptation.

Faculty believes that an optimal level of health is the right of each member of society. Faculty believes nursing to be a caring profession that views people as holistic and dynamic beings with unique health needs. Faculty endorses and provides opportunities for service to the college and greater Suffolk County Community.

The faculty endorses the practice of Registered Professional Nursing within the scope of the New York State Nurse Practice Act. We believe that the ethical practice of nursing is paramount to the profession.

April 24, 2001
SUFFOLK COUNTY COMMUNITY COLLEGE  
AMMERMAN CAMPUS  
NURSING DEPARTMENT  
MINUTES

Presiding:  Susan Dewey-Hammer  
Date:  June 1, 2001  
Present:  Susan Auslander, Alice Kucmerowski, Marianne McAuley, Florence Mullarkey, Jennifer Ortiz, Theresa Paukovits, Denise Price

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<tr>
<th>TOPIC</th>
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<tr>
<td>Video testing for laboratory skills</td>
<td>Student failure of laboratory skill using a video. Several faculty including an objective observer from the Western Campus reviewed video. Faculty reviewing the video concurred that the student failed the skill. Specific guidelines for testing skills using videos need to be defined.</td>
<td>The student will be required to perform a different skill under the supervision of an instructor and will be required to meet all the critical elements to pass the skill. Guidelines for video testing will be developed at the next faculty meeting.</td>
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<tr>
<td>Progression of work on the interim report</td>
<td>Considerable work has been done on the interim report. Curriculum changes have been accomplished to make the day and evening program the same. The question as to whether to continue to work on the interim report as a separate campus different from the Western campus or to work toward the combining of the two campuses into one program was discussed. Many similarities exist between the two programs. Should an extension be asked for to combine the two campuses or continue current work on the interim report? Utilizing Joan Gamen as a consultant when combining</td>
<td>Wait to hear from the NLNAC. Work will continue on some areas in progress.</td>
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<tr>
<td>Review of Program Objectives</td>
<td>the programs. The NLNAC will be contacted.</td>
<td>Accepted as written. To be put in Student Handbook. See attached.</td>
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<tr>
<td>Incorporation of Marjorie Gordon's Functional Health Patterns into the course outlines.</td>
<td>Changes made to program objectives.</td>
<td>Each course will work towards incorporating the functional health patterns into their outlines.</td>
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<tr>
<td>Review of NR 20 Course outline.</td>
<td>Gordon's Functional Health Patterns can be implemented in different ways in each course. All health patterns will be included in every course and the units will have health pattern titles.</td>
<td>Core Components will be integrated into the objectives of each course.</td>
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<td>Items formally called Threads will be changed to Core Components. Nursing utilizes Marjorie Gordons' Functional Health Patterns, and Stress Adaptation as a framework. Our nursing goal is to assess stressors and adaptation to stressors utilizing Marjorie Gordons' Functional Health Patterns as a method to ensure holistic care to individuals, families and communities.</td>
<td>All outlines are to be uniform and based on the college format.</td>
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<td>Format of Course outlines. NR 36 outline to be used as a template.</td>
<td>Each course will incorporate the conceptual framework.</td>
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<td>Conceptual framework to be included in all courses objectives and course outlines.</td>
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<td>Dress code inclusion in each course outline. The importance of adherence to the dress code discussed.</td>
<td>Dress code is in the Student Handbook and will also be included in each course outline.</td>
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<tr>
<td>Changes to Medication Sheet format.</td>
<td>Review of the course outlines by the entire faculty provided an opportunity for the faculty to become more familiar with the material presented in each course.</td>
<td>Changes accepted. See attached.</td>
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<tr>
<td>Leveling of courses</td>
<td>Need for inclusion of patient teaching about medications in all levels. Need for specifics as to recording usual dose, therapeutic and adverse effects.</td>
<td>Changes accepted. See attached.</td>
</tr>
<tr>
<td>Next Meeting</td>
<td>Discussion of leveling in all the courses. Core components reviewed. Changes to the operational definitions of Core Components to provide evidence of culturally sensitive care.</td>
<td>Faculty will review the articles prior to the next meeting.</td>
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<td>To be held on Tuesday, June 5 at 9 am. Topics to be discussed.</td>
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<td>• Definition of lateness</td>
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<td>• Clinical failures</td>
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<td>• Guide Lines for Lab failures</td>
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<td></td>
<td>Susan Dewey-Hammer handed out articles from Nurse Educator about dealing with clinical failures and the legal issues of clinical failures.</td>
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Meeting adjourned at 12:00pm
Respectfully submitted Denise Price
PROGRAM OBJECTIVES

1. Exhibit ethical behavior in all professional activities.

2. Incorporate Gordon’s Functional Health Patterns in providing nursing care. Identify stressors affecting level of wellness and promote adaptation to achieve improved health.

3. Integrate advances in knowledge from all sciences and humanities in the care of clients.

4. Assume responsibility for health promotion by assisting the client in learning self-management skills that provide and promote their health and serve as role models and resource for health information and education.

5. Practice relationship-centered care with interdisciplinary teams that address the needs and concerns of culturally and spiritually diverse individuals, families and communities.

6. Utilizes critical thinking to provide evidence-based clinical practice that assist clients in health promotion, achievement of human potential, illness adaptation and preparation for death.


8. Function as a client advocate on the interdisciplinary health care team.

9. Use communication and information technology effectively and appropriately.

10. Utilize leadership management skills in collaboration with the interdisciplinary health care team to manage resources effectively and efficiently to deliver quality client care.

11. Identify financial resources and constraints impacting delivery of health care services to various populations.

12. Empower clients and communities to learn self-management skills.

13. Use established outcome criteria to measure effectiveness of care.

14. Demonstrate social responsibilities through participation in service activities.

15. Assume responsibility for self-improvement and use resources for life-long learning for self and others.

16. Practice nursing within the legal parameters of the NY State Nurse Practice Act in diverse settings.

17. Advocate for public policy that promotes and protects the health care system.

Revised 6/1/01
Operational Definitions of Core Components

**Professional Behaviors:** adhering to standards of professional practice; being accountable for one’s actions; practicing nursing within legal, ethical, and regulatory frameworks; having concern for others; valuing the profession of nursing; and participating in ongoing professional development.

**Communication:** a goal directed interactive process through which there is an exchange of information that may occur verbally, non-verbally, in writing, or through information technology.

**Assessment:** the holistic collection, analysis, and synthesis of relevant data from all of the client’s functional health patterns for the purpose of appraising the client’s health status.

**Clinical Decision Making:** the systematic analysis and integration of knowledge and information to identify dysfunctional health patterns and stressors in order to formulate clinical judgements and implement therapeutic nursing interventions to assist the client toward a positive outcome. Evidence based practice directs the modification of client care as indicated by the evaluation of outcomes.

**Caring Interventions:** the “being with” and “doing for” that assist clients to adapt to stressors to achieve positive outcomes; insuring the care provided is culturally and spiritually sensitive to the needs of a diverse population.

**Teaching and Learning:** the process of transmitting information to clients, significant others and members of the healthcare team in order to assist clients and families to facilitate adaptations to stressors; promote and maintain health; expand knowledge and change behavior.

**Collaboration:** working with other members of the healthcare team in a variety of healthcare settings in order to achieve positive outcomes for clients.

**Managing Care:** working efficiently and effectively with and through others and utilizing resources to meet client needs and support organizational objectives.

Revised 6/1/01
## COMPARISON CHART OF OLD AND NEW NURSING CURRICULUM

### DAY PROGRAM

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SUFFOLK COUNTY COMMUNITY COLLEGE

AMMERMANN CAMPUS

DEPARTMENT OF NURSING

COURSE OUTLINE

Course Title: Fundamentals of Nursing I
Credits: 7

Catalog Number: NR20 Day & Evening

Semester: FALL 2001

Lecture, Laboratory & Clinical

Revised 2004 Disk #2
* SUFFOLK COUNTY COMMUNITY COLLEGE
NURSING DEPARTMENT
NR20: NURSING I
COURSE OVERVIEW AND REQUIREMENTS

COURSE DESCRIPTION: Study of nursing concepts based on Gordon’s Functional Health Patterns, as well as stress and adaptation. The nursing process is presented as the structure for nursing practice. Through this process, health patterns are assessed and dysfunctional patterns caused by stressors are explored with an emphasis on health promotion and maintenance. The college laboratory and clinical experience in health care settings are utilized to develop nursing skills. Registration in this course requires that students purchase liability insurance through the college.

PURPOSE: To provide students with the foundational knowledge and skills necessary for the ethical practice of nursing. Emphasis is on critical thinking, caring nursing interventions, and communication. The necessity to be a life long learner is stressed in order to continually adapt to the diverse health care needs of the residents of Suffolk County.

HOURS: Four hours of lecture, two hours college laboratory and six hours clinical laboratory.

CREDIT HOURS: 7 Credits

COREQUISITES/PREREQUISITES: NR20 (Days): Co-requisites: BY30, PC11, NR21, NR22
NR20 (Evenings): Prerequisites: EG11, PC11, SO11, BY30-32
Co-requisites: NR21

32
NURSING PROGRAM OBJECTIVES

1. Exhibit ethical behavior in all professional activities.
2. Incorporate Gordon’s Functional Health Patterns in nursing care. Identify stressors affecting level of wellness and promote adaptation to achieve improved health.
3. Integrate advances in knowledge from sciences and humanities in the care of clients.
4. Assume responsibility for health promotion by assisting clients in learning self-management skills that provide and promote health; serve as role models and resources for health information and education.
5. Practice relationship-centered care with interdisciplinary teams that address the needs and concerns of culturally and spiritually diverse individuals, families and communities.
6. Utilize critical thinking to provide evidence-based clinical practice that assists clients in health promotion, achievement of human potential, illness adaptation, and preparation for death.
8. Function as a client advocate on the interdisciplinary health care team.
9. Use communication and information technology effectively and appropriately.
10. Utilize leadership management skills in collaboration with the interdisciplinary health care team to manage resources effectively and efficiently to deliver quality client care.
11. Identify financial resources and constraints impacting delivery of health care services to various populations.
12. Empower clients and communities to learn self-management skills.
13. Use established outcome criteria to measure effectiveness of care.
14. Demonstrate social responsibilities through participation in service activities.
15. Assume responsibility for self-improvement and use resources for life-long learning for self and others.
16. Practice nursing within the legal parameters of the NY State Nurse Practice act in diverse settings.
17. Advocate for public policy that promotes and protects the health care system.
Core Components of Nursing Program

Professional Behavior: adhering to standards of professional practice; being accountable for one's actions; practicing nursing within legal, ethical and regulatory frameworks; having concern for others; valuing the profession of nursing; and participating in ongoing professional development.

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Teaching and Learning: the process of transmitting information to clients, significant others and members of the health care team in order to assist clients and families to facilitate adaptations to stressors; promote and maintain health; expand knowledge and change behavior.

Collaboration: working with other members of the health care team in a variety of healthcare settings in order to achieve positive outcomes for clients.

Managing Care: working efficiently and effectively with and through others and utilizing resources to meet client needs and support organizational objectives.
Marjorie Gordon’s 11 Functional Health Patterns to Be Integrated Throughout the Course

- **Health-Perception – Health Management Pattern**: describes the client’s perceived pattern of health and well-being and how health is managed.
- **Nutrition-Metabolic Pattern**: describes the client’s pattern of food and fluid consumption relative to metabolic need and pattern indicators of local nutrient supply.
- **Elimination Pattern**: describes patterns of excretory function (bowel, bladder and skin).
- **Activity-Exercise Pattern**: describes patterns of exercise, activity, leisure and recreation.
- **Sleep-Rest Pattern**: describes patterns of sleep, rest and relaxation.
- **Cognitive-Perceptual Pattern**: describes sensory-perceptual and cognitive patterns.
- **Self-Perception-Self Concept Pattern**: describes the client’s self-concept patterns and perceptions of self (e.g. self-conception/worth, body image, feeling state).
- **Role-Relationship Pattern**: describes the client’s pattern of role engagements and relationships.
- **Sexuality-Reproductive Pattern**: describes the client’s patterns of satisfaction and dissatisfaction with sexuality pattern; describes reproductive pattern.
- **Coping-Stress Tolerance Pattern**: describes the client’s general coping pattern and the effectiveness of the pattern in terms of stress tolerance.
- **Value-Belief Pattern**: describes patterns of values, beliefs (including spiritual), and goals that guide the client’s choices or decisions.
COURSE OBJECTIVES

1. Identify the standards of care for basic nursing interventions and demonstrate accountability for nursing care given. Recognize the necessity for client confidentiality.
2. Identify resources for lifelong learning.
3. Apply basic techniques of therapeutic communication when interacting with a client. Demonstrate beginning ability in documenting client status in nursing notes and care plans.
4. Demonstrate effective beginning skills in oral presentations to a group of fellow students.
5. Identify use of information technology to access current nursing literature.
6. Assess adult client's health status utilizing Gordon's Functional Health Patterns to identify stressors that interfere with adaptation.
7. Assess strengths, resources, and needs of a community by completing a neighborhood assessment.
8. Build a vocabulary and recognize the meaning of terms used in the nursing process and collect verifiable and accurate data.
9. Link data collected to identify dysfunctional health patterns and stressors to facilitate development of individualized plan of care for adult client.
10. Utilize nursing strategies that promote healthy behaviors and empower clients to self-manage.
11. Demonstrate caring behavior towards clients that considers the cultural and spiritual diversity of the individual.
12. Provide effective nursing care and a safe environment in the acute care and long-term setting where beginning nursing skills are performed competently.
13. Evaluate client's response to nursing interventions to determine achievement of outcomes.
14. Identify the role of the nurse as a teacher and develop awareness of the principles of effective teaching and learning, identifying individual learning needs.
15. Identify roles of members of the health care team and collaborate with a student partner in achieving client outcomes.
16. Describe the qualities of effective leaders and utilize self-assessment to begin to develop leadership skills.
17. Identify the relationship between power and leadership and management.
18. Describe the role of the nurse in cost containment.
19. Select and assist with a service project in a community-based setting to promote client adaptation to a stressor.
20. Practice nursing within the legal parameters of the NY State Nurse Practice Act and the ANA Code of Ethics.
TOPICAL OUTLINE

Unit I – Program overview
  Activity Exercise Pattern
  Metabolic Pattern [Thermoregulation, Oxygenation, Circulation]
Unit II – Role Relationship Patterns
  Coping Stress Tolerance Pattern [Gerontology]
Unit III – Nursing Process – Communication and Assessment of Health Patterns
Unit IV – Health Perception – Health Management Pattern [Safety]
  Health Perception – Health Management Pattern [Motor]
Unit V – Nursing Process – Diagnosis – Planning - Implementation, Evaluation and Documentation
Unit VI – Cognitive Perceptual Pattern [Medication Administration]
Unit VII – Health Perception – Health Management Pattern [Health Promotion, Cultural Diversity, Community-Based Practice]
Unit VIII – Roles of the Nurse [Communicator, Teacher, Leader]
Unit IX – Role/Relationship Pattern [Loss and Grief]
  Health Management Patterns [Holistic Modalities]
Unit X – Nutrition Metabolic Pattern [Fluid, Electrolyte, Acid Base Balance]
Unit XI – Activity Exercise Pattern [Oxygenation]
Unit XII – Nutrition – Metabolic Pattern [Skin Integrity and Wounds]
Unit XIII – Elimination Pattern [Bowel], [Urinary]
Unit XIV – Self Perception – Self Concept Pattern
  Coping/Stress Tolerance Pattern
Unit XV – Cognitive/Perceptual Pattern [Sensory, Pain]
  Sleep/Rest Pattern
METHODS OF TEACHING:
1. Lecture and Discussion
2. College Laboratory Experience
3. Community-based settings: Senior Citizen Centers, Flu Clinics, LTC Facilities & Acute Care Facilities
4. Math Department Remedial Laboratory
5. Computer software, bibliography references, Internet sources
6. Pre and post conference

REQUIRED ASSIGNMENTS:
CLINICAL:
1. Nursing Care Plans (2)
2. Well Elder Assessment
3. Empathy Paper
4. Service Project
5. Neighborhood Assessment

METHODS OF EVALUATION:
Failure in any of the following areas constitutes failure of the course:

*1. Four multiple choice examinations 95%
2. Laboratory Theoretical Exam 5%
3. Skills Competency Testing Pass/Fail
4. Math test Pass/Fail
5. Clinical Performance Pass/Fail
6. Clinical Assignments Pass/Fail

*One make-up exam to be given at the end of the semester (comprehensive).
Progression to the next nursing course requires a grade of C or better.
**Students must obtain 80% or higher on the math test to remain in the program. The math test may be repeated 2 times for a total of 3 attempts to obtain 80%.
COURSE TITLE: Nursing: Past, Present and Future

CATALOG NUMBER: NR21

CREDITS: 2

SEMESTER: Fall 2001

Revised 8/2001
COURSE DESCRIPTION:

Enables nursing students to make the transition to professionalism in nursing. Nurses must have an understanding of legal, ethical, leadership roles, political issues and their implications for nursing. Changes in health care delivery system necessitate long-range career planning and professional activism as an investment in the future. Students are assisted with starting this transition early in the program in order to incorporate these concepts while still students.

HOURS: Two hours of lecture

CREDIT HOURS: 2 credits

COREQUISITES: NR20

PURPOSE

To provide the student with an opportunity to develop and improve his/her ability to utilize critical thinking in nursing. The students will be introduced to a variety of current issues affecting nursing and encouraged to begin internalizing professional nursing values including leadership roles and ways of being.

PROGRAM OBJECTIVES:

1. Exhibit ethical behavior in all professional activities.
2. Incorporate Gordon’s Functional Health Patterns in providing nursing care. Identify stressors affecting level of wellness and promote adaptation to achieve improved health.
3. Integrate advances in knowledge from all sciences and humanities in the care of clients.
4. Assume responsibility for health promotion by assisting the client in learning self-management skills that provide and promote their health and serve as role models and resources for health information and education.
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17. Advocate for public policy that promotes and protects the health care system.

**CORE COMPONENTS OF THE NURSING PROGRAM**

**Professional Behaviors:** adhering to standards of professional practice; being accountable for one’s actions; practicing nursing within legal, ethical, and regulatory frameworks; having concern for others; valuing the profession of nursing; and participating in ongoing professional development.

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**Collaboration:** working with other members of the healthcare team in a variety of healthcare settings in order to achieve positive outcomes for clients.

**Managing Care:** working efficiently and effectively with and through others and utilizing resources to meet clients needs and support organizational objectives.
COURSE OBJECTIVES:

1. Describe critical thinking and how it is utilized in nursing. Integrate prior knowledge and begin questioning assumptions about critical thinking and problem solving techniques.

2. Begin to correlate and identify consequences of ethical, legal and regulatory aspects of professional nursing practice. Initiate involvement to facilitate empowerment for the nursing profession.

3. Discuss the characteristics that differentiate professions from occupations.

4. Identify society's definition of professional nursing, know New York State's definition of a Registered Professional Nurse and develop own personal definition of a RN.

5. Discuss the evolution of the scope of nursing practice.

6. Describe the impact of various societal forces on health care and nursing at different periods in the history of nursing. Correlate the problems encountered by nurses historically with present day situations.

7. Describe the contribution to modern nursing made by various individuals or groups.

8. Describe the origin and evolution of modern nursing education. Compare and contrast diploma schools, baccalaureate degree and associate degree educational programs for entry level nursing practice.

9. Explain how nursing professional competency can be assured.

10. Describe the various nursing roles in specialized practice with the required educational preparation.

11. Describe the various credentials available to nurses and their implications for the practitioners and the public.

12. Describe knowledge development in nursing; and recognize several different nursing theorists

13. Identify a mechanism for nurses to participate in policy formulation affecting practice.

14. Describe the activities of nurses to promote the economic and general welfare of nurses in the work force.
15. Describe at least one legislative proposal on a state or national level that affects nursing.

16. Describe the progress and accomplishments of various nursing organizations.

17. Identify similarities and differences on a position, students will then support a position on a current nursing topic with current nursing literature.

18. Describe the phases of the research process and identify how to utilize evidence based research in nursing care.

METHODS OF TEACHING:

1. Lecture, textbooks, and group discussions and activities.
2. Audio-visual aids
3. Computer software, Internet sources and bibliography references.

REQUIRED ASSIGNMENTS

1. Class participation; completion of worksheets and “Thinking it Through Scenarios”; completion of “Professional Empowerment Assessment”; and “Professional Education and Competency Maintenance Worksheet”.
2. Written paper
3. Final multiple choice exam

METHODS OF EVALUATION

1. Class participation and worksheets 34%
2. Paper 33%
3. Final examination 33%

TEXTBOOKS – REQUIRED


SUFFOLK COUNTY COMMUNITY COLLEGE

AMMERMAN CAMPUS

DEPARTMENT OF NURSING

COURSE OUTLINE

Course Title: Health Assessment

Catalog Number: NR22

Credits: 2

Semester: Fall 2001

Lecture and Laboratory
Health Assessment

NR22

Course Description: This course focuses on the health assessment of individuals from multicultural and diverse backgrounds. Psychosocial and spiritual dimensions are also assessed. Gordon's functional health patterns are utilized in this course as a guide for establishing a comprehensive nursing data base which makes possible a systematic and standardized approach to data collection. It includes the skillful collection of subjective data during the interview, the analysis of objective data by inspection, palpation, percussion, and auscultation of each body system, and the synthesis of the combined information to formulate a diagnosis, determine priorities and therapeutic nursing interventions.

Purpose: To provide the student with the opportunity to develop proficiency in health assessment skills which will increase the students ability to make effective decisions in planning, implementing, and evaluating health care. It will to provide students with guidance in meeting the core components of our program which includes: communication, assessment, clinical decision making and caring interventions.

Time Allotment:
Lecture: 1 hour per week
Laboratory: 2 hours per week

Course Objectives: Upon completion of this course the student will be able to:
1. Critically analyze findings from the collection of subjective and objective data and to distinguish between the data consistent with health and the data, which indicates interference with health.
2. Identify nursing diagnostic hypothesis using data obtained in the assessment of human responses based on Gordon's eleven functional health patterns as the framework for nursing history format.
3. Establish a data base utilizing a set of critical elements and standard format for documentation of findings to demonstrate accountability to nursing practice.
4. Conduct a nursing health history which includes the systematic collection of subjective data to determine a clients functional health pattern status including collection of physiological, psychological, sociocultural, developmental, and spiritual client data.
5. Develop a therapeutic plan of care identifying related client outcomes and specific nursing measures that include resources to promote and maintain health.
6. Obtain a health assessment using the techniques of nursing history interview, inspection, auscultation, palpation, and percussion, assessment and nursing diagnoses.
7. Communicate a therapeutic plan of care to other members of the health care team.

Methods of Teaching
1. Lecture
2. Demonstration and return demonstration
3. Audio Visual
Evaluation:
1. Ongoing (daily) physical assessment and recording of findings. 20%
2. One health history, ROS and recording of findings. 30%
3. Performance Examination 50%
   - Thorax and lungs
   - Cardiovascular System
   - Abdomen

Absence Policy:
The college expects that each student will exercise personal responsibility with regard to class attendance. All students are expected to attend every class session of each course for which they are registered. Students are responsible for all that transpires in class whether or not they are in attendance. The College defines excessive absence or lateness as more than the equivalent of one week of class meetings during the semester. Excessive absence or lateness may lead to failure in a course or removal from the class roster.

An instructor may remove a student from the class roster at any time when in the judgment of the instructor absence has been excessive.

Required Textbooks:


Recommended:
<table>
<thead>
<tr>
<th>Lect/lab</th>
<th>TOPIC</th>
<th>READING ASSIGNMENT</th>
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<tbody>
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<td></td>
<td>Health Perception and Health Management</td>
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<td></td>
<td>Sleep and Rest</td>
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<tr>
<td></td>
<td>Self Perception and self concept</td>
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<tr>
<td></td>
<td>Coping and Stress Tolerance</td>
<td>Chap 1-5, 8</td>
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<td></td>
<td>Values and beliefs</td>
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<tr>
<td>1</td>
<td>Introduction to course</td>
<td>Chap 1, 3, 4, 5, 8</td>
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<tr>
<td></td>
<td>Review of Health History</td>
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<td></td>
<td>Physical Assessment Techniques</td>
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<td></td>
<td>Inspection</td>
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<td>Percussion</td>
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<td>Palpation</td>
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<td>Auscultation</td>
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<tr>
<td>2</td>
<td>Health Perception and Health Management</td>
<td>Chap 1, 5-8</td>
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<td>Nutrition and Metabolism</td>
<td>Chap 1, 5-8</td>
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<td>General Survey, Assessment</td>
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<td></td>
<td>of skin, hair and nails</td>
<td>Chap 1, 5-8</td>
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<td></td>
<td>Nutrition and Metabolism</td>
<td>Chap 1, 5-8</td>
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<td></td>
<td>Activity and Exercise</td>
<td>Chap 1, 5-8</td>
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<td>Cognition and Perception</td>
<td>Chap 1, 5-8</td>
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<td>3</td>
<td>Assessment of head and neck</td>
<td>Chap 11, 14</td>
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<td>Assessment of nose, mouth and pharynx</td>
<td>Chap 11, 14</td>
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<td>Chap 1, 5-8</td>
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<tr>
<td>4</td>
<td>Cognition and Perception</td>
<td>Chap 12</td>
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<tr>
<td></td>
<td>Assessment of eyes</td>
<td>Chap 12</td>
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<td>5</td>
<td>Cognition and Perception</td>
<td>Chap 13</td>
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<td>Assessment of ears</td>
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<tr>
<td>6</td>
<td>Sexuality and Reproduction</td>
<td>Chap 15, 16</td>
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<td></td>
<td>Activity and Exercise</td>
<td>Chap 15, 16</td>
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<tr>
<td>7</td>
<td>Assessment of breast, thorax &amp; lungs</td>
<td>Chap 15, 16</td>
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<td>Sexuality and Reproduction</td>
<td>Chap 15, 16</td>
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<tr>
<td>8</td>
<td>Activity and Exercise</td>
<td>Chap 17, 18</td>
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<td>9</td>
<td>Assessment of cardiovascular system</td>
<td>Chap 17, 18</td>
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<tr>
<td>Page</td>
<td>Section</td>
<td>Chapter</td>
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<tr>
<td>10</td>
<td>Nutrition and Metabolism</td>
<td>Chap 19</td>
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<td></td>
<td>Elimination</td>
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<tr>
<td></td>
<td>Assessment of the abdomen and genitourinary system</td>
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</tr>
<tr>
<td>11</td>
<td>Activity and Exercise</td>
<td>Chap 20</td>
</tr>
<tr>
<td></td>
<td>Assessment of the musculoskeletal system</td>
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<tr>
<td>12</td>
<td>Cognition and Perception</td>
<td>Chap 21</td>
</tr>
<tr>
<td></td>
<td>Assessment of the neurological system</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Clinical application of assessment skills/</td>
<td>Handout</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
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<tr>
<td>14</td>
<td>Course Evaluation and Testing</td>
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</tr>
</tbody>
</table>
Overview of Subjective and Objective Assessment Focus
For each Functional Health Pattern

1. Health Perception-Health Management Pattern
   Subjective data: Perception of health status and health practices used by the client to maintain health
   Objective data: Appearance, grooming, posture, expression, vital signs, height, weight

2. Nutrition-Metabolic Pattern
   Subjective data: Dietary habits, including food and fluid intake
   Objective data: General physical survey. Including examination of skin, mouth, abdomen, and cranial nerves (CNV, IX, X, and XII)

3. Elimination Pattern
   Subjective data: Regularly and control of bowel and bladder habits
   Objective data: Skin examination, rectal examination

4. Activity-Exercise Pattern
   Subjective data: Activities of daily living that require expenditure of energy
   Objective data: Examination of musculoskeletal system, including gait, posture, range of motion (ROM) of joints, muscle tone, and strength; cardiovascular examination, peripheral vascular examination, and thoracic examination

5. Sexuality-Reproductive Pattern
   Subjective data: Sexual identity, activities, and relationships, expression, of sexuality and level of satisfaction with sexual patterns, reproductive patterns
   Objective data: Male and female genitalia examination, breast examination

6. Sleep-Rest Pattern
   Subjective data: Perception of effectiveness of sleep and rest habits
   Objective data: Appearance and attention span
1. Cognition-Perceptual Pattern
   a. Sensory-Perceptual Pattern
      *Subjective data:* Perception of ability to hear, see smell, taste, and feel (including light touch, pain, and vibratory sensation)
      *Objective data:* Visual and hearing examinations, pain perception, cranial nerve examination; testing for taste, smell and touch
   b. Cognition Pattern
      *Subjective data:* Perception of messages, decision making, thought processes
      *Objective data:* Mental status examination

1. Role-Relationship Pattern
   *Subjective data:* Perception of self-worth, personal identity, feelings
   *Objective data:* Communication with significant others and visits from significant others and family, family genogram

9. Self-Perception-Self-Concept Pattern
   *Subjective data:* Perception of self-worth, personal identity, feelings
   *Objective data:* Body posture, movement, eye contact, voice and speech pattern, emotions, moods, and thought content

10. Coping-Stress Tolerance Pattern
    *Subjective data:* Perception of stressful life events and ability to cope
    *Objective data:* Behavior, thought processes

11. Value-Belief Pattern
    *Subjective data:* Perception of what is good, correct, proper, and meaningful; philosophical beliefs; values and beliefs that guide choices
    *Objective data:* Presence of religious articles, religious actions and routines, and visits from clergy
Course Title: Adult Nursing II
Catalog Number: NR33

Credits: 5

Semester: Spring 2002
Lecture, Lab, and Clinical

Revised 2001
D6331AP
COURSE DESCRIPTION

Study of adults whose maladaptation to stress has resulted in illness. Emphasis is on using Gordon’s “Functional Health Patterns” in the application of the nursing process to prevent illness and to promote adaptation in acute and chronically ill clients. The college laboratory and clinical experience in hospitals are utilized to develop nursing skills.

PURPOSE

To provide the student with an opportunity to develop and improve their proficiency in providing nursing care to acute and chronically ill adults. The students are introduced to theoretical foundations of nursing care for physically ill adults. College laboratory allows students to master psychomotor skills and practice other professional skills. Students perform assessment skills and demonstrate application of the nursing process in clinical settings.

TIME ALLOTMENT

Lecture: 5 hours weekly
College lab: 4 hours weekly
Clinical Laboratory: 10 hours weekly

CREDIT HOURS – NR33 – 5 credits

PREREQUISITES/COREQUISITES

Prerequisite: NR20 & NR22
Corequisite: BY44
PROGRAM OBJECTIVES

1. Exhibit ethical behavior in all professional activities.
2. Incorporate Gordon's Functional Health Patterns in providing nursing care. Identify stressors affecting level of wellness and promote adaptation to achieve improved health.
3. Integrate advances in knowledge from all sciences and humanities in the care of clients.
4. Assume responsibility for health promotion by assisting the client in learning self-management skills that provide and promote their health and serve as role models and resource for health information and education.
5. Practice relationship-centered care with interdisciplinary teams that address the needs and concerns of culturally and spiritually diverse individuals, families and communities.
6. Utilize critical thinking to provide evidence-based clinical practice that assists clients in health promotion, achievement of human potential, illness adaptation and preparation for death.
8. Function as a client advocate on the interdisciplinary health care team.
9. Use communication and information technology effectively and appropriately.
10. Utilize leadership management skills in collaboration with the interdisciplinary health care team to manage resources effectively and efficiently to deliver quality client care.
11. Identify financial resources and constraints impacting delivery of health care services to various populations.
12. Empower clients and communities to learn self-management skills.
13. Use established outcome criteria to measure effectiveness of care.
14. Demonstrate social responsibilities through participation in service activities.
15. Assume responsibility for self-improvement and use resources for life-long learning for self and others.
16. Practice nursing within the legal parameters of the NY State Nurse Practice Act in diverse settings.
17. Advocate for public policy that promotes and protects the health care system.
CORE COMPONENTS TO BE INTEGRATED THROUGHOUT EACH UNIT

Professional Behavior: adhering to standards of professional practice; being accountable for one's actions; practicing nursing within legal, ethical, and regulatory frameworks; having concern for others; valuing the profession of nursing; and participating in ongoing professional development.

Communication: a goal directed interactive process through which there is an exchange of information that may occur verbally, non-verbally, in writing, or through information technology.

Assessment: the holistic collection, analysis, and synthesis of relevant data from all of the client's functional health patterns for the purpose of appraising the client's health status.

Clinical Decision Making: the systematic analysis and integration of knowledge and information to identify dysfunctional health patterns and stressors in order to formulate clinical judgments and implement therapeutic nursing interventions to assist the client toward a positive outcome. Evidence based practice directs the modification of client care as indicated by the evaluation of outcomes.

Caring Interventions: the "being with" and "doing for" that assist clients to adapt to stressors to achieve positive outcomes; insuring the care provided is culturally and spiritually sensitive to the needs of a diverse population.

Teaching and Learning: the process of transmitting information to clients, significant others and members of the healthcare team in order to assist clients and families to facilitate adaptation to stressors; promote and maintain health; expand knowledge and change behavior.

Collaboration: working with other members of the healthcare team in a variety of healthcare settings in order to achieve positive outcomes for clients.

Managing Care: working efficiently and effectively with and through others and utilizing resources to meet client needs and support organizational objectives.
COURSE OBJECTIVES

1. Assess adult client's problems within the functional health pattern format. Identify stressors and clients adaptive responses.

2. Apply foundational knowledge from social, biological sciences and humanities to nursing care of adults from various religious and sociocultural backgrounds.

3. Demonstrate empathy and caring with clients and significant other through effective use of therapeutic communication skills.

4. Communicate effectively with nursing personnel and other health team members.

5. Utilize the nursing process and critical thinking in planning and providing care to clients with nursing diagnoses related to health perception-health management, and alterations in coping-stress tolerance pattern, activity-exercise pattern and perceptual pattern. Implement interventions to assist the client toward positive outcomes. Modify client care as indicated by evaluation of outcomes.

6. Identify client's learning needs. Apply teaching and learning concepts to assist individual adult clients in maintaining wellness and/or self-care management of illness. Evaluate the progress of the individual in achievement of identified learning outcomes. Assist client to identify community resources.

7. Identify collaborative services within the agency that facilitates plan of care. Work cooperatively with others to achieve client outcomes. Function as a client advocate.

8. Describe principles of successfully motivating others. Identify strategies of behavior change.

9. Understand legal aspects involved in the care of individuals.

10. Practice within the framework of the New York State Practice Act and the American Nurse's Association code of Ethics.
TOPICAL OUTLINE

UNIT  TOPIC

1  Nursing Role: Client Educator

2  Nursing Management of Clients with Alteration in Patterns of Health Experiencing Perioperative Stressors

3  Nursing Management of Clients with Alteration in Activity-Exercise Patterns related to Stressors of Respiratory Dysfunction (COPD)

Exam I

4  Nursing Management of Clients with Alteration in Patterns of Health Experiencing Stressors of Immune Dysfunction (AIDS, Infection, SLE)

5  Nursing Management of Clients with Alteration in Patterns of Health Experiencing Stressors of Neoplastic Dysfunction

Exam II

6  Nursing Management of Clients with Alteration in Perception Experiencing Stressors of Sensory Dysfunction

Exam III

7  Nursing Management of Clients with Alteration in Activity-Exercise Pattern Experiencing Stressors of Musculoskeletal Dysfunction
METHODS OF TEACHING

1. Lecture, textbook and discussion.
2. Audio-visual aids.
3. Computer software, internet sources and bibliography references.
4. Pre and post conference.

REQUIRED ASSIGNMENTS

Personal Stress Management/Health Promotion Project
Nursing Care Plans (3)
Process Recordings (1)

METHODS OF EVALUATION

1. Three multiple choice examinations 95%
2. Laboratory Final 5%
3. Lab Clinical Competencies (4) Pass/Fail
4. Written assignments Pass/Fail
5. Clinical assignments Pass/Fail
Evening Program
Semester Fall 2001
Credits: 4

Course Title: Adult Mental Health
Catalog Number: NRS6

Course Outline
Department of Nursing
Amherst Campus
Suffolk County Community College
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<th>Topic</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>Overview of course, identification of characteristics of a “Nurse”</td>
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<td>Week 2</td>
<td>History of Nursing</td>
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<td>Week 3</td>
<td>Future of Nursing and Images of Nursing in the Media</td>
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<td>Week 4</td>
<td>Nursing Education and Research</td>
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<td>Week 5</td>
<td>Nursing Roles</td>
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<td>Advanced Nursing Practice</td>
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<td>Theories and Models of Nursing</td>
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<td>Week 8</td>
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<td>Week 9</td>
<td>Power, Politics and Policy</td>
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<td>Week 10</td>
<td>Professional Nursing Organizations</td>
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<td>Week 11</td>
<td>Quality Management</td>
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<td>Week 12</td>
<td>Legal Responsibilities</td>
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<tr>
<td>Week 13</td>
<td>Continue with Legal Issues</td>
</tr>
<tr>
<td>Week 14</td>
<td>Ethical Issues</td>
</tr>
<tr>
<td>Week 15</td>
<td><strong>Exam</strong> – Review characteristics of a “Nurse”</td>
</tr>
</tbody>
</table>
Course Description

Objective: By the end of this course, students will be able to:

1. Identify and describe the various assessment tools used in clinical settings.
2. Demonstrate proficiency in the delivery of quality care to adults in a multi-disciplinary healthcare setting.
3. Apply theoretical knowledge to practical scenarios.

Course Description:

This course is designed to provide students with an opportunity to develop and enhance their critical thinking and problem-solving skills in the context of mental health and wellness. Through a combination of interactive lectures, laboratory sessions, and clinical practice, students will gain a comprehensive understanding of mental health disorders, assessment techniques, and treatment strategies.

The course will cover a range of topics, including

- Mental Health Disorders
- Assessment Techniques
- Treatment Strategies
- Multidisciplinary Care
- Community Health

By the end of the course, students will be equipped with the knowledge and skills necessary to effectively contribute to the field of mental health and wellness.
Professional Development
Legal, ethical, and regulatory frameworks: Having concern for others’ valuing the profession of nursing and participating in ongoing professional development and regulation frameworks.

Professional Behavior: Adhering to standards of professional practice; being accountable for one’s actions; practicing nursing within an integrative framework.

Core Components to Be Integrated Throughout Each Unit

1. Exhibit ethical behavior in all professional activities.
3. Assume responsibility for health promotion by assisting the client in learning self-management skills that provide and promote positive adaptation to achieve improved health.
4. Identify advances in knowledge from all sciences and humanities in the care of clients.
5. Practice relationships-centered care with interventions that address the needs and concerns of culturally and spiritually diverse individuals, families, and communities.
6. Utilize critical thinking to provide evidence-based clinical practice that assists clients in health promotion, achievement of goals.
8. Function as a chief advocate on the interdisciplinary health care team.
9. Use communication and information technology effectively and appropriately.
10. Utilize leadership management skills in collaboration with the interdisciplinary health care team to manage resources effectively and efficiently to deliver quality health care.
11. Identify financial resources and constraints influencing delivery of health care services to various populations.
12. Empower clients and communities to learn self-management skills.
13. Use established outcome criteria to measure effectiveness of care.
14. Demonstrate social responsibility through participation in service activities.
15. Assume responsibility for self-improvement and use resources for lifelong learning for self and others.
16. Practice nursing within the legal parameters of the NY State Nurse Practice Act in diverse settings.
17. Advocate for public policy that promotes and protects the health care system.
Marjorie Gordon's II Functional Health Care Patterns To Be Integrated Throughout The

Objective: describes the client's perceived pattern of health and well being and how health is

Managed

Course

Organizational objectives:

Managing Care: working efficiently and effectively with and through others and utilizing resources to meet client needs and support outcomes for clients.

Collaboration: working with other members of the healthcare team in a variety of healthcare settings in order to achieve positive behavior.

Teaching and Learning: the process of transmitting information to clients, significant others and members of the healthcare team in order to assist clients and families to facilitate adaptation to stressors; promote and maintain health; expand knowledge and change order to assist clients and families to facilitate adaptation to stressors; promote and maintain health; expand knowledge and change.

Carrying Out Interventions: the "being with" and "doing for" that assist clients in order to achieve positive outcomes: diminishing the care provided is culturally and spiritually sensitive to the needs of a diverse population.

Clinical Decision Making: the synthesis and analysis of knowledge and information to identify dysfunctional health patterns and stressors in order to formulate clinical judgments and implement therapeutic nursing interventions to assist the client verbally, in writing, or through information technology.

Communication: a goal directed interactive process through which there is an exchange of information that may occur verbally, non-
1. Assess all client's problems with stress and adaptation responses

2. Apply foundational knowledge from social, biological sciences, and humanities to nursing care of adults, from various religious and sociocultural backgrounds, with major mental health problems.

3. Display unselfish behaviors in providing care for very insignificant and disenfranchised adult clients. Maintain appropriate professional boundaries in the nurse-client relationship.

4. Utilize critical thinking when providing care to clients with nursing diagnoses that include ineffective coping, alteration in thought processes, self-esteem disturbance, and anxiety. Implement interventions to assist the client toward positive outcomes.

5. Provide individualized interventions that include self-esteem enhancement, anxiety reduction, and coping enhancement.


7. Demonstrate nursing behavior toward the client, significant others, peers, and members of the health team.
Practice within the framework of the New York State Practice Act and the American Nurse's Association Code of Ethics.

1. Identify collaborative services that facilitate plan of care. Work cooperatively with others to achieve client outcomes. Function as a client advocate on a multidisciplinary health team that views people as holistic and dynamic beings with particular health needs. Identify client's learning needs. Apply teaching and learning concepts to assist individual and groups in maintaining wellness and self-care management of illness. Evaluate the progress of the individual and/or group toward meeting wellness and self-care management of illness goals.

7. Utilize appropriate verbal and nonverbal communication techniques to interact with individuals and groups of adult clients. Health team members respond empathetically to concerns, both individually and in small group settings.

8. Identify legal aspects involved in the care of individuals with psychological maladjustment. Describe principles of successfully motivating others. Identify key concepts underlying effective delegation. Identify strategies for behavior change.

9. Understand legal aspects within the ethical framework of nursing.
METHODS OF TEACHING

Exam III
Patterns in Coping Stress Tolerance Patterns
Nursing Management of Stressors from Mental Illness Which Affect a Client's Self-Perculation/Existence

Exam II
and Role Relationship Patterns
Nursing Management of Stressors from Mental Illness Which Affect a Client's Cognitive-Perceptual Patterns

Exam I
Nursing Process in Mental Health Setting

UNIT TOPIC

TOPICAL OUTLINE


TEXTBOOKS REQUIRED

*All students who receive a score less than 70 on any examination will be required to review their status study
do assignments, make an appointment to review their status study, and make up any missed examinations.

<table>
<thead>
<tr>
<th>Pass/Fail</th>
<th>Clinical assignments</th>
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</thead>
<tbody>
<tr>
<td>Pass/Fail</td>
<td>Written assignments</td>
</tr>
<tr>
<td>100%</td>
<td>Three multiple choice examinations</td>
</tr>
</tbody>
</table>

METHODS OF EVALUATION

- Health Promotion Group (1)
- Community Experience Report (1)
- Process Recordings (2)
- Nursing Care Plans (7)
- Personal Stress Management/Health Promotion Project

REQUIRED ASSIGNMENTS
Course Outline

Nursing Department

Ammerman Campus

 Suffolk County Community College
Pre-Requisite: Strongly Recommended

By the end of this course, students will have an opportunity to develop and improve their problem-solving skills in delivering nursing care to acute and chronically ill clients. They will also have an opportunity to develop and improve their problem-solving skills in delivering nursing care to acute and chronically ill clients. The course will emphasize the importance of cultural competence and the importance of considering individual, family, and community factors in the delivery of nursing care. The course will also emphasize the importance of communication and collaboration with other health care providers. The course will provide students with the knowledge and skills necessary to function as registered nurses in a variety of settings and to function as leaders in the delivery of nursing care.
PROGRAM OBJECTIVES

1. Foster ethical behavior in all professional activities.
2. Incorporate CQI's Functional Health Plan in providing nursing care. Identify stressors affecting level of wellness and
3. Assume responsibility for health promotion by assisting the client in learning self-management skills that provide and promote
4. Integrate advances in knowledge from all sciences and humanities in the care of clients.
5. Design health and safety models and resource for health information and education.
6. Utilize critical thinking to provide evidence-based clinical practice that assists clients in health promotion, achievement of
8. Function as a clinician advocate on the interdisciplinary health care team.
9. Use communication and information technology effectively and appropriately.
10. Utilize leadership management skills in collaboration with the interdisciplinary health care team to manage resources.
11. Identify human resources and constraints impacting delivery of health care services to various populations.
12. Empower clients and communities to learn self-management skills.
13. Use established outcome criteria to measure effectiveness of care.
14. Demonstrate social responsibility through participation in service activities.
15. Assume responsibility for self-improvement and use resources for lifelong learning for self and others.
16. Practice nursing within the legal parameters of the NY State Nurse Practice Act in diverse settings.
17. Advocate for public policy that promotes and protects the health care system.
Communities
Collaborate with peers and other multidisciplinary members to develop cost-effective quality care in multidisciplinary groups and

- Cooperate by communicating changes in resources for the nurse, midwife, and other health care professionals.

- Promote and assure the individual's rights in a defined health care setting.

- Practice within the framework of the New York State Practice Act and the American Nurses' Association Code of Ethics.

- Identify the social responsibilities of nursing in the care of the sick and chronically ill clients with multiple health problems and

- Use established outcome criteria to measure effectiveness of care in the acute and chronic illness of adult clients with multiple

- Client-centered care.

- Demonstrate leadership management skills when working with the multidisciplinary health care team to deliver care to groups of

- Utilize information technology to meet care needs and assess clients to use self-management skills.

- Develop an awareness of information technology that impact on the delivery of health care.

- Advocate for policies and standards by effectively communicating with members of the multidisciplinary health care team.

- Utilize ethical frameworks to analyze the client's stressors and responses to stressors in order to support clinical decision-making.

- Interpret communication with clients, families, peers, and other healthcare team members in a diverse population.

- Demonstrate empathy and care with the ability to apply and reflect on the principles of the practice of

- Apply advances in knowledge from the sciences and humanities in the care of clients.

- Identify individual and community needs in order to develop teaching plans to assist clients to promote health and manage

- Clients with multiple health problems.

- Utilize the client's functional health patterns to promote adaptation to the effects of stressors on the acute and chronically ill

- Demonstrate accountability for own ethical behavior and for delegated actions.
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Organizational objectives:

Managing Care: Working effectively and efficiently with and through others and utilizing resources to meet clients' needs and support outcomes for clients.

Collaboration: Working with other members of the health care team in a variety of health care settings in order to achieve positive behavior.

Teaching and Learning: The process of transmitting information to clients, significant others, and members of the health care team in order to assist clients and families to facilitate adaptation to stressors, promote and maintain health, expand knowledge, and change behavior.

Cultural Interventions: The process within and between individuals in order to achieve positive outcomes, instilling the care provided culturally and spiritually sensitive to the needs of a diverse population.

Clinical Interventions: The synthesis and application of knowledge and information to identify dysfunctional health patterns and stressors in order to formulate clinical judgments and implement therapeutic nursing interventions to assist the client toward a positive outcome. Evidence-based practice directs the modification of health care as indicated by the evaluation of outcomes.

Clinical Decision Making: The systematic analysis and interpretation of knowledge and information to identify dysfunctional health patterns and stressors in order to formulate clinical judgments and implement therapeutic nursing interventions to assist the client toward a positive outcome. Evidence-based practice directs the modification of health care as indicated by the evaluation of outcomes.

Assessment: The holistic collection, analysis, and synthesis of relevant data from all of the client's functional health patterns for the purpose of assessing the client's health status.

Communication: A goal directed interactive process through which there is an exchange of information that may occur verbally, non-verbally, in writing or through information technology.

Professional Development:

Informed, ethical, and regulatory framework: having concern for other's welfare; viewing the profession of nursing; participating in ongoing professional behaviors: adhering to standards of professional practice, being accountable for one's actions; practicing nursing within professional competencies to be integrated throughout each unit.
EVALUATION METHODS

The evaluation is based on clinical performance, written nursing care plans and assignments. Each student will receive a mid-term and final evaluation consisting of a written report and a personal interview by the instructor. Clinical Evaluation Form attached.

REQUIRED ASSIGNMENTS:

1. Lecture & Discussion
2. Library Resources
3. Audio-Visual aids, videos, Interactive software
4. Pre and Post Conference
5. Software: Help me Build Nursing Computer Center
6. Clinical Experiences
7. Clinical assignments

Academic Computing Center (Library)

ASSESSMENTS:

1. Unit Exam (4)
2. Nursing Care Plan (1)
3. Nursing Activity Assignments (1)
4. Clinical Nursing Care Plan (1)
5. Clinical Thinking and Nursing Activity Assignments (1)
6. See appendix
7. See appendix

Evaluation of Student Performance

4. Written assignments

3. Evaluation of Student Performance

2. Nursing Care Plans

1. Unit Exam (4)

Follow guidelines for specific assignments

Subject assignments in a large envelope to your clinical instructor. Lists materials enclosed. Follow guidelines for specific assignments received one week prior to the designated date. Course Failure will result unless all assignments are submitted.

Written assignments must be submitted on the dates specified by the clinical instructor. A failing grade will be recorded for assignments.
Nursing Management of Clients With Alterations in Nutritional-Metabolic-Pattern Exercise Tolerance Stresses Related to Week 1.4

Neurological Dysfunction

Nursing Management of Clients With Alterations in Cognition—Perceptual-Pattern Experiencing Stresses in Week 12.13

EXAM III

Stressors in Genitourinary Dysfunction

Nursing Management of Clients With Alterations in Elimination and Sexual-Excretory-Experiential Patterns in Week 11.12

Gastrointestinal Dysfunction

Nursing Management of Clients With Alterations in Nutritional-Metabolic-Pattern Exercise Tolerance Stresses in Week 9.10.11

EXAM II

Endocrine Dysfunction

Nursing Management of Clients With Alterations in Nutritional-Metabolic-Pattern Exercise Tolerance Stresses in Week 8.7.6

Respiratory Dysfunction

Nursing Management of Clients With Alterations in Activity-Exercise-Pattern Exercise Tolerance Stresses in Week 5.6.5

Hematological Dysfunction

Nursing Management of Clients With Alterations in Activity-Exercise-Pattern Exercise Tolerance Stresses in Week 5

EXAM I

and Peripheral Dysfunction

Nursing Management of Clients With Alterations in Activity-Exercise-Pattern Exercise Tolerance Stresses in Cardiac Week 1.2.3.4

TOPICAL COURSE OUTLINE NR 40
Additional reference books include: 


Textheheads

Exam IV

Week 15
Course Title: Family Nursing A

Course Outline

Department of Nursing

Ammerman Campus

Support County Community College
CORREQUISITES: HUMANTIES ELECTIVE

PREREQUISITES: NR33 & NR36, PGC0

CREDIIT HOURS: 4 Credits

Clinical-----------------6 hours weekly
Lection-------------------3 hours weekly

TIME ALLOTMENT:

PURPOSE: Provide opportunity to develop and enhance students proficiency in delivering nursing care to childbearing clients with conditions functional, health problems and the nursing process to assist clients and families in obtaining optimum health outcomes.

Guidelines for assessment of these clients. Clinical experience is in hospitals and community settings.

This course focuses on the study of Family Health encompassing childbearing clients. Emphasis is on application and application of nursing measures through the childbearing year. Conditions of functional, health problems are utilized in this course for establishing

COURSE DESCRIPTION: NR46 - Family Nursing A
NURSING PROGRAM OBJECTIVES

1. Exhibit ethical behavior in all professional activities.
2. Incorporate Gordon's Functional Health Patterns in providing nursing care. Identify stressors affecting level of wellness and promote adaptation to achieve improved health.
3. Integrate advances in knowledge from sciences and humanities in the care of clients.
4. Assume responsibility for health promotion by assisting clients in learning self-management skills that provide and promote health; serve as role models and resources for health information and education.
5. Practice relationship-centered care with interdisciplinary teams that address the needs and concerns of culturally and spiritually diverse individuals, families and communities.
6. Utilize critical thinking to provide evidence-based clinical practice that assists clients in health promotion, achievement of human potential, illness adaptation, and preparation for death.
8. Function as a client advocate on the interdisciplinary health care team.
9. Use communication and information technology effectively and appropriately.
10. Utilize leadership management skills in collaboration with the interdisciplinary health care team to manage resources effectively and efficiently to deliver quality client care.
11. Identify students to financial resources and constraints impacting delivery of health care services to various populations.
12. Empower clients and communities to learn self-management skills.
13. Use established outcome criteria to measure effectiveness of care.
14. Demonstrate social responsibilities through participation in service activities.
15. Assume responsibility for self-improvement and use resources for life-long learning for self and others.
16. Practice nursing within the legal parameters of the NY State Nurse Practice act in diverse settings.
17. Advocate for public policy that promotes and protects the health care system.
CORE COMPONENTS TO BE INTEGRATED THROUGHOUT EACH UNIT

Professional Behaviors: adhering to standards of professional practice; being accountable for one's actions; practicing nursing within legal, ethical, and regulatory frameworks; having concern for others; valuing the profession of nursing; and participating in ongoing professional development.

Communication: a goal-directed, interactive process through which there is an exchange of information that may occur verbally, nonverbally, in writing, or through information technology.

Assessment: the holistic collection, analysis, and synthesis of relevant data from all of the client's functional health patterns for the purpose of appraising the client's health status.

Clinical Decision Making: the systematic analysis and integration of knowledge and information to identify dysfunctional health patterns and stressors in order to formulate clinical judgments and implement therapeutic nursing interventions to assist the client toward a positive outcome. Evidence-based practice directs the modification of client care as indicated by the evaluation of outcomes.

Caring Interventions: the "being with" and "doing for" that assist clients to adapt to stressors to achieve positive outcomes; insuring the care provided is culturally and spiritually sensitive to the needs of a diverse population.

Teaching and Learning: the process of transmitting information to clients, significant others, and members of the healthcare team in order to assist clients and families to facilitate adaptations to stressors; promote and maintain health; expand knowledge and change behavior.

Collaboration: working with other members of the healthcare team in a variety of healthcare settings in order to achieve positive outcomes for clients.

Managing Care: working efficiently and effectively with and through others and utilizing resources to meet client needs and support organizational objectives.
Value-belief pattern: describes patterns of values, beliefs (including spiritual), and goals that guide the client's choices of

Stress-tolerance pattern: describes the client's general coping patterns and the effectiveness of the patient in terms of

Copulatory-reproductive pattern: describes the client's patterns of satisfaction and dissatisfaction with sexually pattern:

Role-relationship pattern: describes the client's pattern of role engagements and relationships

Conception/parenthood, body image, self-esteem

Self-concept-cohersive pattern: describes the client's self-concept patterns and perceptions of self (e.g., self-esteem)

Cognitive-perceptual pattern: describes sensory-perceptual and cognitive patterns

Sleep pattern: describes patterns of sleep, rest, and relaxation

Activity-exercise pattern: describes patterns of exercise, activity, leisure, and recreation

Elimination pattern: describes patterns of excretory function (bowel, bladder, and skin)

Nutritional-hydrational pattern: describes the client's patterns of food and fluid consumption relative to metabolic need and health

Health-perception-health management pattern: describes the client's perceived pattern of health and well-being and how health

Marjorie Gordon’s II Functional Health Patterns To Be Integrated Throughout The Course
1. Advocate for health promotion, identify learning needs of the childbearing family and modify interventions according to childbearing family.

2. Utilize and incorporate resources for life-long learning.

3. Demonstrate advanced skills in communicating effectively to childbearing families and members of the health care team.

4. Continue to utilize information technology to meet client care needs and to assist childbearing families to use self-management skills.

5. Integrate prior knowledge in assessing the effects of stressors on the childbearing family and utilizing Gordon’s Functional Health Patterns.

6. Analyze dysfunctional health patterns and stressors of the individual and family in community, school and clinical settings.

7. Synthesize understanding of cultural and spiritual differences and developmental needs when caring for the childbearing family in order to provide sensitive, holistic nursing care.

8. Perform effective therapeutic and preventive nursing measures to facilitate health promotion and maintenance for the childbearing family.

9. Advocate for health promotion, identify learning needs of the childbearing family and modify interventions according to childbearing family.

10. Evaluate the effectiveness of teaching with refinement of communication when possible.


12. Collaborate with additional multidisciplinary team members to deliver cost-effective, quality individual and family nursing care.

COURSE OBJECTIVES
13. Convey mutual respect, trust, support, and appreciation of each discipline’s unique roles and contributions to health care.

14. Identify multiple resources available for the childbearing family within the community.

15. Use strategies to successfully influence change/decision making.

16. Assess visionary skills and identify a plan to become more innovative.
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<th>Cognitive-Perceptual</th>
<th>Activity Exercice</th>
<th>Nutrition-Metabolism</th>
<th>Cognitive-Stress Tolerance</th>
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**Unit X:** Musculoskeletal/Neurological Stresses and Adaptation

**Unit IX:** Sensory-Cognitive Stresses and Adaptation

**Unit VIII:** Gastrointestinal Stresses and Adaptation

**Unit VII:** Respiratory Stresses and Adaptation
Cognitive-Perceptual
Nutrition-Metabolic
Coping-Stress Tolerance
Sexual-Reproductive
Role-Relationship
Self-Perception
Health Perception-Health Management

Unit XI - The Abused Child
3. Clinical Performance
2. Clinical Performance
1. Final Exam (3)*

% 100

Follow closely the course, failure of the course requires a minimum passing grade of C with a clinical component to qualify for graduation. Failure in any of the following areas constitutes failure of the course:

METHODS OF EVALUATION:

4. Annotated bibliography and relevant to the plan of care for the patient and client in APA format.
3. Nutrition Data
2. Current Medications (see attached medication sheet for information to be included)
1. Pediatric Assessment Tool

3. NURSING CARE PLANS (which will include the following data):

Each student will submit:

REQUIRED CLINICAL ASSIGMENTS:

Community-based settings: Health centers, schools, child psychiatric facilities, LTC facilities

Community-based settings: Guest speakers, Role playing

Clinical assignments
Clinical experiences
Pre and post conference
Library resources
Internet resources
Audio/visual aids, interactive software
Learning, discussion, cooperative learning
**All seniors will be tested prior to graduation on previously learned clinical skills. Keep practicing.**

Total of 2 attempts to obtain an 80%.

Students must obtain 80% or higher on the math less to remain in the nursing program. The math less may be repeated 1 time for a student. Study habits and the exam preparation with one of the course coordinators within one week following the examination.

Graded zero. All students who receive a score less than 70% on any examination MUST make an appointment to review their exams. Additional exams missed will be given at the end of the semester in case of a missed exam. Additional exams missed will be
Humanities Electives

CoRequisites: NR33 & NR34, PSC60

Credit Hours: 4 Credits

Clinical: 6 hours weekly
Lecture: 3 hours weekly

Time Allocation:

Purpose: Provide opportunities to develop and enhance students' abilities in delivering childbearing care with guidelines for assessment of childbearing. Clinical experience is in hospitals and community settings.

Course Description: NR48 - Family Nursing

Course Overview & Requirements:

Gordon's Functional Health Patterns and the nursing process to assist clients and families in achieving optimum health outcomes.

Gordon's Functional Health Patterns are utilized in this course to establish nursing outcomes. This course focuses on the study of Family Health encompassing childbearing clients. Emphasis is on application and implementation of
Organizational objectives.

**Managing Care**: Working efficiently and effectively with and through others and utilizing resources to meet client needs and support outcomes for clients.

**Collaboration**: Working with other members of the healthcare team in a variety of healthcare settings in order to achieve positive behavior.

**Teaching and Learning**: The process of transmitting information to clients, significant others, and members of the healthcare team in order to assist clients and families to facilitate adaptation to stresses; promote and maintain health; expand knowledge and change. Teaching and learning also involves the process of forming and adapting information to clients' specific health status and educational needs. Teaching and learning focus on the client's learning needs and consider the client's cultural, educational, and developmental needs. Teaching and learning can be facilitated through one-on-one interactions or group settings. Teaching and learning can also be facilitated through multimedia resources, such as websites and videos.

**Caring Interventions**: The process of providing care and support to clients and families. Caring interventions are designed to address the physical, emotional, and social needs of clients. Caring interventions may include physical therapy, medication administration, and emotional support. Caring interventions can be provided in a variety of settings, such as hospitals, skilled nursing facilities, and home health settings.

**Clinical Decision Making**: The systematic analysis and interpretation of knowledge and information to identify dysfunctional health patterns and develop a plan of care. Clinical decision making is a critical component of nursing practice. Clinical decision making involves gathering and analyzing data, identifying potential problems, and developing a plan of care.

**Assessment**: The systematic collection, analysis, and synthesis of relevant data from all of the client's functional health patterns for the purpose of planning the client's health care.

**Communication**: A directed, interactive process through which there is an exchange of information that may occur verbally, non-verbally, in writing, or through information technology. Communication is essential in healthcare settings to ensure effective and efficient delivery of care. Communication involves active listening, effective speaking, and understanding the perspectives of others.

**Professional Behaviors**: Adhering to standards of professional practice, being accountable for one's actions, practicing nursing within legal, ethical, and regulatory frameworks, and having concern for others. Nursing is a profession that requires a commitment to ethical and legal standards. Nursing is not only a profession, but it is also a calling.

**Core Competencies to be Integrated Throughout Each Unit**
decisions

- Value-belief pattern: describes patterns of values, beliefs (including spirituality), and goals that guide the client's choices or decisions.
- Stress tolerance pattern: describes the client's generalized coping pattern and the effectiveness of the pattern in terms of
- Coping-stress-tolerance pattern: describes the client's generalized coping pattern and the effectiveness of the pattern in terms of
- Sexual-reproductive pattern: describes the client's patterns of satisfaction and dissatisfaction with sexual patterns.
- Role-relationship pattern: describes the client's pattern of role engagement and relationships
- Social isolation: describes the client's social isolation patterns.
- Sleep-rest pattern: describes patterns of sleep, rest, and relaxation
- Activity-exercise pattern: describes patterns of exercise, activity, leisure, and recreation
- Elimination pattern: describes patterns of elimination (bowel, bladder, and skin)
- Nutritional-metabolic pattern: describes the client's nutrition intake and metabolic needs
- Homeostasis: describes the client's maintained patterns of health and well-being and how health is maintained.

Margaret Gordon's 11 Functional Health Care Patterns To Be Interrelated Throughout the Course.
11. Evaluate the effectiveness of teaching with real demonstration when possible.


9. Advocate health promotion, identify learning needs of the childbearing family and modify interventions according to developmental level.

8. Perform effective therapeutic and preventive nursing measures to facilitate health promotion and maintenance for the childbearing family.

7. Synthesize understanding of cultural and spiritual differences and developmental needs when caring for the childbearing family in order to provide sensitive, holistic nursing care.

6. Analyze dysfunctional health patterns and stressors of the individual and family in community, school and clinical settings using Pathways.

5. Integrate prior knowledge in assessing the effects of stressors on the childbearing family while utilizing Gordon's Functional Health Patterns.

4. Continue to utilize information technology to meet client care needs and to assist childbearing families to use self-management skills.

3. Demonstrate advanced skills in communicating effectively to childbearing families and members of the healthcare team.

2. Utilize and incorporate resources for life-long learning.

1. Achieve standards of professional practice: be accountable for personal actions, behaviors and practices nursing within legal, ethical, and regulatory frameworks.

Course Objectives
18. Assess visionary skills and identify a plan to become more innovative.

17. Apply steps to be considered in conflict resolution.

16. Employ techniques that can be used in evaluating the work of others.

15. Use strategies to successfully initiate change/decision making.

14. Convey mutual respect, trust, support and appreciation of each discipline's unique roles and contributions to health care.

13. Collaborate with additional multidisciplinary team members to deliver cost-effective, quality individual and family nursing care.
The Postpartum Client

Unit IX - Physiological Changes in

Unit VIII - Assessment and Care

Unit VII - Intellectual Assessment

Unit VI - Maternal/Paternal Assessment

Role-Relationship
Sexuality-Reproductive
Nutrition-Metabolic
Health Perceptions-Health Management
Coping-Stress Tolerance
Activity-Exercise
Self-Perception
Sleep-Rest
Elimination
Value-Belief

The Postpartum Client
Methods of Evaluation:

Case Study:

1. Outcome Prediction and Plan of Care for the Patient and Client in APA Format.
2. Current Medications (see attached medication sheet for information to be included).
3. Physical Assessment Tool, Newborn Assessment Tool.
4. Annotated Bibliography that is relevant to the Plan of Care for the Patient and Client in APA Format.

Nursing Care Plans (which will include the following data):

Each Student will Submit:

Required Clinical Assignments:

Community-Based Settings:
- Health centers, schools, child psychiatric facilities, LTC facilities

Clinical Experiences:
- Pre and Post conference
- Library Resources
- Internet Resources

Audio-Visual aids, videos, interactive software
- Lecture, discussion, cooperative learning

Skills Competency Testing:
- Math Test
- Clinical Assessments
- Clinical Performance
- Unit Exams (3)

Students must achieve a minimum passing grade of C with a Clinical component in quality for graduation. Failure in any of the following areas constitutes failure of the course.
All seniors will be tested prior to graduation on previously learned clinical skills, keep practicing.

Students must obtain 80% or higher on the math test to remain in the nursing program. The math test may be repeated once for a total of 2 attempts to obtain an 80.

Students who receive a score less than 70% on any examination MUST make an appointment to review their grades. No additional make-up will be given at the end of the semester in case of a missed exam.
SYSTEMATIC EVALUATION PLAN
Program Action-Systematic Evaluation Plan

Patterns of Concern - Systematic planning for evaluation and assessment of outcomes is incomplete.

The nursing faculty developed and implemented a systematic evaluation plan that comprehensively assesses program outcomes and incorporates valid and reliable tools for obtaining trended and aggregated data. (Refer to the Systematic Evaluation Plan Tables). Each table includes the operational definition, expected levels of achievement for each criterion. Components have been identified and tools developed to assess each component. Tools have been subjected to analysis for reliability and validity and have been utilized for data collection and analysis.

The nursing faculty has created a committee structure to address the requirements of the Systematic Evaluation Plan. The Evaluation committee has analyzed the results of the data collected, trended the data over time and reported the data to the nursing faculty. The nursing faculty has developed plans of action based on the data analysis to meet program outcomes. Refer to individual tables for revisions and developments in the program based on data analysis.
NURSING PROGRAM EVALUATION PLAN

Standard I: MISSION AND GOVERNANCE – The program has a clear and publicly stated mission and/or philosophy and purposes appropriate to post secondary or higher education in nursing.

Criteria I: Mission and/or philosophy of the nursing unit is congruent with that of the governing organization or differences are justified by the nursing unit purposes.

PROGRAM EVALUATION PLAN – CRITERIA I

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<tr>
<td>The mission statement of the nursing department is congruent with the mission and philosophy of Suffolk County Community College and reflects the philosophy, purpose and goals of the organization. It provides a framework for the nursing curriculum.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Level of Achievement/Decision Rule for Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mission statement of the nursing department is congruent with the mission and philosophy of Suffolk County Community College.</td>
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</table>

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<thead>
<tr>
<th>PROCESS</th>
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</thead>
<tbody>
<tr>
<td>Component</td>
<td>Where Documents/ Information is Found</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>Mission Statement and Philosophy of SCCC</td>
<td>College Catalog</td>
</tr>
<tr>
<td>Mission Statement of the Nursing Department</td>
<td>Nursing Student Handbook</td>
</tr>
</tbody>
</table>

Revised 10/6/01
# NURSING PROGRAM EVALUATION PLAN

**Standard 1: MISSION AND GOVERNANCE** – The program has a clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

**Criteria 2:** Faculty, administrators, and students participate, as appropriate, in governance of the parent organization and the nursing unit.

## PROGRAM EVALUATION PLAN – CRITERIA 2

### Operational Definition:
Nursing faculty, administrators and students participate in governance of the parent organization and nursing unit through membership on college-wide committees and departmental committees as appropriate.

### Expected Level of Achievement/Decision Rule for Action:
100% of college-wide committees have nursing faculty participation.

All nursing faculty, administrators and student representatives participate in nursing department committees.

### Process

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
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<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>College-Wide Committees</td>
<td>SCCC Web Site</td>
<td>Academic Chair</td>
<td>Annually in Fall Semester</td>
<td>Review and analyze participation in college-wide and departmental committees</td>
<td>NA</td>
</tr>
<tr>
<td>Nursing Department Committees</td>
<td>Nursing Department Minutes and Committee Minutes</td>
<td>Academic Chair</td>
<td>Annually in Fall Semester</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Implementation

<table>
<thead>
<tr>
<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2000 100% of college-wide committees have nursing faculty participation. All nursing faculty, administrators and student representatives participate in nursing department committees. However, student representation on all committees is limited.</td>
<td>Maintenance Continue current method of assessment. Development The Student Club faculty advisors are working with the nursing club leadership to identify strategies to encourage more student participation and will report to full faculty in Spring 2002.</td>
</tr>
<tr>
<td>Fall 2001 100% of college-wide committees have nursing faculty participation. All nursing faculty, administrators and student representatives participate in nursing department committees. However, student representation on all committees is limited.</td>
<td>ALOA meets EOLA except in student participation</td>
</tr>
</tbody>
</table>
# NURSING PROGRAM EVALUATION PLAN

**Standard 1:** The program has a clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

**Criteria 3:** Nursing unit is administered by a nurse who is academically and experientially qualified and who has authority and responsibility for development and administration of the nursing program.

## PROGRAM EVALUATION PLAN – CRITERIA 3

### Operational Definition:
The nursing unit is administered by a nurse with master’s degree in Nursing and a minimum of 5 years administrative and teaching experience with students at the Associate Degree level. The academic chair of the nursing department has authority and responsibility for development and administration of the nursing program.

### Expected Level of Achievement/Decision Rule for Action:
Academic chair is academically and experientially qualified.
Academic chair has authority and responsibility for the development and administration of the nursing program.

<table>
<thead>
<tr>
<th>Component</th>
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<th>Frequency of Assessment</th>
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<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications of Academic Chair of Nursing</td>
<td>Personnel file in Office of the Executive Dean</td>
<td>Executive Dean Faculty Review Committee</td>
<td>At the time of initial appointment and annually.</td>
<td>Review of credentials as required by State Education Department and NLNAC.</td>
<td>NA</td>
<td>Academic chair is academically and experientially qualified. The Academic Chair holds a graduate degree with a major in Nursing, is licensed in New York as a Registered Professional Nurse, has a minimum of 5 years administrative and teaching experience with AD students. ALOA meets ELOA</td>
<td>Maintenance Continue current method of assessment</td>
</tr>
<tr>
<td>Responsibilities of Academic Chair</td>
<td>Faculty Handbook</td>
<td>Executive Dean</td>
<td>Every 3 years and as needed</td>
<td>Review and analysis of job description to ensure the academic chair has the authority and responsibility for the program development and administration and facilitates the interaction with internal and external constituencies required by New York State Education Department Guidelines and accreditation criteria.</td>
<td></td>
<td></td>
<td>Maintenance Continue current method of assessment</td>
</tr>
</tbody>
</table>

Revised 10/06/01
NURSING PROGRAM EVALUATION PLAN

Standard II: FACULTY – The program has qualified and credentialed faculty appropriate to accomplish its purposes and strengthen its educational effectiveness.

Criteria 5: Faculty members (full-and-part-time) are academically and experientially qualified and maintain expertise appropriate to teaching, service, and scholarly responsibilities.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION PLAN – CRITERIA 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>- Operational Definition:</strong></td>
</tr>
<tr>
<td>♦ A full time faculty member has a nursing master’s degree, a license to practice in the state of NY, CPR certification and at least 5 years of clinical and/or teaching experience and maintains their expertise through professional development, service and scholarship.</td>
</tr>
<tr>
<td>♦ A part-time faculty member has a nursing master’s degree, a license to practice in the state of NY, CPR certification and at least 3 years of clinical and/or teaching experience and maintains their expertise through professional development and service.</td>
</tr>
<tr>
<td>♦ Professional Development is the maintenance of a current RN license, CPR certification, ≥ 10 hours of continuing education a year or 30 hours of continuing education every 3 years or evidence of completion of comparable course work for full-time faculty members or, ≥ 5 hours of continuing education a year or 15 hours of continuing education every 3 years or evidence of completion of comparable course work for part-time faculty members.</td>
</tr>
<tr>
<td>♦ Service is membership in at least one nursing professional organization for full-time and part-time faculty and participation on at least two departmental, college, professional organization committees or community service for full-time faculty members.</td>
</tr>
<tr>
<td><strong>- Expected Level of Achievement/Decision Rule for Action:</strong></td>
</tr>
<tr>
<td>♦ 100% of the faculty will possess the defined qualifications for the position.</td>
</tr>
<tr>
<td>♦ 100% of the full time faculty will participate in ≥ 10 hours of continuing education a year or 30 hours of continuing education every 3 years or demonstrate evidence of completion of comparable course work.</td>
</tr>
<tr>
<td>♦ 100% of the part-time faculty will participate in ≥ 5 hours of continuing education a year or 15 hours of continuing education every 3 years or demonstrate evidence of completion of comparable course work.</td>
</tr>
<tr>
<td>♦ 100% of full time faculty participate in at least one nursing professional organization.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/ Information is Found</th>
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<th>Actions For program Development Maintenance or Revision</th>
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</thead>
<tbody>
<tr>
<td>Faculty Qualifications</td>
<td>Personnel files in Office of Executive Dean</td>
<td>Academic Chair Dean of Faculty</td>
<td>Time of Appointment</td>
<td>Comparative analysis of personnel file, department file including official transcripts, copies of licenses and certifications &amp; CV with Applicant Assessment Tool (AAT)</td>
<td>Reliability: AAT = 1.0 \nValidity: AAT = 1.0</td>
<td>Spring 2001 100% of the faculty possess the defined qualifications for the position</td>
<td>Maintenance \nContinue current method of assessment \nDevelopment \nAAT developed and implemented retrospectively</td>
</tr>
<tr>
<td>Maintenance of Expertise</td>
<td>Applicant Assessment Tool (AAT)</td>
<td>Faculty Search Committee</td>
<td>Annually</td>
<td>Review of department files and Faculty Annual Report (FAR) to confirm maintenance of current licensure and certifications and participation in continuing education</td>
<td>Reliability: FAR = 1.0 \nValidity: FAR = 1.0</td>
<td>Spring 2001 100% of full time faculty have current licensure, CPR certification, ≥10 hours of continuing education or completion of comparable course work. ALOA meets ELOA Data collection on maintenance of expertise to be completed in Spring 2003. Data on part-time faculty pending review and analysis</td>
<td>Maintenance \nContinue current method of assessment \nDevelopment \nDeveloped and implemented FAR to measure maintenance of expertise</td>
</tr>
<tr>
<td>Membership in Professional Organizations and Service</td>
<td>Department file</td>
<td>Faculty Review Committee</td>
<td>Annually</td>
<td>Review and analyze FAR to determine compliance with expected level of achievement</td>
<td>Reliability FAR = 1.0 \nValidity FAR = 1.0</td>
<td>Spring 2001 – 100% of full time faculty are members of at least one nursing organization. 100% of full time faculty participate on at least two departmental, college, professional organization committees or community service. Data on part time faculty pending</td>
<td>Maintenance \nContinue current method of assessment</td>
</tr>
</tbody>
</table>

Revised 10/06/01
NURSING PROGRAM EVALUATION PLAN

Standard II: FACULTY – The program has qualified and credentialed faculty appropriate to accomplish its purposes and strengthen its educational effectiveness.

Criteria 6: Number and utilization of full and part-time faculty meet the needs of the nursing unit to fulfill its purposes.

PROGRAM EVALUATION PLAN – CRITERIA 6

Operational Definition:
The number and utilization of full-time and part-time faculty is appropriate to meet the needs of the nursing unit. Faculty - student ratios are appropriate and meet the needs of the department. Faculty workload is consistent with college wide policies.

Expected Level of Achievement/Decision Rule for Action:
♦ The number of full time and part time faculty is sufficient to meet the needs of the nursing program.
♦ Faculty - student ratios are appropriate to fulfill the needs of the program.
♦ Faculty workload is consistent to college wide workload and meets contractual requirements.

<table>
<thead>
<tr>
<th>Component</th>
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<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
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<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions for program Development Maintenance or Revision</th>
</tr>
</thead>
</table>
| Number of full-time and part-time faculty | Department Files Computerized Master Schedule located in nursing department. | Academic Chair Assistant Academic Chair Executive Dean | Annually in Fall Semester | Review and analysis of master schedule of nursing courses and utilization of faculty. | NA | Fall 2001
The number of full time and part time faculty is sufficient to meet the needs of the nursing program. Since last NLN review two full time faculty lines have been added. ALOA meets ELOA | Maintenance
Continue current method of assessment. Development
Attempt to Acquire additional full time faculty lines. |
| Faculty-student ratios | FA contract Computerized Master Schedule | Academic Chair Assistant Academic Chair Executive Dean | Each Semester | Comparative analysis of documents related to faculty-student ratios | NA | Faculty-student ratios are appropriate to meet the needs of the nursing department. Faculty-student ratios are 1:10 or less in the clinical/lab and 1:50 or less in nursing lecture sections. ALOA meets ELOA | Maintenance
Continue current method of assessment. |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Faculty work load</td>
<td>Computerized master schedule</td>
<td>Academic Chair Executive Dean</td>
<td>Each Semester</td>
<td>Comparative analysis of nursing faculty work load and college wide work load with contractual agreement.</td>
<td>NA</td>
<td>Faculty work load is consistent with college wide work load and meets contractual agreement. ALOA meets ELOA</td>
<td>Maintenance Continue current method of assessment</td>
</tr>
</tbody>
</table>

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NURSING PROGRAM EVALUATION PLAN

Standard II: FACULTY – The program has qualified and credentialed faculty appropriate to accomplish its purposes and strengthen its educational effectiveness.

Criteria 7: Faculty performance is periodically evaluated to assure ongoing professional development and competence.

PROGRAM EVALUATION PLAN – CRITERIA 7

Operational Definition:
Faculty performance is measured at intervals required by the SCCC FA contract, in areas of teaching, scholarship, service and practice and continuing professional development and competence.

Expected Level of Achievement/Decision Rule for Action:

- 100% of faculty will be evaluated at intervals as defined in the Faculty Association Contract
- 100% of faculty will receive a rating of satisfactory or better in the evaluation of performance in the areas of teaching, scholarship, service, practice and professional development and competence.

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<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
</table>
| Faculty Evaluation Process | Personnel files in Office of Executive Dean. | Academic Chair Dean of Faculty | As specified in the “Faculty Contract”
- Annually for non-tenured faculty and term appointments.
- Prior to promotion and continuing appointments.
- Evaluation of tenured faculty is done in spring semester on a seniority rotating basis. | Review and analysis of faculty evaluation process | NA | Spring 2001
100% of faculty are evaluated according to the “Agreement between the County of Suffolk and the Faculty Association of Suffolk County community College”
100% of faculty have been rated as satisfactory or better in the areas of teaching, scholarship, service, practice and professional development and competence.
ALOA meets ELOA |

Actions
- For program development
- Maintenance
  - Continue current method of assessment
NURSING PROGRAM EVALUATION PLAN

Standard II: FACULTY – The program has qualified and credentialed faculty appropriate to accomplish its purposes and strengthen its educational effectiveness.

Criteria 8: Diversity of talent among the faculty demonstrates recognition of the functions of scholarship through teaching, application, integration, and discovery of knowledge.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION PLAN – CRITERIA 8</th>
</tr>
</thead>
</table>

- **Operational Definition:**
A faculty member demonstrates scholarship through participation in scholarly activities including publishing, presentations, grant-writing, innovative teaching, receiving of awards, role in professional organizations in any four year period.

- **Expected Level of Achievement/Decision Rule for Action:**
100% of faculty are engaged in scholarly activities including publications, presentations, grant-writing, innovative teaching, receiving of awards, role in professional organizations in any four year period.

<table>
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<tr>
<th>Component</th>
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</thead>
</table>
| Scholarly Activity       | Faculty Annual Reports (FAR)        | Academic chair     | Annually in Spring     | Review and Analysis of FAR to determine compliance. | Reliability: FAR: 1.0 Validity: FAR: 1.0 | Spring 2001
100% of full-time faculty have participated in scholarly activities including: publications, presentations, grant-writing, innovative teaching, receiving awards, or role in professional organization | Maintenance
Continue current method of assessment |
| Faculty Review Committee | Faculty Review Committee minutes    |                    |                        |                     | ALOA meets ELOA
Data on part-time faculty is pending |

Revised 10/06/01
# NURSING PROGRAM EVALUATION PLAN

**Standard III: STUDENTS** -- The program assures teaching and learning environments conducive to student academic achievement and life long learning.

**Criteria 9:** Student policies of the nursing unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied, differences are justified by the nursing units purposes.

## PROGRAM EVALUATION PLAN – CRITERIA 9

- **Operational Definition:**
  Student policies are those policies affecting student achievement in the nursing program and include but are not limited to admission, non-discrimination, academic progression, grading, retention, withdrawal/dismissal, graduation, articulation, grievance/complaints/appeals, financial aid, transfer of credit, recruitment, advertisement and health.

- **Expected Level of Achievement/Decision Rule for Action:**
  Student policies are congruent with the policies of SCC, they are publicly accessible, non-discriminatory and consistently applied with the exception of admission, grading and academic progression.

<table>
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<th>Actions for program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Policies</td>
<td>College Catalog</td>
<td>Academic Chair</td>
<td>Annually in Spring semester</td>
<td>Review and comparison of documents containing policies using Policy Assessment Chart</td>
<td>NA</td>
<td>Spring 2001 Policy review resulted in finding congruency with policies on non-discrimination, retention, withdrawal, graduation requirements, articulation, grievance, financial aid, transfer of credits, recruitment, advertisement and health, ALOA meets ELOA Policies on admission, academic progression, and grading differ to ensure success in the major.</td>
<td>Maintenance Continue current method of assessment Development Develop a questionnaire to determine reason for student withdrawal in Spring 2002.</td>
</tr>
</tbody>
</table>

Revised 10/06/01
NURSING PROGRAM EVALUATION PLAN

Standard III: STUDENTS – The program assures teaching and learning environments conducive to student academic achievement and life long learning.

Criteria 16: Students have access to support services that include, but are not limited to: health, counseling, academic advisement and assistance, career placement and financial aid; the services are administered by qualified individuals.

Program Evaluation Plan – Criteria

Operational Definition:
Students have access to support services that provide them with the assistance they require to facilitate academic progression through the nursing program and include but are not limited to health, counseling, academic advisement and assistance, career placement and financial aid and are administered by qualified individuals as specified by SCCC administration.

Expected Level of Achievement/Decision Rule for Action:
♦ Students have access to support services that provide them with the assistance they require to facilitate academic progression through the nursing program.
♦ At least 75% of students will report satisfaction with support services on course evaluations and exit surveys.
♦ Support personnel have necessary qualifications as specified by SCCC administration.

<table>
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<th>Component</th>
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<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Implementation Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
</table>
| Availability of Support Services       | College Catalog                      | Executive Dean     | Annually in Spring Semester | Review and analysis of documents, which contain information regarding availability of support services, make determination that all support services are outlined. Check for congruency of documents. | NA                                               | Spring 2004 Students have access to support services that provide them with the assistance they require to facilitate academic progression through the nursing program.  
College Catalog, Student Handbook and Nursing Student Handbook all contain accurate information regarding support services.  
ALOA meets ELOA | Maintenance  
Continue current method of assessment. |
| Student Handbook                       |                                       |                    |                         |                                                                                 |                                                  |                                                                                             |                                                             |
| Nursing Student Handbook               |                                       |                    |                         |                                                                                 |                                                  |                                                                                             |                                                             |

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</tr>
</thead>
</table>
| Student Satisfaction with Support Services | Course Evaluation (CE) Exit Survey (ES) Evaluation Committee Minutes | Academic Chair Evaluation Committee | Each Semester | Review and analysis of CE and ES to determine actual levels of student satisfaction with support services. | Validity  
CE : 0.88*  
* construct validity  
ES 1.00  
Reliability  
CE 0.9*  
* inter-rater reliability  
ES 0.84 | Spring 2000  
82% of graduating students who utilized support services rated them as satisfactory or better. ALOA exceeds ELOA  
Tool for measuring criterion in the continuing student required revision to adequately measure outcome. Action plan developed. | Revision  
Revised Course Evaluation (CE) and Exit Survey (ES) to better reflect operational definition of standard to be implemented in Fall 2000 and given to graduating students in Spring 2001.  
Revision  
Results of the reliability study of the ES were not satisfactory. Consultation with Institutional Research identified a plan to conduct reliability study of tool in Spring 2002. | Maintenance  
Continue current method of assessment. |
<table>
<thead>
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<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications of Support Personnel</td>
<td>CV's maintained in office of Executive Dean College Search Committee</td>
<td>Executive Dean College Search Committee</td>
<td>At time of employment and promotion</td>
<td>Analysis of CV of support personnel.</td>
<td>NA</td>
<td>Support personnel have necessary qualifications as specified by SCCC administration.</td>
<td>Continue current method of assessment.</td>
</tr>
</tbody>
</table>
NURSING PROGRAM EVALUATION PLAN

**Standard III:** The program assures teaching and learning environments conducive to student academic achievement and life long learning.

**Criteria 11:** Policies are in place regarding maintenance of educational and financial records.

### PROGRAM EVALUATION PLAN -- CRITERIA 11

- **Operational Definition:**
  The college has policies in place to maintain the educational and financial records of all students.

- **Expected Level of Achievement/Decision Rule for Action:**
  100% of students' educational and financial records are maintained by the college and are regulated by appropriate policies.

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
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<tbody>
<tr>
<td>Component</td>
<td>Results of Data Collection and Analysis Including Actual Levels of Achievement</td>
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<td>Where Documents/Information is Found</td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
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<tr>
<td>Person Responsible</td>
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<td></td>
<td>Review policies of registrar and financial aid and determine compliance.</td>
</tr>
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<td></td>
<td>Spring 2001</td>
</tr>
<tr>
<td></td>
<td>Registrar's Office and Financial Aid Office are administered by qualified individuals, who follow state and federal guidelines. Policies are followed according to the NY State Department of Education, American Association of Collegiate Registrars and Admissions Officers (AACRAO) and National Association of Financial Aid Administrators (NASFAA) 100% of students' educational and financial records are maintained by the college.</td>
</tr>
</tbody>
</table>

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NURSING PROGRAM EVALUATION PLAN

Standard IV: CURRICULUM AND INSTRUCTION – The program accomplishes its educational and related purposes.
Criteria 12: Curriculum developed by nursing faculty has an organizing framework from which course objectives/competencies and learning activities flow in a logical progression over the length of the program.

PROGRAM EVALUATION PLAN – CRITERIA 12

--- Operational Definition:
Curriculum developed by nursing faculty utilizes Gordon’s Functional Health Patterns and Stress and Adaptation as the organizing framework. The program objectives, curriculum design, core components, course objectives, and the progression of learning activities encompassing the core components flow in a logical progression over the length of the program.
The core components are consistent with contemporary philosophy of nursing, health care delivery and current trends in health care. They represent the attainment of knowledge and skill sets in the practice of nursing and professional ethics, values and responsibilities and are leveled across the curriculum and demonstrate increasing difficulty and complexity.
Required courses in the humanities and sciences provide a foundation for the nursing curriculum.

--- Expected Level of Achievement/Decision Rule for Action:
100% of the nursing courses utilize Gordon’s Functional Health Patterns and Stress and Adaptation in course design.
100% of the core components are evident in the didactic and clinical components, are consistent with the leveling of each component, and demonstrate increasing difficulty and complexity.
Foundational courses for the program completion reflect current trends in nursing education.

<table>
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<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
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<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizing framework</td>
<td>Student handbook</td>
<td>Academic chair</td>
<td>Bimonthly in Spring</td>
<td>Review and analysis of the organizing framework’s utilization in nursing courses</td>
<td>NA</td>
<td>Fall 2000, Spring 2001: Comparative analysis of the organizing framework utilization in the nursing courses revealed that there was inconsistent application of the newly revised framework. ELOA was not met and an action plan was developed.</td>
<td>Revision: Course coordinators revised course outline and submitted to the curriculum committee for review and analysis.</td>
</tr>
</tbody>
</table>

<p>| Fall 2001 | 100% of the nursing courses utilize Gordon’s Functional Health Patterns and Stress and Adaptation in course design. | ALOA meets ELOA. | Maintenance: Continue current method of assessment. |</p>
<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/ Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>RESULTS OF DATA COLLECTION AND ANALYSIS INCLUDING ACTUAL LEVEL/S OF ACHIEVEMENT</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum design</td>
<td>College Catalogue</td>
<td>Academic chair</td>
<td>Biannually in Spring</td>
<td>Review and analysis of the curriculum design assessing program integrity evidenced in the utilization and sequencing of program objectives, competencies and course progression.</td>
<td>NA</td>
<td>Fall 2000, Spring 2001 Comparative analysis of the curriculum design assessing program integrity indicated that there were inconsistencies in program integrity regarding utilization and sequencing of the program objectives, competencies and course progression. ELOA was not met and an action plan was developed.</td>
<td>Revision Nursing faculty revised program objectives and core components and determined competencies according to levels in the program. Course coordinators revised the course objectives/competencies and submitted to the curriculum committee for review and analysis. Revised courses were implemented beginning Fall, 2001.</td>
</tr>
<tr>
<td>Foundation courses of Nursing Curriculum</td>
<td>College Catalogue</td>
<td>Academic chair</td>
<td>Biannually in Spring</td>
<td>Review and analysis of foundational courses with comparison to other AD programs.</td>
<td>NA</td>
<td>Fall 2001 100% of the core components are evident in the didactic and clinical components, are consistent with the leveling of each component, and demonstrate increasing difficulty and complexity. ALOA meets ELOA.</td>
<td>Maintenance Continue current method of assessment.</td>
</tr>
</tbody>
</table>

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NURSING PROGRAM EVALUATION PLAN

Standard IV: CURRICULUM AND INSTRUCTION – The program accomplishes its educational and related purposes.

Criteria 13: Length of program is designed so that students can achieve program objectives and acquire knowledge, skills, values, and competencies necessary for the provision of health services.

PROGRAM EVALUATION PLAN – CRITERIA 13

Operational Definition: Length of program is the total number and distribution of credits necessary to meet the requirements of the New York State Education Department and the NLNAC. Its design facilitates the student in the acquisition of knowledge, skills, values, and competencies necessary for entry level practice.

Expected Level of Achievement/Decision Rule for Action:
The total number and distribution of credits meets the requirements of the NYS Education Department and the NLNAC.
The total number and distribution of credits facilitates the student in the acquisition of knowledge, skills, values, and competencies necessary for entry level practice.

At least 70% of the graduating students rate their nursing education preparation to function as an entry level registered nurse as satisfactory or above.

At least 70% of the alumni will satisfactorily rate their preparation for practice.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/ Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method(s)</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level(s) of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of credit hours</td>
<td>College Catalogue, Student Handbook</td>
<td>Academic Chair</td>
<td>Bimonthly in Spring</td>
<td>Comparative analysis of State Education Department and NLNAC with the credit distribution of the nursing program.</td>
<td>NA</td>
<td>Spring 2000 &amp; Fall 2000 Analysis of the credit distribution indicated agreement with the State Education Department and NLNAC. However, disagreement between the credit hour distribution of nursing courses in day and evening program was evident. ELOA was not met and action plan developed.</td>
<td>Revisions Nursing faculty reviewed and revised credit allocation for nursing courses in day and evening programs to ensure integrity. Program changes were implemented in Spring 2001 to meet expected level of achievement. The evening students graduating in Spring 2003 will be the first students to have completed the revised curriculum. Maintenance Continue current method of assessment.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum plan</td>
<td>College Catalogue</td>
<td>Academic chair</td>
<td>Biannually in Spring</td>
<td>Review of the total number and distribution of credits and analysis of curriculum plan to determine if the plans provide for student acquisition of knowledge, skills, values, and competencies necessary for entry level practice.</td>
<td>NA</td>
<td>Spring 2000 &amp; Fall 2000 Analysis of the total number and distribution of credits for the nursing curriculum of the day program facilitates the student in the acquisition of knowledge, skills, values, and competencies necessary for entry level practice. However, disagreement was evident in the analysis of the credit distribution of the curriculum in the evening program. Additionally, NR29 contains content from NR20 that is not in NR33/36.</td>
<td>Revision: Nursing faculty conducted a comprehensive review of the curriculum plan. The nursing courses offered to students in the day program were assigned new catalogue course numbers to facilitate direct comparison of curriculum offerings in the evening program. Revisions were implemented in the evening program which allowed for comparable credit hours in medical/surgical nursing didactic and clinical and laboratory components of the evening program. Nursing faculty is developing a strategy to address NR20 content in NR29 and implement revisions in 2003.</td>
</tr>
<tr>
<td></td>
<td>Student Handbook</td>
<td>Nursing faculty</td>
<td></td>
<td>ELOA was not met and action plan developed.</td>
<td></td>
<td>Spring 2001 Analysis of the total number and distribution of credits facilitates the student in the acquisition of knowledge, skills, values, and competencies necessary for entry level practice. ELOA is met.</td>
<td>Maintenance: Continue current method of assessment</td>
</tr>
<tr>
<td></td>
<td>Nursing department minutes</td>
<td>Curriculum Committee</td>
<td></td>
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<td></td>
<td>Curriculum committee minutes</td>
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<tr>
<td>Component</td>
<td>Where Information is Found</td>
<td>Person Responsible</td>
<td>Frequency of Assessment</td>
<td>Assessment Method/s</td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td>Results of Data Collection and Analysis Including Actual Level/s of Achievement</td>
<td>Actions For program Development, Maintenance, or Revision</td>
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</tr>
<tr>
<td>Student perception</td>
<td>Nursing department minutes</td>
<td>Academic chair Nursing faculty</td>
<td>Annually in Spring</td>
<td>Review and analysis of student perception of the preparation for entry level practice.</td>
<td>Reliability</td>
<td>Fall 1999&lt;br&gt;95% of the alumni satisfactorily rate their preparation for practice.</td>
<td>Maintenance&lt;br&gt;Continue current method of assessment</td>
</tr>
<tr>
<td></td>
<td>Exit survey</td>
<td>Evaluation Committee</td>
<td></td>
<td></td>
<td>Validity</td>
<td>Spring 2000&lt;br&gt;95% of the graduating students rate their nursing education preparation to function as an entry level registered nurse as satisfactory or above.</td>
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<tr>
<td></td>
<td>Graduate Survey</td>
<td></td>
<td></td>
<td></td>
<td>ES: 0.84&lt;br&gt;GS: 1.00</td>
<td>Fall 2000&lt;br&gt;97% of the alumni satisfactorily rate their preparation for practice.</td>
<td></td>
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<tr>
<td></td>
<td>Evaluation committee minutes</td>
<td></td>
<td></td>
<td></td>
<td>Validity</td>
<td>Spring 2001&lt;br&gt;99% of the graduating students rate their nursing education preparation to function as an entry level registered nurse as satisfactory or above.</td>
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<td></td>
<td></td>
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<td></td>
<td>ES: 1.00&lt;br&gt;GS: 1.00</td>
<td>ALOA exceeds ELOA</td>
<td></td>
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</tbody>
</table>
NURSING PROGRAM EVALUATION PLAN

Standard IV: CURRICULUM AND INSTRUCTION – The program accomplishes its educational and related purposes.
Criteria 14: Practice learning environments are selected and monitored by faculty and provide opportunities for a variety of learning options appropriate for contemporary nursing.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Agencies</td>
<td>Clinical Rotation Manual</td>
<td>Academic chair</td>
<td>Every semester</td>
<td>Review and analysis of faculty experience in initial and ongoing use of clinical agencies through discussion in nursing faculty meetings, Assistant Academic Chair reports of Clinical Rotations and Advisory Committee Minutes.</td>
<td>NA</td>
<td>Spring 2001 Faculty in attendance at Nursing Faculty meetings and Advisory Committee Meeting rate clinical facilities, for initial and ongoing utilization, as satisfactory or better in providing learning opportunities that enable students to achieve program and course objectives. Faculty proposed development of an initial clinical agency assessment tool to assist data collection and measurement of criterion. Unable to provide quantitative data regarding component and action plan developed.</td>
<td>Revision Evaluation committee reviewed and revised ECAT to reflect criterion ELOA and will reinforce implementation to aid in data collection and analysis. Development Evaluation committee will review available tools in use at other institutions and formalize an initial clinical agency assessment tool in Spring 2002.</td>
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<thead>
<tr>
<th>Component</th>
<th>Where Documents/ Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
</table>
| Student perception of clinical agencies | Evaluation of Clinical Agency Tool (ECAT) Exit Survey (ES) Graduate Survey (GS) | Evaluation Committee | Every semester | Review and analysis of ECAT, ES and GS to determine student perception of adequacy of clinical facilities in providing a variety of learning opportunities which enable them to achieve program objectives | Reliability  
ECAT: 1.00  
ES: 0.84  
GS: 1.00  
Validity  
ECAT: 1.00  
ES: 1.00  
GS: 1.00 | Spring 2000  
97% of graduating students rated clinical facilities as satisfactory or better.  
87% of alumni were satisfied that clinical facilities supported their learning.  
Unable to assess student perception in ECAT action plan developed.  
Fall 2000  
95% of continuing students rated clinical facilities as satisfactory or better with regards to meeting course objectives.  
Spring 2001  
90% of continuing students rated clinical facilities as satisfactory or better  
96% of graduating students rated clinical facilities as satisfactory or better  
95% of alumni were satisfied that clinical facilities supported learning  
ALOA exceeded ELOA | Revision  
ECAT reviewed and revised by the Evaluation Committee to collect data regarding the program outcome and implemented in Fall 2000.  
Maintenance  
Continue current method of assessment |
NURSING PROGRAM EVALUATION PLAN

**Standard V:** The program has effectively organized processes and human, fiscal, and physical resources necessary to accomplish its purposes.

**Criteria 15:** Fiscal resources are available to support the nursing unit purposes commensurate with resources of the governing organization.

**Program Evaluation Plan - Criteria 15**

- **Operational Definition:**
  Fiscal resources from SCCC institutional funds are sufficient for the department to achieve objectives and comparable with other departments in the college. Human resources consist of secretarial staff that provide administrative and clerical support as well as professional assistants who are responsible for processing health records and maintaining practical skills laboratories.

- **Expected Level of Achievement/Decision Rule for Action:**
  Fiscal resources are adequate to meet the department’s goals and objectives. Human resources are adequate to meet the department’s administrative and clerical needs.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>Office of CFO, Dean of faculty, Director of Business Office, Academic Chair</td>
<td>Executive dean, Dean of faculty, Director of business office, Academic Chair</td>
<td>Annually in fall</td>
<td>Comparison and analysis of nursing department’s fiscal allocation per student with those of other departments in the college</td>
<td>NA</td>
<td>Fall 2000: Fiscal resources are adequate to meet the department’s goals and objectives. Fall 2001: Fiscal resources are adequate to meet the department’s goals and objectives.</td>
<td>Maintenance Continue current method of assessment</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources</td>
<td>Office of Executive Dean</td>
<td>Executive Dean</td>
<td>Annually in Spring</td>
<td>Review and analysis of the adequacy of support staff to meet the department’s needs.</td>
<td>NA</td>
<td>Spring 2000: Human resources are not adequate to meet the department’s administrative and clerical needs as per NLNAC report. Analysis revealed that administrative support through the development of an Assistant Academic Chair position, additional secretarial staff, and a full-time professional assistant would better meet the needs of the nursing department. Action plan developed to achieve this outcome. Spring 2001: Human resources are adequate to meet the administrative needs of the department. Support through service of secretary and full-time professional assistant continues to be pursued.</td>
<td>Revision: Academic chair with support of nursing faculty presented human resources analysis to college administration. The position of Assistant academic chair was developed, and vacancy filled to provide administrative support needed for the program. Additional secretarial staff and full-time professional assistant lines sought.</td>
</tr>
</tbody>
</table>
NURSING PROGRAM EVALUATION PLAN

**Standard V:** The program has effectively organized processes and human, fiscal, and physical resources necessary to accomplish its purposes.

**Criteria 16:** Physical facilities are appropriate to support the purposes of the nursing unit.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>Exit Survey</td>
<td>Academic Chair</td>
<td>Annually, Exit survey annually in the Spring and Graduate survey annually in the Fall.</td>
<td>Comparative analysis of exit survey and graduate survey to determine students' level of satisfaction with physical facilities.</td>
<td>Reliability: ES: 0.84, GS: 1.00</td>
<td>Fall 1999: 85% of the alumni will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit. Spring 2000: 87% of graduating students will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit. Fall 2000: 81% of the alumni will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit. Spring 2001: 80% of graduating students will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit.</td>
<td>Maintenance: Continue current method of assessment. Development: Providing for further support of the physical facilities, VATEA Grant Monies in 2001 will be utilized for computers and additional lab equipment.</td>
</tr>
<tr>
<td>Nursing laboratories</td>
<td>Graduate Survey Evaluation Committee</td>
<td></td>
<td></td>
<td></td>
<td>Validity: ES: 1.00, GS: 1.00</td>
<td></td>
<td></td>
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<tr>
<td>Conference room</td>
<td></td>
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<tr>
<td>Computer laboratories</td>
<td>Exit Survey</td>
<td>Academic Chair</td>
<td>Annually, Exit survey annually in the Spring and Graduate survey annually in the Fall.</td>
<td>Comparative analysis of exit survey and graduate survey to determine students' level of satisfaction with physical facilities.</td>
<td>Reliability: ES: 0.84, GS: 1.00</td>
<td>Fall 1999: 85% of the alumni will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit. Spring 2000: 87% of graduating students will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit. Fall 2000: 81% of the alumni will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit. Spring 2001: 80% of graduating students will rate the physical facilities as satisfactory and appropriate to support the purposes of the nursing unit.</td>
<td>Maintenance: Continue current method of assessment. Development: Providing for further support of the physical facilities, VATEA Grant Monies in 2001 will be utilized for computers and additional lab equipment.</td>
</tr>
</tbody>
</table>

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NURSING PROGRAM EVALUATION PLAN

Standard V: RESOURCES – The program has effectively organized processes and human, fiscal, and physical resources necessary to accomplish its purposes.

Criteria 17: Learning resources are comprehensive, current, developed with nursing faculty input, and accessible to faculty and students.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION PLAN – CRITERIA 17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational Definition:</strong> Learning resources are the instructional aids, technology, software and hardware available in sufficient quantity and quality to achieve program outcomes and are accessible to faculty and students. The library resources are comprehensive and current, its collection and acquisitions are developed in collaboration with the nursing faculty and are accessible to faculty and students.</td>
</tr>
<tr>
<td><strong>Expected Level of Achievement/Decision Rule for Action:</strong> Learning and library resources are current, comprehensive and accessible to nursing faculty and students. At least 70% of the students will rate learning resources as comprehensive, current, and accessible. At least 70% of the alumni will rate learning resources as comprehensive, current, and accessible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component</td>
<td>Where Documents/ Information is Found</td>
</tr>
<tr>
<td>Learning and library resources</td>
<td>Resource committee minutes</td>
</tr>
<tr>
<td>Media Resources Handbook</td>
<td>Resource Committee</td>
</tr>
<tr>
<td>Media Resource Questionnaire (MRQ)</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Component</th>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student perception of learning and library resources</td>
<td>Exit Survey</td>
<td>Results of Data Collection and Analysis Including Actual Level/s of Achievement</td>
</tr>
<tr>
<td>Where Documents/Information is Found</td>
<td>Graduate Survey</td>
<td>Fall 1999</td>
</tr>
<tr>
<td>Person Responsible</td>
<td>Evaluation Committee</td>
<td>87% of the alumni rate learning resources as comprehensive, current, and accessible.</td>
</tr>
<tr>
<td>Frequency of Assessment</td>
<td>Exit Survey annually in Spring and Graduate Survey annually in Fall.</td>
<td>Spring 2000:</td>
</tr>
<tr>
<td>Assessment Method/s</td>
<td>Review and analysis of student perception of learning and library resources to determine the degree of satisfaction and accessibility.</td>
<td>87% of the graduating students rate learning resources as comprehensive, current, and accessible.</td>
</tr>
<tr>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td>Reliability</td>
<td>Fall 2000</td>
</tr>
<tr>
<td></td>
<td>ES: 9.84</td>
<td>88% of the alumni rate learning resources as comprehensive, current, and accessible.</td>
</tr>
<tr>
<td></td>
<td>GS: 1.00</td>
<td>Spring 2001:</td>
</tr>
<tr>
<td></td>
<td>Validity</td>
<td>93% of the graduating students rate learning resources as comprehensive, current, and accessible.</td>
</tr>
<tr>
<td></td>
<td>ES: 1.00</td>
<td>ALOA exceeds ELOA.</td>
</tr>
<tr>
<td></td>
<td>GS: 1.00</td>
<td>Maintenance</td>
</tr>
<tr>
<td>Actions For program Development, Maintenance, or Revision</td>
<td>Continue current method of assessment.</td>
<td></td>
</tr>
</tbody>
</table>
NURSING PROGRAM EVALUATION PLAN

Standard VI: Educational Effectiveness
Criteria 18: Systematic evaluation of all aspects of the program requires:
- a written plan;
- assessment of each criterion and required and elective outcomes;
- operational definition of criterion and outcomes;
- expected level of achievement (decision rule for action);
- time frames for assessment of all plan components;
- person(s) responsible for evaluation of each component of the plan;
- methods and/or instruments to assess each criterion and outcome;
- reliability, validity, and trustworthiness of methods and/or instruments used;
- data collected, analyzed, aggregated, and trended; and
- use of findings in decision making for program improvement.

PROGRAM EVALUATION PLAN – CRITERIA 18
- Operational Definition: Written plan for systematic program evaluation and assessment of outcomes includes all required elements.
- Expected Level of Achievement/Decision Rule for Action:
  100% compliance with the schedule established by the systematic program evaluation.

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component</td>
<td>Where Documents/Information Is Found</td>
</tr>
<tr>
<td>Schedule for systematic evaluation</td>
<td>Systematic Program evaluation tables.</td>
</tr>
</tbody>
</table>
NURSING PROGRAM EVALUATION PLAN

Standard VI: EDUCATIONAL EFFECTIVENESS – The program has an identified plan for systematic program evaluation and assessment of educational outcomes.

Criteria 19: Analysis of required and elective outcomes demonstrates student/graduate academic achievement as differentiated by program type:

Required Outcomes
- critical thinking (inquiry, critical analysis, and synthesis)
- interpersonal and communication skills
- capacity for therapeutic nursing interventions
- performance on NCLEX examinations
- employment rates

Elective Outcomes
- graduate satisfaction with the program
- public service

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PROGRAM EVALUATION PLAN - CRITERIA 19 – CRITICAL THINKING

Operational Definition: CRITICAL THINKING
The ability to apply analytical reasoning, reflection, and rational problem solving skills, using evidenced based practice and clinical judgement, in order to choose among or create alternative solutions to clinical problems.

Expected Level of Achievement/Decision Rule for Action:

100% of the students will achieve at or above the national mean for performance of ADN students in overall core critical thinking competencies in the Arnette test.
100% of the continuing students will complete the critical thinking component of written examinations with a minimum grade of 70%.
100% of the continuing students will complete the clinical behavioral objectives with a grade of Pass.
100% of the continuing students will achieve a passing grade on nursing care plans.
At least 70% of the graduating students will rate satisfaction with critical thinking skills development as adequate to very well
At least 70% of the alumni will rate satisfaction with critical thinking skills development as somewhat to extremely satisfied
<table>
<thead>
<tr>
<th>Component</th>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
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</thead>
<tbody>
<tr>
<td>Critical Thinking Objective Examination (CTOE)</td>
<td></td>
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<td>Where Documents/ Information is Found</td>
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<td>Person Responsible</td>
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<td></td>
<td>Frequency of Assessment</td>
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<td></td>
<td>Assessment Method/s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td></td>
</tr>
<tr>
<td>Evaluation reports from testing organization</td>
<td>Academic chair</td>
<td>Annually each spring</td>
</tr>
<tr>
<td>Evaluation committee minutes</td>
<td>Evaluation committee</td>
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</table>
## CRITERIA 19 - CONTINUED

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions for Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical components of nursing courses</td>
<td>Course Examinations</td>
<td>Course Coordinator</td>
<td>Each semester</td>
<td>Review and analysis of student performance on the critical thinking components of nursing theory exams as reflected in the course coordinator report.</td>
<td>Reliability: CCR: 1.00</td>
<td>Spring 2000 100% of the graduating seniors completed all the theory components of the nursing program with a minimum grade of 70%</td>
<td>Development CCR developed by Evaluation committee to facilitate data collection and analysis of group performance in nursing theory courses.</td>
</tr>
<tr>
<td></td>
<td>Course Coordinator Report</td>
<td></td>
<td></td>
<td></td>
<td>Validity: CCR: 0.97</td>
<td>Fall 2000 100% of the continuing students received a minimum grade of 70% on the critical thinking component of written examinations in all nursing theory courses. Data collection and analysis was difficult to organize. Action Plan developed.</td>
<td>Maintenance Continue current method of assessment.</td>
</tr>
<tr>
<td></td>
<td>Student Transcripts</td>
<td>Evaluation Committee</td>
<td></td>
<td></td>
<td></td>
<td>Spring 2001 100% of the graduating seniors completed all the theory components of the nursing program with a minimum grade of 70% 100% of the continuing students received a minimum grade of 70% on the critical thinking component of written examinations in all nursing theory courses.</td>
<td></td>
</tr>
<tr>
<td>Component</td>
<td>Where Documents/Information is Found</td>
<td>Person Responsible</td>
<td>Frequency of Assessment</td>
<td>Assessment Method/s</td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td>Results of Data Collection and Analysis Including Actual Level/s of Achievement</td>
<td>Actions For program Development, Maintenance, or Revision</td>
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</tr>
<tr>
<td>Client Care</td>
<td>Clinical Evaluation Tool</td>
<td>Course Coordinators</td>
<td>Each semester</td>
<td>Comparative analysis of individual and aggregate data for student performance in critical thinking in nursing process as demonstrated in the completion of nursing care plans and the performance of clinical behavioral objectives that is recorded on the Clinical Evaluation Tool (CET) and the Course Coordinator Report (CCR).</td>
<td>Reliability: CET; indeterminate* CCR: 1.00</td>
<td>Fall 2000: 100% of the continuing students achieved a passing grade on nursing care plans. 100% of the continuing students completed the clinical behavioral objectives with a grade of Pass.</td>
<td>Development Development of the Critical thinking Rubric to assess the application of nursing process in nursing care plans and provide quantitative data to measure progression in critical thinking skills has been developed. Faculty as of January 2001 has established content validity and commencement of the rubric pilot study followed thereafter. Implemented program wide in Fall 2001.</td>
</tr>
<tr>
<td></td>
<td>Course Coordinator Report</td>
<td>Evaluation Committee Meeting Minutes</td>
<td></td>
<td></td>
<td>Validity: CET: 0.3* CCR: 0.07</td>
<td>Spring 2001: 100% of the continuing students achieved a passing grade on nursing care plans. 100% of the continuing students completed the clinical behavioral objectives with a grade of Pass.</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/ Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Implementation</th>
<th>Actions for program development, maintenance, or revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student perception of critical thinking skill attainment</td>
<td>Graduate survey</td>
<td>Academic chair</td>
<td>Annually</td>
<td>Review and analysis of student perception of attainment of critical thinking skills in the nursing program.</td>
<td>Reliability: GS: 1.00 ES: 0.84</td>
<td>Fall 1999</td>
<td>Inadequate data collection to measure student perception of program outcomes. Action plan developed.</td>
</tr>
<tr>
<td></td>
<td>Exit survey</td>
<td>Evaluation Committee</td>
<td>Graduate survey each fall</td>
<td></td>
<td>Validity: GS: 1.00 ES: 1.00</td>
<td>Spring 2000</td>
<td>Unable to collect data reflecting graduating students rate of satisfaction with critical thinking skills development. Surveys were implemented once available. Exit survey revisions not available by Spring 2000 distribution.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exit survey to graduating students each spring</td>
<td></td>
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<td></td>
<td>Fall 2000</td>
<td>93% of the alumni rate satisfaction with critical thinking skills development as somewhat to extremely satisfied</td>
</tr>
<tr>
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<td></td>
<td>Spring 2001</td>
<td>94% of the graduating students rate satisfaction with critical thinking skills development as adequate to very well</td>
</tr>
<tr>
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<td></td>
<td>Revision</td>
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<td></td>
<td></td>
<td>Maintenance</td>
</tr>
</tbody>
</table>

Notes:
- Action plan developed.
- Surveys were implemented once available. Exit survey revisions not available by Spring 2000 distribution.
Operational Definition: COMMUNICATION
A goal directed interactive process through which there is an exchange of information that may occur verbally, nonverbally, in writing or through information technology.

Expected Level of Achievement/Decision Rule for Action:
The graduating students will complete all theory components of the nursing program with a minimum grade of 70%.
100% of the continuing students will complete the clinical behavioral objectives in therapeutic communication with a grade of pass
100% of the continuing students will achieve a passing grade on oral and written reports in each nursing theory course.
At least 70% of alumni will rate satisfaction with their preparation to communicate effectively as somewhat to extremely satisfied

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>WHERE DOCUMENTS/ INFORMATION IS FOUND</th>
<th>PERSON RESPONSIBLE</th>
<th>FREQUENCY OF ASSESSMENT</th>
<th>ASSESSMENT METHOD(S)</th>
<th>DEGREE OF RELIABILITY, VALIDITY, TRUSTWORTHINESS</th>
<th>RESULTS OF DATA COLLECTION AND ANALYSIS INCLUDING ACTUAL LEVELS OF ACHIEVEMENT</th>
<th>ACTIONS FOR PROGRAM DEVELOPMENT, MAINTENANCE, OR REVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Theory Courses</td>
<td>Course Coordinator Report</td>
<td>Course Coordinator</td>
<td>Each semester</td>
<td>Comparative analysis of student performance in therapeutic communication in nursing theory courses demonstrated in the performance of communication components of written examinations.</td>
<td>Reliability: CCR: 1.00 Validity: CCR: 0.97</td>
<td>Spring 2000 100% of the graduating students completed all theory components of the nursing program with a minimum grade of 70%. Spring 2001 100% of the continuing students completed all theory components of the nursing program with a minimum grade of 70%.</td>
<td>Maintenance Continue current method of assessment.</td>
</tr>
<tr>
<td>Component</td>
<td>Where Documents/Information is Found</td>
<td>Person Responsible</td>
<td>Frequency of Assessment</td>
<td>Assessment Method(s)</td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td>Results of Data Collection and Analysis Including Actual Levels of Achievement</td>
<td>Actions for Program Development, Maintenance, or Revision</td>
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</tr>
<tr>
<td>Clinical performance in therapeutic communication and the completion of oral and written reports</td>
<td>Course Coordinator Report</td>
<td>Course Coordinator</td>
<td>Each semester</td>
<td>Comparative analysis of student performance in therapeutic communication demonstrated in the performance of communication in the clinical setting and in the completion of oral and written reports and documentation in the clinical setting.</td>
<td>Reliability: CET: 0.30 CCR: 0.97 Validity: CET: 0.30 CCR: 0.97</td>
<td>Spring 2000 100% of the continuing students completed the clinical behavioral objectives in therapeutic communication with a grade of pass 100% of the continuing students achieved a passing grade on oral and written reports in each nursing theory course.</td>
<td>Revision As a result of the revisions in the program objectives and core components finalized and accepted in Spring 2001, faculty agreed to revise the clinical evaluation tool to assess student performance in therapeutic communication beginning Spring 2002.</td>
</tr>
<tr>
<td></td>
<td>Clinical evaluation tool</td>
<td></td>
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<td></td>
<td>Fall 2000 100% of the continuing students completed the clinical behavioral objectives in therapeutic communication with a grade of pass 100% of the continuing students achieved a passing grade on oral and written reports in each nursing theory course.</td>
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<td>Maintenance Continue current method of assessment.</td>
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<tr>
<td>Component</td>
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<td>Person Responsible</td>
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<td>Assessment Method/s</td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td>Results of Data Collection and Analysis Including Actual Level/s of Achievement</td>
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<tr>
<td>Student perception of communication skills</td>
<td>Graduate survey</td>
<td>Academic Chair</td>
<td>Annually in fall</td>
<td>Review and analysis of student perception of attainment of skills in therapeutic communication.</td>
<td>Reliability: GS 1.00&lt;br&gt;Validity: GS 1.00</td>
<td>Fall 1999&lt;br&gt;93% of alumni rate satisfaction with their preparation to communicate effectively as somewhat to extremely satisfied</td>
<td>Revision&lt;br&gt;Surveys reviewed by evaluation committee and revised to reflect program outcomes.</td>
</tr>
<tr>
<td></td>
<td>Evaluation Committee Minutes</td>
<td>Evaluation Committee</td>
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<td></td>
<td>Fall 2000&lt;br&gt;100% of alumni rate satisfaction with their preparation to communicate effectively as somewhat to extremely satisfied</td>
<td>Maintenance&lt;br&gt;Continue current method of assessment.</td>
</tr>
</tbody>
</table>
Operational Definition: THERAPEUTIC NURSING INTERVENTIONS
The demonstrated ability to use nursing knowledge, as well as knowledge from related disciplines, to plan and implement interventions in order to achieve beneficial outcomes for patients. The “being with” and “doing for” that assists clients to adapt to stressors to achieve positive outcomes.

Expected Level of Achievement/Decision Rule for Action:
100% of the graduating seniors will demonstrate skills competency during their capstone competency assessment.
100% of the continuing students will complete the clinical behavioral objectives for therapeutic nursing interventions with a grade of Pass.
100% of the continuing students will demonstrate competency in skills performance and objective testing on therapeutic nursing interventions in each nursing theory course
At least 70% of the graduating students will report that their education has satisfactorily prepared them for entry level practice.
At least 70% of alumni will rate satisfaction with their preparation to perform therapeutic nursing interventions effectively as somewhat to extremely satisfied
<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method(s)</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills performance and theoretical basis for therapeutic nursing interventions</td>
<td>Clinical Evaluation Tool</td>
<td>Course Coordinators Evaluation committee</td>
<td>Each semester</td>
<td>Comparative Analysis student performance on objective testing and clinical performance of therapeutic nursing interventions as recorded on the CET and CCR to assess individual and aggregate data</td>
<td>Reliability: CET: 1.00</td>
<td>Spring 2000: 100% of the graduating seniors demonstrate skills competency during their capstone competency assessment.</td>
<td>Revision: As a result of the revisions in the program objectives and core competencies finalized and accepted in Spring 2001, faculty agreed to revise the clinical evaluation tool to assess student performance in therapeutic nursing interventions beginning Spring 2002.</td>
</tr>
<tr>
<td></td>
<td>Course examinations</td>
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<td>Validity: CET: 0.30 CCR: 0.97</td>
<td>Fall 2000: 100% of the continuing students demonstrate competency in skills performance and objective testing on therapeutic nursing interventions in each nursing theory course</td>
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<tr>
<td></td>
<td>Course Coordinator Report</td>
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<td>Spring 2001: 100% of the graduating seniors demonstrate skills competency during their capstone competency assessment.</td>
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<tr>
<td></td>
<td>Capstone skills competency assessment</td>
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<td>100% of the continuing students completed the clinical behavioral objectives for therapeutic nursing interventions with a grade of Pass.</td>
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<td>100% of the continuing students demonstrate competency in skills performance and objective testing on therapeutic nursing interventions in each nursing theory course</td>
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<td>100% of the continuing students demonstrate competency in skills performance and objective testing on therapeutic nursing interventions in each nursing theory course.</td>
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<td>Component</td>
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<td>Person Responsible</td>
<td>Frequency of Assessment</td>
<td>Assessment Method(s)</td>
<td>Degree of Reliability, Validity, Trustworthiness</td>
<td>Results of Data Collection and Analysis including Actual Levels of Achievement</td>
<td>Implementation Actions</td>
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<tr>
<td>Student perception of skills in therapeutic nursing interventions</td>
<td>Exit Survey</td>
<td>Evaluation committee</td>
<td>Annually, Graduate survey each fall, Exit survey each spring</td>
<td>Review and analyze student perception of satisfaction with attainment of skill in therapeutic nursing interventions in surveys.</td>
<td>Reliability: ES: 0.84 GS: 1.00 Validity: ES: 1.00 GS: 1.00</td>
<td>Fall 1999 95% of alumni rate satisfaction with their preparation to perform therapeutic nursing interventions effectively as somewhat to extremely satisfied</td>
<td>The evaluation committee reviewed and revised the survey results in Spring 2001.</td>
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<tr>
<td></td>
<td>Graduate Survey</td>
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<td>Maintenance: Continue current method of assessment</td>
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</tbody>
</table>
Operational Definition: PATTERNS OF EMPLOYMENT
Patterns of employment are measured by the clinical setting that graduates are employed in after graduation, the type of positions acquired, and rate of employment achieved by graduates six to nine months after graduation.

Expected Level of Achievement/Decision Rule for Action:
At least 85% of graduates who are seeking employment will secure employment as RN's within 6-9 months after program completion.
At least 75% of graduating students believe that they have satisfactory information regarding career mobility and issues related to employment.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
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<th>Frequency of Assessment</th>
<th>Assessment Methods</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Levels of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterns of employment</td>
<td>Graduate Survey</td>
<td>Evaluation committee</td>
<td>Annually each fall</td>
<td>Review and analysis of data from the Graduate Survey</td>
<td>Reliability: ES: 0.84 GS: 1.00</td>
<td>Fall 1999 90% of graduates secured employment as RN's within 6-9 months after program completion</td>
<td>Maintenance Continue current method of assessment</td>
</tr>
<tr>
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<td></td>
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<td>Validity: ES: 1.00 GS: 1.00</td>
<td>Spring 2000 55% of graduating students believe that they have satisfactory information regarding career mobility and issues related to employment.</td>
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<tr>
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<td>Fall 2000 89% of graduates secured employment as RN's within 6-9 months after program completion</td>
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<td></td>
<td>93% of graduating students believe that they have satisfactory information regarding career mobility and issues related to employment.</td>
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</tr>
</tbody>
</table>
Operational Definition: PROGRAM SATISFACTION
The graduate’s belief that the program has adequately prepared them to function as a beginning practitioner and their evaluation of the adequacy of the curriculum, environment, learning resources, support services and policies.

Expected Level of Achievement/Decision Rate for Action:
At least 80% of the alumni will rate program satisfaction overall and by item as somewhat to extremely satisfied.

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>WHERE DOCUMENTS/INFO. IS FOUND</th>
<th>WHERE PERSON RESPONSIBLE</th>
<th>FREQUENCY OF ASSESSMENT</th>
<th>ASSESSMENT METHOD/S</th>
<th>DEGREE OF RELIABILITY, VALIDITY, TRUSTWORTHINESS</th>
<th>RESULTS OF DATA COLLECTION AND ANALYSIS INCLUDING ACTUAL LEVEL/S OF ACHIEVEMENT</th>
<th>ACTIONS FOR PROGRAM DEVELOPMENT, MAINTENANCE, OR REVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program satisfaction</td>
<td>Graduate Survey</td>
<td>Academic Chair</td>
<td>Annually in Fall</td>
<td>Review and analysis of the Graduate Survey (GS) to assess alumni satisfaction with program.</td>
<td>Reliability: GS: 1.00, Validity: GS: 1.00</td>
<td>Fall, 1999 95% of the alumni rate program satisfaction overall and by item as somewhat to extremely satisfied Fall 2000 96% of the alumni rate program satisfaction overall and by item as somewhat to extremely satisfied</td>
<td>Revision Evaluation Committee analyzed the indicators of the graduate survey and revised the indicators in consultation with institutional research to effectively measure outcome and implemented Spring 2000. Maintenance Continue current method of assessment</td>
</tr>
</tbody>
</table>
**Operational Definition:** PERFORMANCE ON NCLEX
The number of first time writers who completed the NCLEX examination and received a passing grade.

**Expected level of achievement:**
Graduates will achieve a NCLEX pass rate equal to or greater than the New York State Pass Rate.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
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<th>Assessment Method(s)</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level(s) of Achievement</th>
<th>Actions For Program Development, Maintenance, or Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCLEX-RN pass rate</td>
<td>NCLEX RN quarterly reports and annual summary</td>
<td>Academic chair</td>
<td>Quarterly and Annually</td>
<td>Review and analysis of NCLEX-RN quarterly reports and annual summary.</td>
<td>Reliability, validity and trustworthiness established by NCLEX authors</td>
<td>Spring 1998 83.2% Graduates passing NCLEX equal to or greater than the New York State Pass Rate. Spring 1999 82.3% Graduates passing NCLEX equal to or greater than the New York State Pass Rate. Spring 2000 83.6% Graduates passing NCLEX equal to or greater than the New York State Pass Rate.</td>
<td>Maintenance Continue current method of assessment</td>
</tr>
</tbody>
</table>
- **Operational Definition:** SERVICE
  Student participation in public service within the nursing program, the educational institution and the community.

- **Expected Level of Achievement/Decision Rule for Action:**
  100% of the nursing theory courses incorporate a service project as one of the behavioral expectations of student performance for completion of the course requirements.
  At least 70% of the alumni report that they are involved in volunteer service activity at work or in their community.

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
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<tbody>
<tr>
<td>Component</td>
<td>Where is Documentation Found</td>
</tr>
<tr>
<td>Public service in nursing theory courses</td>
<td>Course coordinator report (CCR)</td>
</tr>
<tr>
<td></td>
<td>Graduate survey</td>
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<td>Evaluation committee minutes</td>
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</table>

Evaluation Committee will report to fall faculty presenting revision in data collection tool in December 2001.
### NURSING PROGRAM EVALUATION PLAN

**Standard VII:** The program demonstrates integrity in its practices and relationships.

**Criteria 20:** Information about the program, intended to inform the general public, prospective students, current students, employers and other interested parties, is current, accurate, clear and consistent.

**PROGRAM EVALUATION PLAN – CRITERIA 20**

- **Operational Definition:** Information about the nursing program at SCCC intended to inform the general public, prospective students, current students, employers and other interested parties, is current, accurate, clear and consistent.

- **Expected Level of Achievement/Decision Rule for Action:** 100% of the information about the nursing program at SCCC is current, accurate, clear and consistent to demonstrate program integrity.

<table>
<thead>
<tr>
<th>Component</th>
<th>Where Documents/Information is Found</th>
<th>Person Responsible</th>
<th>Frequency of Assessment</th>
<th>Assessment Method/s</th>
<th>Degree of Reliability, Validity, Trustworthiness</th>
<th>Results of Data Collection and Analysis Including Actual Level/s of Achievement</th>
<th>Actions For program Development, Maintenance, or Revision</th>
</tr>
</thead>
</table>
| Program information   | College Catalog                     | Executive Dean     | Annually in Spring semester | Review and analysis of documents containing program information to ensure accuracy and congruency. | NA                              | Spring 2009  
100% of the information about the nursing program at SCCC is current, accurate, clear and consistent.  
Spring 2001  
Analysis revealed that information about the nursing program at SCCC was inconsistent with the curriculum changes made to ensure program integrity.  
College catalog, web site and student handbook required updating to reflect program changes. Action plan developed. | Maintenance  
Continue current method of assessment,  
Revision  
Curriculum changes will be reflected in next printing of the college catalog and student handbook (2003), web site will be updated.  
Nursing student handbook was updated and distributed to student body immediately to reflect changes. |
|                       | College Web Site                    | Academic Chair     |                         |                     |                                                |                                                                                |                                               |
|                       | Student Handbook                   | Academic Standards Committee |                     |                     |                                                |                                                                                |                                               |
|                       | Student Handbook                   |                    |                         |                     |                                                |                                                                                |                                               |

Revised 10/11/01
NURSING PROGRAM EVALUATION PLAN

Standard VII: INTEGRITY – The program demonstrates integrity in its practices and relationships.

Criteria 21: Complaints about the program are addressed and records are maintained and available for review.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION PLAN – CRITERIA 21</th>
</tr>
</thead>
</table>

- **Operational Definition:**
  Complaints about the program are addressed and records are maintained and available for review.

- **Expected Level of Achievement/Decision Rule for Action:**
  All complaints about the program are documented, indicating number, type, and resolution of complaints. All documents are available for review.

<table>
<thead>
<tr>
<th>Process</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component</td>
<td>Where Documents/ Information is Found</td>
</tr>
<tr>
<td>Program complaints</td>
<td>Office of the Dean of Instruction</td>
</tr>
</tbody>
</table>

Revised 9/01
NURSING PROGRAM EVALUATION PLAN

Standard VII: INTEGRITY – The program demonstrates integrity in its practices and relationships.

Criteria 22: Compliance with Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION PLAN – CRITERIA 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Definition:</td>
</tr>
<tr>
<td>Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.</td>
</tr>
<tr>
<td>Expected Level of Achievement/Decision Rule for Action:</td>
</tr>
<tr>
<td>Suffolk County Community College maintains compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements.</td>
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</table>

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>IMPLEMENTATION</th>
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<tbody>
<tr>
<td>Component</td>
<td>Where Documents/Information is Found</td>
</tr>
<tr>
<td>Compliance With Title IV</td>
<td>Office of Financial Aid</td>
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</table>

Revised 6/01
RESOURCES
Program Action - Resources

Patterns of Concern – Adequacy of human resources is questionable:
• There is a high ratio of part-time to full-time faculty.
• There is a low ratio of support services.

Since the last NLNAC accreditation two full-time faculty lines have been filled in the nursing department. This has been a tremendous asset to the department. These faculty teach in the third semester nursing course (NR 40). This allows for a faculty-student ratio of 1:25 rather than 1:50 in this course. Students have always found this nursing course to be one of the most challenging courses in the program. This change provides a better learning environment for the students as well as more opportunities for faculty-student interaction. The additional faculty are also active participants in all aspects of the nursing program. The nursing department continues to seek additional faculty positions.

In addition the nursing department now has an Assistant Academic Chair. The creation of this position has relieved some of the workload of the Academic Chair. The Assistant Academic Chair assumes some of the administrative responsibilities previously assumed by the Academic Chair.

The department has also been pursuing the hiring of a full time, RN, professional assistant. The college had approved this line and interviews were conducted but due to budget constraints we were unable to fill this position. There are now five part-time professional assistants. The goal of the department is to fill the full-time position and maintain the part-time staff for evening coverage of the labs. This would provide more continuity in the labs and more opportunities for students to utilize the labs for practice of skills.
## FACULTY PROFILE

**NAME OF INSTITUTION** Suffolk County Community College  
**NAME OF NURSING PROGRAM** Ammerman Campus-Nursing Program

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>FT/PT</th>
<th>Date of Initial Appointment</th>
<th>Rank</th>
<th>Bachelor Degree</th>
<th>Institution Granting Degree</th>
<th>Graduate Degrees</th>
<th>Institution Granting Degrees</th>
<th>Area of Clinical Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Anderson</td>
<td>F/T</td>
<td>1990</td>
<td>Professor</td>
<td>BSN</td>
<td>LIU, CW Post</td>
<td>MA, MALS</td>
<td>NYU,</td>
<td>Med-Surg, Fundamentals of Nursing, Maternity, Pediatrics</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>SUNY-Stony Brook,</td>
<td></td>
</tr>
<tr>
<td>Susan Auslander</td>
<td>F/T</td>
<td>1998</td>
<td>Assistant Professor</td>
<td>BS</td>
<td>NY Institute of Technology</td>
<td>MS, MFS</td>
<td>SUNY-Stony Brook, NY Institute of Technology</td>
<td>Psychiatric Nursing, Fundamentals of Nursing</td>
</tr>
<tr>
<td>Lisa Fernandez</td>
<td>F/T</td>
<td>1999</td>
<td>Assistant Professor</td>
<td>BSN</td>
<td>SUNY-Brooklyn</td>
<td>MS</td>
<td>SUNY-Stony Brook</td>
<td>Maternity, Med-Surg Nursing, Health Assessment</td>
</tr>
<tr>
<td>Susan Dewey-Hammer</td>
<td>F/T</td>
<td>1991</td>
<td>Professor</td>
<td>DSN</td>
<td>University of Minnesota</td>
<td>MN</td>
<td>UCLA</td>
<td>Psychiatric Nursing</td>
</tr>
<tr>
<td>Alice Kuceroski</td>
<td>F/T</td>
<td>1995</td>
<td>Associate Professor</td>
<td>BSN</td>
<td>St. John’s University</td>
<td>MA-Nursing Education</td>
<td>Columbia University</td>
<td>Med-Surg, Nursing</td>
</tr>
<tr>
<td>Faculty Name</td>
<td>FT/PT</td>
<td>Date of Initial Appointment</td>
<td>Rank</td>
<td>Bachelor Degree</td>
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<tr>
<td>Marianne McAuley</td>
<td>F/T</td>
<td>1986</td>
<td>Professor</td>
<td>BSN</td>
<td>Adelphi University</td>
<td>MSN, MS-Health Science Mgt.</td>
<td>Adelphi University SUNY-Stony Brook</td>
<td>Fundamentals of Nursing, Med-Surg, Leadership/Mgt.</td>
</tr>
<tr>
<td>Susan McCabe</td>
<td>F/T</td>
<td>2000</td>
<td>Instructor</td>
<td>BS</td>
<td>St. Joseph's College</td>
<td>MSN</td>
<td>SUNY-Stony Brook</td>
<td>Health Assessment, Med-Surg</td>
</tr>
<tr>
<td>Florence Mullarkey</td>
<td>F/T</td>
<td>2000</td>
<td>Assistant Professor</td>
<td>BSN</td>
<td>University of the Incarnate Word, Texas</td>
<td>MSN</td>
<td>CUNY-Hunter College</td>
<td>Med-Surg Nursing Pediatrics</td>
</tr>
<tr>
<td>Jennifer Ortiz</td>
<td>F/T</td>
<td>1998</td>
<td>Assistant Professor</td>
<td>BSN</td>
<td>SUNY-Binghamton</td>
<td>MSN-Maternal-Child Health</td>
<td>Adelphi University</td>
<td>Maternal-Child Health</td>
</tr>
<tr>
<td>Theresa Paukovits</td>
<td>F/T</td>
<td>1984</td>
<td>Professor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MS</td>
<td>Adelphi University</td>
<td>Med-Surg Nursing</td>
</tr>
<tr>
<td>Denise Price</td>
<td>F/T</td>
<td>2000</td>
<td>Associate Professor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MSN</td>
<td>Adelphi University</td>
<td>Med-Surg Nursing/Maternity</td>
</tr>
<tr>
<td>Helen Wist</td>
<td>F/T</td>
<td>1990</td>
<td>Professor</td>
<td>BSN</td>
<td>Adelphi University</td>
<td>MSN-Health Science Mgt.</td>
<td>Adelphi University SUNY-Stony Brook</td>
<td>Fundamentals of Nursing, Med-Surg, Pediatric Nursing</td>
</tr>
<tr>
<td>Faculty Name</td>
<td>FT/PT</td>
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<tr>
<td>Ruth Bomgardiner</td>
<td>P/T</td>
<td>1994</td>
<td>Assistant Professor</td>
<td>BSN</td>
<td>LIU, CW Post</td>
<td>MS</td>
<td>CUNY-Hunter College</td>
<td>Med-Surg, Maternity</td>
</tr>
<tr>
<td>Sabra Boughton</td>
<td>P/T</td>
<td>1980</td>
<td>Professor</td>
<td>BSN</td>
<td>LIU, CW Post</td>
<td>MS</td>
<td>Teachers College, Columbia University</td>
<td>Fundamentals of Nursing, Med-Surg</td>
</tr>
<tr>
<td>Diana Brown</td>
<td>P/T</td>
<td>1992</td>
<td>Assistant Professor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MSN</td>
<td>SUNY-Stony Brook</td>
<td>Med-Surg, Pediatrics</td>
</tr>
<tr>
<td>Helene Coyle</td>
<td>P/T</td>
<td>1971</td>
<td>Professor</td>
<td>BSN</td>
<td>College of Mount St. Vincent</td>
<td>MA, Nsg Ed, MS</td>
<td>NYU, SUNY-Stony Brook</td>
<td>Fundamentals of Nursing, Med-Surg, Psychiatric Nursing</td>
</tr>
<tr>
<td>Theresa Economou</td>
<td>P/T</td>
<td>2000</td>
<td>Instructor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MSN</td>
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<td>Med-Surg Nursing</td>
</tr>
<tr>
<td>Edith Forman</td>
<td>P/T</td>
<td>1981</td>
<td>Assistant Professor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MS, Nsg Ed</td>
<td>NYU</td>
<td>Psychiatric Nursing</td>
</tr>
<tr>
<td>Pat Hebron</td>
<td>P/T</td>
<td>1990</td>
<td>Associate Professor</td>
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<td>MSN</td>
<td>SUNY-Stony Brook</td>
<td>Health Assessment, Pediatrics</td>
</tr>
<tr>
<td>Carrie Putnam Hofer</td>
<td>P/T</td>
<td>1997</td>
<td>Instructor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MSN</td>
<td>SUNY-Stony Brook</td>
<td>Maternity, Med-Surg, Fundamentals of Nursing</td>
</tr>
<tr>
<td>Gerda Hyacinthe Voltaire</td>
<td>P/T</td>
<td>1997</td>
<td>Instructor</td>
<td>BSN</td>
<td>CUNY-Lehman College</td>
<td>MSN</td>
<td>CUNY-Lehman College</td>
<td>Med-Surg Nursing</td>
</tr>
<tr>
<td>Gail Frances Kellner</td>
<td>P/T</td>
<td>1997</td>
<td>Instructor</td>
<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MSN</td>
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<td>Fundamentals of Nursing, Med-Surg Nursing</td>
</tr>
<tr>
<td>June Kiefer</td>
<td>P/T</td>
<td>1993</td>
<td>Instructor</td>
<td>BSN</td>
<td>Empire State College</td>
<td>MSN</td>
<td>SUNY-Stony Brook</td>
<td>Psychiatric Nursing, Med-Surg</td>
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<tr>
<td>Marcia Kouskalis</td>
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<td>1994</td>
<td>Instructor</td>
<td>BSN</td>
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<td>MSN</td>
<td>Adelphi University</td>
<td>Fundamentals of Nursing, Med-Surg</td>
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<tr>
<td>Carol Lainanno</td>
<td>P/T</td>
<td>1990</td>
<td>Associate Professor</td>
<td>BSN</td>
<td>CUNY-Hunter College</td>
<td>MSN</td>
<td>Columbia University</td>
<td>Health Assessment, Maternity</td>
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<tr>
<td>Irna Ramsden</td>
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<td>Instructor</td>
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<td>Eileen Specht</td>
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<td>Professor</td>
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<td>Adelphi University</td>
<td>Med-Surg Nursing, Psychiatric Nursing</td>
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<tr>
<td>JoAnn Turzer</td>
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<td>BSN</td>
<td>SUNY-Stony Brook</td>
<td>MSN</td>
<td>SUNY-Stony Brook</td>
<td>Med-Surg Nursing, Pediatric Nursing</td>
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</tbody>
</table>
## FACULTY EXPERTISE CHART

**NAME OF INSTITUTION** Suffolk County Community College  
**NAME OF NURSING PROGRAM** Ammerman Campus-Nursing Program

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>FT/PT</th>
<th>Current Membership in Professional Organizations</th>
<th>Number of Continuing Education Hours Received in Last Year</th>
</tr>
</thead>
</table>
| Joan Anderson     | F/T   | PNASC – Board Member  
NYSNA - ANA                                                                                                               | 55.2                                                      |
| Susan Auslander   | F/T   | Professional Nurses Association of Suffolk County  
Transcultural Nursing Society                                                                                             | 28.4                                                      |
| Lisa Fernandez    | F/T   | NOAPP – ARHP – ACOG – Sigma Theta Tau  
Suffolk Perinatal Coalition, L.I.Nurse Practitioner Coalition  
National Association of Nurse Practitioners  
National Adolescent Reproduction Health Partnership                                                                    | 28.9                                                      |
| Susan Dewey-Hammer| F/T   | American Psych. Nursing Association – Sigma Theta Tau  
New York Nurses Association  
International Society of Psychiatric Nurses                                                                               | 76.0                                                      |
| Alice Kucmeroski  | F/T   | Sigma Theta Tau  
PNASC District 19                                                                                                         | 70                                                       |
| Marianne McAuley  | F/T   | Sigma Theta Tau  
Professional Nurses Assoc. of Suffolk County                                                                             | 55.2                                                      |
| Susan McCabe      | F/T   | NYSNA  
Professional Practice Committee                                                                                           | 40                                                       |
| Florence Mullarkey| F/T   | Sigma Theta Tau  
PNASC District 19                                                                                                         | 30.2                                                      |
| Jennifer Ortiz    | F/T   | PNASC  
AWHONN                                                                                                                     | 13.4                                                      |
| Theresa Paukovits | F/T   | PNASC – District 19  
NYSNA                                                                                                                          | 15                                                       |
<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>FT/PT</th>
<th>Current Membership in Professional Organizations</th>
<th>Number of Continuing Education Hours Received in Last Year</th>
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<tbody>
<tr>
<td>Denise Price</td>
<td>F/T</td>
<td>PNASC</td>
<td>21.8</td>
</tr>
<tr>
<td>Helen Wist</td>
<td>F/T</td>
<td>NYSNA – District 19, Sigma Theta Tau</td>
<td>55.2</td>
</tr>
<tr>
<td>Ruth Bomgardner</td>
<td>P/T</td>
<td>Sigma Theta Tau, ANA-NYSNA</td>
<td>19</td>
</tr>
<tr>
<td>Sabra Boughton</td>
<td>P/T</td>
<td>Sigma Theta Tau</td>
<td>10.5</td>
</tr>
<tr>
<td>Diana Brown</td>
<td>P/T</td>
<td>No Information Available</td>
<td>No Information Available</td>
</tr>
<tr>
<td>Helene Coyle</td>
<td>P/T</td>
<td>Professional Nurses Assoc. of Suffolk County</td>
<td>14.1</td>
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<tr>
<td>Theresa Economou</td>
<td>P/T</td>
<td>Golden Key National Honor Society</td>
<td>1.0</td>
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<tr>
<td>Edith Forman</td>
<td>P/T</td>
<td>Sigma Theta Tau International</td>
<td>6</td>
</tr>
<tr>
<td>Pat Hebron</td>
<td>P/T</td>
<td>NYCONP (NY coalition of Nurse Practitioners), NPA of L.I. (Nurse Practitioner Association of L.I.)</td>
<td>24.5</td>
</tr>
<tr>
<td>Carrie Putnam Hofer</td>
<td>P/T</td>
<td>Sigma Theta Tau, AWHONN, Nurse Practitioner Association of Long Island, NYSNA</td>
<td>43.3</td>
</tr>
<tr>
<td>Gerda Hyacinthe Voltaire</td>
<td>P/T</td>
<td>NYSNA – Doctoral Association</td>
<td>Actively involved in writing dissertation for P.A.D. in Health Administration</td>
</tr>
<tr>
<td>Faculty Name</td>
<td>FT/PT</td>
<td>Current Membership in Professional Organizations</td>
<td>Number of Continuing Education Hours Received in Last Year</td>
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</tr>
</tbody>
</table>
| Gail Frances Kellner | P/T   | AACN  
NYS Coalition of Nurse Practitioners                                                                                   | 21.5                                                     |
| June Kiefer       | P/T   | ANCC                                                                                                                 | 150                                                     |
| Marcia Koskalis   | P/T   | Professional Nurses Assoc. of Suffolk County                                                                             | 15                                                      |
| Carol Lainanto    | P/T   | FNASC – President, ANA – Sigma Theta Tau  
Education Committee District 19  
AAUP                                                                                                      | 25.8                                                     |
| Irma Ramsden      | P/T   | No Information Available                                                                                             | No Information Available                                 |
| Eileen Specht     | P/T   | Sigma Theta Tau                                                                                                        | No Information Available                                 |
| JoAnn Turzer      | P/T   | Academy of NP – NYSNP – LI Coalition of NP  
Family Practice Com. St. Catherine’s Hospital                                                                         | 10.4                                                     |