



Lone Star College System

NURSING PROGRAMS FACULTY HANDBOOK

2010 - 2011

NURSING FACULTY HANDBOOK
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LSCS NURSING PROGRAMS

Welcome to the Lone Star College Systems (LSCS) nursing programs. We are pleased that you have chosen to join our associate degree/vocational nursing faculty either as a full time or as an adjunct (part time) instructor.

The college system is very proud of its ADN and VN programs that began their existence in 1978 with the VN program at what was then North Harris County College. Since their inception, both nursing programs have maintained full accreditation by the Board of Nursing for the state of Texas. The ADN programs are fully accredited by the National League for Nursing Accrediting Commission. The accreditation process began with the initial associate degree program at now LSC-North Harris in 1988.

Presently, the ADN program is offered at LSC-Cy-Fair, LSC- North Harris, LSC- Kingwood, LSC- Montgomery, and LSC-Tomball. The ADN programs have an Articulation/Transition track that allows advanced placement for some health-care practitioners such as LVNs and Paramedics.

The vocational nursing program is currently offered at the LSCS colleges of Cy-Fair, Kingwood, Montgomery, and Tomball. The ADN program at LSC-North Harris offers a multi-entry-exit program (MEEP. The exit option provides an opportunity to fulfill the vocational nursing requirements during the associate degree nursing program. The ADN programs work closely with the vocational nursing program since many, of the resources such as nursing skills labs and clinical sites are shared.

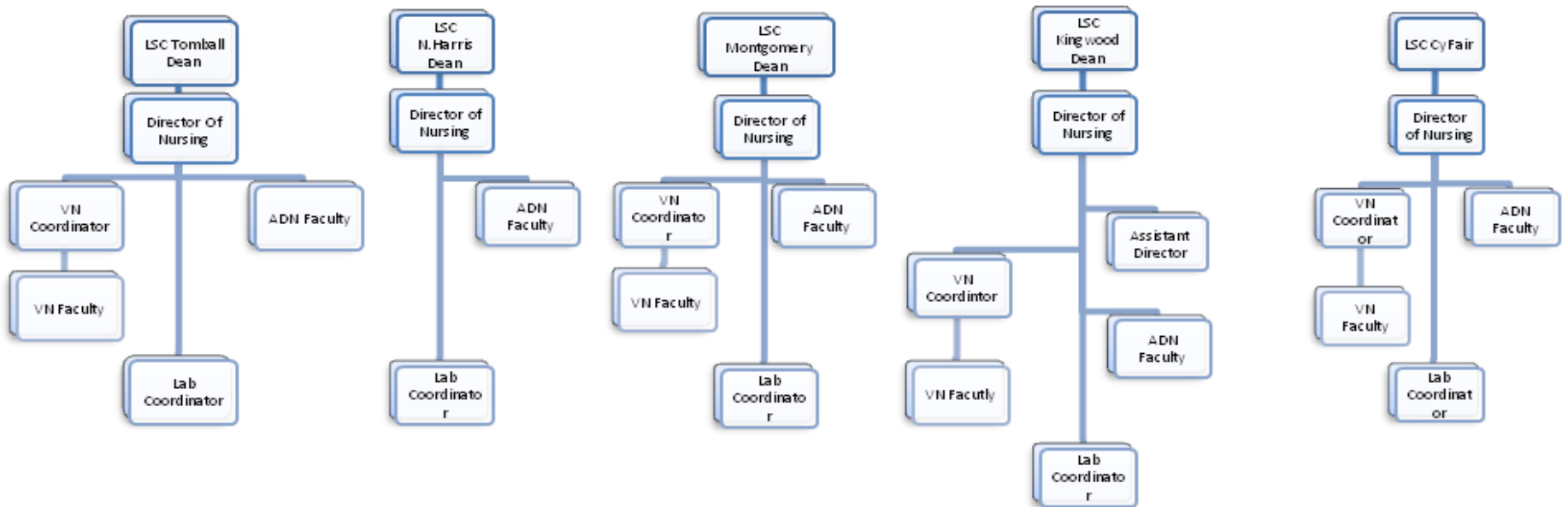
Nursing curriculum across the college system is coordinated through the college system's faculty committees. The nursing director of each college is a member of the Council of Nursing Directors. This group meets monthly to ensure consistency in program policies and procedures, and to promote collaboration and communication across the LSCS nursing programs.

The nursing programs provide thorough orientation and mentoring to new faculty members as well as continuing educational opportunities for professional development. This handbook is one of the many resources that we hope you will find useful.

Council of Nursing Directors
Revised 6/10

FACULTY INFORMATION

Lone Star College System Nursing Programs Organizational Chart



MULTIYEAR CONTRACT (TENURE) STATUS

Full-time faculty members who are new to the system shall serve a probationary period of employment of a minimum of three (3) years. A probationary period is defined as an annual appointment that terminates at the end of the contract period. The chancellor may recommend extending the annual appointment status beyond the three (3) year period at his/her discretion.

A faculty member who has rendered satisfactory service as rated by the appropriate supervisor for a period of not less than three (3) full years is eligible for a two (2) year contract. Tenure is defined as a multiyear contract that is reviewed and acted upon each year. All faculty members with multiyear contracts shall annually be approved by the chancellor and ratified by the board for a one (1) year extension of their contracts unless they have been recommended for nonrenewable or termination.

** From the LSCS Human Resource Manual*

FACULTY RANKING

Beginning with faculty employed for the 1998-99 academic year, faculty attains rank in the following manner:

- Assistant Professor appointments are made to faculty who have less than three (3) full-time equivalent years of teaching experience at the college or university level;
- Associate Professor appointments are made to newly appointed faculty to the system who have three (3) or more years of full-time equivalent teaching experience at the college or university level;
- Professor appointments are made upon the satisfactory completion of three (3) years of teaching experience at LSCS additionally the granting of a multiyear contract will accompany the appointment.

Faculty members employed by the system for the years before 1998-99 attain their rank according to the policies in effect at the time they were hired. This ranking will vary depending upon the individual's date of employment. Faculty members hired before 1998-99 should contact the Human Resource office on their campuses for an explanation of their rankings.

FACULTY DIDACTIC AND CLINICAL ASSIGNMENTS

All faculty assignments are the responsibility of the Program Director and will comply with the LSCS workload policies. Any changes must be first approved by the Director. Clinical rotations may only be held at currently contracted facilities that are approved for the nursing programs.

LSCS NURSING PROGRAMS COMMITTEES

COUNCIL OF NURSING DIRECTORS

The purpose of the Council of Nursing Directors is to work collaboratively and cooperatively for the benefit of the nursing programs of the Lone Star College System. The nursing directors group meets monthly in order to promote communication and consistency in formation and execution of policies and procedures across the system. The Council of Nursing Directors acts as the forum for the discussion of issues, problems, concerns, and decisions that have importance and/or impact for the LSCS nursing programs. Examples of such issues include, but are not restricted to, procedures for clinical placements, procedures for admissions, grading, testing, and progression. The membership of the Council of Nursing Directors is comprised of the five (5) nursing directors, the Academic Deans, and the Director of Health Occupations. College nursing directors serve a year term as chairperson of the council on a rotating basis. Minutes of these meetings will be distributed electronically to nursing directors, deans, nursing faculty, and to the Director of Health Occupations.

LSCS SYSTEM-WIDE NURSING COMMITTEES

COMMITTEE PROCESS: Nursing Faculty committees will meet at biannually in order to address the particular charge of the committee except the Peer Review Committee. Minutes will be kept for each meeting and recommendations made by the committee will be presented to the Council of Nursing Directors for approval and action, and to the nursing faculty. Minutes will be distributed electronically to faculty, nursing directors, and Director of Health Occupations to ensure that everyone is informed of committee activities. ADN and VN faculty from each college will be represented on the system-wide committees. Members of the committees will select a chairperson for each committee at the first meeting of the academic year. Each college nursing department has one vote per decision regardless of the number of department/program representatives present.

- **ADMISSIONS COMMITTEE**

The purpose of this committee is to review the admissions process and recommend changes to the admissions criteria, and to revise application forms as needed. This committee meets each long semester to accomplish these objectives.

- **CURRICULUM COMMITTEE (System-Wide ADN & VN Committees)**

The purpose of these committees is to systematically review curriculum content, update curriculum as needed in order to comply with mandated changes from the Texas Board of Nursing, Texas state agencies, and national accreditation bodies as well as changes reflective of evidence-based nursing practice, and currency of workforce needs. These groups make recommendations concerning the ADN & VN programs to the Council of Nursing Directors and to the Nursing Advisory Committee as well as providing curriculum data to the Evaluation Committee. .

- **EVALUATION COMMITTEE**

The purpose of this committee is to review and revise the plan for systemic program evaluation, revise program evaluation forms as needed, review and collate data from program surveys and make recommendations for program changes based on that data.

- **GRADING, TESTING, PROGRESSION**

The purpose of this committee is to review system-wide policies which relate to the following: grading policies, effectiveness of testing programs and methods as well as remediation for both theory and clinical evaluation methods.

- **PEER REVIEW**

The purpose of this committee is to review the policies and procedures for peer review and safe harbor and to recommend any revisions to these policies and procedures. This committee is also charged with the responsibility of clarifying the faculty role in relation to patient safety. The committee meets annually or as needed.

SAFE HARBOR AND PEER REVIEW- Current Information concerning Safe Harbor and Peer Review per the Texas BON can be found at: <http://www.bne.state.tx.us/practice/safe.html>

- **POLICY AND PROCEDURES COMMITTEE**

The purpose of this committee is to review current policies and procedures, and formulate new policies and procedures of the ADN and VN programs. Revision of the student and faculty handbooks is also a charge of this committee.

Revised July 2010

SUGGESTED NURSING FACULTY ORGANIZATION & MEETINGS

Committee Meetings (College) – Fulltime nursing faculty are strongly encouraged to serve on a minimum of one (1) nursing committee (Appeals, Textbook, Readmission, Evaluation, etc.) and are expected to participate in a variety of system-wide college-wide and division committees. Committee assignments are usually decided during the first week of the fall semester. Committee service can be applied to the workload component of “Institutional and Community Service”.

1. **TEACHING TEAM MEETINGS** – The courses in the nursing programs are taught by a team teaching approach. It is critical for instructors to attend planning meetings to get content assignments and to finalize the calendar prior to the beginning of each semester. Attendance at end of the semester wrap-up meeting is also essential.
2. **CURRICULUM COMMITTEE**
The purpose of this committee is to systematically review curriculum content, update curriculum as needed at the college nursing departmental level. Curriculum should be reviewed for evidence of currency and relevance to nursing practice, nursing education and compliance with local, state, and national health concern. Nursing curriculum should reflect compliance with and in order to comply with WECM and other mandated changes, and to stay current with workforce needs. This group receives suggestions from faculty and student input and make recommendations concerning the program changes to the system- wide nursing curriculum committee.
3. **EVALUATION COMMITTEE**
The purpose of this committee is to review and revise the total program evaluation plan, revise evaluation forms as needed, review and collate data from program surveys and make recommendation for program changes based on that data.

It is recommended that the chairpersons of the Curriculum and the Evaluation Committees serve as members of the system-wide committees.

4. **READMISSIONS COMMITTEE**
The purpose of this committee which meets at least twice a year is to evaluate students who are requesting readmission or transfer into the nursing program. The chairperson schedules the meetings and informs the applicant of the committee’s decision.
5. **APPEALS COMMITTEE or STUDENT AFFAIRS COMMITTEE**
This committee is set up at each college to address nursing student appeals. The formalized procedure culminates in the appeal going to the nursing program director and then to the respective college dean if there is no resolution at the committee level. Refer to the nursing student handbook for the appeal process.

6. **TEXTBOOK COMMITTEE**

This committee meets regularly to evaluate current textbooks and alternatives and to select required textbooks and other learning resources for the nursing program.

Revised July 2010



NURSING FACULTY ORIENTATION CHECKLIST

May vary with college

NAME: _____ DATE: _____

FACULTY MENTOR: _____ COURSE: _____

Each new instructor is assigned a faculty mentor who will share the responsibility for the orientation process along with the lead faculty/team leader, program director, and the college. The orientation process should be completed by the end of the first semester of employment. The administrative assistant for the nursing department is also an excellent resource during the orientation process.

<ul style="list-style-type: none"> <input type="checkbox"/> Angel Orientation <input type="checkbox"/> ID Card <input type="checkbox"/> Parking Sticker <input type="checkbox"/> Office Space <ul style="list-style-type: none"> <input type="checkbox"/> Keys <input type="checkbox"/> Phone Account & Codes <input type="checkbox"/> OTS Help <input type="checkbox"/> Computer Access <input type="checkbox"/> Email <input type="checkbox"/> Copier Codes <input type="checkbox"/> LSC Mail <input type="checkbox"/> US Mail <input type="checkbox"/> Tour of Campus <ul style="list-style-type: none"> <input type="checkbox"/> Counseling <input type="checkbox"/> Bookstore <input type="checkbox"/> Cafeteria <input type="checkbox"/> Business Office <input type="checkbox"/> Printing <input type="checkbox"/> Computer Labs <input type="checkbox"/> LCR <input type="checkbox"/> Library <input type="checkbox"/> Assessment Center <input type="checkbox"/> Faculty & Staff Center 	<ul style="list-style-type: none"> <input type="checkbox"/> College Resources <input type="checkbox"/> LSCS Intranet <input type="checkbox"/> My Lone Star <input type="checkbox"/> Human Resources <input type="checkbox"/> Faculty Directory <input type="checkbox"/> Faculty Handbook <input type="checkbox"/> LSCS Catalog and Schedules <input type="checkbox"/> System Policies & Procedures <input type="checkbox"/> iStar System <ul style="list-style-type: none"> <input type="checkbox"/> Request for Personal/Sick Leave <input type="checkbox"/> Professional Development Leave <input type="checkbox"/> Travel Authorizations <input type="checkbox"/> Other:
<ul style="list-style-type: none"> <input type="checkbox"/> Nursing Program Forms <ul style="list-style-type: none"> <input type="checkbox"/> Mid-term/Final Evaluation Forms <input type="checkbox"/> Faculty Evaluation Forms (on Intranet) <input type="checkbox"/> Room Reservation Process <input type="checkbox"/> Counseling Forms/Critical Incident <input type="checkbox"/> Clinical Evaluation forms <input type="checkbox"/> Required Annual Documentation <ul style="list-style-type: none"> <input type="checkbox"/> CEUs <input type="checkbox"/> CPR Certification** <input type="checkbox"/> Texas Nursing License <input type="checkbox"/> TB Test Results or Questionnaire <input type="checkbox"/> Hepatitis Vaccine/Titer** 	<ul style="list-style-type: none"> <input type="checkbox"/> Nursing Program Resources <ul style="list-style-type: none"> <input type="checkbox"/> Grade Books <input type="checkbox"/> Student Files <input type="checkbox"/> File Cabinets <input type="checkbox"/> Team Teaching <input type="checkbox"/> Text Books <input type="checkbox"/> Committees <input type="checkbox"/> Skills Lab/Simulation <input type="checkbox"/> HESI & On Line Testing Procedure <input type="checkbox"/> Curriculum/Courses/Outcomes <input type="checkbox"/> Philosophy & Conceptual Framework <input type="checkbox"/> Syllabus Preparation/Template <input type="checkbox"/> Orientations to Clinical Facilities <input type="checkbox"/> Lab Coat/Name Tag

** as expire

REQUIREMENTS FOR NURSING FACULTY

1. Nursing faculty members are required to maintain and document the currency of their Texas state licensure.
2. Nursing faculty members are required to maintain a minimum status of Healthcare Provider for CPR for clinical instruction.
3. Nursing faculty who fail to renew their license or maintain CPR currency will not be allowed to teach any course until currency is verified.
4. The CEU requirement of 20 CEU's every 2 years must be met by all nursing faculty.
5. Nursing faculty members are assigned both lecture, skills lab, or clinical unless the appropriate director of nursing or college dean has approved release for an overload project or Memorandum of Alternative Assignment (MOAA),
6. Faculty must maintain current immunizations status.

NURSING FACULTY PERFORMANCE EVALUATION--*Roles & Responsibilities*

The Instructional Dean of the division is responsible for initiating the performance evaluation process for each Director of Nursing and for the faculty. In accordance with LSCS policy, the Dean may designate the program director which is in accordance with Texas Board of Nursing and National League for Nursing Accrediting Commission rules.

The Director of Nursing is responsible for initiating the performance evaluation process.

1. All fulltime faculty members are evaluated annually the first three (3) years of employment and then every three (3) years if previous evaluation was satisfactory.
2. Essentials of nursing faculty evaluation include: teaching observation, student evaluations, self-assessment, and supervisor review and feedback.
3. Nursing faculty evaluation may include observation of teaching in the classroom, laboratory, and/or clinical site by the director of nursing, coordinator, and/or the instructional dean.
4. Nursing faculty members are encouraged to submit a portfolio of accomplishments to facilitate the evaluation process.

PROFESSIONAL DEVELOPMENT

A faculty member may request a leave of absence to attend professional conferences or workshops related either to his or her teaching assignment or to other specific needs of the system (such as improvement of student retention and recruitment). The faculty member's program director and dean must approve professional leaves; approved leaves are paid, excused absences that do not count against accrued sick leave.

If the travel is approved, the system will reimburse and/or advance a faculty member the expense of travel, including the cost of transportation, meals, registration, and lodging. To receive reimbursement, the faculty member must present receipts for the actual amounts spent with a completed Travel Expense Voucher through iStar

. Faculty members who use their own vehicles for approved travel will be reimbursed at the current mileage rate.

SYSTEM NURSING POLICY

Faculty are encouraged to submit requests for approval of professional development opportunities that will improve their teaching skills and/or the overall quality of instruction for the nursing program.

LSCS Request and Authorization for Leave of Absence forms are available through iStar and should be completed a minimum of three (3) weeks prior to the requested leave dates. These requests must be submitted to the program director using the iStar system.

LSCS Travel Expense Voucher forms are to be completed immediately upon return and submitted for approval through iStar.

Revised July 5, 2010

LSCS MILEAGE REIMBURSEMENT

Each nursing program follows the system guidelines for mileage reimbursement. Faculty are reminded that they are only eligible for mileage reimbursement if their clinical assignment commutes are greater than their average daily commute to their assigned campuses and then the reimbursement is only for the difference between the two commutes (*the excess distance traveled*). For example, if the commute to the campus is 10 miles round trip and the commute to the clinical assignment is 14 miles round trip the faculty member is only eligible for reimbursement of four (4) miles per trip. Specific guidelines and instructions for completing travel vouchers can be found on the Lone Star College intranet.

CLASSROOM ACTIVITIES

Lone Star College
Associate Degree Nursing Faculty Handbook Resource

Lead Faculty/Team Leader Suggested Responsibilities and “Helpful Hints”—See Human Resources manual for other lead instructor responsibilities.

I. Once designated lead faculty [usually in the semester before]

- A. Review wrap-up minutes of the course from previous year or when last taught.
 - 1. Note problem areas discussed, decisions and who was responsible for follow up.
 - 2. Determine status of that follow-up & what is still “pending.”
 - 3. Reflect on issues that have developed in the subsequent course and determine if there are implications, that up-coming course could address.
- B. Identify Lead Faculty Counterparts at Sister Colleges
 - 1. Set up plans for meeting or conference call for initial all-team meeting and tentative agenda.
 - 2. Determine mutually agreeable date to meet at end of semester prior to one being planned. & main issues to discuss.
 - 3. Establish primary responsibilities among teaching team faculty for areas of the course.
 - 4. Create a tentative calendar to present to full team, including special college or professional events & deadlines, assigned final exam dates, etc.
- C. Obtain from Director, a list of faculty, agencies and schedule times assigned to the course.
 - 1. Notify of meeting date, time and place.
 - 2. Invite additional agenda topics and incorporate into planning team meeting.
 - 3. Include Nursing Skills Lab Coordinator in communications and plans.
 - 4. Include adjunct faculty in communication and plans.

II. Before first planning meeting... [usually held before the end of the semester, prior to the one being planned]

- A. Collect and confirm information related to:
- B. Calendar dates and times related to orientation, holidays, withdrawal dates, examinations etc
- C. Student numbers and section groups/scheduling.
- D. Identify tentative initial days where all students will need to meet collectively and **reserve rooms to accommodate the numbers**; i.e., orientation, special topics, testing, etc. [Large meeting places & computer rooms are at a premium & are quickly booked]
- E. Board of Nursing, System, College or student issues that teaching team must address or consider in planning.
- F. Status of Syllabus Corrections.

III. First All-Team Meeting

- A. Identify individual to take minutes; establish pattern of subsequent responsibility for this task.
- B. Review, amend tentative calendar based on team input.
- C. Identify Faculty responsible for content, skills, seminar, math exams.
- D. Address joint issues of logistics, course requirements, facility use, deadlines, etc.
- E. Review present method(s) and issues related to testing/ special rotation considerations [Ex: *Psychiatric rotations.*]
- F. Identify date, time and location of first meeting of the semester for the course to be taught **and get it on departmental main calendar + notify Director.**

- G. **Notify ALL adjunct faculty of meeting date early to maximize the possibility they will be able to attend.**

IV. At intervals before semester begins, you may want to

- A. Ensure letters are sent to agencies re: course us; dates, times, groups, faculty names, & needs for pre- & post-conferences.
- B. Contact adjunct faculty to remind of impending meeting.
- C. Confirm Web Page availability & timeline for getting updated course material on it for students' use.

V. First Team Meeting of Semester That Course is to be taught:

- A. Confirm Faculty assignments.
- B. Make adjustments for changes/additions in personnel.
- C. Determine responsibility for Exams: Unit, Math & Final, Speakers, etc.
- D. Identify team members to mentor any new faculty and liaisons for each adjunct faculty.
- E. Assign Faculty orientation day responsibilities.
- F. Confirm faculty liaison for each agency to contact regarding the agency orientation specifics to relay to students.
- G. Remind each class section to have students elect Representatives to attend Team Meetings.
- H. Update Faculty phone number, pager, cell & e-mail addresses [Get updated list to all Team members ASAP.]
- I. Review section schedules/agency assignments for changes & confirm.
- J. Review decisions made at Initial meeting and confirm.
- K. Review scheduling of theory content with Lab Instructor to schedule lab topics and times related other nursing courses' use of the skills lab.
- L. Establish Syllabi readiness & make available to all team members.
- M. Ensure Nursing Skills Lab Coordinator has course Syllabus, calendar(s) and list of Faculty designated as assist/liaison for each weekly lab.
- N. Establish timeline/method to assist team members to:
 - 1. Access Course Web Page on www.lonestar.edu/syllabus-admin for syllabus posting. Course materials are posted on Angel.
 - 2. Establish or renewing access to My Lonestar Portal for grade input.

VII. Immediate Tasks Prior to Orientation Day

- A. POST calendars, any clinical evaluation tools, etc. Ensure all printed course materials available and ready
- B. Update Web Page postings for first weeks' assignments.
- C. Make available to ALL team members the final listing of faculty responsible for various team tasks, to facilitate intrateam communication. [Attached are examples of forms/formats to create & disperse. Can be adapted for seminar, lab, theory, exam monitoring assignments, etc.]

VIII. **Additional Suggestions to Avoid Occasional Pitfalls**

- A. Make decisions soon enough for ALL groups to reasonably execute, regardless of class/clinical sequencing as well as different campus situations, where possible.
- B. Include adjunct faculty in all changes.
- C. COMMUNICATE, COMMUNICATE, and COMMUNICATE, preferably with the source of the information or issue, as well as those on opposite days or campuses.
- D. Encourage openness & sharing of ideas & various points of view.
- E. Promote faculty cohesion, especially where there is student dissention, & stress "Chain of Command" to be done in an expeditious manner.
- F. Keep Director informed of issues that might affect faculty coverage of assignments [impending absences, etc] or student retention.

IX. **During Semester**

- A. Call additional team meetings for your campus for issues/problems.
- B. Facilitate substitutes /adjustments to original team assignments.
- C. Ensure that a copy of each Unit exam with stats is filed in designated departmental file. Ensure updated computer disks and hard copies of Unit content material is on file.
- D. Keep Notes on changes /updates needed or suggested to both Theory and Clinical syllabi and Lab syllabi, if Lab responsibility is within the Team's domain, to ensure placement in Correcting Copies of Syllabi.
- E. Remind faculty to continue to compile Final exam items at each Unit's completion, to avoid last minute pressures.
- F. Notify Director of students in jeopardy of failure.
- G. Information related to any student "Drops" are completed

X.

XI. **End of Semester**

- A. Conduct Wrap-up meetings.
- B. Ensure:
 - 1. All exams, including final, are filed appropriately.
 - 2. All student evaluations, absences, grades are completed, filed.
 - 3. All grades are entered in MyLoneStar Portal, etc.
- C. WebPages "cleaning" done--Copy of all Team Meeting Minutes are complete & in Department Minutes Notebook.
- D. Complete Department Course Summary Form and submit to Director.
- E. Celebrate with the group!

GUIDELINES FOR TEAM MEETINGS

1. Team planning meeting is scheduled at the end of the preceding semester.
2. Team preparation meeting is scheduled during the week before students are scheduled to begin.
3. The team leader may schedule additional team meetings, as necessary.
4. It is the goal of the team meetings to assign teaching responsibilities, test assignments, and to clarify the evaluation process for the clinical content.
5. Team wrap-up meeting is scheduled before the end of the semester. It is critical that all full-time faculty members attend the wrap-up meeting.

END OF SEMESTER COURSE SUMMARY

MAY VARY PER COLLEGE

DATE: _____

SEMESTER: _____

COURSE: _____

INSTRUCTOR: _____

I. Number of students enrolled:

_____ **Basic Track** _____ **LVN** _____ **Paramedic**

of students who completed: _____

**# and rationale for students
who dropped by drop date:** _____

Grade spread:

#	A	B	C	D	F	W	I

Demographics (of beginning students)

M	F	CAUC	HISP	AA	ASIAN	MID EAST
TOTAL						

II. Clinical Sites/Facilities Evaluations (Student/Faculty/Facility Staff)

III. Curriculum Changes/Evaluations (Student Comments)

IV. Semester Summary (problems, solutions, positive experiences)

Signature of Instructor: _____

LONE STAR COLLEGE SYSTEM NURSING PROGRAMS

MAY VARY PER COLLEGE

TEST/EXAMINATION PROCEDURES Guidelines for Assigned Test Responsibility

The majority of testing in the Nursing programs in LONE STAR COLLEGE SYSTEM for theory/content for nonclinical courses in the curriculum is done via computer. Faculty responsible for designing a unit test should follow these guidelines.

Prior to exam:

1. Determine the test plan/examination blueprint.
2. Develop student test blueprint.
3. Review previous test analysis.
4. Determine the appropriateness of previous questions to the planned (new) test.
5. Gather additional test questions from the computerized test bank and/or from teaching (content) team.
6. Select desired questions from available resources.
7. Analyze selected preliminary test questions and insure compatibility with the NCLEX test plan.
8. Consult with the content team to revise, discard and finalize test questions.
9. Develop the examination with answers and rationales will be distributed to the teaching team and kept secure.
10. The responsible faculty will post the examination from Respondus to Angel with the appropriate settings to engage at the appointed time of the examination.
11. Finalize arrangement for students who require accommodations for testing.
12. The examination settings will be initiated to allow students to view rationales for the examinations.

After the exam is administered:

13. Complete the item analysis and print sufficient copies for the course teaching team to review.
14. Complete test review with the content team using item analysis and student comment sheets.
15. Amend the test as needed according to item analysis.
16. Revise test scores if appropriate.
17. Submit a "corrected copy" of the test and item analysis and place in designated test file.
18. The examination settings will be initiated to allow students to view rationales for the examinations.

Test filing procedure:

1. Test blueprint
2. Test Analysis Findings form
3. Summary of Test Review form
4. Student Score and Test Analysis form
5. Reliability Analysis
6. Copy of test, Items keyed and rationales
7. Copy of test, without items keyed or rationales
8. Corrected copy of test, items keyed and rationales
9. Student comment sheets
10. Place in designated file, double locked

Submitted by: _____ date: _____

MY LONESTAR (ONLINE RESOURCES)

My Lone Star (previously My Records) is the online tool for faculty, staff, and students. With it, many tasks can be performed including identifying student roster, class schedule, and entering student grades. All grades are required to be submitted utilizing the My Lone Star site and faculty are required to print 2 completed grade sheets for each course taught, sign and date these forms, and submit them to the nursing director by semester due dates.

These links direct you to current training and facilitation of the My Lone Star site. New faculty must initially register into My Lone Star for access following the instructions in the Training module.

DISTANCE LEARNING SUPPORT SERVICES

For information: Support services are available for all faculty, staff and students who are involved with distance learning and flexible schedule classes at all LSCS colleges. This includes provisions for admission, registration, orientation, testing, tutoring, library services and helpdesk support via distance delivery modes. These services are provided through a coordinated effort among the colleges and the LSC-ONLINE. Faculty and other resources are available at: <http://www.lonestar.edu/lsc-online/index.htm>

TEST/EXAMINATION PROCEDURES

Standardized Nursing Exams

In addition to regular unit exams and comprehensive final exams, the Associate Degree Nursing Programs have utilized a package of nationally normed, computerized examinations since 2001. These exams are used to assist students in identifying areas of knowledge deficits. Faculty can then guide the students in a remediation plan so that they will ultimately experience success on the NCLEX-RN. These exams also assist faculty in determining any content gaps in the curriculum. Students pay separate fees for each exam taken.

1. Students who are enrolled in the integrated ADN program take HESI exams on three (3) types of HESI examinations.1. **HESI Admission Assessment Exam (A2)**

The HESI A2 exam is administered to all qualified nursing applicants before they enter the program. Specific section scores contribute to selection of the most qualified applicants.

2. **HESI Customized Mid-Curricular Exam (MC)**

Students in the integrated ADN programs take a mid-curricular exam towards the end of the second nursing semester. This customized exam is designed to test students' mastery of the first half of the nursing curriculum. Transition students take this exam at the end of the initial transition course.

3. **HESI Exit Exam (E2)**

The exit exam is a 160-item comprehensive computerized exam that is administered in the last nursing course. A student must achieve a predictability score of 850 on this exam in order to graduate. A second opportunity to achieve this score occurs during final exam week after all students have had an opportunity for remediation after the first HESI Exit Exam.. This comprehensive exam uses the same test blueprint that is used by the National Council of State Boards of Nursing for the NCLEX-RN.

Students may only take the exam 5 total times. A flow chart is published in the Student Handbook.

HESI provides summary reports for all exams and charts that describe the school's response to each subject category tested. Complete information is available at www.hesitest.com.

4. **Block ADN Program (LSC-CF)**

Students will take standardized – specialized exams after specified medical-surgical and specialty courses.

5. **VN Programs – VNSG 1219**

The VN exit HESI is administered during this course. The flow sheet found in the Student Handbook outlines the policy for this exam as well as contingencies for HESI failure remediation. Exam is at the student's expense. Students may take the exit HESI a maximum of 3 times.

7. **VNSG 1122**

Students in the summer MEEP program will take the VN Standardized Exit Exam at the end of the course. The exam is at the student's expense.

Revised 7/2010

NURSING APPEALS PROCEDURE

Revised: August 2008

A student may request initiation of the appeal process for an unresolved situation involving a departmental rule. A departmental rule is defined as one made by the Nursing faculty, which affects more than one individual course, e.g. clinical attendance or readmission policy.

INITIATION OF AN APPEALS HEARING

1. The student should first meet with the faculty member involved and attempt to resolve the situation at that level.
2. If the situation is not resolved by meeting with the faculty member, the student meets with the Lead faculty/Teaching Team/Program Director. If not resolved, the student initiates the appeal process by submitting a letter to the Chair of the Appeals Committee of that college.
3. If the situation is not resolved, the student initiates the appeal process by submitting a letter to the Chair of the Nursing Appeals Committee of that college within five (5) working days. The intent to appeal, the nature of the situation, and the requested outcome should be clearly stated in the letter.
4. The student will be allowed to continue to go to lecture/clinical/lab/seminar until the Appeals Committee meets and formulates a decision concerning the appeal. For issues such as drinking, drugs, or other behavioral issues, a student may not be allowed to remain in the classroom, lab or clinical.
5. The Chair of the Appeals Committee will call an ad hoc meeting within five (5) working days to formally review the appeal request by the student.

MEMBERSHIP OF APPEALS COMMITTEE

1. The Appeals Committee meeting takes priority over any other meeting.
2. The chair of the committee will be selected from a member of the full time nursing teaching faculty.
3. Each time the Appeals Committee convenes, the chair will optimally appoint three nursing faculty members and two student representatives. Because the number of available full time nursing faculty may be limited, the chair may need to request a faculty member from another healthcare program to serve on the Appeals Committee. The student representative/s may come from the nursing department or another health related program.
4. The Nursing Director may serve as an ad hoc nonvoting member of the Appeals Committee.
5. A faculty member directly involved in any given appeal may not be a voting member of the ad hoc Appeals Committee. In the event that the Chair of the committee is "an involved faculty member," the Director will be asked to appoint a temporary Chair for that single appeal.

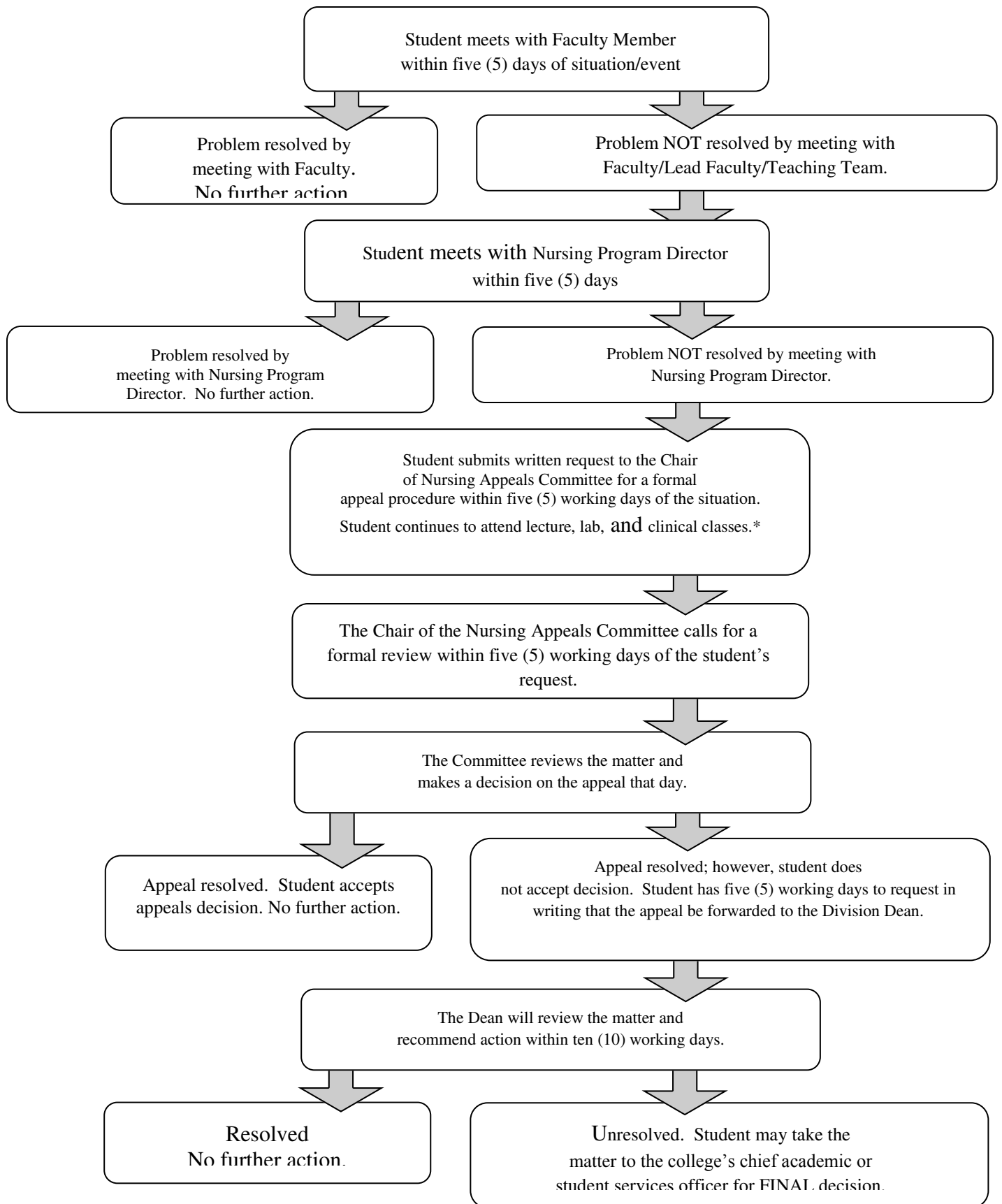
PROCEDURES FOR THE COMMITTEE

1. Chair duties:
 - a. appoint secretary
 - b. convene the meeting
 - c. state purpose of meeting and student's request
 - d. introduce committee members
 - e. direct the appeal hearing
 - f. call for a vote based on student's request
 - g. inform Nursing Director and nursing student of the committee findings
 - h. maintain minutes of the appeal in a secure file in the nursing department
2. The student should be prepared to discuss the problem situation and defend her/his position.
3. The instructor/s directly involved should be prepared to present data related to her/his position concerning the situation under appeal.
4. The Appeals Committee decision will be made by secret ballot. A majority vote will be required in order to make an exception to departmental policy. If there is a tie, the Chair will cast the deciding vote.

5. The Chair will inform the student of the committee's decision. Any conditions imposed by the Appeals Committee will be communicated to the student in writing. Failure to comply with the conditions set by the Appeals Committee will result in a revocation of the student's favorable outcome.
6. Unresolved issues at the departmental level may be taken to the Dean of the Division with oversight for the program. The student has five (5) working days to make a written request to have the matter referred to the Division Dean.
7. The Division Dean will review and make recommendations for the unresolved issue within ten (10) working days. Any situation remaining unresolved at this point may be taken to the college's chief academic or student services officer as appropriate. Any academic issues are forwarded to the chief academic officer and any student conduct issues are forwarded to the student services office. **Decision made by the chief academic/student services officer is FINAL.**

Refer to Nursing Program Appeal Procedure Flowchart (see following page).

APPEALS PROCESS FLOWCHART



CLINICAL INFORMATION

Students with Disabilities

Through the Counseling Office of each of the individual colleges, the System provides students with disabilities the services they need to address their documented disabilities. If a student reveals a disability to a faculty member, it is his or her responsibility to refer the student to the Counseling Office so that the student's needs can be assessed and accommodations identified. *A faculty member should not accept information from the student about his or her disability nor agree to an accommodation in the classroom.* The student is to be told to schedule an appointment with a counselor and provide documentation of disability to the counselor. Then, based upon the student's documentation of necessary accommodations, the counselor will complete a form detailing the accommodations and services that are approved. Students are encouraged to share this information with their instructors, but the student has the choice of whether or not to disclose the recommendations. However, *once the student has provided the Counseling Office's approved accommodations and services to his or her instructor, the faculty member must confidentially implement the accommodations.*

The Counseling Office also provides free and confidential diagnostic testing to students who are experiencing academic difficulties that it suspects may be related to a disability. A student who would like to receive this service should schedule an appointment with a counselor and complete the testing. If the testing indicates a disability, the counselor or a diagnostician will work with the student to identify the appropriate accommodations strategies.

Compliance with Americans with Disabilities Act

The LSCS faculty subscribes to the Core Performance Standards recommended by the Southern Council on Collegiate Education for Nursing. Nursing students who qualify under the Americans with Disabilities Act are expected to review these core performance standards. If a student believes he or she cannot meet one or more of the standards without accommodations, it is the responsibility of the student to inform nursing faculty of the need for a reasonable accommodation at the BEGINNING of the nursing program or if status changes. Every effort will be made to provide the appropriate assistance and guidance to students who identify potential difficulties meeting these standards. The standards with some specific examples follow:

<u>Issue</u>	<u>Standards</u>	<u>Examples</u>
Critical Thinking Cognitive Ability	Critical thinking sufficient for clinical judgment.	Identify cause and effect relationships in clinical situations, develop a plan of care.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, cultural, and intellectual backgrounds.	Establish rapport with patients/clients and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form. Communication is understandable to others.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces.	Moves around in client's rooms, workspaces, and treatment areas and can administer cardiopulmonary procedures. Able to coordinate eyes and hands or fingers rapidly and accurately in making precise movements with speed when providing client care.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Motor skills of lifting, carrying, pushing, and pulling are required. Physical ability to lift and transfer 50 pounds and carrying of objects up to 25 pounds. Physical ability of bending or stooping 1 inch from the floor and of reaching overhead to retrieve or place items on client/unit shelves; to intermittently push objects over 100 pounds; stand/walk for 8 -12 hours.
Hearing	Auditory ability sufficient to provide safe and effective nursing care.	Hears, with and without background noises, monitor alarms, emergency signals, auscultatory sounds, and cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Assess and observe patient/client responses; able to identify and distinguish colors and shades of the same color.
Tactile	Tactile ability sufficient for physical assessment.	Finger dexterity to perform palpation and percussion functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter. Perceives attributes of object such as size, shape, temperature, or texture.

I have reviewed the core performance standards and the examples of activities associated with them.

I DO / DO NOT (circle one) need any accommodation to carry out these activities.

Print Name _____

Signature _____

Date _____

Guidelines for Using Critical Incident Form and/or Student Academic Counseling Form

Procedure for using forms: These forms are to be completed in a timely manner after recognition or report of the problem. The instructor is to meet with the student to review the problem and explain the remediation, if any. The student is to review the completed form for content and accuracy and discuss the information contained on the form with the instructor and may respond to the report in writing. Once the student and the instructor are satisfied that the form is complete and accurately reflects the incident from the perspective of the instructor and the student, the form is to be signed by both parties. Signature of the form does not necessarily indicate agreement with all statements contained in the report—only acknowledgement that both parties are aware of the content. One copy is retained by the instructor for the student's file and the other is given to student. **Forms may vary from campus to campus.**

The Critical Incident Form is used to describe a serious problem related to the clinical or course objectives. Examples include: medication errors, unprofessional conduct, excessive absences or tardiness, or other actions or events, which jeopardize the student's ability to pass the course. Two copies of the form are to be generated with the instructor and the student signing both. One copy is issued to the student and the other is placed in the student's file.

The Student Academic Counseling Form is used to document student conferences, related to course grades. The student is to review the completed form indicating receipt and may add additional comments if he/she feels that more details are needed. The form is then copied and the student and the instructor sign each copy. The student retains one copy and the other is placed in his/her file.

- **Description of the Event:** section should contain concise, pertinent details of the occurrence in clear, non-judgmental language.
- **Recommendations:** When warranted, the instructor may also include a recommendation or action plan for the student to complete. The student will be required to complete the remediation within a prescribed period. *Failure to complete the requirement may result in clinical failure.*

Examples: Submit a paper of a specified length on the topic of the incident, sometimes citing a textbook reference or nursing journal or online source. The remediation may include returning to dependent medication status, validating AM care, IV site assessment, etc. times X number of days. A statement to include could be "Cite the NPA (Nursing Practice Act) section violated and describe plan to prevent reoccurrence."

Critical Incidents

Definition

Critical incidents are actions or events that do not meet the parameters of standard clinical or hospital procedures. Faculty members must use their expertise to decide if an incident requires a formal report. Faculty must make every effort to protect the privacy of the patient, student, and staff involved in the incident when gathering information on the occurrence.

If the incident relates to a breach of clinical or hospital policy by the student, the instructor is to follow the hospital policy for reporting the incident and fill out the appropriate forms with the student(s) involved. Incidents such as medication error, falls, and exposure to hazardous materials may fall within this category.

If a reportable critical incident occurs in the clinical area that involves a student, the faculty member must immediately assess the situation, and remove the student from the clinical area for counseling / disciplinary intervention. These actions ensure student and patient safety. The faculty member then gathers appropriate information and relays any significant portions of the incident to the director of nursing in charge of the student's program. Students who blatantly ignore the instructor's direction or clinical or hospital policy are at risk of immediate dismissal from the nursing program.

If the incident involves a breach of nursing practice by a clinical staff member, the instructor is to attempt to insure student anonymity to prevent possible retaliation. After identifying such an incident, the instructor should notify the appropriate director of nursing and the facility's clinical representative of the situation. A written account of the incident may be provided to the clinical facility, but should not include the student's identification nor require the student's signature.

Upon return to campus, nursing faculty should fill out the Critical Incident Form as well as other appropriate remediation forms for each student involved where applicable.

Please see Student Handbook for additional student clinical policies. Forms may vary per college.

Requirements for Off-Location Clinical Placements, Cooperative Programs, or Internship Programs

It is recommended that faculty have students complete the following forms prior to placement in clinical sites, cooperative programs or internships:

- In the event a student becomes ill or injured while participating in clinical or other off campus activities follow the guidelines available in student handbook. Utilizing Student Emergency Procedure Information Form, notify student appointed contact person as appropriate. Upon return to campus follow individual campus requirements on filing incident reports.
- The Clinical, Cooperative or Internship Program – Student Release of Liability Form (to be completed by all students at the start of the program) is to release LSCS from liability in case of injury to the student.
- It is the faculty's responsibility to validate currency of CPR & required immunizations prior to each clinical rotation.
- Faculty members should not drive students nor assign or encourage students to carpool.
- It is faculty's responsibility to provide clinical agencies with required forms and information.

LONE STAR COLLEGE SYSTEM NURSING PROGRAMS

Student Policies for Clinical Area

In order to provide for optimal client safety as well as consistency in student learning, the nursing faculty developed the following guidelines for the clinical experience for students.

The guidelines have been developed in conjunction with hospital personnel and current agency policies. Should a situation arise where an agency's policy is more restrictive than these guidelines, the agency policy will be followed.

1. Students will report on the status of assigned clients to the designated licensed nurse prior to leaving the unit. In the acute care setting he/she will also document the client's status and the name and title of the person to whom the report was given in the nurse's notes.
2. The student must notify the instructor to be "in attendance" for any initial sterile procedure. For subsequent times on the same skill, the student must have specific instructor approval to be independent or be with a designated nurse.
3. Students may not serve as witnesses for any legal documents such as wills, treatment or operative permits, or narcotic waste forms.
4. Students who work must have adequate sleep to safely care for assigned clients and be able to remain awake and alert during pre conference, clinical, and post conference.
5. LSCS forbids the use of, or appearance of, the influence of narcotics (opium and derivatives), hallucinogens (LSD, marijuana, and others), and alcoholic beverages while attending clinical or class. See College Catalog under Student Conduct.
6. Nursing students may initiate CPR. CPR will be relinquished to professional health care staff as directed and appropriate.

See Code of Conduct and Clinical Dress Guidelines in the Student Handbook for further standards.

Any student behavior in the clinical area which exposes a staff member, patient or family member to physical or emotional harm may cause a student to be removed from the nursing program.

Revised July 2010

Required Documentation for Off-Location Clinical Placements, Cooperative Programs, or Internship Programs

It is required that students complete and have available at their clinical sites the following forms prior to placement in clinical sites, cooperative programs or internships:

- The Medical History and Disclaimer Form is used to determine if there are medical problems that may impact the student in any external or clinical setting. It also provides a disclaimer that the student accepts full responsibility for any accident or injury as a result of participation in the course.
- The Student Emergency Procedure Information Form is to be used in the event a student becomes ill or injured on the job and should be kept on file at the college and at the site where the student is assigned.
- The Clinical, Cooperative or Internship Program – Student Release of Liability Form is to release the assigned company or facility from liability in case of injury to the student.
- The Documentation of Required Immunizations, if required is to be collected from students who are serving in clinical programs in which they will have patient contact.

**LONE STAR COLLEGE SYSTEM
NURSING PROGRAMS**

Clinical Faculty Medication Policy

Access to Automated Medication Dispenser Systems

Clinical nursing faculty may be granted limited access to the automated medication dispensing system of a clinical facility. Limited access shall be defined as access to medications and parenteral fluids that are not considered controlled substances. Clinical faculty access enables students to obtain routine medications while limiting access to controlled medications. All access by clinical faculty shall terminate at the end of the clinical semester. An addendum must be added to the clinical facility contract granting clinical faculty access to the automated medication dispenser systems.

7/2010

Postexposure Management for HCV

<http://www.cdc.gov/hepatitis/HCV/index.htm>

(See current approach at CDC website)

DRUG & ALCOHOL ABUSE POLICY & PROCEDURE FOR HEALTH OCCUPATIONS

Revised June 29, 2009

Emergency Services and Health Care Programs

The Lone Star College System ("LSCS") believes that it has a responsibility to maintain a safe and efficient academic environment for students, and to assist in ensuring those served by students through clinical experiences are provided safe and effective care or services. The use of controlled substances, lawful or otherwise, which interferes with the judgment, ability or execution of skills while in the classroom or clinical experience setting, poses an unacceptable risk for students, faculty, patients, colleagues, LSCS and affiliated agencies. Therefore, the unlawful use, manufacture, possession, distribution or dispensing of alcohol or illegal drugs, the misuse of legally prescribed or over the counter drugs, or being under the influence of such substances while in the classroom, on LSCS property, grounds, parking lots or on any third party clinical sites, or while engaged in any portion of the clinical experience poses an unacceptable risk for students, faculty, patients, colleagues, LSCS and the affiliated agency and is strictly prohibited.

Drug and Alcohol Testing in Clinical Experiences Testing Prior to the Clinical Experience

Although not stated in LSCS Policies, students should be aware that agencies with which LSCS contracts for clinical experiences may require successful completion of drug/alcohol testing prior to commencement of the clinical experience.

Students receiving negative drug screens or positive drug screens due to permissible prescription drugs will be permitted to begin/continue clinical experiences unless specifically prohibited by the clinical agency. In the latter case, medical review and documentation will be required.

Students testing positive for illegal substances or for non-prescribed legal substances will be dismissed from the specific program they are enrolled in.

Reasonable Cause Testing

Procedure: In accordance with the LSCS Board Policy Manual Section VI (D.2.08) this procedure is applicable to students in the health occupation and emergency services programs and child care programs. Students in an LSCS classroom, or on LSCS property, or engaged in a clinical experience may be requested to undergo a blood or urine screening test for drugs and alcohol if reasonable cause or suspicion exists to believe the student is using or is under the influence of drugs or alcohol such as to

interfere with the academic environment or affect the safety of the student or others. Reasonable cause requires some specific basis which indicates the student is using or is under the influence of drugs or alcohol prior to requiring drug testing. Reasonable cause may include but is not limited to:

- observable phenomena, such as direct observation of drug/alcohol use or the physical symptoms or manifestations of being under the influence of such; or
- abnormal conduct or erratic behavior which could be caused by drug/alcohol use.

In situations in which an instructor has basis to believe that reasonable cause exists or that the student may endanger the safety of patients, employees or self, the instructor will immediately remove the student from the clinical situation before taking further action.

The instructor will provide the Program Director detailed documentation of the basis for reasonable cause and the subsequent steps taken immediately following the clinical event. Documentation should include date, time, behavior, observations and persons involved.

The student will be presented with the basis for reasonable cause and requested to undergo a urine and/or blood drug test within 24 hours. The costs of all testing done on a reasonable cause basis shall be incurred by the student. The Program Director may require a specific test panel and/or vendor for testing. The student will have to give consent for such testing, and authorization for results to be made available to the Director of the program. The vendor performing the drug test must send the results directly to the Program Director. A result received directly from the student will not be accepted and may be considered a failed test. A student who refuses to undergo testing or release of information will be considered to have failed the drug test and may be subject to dismissal from the program.

If it is determined that the student cannot safely continue with assigned tasks, the student will not be allowed to return to the clinical setting that day regardless of whether reasonable cause is corroborated or if the student is tested or not. Students dismissed from a clinical for reasons above must contact another person to take them home. Students are not to drive and must leave the facility immediately upon the instructor's request. Students who are drug tested may not return to the clinical setting until results from the drug test are provided.

Negative Screening Test

If the results of the test indicate a negative test for alcohol or drugs, the student shall meet with the program Director to discuss the circumstances surrounding the impaired clinical behavior. Based on the information presented during this meeting, the Program Director or designee will make a decision regarding student's return to the clinical setting. If returned to the clinical setting, the student must make-up any clinical absences incurred.

Positive Screening Test

If the results of the drug screening test are positive and the student provides documentation of a prescription for the substance, the Program Director and/or designee will consider the case in collaboration with the student and his/her health care provider. Each student will be asked to disclose prescription and over-the-counter medications he/she is taking to the testing facility at the time of testing.

If the test is positive for alcohol, illegal substances, or medications not prescribed for that individual, the student will be referred to the Chief Student Services Officer for investigation and dismissal from the program. Prior to being dismissed, the student will be given a copy of the drug test.

Faculty will comply with Sec.301.404 of the Nursing Practice Act which states "A nursing education program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires."

APPENDIX A

Nursing Committees-

Schedule & Faculty Assignments

Committee/Council	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Directors/Deans	1st Mon	1st Mon	1st Mon	1st Mon	1st Mon	1st Mon	1st Mon	1st Mon	1st Mon
Advisory Committee		3rd Wed						3rd Wed	
Policy & Procedure Committee		2nd Thurs						2nd Thurs	
Admissions Committee			3rd Fri			3rd Fri			
ADN Curriculum*	3rd Mon						1st Mon		
VN Curriculum*		1st Mon						1st Mon	
Testing/Progression committee*			1st Mon			1st Mon			
Evaluation Committee			1st Fri			1st Fri			
Peer Review (Annual & prn)						1st Thurs			

System Level Nursing Committee Meeting Schedule

**System- Wide Nursing Faculty Committee Assignments
(as of 8/30/2010)**

All nursing directors are members of all committees.	
Grading, Testing, Progression	Policy and Procedures Committee
1. Donna Spivey, KC, Chair	1. Pam Mason , Chair - NH
2. Denise Berkey- CF	2. Marinela Castano - NH
3. Jean Joubanc- TC	3. Jean Stow - MC
4. Linda Kenney - MC	4. Angela Anderson- CF
5. Nickie Oden - KC	5. Rachel Weaver - KC
6. Linda Davis- NH	6. Diane Langton - KC
7. Leslie Grunden- TC	7. Mary Jones, CF
	8. Jane Kacir, CF
	9. Carol Erb -KC
	10. Marion Goodman-CF
	11. Janet Harris -MC
Peer Review/Safe Harbor	Evaluation Committee
1. Judy King - NH, Chair	1. Chair - Peggy Aalund - KC
2. Jane Kacir - CF	2. Carol Girocco- MC
3. Jean Joubanc - TC	3. Tracie Wood - TC
4. Hazel Gilbert - KC	4. Diane Langton - KC
5. Rhonda Harwell - MC	5. Ulanda Simpson - CF
	6. Carol Erb - KC
	7. Andrea Brooks- CF
System Wide VN Curriculum Committee	System Wide ADN Curriculum Committee
1. Cindy Griffith, & Steve Kolar Facilitators	1. Cindy Griffith, Steve Kolar Facilitators
2. Linda Vogel - MC	2. Lee Jeris, KC/Mary Bjorklund, KC
3. Carol Erb - KC	3. Kim Rumsey- TC
4. Eileen Eckert - TC	4. Judy King - NH
5. Marion Goodman - CF	5. Sallie Gilbertson, CF
6. Mary Jones - CF	6. Judy Tollenaere - MC
7. John Vancamp - TC	7. Quinton Robertson- CF
8. Janet Harris - MC	Admissions Committee
	1. Manijeh Azhang Scott, Chair - MC
	2. Amy Roberson - MC
	3. Janet Harris - MC
	4. Rebekah Valdez- CF
	5. Ivy Ceasar - TC
	6. Margaret Hayes - TC
	7. Carol Erb - KC
	8. Sheryl Malone-Thomas - NH
	9.. Perry Burns, TC
	10. Rachel Weaver - KC
	11. Stacia Hoskin--CF

APPENDIX B

PRECEPTORSHIPS

Occasionally during the nursing program, precepted experiences are used to enhance the clinical experience of students. The BON publishes guidelines for such experiences and these guidelines along with a sample preceptor agreement are provided for your information.

BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS
Guidelines for Precepted Clinical Experiences

Rule 215.10(e) sets forth the requirements for use of clinical preceptors.

Nursing Program/Faculty Responsibilities:

1. Ensure that preceptors meet qualifications in Rule 215.10(f) (5).
2. Ensure that there are written agreements which delineate the functions and responsibilities of the affiliate agency, clinical preceptor and nursing program.
3. Ensure that clinical experiences using preceptors occur only after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum).
4. Orient both the student and the preceptor to the clinical experience.
5. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills' performance, student guidelines for performance of procedures, and methods of evaluation.
6. Assume overall responsibility for teaching and evaluation of the student.
7. Assure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage.
8. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
9. Make appropriate student assignments with the preceptor.
10. Communicate assignments and other essential information to the agencies.
11. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
12. Monitor student progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
13. Be readily available, e.g., telephone, pager or e-mail for consultation when students are in the clinical area.
14. Receive feedback from the preceptor regarding student performance.
15. Provide recognition to the preceptor for participation as a preceptor. Ex: adjunct faculty plaque, certificate, if applicable.

Preceptor Experiences

Preceptor Responsibilities:

1. Participate in a preceptor orientation or read preceptor packet.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students.
4. Orient the student(s) to the clinical agency.
5. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives. Supervise the student's performance of skills and other nursing activities to assure safe practice.
6. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
7. Provide feedback to the student regarding clinical performance.
8. Contact the faculty if assistance is needed or if any problem with student performance occurs.
9. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
10. Give feedback to the nursing program regarding clinical experience for student and suggestions for program development.

Agency Responsibilities:

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.
3. Arrange preceptors' work schedule so they are available on student clinical days.
4. Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with preceptorship.

Student Responsibilities:

1. Maintain open communications with the preceptor and faculty.
2. Maintain accountability for own learning activities.
3. Prepare for each clinical experience as needed.
4. Be accountable for own nursing actions while in the clinical setting.
5. Arrange for preceptor's supervision when performing procedures.
6. Contact faculty by telephone, pager or e-mail if faculty assistance is necessary.
7. Respect the confidential nature of all information obtained during clinical experience.

Some Factors to be Considered in Selecting Precepted Experiences:

1. The role of the nurse in the setting.
2. Location and accessibility of the setting.
3. Safety of students.
4. Diversity of population served.
5. Willingness to accommodate nursing students.
6. Number of other programs/students using the setting.
7. Interdisciplinary nature of setting.
8. Current trends in health care delivery.

Preceptor Experience

BEFORE PRECEPTED CLINICAL:

Student: _____

Agency: _____

Address: _____

Preceptor: _____

Work Phone #: _____ Beeper #: _____

Program Director: _____ Phone # _____

Preceptor Liaison: _____ Phone# _____

(Clinical instructor)

I understand that the preceptor experience is governed by the preceptor agreement. I also understand that I am to assist with and supervise patient care activities/skills performed by the student; to serve as a role model, teacher and resource person; to provide guidance and feedback to the student; and to act as a liaison for the student within the agency. I understand that I may contact the clinical instructor or preceptor liaison when necessary.

Preceptor: _____

(Signature)

(Print Name)

Date: _____

Alternate Preceptor: _____

(Signature)

(Print Name)

Date for precepted clinical: _____

Electronic verification of nursing license: ___ Yes, Verified by: _____

Clinical instructor validated preceptor agreement is current. ___ Yes ___ No

*Clinical Instructor Approval: _____ Date: _____

Must be signed BEFORE the clinical day. (Signature)

DAY OF PRECEPTED CLINICAL

Preceptor: _____

(Signature)

(Print Name)

Date: _____

* The clinical instructor must be made aware of any changes in the agreement.

If approval from clinical instructor is via e-mail attach a copy of the email to sheet when turned in.

** Please return the signed copy to the instructor.

**COOPERATIVE AGREEMENT For CLINICAL AFFILIATION
Preceptor Form**

(SAMPLE)

Between Lone Star College System (LSCS) Associate Degree Nursing Programs and _____

It is mutually agreed between the Affiliating Agency and the Lone Star College System Associate Degree Nursing Department that:

- a. The Affiliating Agency will accept the Associate Degree Nursing students for clinical experience in the agency setting.
- b. The Affiliating Agency agrees to designate a qualified staff member as a supervisor and preceptor for the student while in the clinical experience and assumes responsibility for facilitating the student's learning in the absence of the nursing instructor.

Lone Star College System agrees to:

- a. Provide a well-qualified, registered nurse, as an instructor/coordinator representing the school to organize, instruct, rotate and keep records for the Associate Degree Nursing students during the period of affiliation.
- b. Provide each nursing student with the clinical objectives for the clinical experience.
- c. Carry out a clinical rotation plan of the Associate Degree Nursing students through the clinical experience.
- d. Maintain records of class and clinical experience, evaluations of student competency made in cooperation with the preceptor to become a part of the student's permanent record.
- e. Provide documentation of negative TB test or CXR upon request of the Affiliating Agency.

The Affiliating Agency may request in writing that Lone Star College System withdraw any student(s) whose conduct or performance may have detrimental effect on its staff or the flow of work within the agency.

If either party to the agreement wishes to withdraw, it is understood that notice of at least three months shall be given to the participating agency and that the students enrolled in the course at the time of notice are given an opportunity to complete the full experience offered in the curriculum.

This cooperative agreement is subject to review and will remain in effect until such time as the Affiliating Agency or Lone Star College System causes it to be changed by their mutual consent.

The coordinator/instructor will agree to provide a student list of clinical rotation dates and times.

The terms of this agreement shall be effective through _____

Administrator

(Hospital)

(Address)

Director of Nursing

Preceptor Experiences

Page 5

LONE STAR COLLEGE SYSTEM

Associate Degree Nursing Program

Address:

Preceptor:

Work Phone #:

Program Coordinator:

Beeper #:

Faculty Liaison:

Contact #'s:

I understand that the preceptor experience is governed by the preceptor agreement. I also understand that I am to assist with and supervise patient care activities/skills performed by the student; to serve as a role model, teacher and resource person; to provide guidance and feedback to the student; and to act as a liaison for the student within the agency. I understand that I may contact the clinical instructor or preceptor liaison when necessary.

Preceptor: _____
(Signature)

(Print Name)

Date: _____ License#: _____

Alternate Preceptor:

(Signature)

(Print Name)

Date: _____ License # _____

I understand that the preceptor experience is governed by the preceptor agreement. I also understand that I am to assist with and supervise patient care activities/skills performed by the student; to serve as a role model, teacher and resource person; to provide guidance and feedback to the student; and to act as a liaison for the student within the agency. I understand that I may contact the clinical instructor or preceptor liaison when necessary.

Program Coordinator: _____ Date: _____

Faculty Liaison: _____ Date: _____

Submit educational vitae and philosophy of health care statement to the Individual College Director of Nursing.

LONE STAR COLLEGE SYSTEM NURSING PROGRAM

Management of patients in COMMUNITY settings

Evaluation

Student Name: _____

Preceptor Name: _____

Clinical Agency: _____ Unit _____

Clinical Dates: _____

1-Unsatisfactory

2-Needs Improvement

3-Average

4 - Above Average

5-Excellent

Criteria Preceptor Student

1. Is prompt and dressed according to school/agency policy. 1 2 3 4 5
1 2 3 4 5

2. Maintains confidentiality of patient. 1 2 3 4 5 1 2 3
4 5

3. Demonstrates professional growth by seeking challenging learning experiences. 1 2
3 4 5 1 2 3 4 5

4. Communicates with patient, family, and staff in a meaningful and goal-directed manner. 1
2 3 4 5 1 2 3 4 5

5. Establishes a collaborative relationship with patient/family and other health care professionals providing care. 1 2 3 4 5 1 2 3 4 5

6. Analyze and evaluate the effectiveness of interactive relationships with family and population clients, interdisciplinary groups, and community organizations. 1 2 3 4 5
1 2 3 4 5

7. Apply critical thinking and decision-making to the home and community contexts, including resource utilization, program development, policy formation, and interventions to promote the health of the persons, families and the public. 1 2 3 4 5 1 2 3 4
5

8. Utilize epidemiologic and population level data to develop and/or guide interventions in the management of care to targeted populations residing in the community. 1 2 3 4
5 1 2 3 4 5

9. Skillfully facilitate adoption of values and behaviors of persons/populations that will achieve and/or maintain an optimal level of health and wellness 1 2 3 4 5
1 2 3 4 5

10. Advocate for the health of the persons and communities in public and policy arenas. 1 2
3 4 5 1 2 3 4 5

11. Access and apply the latest evidence-based guidelines for health promotion and disease prevention in the provision of nursing care to individual and communities. 1 2 3 4 5
1 2 3 4 5

12. Consistently apply analysis of the interaction among global, cultural and socioeconomic factors to influence health and wellness 1 2 3 4 5 1 2 3 4 5

*Critical Clinical Evaluation Criteria. Any student receiving a score of unsatisfactory on critical clinical evaluation criteria will be counseled by their clinical faculty.

Student Comments:

Student Signature _____ Date _____

Preceptor Comments:

Preceptor Signature _____ Date _____

APPENDIX C

LIBRARY HOLDINGS POLICY

Purpose:

LSCS's nursing collection serves students enrolled in the associate degree and vocational nursing programs and supports the instructional needs of the nursing faculty. In addition to these credit programs, the collection also supports the nurse aide and medication aide certification programs offered through the college's continuing education department. As a joint college/public library, the academic nursing collection is open to the public and supplements the consumer-oriented health information provided by the Harris County Public Library System.

Collection Coverage:

The materials in the nursing collection are in English and have a North American focus. The major emphasis is on current nursing practices and health conditions. Subjects covered are: nursing theory, nursing/medical ethics; patient education; transcultural issues; community health, geriatric, pediatric, OB/GYN, and surgical nursing diagnosis and treatment of diseases; terminal and palliative care; diet and nutrition; the history of nursing; legal aspects of nursing; and management.

Formats:

Print and online books and periodicals are collected, as well as multimedia resources in DVD, VHS, and CD-ROM formats. The college has online subscriptions for the current 2004/05 academic year to:

- Stat! Ref and netLibrary for medical reference and nursing books
- CINAHL and MEDLINE for indexing to the nursing and medical periodical literature
- Gale Health and Reference Center Academic, EBSCO Academic Search Premier, Lexis-Nexis Academic Universe, and ProQuest Research Library for full-text articles from over 170 nursing periodicals and over 800 medical periodicals.

Selection Process:

The principles and guidelines outlined in the LONE STAR COLLEGE SYSTEM Collection Development Policy are followed when selecting materials for the nursing collection. Since the nursing curriculum focuses on teaching current practices, the emphasis is on the selection of materials published within the last five years.

Review tools used for identifying appropriate nursing materials are:

- Brandon-Hill Selected List of Print Nursing Books and Journals
- Brandon-Hill Selected List of Print Books and Journals for the Small Medical Library
- Doody's Core List
- *American Journal of Nursing*, (AJN) Books of the Year
- Reviews from *Choice*, *Library Journal*, and nursing journals

Publishers (such as Elsevier, Saunders, Mosby, Springer, Lippincott, Springhouse, Delmar, the National League for Nursing, the American Nurses Association, Insight Media, and MedCom) are contacted when more detailed content information is needed.

The nursing faculty submit recommendations for new purchases to the liaison librarian for the Behavioral, Health and Natural Sciences Division. Reference requests, usage statistics, and items borrowed from other libraries are analyzed by the librarian to identify materials needed for appropriate subject coverage. In collaboration with the nursing faculty, the liaison librarian prioritizes the print and audiovisual requests and submits the information to the library co-director for review and ordering. Suggestions for electronic resources are directed to the district database committee. The committee members contact the database vendors for a trial period and gather feedback from faculty, students, and librarians before making recommendations to the NHMCCD Library Executive Committee. Final decisions on expenditures for electronic resources are made by the Library Executive Committee.

Weeding Process:

To ensure that the library's print and media materials remain up-to-date and relevant to the nursing curriculum. The collection is evaluated annually. The criteria for withdrawal outlines in the LSCS Collection Development Policy and the specific nursing guidelines, shown in the table below, are used.

Weeding Guidelines for Nursing

Materials	Maximum Retention Period
Clinical diagnosis and treatment resources	5 years
Drug resources	5 years
Consumer-oriented health information	10 years
Nursing management/leadership/ communication/personal development	10 years
Demographics/health statistics	10 years
Nursing theory/biographical/historical materials	Retain as long as relevant and authoritative
Periodicals	5 years

Careful consideration is given to the need for medically-related materials for the occupational therapy assistant, biology, psychology, and human services programs, as well as the health information needs of the community, before items are withdrawn.

Access to Additional Library Resources:

LSCS nursing students and faculty may borrow circulating materials from any of the five campus libraries in the LONE STAR COLLEGE SYSTEM (each of which has a nursing collection), any of the 26 branches of the Harris County Public Library System, and any of the six branches of the Montgomery County Memorial Library System. Students and faculty may also obtain Texshare cards and borrow materials from participating academic and public libraries throughout the state. For items not owned by the library or its consortium partners, students and faculty may utilize the library's free interlibrary loan service to borrow books, government documents, periodical articles and audiovisual materials.

APPENDIX D

**PLAN FOR
SYSTEMATIC PROGRAM EVALUATION**

May Vary per College

Standard	Criterion	Activity	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	If chg
1	1	Mission													√
	2	Committee participation													
	3	Adv comm., affiliation agreements													√
	4	Partnerships													
	5	Director qualifications													√
	6	Director authority, responsibility													
	7	Budget													
	8	Policies of nursing education unit													√
	9	Records of complaints													
	10	Distance education consistent													
2	1,2	Faculty qualifications													√
	3	Lab personnel qualifications													√
	4	Utilization of FT & PT, workload, ratios													
	5	Faculty scholarly activity													
	7	Faculty orientation, mentoring													√
	8	Faculty evaluations (annually or 3 years)													
3	9	Staff evaluations													
	1	Student Policies													
	2	Accessibility of student services													
	3	Student records transcripts													√
	4	Financial aid Title IV compliance													
	5	Integrity of information (catalog, guides)													√
4	6	Communication of changes in policy													√
	1	Professional standards, guidelines competencies													√
	2	Curriculum development													√
	3	Learning outcomes guide delivery													√
	4	Cultural, ethnic & socially diverse concepts													√
7	Length of program, total credits													√	

Standard	Criterion	Activity	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	If chg
4	8	Practice learning environments													√
5	1	Fiscal resources sufficient													
	2	Physical resources sufficient													
	3	Learning resources, technology													
6	1	Review SPE every 3 years													√
		Complete SPE													
	5	Graduation rates													
	5	NCLEX pass rate													
	5	Job placement rates													
	5	Program satisfaction (graduates, end of program, based on date of graduation)													
	5	Employer satisfaction													

LSCS ADN Program Outcomes

Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement	Resulting Actions Taken or To be Taken With Time Frame for Implementation	
			Action	Time Frame
Graduation rate of generic students	60%			
Graduation rate of transition students	60%			
Attrition rate	< 15%			
NCLEX Pass Rate	80%			
Job placement rate	70%			
<u>Program Satisfaction</u>				
• Graduate Satisfaction	80% satisfaction			
• Employer Satisfaction	80% satisfaction			

Standard I: MISSION AND ADMINISTRATIVE CAPACITY			Criterion 1.1: The mission / philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.				
The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.			Operational Definition: The governing organization's philosophy is the System mission, purpose, and value's statement. The philosophy of the LSC System nursing programs mission and philosophy found in the Nursing Student Handbook. Individual campus variations are in the campus specific appendix of the Nursing Student Handbook				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
College mission, purpose and values statements and LSCS nursing programs mission and philosophy	Meeting minutes	LSCS Policy & Procedure Committee	Every 5 years or when a change occurs in publications	Side by Side Comparative analysis as published in catalog, student handbook, and on website	90% committee members agree there is congruence nursing program mission & system mission, purpose and values statements.		
		<i>College nursing faculty department</i>	<i>Every 5 years or when a change occurs in publications</i>	<i>Side by Side Comparative analysis as published</i>	<i>90% committee members agree there is congruence nursing program mission & system mission, purpose and values statements.</i>		

Italics indicate college specific activities. Non-italics indicates system wide activities.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY continued	<p>Criterion 1.2: The governing organization and nursing education unit ensure representation of students, faculty and administrators in ongoing governance activities.</p> <p>Operational Definition: Participation in governance of the local college, system wide, and the nursing unit includes participation in college committees, division committees, and nursing committees (standing and ad hoc). There will be student representation in teams meetings on each campus and one student representative on the system-wide nursing policy /procedure and review committee.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Membership in local college, system, and nursing department committees</i>	<i>LSCS Nursing Committees</i> <i>College committee membership lists</i> <i>Department minutes</i> <i>Faculty Evaluations</i>	<i>Directors</i> <i>Committee Chairs</i>	<i>Annual</i>	<i>Comparative analysis of committee membership rosters and review of minutes and faculty evaluations</i>	<i>75% of full time nursing faculty with more than one year of service will participate in at least one (1) college or system-wide committee at least once every 5 years.</i> <i>100% of full time nursing faculty serves on local nursing department committees.</i>		

Standard I: MISSION AND ADMINISTRATIVE CAPACITY continued			Criterion 1.3: Communities of interest have input into program processes and decision making. Operational Definition: Communities of interest include representatives from area clinical facilities, system and college administrators.				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Communities of Interest have input into program operations	Advisory Committee minutes	Nursing Directors	Annually	Review of minutes	Members attend at least one bi-annual meeting and provide input into program.		
<i>Practice learning environments (clinical facilities) are appropriate for student success and have written agreements protecting students</i>	<i>Minutes of Exit Meetings at clinical sites</i> <i>Cooperative agreements</i>	<i>Nursing Faculty</i> <i>Health Occupations Director</i>	<i>Each Semester</i> <i>As expire</i>	<i>Review of minutes</i>	<i>Facilities agree that they have input into processes of LSCS for clinical rotations and nursing education</i>		

Standard I: MISSION AND ADMINISTRATIVE CAPACITY continued			Criterion 1.4: Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community. Operational Definition: Partnerships are defined as an agreement between a nursing education unit and an outside agent/agency to accomplish specific goals and objectives over a period of time.				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Nursing education unit partnerships</i>	<i>Directors Office</i> <i>Nursing Department meeting minutes</i>	<i>Directors</i>	<i>Annually</i>	<i>Review of partnerships</i>	<i>One or more partnerships with an outside agency to benefit the nursing program, the profession and the community.</i>		
Standard I: MISSION AND ADMINISTRATIVE CAPACITY continued			Criterion 1.5: The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing. Operational Definition: The administrator of the nursing unit is the Nursing Program Director at each college. Academic and experiential qualifications and authority and responsibility are those qualifications identified in the position descriptions, in compliance with the Texas Board of Nursing.				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Director of Nursing Program qualifications</i>	<i>Academic transcripts</i> <i>Curriculum vitae</i>	<i>Human Resources Director</i> <i>Dean</i>	<i>Time of appointment</i>	<i>Comparative analysis of position description, personnel file, BON and NLNAC criteria</i>	<i>Director has been approved by the Texas Board of Nursing and NLNAC criteria met.</i>		

		VP of Instruction					
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Standard I: MISSION AND ADMINISTRATIVE CAPACITY Standard I: MISSION AND ADMINISTRATIVE CAPACITY	Criterion 1.6: The nurse administrator has authority and responsibility for the development and administration of the nursing program and has adequate time and resources to fulfill the role responsibilities.
	Operational definition: Each LSCS college has a nurse administrator or program director. The LSCS Council of Nursing Directors collaborates on program activities in order to promote consistency of program policies across the system.

PLAN						IMPLEMENTATION	
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COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Director of Nursing Program authority and responsibilities, and can fulfill duties with adequate resources & time	Position descriptions Organizational Charts Meeting minutes	Directors Directors & Deans Counsel VPs Instruction	Time of appointment or when changes occurs	Comparative analysis of position description, organizational chart	90% agree that each DON has the authority and responsibilities of program administration and can fulfill those duties		

Standard I: MISSION AND ADMINISTRATIVE CAPACITY Standard I: MISSION AND ADMINISTRATIVE CAPACITY	Criterion 1.7: With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among the other units of the governing agency.
	Operational definition: The nurse administrator collaborates with the faculty members to identify program needs and then works within the college budget process to ensure that the program budget is adequate and equitable. The nurse administrator administers the program budget in collaboration with the division dean and division operations manager.

PLAN						IMPLEMENTATION	
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	WHERE				EXPECTED LEVEL	RESULTS OF	ACTIONS FOR
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COMPONENT	DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	OF ACHIEVEMENT	DATA COLLECTION AND ANALYSIS	DEVELOPMENT, REVISION OR MAINTENANCE
<i>Director of Nursing Program has authority to prepare and administer program budget with faculty input.</i>	<i>Nursing department meeting minutes</i>	<i>Faculty Director Dean Division Operations Manager</i>	<i>Annual with budget preparation</i>	<i>Review of budget for adequacy and Review of Minutes for input</i>	<i>Director has authority and responsibility for program budget with faculty input.</i>		
<i>Program budget is equitable with other units within the division and college.</i>	<i>Division and college budgets</i>	<i>Director Dean Division Operations Manager</i>	<i>Annually</i>	<i>Review of budget in comparison to other units in division and college.</i>	<i>Program budget is equitable within division and college.</i>		
Standard I: MISSION AND ADMINISTRATIVE CAPACITY			<p>Criterion 1.8: Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.</p> <p>Operational definition: Policies of the nursing education unit are described in the Nursing Student & Faculty Handbooks. These policies are developed by LSCS Nursing Policy & Procedure Committee. Policies of the governing organization are those written rules in the LSCS Faculty Handbook and Policy Manual.</p>				
Standard I: MISSION AND ADMINISTRATIVE CAPACITY							
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Policies of the nursing education unit are comprehensive and provide for	Meeting minutes	Director LSCS Nursing Policy & Procedures Committee	Annually or as changed	Comparative analysis of policies in: Nursing Student Handbook, LSCS Student Guide, and	75% of committee concurs that policies are comprehensive, congruent with		

the welfare of faculty and staff.				Policies & Bylaws	system policy or differences are justified by goals or outcomes for nursing department.		
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Standard 1: MISSION AND ADMINISTRATIVE CAPACITY			Criterion 1.9: Records reflect that program complaints and grievances receive due process and include evidence of resolution.				
			Operational definition: Complaints are any written concern about a course or the program, or any written claim of improper, unfair, arbitrary or discriminatory treatment by a currently enrolled student.				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Student Complaint Policy is available to students.	Nursing Student Handbook	Directors Council, Policy & Procedure Committee	Annual	Review of Nursing Student Handbook	Policy for addressing complaints is clear and available in Student Handbook.		
<i>Director will maintain a file of formal complaints and grievances received with evidence of resolution.</i>	<i>Nursing program complaint file.</i>	<i>Director</i>	<i>As received, processed and resolved</i>	<i>Review of complaint file</i>	<i>There will be no complaints filed with BON or NLNAC that is not given due process and Grievance resolution records maintained</i>		

Standard II: FACULTY AND STAFF			<p>Qualified faculty & staff provide leadership and support necessary to attain the goals/outcomes of the nursing education unit.</p> <p>Criterion 2.1: Full time faculty members are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.</p> <p>Criterion 2.1.1 Majority of part time faculty credentialed with minimum of master's degree in nursing</p> <p>Criterion 2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.</p> <p>Criterion 2.2 Faculty (all) credentials meet governing organization and state requirement</p> <p>Operational definition: Academic and experiential qualifications are the minimum requirements for nursing faculty as defined by college policy, and Texas BON, with a Masters in Nursing or a Masters in another discipline and at least 6 credit hours graduate level content in area of nursing education appropriate to teaching responsibilities.</p>				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>All faculty are Academically qualified</i>	<i>Academic transcripts Curriculum vitae</i>	<i>Human Resources Director Dean</i>	<i>Time of appointment</i>	<i>Comparative analysis of academic transcripts and curriculum vitae for compliance with State BON and NLNAC criteria</i>	<i>100% of full time and part time faculty meets the BON criteria.</i>		
<i>Full time faculty professional development and experience</i>	<i>Annual demonstration of competencies Continuing nursing education for BON License renewal</i>	<i>Director</i>	<i>Annually in September</i>	<i>Review of competencies, license renewal, professional development</i>	<i>100% of faculty maintain competencies, current licensure and participate in professional development activities every two years</i>		

Standard II: FACULTY AND STAFF continued			<p>Criterion 2.3 Credentials of skills laboratory personnel are commensurate with level of responsibility.</p> <p>Criterion 2.4: Number and utilization of full time and part time faculty ensure that program outcomes are achieved.</p> <p>Operational Definition: Appropriate number and utilization of faculty is achievement of contact hours per workload policy and a ratio of faculty to students in the clinical setting based on BON regulations. Skills laboratory personnel meet state BON requirement of being an RN</p>				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Lab staff credentials are commensurate with responsibility and are qualified</i>	<i>Academic transcripts Curriculum vitae</i>	<i>Human Resources Director Dean</i>	<i>Time of appointment</i>	<i>Comparative analysis of academic transcripts and curriculum vitae for compliance with State BON and NLNAC criteria</i>	<i>100% of lab staff faculty meets the BON criteria.</i>		
<i>Faculty workload</i>	<i>Faculty contracts Faculty schedules Clinical schedules Faculty workload forms</i>	<i>Faculty Dean Director</i>	<i>At contract renewal time each semester, or as needed</i>	<i>Comparative analysis of faculty contracts, schedules, and workloads</i>	<i>100% faculty agree workload is based on policy and/or overload is compensated</i>		
<i>Faculty student ratio</i>	<i>Clinical schedules</i>	<i>Director Team leaders</i>	<i>Each semester</i>	<i>Review of clinical schedules and assignments</i>	<i>1:10 ration maintained in clinical rotations</i>		
Standard II: FACULTY AND STAFF continued			<p>Criterion 2.8 Systematic assessment of faculty performance demonstrates competencies that are consistent with program goals and outcomes</p> <p>Criterion 2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with policies of governing organization</p> <p>Operational definition: Faculty evaluation is the System policy described in the LSCS Faculty Handbook and Policy Manuals and staff in the Employee handbook</p>				

			Annual evaluation for new faculty and evaluation every three years for faculty with multi-year contracts. Annual evaluation of staff.				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Full time faculty performance evaluation</i>	<i>Dean's Office Files</i>	<i>Dean and Director</i>	<i>Annual Or Every three years</i>	<i>Student evaluation, self reflection, and direct observation</i>	<i>100% of faculty are evaluated as scheduled</i>		
<i>Part time faculty performance evaluation</i>	<i>Dean's Office Files</i>	<i>Dean and Director</i>	<i>Annual</i>	<i>Student evaluations, self reflection, and direct observation</i>	<i>100% of faculty are evaluated as scheduled</i>		
<i>Non Nursing Staff performance evaluation</i>	<i>Dean and Director and DOM</i>	<i>Annual</i>	<i>Student evaluations, self reflection, and direct observation</i>	<i>100% of staff are evaluated as scheduled</i>	<i>2006- 2007- 2008- 2009-</i>		
Standard II: FACULTY AND STAFF continued			<p>Criterion 2.5: Faculty performance reflects scholarship and evidence-based teaching and clinical practices.</p> <p>Criterion 2.7 Faculty are oriented and mentored in areas of responsibility</p> <p>Operational Definition: The functions of scholarship are included in the evaluation process, incorporating continuing education, certification, and participation in professional organizations, community service, clinical practice, and others.</p>				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Faculty scholarly activity</i>	<i>Dean's Office Faculty Evaluations</i>	<i>Director Faculty members</i>	<i>According to faculty policy for evaluation</i>	<i>Comparative analysis faculty evaluations</i>	<i>100% of faculty participate in activities to enhance</i>		

					<i>scholarship and expertise as evidenced through their evaluations</i>		
<i>Faculty orientation and mentoring</i>	<i>Faculty survey</i>	<i>Director</i>	<i>As hired/needed</i>	<i>Comparative analysis of faculty evaluation data</i>	<i>100% new faculty agree that they have been oriented and mentored</i>		

Standard III: STUDENTS Student policies, development and services support the goals and outcomes of the nursing education unit.	Criterion 3.1: Student policies of the nursing education unit are congruent with those of the governing institution, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the nursing education unit purposes. Operational Definition: Student policies of the nursing unit are the written rules in the Nursing Student Handbook. Policies of the governing organization are those written rules in the College Catalog and Student Guide.
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PLAN	IMPLEMENTATION
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COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Congruence, non-discrimination and consistent application of policies of LSCS and its nursing programs	Meeting minutes, Nursing Student handbook, Student Guide	Policy Review Committee	Annually	Comparative analysis of student policies	75% committee members agree there is congruence or variations are justified by goals.		

Standard III: STUDENTS continued	Criterion 3.2: Student services are commensurate with needs of students pursuing or completing an AAS, including alternative deliver methods. Operational Definition: Support services are college resources that facilitate the learning process and are identified in the College Catalog.
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PLAN	IMPLEMENTATION
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COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Accessibility of student support services</i>	<i>Program evaluation</i>	<i>Program Evaluation Committee</i>	<i>End of each fall and spring semester</i>	<i>Student survey</i>	<i>75% of students report services accessible</i>		

Standard III: STUDENTS continued	<p>Criterion 3.3: Student educational and financial records are in compliance with policies of governing organization and state and federal guidelines.</p> <p>Criterion 3.4: Compliance with Higher Education Reauthorization Act Title IV eligibility and certification requirements are maintained.</p> <p>Operational Definition: Policies are written rules that govern the maintenance of educational and financial records.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Students' educational records</i>	<i>Transcript Office</i>	<i>Dean Student Development and Lead Specialist</i>	<i>Annual</i>	<i>Reports to system, state and annual review by college auditors</i>	<i>compliance</i>	<i>Registrar collects and analyzes data for own department</i>	<i>None for nursing</i>
<i>Students' financial records</i>	<i>Financial Aid office</i>	<i>Director System Financial Aid Financial Aid Director-College</i>	<i>Annual</i>	<i>Default rates reported to Department of Education</i>	<i>Compliance within standards of Department of Education</i>	<i>Financial Aid Director collects & analyzes data</i>	<i>None for nursing</i>
<i>Higher Education Act Title IV compliance</i>	<i>Financial aid records</i>	<i>Director of Financial Aid</i>	<i>Annual</i>	<i>Default rates reported to Department of Education</i>	<i>Student default rates will be at or below federal standards</i>		<i>No action for nursing</i>

<i>Standard III Students continued</i>	<p>Criterion 3.5: Integrity and consistency exist for all information intended to inform the public, including program accreditation status and NLNAC contact information.</p> <p>Criterion 3.6: Changes in Policies, Procedures and Program information are clearly and consistently communicated to students in a timely manner.</p> <p>Operational Definition: Program information includes: College Catalog, Student Guide, Nursing Student Handbook, Course Syllabi and web site.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Program information	College Catalog Student Guide Nursing Student Handbooks College/department Web pages Program Brochures	Curriculum Committee	Annually or as changes occur	Comparative analysis of print and electronic publications	80% of committee agrees that all Published information is congruent, current and accurate, clear and concise.		

<p>Standard IV: CURRICULUM</p> <p>The curriculum prepares students to achieve the outcomes of nursing education unit, including safe practice in contemporary health care settings.</p>	<p>Criterion 4.1: Curriculum incorporates professional standards, guidelines and competencies with clearly articulated outcomes</p> <p>Criterion 4.2: Curriculum developed by nursing faculty and regularly reviewed for rigor and currency.</p> <p>Criterion 4.3: Student learning outcomes are used to organize the curriculum, guide delivery of instruction, direct learning activities and evaluate students.</p> <p>Criterion 4.4: Includes cultural, ethnic and socially diverse concepts</p> <p>Operational Definition: The curriculum is the program of student leading to an AAS in Nursing as described in the College Catalog. The nursing component is the sequence of nursing courses based on the organizing framework, philosophy and program competencies. Each clinical nursing course builds on the previous clinical nursing course.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Incorporates professional standards, guidelines and competencies with clearly articulated outcomes	Nursing Student Handbook, course syllabi	LSCS Nursing Curriculum Committee Teaching Teams <i>ADN Curriculum</i>	As changes are made	Review of contents	Required content present		
Student learning outcomes are used to organize the curriculum	Meeting minutes	LSCS Nursing Curriculum Committee Teaching Teams <i>ADN Curriculum Committee</i>	As Changes are made	Review of components in curriculum	90% of faculty concur that the learning outcomes guide instruction and the curriculum		

Standard IV: CURRICULUM			<p>Criterion 4.7: Program length is congruent with attainment of indentified outcomes and consistent with policies of governing organization, state and national standards and best practices.</p> <p>Operational Definition: Length of program is the number of semesters required to complete all degree requirements within the designated 72 credits and with no more than 60% of the credits allocated to nursing. Objectives, skills, values and competencies are detailed in the Nursing Student Handbook and the course syllabi and validated through the achievement of program outcomes.</p> <p>Level of achievement: All program credits can be completed in five semesters. Total credits are limited to 72 credits. No more than 60% of credits are allocated to nursing. All required outcomes are met.</p>				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Total credits and length of program	College catalog College web site	LSCS Nursing Curriculum Committee	Upon curriculum revision	Review of the College Catalog/web site			
Credit allocation	College Catalog/website	LSCS Nursing Curriculum Committee	Upon curriculum revision	Review of the College Catalog/web site			
Program outcomes	Faculty committee minutes Student program evaluations	Evaluation Committee	April or October	Analysis of program evaluations NCLEX pass rate Employer survey			

Standard IV: CURRICULUM continued	<p>Criterion 4.8: Practice learning environments are appropriate for student learning and support achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure protection of the students. (found in criterion 1.3)</p> <p>Operational Definition: Practice learning environments are facilities selected by faculty to provide opportunities for students to achieve competencies.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Practice learning environments foster achievement of competencies and are monitored by faculty</i>	<i>Student Evaluations</i> <i>Faculty meeting minutes</i>	<i>Faculty and Director</i>	<i>Every semester</i>	<i>Comparative Analysis of Data</i>	<i>80% of Students state they are able to meet clinical benchmarks and objectives during rotations.</i>	<i>2006-2007-2008-2009-</i>	

<p>Standard V : Resources</p> <p>Fiscal, physical and learning resources promote the achievement of the goals and outcomes of the nursing education unit.</p>	<p>Criterion 5.1: Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and is commensurate with resources of the governing organization.</p> <p>Criterion 5.2: Physical resources are sufficient to ensure the achievement of nursing education unit's outcomes and meet the needs of faculty, staff and students.</p> <p>Criterion 5.3 Learning resources and technology are selected by the faculty and are current, accessible to faculty and staff including those engaged in alternative methods of delivery</p> <p>Operational Definition: Fiscal resources and support services are appropriated to the nursing program to meet operating, capital and educational needs. Nursing department purposes are the program outcomes. Learning resources are library and audio-visual materials, hardware and software, and skills laboratory equipment. Physical include classroom and laboratory spaces.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Fiscal Resources</i>	<i>Department Budget Nursing Faculty Survey</i>	<i>Director Operations Manager</i>	<i>Annually every May</i>	<i>Comparative analysis</i>	<i>80% of faculty rate resources as adequate to very good</i>		
<i>Support Services</i>	<i>Nursing Faculty Survey</i>	<i>Director</i>	<i>Annually every May</i>	<i>Comparative analysis</i>	<i>80% of faculty rate services as adequate to very good</i>		
<i>Learning Resources and Physical</i>	<i>Student Evaluations Faculty Survey Meeting minutes</i>	<i>Director & Faculty</i>	<i>Annually</i>	<i>Comparative analysis of data</i>	<i>80% of students rate as adequate to very good 80% of faculty rate resources as adequate to very good</i>		

Standard: VI: Outcomes							
Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with institutional mission and professional standards and that outcomes of the nursing education unit have been achieved.			Operational Definition: Written planning for systematic program evaluation and assessment of outcomes will include all elements required by either the Texas BON, or NLNAC				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
Required elements in Systematic Plan for Evaluation	Systematic Plan of Evaluation (SPE) Minutes from Program Evaluation Committee	Program Evaluation Committee Director	Every 3 years	Review of SPE	The systematic plan for Program Evaluation contains all of the required elements for all NLNAC criteria. The SPE will facilitate program revision as evidenced by a review of the plan every three years.		

Standard: VI: Outcomes	<p>Criterion 6.5: The program demonstrates evidence of achievement in meeting the following outcomes: -----Program Completion (graduation rate). Operational Definition: Graduation rates is the number of generic students who complete the program in 5 semesters and the number of advanced placement and transfer students who complete the program in 3 semesters. -----Performance on licensure exam Operational Definition: Performance on NCLEX Examination is the graduate first time test taker aggregate pass rate on the NCLEX –RN examination in each calendar year as reported by the BON and be at or above the national mean.</p>
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PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Graduation rates</i>	<i>Director's office</i>	<i>Director</i>	<i>Annual</i>	<i>Comparison analysis</i>	<p><i>60% of generic program graduates will complete the program within 5 semesters of starting the first nursing course.</i></p> <p><i>60% of advanced placement and transfer students will complete the program within 3 semesters.</i></p>		

<i>NCLEX RN pass rates</i>	<i>Texas State Board of Nursing Pass Rate Reports</i>	<i>Director</i>	<i>Annual</i>	<i>Analysis of NCLEX-RN pass rates as reported by the BON Program Reports</i>	<i>80% of graduates will pass the NCLEX-RN on their first attempt as reported by BON</i>		
Standard VI: Outcomes			<p>Criterion 6.5: The program demonstrates evidence of achievement in meeting the following outcomes:</p> <p>-----Job Placement Operational Definition: Employment is defined as being obtained within 6 months of graduation in nursing or nursing related positions OR being enrolled at least as a ½ time student in a BSN program. Data compiled from Texas Higher Education Coordinating Board.</p> <p>-----Program Satisfaction Operational Definition: Program satisfaction is the satisfaction of graduates with their clinical preparation, classroom preparation, and NCLEX preparation.</p>				
PLAN						IMPLEMENTATION	
COMPONENT	WHERE DOCUMENTS/ INFORMATION IS FOUND	PERSON RESPONSIBLE	FREQUENCY OF ASSESSMENT	ASSESSMENT METHOD	EXPECTED LEVEL OF ACHIEVEMENT (ELA)	RESULTS OF DATA COLLECTION AND ANALYSIS	ACTIONS FOR DEVELOPMENT, REVISION OR MAINTENANCE
<i>Job placement</i>	<i>End of Program Student and Graduate Survey (GS) data</i>	<i>Director</i>	<i>6 months after graduation</i>	<i>Analysis of GS data</i>	<i>70% working within nursing or nursing related field OR pursuing advanced degrees within 6 months of graduation</i>		

<i>Overall Satisfaction</i>	<i>End of Program Student and Graduate Survey (GS) data</i>	<i>Director</i>	<i>6 months after graduation</i>	<i>Analysis of GS data</i>	<i>75% of all students rate satisfaction on graduate survey</i>		
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Appendix E

- **Differentiated Entry Levels of Competency
LVN Outcomes
Integrated
Block Curriculums**

LONE STAR COLLEGE SYSTEM
ENTRY LEVEL COMPETENCIES OF TEXAS GRADUATES OF
VOCATIONAL NURSING PROGRAM

At the completion of the Vocational Nursing program at NHMCCD, the vocational nurse graduate will be able to:

1. Provide nursing care for clients in structured health care settings who are experiencing common, well-defined health problems with predictable outcomes. This care is based on utilization of the nursing process and a commitment to caring for culturally diverse clients across the life span and wellness - illness continuum.
 - a. Assist in the determination of the health status and health needs of clients, based on interpretation of health-related data, incorporating biological, psychological, social, cultural, spiritual, overt learning needs; in collaboration with clients, their families, and other members of the health care team.
 - b. Assist in the formulation of goals and a plan of care for the client to determine nursing priorities and to plan nursing care accordingly; in collaboration with the health care team to develop nursing care plans, preventative and long-term health goals/plans.
 - c. Implement plan of care within legal and ethical parameters in a non-discriminatory and non-judgmental manner in collaboration with the health care team.
 - d. Support the implementation of nursing care by applying a working knowledge of client's rights, protecting the rights and dignity of the client and respecting the rights of others to have their own value system.
 - e. Assist in the evaluation of the individual client's responses to nursing interventions and evaluation of established long/short term client goals.
 - f. Use the problem-solving approach as the basis for decision making in practice, based on application of scientific principles, clinical data and acceptance of accountability of care.
 - g. Provide direct basic care to assigned multiple clients in structured settings.
2. Utilize effective communication techniques with clients, families, and health care team members.
 - a. Communicate significant findings to the health team; reporting and recording objective and subjective (as related by client) results of nursing actions.
 - b. Recognize and communicate ethical and legal concerns through established channels of communication.
3. Contribute to the development and implementation of teaching plan for client with common health care problems.
4. Assist in the coordination of human and material resources for the provision of care to assigned clients.
 - a. Participate in discussion relating to the evaluation of client care with health team.
 - b. Aid in identifying others whom can assist in client care.
 - c. Participate in the identification of client needs for referral to appropriate sources of assistance, communicate these needs to family and appropriate; members of the health team.
 - d. Participate in activities that support the organizational framework of structured health care settings.
 - e. Implement established cost containment measures in direct client care.

**LONE STAR COLLEGE SYSTEM
ASSOCIATE DEGREE NURSING**

PROGRAM OUTCOMES

At the completion of the Associate Degree Nursing program at LSCS, the graduate will be able to:

1. Provide individualized health care, based on the nursing process and a commitment to caring, to culturally diverse clients and families across the life span and wellness-illness continuum.
 - a. Determine the health status and health needs of clients and their families based upon interpretation of health data, incorporating biological, psychological, social, and spiritual needs.
 - b. Formulate goals and plan of care for clients and their families based on a multidisciplinary problem solving approach.
 - c. Implement the plan of care within legal and ethical parameters and demonstrate caring behavior to assist clients and their families to meet health care needs.
 - d. Participate with the individual client and family members in the evaluation of the individual's progress toward meeting identified goals and responses to therapeutic interventions.
 - e. Use clinical data, current literature, critical thinking, and accountability as a basis for decision making in nursing practice.
 - f. Provide for the care of multiple clients and their families in a variety of structured settings either through direct care or assignment and/or delegation of care to other members of the health care team.
2. Use communication techniques effectively with clients, families, and health care team members.
3. Develop and implement teaching plans for clients and their families concerning promotion, maintenance and restoration of health.
4. Coordinate human and material resources for the provision of care for clients and families, in collaboration with clients, families, and other health care professionals.
 - a. Refer clients and their families to appropriate sources of assistance when necessary to meet health needs.
 - b. Function within the organizational framework of various structured health care settings.
 - c. Establish priorities for nursing care for a group of clients.
5. Contribute to the improvement of nursing practice by serving as a role model and by adhering to high legal, ethical and professional standards.
 - a. Assume accountability and responsibility for the quality of nursing care provided to clients and families.
 - b. Act as an advocate to promote the provision of quality health care for clients and their families.
 - c. Participate in activities that promote the development and practice of nursing.
6. Assume responsibility for personal and professional growth to enhance knowledge and skills for self and others through participation in continuing education activities.

**LONE STAR COLLEGE NURSING PROGRAMS
 INTEGRATED ASSOCIATE DEGREE NURSING PROGRAMS
 (LSC-North Harris, LSC-Tomball, LSC-Montgomery, & LSC-Kingwood)**

COMPETENCIES OF NEW ADN GRADUATES

	Nursing I	Nursing II	Nursing III	Nursing IV
1. Determine the health status and health needs of clients* based upon interpretation of health data & preventive health practices in collaboration with clients*, their families, and interdisciplinary health care team members.				
Additional Knowledge				
A.) Five steps of a systematic process, which includes assessment, analysis, planning, implementation and evaluation.	x	x	x	x
B.) Classification system for nursing diagnoses (e.g.) North American Nursing Diagnoses Association).	x	x	x	x
C.) Structured and unstructured data collection tools and techniques for assessment of clients.*	x	x	x	x
D.) Characteristics, concepts, and processes related to clients*, including anatomy and physiology; physical And psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; And cultural and spiritual beliefs and practices related to health, illness, birth, death, and dying.	x	x	x	x
E.) Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health Practices and their implications for selected populations and community resources.	x	x	x	x
F.) Medical diagnoses, pharmaco-therapeutics and other therapies and treatments.	x	x	x	x
G.) Introduction to established theories, models and approaches that guide nursing practice.	x	x	x	x

H.) Characteristics, concepts and processes related to families, including family development, structure and Function; family communication patterns; and decision-making structures.	x	x	x	x
I.) Technologic applications.	x	x	x	x
J.) Introduction to complex and multi-system healthcare problems			x	x
K.) Political, economic and societal forces affecting the health of individuals and families.	x	x	x	x

**DELC – Clinical
Integrated Curriculum**

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Clinical Behavior / Judgments</i>				
<i>A.) Take client* history using structured and unstructured data collection tools to obtain physical, psychosocial, spiritual, cultural, familial, occupational, environmental, information, risk factors, and client* resources.</i>	x	x	x	x
<i>B.) Perform assessment to identify health needs and monitor for change in health status.</i>	x	x	x	x
<i>C.) Validate, report, and document assessment data using assessment tools.</i>	x	x	x	x
<i>D.) Identify actual or potential health care needs of clients. *</i>	x	x	x	x
<i>E.) Formulate nursing diagnoses based upon analysis of health data</i>	x	x	x	x
<i>F.) Perform health screening.</i>	x	x	x	x
<i>G.) Analyze and interpret health data of clients. *</i>	x	x	x	x
<i>H.) Incorporate multiple determinants of health in clinical care when providing care fore individuals and Families.</i>	x	x	x	x
<i>I.) Recognize that political, economic and societal forces affect the health of clients. *</i>	x	x	x	x

Provider of Care

	Nursing I	Nursing II	Nursing III	Nursing IV

2. Formulate goals / outcomes and plan of care based on nursing diagnoses in collaboration with clients*, their families and interdisciplinary health care team members.				
Additional Knowledge				
A.) Principles of establishing nurse-client* relationship.	x	x	x	x
B.) Techniques of written, verbal, and nonverbal communication including information technologies.	x	x	x	x
C.) Principles of disease prevention, health promotion, education and rehabilitation for clients.	X*	x	x	x
D.) Clinical practice guidelines as a basis of interventions to support client* throughout their life span Including end-of-life care.	x	x	x	X* hospice
E.) Collaborative aspects of the relationship between the nursing plan of care, the therapeutic regimen, the Plan of interdisciplinary health care team members, and cost factors	X rehab	x	x	X cost
F.) A systematic approach for setting priorities and strategies for coordinating plan of care	X Maslow	x	x	x
G.) Strategies for collaborative discharge planning		x	x	x

	Nursing I	Nursing II	Nursing III	Nursing IV
Additional clinical knowledge				
A.) Identify short and long-term goals / outcomes, select interventions, and establish priorities for care in Collaboration with the client*.	x	x	x	x
B.) Use current technology and evidence based information to formulate and modify the nursing plan of Care.	x	x	x	x
C.) Contribute to the interdisciplinary plan of care.			x	x
D.) Communicate plan of care to nurses and other interdisciplinary health care team members.	x	x	x	x
E.) Initiate discharge planning in collaboration with interdisciplinary health care team.		x	x	x
F.) Implement cost effective care.	x	x	x	x

Provider of Care

	Nursing I	Nursing II	Nursing III	Nursing IV
3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the client* and interdisciplinary health care team to assist client* in meeting health care needs.				
Additional Knowledge				
A.) Health practices and behaviors of clients* related to developmental level, gender, cultures, belief Systems, and the environment.	x	x	x	x
B.) Modes of therapeutic communication.	X Pro rec*	x	X* Pro.rec	x
C.) Rights and responsibilities of clients* related to health care	x	x	x	x
D.) Physiological and psychosocial (spiritual, cultural, gender, developmental level, financial) aspects of Nursing interventions.	x	x	x	
E.) Principles and factors that contribute to the maintenance or restoration of health.	x	x	x	x
F.) Principles and rationale underlying the use, administration, and interaction of pharmac-therapeutic Agents, including intravenous medications.	X po	X parental	X IVPB & push	X
G.) Management of the client's* environment.	x	x	x	x
H.))Principles and strategies of stress management and crisis intervention	x	x	x	x
I.) Code of ethics and framework for ethical decision-making.	x	x	x	x
J.) Legal parameters of professional nursing practice and health care.	X*	x	x	X*
K.) Interdisciplinary resources and organizational relationships.	x	x	x	X*
L.) Issues and factors impacting confidentiality.	X HIPPA	x	x	x
M.) Nursing procedures and skills to implement plan of care.	x	x	x	x
N.) Decision-making, problem solving and critical thinking processes.	x	x	x	x

Plan of Care

	Nursing I	Nursing II	Nursing III	Nursing IV
Additional Clinical Behavior / Judgments				
A.) Promote a safe, effective environment conducive to the optimal	x	x	x	x

health and dignity of the client*.				
B.) Implement plan of care to assist client* to meet physiological needs, including: circulation, nutrition, Oxygenation, activity, elimination, comfort, pain management, rest and sleep.	x	x	x	x
C.) Implement nursing care to promote health and manage acute and chronic health problems and Disabilities.	X promotion	X mild	X mod.	X severe problems
D.) Adjust priorities and implement nursing interventions in emergency situations.	X ABCs	x	x	x
E.) Initiate nursing interventions to promote client's psychosocial well-being..	x	x	x	x
F.) Facilitate the development of client* coping mechanisms during alterations in health status.	x	x	x	x
G.) Perform therapeutic and preventive nursing measures and administer treatments and medications As authorized by law and determined by the BNE..	x	x	x	x
H.) Evaluate, document, and report responses to medications, treatments, and procedures and Communicate the same to other health care professionals clearly and accurately.	x	x	x	x
I.) Collaborate with other health care providers with treatments and procedures.	x	x	x	x
J.) Inform and support health care rights of clients.	x	x	x	x
K.) Use interdisciplinary resources within the institution to address ethical and legal concerns.	x	x	x	x
L.) Utilize therapeutic communication skills when interacting with clients*.	x	x	x	x
M.) Participate in peer review and quality improvement processes.				x
N.) Use current technology to enhance client* care.	x	x	x	x
O.) Act as a role model in maintaining client& confidentiality.	x	x	x	x
P.) Assume accountability when using independent clinical judgment and established protocols.			x	x

Teaching Plans

	Nursing	Nursing	Nursing	Nursing
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	I	II	III	IV
4. Develop and implement teaching plans for clients concerning promotion, maintenance, and restoration of health.				
Additional Knowledge				
A.) Developmental stages and socio/cultural variables affecting the teaching/learning process.	x	x	x	x
B.) Principles, methods, strategies and out-comes of learning and teaching.	x	x	x	x
C.) Knowledge of community resources related to teaching/learning.	x	x	x	x

Provider of Care

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Clinical Behavior / Judgments</i>				
<i>A.) Identify learning needs of clients * related to health promotion, maintenance and risk reduction.</i>	x	x	x	x
<i>B.) Collaborate with others to develop and modify individualized plans based upon developmental and Health care learning needs.</i>	x	x	x	x
<i>C.) Individualize and implement established teaching plans.</i>	x	x	x	x
<i>D.) Evaluate learning outcomes of the client * receiving instruction.</i>	x	x	x	x
<i>E.) Modify teaching methods to accommodate client* differences.</i>	x	x	x	x
<i>F.) Apply knowledge of how changes in clients* personal behavior improve client's* health.</i>	x	x	x	x
<i>G.) Develop a beginning awareness of own teaching skills.</i>	x	x	x	x
<i>H.) Serve as model & resource for health education & information.</i>	x	x	x	x

Provider of Care

	Nursing I	Nursing II	Nursing III	Nursing IV
5. Evaluate clients'* responses and outcomes to therapeutic interventions.				
Additional Knowledge				
A.) Methods for evaluating clients* responses to interventions and	x	x	x	x

client* outcomes.				
B.) Common methods to evaluate health care processes.	x	x	x	x
C.) An introduction to performance improvement concepts.				x

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Clinical Behavior / Judgments</i>				
A.) Compare expected and achieved outcomes of nursing care.	x	x	x	x
B.) Identify and communicate reasons and rationales for deviation from plan of Care to interdisciplinary health care team.	x	x	x	x
C.) Modify plan of care and/or expected outcomes.			x	x
D.) Evaluate and communicate quality and effectiveness of therapeutic Interventions.	x	x	x	x
E.) Use evaluation tools to measure processes and outcomes.	x	x	x	X

	Nursing I	Nursing II	Nursing III	Nursing IV
6. Provide for the care of multiple clients* either through direct care or assignment and/or delegation of care or assignment and/or delegation of care to other members of the health care team.				
<i>Additional Clinical Behavior / Judgments</i>				
A.) Standards of Care; Standards of Practice	x	x	x	x
B.) Characteristics, trends and issues of health care delivery*.				x
C.) Principles for determining priorities and organization of nursing care.	x	x	x	x
D.) Principles of delegation, supervision, collaboration including delegation rules from Texas Nursing Practice Act.		x	x	x
E.) Principles of decision making.	x	x	x	x

	Nursing I	Nursing II	Nursing III	Nursing IV
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<i>Additional Clinical Behavior / Judgments</i>				
A.) <i>Identify priorities and make judgments concerning the needs of multiple clients* in order to organize Care.</i>		x	x	x
B.) <i>Manage care for multiple clients*.</i>		x	x	x
C.) <i>Apply management concepts in assigning and/or delegating nursing care to other members of the Nursing team.</i>		x	x	x

Critical Thinking

	Nursing I	Nursing II	Nursing III	Nursing IV
7. Use a critical thinking approach to analyze clinical data and current literature as a basis for decision-making in nursing practice.				
<i>Additional Knowledge</i>				
A.) <i>A conceptual framework of nursing practice as a means of planning care and solving clinical Problems.</i>	x	x	x	x
B.) <i>Critical thinking and decision-making processes.</i>	x	x	x	x
C.) <i>Application of current literature and/or interpreted research findings in improving client* care.</i>	x	x	x	X research
D.) <i>Mechanisms for accessing and evaluating current literature.</i>				x

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional clinical knowledge</i>				
A.) <i>Use critical thinking as a basis for decision making in nursing practice.</i>	x	x	x	x
B.) <i>Prioritize client* care and follow-up on problems that warrant investigation.</i>	x	x	x	x
C.) <i>Use knowledge of societal trends to identify and communicate client* care problems.</i>	x	x	x	x
D.) <i>Read and discuss relevant, current nursing practice journal articles and apply to practice.</i>	x	x	x	x

Coordinator of Care

	Nursing I	Nursing II	Nursing III	Nursing IV
1. Coordinate human and material resources for the provision of care for clients* and families.				
Additional Knowledge				
A.) Principles of organizing and managing resources.	x	x	x	x
B.) Principles of management, decision making, assertiveness, communication, motivation, time Management , delegation, and change theory.	X basic	X delegation	x	X* advanced
C.) Group process as a means of achieving and evaluating goals.				x
D.) Cultural differences and major needs of vulnerable clients*.	x	x	x	x
E.) Major current issues affecting public / government / private health care services, programs, And costs.	x	x	x	X budget
F.) Local human and material resources	x	x	x	x
G.) Current systems for managing client* information	x	x	x	x

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional clinical knowledge</i>				
<i>A.) Participate in the evaluation of care administered by the interdisciplinary health care team.</i>	x	x	x	x
<i>B.) Consult with, utilize and make referrals to community agencies and health care resources To provide continuity of care.</i>		x	x	x
<i>C.) Use organizational & management skills when utilizing resources to meet goals / outcomes , & enhance quality of nursing care and level of client* satisfaction .</i>	X organizational	x	x	X mgmnt
<i>D.) Use negotiation skills for the purpose of achieving positive client* outcomes.</i>				x

<i>E.) Participate in interdisciplinary health care team meetings / conferences.</i>	x	x	x	x
<i>F.) Apply change strategies to achieve stated outcomes.</i>				x

Coordinator of Care

	Nursing I	Nursing II	Nursing III	Nursing IV
2. Collaborate with clients, families and the interdisciplinary health care team for the planning and delivery of care.				
Additional Knowledge				
A.) Structure, function, and interdisciplinary relationships within the health care delivery system.	x	x	x	x
B.) Patterns and modes of effective communication and collaboration including conflict resolution and Negotiation.	x	x	x	x
C.) Principles of team management & leadership,			x	X
D.) Legal/ethical processes related to healthcare.	x	x	x	x

Collaboration

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional clinical Behavior / Judgments</i>				
<i>A.) Work with client and interdisciplinary health care team for planning health care delivery to improve The quality of care across the life span</i>	x	x	x	x
<i>B.) Promote the effective coordination of client*- centered health care.</i>		x	x	x

Coordinator of Care

Referral

	Nursing I	Nursing II	Nursing III	Nursing IV
3. Refer clients* and families to resources that facilitate continuity of care.				
Additional Knowledge				
A.) Institutional and community resources including agencies/services and health care providers.	x	x	x	x
B.) Roles of family and significant others in response to alteration in health status.	x	x	x	X
C.) Referral processes	x	x	x	X
D.) Issues and trends in health care delivery.	x	x	x	X

Referral

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Clinical Behavior / Judgments</i>				
<i>A.) Assess the adequacy of the support system of the client*.</i>		x	x	X
<i>B.) Identify providers and resources to meet the needs of client*.</i>		x	x	X
<i>C.) Facilitate communication between client* and institutional or community Resources.</i>		x	x	X
<i>D.) Refer client * to providers and resources to meet identified health care Needs.</i>		x	x	x

Coordinator of Care

Organization

	Nursing I	Nursing II	Nursing III	Nursing IV
11. Function within the organizational framework of various health care settings.				
Additional Knowledge				

A.) Organizational mission, vision and values as a framework for management.				X
B.) Types of organizational frameworks of various health care settings.				X
C.) Methods for promoting safety in the work environment consistent with current Federal/State/local regulations and guidelines/	X	X	X	X
D.) RN's role in risk management.	X	X	X	X
E.) Key issues related to budgetary constraints impacting the use of client* and staff Resources.				X
F.) Basic principles of management and communication within an organization.	X	X	X	X
G.) Relationships among members of the interdisciplinary health care team.	X	X	X	X
H.) Individual and group responses to organizational change.				X
I.) Strategies for initiating and facilitating change within the work setting.				X

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Clinical Behavior / Judgments</i>				
A.) <i>Identify and participate in activities to improve health care delivery within the Work setting.</i>				X
B.) <i>Report the need for corrective action within the organization.</i>				X
C.) <i>Select human and material resources that are optimal, legal, and cost effective To achieve organizational goals.</i>				X
D.) <i>Use basic management and leadership skills, act as a team leader, supervise and delegate Care and contribute to shared goals.</i>				X

Member of the Profession - Organizational Framework

	Nursing I	Nursing II	Nursing III	Nursing IV
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1. Assume accountability and responsibility for the quality of nursing care provided to clients* and families.				
Additional Knowledge				
A.) Code of ethics for nurses.	x	x	x	x
B.) Standards of nursing practice and care	x	x	x	X
C.) Legal parameters of nursing practice including the Texas Nursing Practice Act.	x	x	x	X
D.) Issues affecting the RN role and the delivery of client* care.	x	x	x	X
E.) Career development options for professional development.	x	x	x	X
F.) Self-evaluation, staff evaluation and peer evaluation processes.				X
G.) Methods for the development of policies / procedures.				X
H.) Communication techniques and management skills to maintain professional boundaries.	x	x	x	x
I.) Basic principles of performance improvement and outcome measurement.	x	xx	x	x

Accountability & Responsibility

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Clinical Behavior / Judgments</i>				
<i>A.) Provide nursing care within limits of professional nursing knowledge, education, experience, and Ethical / legal standards of care.</i>	x	x	x	x
<i>B.) Provide holistic care that addresses the needs of diverse individuals across the life span.</i>			x	x
<i>C.) Evaluate the learning needs of self, peers, or others and intervene to assure quality of care.</i>	x	x	x	x
<i>D.) Promote accountability for quality nursing practice through participation on policy & procedure Committees.</i>				x
<i>E.) Delegate/assign to other health care providers within legal parameters.</i>				x
<i>F.) Use communication techniques and management skills to maintain professional boundaries Between clients and individual health care team members.</i>				x

MEMBER OF THE PROFESSION - ADVOCATE

	Nursing	Nursing	Nursing	Nursing
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	I	II	III	IV
2. Act as an advocate to promote the provision of quality health care for clients.				
Additional Knowledge				
A.) Current issues and legal principles relating to safeguarding client* rights.	x	x	x	x
B.) Roles of the nurse as client* advocate.	x	x	x	x
C.) Role of organizational committees, peer review committee, nursing organizations, and Community groups involved with improving the quality of health care for clients*.				x
D.) Role/responsibility for public safety and welfare.				x

ADVOCATE

	Nursing I	Nursing II	Nursing III	Nursing IV
Additional Knowledge				
A.) <i>Support the client's right of self-determination and choice even when these choices Conflict with values of the individual professional.</i>	x	x	x	x
B.) <i>Identify client's unmet needs from a holistic perspective.</i>	x	x	x	x
C.) <i>Advocate on behalf of the client* with other members of the interdisciplinary health Care team.</i>			x	x
D.) <i>Participate on organizational committees, professional organization and community groups To improve the quality of health care.</i>				x
E.) <i>Serve as a member of voluntary health care and community teams to provide services to Individuals and communities with unmet needs.</i>				x
3. Participate in activities that promote the development and practice of professional nursing.				
A.) Historical evolution of nursing and other health care disciplines.	x	x	x	x
B.) Historicals and trends affecting the development and practice of professional nursing.	x	x	x	x
C.) The role of professional nursing organizations, regulatory agencies,	x	x	x	x

and health care organizations.				
D.) Public perception of nursing	x	x	x	x
E.) The evolving practice roles of professional nurses and their contributions to the profession.	x	x	x	x
F.) Political processes.	x	x	x	x

PROFESSION

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Knowledge</i>				
<i>A.) Promote collegiality among interdisciplinary health care team members</i>	x	x	f	x
<i>B.) Collaborate with members of nursing and other health care organizations to promote the Profession of nursing.</i>	x	x	x	x
<i>C.) Participate in activities individually or in groups through organizations that promote the profession Of nursing.</i>	X SNA	x	x	x
<i>D.) Recognize roles of professional nursing organizations, regulatory agencies and organizational Committees.</i>	X SNA	x	x	x
<i>E.) Practice within the RN role and Scope of Practice.</i>	x	x	x	x
<i>F.) Serve as a positive role model for students, peers, and members of the interdisciplinary health Care team.</i>	x	x	x	x

Member of the Profession - Advocate

	Nursing I	Nursing II	Nursing III	Nursing IV
2. Act as an advocate to promote the provision of quality health care for clients.				
<i>Additional Knowledge</i>				
<i>A.) Current issues and legal principles relating to safeguarding client* rights.</i>	x	x	x	x
<i>B.) Roles of the nurse as client* advocate.</i>	x	x	x	x

C.) Role of organizational committees, peer review committee, nursing organizations, and Community groups involved with improving the quality of health care for clients*.				X
D.) Role/responsibility for public safety and welfare.				X

Advocate

	Nursing I	Nursing II	Nursing III	Nursing IV
Additional Knowledge				
<i>G.) Support the client's right of self-determination and choice even when these choices Conflict with values of the individual professional.</i>	X	X	X	X
<i>B.) Identify client's unmet needs from a holistic perspective.</i>	X	X	X	X
<i>F.) Advocate on behalf of the client* with other members of the interdisciplinary health Care team.</i>			X	X
<i>G.) Participate on organizational committees, professional organization and community groups To improve the quality of health care.</i>				X
<i>H.) Serve as a member of voluntary health care and community teams to provide services to Individuals and communities with unmet needs.</i>				X

3. Participate in activities that promote the development and practice of professional nursing.				
A.) Historical evolution of nursing and other health care disciplines.	X	X	X	X
H.) Historicals and trends affecting the development and practice of professional nursing.	X	X	X	X
I.) The role of professional nursing organizations, regulatory agencies, and health care organizations.	X	X	X	X
J.) Public perception of nursing	X	X	X	X
K.) The evolving practice roles of professional nurses and their contributions to the profession.	X	X	X	X
L.) Political processes.	X	X	X	X

Profession

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Knowledge</i>				
<i>A.) Promote collegiality among interdisciplinary health care team members</i>	x	x	f	x
<i>B.) Collaborate with members of nursing and other health care organizations to promote the Profession of nursing.</i>	x	x	x	x
<i>C.) Participate in activities individually or in groups through organizations that promote the profession Of nursing.</i>	X SNA	x	x	x
<i>D.) Recognize roles of professional nursing organizations, regulatory agencies and organizational Committees.</i>	X SNA	x	x	x
<i>E.) Practice within the RN role and Scope of Practice.</i>	x	x	x	x
<i>F.) Serve as a positive role model for students, peers, and members of the interdisciplinary health Care team.</i>	x	x	x	x

Member of the Profession - Advocate

	Nursing I	Nursing II	Nursing III	Nursing IV
2. Act as an advocate to promote the provision of quality health care for clients.				
<i>Additional Knowledge</i>				
<i>A.) Current issues and legal principles relating to safeguarding client* rights.</i>	x	x	x	x
<i>B.) Roles of the nurse as client* advocate.</i>	x	x	x	x
<i>C.) Role of organizational committees, peer review committee, nursing organizations, and Community groups involved with improving the quality of health care for clients*.</i>				x
<i>D.) Role/responsibility for public safety and welfare.</i>				x

Advocate

	Nursing	Nursing	Nursing	Nursing
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	I	II	III	IV
Additional Knowledge				
<i>A.) Support the client's right of self-determination and choice even when these choices conflict with values of the individual professional.</i>	x	x	x	x
<i>B.) Identify client's unmet needs from a holistic perspective.</i>	x	x	x	x
<i>C.) Advocate on behalf of the client* with other members of the interdisciplinary health care team.</i>			x	x
<i>D.) Participate on organizational committees, professional organization and community groups To improve the quality of health care.</i>				x
<i>E.) Serve as a member of voluntary health care and community teams to provide services to Individuals and communities with unmet needs.</i>				x
3. Participate in activities that promote the development and practice of professional nursing.				
A.) Historical evolution of nursing and other health care disciplines.	x	x	x	x
B.) Historicals and trends affecting the development and practice of professional nursing.	x	x	x	x
C.) The role of professional nursing organizations, regulatory agencies, and health care organizations.	x	x	x	x
D.) Public perception of nursing	x	x	x	x
E.) The evolving practice roles of professional nurses and their contributions to the profession.	x	x	x	x
F.) Political processes.	x	x	x	x

Profession

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Knowledge</i>				
<i>A.) Promote collegiality among interdisciplinary health care team members</i>	x	x	f	x
<i>B.) Collaborate with members of nursing and other health care organizations to promote the Profession of nursing.</i>	x	x	x	x
<i>C.) Participate in activities individually or in groups through organizations that promote the profession</i>	X SNA	x	x	x

<i>Of nursing.</i>				
<i>D.) Recognize roles of professional nursing organizations, regulatory agencies and organizational Committees.</i>	X SNA	x	x	x
<i>E.) Practice within the RN role and Scope of Practice.</i>	x	x	x	x
<i>F.) Serve as a positive role model for students, peers, and members of the interdisciplinary health Care team.</i>	x	x	x	x

Member of the Profession - Advocate

	Nursing I	Nursing II	Nursing III	Nursing IV
2. Act as an advocate to promote the provision of quality health care for clients.				
Additional Knowledge				
A.) Current issues and legal principles relating to safeguarding client* rights.	x	x	x	x
B.) Roles of the nurse as client* advocate.	x	x	x	x
C.) Role of organizational committees, peer review committee, nursing organizations, and Community groups involved with improving the quality of health care for clients*.				x
D.) Role/responsibility for public safety and welfare.				x

Advocate

	Nursing I	Nursing II	Nursing III	Nursing IV
Additional Knowledge				
A.) Support the client's right of self-determination and choice even when these choices Conflict with values of the individual professional.	x	x	x	x
B.) Identify client's unmet needs from a holistic perspective.	x	x	x	x
C.) Advocate on behalf of the client* with other members of the interdisciplinary health Care team.			x	x
D.) Participate on organizational committees, professional organization and community groups To improve the quality of health care.				x
E.) Serve as a member of voluntary health care and community teams to provide				x

<i>services to Individuals and communities with unmet needs.</i>				
3. Participate in activities that promote the development and practice of professional nursing.				
A.) Historical evolution of nursing and other health care disciplines.	x	x	x	x
B.) Historicals and trends affecting the development and practice of professional nursing.	x	x	x	x
C.) The role of professional nursing organizations, regulatory agencies, and health care organizations.	x	x	x	x
D.) Public perception of nursing	x	x	x	x
E.) The evolving practice roles of professional nurses and their contributions to the profession.	x	x	x	x
F.) Political processes.	x	x	x	x

Profession

	Nursing I	Nursing II	Nursing III	Nursing IV
<i>Additional Knowledge</i>				
A.) <i>A.) Promote collegiality among interdisciplinary health care team members</i>	x	x	f	x
B.) <i>Collaborate with members of nursing and other health care organizations to promote the Profession of nursing.</i>	x	x	x	x
C.) <i>Participate in activities individually or in groups through organizations that promote the profession of nursing.</i>	X SNA	x	x	x
D.) <i>Recognize roles of professional nursing organizations, regulatory agencies and organizational Committees.</i>	X SNA	x	x	x
E.) <i>Practice within the RN role and Scope of Practice.</i>	x	x	x	x
F.) <i>Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.</i>	x	x	x	x

Differentiated Entry Level Competencies of Texas (DELTC)

LSC-CY FAIR

Associate Degree Nursing Program

(UPDATED 3/2010)

YEAR ONE

Provider of Care		RNSG 1105	RNSG 1209	RNSG 1115	RNSG 1144	RNSG 1146	RNSG 1341	RNSG 1261	RNSG 1201 (1301)	RNSG 1343	RNSG 1462 (1362)
1. Determine the health status and health needs of clients* based upon interpretation of health data & preventative health practices in collaboration with clients* and interdisciplinary health care team members.											
	<i>Additional Knowledge</i>										
A	Five steps of a systematic process, which includes assessment, analysis, planning, implementation and evaluation.	X	X	X	X	X		X	X		X
B	Classification system for nursing diagnoses (e.g. North American Nursing Diagnosis Association.)	X	X	X	X			X	X		X
C	Structured and unstructured data collection tools and techniques for assessment of clients.	X	X	X	X			X			X
D	Characteristics, concepts, and processes related to clients*, including anatomy and physiology; physical and psychosocial growth and development/pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and	X	X	X	X	X	X	X	X	X	X

	dying.										
E	Characteristics, concepts, and processes related to disease transmission, risk factors, preventative health practices and their implications for selected populations and community resources.	X	X	X	X		X	X	X	X	X
F	Medical diagnoses, pharmacotherapeutics and other therapies and treatments.	X		X	X		X	X	X	X	X
G	Introduction to established theories, models and approaches that guide nursing practice.		X	X		X	X	X	X	X	X
H	Characteristics, concepts and processes related to families, including family development, structure and function; family communication patterns; and decision-making structures.	X	X	X		X	X	X	X	X	X
I	Technologic applications.	X	X	X	X	X		X			X
J	Introduction to complex & multi-system healthcare problems.					X	X	X	X	X	X
K	Political, economic and societal forces affecting the health of individuals and families.		X			X		X	X	X	X
	<i>Additional Clinical Behaviors/Judgments</i>										
A	Take client history using structured and unstructured data collection tools to obtain physical, psychosocial, spiritual, cultural, familial, occupational, environmental information, risk factors, and client resources.	X	X	X	X			X	X		X

B	Perform assessment to identify health needs and monitor for change in health status.		X	X	X			X	X		X
C	Validate, report, and document assessment data using assessment tools.X	X	X		X	X		X			X
D	Identify complex multi-system health care problems of clients.						X	X	X	X	X
E	Formulate nursing diagnoses based upon analysis of health data.		X	X			X	X	X	X	X
F	Perform health screening.		X	X				X	X		X
G	Analyze and interpret health data of clients.		X	X	X	X		X	X		X
H	Incorporate multiple determinants of health in clinical care when providing care for individuals and families.	X	X	X	X	X		X			X
I	Recognize that political, economic, and societal forces affect the health of clients.	X	X	X	X	X	X	X	X	X	X
2. Formulate goal/outcomes and plan of care based on nursing diagnosis in collaboration with clients* and interdisciplinary health care team members.											
<i>Additional Knowledge</i>											
A	Principles of establishing nurse-client relationship.	X	X	X	X			X			X
B	Techniques of written, verbal, and nonverbal communication including information technologies.	X	X	X	X	X		X			X
C	Principles of disease prevention, health promotion, education and rehabilitation for clients.	X	X	X	X		X	X	X	X	X
D	Clinical practice guidelines as a basis	X	X	X	X	X	X	X	X	X	X

	of interventions to support client throughout the life span, including end-of-life care.										
E	Collaborative aspects of the relationship between the nursing plan of care, the therapeutic regimen, the plan of interdisciplinary health care team members, and cost factors.	X	X	X	X	X	X	X	X	X	X
F	A systematic approach for setting priorities and strategies for coordinating plan of care.	X	X	X	X	X	X	X		X	X
G	Strategies for collaborative discharge planning.	X	X		X		X	X		X	X
H	Principles of humanities & natural, social, and behavioral sciences applied to the care planning for clients.	X	X		X		X	X	X	X	X
	<i>Additional Clinical Behaviors/Judgments</i>										
A	Identify short and long-term goals/outcomes, select interventions, and establish priorities for care in collaboration with the client.	X	X	X	X			X			X
B	Use current technology and evidence-based information to formulate and modify the nursing plan of care.		X	X				X	X		X
C	Contribute to the interdisciplinary plan of care.	X	X	X	X	C		X	X		X
D	Communicate plan of care to nurses and other interdisciplinary health care team members.			X		C		X	X		X
E	Initiate discharge planning in							X			X

	collaboration with interdisciplinary health care team.										
F	Implement cost effective care.	X			X			X	X		X
3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the client and interdisciplinary health care team to assist client* in meeting health care needs.											
<i>Additional Knowledge</i>											
A	Health practices and behaviors of clients related to developmental level, gender, cultures, belief systems, and Xthe environment.	X	X	X	X	X		X	X		X
B	Patterns and modes of therapeutic communication and collaboration including conflict resolution and negotiation.	X	X	X	X	X		X			X
C	Rights and responsibilities of clients related to health care.	X	X	X	X	X	X	X	X	X	X
D	Physiological and psychosocial (spiritual, cultural, gender, developmental level, financial) aspects of nursing interventions.	X	X	X	X		X	X	X	X	X
E	Principles and factors that contribute to the maintenance or restoration of health.	X	X	X	X		X	X	X	X	X
F	Principles and rational underlying the use, administration, and interaction of pharmacotherapeutic agents, including intravenous medications.				X		X	X	X	X	X
G	Management of the client's environment.	X	X		X			X			X
H	Principles and strategies of stress	X	X		X		X	X		X	X

	management and crisis intervention.										
I	Code of ethics and framework for ethical decision-making.	X	X		X	X	X	X	X	X	X
J	Legal parameters of professional nursing practice and health care.	X	X	X	X	X	X	X	X	X	X
K	Interdisciplinary resources and organization relationships.	X	X	X				X	X		X
L	Issues and factors impacting confidentiality.	X	X			X	X	X		X	X
M	Nursing procedures and skills to implement plan of care.	X	X	X	X		X	X	X	X	X
N	Decision-making, problem solving and critical thinking processes.	X	X	X	X	X	X	X	X	X	X
	<i>Additional Clinical Behaviors/Judgments</i>										
A	Promote a safe, effective environment conducive to the optimal health and dignity of the client.	X	X	X	X	X		X			X
B	Implement plan of care to assist clients to meet physiological needs including circulation, nutrition, oxygenation, activity, elimination, comfort, pain management, rest, and sleep.	X	X	X	X			X	X		X
C	Implement nursing care to promote health and manage acute and chronic health problems and disabilities.	X	X	X	X			X	X		X
D	Adjust priorities and implement nursing interventions in emergency situations.			X	X			X	X		X
E	Initiate nursing interventions to promote client's psychosocial well-being.	X	X		X			X	X		X

F	Facilitate the development of client coping mechanisms during alterations in health status.	X	X		X			X			X
G	Perform therapeutic and preventive nursing measures and administer treatments and medications as authorized by law and determined by the BON.	X	X	X	X	X		X	X		X
H	Evaluate, document, and report responses to medications, treatments, and procedures and communicate the same to other health care professionals clearly and accurately.	X		X	X			X	X		X
I	Collaborate with other health care providers with treatments and procedures.	X	X	X	X			X	X		X
J	Inform and support health care rights of clients.	X	X	X	X	X		X	X		X
K	Use interdisciplinary resources within the institution to address ethical and legal concerns.		X			X		X	X		X
L	Utilize therapeutic communication skills when interacting with clients.	X	X	X	X	X		X			X
M	Participate in peer review and quality improvement processes.					X		X	X		X
N	Use current technology to enhance client care.			X	X			X	X		X
O	Act as a role model in maintaining client confidentiality.	X	X	X	X	X		X			X
P	Assume accountability when using independent clinical judgment and established protocols.	X	X	X	X	X		X	X		X
4. Develop and implement teaching plans for clients concerning promotion,											

maintenance, and restoration of health.											
<i>Additional Knowledge</i>											
A	Developmental stages and socio/cultural variables affecting the teaching/learning process.	X	X		X		X	X		X	X
B	Principles, methods, strategies and outcomes of learning and teaching.	X	X		X		X	X	X	X	X
C	Knowledge of community resources related to teaching/learning.	X	X		X	X	X	X	X	X	X
<i>Additional Clinical Behaviors/Judgments</i>											
A	Identify learning needs of clients related to health promotion, maintenance, and risk reduction.	X	X	X	X	X	X	X	X	X	X
B	Collaborate with others to develop and modify individualized teaching plans based upon developmental and health care learning needs.			X			X	X	X	X	X
C	Individualize and implement established teaching plans.			X				X	X		X
D	Evaluate learning outcomes of the client receiving instruction.		X	X	X			X	X		X
E	Modify teaching methods to accommodate client differences.		X	X	X			X	X		X
F	Apply knowledge of how changes in client's personal behavior improve client's health.		X	X	X		X	X	X	X	X
G	Serve as model and resource for health education and information.	X	X	X	X	X		X	X		X
5. Evaluate clients'* responses and outcomes to therapeutic interventions.											
<i>Additional Knowledge</i>											
A	Methods for evaluating clients'* responses to interventions and	X	X	X	X			X	X		X

	client* outcomes.										
B	Common methods to evaluate health care processes.		X	X	X			X	X		X
C	An introduction to performance improvement concepts.			X				X	X		X
	<i>Additional Clinical Behaviors/Judgments</i>										
A	Analyze client data to compare expected and achieved outcomes for client.		X	X	X			X	X		X
B	Identify and communicate reasons and rationales for deviation from plan of care to interdisciplinary health care team.			X				X	X		X
C	Modify plan of care and/or expected outcomes.			X				X	X		X
D	Evaluate and communicate quality and effectiveness of therapeutic interventions.	X	X	X	X			X	X		X
E	Use evaluation tools to measure processes and outcomes.		X	X	X	X		X			X
6. Provide for the care of multiple clients* either through direct care or assignment and/or delegation of care to other members of the health care team.											
<i>Additional Knowledge</i>											
A	Standards of Care: Standards of Practice.	X	X	X	X	X			X		X
B	Characteristics, trends and issues of health care delivery.	X	X	X	X	X					
C	Principles for determining priorities and organization of nursing care.	X	X	X	X	X					X
D	Principles of delegation, supervision, collaboration including delegation rules from Texas Nursing Practice	X	X	X	X	X			X		

	Act.										
E	Principles of decision making.	X	X	X	X				X		X
	<i>Additional Clinical Behaviors/Judgments</i>										
A	Identify priorities and make judgments concerning the needs of multiple clients in order to organize care.								X		X
B	Manage care for multiple clients.										X
C	Apply management concepts in assigning and/or delegating nursing care to other members of the nursing team.						X	X		X	X
7. Use a critical thinking approach to analyze clinical data and current literature as a basis for decision making in nursing practice.											
<i>Additional Knowledge</i>											
A	A conceptual framework of nursing practice as a means of planning care and solving clinical problems.			X			X	X	X	X	X
B	Critical thinking and decision-making processes.	X	X	X	X	X	X	X	X	X	X
C	Application of current literature and/or interpreted research finding in improving client* care.	X	X	X	X	X		X	X		X
D	Mechanisms for accessing and evaluating current literature.	X	X	X	X		X	X		X	X
E	Principles of change.						X	X		X	X
	<i>Additional Clinical Behaviors/Judgments</i>										
A	Use critical thinking as a abasis for decision making in nursing practice.			X		X		X	X		X
B	Prioritize client care and follow-up on problems that warrant			X				X			X

	investigation.										
C	Use knowledge of societal trends to identify and communicate client care problems.		X	X					X		
D	Read and discuss relevant, current nursing practice journal articles and apply to practice.	X	X		X						
Coordinator of Care											
1. Coordinate human and material resources for the provision of care for clients.											
<i>Additional Knowledge</i>											
A	Principles of organizing and managing resources.	X	X		X	X		X	X		X
B	Principles of management, decision making, assertiveness, communication, motivation, time management, delegation, and principles of change.	X	X		X	X		X			X
C	Group process as a means of achieving and evaluating goals.							X			X
D	Cultural differences and major needs of vulnerable clients.	X	X		X		X	X	X	X	X
E	Major current issues affecting public/government/private health care services, programs, and costs.	X	X		X		X	X	X	X	X
F	Local human and material resources.	X	X		X	X		X	X		X
G	Current systems for managing client* information.	X	X		X			X			X
<i>Additional Clinical Behaviors/Judgments</i>											
A	Participate in the evaluation of care administered by the interdisciplinary health care team.				X	X		X	X		X

B	Consult with, utilize, and make referrals to community agencies and health care resources to provide continuity of care.		X	X	X	X		X			X
C	Use organizational and management skills when utilizing resources to meet goals/outcomes, & enhance quality of nursing care and level of client satisfaction.	X	X		X			X			X
D	Use negotiation skills for the purpose of achieving positive client outcomes.	X	X		X	X		X			X
E	Participate in interdisciplinary health care team meeting/conferences.							X			X
F	Apply change strategies to achieve stated outcomes.					X					X
2. Collaborate with clients* and the interdisciplinary health care team for the planning and delivery of care.											
<i>Additional Knowledge</i>											
A	Structure, function, and interdisciplinary relationships within the health care delivery system.	X	X		X			X			X
B	Patterns and modes of effective communication and collaboration including conflict resolution and negotiation.	X	X		X	X					
C	Principles of team management & leadership.	X	X		X						
D	Legal/ethical processes related to healthcare.	X	X		X	X		X			X
<i>Additional Clinical Behaviors/Judgments</i>											

A	Work with client and interdisciplinary health care team for planning health care delivery to improve the quality of care across the life span.		X			X		X	X		X
B	Promote the effective coordination of client-centered health care.	X	X		X			X			X
3. Refer clients to resources that facilitate continuity of care.											
<i>Additional Knowledge</i>											
A	Institutional and community resources including agencies/services and health care providers.	X	X		X			X	X		X
B	Roles of family and significant others in response to alterations in health status.	X	X		X			X	X		X
C	Referral processes.	X	X		X	X		X			X
D	Issues and trends in health care delivery.	X	X		X		X	X	X	X	X
<i>Additional Clinical Behaviors/Judgments</i>											
A	Assess the adequacy of the support system of the client.	X	X		X			X			X
B	Identify providers and resources to meet the needs of the client.	X	X		X				X		X
C	Facilitate communication between client and institutional or community resources.	X	X		X	X					X
D	Advocate on behalf of the client with other members of the interdisciplinary health care team to procure resources for client care.					X			X		X
4. Function within the organizational framework of various health care											
									X		

settings.										
Additional Knowledge										
A	Organizational mission, vision and values as a framework for management.		X					X		X
B	Types of organizational frameworks of various health care settings.		X					X	X	X
C	Methods for promoting safety in the work environment consistent with current Federal/State/local regulations and guidelines.	X	X		X	X		X	X	X
D	RN's role in risk management.	X	X		X	X		X		X
E	Key issues related to budgetary constraints impacting the use of resources.	X	X		X			X		X
F	Basic principles of management and communication within the organization.		X					X		X
G	Relationships among members of the interdisciplinary health care team.	X	X		X			X		X
H	Individual and group responses to organizational change.		X					X		X
I	Strategies for initiating and facilitating change within the work setting.	X	X		X					
Additional Clinical Behaviors/Judgments										
A	Identify and participate in activities to improve health care delivery within the work setting.	X	X		X			X		X
B	Report the need for corrective action within the organization.	X	X		X			X		X
C	Select human and material resources that are optimal. Legal, and cost effective to achieve organizational	X	X		X	X				X

	goals.										
D	Use basic management and leadership skills, act as a team leader, supervise and delegate care and contribute to shared goals.	X	X		X						
Member of a Profession											
1. Assume accountability and responsibility for the quality of nursing care provided to clients.											
<i>Additional Knowledge</i>											
A	Code of ethics for nurses.	X	X		X	X		X			X
B	Standards of nursing practice and care.	X	X		X	X		X	X		X
C	Legal parameters of nursing practice including the Texas nursing Practice Act.	X	X		X	X		X	X		X
D	Issues affecting the RN role and the delivery of client care.	X	X		X	X		X			X
E	Career development options for professional development.		X								
F	Self-evaluation, staff evaluation and peer evaluation processes.		X			X		X			X
G	Methods for the development of policies/procedures.		X								
H	Communication techniques and management skills to maintain professional boundaries.	X	X		X			X			X
I	Basic principles of performance improvement and outcome measurement.					X		X			X
<i>Additional Clinical Behaviors/Judgments</i>											
A	Provide nursing care within limits of professional nursing knowledge, education, experience, and	X	X		X	X		X			X

	ethical/legal standards of care.										
B	Provide holistic care that addresses the needs of diverse individuals across the life span.	X	X		X			X			X
C	Evaluate the learning needs of self, peers, or others and intervene to assure quality of care.							X			X
D	Promote accountability for quality nursing practice through participation on policy and procedures committees.		X								
E	Delegate/assign to other health care providers within legal parameters and evaluate delivery of care.	X	X		X	X			X		
F	Use communication techniques and management skills to maintain professional boundaries between clients and individual health care team members.	X	X		X			X			X
2. Act as an advocate to promote the provision of quality health care for clients.											
<i>Additional Knowledge</i>											
A	Current issues and legal principles relating to safeguarding client rights.	X	X		X	X	X	X	X	X	X
B	Role of the nurse as client advocate.	X	X		X	X	X	X	X	X	X
C	Role of organizational committees, peer review committee, nursing organizations, and community groups involved with improving the quality of health care for clients*.		X			X		X			X
D	Role/responsibility for public safety and welfare.	X	X		X	X	X	X	X	X	X
<i>Additional Clinical Behaviors/Judgments</i>											

A	Support the client's right of self-determination and choice even when these choices conflict with values of the individual professional.	X	X		X	X		X	X		X
B	Identify client's unmet needs from a holistic perspective.	X	X		X			X			X
C	Advocate on behalf of the client with other members of the interdisciplinary health care team.		X		X	X		X	X		X
D	Participate on organizational committees, professional organizations, and community groups to improve the quality of health care.		X			X					
E	Serve as a member of voluntary health care and community teams to provide services to individuals and communities with unmet needs.		X								
3. Participate in activities that promote the development and practice of professional nursing.											
<i>Additional Knowledge</i>											
A	Historical evolution of professional nursing.		X				X	X		X	X
B	Issues and trends affecting the development and practice of professional nursing.	X	X		X	X	X	X	X	X	X
C	The role of professional nursing organizations, regulatory agencies, and health care organization.		X				X	X	X	X	X
D	Public perception of nursing.		X				X	X		X	X
E	The evolving practice roles of professional nurses and their contributions to the profession.	X	X		X	X	X	X	X	X	X
F	Political processes.	X	X		X	X		X		X	X

	<i>Additional Clinical Behaviors/Judgments</i>										
A	Promote collegiality among interdisciplinary health care team members.	X	X		X			X			X
B	Collaborate with members of nursing and other health care organizations to promote the profession of nursing.	X	X		X			X	X		X
C	Participate in activities individually or in groups through organizations that promote the profession of nursing.	X	X		X						
D	Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.	X	X		X	X		X	X		X
E	Practice within the RN role and Scope of Practice.	X	X		X	X		X	X		X
F	Serve as a positive role model for students, peers, and members of the interdisciplinary team.	X	X		X	X		X			X

Differentiated Entry Level Competencies of Texas (DELIC)

LSC-CY FAIR

Associate Degree Nursing Program

(UPDATED 3/2010)

YEAR TWO

Provider of Care		RNSG 2261 (OB-C)	RNSG 2208 (OB-T)	RNSG 2260 (Peds-C)	RNSG 2201 (Peds-T)	RNSG 2162 (MH-C)	RNSG 2213 (MH-T)	RNSG 2207	RNSG 2660	RNSG 2231
1. Determine the health status and health needs of clients* based upon interpretation of health data & preventative health practices in collaboration with clients* and interdisciplinary health care team members.										
	<i>Additional Knowledge</i>									
A	Five steps of a systematic process, which includes assessment, analysis, planning, implementation and evaluation.	X	X	X	X	X	X		X	X
B	Classification system for nursing diagnoses (e.g. North American Nursing Diagnosis Association.)	X	X	X	X	X	X		X	X
C	Structured and unstructured data collection tools and techniques for assessment of clients.	X	X	X	X	X	X		X	X
D	Characteristics, concepts, and processes related to clients*, including anatomy and physiology; physical and psychosocial growth	X	X	X	X	X	X		X	X

	and development/pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.									
E	Characteristics, concepts, and processes related to disease transmission, risk factors, preventative health practices and their implications for selected populations and community resources.	X	X	X	X	X	X		X	X
F	Medical diagnoses, pharmacotherapeutics and other therapies and treatments.	X	X	X	X	X	X			X
G	Introduction to established theories, models and approaches that guide nursing practice.	X	X	X	X	X	X			X
H	Characteristics, concepts and processes related to families, including family development, structure and function; family communication patterns; and decision-making structures.	X	X	X	X	X	X			X
I	Technologic applications.	X	X	X		X	X		X	X
J	Introduction to complex & multi-system healthcare problems.	X	X	X	X	X	X		X	X
K	Political, economic and societal forces affecting the health of individuals and families.	X	X	X	X	X	X	X	X	X
	<i>Additional Clinical Behaviors/Judgments</i>			X	X					
A	Take client history using structured and unstructured data collection tools to obtain physical,	X		X		X	X		X	

	psychosocial, spiritual, cultural, familial, occupational, environmental information, risk factors, and client resources.									
B	Perform assessment to identify health needs and monitor for change in health status.	X		X		X	X		X	
C	Validate, report, and document assessment data using assessment tools.	X	X	X		X	X		X	
D	Identify complex multi-system health care problems of clients.	X	X	X	X	X	X		X	
E	Formulate nursing diagnoses based upon analysis of health data.	X	X	X	X	X	X		X	
F	Perform health screening.	X	X	X					X	
G	Analyze and interpret health data of clients.	X	X	X		X			X	
H	Incorporate multiple determinants of health in clinical care when providing care for individuals and families.	X	X	X		X			X	
I	Recognize that political, economic, and societal forces affect the health of clients.	X	X	X	X	X	X		X	
2. Formulate goal/outcomes and plan of care based on nursing diagnosis in collaboration with clients* and interdisciplinary health care team members.										
<i>Additional Knowledge</i>										
A	Principles of establishing nurse-client relationship.		X	X		X	X		X	X
B	Techniques of written, verbal, and nonverbal communication including information technologies.	X	X	X	X	X	X		X	X

C	Principles of disease prevention, health promotion, education and rehabilitation for clients.	X	X	X	X	X	X		X	X
D	Clinical practice guidelines as a basis of interventions to support client throughout the life span, including end-of-life care.	X	X	X		X			X	X
E	Collaborative aspects of the relationship between the nursing plan of care, the therapeutic regimen, the plan of interdisciplinary health care team members, and cost factors.	X	X	X	X	X	X	X	X	X
F	A systematic approach for setting priorities and strategies for coordinating plan of care.	X	X	X	X	X	X	X	X	X
G	Strategies for collaborative discharge planning.	X	X	X		X	X		X	X
H	Principles of humanities & natural, social, and behavioral sciences applied to the care planning for clients.	X	X	X	X	X	X		X	X
	<i>Additional Clinical Behaviors/Judgments</i>									
A	Identify short and long-term goals/outcomes, select interventions, and establish priorities for care in collaboration with the client.	X	X	X		X	X		X	X
B	Use current technology and evidence-based information to formulate and modify the nursing plan of care.	X	X	X			X		X	X
C	Contribute to the interdisciplinary plan of care.	X	X	X		X	X		X	
D	Communicate plan of care to nurses and other interdisciplinary health car	X	X	X			X		X	

	team members.									
E	Initiate discharge planning in collaboration with interdisciplinary health care team.	X		X					X	
F	Implement cost effective care.	X	X	X				X	X	
3. Implement plan of care within legal and ethical parameters, including scope of practice, in collaboration with the client and interdisciplinary health care team to assist client* in meeting health care needs.										
<i>Additional Knowledge</i>										
A	Health practices and behaviors of clients related to developmental level, gender, cultures, belief systems, and the environment.	X	X	X	X	X	X	X	X	X
B	Patterns and modes of therapeutic communication and collaboration including conflict resolution and negotiation.		X	X		X	X	X	X	X
C	Rights and responsibilities of clients related to health care.	X	X	X	X	X	X	X	X	X
D	Physiological and psychosocial (spiritual, cultural, gender, developmental level, financial) aspects of nursing interventions.	X	X	X	X	X	X		X	X
E	Principles and factors that contribute to the maintenance or restoration of health.	X	X	X	X	X	X		X	X
F	Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic agents, including intravenous medications.	X	X	X	X	X	X		X	X
G	Management of the client's	X	X	X			X		X	

	environment.									
H	Principles and strategies of stress management and crisis intervention.	X	X	X	X	X	X	X		X
I	Code of ethics and framework for ethical decision-making.		X	X	X	X	X	X	X	
J	Legal parameters of professional nursing practice and health care.		X	X	X		X	X	X	X
K	Interdisciplinary resources and organization relationships.	X	X	X			X	X	X	
L	Issues and factors impacting confidentiality.	X	X	X	X	X	X	X	X	X
M	Nursing procedures and skills to implement plan of care.	X	X	X	X				X	
N	Decision-making, problem solving and critical thinking processes.	X	X	X	X	X	X	X	X	X
	<i>Additional Clinical Behaviors/Judgments</i>									
A	Promote a safe, effective environment conducive to the optimal health and dignity of the client.	X	X	X		X	X	XX	X	
B	Implement plan of care to assist clients to meet physiological needs including circulation, nutrition, oxygenation, activity, elimination, comfort, pain management, rest, and sleep.	X	X	X			X		X	
C	Implement nursing care to promote health and manage acute and chronic health problems and disabilities.	X	X	X					X	
D	Adjust priorities and implement nursing interventions in emergency situations.	X	X	X					X	X
E	Initiate nursing interventions to promote client's psychosocial well-	X	X	X		X	X		X	

	being.									
F	Facilitate the development of client coping mechanisms during alterations in health status.	X	X	X		X	X		X	
G	Perform therapeutic and preventive nursing measures and administer treatments and medications as authorized by law and determined by the BON.	X		X					X	
H	Evaluate, document, and report responses to medications, treatments, and procedures and communicate the same to other health care professionals clearly and accurately.	X		X		X	X		X	X
I	Collaborate with other health care providers with treatments and procedures.	X		X		X			X	
J	Inform and support health care rights of clients.	X	X	X		X		X	X	
K	Use interdisciplinary resources within the institution to address ethical and legal concerns.	X	X	X				X	X	X
L	Utilize therapeutic communication skills when interacting with clients.	X	X	X		X	X	X		X
M	Participate in peer review and quality improvement processes.		X	X				X		X
N	Use current technology to enhance client care.	X	X	X					X	X
O	Act as a role model in maintaining client confidentiality.	X	X	X		X	X	X	X	X
P	Assume accountability when using independent clinical judgment and established protocols.	X	X	X		X		X	X	X
4. Develop and implement teaching										

plans for clients concerning promotion, maintenance, and restoration of health.										
<i>Additional Knowledge</i>										
A	Developmental stages and socio/cultural variables affecting the teaching/learning process.	X	X	X	X	X	X		X	X
B	Principles, methods, strategies and outcomes of learning and teaching.	X	X	X	X	X	X		X	X
C	Knowledge of community resources related to teaching/learning.	X	X	X	X	X		X	X	
<i>Additional Clinical Behaviors/Judgments</i>							X			
A	Identify learning needs of clients related to health promotion, maintenance, and risk reduction.	X	X	X	X	X	X	X	X	X
B	Collaborate with others to develop and modify individualized teaching plans based upon developmental and health care learning needs.	X		X	X				X	X
C	Individualize and implement established teaching plans.	X	X	X					X	X
D	Evaluate learning outcomes of the client receiving instruction.	X		X					X	X
E	Modify teaching methods to accommodate client differences.	X	X	X				X	X	X
F	Apply knowledge of how changes in client's personal behavior improve client's health.	X	X	X	X	X	X		X	
G	Serve as model and resource for health education and information.	X	X	X			X			
5. Evaluate clients'* responses and outcomes to therapeutic interventions.										
<i>Additional Knowledge</i>										
A	Methods for evaluating clients'* responses to interventions and	X	X	X		X	X		X	X

	client* outcomes.									
B	Common methods to evaluate health care processes.			X		X		X	X	
C	An introduction to performance improvement concepts.			X				X	X	
	<i>Additional Clinical Behaviors/Judgments</i>									
A	Analyze client data to compare expected and achieved outcomes for client.	X	X	X		X	X		X	X
B	Identify and communicate reasons and rationales for deviation from plan of care to interdisciplinary health care team.	X	X	X					X	X
C	Modify plan of care and/or expected outcomes.	X	X	X					X	X
D	Evaluate and communicate quality and effectiveness of therapeutic interventions.	X	X	X		X			X	
E	Use evaluation tools to measure processes and outcomes.	X	X	X						
6. Provide for the care of multiple clients* either through direct care or assignment and/or delegation of care to other members of the health care team.										
<i>Additional Knowledge</i>										
A	Standards of Care: Standards of Practice.	X	X	X		X	X	X	X	X
B	Characteristics, trends and issues of health care delivery.		X	X		X	X	X		X
C	Principles for determining priorities and organization of nursing care.	X	X	X		X	X	X	X	X
D	Principles of delegation, supervision, collaboration including delegation rules from Texas Nursing Practice	X	X			X	X	X	X	X

	Act.									
E	Principles of decision making.	X	X	X		X	X	X		X
	<i>Additional Clinical Behaviors/Judgments</i>									
A	Identify priorities and make judgments concerning the needs of multiple clients in order to organize care.	X	X	X				X	X	X
B	Manage care for multiple clients.	X		X					X	
C	Apply management concepts in assigning and/or delegating nursing care to other members of the nursing team.		X	X	X			X	X	X
7. Use a critical thinking approach to analyze clinical data and current literature as a basis for decision making in nursing practice.										
<i>Additional Knowledge</i>										
A	A conceptual framework of nursing practice as a means of planning care and solving clinical problems.	X	X	X		X	X	X	X	X
B	Critical thinking and decision-making processes.	X	X	X	X	X	X	X	X	X
C	Application of current literature and/or interpreted research finding in improving client* care.	X	X	X		X	X	X	X	X
D	Mechanisms for accessing and evaluating current literature.		X	X	X			X	X	
E	Principles of change.	X	X	X	X			X		
	<i>Additional Clinical Behaviors/Judgments</i>									
A	Use critical thinking as a basis for decision making in nursing practice.	X	X	X		X	X		X	
B	Prioritize client care and follow-up on problems that warrant	X	X	X		X	X		X	

	investigation.									
C	Use knowledge of societal trends to identify and communicate client care problems.	X	X	X		X	X		X	
D	Read and discuss relevant, current nursing practice journal articles and apply to practice.		X	X			X	X		X
Coordinator of Care										
1. Coordinate human and material resources for the provision of care for clients.										
<i>Additional Knowledge</i>										
A	Principles of organizing and managing resources.	X	X				X	X	X	
B	Principles of management, decision making, assertiveness, communication, motivation, time management, delegation, and principles of change.	X	X	X		X		X	X	
C	Group process as a means of achieving and evaluating goals.	X		X		X	X	X		
D	Cultural differences and major needs of vulnerable clients.	X	X	X		X	X	X		
E	Major current issues affecting public/government/private health care services, programs, and costs.		X	X		X	X	X		
F	Local human and material resources.	X	X	X				X		
G	Current systems for managing client* information.	X						X	X	
<i>Additional Clinical Behaviors/Judgments</i>										
A	Participate in the evaluation of care administered by the interdisciplinary health care team.	X	X	X		X			X	

B	Consult with, utilize, and make referrals to community agencies and health care resources to provide continuity of care.	X	X	X				X	
C	Use organizational and management skills when utilizing resources to meet goals/outcomes, & enhance quality of nursing care and level of client satisfaction.		X	X			X	X	X
D	Use negotiation skills for the purpose of achieving positive client outcomes.	X	X	X	X			X	
E	Participate in interdisciplinary health care team meeting/conferences.	X		X	X	X	X	X	
F	Apply change strategies to achieve stated outcomes.	X	X	X			X	X	X
2. Collaborate with clients* and the interdisciplinary health care team for the planning and delivery of care.				X					
<i>Additional Knowledge</i>									
A	Structure, function, and interdisciplinary relationships within the health care delivery system.	X	X	X		X	X	X	
B	Patterns and modes of effective communication and collaboration including conflict resolution and negotiation.	X	X	X		X	X	X	X
C	Principles of team management & leadership.	X					X	X	X
D	Legal/ethical processes related to healthcare.	X	X	X		X	X	X	X
<i>Additional Clinical Behaviors/Judgments</i>									
A	Work with client and interdisciplinary health care team for	X	X	X			X	X	

	planning health care delivery to improve the quality of care across the life span.									
B	Promote the effective coordination of client-centered health care.			X			X		X	
3. Refer clients to resources that facilitate continuity of care.										
<i>Additional Knowledge</i>										
A	Institutional and community resources including agencies/services and health care providers.	X	X	X			X		X	
B	Roles of family and significant others in response to alterations in health status.	X	X	X		X	X		X	X
C	Referral processes.	X		X		X	X		X	
D	Issues and trends in health care delivery.	X	X	X	X	X	X	X	X	X
<i>Additional Clinical Behaviors/Judgments</i>										
A	Assess the adequacy of the support system of the client.	X	X	X		X	X	X		
B	Identify providers and resources to meet the needs of the client.	X		X		X	X		X	
C	Facilitate communication between client and institutional or community resources.	X		X			X		X	
D	Advocate on behalf of the client with other members of the interdisciplinary health care team to procure resources for client care.	X	X	X		X	X		X	
4. Function within the organizational framework of various health care settings.										
<i>Additional Knowledge</i>										

A	Organizational mission, vision and values as a framework for management.	X		X				X	X	
B	Types of organizational frameworks of various health care settings.	X	X	X	X			X	X	
C	Methods for promoting safety in the work environment consistent with current Federal/State/local regulations and guidelines.	X	X	X		X	X	X	X	X
D	RN's role in risk management.		X	X		X	X	X	X	X
E	Key issues related to budgetary constraints impacting the use of resources.			X		X		X		X
F	Basic principles of management and communication within the organization.	X		X				X	X	X
G	Relationships among members of the interdisciplinary health care team.	X	X	X		X	X	X	X	X
H	Individual and group responses to organizational change.			X		X	X	X	X	X
I	Strategies for initiating and facilitating change within the work setting.	X		X		X		X	X	X
	<i>Additional Clinical Behaviors/Judgments</i>									
A	Identify and participate in activities to improve health care delivery within the work setting.	X	X	X					X	
B	Report the need for corrective action within the organization.		X	X					X	
C	Select human and material resources that are optimal. Legal, and cost effective to achieve organizational goals.		X	X					X	
D	Use basic management and	X		X					X	

		leadership skills, act as a team leader, supervise and delegate care and contribute to shared goals.								
		Member of a Profession								
		1. Assume accountability and responsibility for the quality of nursing care provided to clients.						X	X	X
		Additional Knowledge								
A		Code of ethics for nurses.		X	X		X	X	X	X
B		Standards of nursing practice and care.		X	X		X	X	X	X
C		Legal parameters of nursing practice including the Texas nursing Practice Act.		X	X		X	X	X	X
D		Issues affecting the RN role and the delivery of client care.		X	X	X	X	X	X	X
E		Career development options for professional development.		X	X		X	X	X	X
F		Self-evaluation, staff evaluation and peer evaluation processes.	X	X	X		X	X	X	X
G		Methods for the development of policies/procedures.			X				X	
H		Communication techniques and management skills to maintain professional boundaries.	X		X		X	X	X	
I		Basic principles of performance improvement and outcome measurement.			X			X	X	X
		Additional Clinical Behaviors/Judgments								
A		Provide nursing care within limits of professional nursing knowledge, education, experience, and ethical/legal standards of care.	X	X	X		X	X		X
B		Provide holistic care that addresses	X	X	X		X	X		X

	the needs of diverse individuals across the life span.									
C	Evaluate the learning needs of self, peers, or others and intervene to assure quality of care.	X	X	X		X	X		X	
D	Promote accountability for quality nursing practice through participation on policy and procedures committees.		X	X			X	X	X	X
E	Delegate/assign to other health care providers within legal parameters and evaluate delivery of care.			X					X	
F	Use communication techniques and management skills to maintain professional boundaries between clients and individual health care team members.	X	X	X		X	X	X	X	X
2. Act as an advocate to promote the provision of quality health care for clients.										
<i>Additional Knowledge</i>										
A	Current issues and legal principles relating to safeguarding client rights.	X	X	X	X	X	X	X	X	X
B	Role of the nurse as client advocate.	X	X	X	X	X	X	X	X	X
C	Role of organizational committees, peer review committee, nursing organizations, and community groups involved with improving the quality of health care for clients*.		X	X			X	X	X	X
D	Role/responsibility for public safety and welfare.		X	X		X	X	X		X
<i>Additional Clinical Behaviors/Judgments</i>										
A	Support the client's right of self-determination and choice even when	X	X	X		X			X	X

	these choices conflict with values of the individual professional.									
B	Identify client's unmet needs from a holistic perspective.	X	X	X		X	X		X	X
C	Advocate on behalf of the client with other members of the interdisciplinary health care team.	X	X	X		X	X		X	X
D	Participate on organizational committees, professional organizations, and community groups to improve the quality of health care.		X						X	
E	Serve as a member of voluntary health care and community teams to provide services to individuals and communities with unmet needs.		X							
3. Participate in activities that promote the development and practice of professional nursing.										
<i>Additional Knowledge</i>										
A	Historical evolution of professional nursing.			X	X		X	X		
B	Issues and trends affecting the development and practice of professional nursing.		X	X	X	X	X	X	X	
C	The role of professional nursing organizations, regulatory agencies, and health care organization.		X	X	X	X	X	X	X	
D	Public perception of nursing.			X	X			X		
E	The evolving practice roles of professional nurses and their contributions to the profession.	X	X	X	X	X		X	X	
F	Political processes.		X	X				X		
<i>Additional Clinical Behaviors/Judgments</i>										

A	Promote collegiality among interdisciplinary health care team members.	X	X	X		X	X		X	
B	Collaborate with members of nursing and other health care organizations to promote the profession of nursing.	X	X	X			X		X	
C	Participate in activities individually or in groups through organizations that promote the profession of nursing.			X					X	
D	Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.		X	X			X	X	X	
E	Practice within the RN role and Scope of Practice.	X	X	X		X	X		X	
F	Serve as a positive role model for students, peers, and members of the interdisciplinary team.	X	X	X	X	X	X	X	X	X

APPENDIX

HELPFUL WEBSITES

Texas Board of Nursing <http://www.bon.state.tx.us/>

National League of Nurses (NLN) <http://www.nln.org/sitemap/index.htm>

National League of Nursing Accrediting Commission (NLNAC) <http://www.nlnac.org/home.htm>

National Organization of Associate Degree Nursing: <http://www.noadn.org/>

Texas Organization of ADN <http://www.toadn.org/links.htm>

Texas Association of Vocational Nurse Educator's (TAVNE) <http://www.tavne.org>

Texas Nurse Association <http://www.texasnurses.org/>

Johnson & Johnson Discover Nursing: <http://www.discovernursing.com/>

National Council of State Board of Nursing <http://www.ncsbn.org/>

NurseWeek: <http://www.nurseweek.com/>

HESI Testing <http://hesitest.com>

UTMB Success of Allied Health APPLEs (Advancing the Professional and Personal Learning of Education) <http://www.sahs.utmb.edu/apples/>

CDC <http://www.cdc.gov/>

JCAHO www.jcaho.org/