I. **Additional Unit requests for NEW classes or extra sections**

(requests for returned units has different process).

<table>
<thead>
<tr>
<th>Specialty:</th>
<th>Units/Class</th>
<th>Number of Sections/Year</th>
<th>Existing or New Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Program; Open Simulation Lab</td>
<td>0.5</td>
<td>6</td>
<td>New Course</td>
</tr>
</tbody>
</table>

To meet Program requirements for the following:

- ✔ Health/Safety
- ✔ Scheduling
- □ Title 5/Ed.Code
- □ Waitlists

**Other:**

If it is for a new course, has the outline been submitted and approved by curriculum, UDWC and the Board?

Outline is in development for submission.

**Justification for new units:**

1. Why do you feel this is an important addition to your overall curriculum and/or number of offerings?
2. Is it or will it be required for a degree or certificate?
3. Is it a new state law requirement?
4. How will this improve access, student learning outcomes and success?
5. Do you have evidence to support the need for your request? If so, please explain and/or attach.

Current best practice in nursing education is to provide opportunities for students to practice complex nursing care utilizing fidelity human patient simulators. Students are given unfolding case studies which are “played” on a life sized mannequin who is dressed for the part. The simulator is programmed with a computer to generate vital signs and other physiologic functions. The simulator speaks in real time and has physiologic changes in response to student nurse interventions. Case scenarios include heart attacks, strokes, and cardiac arrests. The students get to practice being the lead nurse and make crucial patient care decisions and interventions. All scenarios are followed by a debriefing session which analyzes the “play” and emphasize key learning concepts and objectives.

Simulation has been an integral part of the COM nursing program since we got our first simulator in 2004. Our accrediting body; the National League of Nursing Accrediting Commission has published numbers books and studies showing the positive effect of simulation on meeting student learning outcomes. This proposal seeks to establish six simulation lab sections. Three for first year students and 3 for second year students. In these courses students will be in uniform, assess the simulation patient, interpret physical symptoms and lab results, and develop and implement a plan of care which includes medication administration. The Quality and Safety in Nursing Education (QSEN) Organization has set national standards for nursing. Attached are the QSEN competencies for simulation. These student learning objectives are divided into Knowledge, Skills and Attitudes that relate to the following categories: Patient Centered Care, Safety, Informatics, Team Work and Collaboration, Evidence Based Practice, Quality Improvement. Simulation is the most effective way nursing educators can teach the application of knowledge; which is the foundation of modern nursing education.

These simulation classes will utilize human simulators as "patients" for which students will provide care within the context of clinical scenarios developed and monitored by program faculty. This lab will support and augment existing clinical activities, provide enrichment opportunities, and also serve as a process to aid in remediation of students who are at risk of failing a nursing course due to poor clinical skills.

The program has experienced difficulty securing adequate clinical sites to fully meet the learning needs of students. The use of simulation is a Board of Registered Nursing approved option to provide realistic learning opportunities in a safe and controlled environment. State regulations allow up to 25% of clinical hours to be utilized for simulation experiences. The program has
simulation equipment in place with faculty who have been trained in it's use.

Feedback from students consistently identify simulation as a valuable learning experience. In addition to providing enrichment activities, it is possible to offer a scenario for patient diagnoses that have been discussed in lecture but students may not have had the opportunity to observe or implement during their clinical experience. A program outcome is preparation of graduates fully prepared for entry-level practice. Simulation is an effective method to achieve this outcome.

We currently send students to the Regional Simulation Center at IVC. This center will close at the end of the semester. Students’ access to simulation will be limited once that center closes. We are building a new state of the art simulation center in the Science Building. In order to make this Simulation Center a success, the nursing program needs simulation units.

Shared Resources: If you have requested additional units that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.

III. FT Faculty Needs (Please fill this out ONLY if you are stating a need for new full time faculty in your area.)

1. Please indicate if there are NO FT faculty in your discipline. Please provide data regarding the length of time this discipline has been without a full time instructor.
   This request is for the registered nursing program for which there are 7 full time faculty.

2. Non-availability of part-time instructors in a subject area. Please provide evidence demonstrating the difficulty in finding part-time instructors to teach in the subject area.
   This request is for an instructor to coordinate, teach and manage the simulation experiences in the nursing program in addition to providing skills lab instruction. Faculty who are fully trained in the use and teaching of simulation experiences are difficult to identify and employ.

3. New FT Faculty: How many NEW FT faculty have been hired in past 10 years? Please list each faculty name and the year of employment. If this instructor is shared with another department, please list the equivalent FTE% for your department. Please list instructional equivalencies as necessary and if faculty member was the result of retreat rights.
   Two full time faculty have been hired in the last ten years.
   Molly Johnson was hired as a full time instructor in ____ and Mary Pieper-Warren was hired as a full time instructor in _________.

4. Reduction in department TUs as a result of FT Faculty retirements or other significant causes? Please provide data that illustrates a change in teaching unit allocation as a direct result of FT faculty retirements within your department and how this may change in the coming year(s).
   No retirements are anticipated at this time.

5. Other reasons: Have there been other causes for a reduction in units in your discipline? If so, please explain and provide evidence.
   There have not been a reduction in units as the program must provide courses within the curriculum approved by the Board of Registered Nursing. What has changed is the ability to access clinical sites that can accommodate all the students in a clinical group and the number of sites that are available to the program. Within the last five years, the program has lost a significant number of hospital-based clinical placements which makes it very difficult to provide appropriate and
adequate clinical learning experiences for students.

6. Changes in Student Demand: Recent or forthcoming growth as a result of added sections due to enrollment demands. Provide evidence that illustrates the need for additional faculty due to increased student demand such as numbers of sections added and/or courses with waitlist totals showing a need for additional sections. What is the % of FTEF for this increase in units? If there has been a decline in student growth, please explain why.

The enrollment is stable, but the type of instruction has changed. There is a need for faculty experienced in the use of simulation to provide clinical experiences and education for students to augment those experiences found in the hospital setting. Many of the skill labs are taught by adjunct faculty. A full time instructor would provide consistency in learning and provide specialized training in the use of simulation.

7. Current of forthcoming changes that illustrate the immediate need of additional FT faculty within this department. Please outline all relevant circumstances that justify the priority of a FT hire in addition to those already outlined above. Consider changes in the field, changes in the job market and population shifts.

Hospitals continue to limit the number of clinical groups that can access their units and are also lowering the number of students that can be on a unit at any one time. This has required the use of community agencies, outside experiences and simulation to provide appropriate and quality learning experiences for students outside of the hospital setting. As the number of hospital beds continues to decline, it is anticipated that programs will be forced to decrease the size of their clinical groups making it even more difficult for each student to receive an equal and quality learning experience.

8. Program Review Findings: Indicate what trends you identified in your last program review that support the need for full time faculty hires. Tie these to the department and college mission.

It is difficult to identify and employ nursing faculty, especially those with specialized skills like expertise in simulation. Registered nurses with masters degrees can earn a substantially higher income in nursing practice as compared to teaching limits the number of applicants for nursing faculty positions. It is common for programs to have unfilled full time positions in nursing due to lack of applicants. Workforce education is one of the mission statement components. The nursing program prepares high quality graduates prepared for entry-level practice which is consistent with the college mission. Faculty with knowledge and expertise in nursing, especially specialized areas like simulation, are needed to continue meeting this program outcome and contributing toward the college mission.

9. Other considerations: Include such information as matriculation needs, changes in student demand or community and job market needs, response to legislation, or rapid growth of the discipline.

10. Shared Resources: If you have requested FT faculty that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.
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<th>'QSEN Coordinated' Student Learning Objectives for Simulation Experience (KSA's)</th>
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<td><strong>Patient-centered Care:</strong> Recognize 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.</td>
<td><strong>Knowledge</strong> 1. Integrate understanding of multiple dimensions of patient-centered care: Patient / family / community preferences, values; Coordination and integration of care; Information, communication, and education; Physical comfort and emotional support; Involvement of family and / or friends; Transition and continuity 2. Examine how the safety, quality, and cost-effectiveness of healthcare can be improved through the active involvement of patients and families 3. Describe strategies to empower patients and families in all aspects of the health care process 4. Discuss principles of effective communication 5. Examine nursing roles in assuring coordination, integration, and continuity of care <strong>Skills</strong> 1. Provide patient centered care with sensitivity and respect 2. Assess presence and levels of pain as well as physical and emotional comfort 3. Engage patients and surrogates in active partnerships that promote health, safety and well-being and self-care management 4. Communicate care provided and needed at each transition in care <strong>Attitude</strong> 1. Respect and encourage individual expression of patient values, preferences and expressed needs 2. Appreciate the role of the nurse in relief of all types and sources of pain and suffering 3. Value active partnerships with patients or designated surrogates in planning, implementation, and evaluation of care 4. Value continuous improvement of own communication and conflict resolution skills</td>
</tr>
<tr>
<td><strong>Teamwork and Collaboration:</strong> Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve patient care.</td>
<td><strong>Knowledge</strong> 1. Recognize contributions of individuals and groups to help patients / family achieve health goals 2. Discuss effective strategies for communicating and resolving conflict 3. Describe examples how team functioning impacts safety and quality of care 4. Identify barriers and facilitators of effective team functioning 5. Examine strategies for improving systems to support team functioning <strong>Skills</strong> 1. Act with integrity, consistency, and respect for differing views 2. Assume the role of team member or team leader based on the situation 3. Integrate the contributions of others who play a role in helping patient / family achieve goals 4. Solicit input from other team members to improve individual, as well as team performance 5. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care <strong>Attitude</strong> 1. Respect the unique attributes that members bring to a team 2. Appreciate importance of intra- and inter-professional collaboration 3. Value teamwork and the different styles of communication used by patients, families and health care providers 4. Appreciate the risks associated with patient information handoffs</td>
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| **Evidenced Based Practice:** Integrate best current evidence with clinical expertise and patient / family preference and values for delivery of optimal health care. | **Knowledge**
1. Demonstrate knowledge of basic scientific methods and processes
2. Describe reliable sources for locating evidence reports and clinical practice guidelines
3. Discriminate between valid and invalid reasons for modifying evidence based practice based on clinical expertise or patient / family preference

**Skills**
1. Base individualized care plan on patient values, clinical expertise and evidence
2. Locate evidence reports related to clinical practice topics and guidelines
3. Question rationale for routine approaches to care that result in less-than-desired outcomes

**Attitude**
1. Value the concept of evidence-based practice as integral to determining best clinical practice
2. Value the need for continuous improvement in clinical practice based on new knowledge |

| 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 health care systems. | **Knowledge**
1. Recognize that nursing students are parts of systems of care and care processes that affect outcomes for patients ad families
2. Explain the importance of variation and measurement in assessing quality of care

**Skills**
1. Use tools (such as charts cause-effect diagrams) to make processes of care explicit
2. Use quality measures to understand performance
3. Use measures to evaluate the effect of change

**Attitude**
1. Appreciate that continuous quality improvement is an essential part of the daily work of all healthcare professionals
2. Value own and others' contributions to outcomes of care in local care settings
3. Value measurement and its role in good patient care
4. Appreciate the value of what individuals and teams can do to improve care |
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| **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance. | **Knowledge**
1. Describe factors that create a culture of safety
2. Discuss potential and actual impact of national patient safety resources, initiatives, and regulations
3. Examine human factors and other basic safety design principles as well as commonly used unsafe practices  
**Skills**
1. Demonstrate effective use of strategies to reduce risk of harm to self or others
2. Communicate observations or concerns related to hazards and errors to patients, families, and the health care team
3. Use national patient safety resources for own professional development and to focus attention on safety in care settings  
**Attitude**
1. Value the contributions of standardization / reliability to safety
2. Value own role in preventing errors
3. Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team
4. Value relationship between national safety campaigns and implementation in local practices and practice settings |
| **Informatics:** Use information and technology (IT) to communicate, manage knowledge, mitigate error, and support decision-making. | **Knowledge**
1. Explain why information and technology skills are essential for safe patient care
2. Describe examples of how technology and information management are related to the quality and safety of patient care
3. Recognize the time, effort, and skill required for computers, databases, and other technologies to become reliable and effective tools for patient care  
**Skills**
1. Apply technology and information management tools to support safe processes of care
2. Employ communication technologies to coordinated care for patients
3. Respond appropriately to clinical decision-making supports and alerts  
**Attitude**
1. Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
2. Value technologies that support clinical decision-making, error prevention and care coordination
3. Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care |