

MINNESOTA ALLIANCE FOR NURSING EDUCATION

Student Dual Admission Manual

Guidelines & Policies



Minnesota Alliance
for Nursing Education

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Welcome

Dear Student,

Welcome to MANE and congratulations as you embark on your journey in education to attain your Bachelor of Science degree in nursing. The leadership, faculty and staff of MANE are pleased you have chosen our dual admission baccalaureate program in which to begin your nursing career.

The mission of MANE is to increase the numbers of baccalaureate prepared nurses in Minnesota through dual admission between MANE community colleges and universities, thereby decreasing existing access barriers to a baccalaureate education. The education members, practice members and contributing Board of Nursing members of MANE have collaboratively developed a competency and concept-based spiraled program plan and transformative curriculum that are based on The Essentials of Baccalaureate Nursing Education for Professional Practice (AACN, 2008). From the time of the first nursing class you are being prepared for the role of a baccalaureate prepared nurse.

This manual has been prepared for you as a means to answer questions and guide you through the dual admission process with your home community college and the university to attainment of the baccalaureate degree. The content includes essential information concerning dual admission and is designed to work in conjunction with the program policies of your home community college and the university.

Best wishes for success as you enter the program and move towards your goals!

Regards,

MANE Leadership, Faculty and Staff

Introduction to MANE



North Hennepin
Community College



About MANE

The **Minnesota Alliance for Nursing Education** is an innovative education alliance between a state university and 7 community colleges:

- Anoka-Ramsey Community College**
- Century College**
- Inver Hills Community College**
- Normandale Community College**
- North Hennepin Community College,**
- Metropolitan State University**
- Ridgewater Community College**
- Riverland Community College**

The alliance evolved in response to the evidence, and with a commitment to

excellence and innovation, to partner to expand the capacity for baccalaureate prepared nurses in Minnesota. The goal of MANE is to make baccalaureate nursing education available to students across the state, allowing qualified students to graduate with a baccalaureate degree within four years on every partner campus. The collaborative nursing curriculum, developed jointly with practice partners and the Minnesota Board of Nursing, will prepare the nurse of the future to care for Minnesota's increasingly diverse and aging population.

Mission, Vision, & Values

MANE Mission

The mission of the Minnesota Alliance for Nursing Education (**MANE**) is to increase baccalaureate prepared nurses through collaborative, transformative educational strategies.

MANE Vision

Through increased access to baccalaureate nursing education MANE will prepare professional nurses to promote health and meet the evolving and complex healthcare needs of an increasingly diverse population in Minnesota.

MANE Core Values Statement

MANE is dedicated to achieving our mission and vision in a manner consistent with our values of:

- Innovation and the Pursuit of Excellence
- Collaboration and Partnership
- Integrity and Accountability
- Mutual Respect and Collegiality
- Diversity and Inclusiveness
- Responsiveness to Local and Global Healthcare Needs

MANE Philosophy Statement

We believe the purpose of nursing education is to prepare professional nurses in a partnered curriculum to practice successfully in today's complex health care environment, respond to future health care needs, and lead in the broader health care system. A commitment to excellence in professional nursing practice, based on a set of shared core nursing values and innovation, is reflected in the use of integrative review in a spiraled, competency-based curriculum. We believe in a transformative curriculum that moves away from independent silos of education to a combined effort between universities, community colleges, and practice with the goal of increasing numbers of baccalaureate prepared nurses in Minnesota. This shared curriculum fosters a seamless transition from associate to baccalaureate nursing education. We believe baccalaureate nursing education enhances a comprehensive understanding of healthcare policy, research, systems leadership, and community health nursing.

MANE nursing graduates are educated to use the best available evidence in making sound clinical judgments during provision of safe, high quality, holistic nursing care across the lifespan and the health continuum. We believe with the use of informational technology, a nurse is prepared to provide health care in a variety of environments. We believe nurses act as transformational leaders as vital members of a health care team. A strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally.

We believe adult learners must be actively engaged in the learning process. We value lifelong learning, reflective nursing practice, and insights gained through self-analysis and self-care. Faculty members teaching in the MANE curriculum model professionalism, scholarship, inclusiveness, beneficence, and collegiality. This transformative approach to nursing education encourages deep understanding of key nursing concepts while addressing the changing healthcare environment.

Dual Admission Process

Dual admission begins with your MANE acceptance letter from the community college you applied to. You were required to complete a Dual Admission Form which allowed your student information to be shared with the university. By now you should have also received a dual admission letter from the university. Included in that letter is:

- ✓ **Your university student identification number (ID number)**
- ✓ **Dual admission checklist**
- ✓ **Information to complete the on-line New Student Orientation (NSO) for the university**

**Please retain this letter for your records as it contains your university ID number which is different from your home community college ID number.*

Since you will remain on the community college campus when you progress to the upper division nursing and general education liberal studies courses, the community college is considered your “home” campus.

Dual admission means:

- You are accepted to a program culminating in a Bachelor of Science in nursing degree.
- An applicant admitted to a MANE college will be dually admitted to a MANE university.
- Students must meet the academic performance criteria of both institutions, and the MANE program, in order to continue to the baccalaureate degree.
- You will not be required to complete another application to continue with the university.
- You are not required to attain licensure before continuing to upper division courses at the university.
- You will receive academic advising from both the community college and university in preparation for registration each semester, and especially when preparing to register for semester 6 of the program plan.

- You will remain on your home campus (community college) throughout the entire program plan or all 8 semesters through the baccalaureate degree. If you wish to physically take classes at the university in semesters 6-8 you will need to communicate with a university nursing advisor or the Director of Undergraduate Nursing to determine if space is available.
- You will enroll in lower division nursing courses on your home campus. You may not take lower division nursing course at your home campus and another MANE community college. You are only accepted to MANE at your home campus and with the university in dual admission.
- **A possible exception to the above:** If you fail or withdraw from a MANE NURS course and it is offered as a repeat course on another campus in summer session only, you may be eligible to repeat the course at a campus other than your home campus. Registration for a repeat course would be by permission only from your home campus.
- Tuition rates for lower division courses (75 credits) will be at the community college rate per credit and upper division courses (45 credits) at the university rate per credit.
- Upper division general education course may be taken earlier (but not later) than the semester specified in the program plan (if pre-requisites are met), but must be taken through the university and be 300-400 level courses.
- You are expected to remain on the home campus throughout the complete program plan, through the baccalaureate degree.

Academic Progression in MANE

- Students must enroll in and successfully complete (**with a minimum letter grade of C**) all nursing and general education courses in the sequence identified on the MANE Curriculum Plan in order to progress in the program. Required general education courses can be taken earlier, but not later, than the identified semester.
- Beginning in semester 3, progression in the nursing program requires a grade of C or better in all required courses in the MANE curriculum plan, maintaining a **minimum GPA of 2.0**.
- A 'C-' is considered a non-passing grade.
- Nursing courses that combine theory, clinical and/or lab require that all portions must be passed at a **minimum of 78%** to pass the course.
- Points will be carried out two decimal points. There will be no rounding of points to determine letter grades.
- If a student fails to obtain a minimum of a C grade in one or more nursing courses in a semester, the student will be allowed one opportunity to repeat the course(s) on a space available basis per college/university nursing program policy.
- Failure to successfully obtain a minimum of a C grade in a nursing course on the second attempt will result in exit from the nursing program.
- Failure to obtain a minimum of a C grade in a nursing course in a subsequent semester will result in exit from the nursing program.
- A student who is exited from the program for academic failure and/or failure to meet conduct expectations may reapply to the program and must meet the current published admission criteria.
- A student may be readmitted one time only.
- Any student who applies and is readmitted, will be required to repeat all nursing courses in the curriculum, including all previously passed nursing courses.
- A Nursing Program offering the MANE curriculum reserves the right to deny admission/ readmission based on academic failure and/or code of conduct violations.

Changing Home Campus

It is expected that you remain on your home campus throughout the program plan. In rare cases, a student may request to transfer to another campus. Moving to a geographic location that would impede ability to attend class is an example where a transfer could be requested. For example, moving from Riverland College in Austin, MN to Coon Rapids, MN is a legitimate request. This student could request a transfer to Anoka-Ramsey Community College.

A request to transfer to another MANE campus due to failure of a course is considered a progression process versus a transfer. As a student in this situation, your first step is to communicate with the Director or Dean of Nursing at your home campus.

A transfer must always be requested and follow a process of communication. The process to request a transfer is:

- Meet with the Director or Dean of Nursing at your home campus to determine process.
- Contact the Director or Dean of Nursing of the MANE institution you wish to transfer to.
- **All transfer requests are subject to approval by the MANE program Director or Dean that you wish to transfer to and is dependent on space availability in that program.**
- Review the issues to consider if you request a transfer:
 - Review the program plan of the college you wish to transfer to. General education courses may be offered in different semesters affecting your placement in the program plan.
 - Textbooks, resources, uniforms are different across all campuses and you will be required to purchase what is required.
 - Immunizations, CPR and background check information will need to be transferred to the institution.
 - You will need to comply with any program or campus specific requirements.
 - You will need to apply to the college and complete any college specific admission requirements, including fees.

- Determine space availability and the semester in which a seat could be available.
- If a transfer occurs, meet with the Director or Dean of Nursing of the program you are exiting to complete required paperwork for that institution.

Financial Aid/FAFSA

Your Community College Financial Aid Office (FAO) will handle all of your financial aid needs through the fifth semester of your MANE program. The University Financial Aid Office will begin to process your aid during your fifth semester in preparation for your sixth semester courses with the university.

Be sure to add Metropolitan State University's federal code (010374) to your FAFSA to release the results to Metro FAO prior to the sixth semester.

Degree Audit Reports (DARS)

You will have two degree audit reports. You may access each DARS report in your e-services online by selecting the institution and using the appropriate student ID number.

- The community college will complete a DARS report based on the first 75 credits of the program plan, or associate degree benchmark.
- The university will complete a DARS report based on the total 120 credit Bachelor of Science in nursing degree.
 - The university will complete an **initial DARS report within 18 days of your transcripts being sent from the community college** (after you have accepted a seat in the program and completed the Dual Admission Form).
 - This will include any non-MnSCU institutions as well as MnSCU.
 - If you did not have all transcripts sent to the community college, the university will communicate with you and request that you send the transcripts. The university uses the National Student Clearinghouse to verify prior enrollment of all institutions attended by the applicant. If enrollment is discovered, Metro will require an official transcript(s) for the institutions or a letter of non-attendance if no academic record exists.
 - **Your university DARS report will not automatically update at completion of each semester at the community college.** It will update after completion of semester 5 and you register for semester 6 with the university.

Academic Advising for Dual Admission and Upper Division Elective Courses

Taking Upper Division Liberal Studies Electives Prior to Semester 6

The community college academic or nursing specific advisors will assist you with questions and needs related to the first 75 credits of the program, taken through enrollment at the community college.

The university nursing advisor will assist you with questions and needs related to the 45 credits (upper division courses) when you are enrolled with the university.

If you are concerned about what electives to take for the upper division courses, **prior to semester 6, the process to follow is:*

- Print a university DARS report
- Review the MnTC goal areas that the report states you have met course requirements
- Determine MnTC goal areas that show a course or requirement has not been met
- Remember that the university DARS report was completed based on your transcripts at the time you were accepted to MANE, and are not updated until after completion of semester 5
- Meet initially with your community college advisor for immediate questions. If needed they will connect with the university advisor
- Review the suggested electives sheet supplied by the university
- Select an elective based on your interest and one that meets a goal area you have left to complete for the bachelor's degree
- For advanced questions regarding upper division courses contact the university advisor for assistance

**After semester 5 the university advisor will be your first point of contact for questions.*

Preparing for Semesters 6-8 and Enrollment in Upper Division Courses

During semester 4 of the program plan, a university representative will visit the community college campus and supply initial information in preparation for registration for semester 6. Registration for semester 6 will occur during semester 5.

At this time, basic information will be shared about the courses in semesters 6-8 including a general schedule. The upper division nursing courses are rigorous in learning and process, but are different in composition and time spent on campus than previous semesters. Major differences are:

- Time spent on campus will be significantly lessened in the nursing courses; time on-line will increase. Learning activities and course requirements will be rigorous, but different in type and scope.
- The courses do not have lab components which decreases the time spent on campus in lab or practicing psychomotor skills.
- The courses are either theory (lecture) alone or in combination with clinical hours.
- The theory (lecture) components of courses will be delivered either fully on-line or in a hybrid format.
 - Hybrid courses will meet periodically on campus (a few times each semester, not weekly).
 - Schedules will be determined each semester, but dates for meeting on campus will be known at the beginning of each course and noted on the course calendars.
- Clinical hours are dependent on the type of clinical learning attached to each course.
 - Family Nursing in semester 6 will be less structured. You will be choosing a family and meet with the family to accomplish course learning goals. Information will be given in the course syllabus.

- Community Nursing in semester 7 will be somewhat more structured as you will be attending and participating in specific site activities, but will more than likely not have the same schedule each week. Again, you will receive a detailed calendar/schedule at the beginning of the course
 - This course meets the Minnesota Board of Nursing requirements for certification post-licensure as a Public Health Nurse
- Integrative experience will be structured in the sense that you will coordinate your clinical hours with a nurse you are paired with as a preceptor. The site for the experience will vary depending on availability and choice.

In semester 5, the university representative will come to the campus with specific course and registration information for enrolling with the university and registering for semester 6. **If you have not already done so, you must do the university nursing student orientation (NSO now), to be eligible to register for courses.**

Intent to Return

As a dual admission program, you will receive an Associate of Science in nursing degree at the completion of the semester 5 benchmark of the program plan. At this time you have the option of sitting for the NCLEX-RN exam and attain licensure. It is important that you review your education plan priorities and needs as well as personal obligations and needs as you make decisions at the 5th semester benchmark.

Things to consider:

- The best time to take the licensure exam
 - Preparation time for success
 - Fees to register for and take the exam
 - Family and personal needs
- Position in nursing you are hoping to attain upon licensure
 - Review hiring policies of institutions/organizations where you wish to submit an application. If a BSN is the preference, it may be wise to wait to license until after semester 8.
 - Salary differential for education preparation level
 - If an organization requires a BSN within 3-5 years post associate degree it may be beneficial to continue immediately
 - Some institutions will hire an associate degree nurse and provide some tuition reimbursement towards a BSN
- Long-term goals in the profession
 - If/when do you wish to apply for graduate school?
 - If an advanced degree is your plan, attaining the BSN sooner versus later will streamline your long-term plan

During semester 5 you will be asked to:

- Register for semester 6 and seamlessly continue to complete the baccalaureate degree
- OR**
- Complete an **Intent to Return form, which will be supplied to you during Semester 5 advising sessions**. An Intent to Return Form should be completed if you are planning on interrupting your education. This may be to prepare and take the NCLEX-RN exam and become licensed at the associate degree level of practice or for personal reasons.
 - The **Intent to Return form** is meant to assist in planning for your return to the program to finish the baccalaureate degree.
 - You will be asked to supply contact information
 - You will be asked to identify the semester and year you intend to return
 - The university will contact you the semester PRIOR to your intended return date
 - To ensure your immunizations, CPR, background check are current
 - Ensure that seats are made available in the classes
 - Determine any other needs as applicable

If you do leave the program after successful completion of semester 5, as a MANE student, you will be eligible to return for 3 years or 6 academic semesters post- graduation with your Associate degree. Licensure is not a requirement to return to MANE.

Textbooks, Resources & ATI Information

Textbooks:

Although some resources may remain the same from the lower division courses, you will be required to purchase texts and resources in semester's 6-8 specific to course content and learning needs.

Resources:

The library resources are available to you on your home campus and the university as follows:

- When enrolled in courses at the community college the librarians at the community college will assist you with literature searches or specific needs.
- When enrolled in courses with the university, you may utilize the library at the community college for study, but utilize the university librarians for literature searches or specific needs. Utilization of university library services will be part of orientation to the university.

ATI Information

(Assessment Technologies Institute)

ATI fees will continue in semesters 6-8, even if you attain licensure prior to completion of the baccalaureate degree. The fees for ATI resources have been spread out over 6 semesters of nursing to aid in your financial needs as a student. Even if licensed, you will continue to use ATI resources in semesters 6-8 of the program to enhance your critical thinking skills.

Service on MANE Committees and/or Completion of Questionnaires

Committee Service

MANE is committed to quality improvement and seeks student participation in program evaluation. There are specific MANE committees that are supported by student participation:

- Diversity Committee
- Program Research, Evaluation and Assessment Committee (REA)
- AD HOC committees as determined by need

You may receive information and be asked to volunteer for a committee while a student in the program.

Completion of Questionnaires

Periodically throughout the program you may be asked to complete a questionnaire related to your experiences in the program or evaluation of MANE processes. We ask that you do complete the questionnaires as they will supply MANE with valuable data for improvement. The questionnaires will be on-line and anonymous. Your answers will not be able to be traced back to you.

Public Health Nurse Certificate

The NURS 459 Population-Based Care (5 theory/2 clinical) course meets the requirements of the Minnesota Board of Nursing for certification post-licensure as a Public Health Nurse (PHN).

- After completion of the baccalaureate degree and attainment of licensure, you may apply to the Board of Nursing for Public Health Nurse Certification.
- You must fill out an application, obtained from the Board of Nursing website, and follow the process for verification of learning. There is a fee attached to the Board of Nursing.

Appendix I: Glossary of Terms

Organization of the Curriculum

Essentials of Baccalaureate Education for Professional Nursing practice as defined by the American Association of Colleges of Nursing (AACN, 2008)

Nine essentials delineate the outcomes expected of graduates of baccalaureate nursing programs. The essentials emphasize patient-centered care, inter-professional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment. The essentials have been adopted by MANE to define the *performance standards (measurable/observable knowledge, skills and attitudes)* of the baccalaureate graduate and leveled to define the benchmark *performance standards* at the completion of the AS degree.

Benchmark

The set of academic performance standards that a student must achieve as they progress through the curriculum. Benchmarks are met or assessed by the end of five semesters and at the end of 8 semesters in conjunction with course student learning outcomes. Achieving the overall set of benchmarks is the means for student progression. Benchmarks specify the context in which students will be expected to demonstrate competency.

Collaborative curriculum

The MANE curriculum is being co-developed among phase one faculty and practice partners. It is a collaborative curriculum among all partners and academic standards that include common prerequisites, criteria for co-admission status, and spiraled coursework facilitate a seamless progression from the AS degree to the BS degree.

Spiraled Curriculum

A spiraled curriculum revisits concepts at increasing levels of difficulty. New learning takes place by increasing the complexity and or adding new content to already mastered competencies. Mastery of defined nursing competencies increases the overall competence of the student in performing the role of the professional nurse. (MANE, 2014.)

Acute Care

Acute care focuses on the nursing care of patients experiencing acute disruptions of health. It is a pattern of health care in which a patient is treated for a brief but severe episode of illness. (MANE, 2014.)

Chronic Care

Chronic care is the holistic care of patients experiencing long-term illnesses and/or comorbidities focusing on the 'lived experience' of patients and families while promoting advocacy, self-determination, and autonomy. (MANE, 2014.)

Complex Care

Complex care focuses on the nursing care of patients whose conditions require multidimensional, continuous care, and frequently require services from interprofessional teams.

Palliative Care

Palliative care optimizes the quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate autonomy, access to information, and choice. (The Hospice and Palliative Nurses Association- <https://www.hpna.org/Display/Page.aspx?Title=Position>)

Health Promotion

Dossey and Keegan (2013) describe health promotion as, "Activities and preventive measures to promote health, increase wellbeing, and actualize the human potential of people, families, communities, society", and environment. (p.60) The World Health Organization (WHO) defines Health promotion as the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. (World Health Organization, n.d. Health topics: health promotion. Retrieved from: http://www.who.int/topics/health_promotion/en/).

Wellness	A multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being. (MANE, 2014.)
Competence	<p>Competence vs Competency</p> <p>Though both having similar meanings, competence and competency are used in different contexts.</p> <p>Competence refers to a person's ability or skills and knowledge that he/she possesses upon graduation.</p> <p>Competencies of a job refer to description of how things have to be done and at what level.</p>
Competency	Competencies describe the knowledge; skills and attitudes expected upon graduation and are categorized according to the nine baccalaureate essentials. The competencies are leveled for the baccalaureate and associate degree completion points. A hallmark of the competency model is a spiral approach to teaching and learning. Competencies are revisited throughout the curriculum with increasing levels of difficulty and with new learning building on previous learning.
MANE Competence Statements	<p>The ten (10) competence statements defining the ability of the MANE graduate.</p> <ol style="list-style-type: none"> 1. A competent nurse develops insight through reflection, self-analysis, self-care and life-long learning. 2. A competent nurse demonstrates leadership as part of a health care team. 3. A competent nurse effectively uses leadership principles, strategies and tools 4. A competent nurse locates, evaluates, and uses the best available evidence. 5. A competent nurse utilizes information technology systems including decision support systems to gather evidence to guide practice. 6. A competent nurse practices within, utilizes and contributes to the broader health care system. 7. A competent nurse practices relationship centered care. 8. A competent nurse communicates effectively. 9. A competent nurse's personal and professional actions are based on a set of shared core nursing values. 10. A competent nurse makes sound clinical judgments.
Course Student Learning Outcome	A specific standard or intended outcome of learning at the successful completion of a course in the MANE curriculum. Course student learning outcomes reflect significant elements of the benchmarks to be achieved by the end each benchmark and contribute to the broad competencies expected at successful completion of the AD and BS completion points.
Core Nursing Values	<p>Caring, Integrity/Open and responsive communication, Diversity, Excellence/Quality/ Efficiency/Accountability (NLN core values, 2011, AACN Core Values, 2012).</p> <p>CARING: promoting health, healing, and hope in response to the human condition</p> <p>INTEGRITY: respecting the dignity and moral wholeness of every person without conditions or limitation</p> <p>DIVERSITY: affirming the uniqueness of and differences among persons, ideas, values, and ethnicities</p> <p>EXCELLENCE: creating and implementing transformative strategies with daring ingenuity</p>
IOM (Institute of Medicine)	The IOM report, <i>The Future of Nursing : Leading Change, Advancing Health</i> , recommends that 50 -80% of the nursing workforce be prepared at the baccalaureate level or higher by 2020 to meet the demands of an evolving health care system and the changing needs of complex patient care.

Minnesota Alliance for Nursing Education (MANE)

An innovative nursing education consortium between a state university and 7 community colleges phase one adopters. This partnership includes Metropolitan State University, Anoka-Ramsey Community College, Inver Hills Community College, Normandale, North Hennepin Community College, Ridgewater Community College, Riverland Community College, and Century College. The consortium has evolved in response to the evidence and with a commitment to excellence and innovation to partner to expand the capacity for baccalaureate prepared nurses in Minnesota. The goal of MANE is to make baccalaureate nursing education available to students across the state, allowing qualified students to graduate with a baccalaureate degree within four years on every partner campus. The collaborative nursing curriculum, developed jointly with practice partners will prepare the nurse of the future to care for Minnesota's increasingly diverse

Minnesota Transfer Curriculum (MnTC)

A means by which students transfer their lower division general education requirements taken at a two year college to any public university in Minnesota. The transfer curriculum is accepted as a package. An AA degree must meet all 10 goal areas in the transfer package and an AS degree must include a minimum of 30 semester credits in general education courses selected from least 6 of the 10 goal areas. The AS degree may include the entire MnTC (MnSCU Policy 3.17) The AS degree is the degree awarded at the AD endpoint in the MANE curriculum.

Patient

The recipient of nursing care or services. This term was selected for consistency and in recognition and support of the historically established tradition of the nurse-patient relationship. Patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may, at times, be more appropriately be termed clients, consumers, or customers of nursing services (AACN, 1998, p.2); (The Essentials of Baccalaureate Education, 2008, p. 38)

Performance Standards Rubric

Expected levels of achievement for each benchmark.

- **Competency Rubric**
- **Assignment**
- **Specific Rubric**
- **Rubric Criteria**
- **Rubric Indicators**
- **Rubric Dimensions**

A teaching and learning guide based on specific criteria that allows faculty to assess student performance and provides students the opportunity to self-assess their progress. A rubric clearly describes what the *performance standard* is, what it looks like, or what the qualities of meeting the standard are. Rubrics are presented as a scale or continuum of performance beginning with the highest standard and moving through progressively less acceptable levels of performance.

- **Competency Rubric:** The baccalaureate essentials are the competencies. They are translated into individual or benchmark rubrics that describe to students the standards or benchmarks that have to be met by the end of the AS degree and the BS degree. Benchmark rubrics are incorporated into clinical performance evaluations.
- **Assignment-specific Rubric:** A rubric that is used for assigning points and grading performance.
- **Rubric Criteria:** The quality markers or set of standards to be met. Criteria tell faculty what to look for in performance and tell students what the highest level of performance is. Rubric criteria are the basis of judging the quality of a student's work.
- **Rubric Indicators:** Subcategories of rubric criteria but more specific elements that indicate what to look for in evaluating student work.
- **Rubric Dimensions:** Major components of a competency or assignment which when combined constitute performance. The dimensions tell the student what concepts or skills are described or embedded in the competency or assignment to be performed. For example, the dimensions of clinical judgment are noticing, interpreting, responding and reflecting.

Program Student Learning Outcome	The broad performance indicator of learning at the successful completion of the curriculum. These outcomes relate to the knowledge, skills and attitudes needed of the baccalaureate and associate degree graduate.
Program Outcomes	Program indicators that reflect the extent to which the purposes of the nursing program are achieved and by which program effectiveness is documented. Program outcomes are measurable consumer-oriented indexes. They include: program completion rates, job placement rates, licensure pass rates, and program satisfaction.

Macro-Concepts

Definition of Macro-concept: The term macro is used to assist in complex information processing and may be used globally to process topics or themes (van DIJK, 1977). The five macro-concepts of the MANE curriculum are broadly focused to reflect understanding of individuals across the lifespan and within multiple health situations as well as the role of the professional nurse within the evolving healthcare environment.

Foci of Care	Acute, chronicity, health promotion and end of life/Palliative. The program competence statements recognize that a competent nurse provides quality and safe care across the lifespan directed toward the goals of helping the client (individual, family, community or global society) promote health/prevent illness, recover from acute illness and/or manage chronic illness and support a peaceful and comfortable death.
Professional Integrity	Professional integrity encompasses the desired behaviors or attributes of the nurse incorporated into each patient contact or role within health care delivery, including but not limited to, professionalism, clinical judgment, ethics, comportment, communication, accountability, leadership, respect, and self-awareness. The program competence statements recognize that a competent nurse develops a professional role and practices within, utilizes and
Psychological Integrity	Psychological integrity is the overarching state of emotional, spiritual, cultural, economic and cognitive wellness and the implications for health risks and challenging or maladaptive behavior based on individual, family, community and population factors. The program competence statements recognize that a competent nurse practices relationship centered care, communicates effectively and makes sound clinical judgments.
Physiological Integrity	Physiological integrity as a macro-concept represents the health-wellness continuum across the lifespan in promotion of health, prevention of disease and treatment of illness. Assessment of risk factors, physiologic processes and treatment management focus on commonalities of conditions and pattern recognition. The program competence statements recognize that a competent nurse locates and evaluates and uses the best available evi-
Lifespan/Growth and Development	Lifespan growth and development refers to the sequence of development that takes place over the lifespan as evidenced by physical, cognitive and psychosocial changes. The program competence statements recognize that a competent nurse provides care across the lifespan based on sound clinical judgments and use of best available evidence.

Professional Development and Identity	<p>Professional development “ensures that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.” (The Future of Nursing: Leading Change, Advancing Health IOM, 2011)</p> <p>Professional identity involves the internalization of core values and perspectives recognized as integral to the art and science of nursing (NLN, 2010) Caring, diversity, integrity, excellence.</p>
Collaborative Practice	<p>Defined by NCSBN collaboration is: “Forging solutions through respect, diversity, and the collective strength of all stakeholders”. Collaboration is one of the core values of the NCSBN. Collaboration is “a process of joint decision making among independent parties involving joint ownership of decisions and collective responsibility for outcomes. The essence of collaboration involves working across professional boundaries” (QSEN, 2010)</p>
Safety	<p>“The condition of being free from harm or risk, as a result of prevention and mitigation strategies” (National Quality Forum).</p> <p>“Minimize risk of harm to patients and providers through both system effectiveness and individual performance” (QSEN, 2010).</p>
Holism	<p>Refers to individuals as being made up of the body, mind, spirit; living within and interacting with a specific environment and social structure. Within the concept of holism, health, health promotion and dis-ease, are defined as interrelated social, psychological, biological, and spiritual factors. Such factors represent the “whole person”, a total unit, as they influence/ act together. This continuous interaction creates the basis for holism (Dossey, 2013).</p> <p>“Holistic nursing practice recognizes the totality of the human being, the interconnectedness of body mind, emotion, spirit, social/cultural, relationship, context, and environment” (AHNA,</p>
Informatics	<p>Nursing informatics “integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice” (ANA, 2008, p. 65). “A broad term encompassing information science and information technologies” (NLN, 2010, p.61). “Use information and technology to communicate, manage knowledge, mitigate error, and support decision making” (QSEN). “Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care” (AACN Essentials of Baccalaureate Education for Professional Nursing Prac-</p>
Evidenced-Based Care & Quality	<p>Evidence-based practice: As defined by QSEN (2010), “Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.” Evidence-based practice also “involves the conscientious, explicit, and judicious use of theory-derived, research-based information in making decisions about care delivery to individuals or groups of patients, in consideration of individual needs and preferences” (NLN, 2010, p. 20).</p> <p>Quality: “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (National Quality Forum, 2010; IOM 2010).</p>
Diversity and Culture	<p>Diversity: is an all-inclusive concept, which refers to differences among people and recognizes the value of everyone and every group. Diversity encompasses all the different characteristics that make one individual or group different from another. Diversity includes but it not limited to, race, ethnicity, gender, age, national origin, religion, disability, sexual orientation, socio-economic status, education, marital status, language, and physical appearance. It also includes different ideas, perspectives, and values (AACN Essentials of Baccalaureate Education for Professional Nursing Practice).</p> <p>Culture: Culture is a learned, patterned behavioral response acquired over time that includes implicit versus explicit beliefs, attitudes, values, customs, norms, taboos, arts, and life ways accepted by a community of individuals. Culture is primarily learned and transmitted in the family and other social organizations, is shared by the majority of the group, includes an individualized worldview, guides decision making, and facilitates self-worth and self-esteem (Giger et al., 2007).</p>

Clinical Education Model

Definitions used with permission from the Oregon Consortium for Nursing Education (OCNE).

Concept-based Experience	Concept-based Experience is designed to support student learning of pattern recognition. Through multiple encounters with clients experiencing the same problem, students learn pattern recognition associated with a specific concept, illness, disease or health problem.
Case-based Experience	Case-based Experience presents students with authentic clinical problems they will likely encounter in practice and provides opportunities for students to learn to think like a nurse through client case exemplars. It encompasses seminar discussion of faculty designed or computer-based cases, as well as a variety of simulations including use of high, mid and low fidelity environments using human patient simulators, standardized patients and role-playing.
Intervention Skill-based Experience	Intervention Skill-based Experience builds proficiency in the “know-how” and “know-why” of nursing practice. These experiences include psychomotor skills, as well as communication, teaching, advocacy, coaching, and interpersonal skills among others.
Focused Direct Client Care Experience	Focused Direct Client Care Experience enables the student to gain progressive experience in the actual delivery of nursing care and to build and understand the role of developing relationships with patients. The assigned focus for a care experience allows the student to apply a growing knowledge and skill base to client care. Students learn to establish and nurture the nurse/client relationship and integrate the ethics of caring for individuals.
Integrative Experience	Integrative Experience provides opportunity for the student to apply all elements of prior learning into an authentic clinical practice situation. The purpose is also to begin the transition into practice. Rather than the student being assigned to a particular client, the student is assigned to work with a registered nurse and provides client care with, and under the direction of, the registered nurse. The student practices integration of knowledge, clinical judgment and competencies while providing client care and studies the role of the registered nurse as it is expressed in a particular organizational environment.

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Appendix II: Curriculum Design Summary

Overall Consensus

Competency Based curriculum framed by the *Baccalaureate Essentials*. Leveled for AS AD Benchmark.

Concepts *Spiraled* throughout curriculum.

Integrative review and *active engagement* are key components of learning

Content reduction, faculty commit to engaging students in new ways.

Faculty development – Critical for Success. This is *transformative*.

Per MBN rule, must plan for LPN to transition into curriculum and receive advanced standing credits.

Students at Metropolitan State University will experience same curriculum without the AS AD Benchmark

Students will be able to exit after AS AD benchmark and re-enter up to 3 years at time of exit

Mission Statement

The mission of the Minnesota Alliance for Nursing Education (MANE) is to increase baccalaureate prepared nurses through collaborative, transformative educational strategies.

Vision Statement

Through increased access to baccalaureate nursing education MANE will prepare professional nurses to promote health and meet the evolving and complex healthcare needs of an increasingly diverse population in Minnesota.

Values Statement

MANE is dedicated to achieving our mission and vision in a manner consistent with our values of:

- *Innovation and the Pursuit of Excellence*
- *Collaboration and Partnership*
- *Integrity and Accountability*
- *Mutual Respect and Collegiality*
- *Diversity and Inclusiveness*
- *Responsiveness to local and Global Healthcare Needs*

Philosophy Statement

We believe the purpose of nursing education is to prepare professional nurses to practice successfully in today's complex health care environment, respond to future health care needs, and lead in the broader health care system. A commitment to excellence in professional nursing practice, based on a set of collaborative core nursing values and innovation, is reflected in the use of integrative review in a spiraled, competency-based curriculum. We believe in a transformative curriculum that moves away from independent silos of education to a collaborative effort between universities, community colleges, and practice with the goal of increasing numbers of baccalaureate prepared nurses in Minnesota. This collaborative curriculum fosters a seamless transition from associate to baccalaureate nursing education. We believe baccalaureate nursing education enhances a comprehensive understanding of healthcare policy, research, systems leadership, and community health nursing.

(continued next page)

MANE nursing graduates are educated to use the best available evidence in making sound clinical judgments during provision of safe, high quality, holistic nursing care across the lifespan and the health continuum. We believe with the use of informational technology, a nurse is prepared to provide health care in a variety of environments. We believe nurses act as transformational leaders and vital members of an interdisciplinary team. A strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally.

We believe adult learners must be actively engaged in the learning process. We value lifelong learning, reflective nursing practice, and insights gained through self-analysis and self-care. Faculty members teaching in the MANE curriculum model professionalism, scholarship, inclusiveness, beneficence, and collegiality. This transformative approach to nursing education encourages deep understanding of key nursing concepts while addressing the changing healthcare environment.

Curricular-Concepts (Threaded Throughout Curriculum) (Definitions in Glossary of Terms Document)

Professional development and identity
Collaborative practice
Safety
Holism
Informatics
Evidenced-Based Practice & Quality Improvement
Diversity and Culture

Macro-Concepts (Definitions in Glossary of Terms Document)

Foci of Care

- health promotion
- chronic care
- acute care
- end-of-life/palliative care

Lifespan/growth and development

Physiological Integrity

- Mobility
- Tissue Integrity
- Oxygenation and Perfusion
- Metabolism
- Neuro-cognition
- Regulatory
- Comfort/pain

Professional Integrity

- Family dynamics
- Social support
- Grief and loss
- Spirituality

MANE Competence Statements

- A competent nurse develops insight through reflection, self-analysis, self-care and lifelong learning.
- A competent nurse demonstrates leadership as part of a health care team.
- A competent nurse effectively uses leadership principles, strategies and tools
- A competent nurse locates, evaluates, and uses the best available evidence.
- A competent nurse utilizes information technology systems including decision support systems to gather evidence to guide practice.
- A competent nurse practices within, utilizes and contributes to the broader health care system.
- A competent nurse practices relationship centered care.
- A competent nurse communicates effectively.
- A competent nurse's personal and professional actions are based on a set of shared core nursing values.
- A competent nurse makes sound clinical judgments.

Baccalaureate Program Student Learning Outcomes: The outcomes of this BS degree of learning will be a graduate who is able to:

1. Integrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.
2. Demonstrate leadership skills to enhance quality nursing care and improve health outcomes.
3. Evaluate best available evidence utilizing informatics to guide decision making.
4. Collaborate with inter-professional teams to provide services within the broader health care system.
5. Adapt communication strategies to effectively respond to complex situations.
6. Promote ethical practice and research within the nursing discipline and organizational and political environments.
7. Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, communities, and populations.

Associate Degree Student Learning Outcomes: The outcomes of the AS degree of learning will be a graduate who is able to:

1. Demonstrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.
2. Apply leadership skills to enhance quality nursing care and improve health outcomes.
3. Utilize best available evidence and informatics to guide decision making.
4. Collaborate with inter-professional teams to provide holistic nursing care.
5. Adapt communication strategies to effectively respond to a variety of health care situations.
6. Incorporate ethical practice and research within the nursing discipline and organizational environments.
7. Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, and communities.

Guiding Standards

Program Student Learning Outcomes are framed around the

Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)

1. Liberal Education for Baccalaureate Generalist Nursing Practice
2. Basic Organization and Systems Leadership for Quality care and Patient Safety
3. Scholarship for Evidence-Based Practice
4. Information management and Application of Patient Care Technology
5. Healthcare Policy, Finance and Regulatory Environments
6. Inter-professional Communication and Collaboration for Improving Patient Health outcomes
7. Clinical prevention and Population Health
8. Professionalism and Professional Values
9. Baccalaureate Generalist Nursing Practice

Quality and Safety Education for Nurses (QSEN)

1. Patient-Centered Care: “Recognized the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.”
2. Teamwork and Collaboration: “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision – making to achieve quality patient care.”
3. Evidence-Based Practice: “Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.”
4. Quality Improvement: “Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.”
5. Safety: “Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.”
6. Informatics: “Use information and technology to communicate, manage knowledge, mitigate error and support decision making.”

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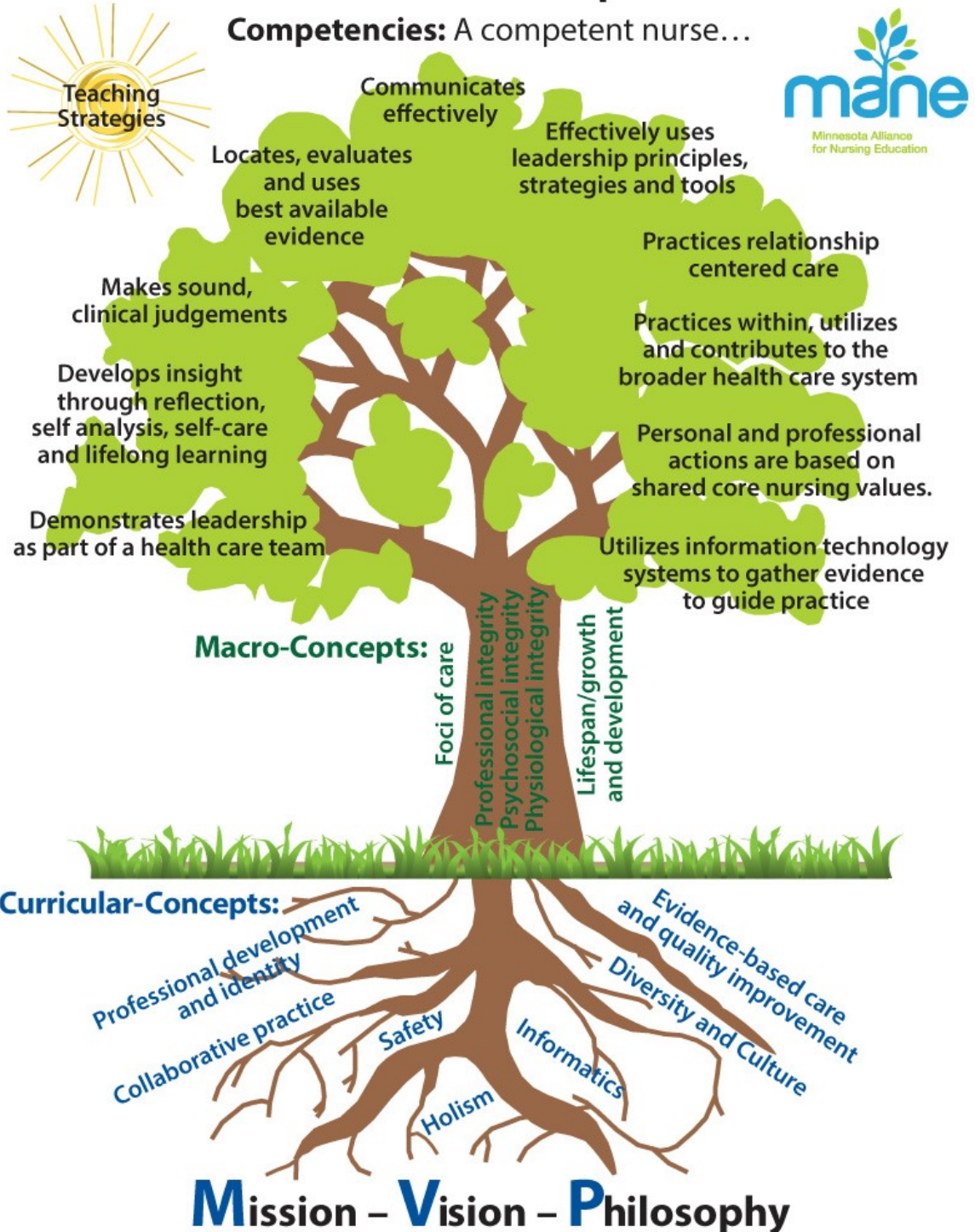
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Appendix III: Conceptual Model

MANE Curriculum Conceptual Model

Competencies: A competent nurse...



Appendix IV: Program Plan

Insert College/University Program Plan Here.