Northern New Mexico College
RN to BSN Program
Student Handbook
2024-2025

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Welcome

On behalf of the faculty and staff of Northern New Mexico College (NNMC)/Department of Nursing and Health Sciences/Registered Nurse to Baccalaureate of Science in Nursing (RN to BSN) Program, we would like to extend a warm welcome to each of you.

We are confident that the education you receive during your student experience at NNMC will prepare you to meet the complex challenges faced by nurses in today's healthcare arena.

The RN to BSN Program is offering a fully online nursing curriculum. We believe that providing a fully online nursing curriculum will best meet the needs of working nurses who wish to pursue a baccalaureate degree in nursing.

Please keep us informed of your concerns, activities, and accomplishments throughout each semester. Additionally, please share with us your ideas about how we can best serve you so that together we can make this educational experience both productive and gratifying.

We look forward to working with you during this academic year and will do all that we can to facilitate a meaningful learning experience for you.

Once again, Welcome--- and best wishes as you pursue your educational goals!

Sincerely,

Ellen Trabka, MSN, RN, AHN-BC   Joan Hodge, MSN, RN, AHN-BC
Chair, Nursing and Health Sciences   Associate Director, RN to BSN Program
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INTRODUCTION
Department of Nursing and Health Sciences/RN to BSN Program
Student Handbook

The 2024-2025 RN to BSN Program Student Handbook (Handbook) has been developed to provide you with essential information specific to the RN to BSN Program. The Northern New Mexico College (NNMC) RN to BSN Program (Program) abides by all policies, procedures, and information provided in the current NNMC Student Handbook and the NNMC College Catalog. This Handbook is intended to supplement the NNMC publications noted above and provide you with additional policies and information specific to you, the RN to BSN Program student.

Please read the Handbook carefully. If any areas are unclear to you, please seek clarification with your instructor, the Associate Director for the RN to BSN Program, or the Chair of the Department of Nursing and Health Sciences. Please keep this Handbook available for reference as you progress through the nursing program.

Please Note*:*
The policies, procedures, requirements, regulations, and guidelines, as presented in the RN to BSN Handbook are continually subject to review to serve the needs of NNMC, the students, the Department of Nursing and Health Sciences/RN to BSN Program, the agencies in which students practice, and the community. Changes in programs, policies, procedures, requirements, and/or regulations may be made without advance notice. Students will be informed of these changes by written announcements in Blackboard classes, on the Program website, and/or by email or regular mail.
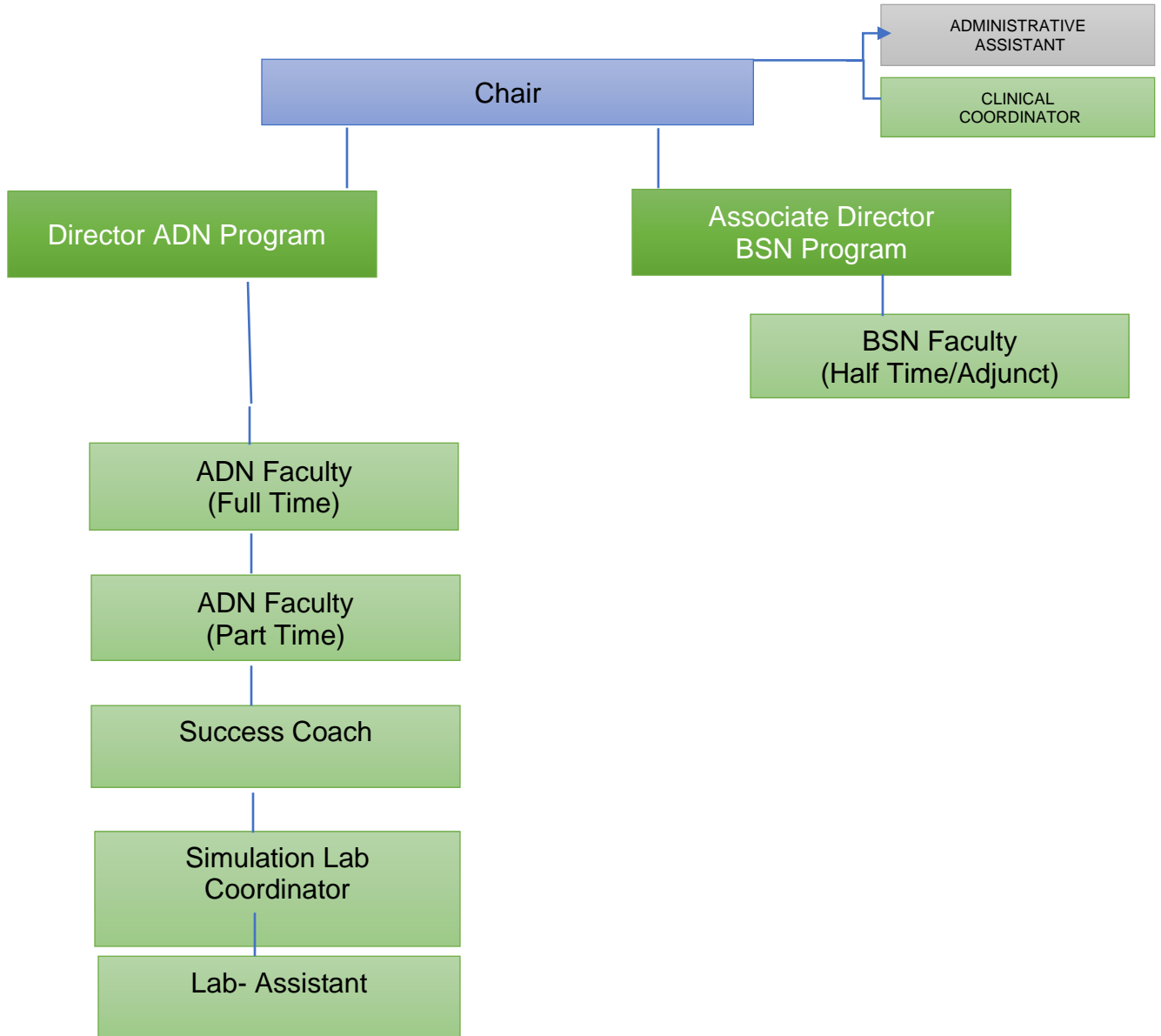
The Department of Nursing and Health Sciences reserves the right to add, amend, or cancel any of its programs, regulations, rules, and policies/procedures in whole or in part, at such time as it may choose and for any reason.

Every effort has been made to ensure the accuracy of information in this Handbook. Students are advised, however, that such information is subject to change without notice, and that they should consult with the Chair of the Department of Nursing and Health Sciences for current information.

Information in the Handbook does not constitute a contract between the NNMC Department of Nursing and Health Sciences and a student or an applicant for admission.

The entire contents of this Handbook apply to all students enrolled in the RN to BSN Program. The student is responsible for understanding and abiding by all the information in this Handbook and for the academic policies stated in the NNMC Student Handbook and College Catalog.

Department of Nursing & Health Sciences
Organizational Chart

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                                              ┌─────────────────────────┐
                                              │  ADMINISTRATIVE         │
                                              │  ASSISTANT              │
                                              └─────────────────────────┘
         ┌────────────────────────────────┐   ┌─────────────────────────┐
         │            Chair               │   │  CLINICAL               │
         └────────────────────────────────┘   │  COORDINATOR            │
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 ┌──────────────────────┐        ┌──────────────────────────┐
 │ Director ADN Program │        │   Associate Director      │
 └──────────────────────┘        │   BSN Program             │
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                                        ┌──────────────────────────┐
                                        │  BSN Faculty             │
                                        │  (Half Time/Adjunct)     │
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    ┌──────────────────────┐
    │  ADN Faculty         │
    │  (Full Time)         │
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    │  ADN Faculty         │
    │  (Part Time)         │
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    │  Success Coach       │
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    │  Simulation Lab      │
    │  Coordinator         │
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    ┌──────────────────────┐
    │  Lab- Assistant      │
    └──────────────────────┘
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**Faculty and Staff
Department of Nursing & Health Sciences
RN to BSN Program**

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Dr. Ana X Gutiérrez Sisneros, Ph.D., MALAS, APRN, PMHCNS-BC, AHN-BC, TCN-A	Part-time Faculty/Clinical Coordinator Department of Nursing and Health Sciences	malinallix@nnmc.edu 505 747-2256
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- The Chair of the Department of Nursing and Health Sciences is responsible for all matters pertaining to the Department of Nursing and Health Sciences and the RN to BSN Program.
- The Associate Director of the Program is responsible for curriculum development and implementation, program evaluation, student advisement, supervision, and evaluation of full-time and adjunct faculty.
- The Clinical Coordinator works in collaboration with faculty and students to coordinate all aspects of the student clinical practicum experience, and act as a liaison with clinical sites.
- The Administrative Assistant is responsible for assisting nursing administrators, faculty, and students with clerical and administrative activities.
- Full-time and part-time RN to BSN faculty schedule regular virtual office hours and are responsible for online class instruction and clinical supervision, student advisement, and student evaluation.

OVERVIEW

**NORTHERN NEW MEXICO COLLEGE
DEPARTMENT OF NURSING & HEALTH SCIENCES
RN to BSN PROGRAM**

The NNMC RN to BSN Program was founded in 2008 in response to a voiced need from within the community for a nursing program that would allow local nurses to pursue a baccalaureate degree in nursing while continuing to live close to home. Rio Arriba County, the home of NNMC, celebrates a Hispanic and Indigenous population of close to 80%. Many community members continue to practice ancient healing traditions alongside traditional allopathic methods. Community nurses have long expressed a desire to meet and respect the needs of these community members while providing nursing care in the hospital and community. The NNMC RN to BNS Program was born because of these two needs. In addition, community support of complementary and integrative medicine provided a strong foundation for the development of an integral, integrative, holistic nursing program.

The RN to BSN Program reflects the mission and vision of NNMC through the implementation of a baccalaureate nursing program that fosters the development of holistic, integrative, and integral nurses. The philosophies that provide the foundation for these publications are woven throughout each nursing course. RN to BSN faculty honor a tradition of nursing excellence, while also incorporating innovative ideas in nursing education and other disciplines.

NORTHERN NEW MEXICO COLLEGE (NNMC)

NNMC VISION

Northern New Mexico College is a Hispanic and Native American serving comprehensive institution that will be recognized nationally for cultural sustainability, quality student learning and developing economically strong communities among diverse populations.

NNMC MISSION

The mission of Northern New Mexico College is to ensure student success by providing access to affordable community-based, learning opportunities that meet the educational, cultural and economic needs of the region.

RN TO BSN PROGRAM

RN to BSN PROGRAM VISION

The Program will become regionally and nationally recognized as one that provides an innovative opportunity for Registered Nurses to excel in the provision of holistic integral nursing care.

RN to BSN PROGRAM MISSION

The Program provides a quality learning opportunity that prepares integral nurses who embrace and practice holistic, relationship-centered care that addresses individual and collective health.

RN to BSN PROGRAM DESCRIPTION

The Program is designed for and limited to individuals who are licensed as registered nurses (RN) in the United States. This Program is designed to articulate with many two-year associate degree nursing (ADN) programs. The Program prepares Registered Nurses to assume leadership roles as an integral nurse at the bedside, within an organization, in the community, and in the profession. The Program provides a unique and innovative nursing curriculum that is based upon the Theory of Integral Nursing (Dossey, 2022). Through an integrative care focus, this Program prepares nurses to provide holistic, intentional, relationship-centered care that addresses individual and collective health.

Students are admitted to the RN to BSN Program on an ongoing basis. The Program requires 120-122 credit hours for graduation that include: 1) forty credits of lower-division courses, to include nursing courses from an Associate Degree in Nursing program that will be applied toward the BSN degree; 2) general education courses; 3) support courses; and 4) a total of thirty-four credits of upper-division courses: 31 nursing credits and 3 upper division elective credits.

Applicants seeking admission to the RN to BSN Program will have an opportunity to focus on intentional, caring, reflective practice that involves ongoing self-assessment, self-development, and holistic self-care. As ethical, professional, critical thinkers, students will examine personal beliefs, attitudes, and values to engage in authentic dialogue.

Faculty in the RN to BSN Program view registered nurse students as co-learners and colleagues. Adult learning principles inform teaching and learning strategies. Previous education in preparation for licensure as a registered nurse serves as the foundation for Program content.

Working students are encouraged to apply to the Program. Self-care and reflective practice are integral parts of the Program, and students will find this benefits their personal as well as professional lives.

The upper division nursing courses are offered in a fully online format. Students may complete the required general education and support courses in their home community and then complete the upper division nursing courses at Northern. The last 30 credits of the program must be taken at Northern to meet the NNMC graduation requirement.

RN to BSN PROGRAM CONCEPTS

The following concepts are explained in the Theory of Integral Nursing that provides the theoretical framework for the program curriculum and learning experiences. While selected concepts are the focus of certain courses, each of the following is emphasized throughout the program.

Theory of Integral Nursing

      The Theory of Integral Nursing, developed by Dr. Barbara Dossey (2022) is a comprehensive and contemporary way of organizing phenomena of concern to nurses. It is designed to complement principles of holistic nursing, human caring, and healing. The Theory of Integral Nursing presents a comprehensive model related to the complexity of wholeness and how to simultaneously address the health and well-being of nurses, the healthcare team, patients, families and communities, and the healthcare system. It includes a global perspective and the role that nurses have in collectively shaping a healthy world.

      The Theory of Integral Nursing incorporates concepts from the philosophies and fields of chaos, spiral dynamics, spirituality, complexity, systems, holistic nursing theories, and others. It is based on an integral philosophy and worldview. Integral is defined as a comprehensive way to organize multiple phenomena of human experience and reality in four areas: the individual interior (personal/ intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (systems/structures).

      From these four areas emerge four integral principles of nursing. The individual interior is the "I" of nursing, and the collective interior is the "We" of nursing. The individual exterior is the "It" of nursing, and the collective exterior is the "Its" of nursing. Each area is an essential component of health and well-being.

      The following diagram briefly depicts how the integral model is applied to the Program at NNMC.

Theory of Integral Nursing Applied to RN to BSN Program

INDIVIDUAL INTERIOR (personal/ intentional) I	INDIVIDUAL EXTERIOR (physiology/behavioral) IT
Selected topics: Critical thinking, lifelong learning, self-care, spirituality, emotional intelligence, patterns of knowing, intention, self-confidence, presence, centering, active listening, relaxation, guided imagery, visualization, reflective practice	Selected topics: Cellular biology, pathophysiology of addictions, quantitative research process, physical examination, mental status exam, learner characteristics, neurologic system, pulmonary system
COLLECTIVE INTERIOR (shared/cultural) WE	COLLECTIVE EXTERIOR (systems/structures) ITS
Selected topics: Relationship-centered care, nurse as environment, qualitative research process, cultural diversity, community partnerships, integral health coaching, motivational interviewing, appreciative inquiry	Selected topics: Health care reform, legislative process, quality care management, health care financing, health care delivery systems, health disparities, global warming, sustainability, epidemiology

Healing
Healing is a lifelong journey into wholeness. Healing is a process of bringing together aspects of oneself (body-mind-emotions-spirit-environment), family, community, and global relations at deeper levels of harmony and inner knowing leading towards integration and balance. Each aspect has equal importance and value. Healing can lead to more complex levels of personal understanding and meaning. Healing may occur with curing of symptoms, but it is not synonymous with curing (ANA/AHNA, 2019).

Health
Health is an individually defined state or process in which the individual (nurse, client, family group, or community) experiences a sense of well-being, harmony, and unity such that subjective experiences about health, health beliefs, and values are honored. Health is a process of becoming an expanding consciousness (ANA/AHNA, 2019).

Health promotion
Health promotion includes activities and preventive measures to promote health, increase well-being, and actualize human potential of individuals, families, communities, society, and ecology such as immunizations, fitness programs, breast self-exam, appropriate nutrition, relaxation, stress management, social support, prayer, meditation, healing rituals, cultural practices, and promoting environmental health and safety (ANA/AHNA, 2019).

Holistic nursing
Holistic nursing embraces all nursing, which has enhancement of healing the whole person from birth to death and all age groups from infant to elder, as its goal. Holistic nursing recognizes that there are two views regarding holism: that holism involves identifying the interrelationships of the bio-psycho-social-spiritual dimensions of the person, recognizing that the whole is greater than the sum of its parts; and that holism involves understanding the individual as unitary whole in mutual process with the environment. Holistic nursing responds to both views, believing that the goals of nursing can be achieved within either framework (ANA/AHNA, 2019).

Integral
Integral refers to a comprehensive way to organize multiple phenomenon of human experience and reality in four areas: the individual interior (personal/ intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior systems/structures) (Dossey, 2022).

Integral dialogue
Integral dialogue is a transformative and visionary exploration of ideas and possibilities across disciplines where the individual interior (personal/ intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (systems/structures) are considered as equally important to exchange and outcomes) (Dossey, 2022).

Integral healthcare

Integral healthcare is a patient-centered and relationship-centered caring process that includes the patient, family, and community; traditional and integral healthcare practitioners; conventional, integrative, and integral healthcare services and interventions. It addresses all four areas: individual interior (personal/ intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (systems/structures). (Dossey, 2022)

Integral nurse
An integral nurse is a nurse who embraces and applies the principles of integral nursing to professional practice. (Dossey, 2022) refers to the integral nurse as a 21st century Nightingale engaged as a "health diplomat" and a "health coach" who "coaches for integral health through social action and sacred activism.

Integral nursing
Integral nursing is professional nursing practice that utilizes a comprehensive integral worldview and process. It embraces and transcends holistic nursing theories leading to an enlarged holistic understanding of body-mind-emotions-spirit-environment connections. Integral nursing leads to knowing, doing, and being at more comprehensive and deeper levels (Dossey, 2022).

Integral worldview

An integral worldview is a way of viewing the world and nursing practice from an individual interior (personal/ intentional), individual exterior (physiology/behavioral), collective interior (shared/cultural), and collective exterior (systems/structures) perspective. An integral worldview allows one to holistically examine and include the values, beliefs, assumptions, and judgments that are embedded in each of the four areas. It provides an overall framework for orienting personal meaning, connection, and purpose to professional nursing practice (Dossey, 2022).

Integrative nursing

Integral, integrative, and holistic nursing practice encompasses approaches to care and healing and supports the blending of conventional nursing practice with practices originating outside of nursing, affirms the relationship between provider and patient, focuses on the whole person, is informed by research and evidence, and utilizes all appropriate therapeutic healthcare professionals and disciplines, and therapeutic approaches to achieve optimal health and healing from a comprehensive integral worldview and process (ANA/AHNA, 2019).

Intention

Intention is conscious awareness of one's purpose and objective. Intention is a major aspect of holistic/integral nursing practice (ANA/AHNA, 2019). Intending for the wholeness, well-being, and highest good of all plays an important role in the course of health and well-being of self and clients.

Presence

Presence is the essence of nursing care. It is a way of being that utilizes the nurse as an instrument of healing (Blaszko Helming, et al., 2022). Being present is approaching an individual in a way that respects and honors the essence of another, while also honoring the essence of self. It is relating in a way that reflects a quality of being with and in collaboration with, rather than doing to. It is entering into a shared experience that promotes healing potential and an experience of well-being (ANA/AHNA, 2019). Presence involves believing in inherent wholeness, whatever the current situation.

Relationship-Centered care

Relationship-Centered Care is a process model of caregiving based in a vision of community where three types of relationships are identified: 1) Patient-Practitioner Relationship, 2) Community-Practitioner Relationship, and 3) Practitioner-Practitioner Relationship. Each of these interrelated relationships is essential within an integral system of health care no matter where the health care is provided. Each component involves a unique set of responsibilities and tasks that addresses three areas - knowledge, values, and skills (Tresolini & Pew as cited in AHNA/ANA, 2019).

Self-care

Self-care involves the conscious and deliberate integration of practices that promote physical, mental, emotional, social, and spiritual well-being of self. Holistic/integral nurses value themselves and mobilize the necessary resources to care for themselves. Nurses best facilitate healing when they are in the process of healing themselves by attending to their own well-being (ANA/AHNA, 2019; Blaszko Helming, et al., 2022).

RN to BSN PROGRAM STUDENT LEARNING OUTCOMES

Graduates of the RN to BSN Program will:

1. Use the Theory of Integral Nursing (Dossey, 2007) and the American Nurses Association and American Holistic Nurses Association *Holistic Nursing Scope and Standards of Practice* (current edition) to provide integral and holistic nursing care in a variety of settings.
2. Demonstrate critical thinking skills from an integral perspective.
3. Communicate effectively from a relationship-centered care perspective involving Patient-Practitioner, Community-Practitioner, and Practitioner-Practitioner relationships.
4. Conduct integral holistic health assessments in relation to client needs.
5. Apply concepts of integral nursing to a personal plan for holistic self-care.
6. Apply knowledge to support individual and collective health.
7. Analyze the links between and among individual, community, and global health issues from an integral world view.
8. Utilize research findings to facilitate individual and collective health.
9. Demonstrate the role of the integral nurse as change agent in regard to current health policy issues.
10. Utilize integral coaching strategies in relation to client-centered goals.
11. Apply transformational leadership principles to professional nursing practice.
12. Integrate selected complementary/integrative health practices into professional nursing practice.
13. Demonstrate commitment to lifelong learning to facilitate personal and professional development.

PROFESSIONAL NURSING STANDARDS

Standards of Nursing Care

To ensure that safe and competent care is provided in the clinical setting, students are expected to abide by the standards of nursing care legally defined by their respective state Nurse Practice Acts. Clinical settings include, but are not limited to, virtual classrooms, observational sites, community agencies, and other off campus locations where professional nursing activities occur (such as professional meetings).

Professional Nursing Standards

The curriculum and expected student outcomes of the Program are based on and consistent with established professional nursing standards and guidelines, specifically the American Association of Colleges of Nursing's (AACN) *The Essentials: Core Competencies for Professional Nursing Education* (2021) and the American Holistic Nurses Association/American Nurses Association *Holistic Nursing: Scope and Standards of Practice (2019)*.

The Essentials: Core Competencies for Professional Nursing Education
Domains for Nursing

Domains are broad, distinguishable areas of competence, that when considered in the aggregate, constitute a descriptive framework for the practice of nursing. These *Essentials* include 10 domains, and descriptors that are essential to professional nursing practice. (AACN, 2021, p.10)

Domain 1: Knowledge for Nursing Practice
> Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation innursing practice.

Domain 2: Person-Centered Care
> Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge thatguides nursing practice regardless of specialty or functional area.

Domain 3: Population Health
> Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Domain 4: Scholarship for Nursing Discipline
> Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

Domain 5: Quality and Safety
> Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance

quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Domain 5: Interprofessional Partnerships

Descriptor: Intentional collaboration across professions and with care team members,patients, families, communities, and other stakeholders to optimize care, enhance thehealthcare experience, and strengthen outcomes.

Domain 7: Systems-Based Practice

Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

Domain 8: Informatics and Healthcare Technologies

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Domain 9: Professionalism

Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

Domain 10: Personal, Professional, and Leadership Development

Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership. (AACN, The Essentials, 2021, p. 10)

Concepts for Nursing Practice

In addition to domains, there are concepts associated with professional nursing practice that are integrated within the *Essentials*. These concepts include Clinical Judgement, Communication, Compassionate Care, Diversity, Equity and Inclusion, Ethics, Evidence-Based Practice, Health Policy, and Social Determinants of Health. (AACN, 2021, p. 11)

American Nurses Association/ American Holistic Nurses Association
Holistic Nursing: Scope and Standards of Practice (2019)

Holistic Nursing is defined as "all nursing practice that has healing the whole person as its goal." (ANA/AHNA, 2019, p.1)

Holistic nursing focuses on protecting, promoting, and optimizing health and wellness; assisting healing; preventing illness and injury; alleviating suffering; supporting people to find peace, comfort, harmony, and balance through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, populations, and the planet. (ANA/AHNA, 2019, p.1)

"Holistic nursing care is person and relationship centered and healing rather than disease and cure oriented." (ANA/AHNA, 2019, p.1)

The American Nurses Association/American Holistic Nurses Association (ANA/AHNA) *Scope and Standards of Nursing Practice* (2019) contains five core values, Standards of Holistic Nursing Practice, and Standards of Professional Performance for Holistic Nursing.

The five ANA/AHNA core values are: (ANA/AHNA, 2019)

Core Value 1. Holistic Philosophies, Theories, and Ethics
Core Value 2. Holistic Nurse Self-Reflection, Self-Development, and Self-Care
Core Value 3. Holistic Caring Process
Core Value 4. Holistic Communication, Therapeutic Relationship, Healing Environments, and Cultural Care
Core Value 5. Holistic Education and Research

The six AHNA/ANA Standards of Practice for Holistic Nursing are:

Standard 1. Assessment
Standard 2. Diagnosis
Standard 3. Outcomes Identification
Standard 4. Planning
Standard 5. Implementation
        Standard 5A: Coordination of Care
        Standard 5B: Health Teaching and Health Promotion
Standard 6: Evaluation

The nine AHNA/ANA Standards of Processional Performance for Holistic Nursing are:

Standard 7. Ethics
Standard 8. Culturally Congruent Practice
Standard 9. Communication
Standard 10. Collaboration
Standard 11. Leadership
Standard 12. Education
Standard 13. Evidence-Based Practice and Research
Standard 14. Quality of Practice
Standard 15. Professional Practice Evaluation

Standard 16. Resource Utilization
Standard 17. Environmental Health

Taken together the Core Values, Standards of Practice and Professional Performance encompass and reflect the perspectives and priorities of the practice of holistic nursing. The Program embraces these core values and standards and emphasizes healing of the whole person, the interconnectedness of body, mind, emotion, spirit, society/culture, relationships, context, and environment.

ACCREDITATION STATUS

The Commission on Collegiate Nursing Education (CCNE)

The RN to BSN Program at Northern New Mexico College is accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle NW, Suite 530, Washington, DC 20036, (202) 887-6791.

The four CCNE Standards and related Key Elements are presented in Appendix A.

AHNCC Endorsement

NNMC's RN to BSN Program has received Endorsement from the American Holistic Nurses Credentialing Corporation (AHNCC) in recognition of its Educational Program in Holistic Nursing. This endorsement entitles program graduates to take the Holistic Nursing Certification exam upon graduation from the program.

ADMISSION AND PROGRESSION POLICIES

Admission Requirements

Application to the RN to BSN Program differs from, and is in addition to, application to Northern New Mexico College (NNMC). Nursing applicants must obtain "Regular" admission to NNMC to be considered for the RN to BSN Program. Directions for college admission are located in the school catalog available online at http://www.nnmc.edu.

In order to be eligible for admission to NNMC's RN to BSN Program, you must meet the following criteria:

1. Hold a valid license as a registered nurse (RN) in the U.S.
2. Have completed an Associate Degree in Nursing (ADN) program or a Nursing Diploma program.
3. Apply and be accepted to Northern New Mexico College.
4. Submit official transcripts from all previous college/universities to the Registrar's Office

for official evaluation.
5. Cumulative GPA of 2.0
6. Submission of a RN to BSN Program Application.
***Note that students residing in California are not eligible for this online program.

Transfer of Credit
Students transferring to NNMC are subject to the same admission and progression requirements as other students. Please see the Catalog for detailed information regarding Admission, Transfer Students, Declaring a Major, Readmission, and Baccalaureate Programs.

The Registrar and the Associate Director and/or Chair of the Department of Nursing & Health Sciences will evaluate academic transcripts and completed course work. Transfer of credit for Nursing (NURS) courses taken at other institutions will be evaluated for equivalency based on transcripts, articulation agreements, course syllabi, or other pertinent and appropriate materials such as course outlines, and catalogues. All general education transferred courses must be completed with a grade of "C-" or better; All NURS pre-fix courses must be completed with a grade of "C" or better.

1. Graduates of Associate Degree Nursing programs can transfer lower-division credits to NNMC. Official transcripts must be sent to the Office of Admissions, which will evaluate and accept coursework.
2. Credit earned in a nursing diploma program will be evaluated on an individual basis.

Once accepted into the Program you must:
1. Be proficient in computer skills, including internet research, word processing, and email.
2. Communicate effectively, both orally and in writing, using appropriate grammar, vocabulary, and word usage.
3. Earn a grade of "C" or higher in all NURS pre-fix coursework.
4. Once admitted, all students in the Program must maintain a current license to practice nursing, provide evidence of appropriate immunizations, a criminal background check, and a drug screen.

Process for Criminal Background Check/Drug Screen
All RN to BSN Program students are required to have fingerprinting and criminal background checks completed prior to participation in the clinical experiences associated with NURS 4430 Complementary and Integrative Therapies in Nursing and NURS 4451 Community and Global Health II course. The fingerprinting and criminal background process will take place upon entry to the program and students are required to cover the cost of the service. In addition, students may be required to provide evidence of the following additional clinical requirements depending on the specific requirements of each clinical agency contract: a urine drug screen; proof of immunizations; current American Heart Association CPR; a TB test or chest x-ray; evidence of health insurance; and demonstrated competency in the requirements of HIPAA privacy and security.
NNMC has contracted with CastleBranch (CB) to perform the criminal background check and

drug screening procedures. Students can place an order with CB for one of three packages that have been created for our students, depending on what tests you need, which are:

1) a background check.
2) a 10-panel urine drug screen; or
3) both items can be ordered at once.

To place an order, simply go to https://portal.castlebranch.com/HV58

You will be prompted to create an account, and after that, the company will arrange, with you, a location where you are to go for completion of these tests. Note that the results are confidential, and they will come to the Clinical Coordinator at NNMC only, as the designated administrator of the NNMC/CB account.

If you have any questions, please call or email:
Ellen Trabka
Chair, Department of Nursing and Health Sciences
(505) 747-2209
etrabka@nnmc.edu

RN to BSN PROGRAM CURRICULUM

The Program requires 120-122 credit hours for graduation that include: 1) forty credits of lower-division courses, to include nursing courses from an Associate Degree in Nursing program that will be applied toward the BSN degree; 2) general education courses; 3) support courses; and 4) a total of thirty-four credits of upper-division courses: 31 nursing credits and 3 upper division elective credits.
The RN to BSN Program is offered in a fully online format.

GENERAL EDUCATION (31 Credits)

Area I. Communications (6 credits)
ENGL   1110   Composition I (3)

Choose one of the following two courses:
ENGL   1120   Composition II (3)
ENGL   1210   Technical Communications (3)

Area II. Mathematics (3 credits)
Required
MATH 1350   Introduction to Statistics (3)

Area III. Laboratory Science (4 credits)
Required
BIOL   2210/L Human Anatomy & Physiology I with Lab (4)

Area IV. Social/Behavioral Sciences (3 credits)
Required
PSYC   1110   General Psychology (3)

Area V. Humanities (3 credits)
Elective (3 credits)

Area VI. Fine Arts (3 credits)
Elective (3)

Additional 9 credit hours
Required
SPCH   1130   Public Speaking (3)

Choose one of the following Civics courses (3)
POLS   1110   Introduction to Political Science (3)
POLS   1120   American National Government (3)
HIST   1110   United States History I (3)
HIST   1120   United States History II (3)
SOCI   2310   Contemporary Social Problems (3)

Choose one of the following STEMH recommended courses (3)
ENVS   2130   Critical Thinking in Science (3)
PSYC   2120   Developmental Psychology (3) **(Required)**

PROGRAM REQUIREMENTS
REQUIRED LOWER-DIVISION NURSING COURSEWORK
Forty credits of lower-division coursework from ADN program will be applied toward the BSN degree.

SUPPORT COURSES (15-17)
NUTR   2110   Human Nutrition (3)
BIOL   2225/L Human Anatomy & Physiology II with Lab (4)
BIOL   2305/L Microbiology for Health Sciences with Lab (4)
Pathophysiology (4-6 credits) *Can be lower or upper division*

RN TO BSN PROGRAM CURRICULUM

A minimum of 34 credits of upper-division courses must be completed, to include 31 credits of required upper-division nursing courses.

NURS 4400 Nursing in Transition and NURS 4401 Integral Nursing Theory must be the first two courses taken in the curriculum. They may be taken concurrently with the following courses: NURS 4410 An Integral Approach to Evidence-Based Practice; NURS 4420 Integral Health Assessment; NURS 4430 Complementary and Integrative Therapies in Nursing; NURS 4440 Health Issues, Policy and Politics in Health Care; NURS 4450 Community and Global Health I.

NURS 4400   Nursing in Transition (2)
NURS 4401   Integral Nursing Theory (3)
NURS 4410   An Integral Approach to Evidence-Based Practice (3)
NURS 4420   Integral Health Assessment (3)
NURS 4430   Complementary & Integrative Therapies in Nursing (3)
NURS 4440   Health Issues, Policy & Politics in Health Care (3)
NURS 4450   Community & Global Health I (3)
NURS 4451   Community & Global Health II (4)
NURS 4460   Integral Communication and Teaching (2)
NURS 4470   Transformational Leadership in Nursing (3)
NURS 4480   Integral Nursing Capstone Course (2)
Electives: 3 credits of upper-division electives (from any discipline).
HSCI elective options:
HSCI 3301   The Art and Science of Self-Care (3)
HSCI 3302   Herbal Therapeutics in Theory and Practice (3)
HSCI 3309   Herbal Therapeutics in Theory and Practice 2 (3)
HSCI 3303   Introduction to Medical Cannabis for Healthcare Professionals (3)
Total credits: 120-122 (Includes a total of 135 clinical hours)

SCHOLASTIC STANDARDS/PROGRESSION/RETENTION

General Education Coursework

Students who have completed an Associate of Applied Science Degree in Nursing at NNMC or at another institution may have additional general education courses and program support courses (nutrition and pathophysiology) to complete. These courses may be completed prior to starting the upper division nursing courses or at the same time. Students are advised to work with a faculty advisor to develop a curriculum plan.

Required nursing courses: Progression

NURS 4400 Nursing in Transition and NURS 4401 Integral Nursing Theory must be the first two courses taken in the curriculum. They may be taken concurrently with the following courses: NURS 4410 An Integral Approach to Evidence-Based Practice; NURS 4420 Integral Health Assessment; NURS 4430 Complementary and Integrative Therapies in Nursing; NURS 4440 Health Issues, Policy and Politics in Health Care; NURS 4450 Community and Global Health I. NURS 4480 must be taken the last semester of the program, as it incorporates work from all previous courses. You must earn a grade of "C" or better in ALL required NURS prefix courses in the Program curriculum. Some of the courses in the Program have prerequisites. You must satisfactorily complete each prerequisite course before proceeding to the next course.

Interruption of Progression/ Exit Interviews

Occasionally, students need to leave the Program. This may occur for personal reasons and/or failure to progress with a satisfactory grade. When you leave the Program for any reason, you are requested to schedule an exit interview with the Department Chair. In this interview, several things will be discussed including the grade you will receive, reason(s) for leaving the Program, and a process for re-entry.

Data from exit interviews are used to assess strengths and limitations of the Program so that we may better serve students. The exit interview can also be a time to prepare for re-entry. If you are not able to meet in person, please return the survey that will be sent to you or complete the survey via phone with the Chair.

If a student fails the same nursing course a second time resulting in two failures in the Program, the student may be dismissed from the Program.

Students who want to re-enter the Program must notify the Chair in writing. Include in your request letter the academic term of desired reentry, the date of exit from the Program, the reason for exit, and academic status at the time of withdrawal, reason for wanting to return, and a licensed health care provider's release (if appropriate). Readmission is based on individual consideration and space availability.

Appeals and Termination

NNMC has a process in place whereby students may appeal decisions made by faculty and others. Please see the *Catalog* and the current *NNMC Student Handbook* for more information regarding appeals. The Program follows the NNMC student appeals procedure found in the current C*atalog, Student Handbook*, and on the NNMC Web site. These procedures exist primarily to protect your rights and afford you "due process." It is not appropriate to involve other parties in your issue.

Termination from the Program may result when:

1. You fail to meet the scholastic standards of the Program.
2. You violate published policies in the *Catalog*, the current *NNMC Student Handbook*, or this *Handbook*.
3. You fail to comply with rules and regulations of any affiliating agency.

Graduation

Petitions to graduate must be submitted to the Registrar's office prior to graduation. Graduation requirements can be found in the College Catalog. Petitions to graduate are initially done online followed by an electronic submission. All students petitioning to graduate must have the Petition to Graduate form signed by the Chair of the Department of Nursing and Health Sciences.

Residency requirement for graduation: For a baccalaureate degree at Northern students must have earned at least the last 30 credits at Northern. Any exception to this requirement must be approved in writing by the Registrar before your last term at Northern starts.

Graduation Requirements

Prior to graduation students will be required to complete NURS 4480 Integral Nursing Capstone Course. NURS 4480 is completed in the final semester of the program. Students demonstrate how they have met each of the RN to BSN Program Student Learning Outcomes (PSLOs) through the creation of a senior Capstone Course electronic portfolio.

Student Portfolio Requirements

NURS 4480 Integral Nursing Capstone Course
This capstone course is a method of summative evaluation of student learning. It emphasizes reflection, integration, and synthesis of concepts from previous courses. It is a student-centered, self-directed course, guided and facilitated by the instructor, and is based upon the student demonstrating learning in cognitive, affective, and psychomotor domains. The three course deliverables of a Reflective Essay, Electronic Portfolio, and Capstone Power Point Presentation are designed to demonstrate evidence of mastery of Program Learning Outcomes and serve as an assessment of student learning. **A minimum grade of 70 on all three course deliverables is a requirement for passing NURS 4480.**

Electronic Portfolio
Throughout the RN to BSN Program students will complete assignments that are identified in selected course syllabi as a component of the electronic student portfolio required for the Integral Nursing Capstone Course. **These assignments are in "bold" in the respective course syllabi.** A major outcome of NURS 4480 is the creation of a student portfolio. The student portfolio is a deliberately selected and

organized collection of student work completed over time. It highlights your best work. It tells the story of your achievement and growth as a professional nurse. Developing your e-portfolio demonstrates achievement of all 13 Student Learning Outcomes of the RN to BSN Program.

Additionally, this e-portfolio demonstrates your:

- Ability to synthesize and evaluate your acquisition of knowledge (cognitive learning)
- Attitudes, values, feelings, and beliefs about nursing (affective learning)
- Your oral, written, and visual presentation skills (psychomotor learning)

While the e-portfolio is primarily a collection of work already completed, students are required to correct, modify, enhance, and/or develop portfolio materials based upon instructor feedback from this and previous courses. In other words, students are to demonstrate their ability to utilize the feedback in a way that allows the presentation of an improved product. Papers will be rewritten, and errors corrected so that the student e-portfolio demonstrates one's best capabilities. **It is essential that you save electronic copies of completed and graded assignments that have been identified as part of the senior portfolio.** Both the original graded assignment and the corrected version must be included in the e-portfolio submitted to your NURS 4480 instructor.

The following samples of student work will be included in the senior portfolio.

- A documented Health Assessment completed in NURS 4420 Integral Health Assessment
- One Case Report completed in NURS 4430 Complementary and Integrative Therapies in Nursing
- The Scholarly Position Paper completed in NURS 4440: Health Issues, Policy, and Politics in Health Care
- The Service-Learning Project: Preparation completed in NURS 4450: Community and Global Health I and the Service Learning Project completed in NURS 4451: Community and Global Health II
- The Service-Learning Teaching Project completed in NURS 4460: Integral Communication and Teaching
- The Resume and the Lifelong Learning Plan completed in NURS 4470: Transformational Leadership in Nursing.

ACADEMIC POLICIES

Grading/Evaluation Policies

The following grading policies apply to all RN to BSN Program NURS pre-fix courses for students, which are based on a variety of activities and assignments. The criteria used to determine grades are included in the course syllabi.

Late Assignments: Please review the course syllabus and check with your instructor regarding questions about late assignments.

RN to BSN Program Course Grading Scale

A+ 100-98	B+ 89-88	C+ 79-76	D+ 66-63	F < 60
A 97-93	B 87-83	C 70-75	D 60-62	
A- 92-90	B- 82-80	C- 69-67		

***A grade of 70 (C) is the minimum passing grade for all courses.

Assignment Due Date Policy
Prompt submission of assignments for grading allows the instructor to provide guidance and timely feedback to students.

All course deliverables and assignment due dates are published in the course syllabus/course outline and available in Blackboard on the first day of class. Late assignment submission will not be accepted. Assignments not submitted by the due date will receive a grade of "0."

The late assignment policy may be waived at the discretion of the instructor in case of an emergency. Please discuss your situation with your instructor in advance so that you can plan for the timely submission of assignments.

Written Assignments

All assigned papers and projects will be typed or word-processed and double-spaced. Students must use the current edition of the Publication Manual of the American Psychological Association (APA) as a guide to proper paper writing. Students may contact or be referred to the NNMC Writing Center for assistance with written assignments.
Blackboard accepts only Microsoft Word documents for all written assignments.

Student Email Account Access

All students enrolled in the RN to BSN Program must have an NNMC email account. All broadcast messages concerning course cancellations, closings, or delays because of bad

weather, etc. will be communicated to students via NNMC email. All electronic communication between students and the RN to BSN Program faculty shall be via the NNMC email system or via Blackboard course messaging. *Note that all course related correspondence is to be through the Blackboard Course Messages function. Refer to course syllabi for specific instructions.*

Current Contact Information

Students are responsible for notifying the Chair of the Department of Nursing and Health Sciences (in writing) of any changes in contact information (including e-mail address).

General Rules

The nursing profession requires high standards of legal, ethical, and moral accountability from its practitioners. You are expected to be polite, courteous, and cooperative with peers, faculty, staff, and all agency personnel with whom you have contact in your role as student. You are to follow the policy regarding standards of conduct as outlined in the *Catalog* and the current *Northern New Mexico College Student Handbook* available from Admissions or Student Services.

Clinical Experience

Students in the Program have limited exposure to ill patients. However, should this occur, students are expected to use appropriate clinical judgment regarding their own physical or mental health to ensure *the safety of self and others.* Students are expected to notify faculty should they encounter a situation in their student role that poses a potential health risk for self or others. This could include such conditions as pregnancy, exposure to hazardous chemicals, infectious disease, or dangerous persons or situations.

Neither NNMC nor any affiliation sites are responsible for any injury or communicable disease contracted during student clinical practicums, service-learning projects or student related activities. All Program students are expected to be familiar with and comply with affiliated agency infection control policies and procedures.

All RN to BSN Program students enrolled in NURS 4430 Complementary and Integrative Therapies in Nursing and NURS 4451 Community and Global Health II are required to have fingerprinting and a criminal background check completed prior to participating in clinical experiences associated with these two courses. The fingerprinting and criminal background process will take place upon entry to the program. Students are required to cover the cost of this service. In addition, students may be required to provide evidence of the following additional clinical requirements depending on the specific requirements of each clinical agency contract: a urine drug screen; proof of immunizations; current American Heart Association CPR; a TB test or chest x-ray; evidence of health insurance; and demonstrated competency in the requirements of HIPAA privacy and security.

Students enrolled in NURS 4430 and NURS 4450 will participate in a clinical experience requiring student malpractice liability insurance. Students will be charged a $15 course fee to cover the cost of the group plan liability insurance available through NNMC.

American Holistic Nurses Association (AHNA)

AHNA is the definitive voice for holistic nursing, and promotes the education of nurses, other healthcare professionals, and the public in all aspects of holistic health and healing (www.ahna.org)

Opportunities for Student Input

The Program faculty solicits students' constructive suggestions and recommendations for Program improvement and development. Evaluation is a critical, continuous improvement process that is an integral component of the Program. The administration and faculty perceive this improvement process as a reciprocal relationship by which students are afforded input on their progress, and the students in turn offer input relative to the Program.

At least once per semester students will be asked to complete a Student Governance Survey. This survey allows students to provide input into the governance of the program. In addition, the Associate Director will hold synchronous virtual meetings via zoom to solicit student input into program governance. During the last week of each course, students are asked to evaluate the course and the instructor's clinical and classroom performance. At the end of the program, students are asked to complete the End of Program Survey to provide feedback on their overall educational experience in the program. Program faculty value student and graduate input and utilize feedback for program improvement.

Meeting with the Chair and Associate Director

The Chair and Associate Director are available to meet with students throughout the program. These meetings can take place in person, via phone, or via zoom at the request of the student.

Community Advisory Board Meetings

Twice yearly Community Advisory Board meetings allow for community stakeholder input.

Ladder of Responsibility

If you have a concern about a specific course or academic policy, you should seek advice or resolution by contacting the appropriate person according to the following ladder of responsibility:

1. Faculty member of the course and section where the concern exists
2. RN to BSN Program Associate Director
3. Chair, Department of Nursing & Health Sciences
4. Provost.

See the current college *Catalog*, and the current *NNMC Student Handbook* or NNMC Web site at www.nnmc.edu for information regarding grade appeals.

It is not appropriate to involve other parties in your issue.

Formal Program Complaints

The RN to BSN Program defines a formal complaint as any complaint in writing that addresses a programmatic concern. Complaints may be submitted by any interested party, to include but not limited to students, faculty, staff, college administrators, community members, and program graduates. Formal complaints should be submitted to the Chair of the Department of Nursing and Health Sciences or the Associate Director of the RN to BSN Program. The program will investigate the complaint and respond in writing within four weeks.

Students who wish to appeal a course grade are instructed to follow the process outlined in the NNMC College Catalog for Grade Appeals.

References

American Association of Colleges of Nursing (2021). *The Essentials: Core Competencies for professional nursing education.*

https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

American Nurses Association/American Holistic Nurses Association. (2019). *Holistic nursing: Scope and standards of practice* (3rd ed.)*. ANA & AHNA.

Dossey, B.M. (2022). The theory of integral nursing. In M.A. Blaszko Helming, D.A. Shields, K.A. Aivno, & W.E. Rosa (Eds.). *Dossey & Keegan's holistic nursing: A handbook for practice* (8th ed., pp. 53-75). Jones & Bartlett Learning.

Blaszko Helming, M.A., Shields, D., Avino, K.M., & Rosa, W.E. (Eds.). (2022). *Dossey and Keegan's holistic nursing: A handbook for practice* (8th ed.). Jones and Bartlett

Appendix A

**CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs
2018**

STANDARD I PROGRAM QUALITY: MISSION AND GOVERNANCE
The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.
KEY ELEMENTS
I-A The mission, goals, and expected program outcomes are:
- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

I-B The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.
I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.
I-E. Faculty and students participate in program governance.
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:
- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

I-G. The program defines and reviews formal complaints according to established policies.
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

STANDARD II PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES
The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.
KEY ELEMENTS
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a
regular basis.

II-D. The chief nurse administrator of the nursing unit:
  - is a registered nurse (RN);
  - holds a graduate degree in nursing;
  - holds a doctoral degree if the nursing unit offers a graduate program in nursing;
  - is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
  - provides effective leadership to the nursing unit in achieving its mission, goals, and expected
    program outcomes.

II-E. Faculty are:
  - sufficient in number to accomplish the mission, goals, and expected program outcomes;
  - academically prepared for the areas in which they teach; and
  - experientially prepared for the areas in which they teach.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

STANDARD III PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES
The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

KEY ELEMENTS

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:
  - are congruent with the program's mission and goals;
  - are congruent with the roles for which the program is preparing its graduates; and
  - consider the needs of the program–identified community of interest.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
• Master's program curricula incorporate professional standards and guidelines as appropriate.
    a. All master's degree programs incorporate The Essentials of Master's Education in Nursing
    (AACN, 2011) and additional relevant professional standards and guidelines as identified by the
    program.
    b. All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).
• Graduate-entry master's program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
• DNP program curricula incorporate professional standards and guidelines as appropriate.
    a. All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
    b. All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).
• Graduate-entry DNP program curricula incorporate The Essentials of Baccalaureate Education for Profession

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

III-F. The curriculum is logically structured to achieve expected student outcomes.
    • Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.
    • Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.
    • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
    • Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.

III-G. Teaching-learning practices:
    • support the achievement of expected student outcomes;
    • consider the needs and expectations of the identified community of interest; and
    • expose students to individuals with diverse life experiences, perspectives, and backgrounds.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

STANDARD IV PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENTS

IV-A. A systematic process is used to determine program effectiveness.

IV-B. Program completion rates demonstrate program effectiveness.

IV-C. Licensure pass rates demonstrate program effectiveness.

IV-D. Certification pass rates demonstrate program effectiveness.

IV-E. Employment rates demonstrate program effectiveness.

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

IV-I. Program outcomes demonstrate program effectiveness.

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.