

**School of Nursing: ASN Meeting**  
**October 10, 2025**  
**Meeting 10:00 am 2:00 pm**

		X	Joseph Behr-Stenzel		Cathy Bogar	X	Shelly Callender
X	Lori Canty	X	Jenny Cittadino	E	Marie Dare	X	Valerie Dornema
X	Debra Ebaugh		Monique Findley	X	Shea Gentry	X	Mariel Goldrick
FMLA	Julissa Gonzalez	X	Susan Holland	X	Donna Johnson-Byrd	E	Jynell Kingsberry
X	Mary Lewis	X	Cynthia Marshall	X	Lenora Maze		Donna Mesler
E	Robert Miller		Mary Mondello	X	Sandy Oestrike	X	Jenn Ortiz
X	Samantha Patenaude	X	Monica Pedwell	E	Andrea Rediger	X	Michelle Rentas
E	Joanne Sabo	X	Charlene Schwinne		Amanda Simmons	X	Nora Stadelmann
X	Stephanie Syska	X	Tiffany Thomas				

**Minutes for review and approval**

**Meeting Convened: 10:10 am** **Meeting Minutes: Michelle Sherman**

Agenda Topic / Presenter	Discussion/Minutes
<b>Test Failures/ Dr. Holland</b>	<p>Dr. Holland presented the group with data showing the number of Academic Communication Forms submitted following the first exams in each course. She expressed concern over the high number of failures, stating that the results were unacceptable and prompting discussion on how to improve outcomes before the next exam.</p> <p>Key Issues Identified by Dr. Holland:</p> <ul style="list-style-type: none"> <li>• Lack of communication between faculty</li> <li>• Limited collaboration among faculty members</li> <li>• Faculty not being included in exam creation</li> <li>• Exams not being shared with faculty for review in advance</li> <li>• She asked if there are too many assignments preventing the students from having time to read and/or study?</li> </ul> <p>Group Discussion:</p> <p>Faculty discussed potential causes for the poor exam performance. Many attributed the issues to students' study habits and learning strategies. Dr. Holland redirected the conversation, asking how faculty could better support students to prevent similar outcomes in the future.</p> <p>Faculty also expressed concern that having only one faculty member teach each course within a level is not ideal. They emphasized that diversity among instructors' benefits students and provides valuable support for newer faculty members, helping them feel more confident and less isolated—particularly if student outcomes are not as expected.</p>

<p><b>Test Failures/ Dr. Holland</b></p>	<p>Proposed Solutions:</p> <ul style="list-style-type: none"> <li>• Provide test-taking strategy sessions in class</li> <li>• Offer additional tutoring opportunities</li> <li>• Implement more active learning activities and strategies</li> <li>• Encourage students to explain their reasoning when answering questions in class</li> <li>• Assign peer mentors to support students academically</li> <li>• Require weekly meetings with the Student Success Manager</li> </ul> <p>Dr. Holland reiterated that faculty are the content experts and are responsible for ensuring students understand what is expected of them. She also emphasized that all faculty should have the opportunity to review and vet exams before administration to ensure accuracy, fairness, and alignment with course objectives.</p>
<p><b>Blueprints/Dr. Lewis</b></p>	<p>Dr. Lewis shared that she recently used a test blueprint for an exam and noticed several topics were missed. She emphasized that if each course developed a blueprint for its exams, it would help identify areas with excessive focus on certain topics, gaps in content coverage, and alignment with what was taught in class. She asked each lead faculty member to complete a blueprint for their next exam and submit it to her. <b>See attachment #1</b></p> <p>Dr. Holland encouraged everyone to read about <i>Performance-Based Instruction (PBI)</i> beginning on page 292 of the Mary McDonald textbook.</p>
<p><b>Procedures for test administration &amp; student support/ Joseph Behr-Stenzel</b></p>	<p>J. Behr-Stenzel provided a handout. <b>See attachment #2</b></p> <p><b>Test Administration</b> A discussion was held regarding the number of test questions that should be returned to students. It was reinforced that this decision should be based on the results of the <i>full item analysis</i>, rather than on whether a student answered a question incorrectly.</p> <p><b>Concept Reviews</b> It was suggested that concept reviews should not be used. Discussion took place regarding recent votes on their use in Levels 1 and 2. It was further recommended that the administration review the concept reviews to understand the content included. <b>Decision:</b> Concept reviews may be used in <b>Level 1 only</b>.</p> <p><b>Reporting Test Failures</b> The reporting process for test failures has changed. After grades are posted, failures should be reported to the Program Director and Campus Coordinator.</p> <p><b>Academic Communication Form</b> Academic Communication Forms are to be submitted to the Program Director, Associate Dean, and Advisors. Advisors will be responsible for inputting the form into the student’s record.</p> <p><b>Boot Camp &amp; Simulation Requirements</b> Boot Camp and Simulation sessions are to be a <b>full 8 hours</b>. If a session ends early, additional content should be provided, or the remaining time should be used for review.</p>

<p><b>Procedures for test administration &amp; student support/ Joseph Behr-Stenzel</b></p>	<p>In the Canvas development shells, the following must be included:</p> <ul style="list-style-type: none"> <li>• <b>Boot Camp:</b> Agenda and schedule</li> <li>• <b>Simulation:</b> Outlines, agendas, and scenarios</li> </ul> <p>This consistency will help new faculty and ensure alignment across all campuses.</p> <p>Faculty should arrive at least 30 minutes before the simulation on the day of the event. If possible, meet with the Sim Ops team during office hours the day before to confirm setup and readiness. This allows time to address questions and, if needed, run through the scenarios in advance.</p>
<p><b>Miscellaneous/All</b></p>	<p><b>Assessment Tools</b> Handouts were provided for the Creighton and Lasater evaluations. <b>See Attachments #3 and #4.</b></p> <ul style="list-style-type: none"> <li>• The Creighton evaluation is to be completed by faculty.</li> <li>• The Lasater evaluation is to be completed by students.</li> </ul> <p><b>Clinical Lateness</b> If a student does not communicate with the instructor that they will be late, a <b>10-minute grace period</b> applies.</p> <ul style="list-style-type: none"> <li>• The grace period begins at the time the instructor designates for students to arrive, not the time the clinical shift begins on the floor.</li> <li>• If a student arrives after the 10-minute grace period, they are to be sent home for the day and written up.</li> </ul> <p><b>Exam Lateness</b> According to the handbook, the allowed lateness for exams is <b>15 minutes</b>. A discussion was held about how late arrivals, once the exam has begun, create distractions for other students. This topic was tabled for further discussion to determine whether changes should be made to the handbook in the future.</p> <p>A suggestion was made to instruct students to arrive 15 minutes before the exam start time, with the expectation that faculty also arrive by that time.</p>
<p><b>Course Faculty &amp; Course Lead Responsibilities &amp; End of Semester Checklist/Joe Behr-Stenzel</b></p>	<p><b>End-of-Semester Data:</b> A handout containing the end-of-semester data was distributed. <i>(See Attachment #5.)</i></p> <p><b>Course Faculty Responsibilities</b> Course faculty must provide their course lead with the required data listed on the handout by the assigned due date—before leaving for semester break.</p> <p><b>Course Lead Responsibilities</b> Course leads are responsible for coordinating meetings with their faculty group for the following:</p> <ul style="list-style-type: none"> <li>• Pre-Course Meeting</li> <li>• Pre-Test Meeting</li> <li>• Post-Test Meeting</li> </ul>

<p><b>Course Faculty &amp; Course Lead Responsibilities &amp; End of Semester Checklist/Joe Behr-Stenzel</b></p>	<ul style="list-style-type: none"> <li>• End-of-Term Meeting</li> </ul> <p>These meetings should include discussion of:</p> <ul style="list-style-type: none"> <li>• Test content and results</li> <li>• Test blueprints</li> <li>• Lecture PowerPoints</li> <li>• Student concerns or issues</li> <li>• Development of test bank questions</li> <li>• Redundant or overlapping content between courses</li> </ul> <p><b>Meeting Documentation</b></p> <ul style="list-style-type: none"> <li>• Meeting minutes must be submitted to Andrea Rediger within one week of each meeting.</li> <li>• Zoom links for all meetings should be shared with the administration.</li> </ul> <p>Joe distributed a schedule to the course leads outlining the dates for upcoming course meetings. The completed schedule is due back to him by the end of the business day today.</p> <p><b>To-Do Items</b></p> <ul style="list-style-type: none"> <li>• An Excel template for items 6–11 will be created by the Program Director.</li> <li>• Additional items will be added by the Effectiveness Coordinator for the data needed in that report.</li> <li>• Leads should have the next test rolled out to the faculty right after each exam is taken</li> </ul>
<p><b>Technology in Education/Joe Behr-Stenzel</b></p>	<p>When instructors use AI tools (such as ChatGPT) to create test questions or other learning materials, there is a risk that students may gain access to the same information, since these platforms operate in open, public environments.</p> <p>To maintain the security and integrity of course content, instructors should use BootleBox instead. BootleBox operates within the FSW network, ensuring that materials remain secure and unavailable to students or the public.</p>
<p><b>Test Banks/Dr. Lewis</b></p>	<p>Dr. Lewis reviewed test banks and testing practices in general.</p> <p>Charlene Schwinne shared that during the New Faculty Seminar last week, it was mentioned that Roz Jester is available to speak to faculty about test banks and question creation.</p> <p>It was also noted that there is currently a nationwide issue with Canvas, which is affecting the ability to create test banks within the platform. Alternative methods for creating and managing test questions may need to be explored.</p> <p>Dr. Lewis asked each faculty member to develop five questions for the next exam in the course they teach and bring them to the next course meeting, including blueprint mapping. This approach allows for collective input, promotes consistency, and ensures that the workload does not fall on one individual.</p>

<b>Mentoring/Dr. Lewis</b>	<p>Dr. Lewis emphasized that mentors and mentees should meet regularly.</p> <p>Mentors are expected to <b>check in with their mentees weekly</b> to provide guidance and support.</p>
<b>Chair Presentations/ Sandy Ostrike &amp; Mariel Goldrick</b>	<p><b>Med-Surg Course Meeting</b></p> <ul style="list-style-type: none"> <li>• Last month’s meeting minutes were approved.</li> <li>• Med Math books are still needed for faculty; they have been <b>ordered</b>.</li> <li>• The Simple Syllabus will open on October 17th for the Spring semester.</li> <li>• Discussed academic integrity related to testing.</li> <li>• Course test banks continue to present issues.</li> <li>• Reviewed Health Assessment labs to ensure all sections are conducting consistent activities.</li> </ul> <p><b>Specialty Courses</b></p> <ul style="list-style-type: none"> <li>• OB/Peds: Discussed ongoing exam issues and concerns regarding the timing between courses.</li> <li>• Faculty Involvement: Faculty would like to participate in the admission process.</li> <li>• Mental Health: The course number has been changed.</li> </ul>
<b>Meeting Adjourn</b>	<p>Meeting adjourned @ 200 pm, with a lunch break from 1215-100pm. Next meeting November 14, 2025, in Room AA-168</p>

# Attachment #1

## Sample Unit Blueprint

Topic from TO	Pages/Time/%	Nrsg Process	Understanding	Applying	Analyzing	Eval	Total Items
Nursing Process	30/4h/30%						15
Pt Safety	24/2/10%						5
Math	10/1h/5%						2
Therapeutic communication	15/2h/10%						5
Patient Education	25/2h/10%						5
Discharge Planning	20/2h/10%						5
Delegation	35/3h/25%						12
							49

# Attachment # 2

Following our recent discussions, I want to clarify several important procedures regarding test administration and student support:

## Test Administration & Analysis:

- Course leads will grant faculty access to subsequent tests upon completion of the current test
- Faculty will conduct *individual* item analyses for their classes
- Points will be returned based on full item analysis results (no arbitrary limit of 5)
- If analysis identifies 8 invalid questions, all 8 points should be returned

## Concept Review Guidelines:

- Use only the established topic outline for student concept reviews
- ~~No~~ additional review materials should be provided

## Test Failure Procedures:

### 1. Grade Reporting:

- Send failing student names and failing scores immediately upon grade posting
- Recipients: Program Director and Campus Coordinator

### 2. Academic Communication Forms:

- Submit to: Program Director, Associate Dean, and advisor only
  - Use Academic Warning forms for behavioral issues and Academic Communication forms for grade-related issues.

## Boot Camp & Simulation Requirements:

- All clinical courses must include:
  - Boot Camp agenda/schedule in Canvas dev shell
  - Simulation outlines/agenda/scenarios in Canvas dev shell
- Minimum duration: 8 full hours for both Boot Camps and SIM sessions

Please ensure compliance with these procedures moving forward.

Faculty

Attachment #3

### Creighton Competency Evaluation Instrument (CCEI)

Student Name: _____ Staff Nurse Instructor Name: _____	0= Does not demonstrate competency 1= Demonstrates competency NA= Not applicable	Date: ____ / ____ / ____ MM / DD / YYYY
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<b>ASSESSMENT</b>	Circle Appropriate Score for all Applicable Criteria - If not applicable, circle NA			<b>COMMENTS:</b>
1. Obtains Pertinent Data	0	1	NA	
2. Performs Follow-Up Assessments as Needed	0	1	NA	
3. Assesses the Environment in an Orderly Manner	0	1	NA	
<b>COMMUNICATION</b>				
4. Communicates Effectively with Intra/Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order)	0	1	NA	
5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching)	0	1	NA	
6. Documents Clearly, Concisely, & Accurately	0	1	NA	
7. Responds to Abnormal Findings Appropriately	0	1	NA	
8. Promotes Professionalism	0	1	NA	
<b>CLINICAL JUDGMENT</b>				
9. Interprets Vital Signs (T, P, R, BP, Pain)	0	1	NA	
10. Interprets Lab Results	0	1	NA	
11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data)	0	1	NA	
12. Prioritizes Appropriately	0	1	NA	
13. Performs Evidence Based Interventions	0	1	NA	
14. Provides Evidence Based Rationale for Interventions	0	1	NA	
15. Evaluates Evidence Based Interventions and Outcomes	0	1	NA	
16. Reflects on Clinical Experience	0	1	NA	
17. Delegates Appropriately	0	1	NA	
<b>PATIENT SAFETY</b>				
18. Uses Patient Identifiers	0	1	NA	
19. Utilizes Standardized Practices and Precautions Including Hand Washing	0	1	NA	
20. Administers Medications Safely	0	1	NA	
21. Manages Technology and Equipment	0	1	NA	
22. Performs Procedures Correctly	0	1	NA	
23. Reflects on Potential Hazards and Errors	0	1	NA	

<b>COMMENTS</b>	Total: _____ Total Applicable Items: _____ Earned Score: _____
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Student

Attachment #4

LASATER CLINICAL JUDGMENT RUBRIC

Noticing and Interpreting

Effective NOTICING involves:	Exemplary	Accomplished	Developing	Beginning
<b>Focused Observation</b>	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle signs	Attempts to monitor a variety of subjective and objective data, but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information	Confused by the clinical situation and the amount/type of data; observation is not organized and important data is missed, and/or assessment errors are made
<b>Recognizing Deviations from Expected Patterns</b>	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment	Focuses on one thing at a time and misses most patterns/deviations from expectations; misses opportunities to refine the assessment
<b>Information Seeking</b>	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the client/family; often seems not to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the client and family and fails to collect important subjective data
Effective INTERPRETING involves:	Exemplary	Accomplished	Developing	Beginning
<b>Prioritizing Data</b>	Focuses on the most relevant and important data useful for explaining the client's condition	Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data
<b>Making Sense of Data</b>	Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse	In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance	Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an intervention

**LASATER CLINICAL JUDGMENT RUBRIC**  
**Responding and Reflecting**

<b>Effective RESPONDING involves:</b>	<b>Exemplary</b>	<b>Accomplished</b>	<b>Developing</b>	<b>Beginning</b>
<b>Calm, Confident Manner</b>	Assumes responsibility; delegates team assignments, assess the client and reassures them and their families	Generally displays leadership and confidence, and is able to control/calm most situations; may show stress in particularly difficult or complex situations	Is tentative in the leader's role; reassures clients/families in routine and relatively simple situations, but becomes stressed and disorganized easily	Except in simple and routine situations, is stressed and disorganized, lacks control, making clients and families anxious/less able to cooperate
<b>Clear Communication</b>	Communicates effectively; explains interventions; calms/reassures clients and families; directs and involves team members, explaining and giving directions; checks for understanding	Generally communicates well; explains carefully to clients, gives clear directions to team; could be more effective in establishing rapport	Shows some communication ability (e.g., giving directions); communication with clients/families/team members is only partly successful; displays caring but not competence	Has difficulty communicating; explanations are confusing, directions are unclear or contradictory, and clients/families are made confused/anxious, not reassured
<b>Well-Planned Intervention/Flexibility</b>	Interventions are tailored for the individual client; monitors client progress closely and is able to adjust treatment as indicated by the client response	Develops interventions based on relevant patient data; monitors progress regularly but does not expect to have to change treatments	Develops interventions based on the most obvious data; monitors progress, but is unable to make adjustments based on the patient response	Focuses on developing a single intervention addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur
<b>Being Skillful</b>	Shows mastery of necessary nursing skills	Displays proficiency in the use of most nursing skills; could improve speed or accuracy	Is hesitant or ineffective in utilizing nursing skills	Is unable to select and/or perform the nursing skills
<b>Effective REFLECTING involves:</b>	<b>Exemplary</b>	<b>Accomplished</b>	<b>Developing</b>	<b>Beginning</b>
<b>Evaluation/Self-Analysis</b>	Independently evaluates/analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives	Evaluates/analyzes personal clinical performance with minimal prompting, primarily major events/decisions; key decision points are identified and alternatives are considered	Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices	Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions/choices without evaluating them
<b>Commitment to Improvement</b>	Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses	Demonstrates a desire to improve nursing performance: reflects on and evaluates experiences; identifies strengths/weaknesses; could be more systematic in evaluating weaknesses	Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious, and needs external evaluation	Appears uninterested in improving performance or unable to do so; rarely reflects; is uncritical of him/herself, or overly critical (given level of development); is unable to see flaws or need for improvement

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**Course Name (ex: NUR1020C Fundamentals of Nursing)**

**Term (ex: Spring 2025)**

**1. Interprofessional Collaboration SLO**

a. Description of SLO

Campus	Total Number of Students	Measurement	Measurement
Collier - Day			
Collier - EW			
Charlotte – Day			
Lee – Trad Day			
Lee - Copham			
Lee - EW			

**2. Information Literacy and Health Care Technology SLO**

a. Description of SLO (Ex: DocuCare Clinical Assignments 1-4)

Campus	Total Number of Students	Measurement (Ex: Number of students with completed assignment)	Measurement (Ex: Number of students with incomplete assignment)
Collier - Day			
Collier - EW			
Charlotte – Day			
Lee – Trad Day			
Lee - Copham			
Lee - EW			

**3. Social Determinants of Health SLO**

a. Description of SLO

Campus				
Collier - Day				
Collier - EW				
Charlotte – Day				
Lee – Trad Day				
Lee - Copham				
Lee - EW				

**4. Professional Identity SLO**

a. Description of SLO (ex: ATI Fundamentals Mastery Assessment: Safety and Infection:

i. Safety and Infection: Outcome Definition:

ATI: SAFETY AND INFECTION CONTROL The nurse uses preventive safety measures to promote the health and well-being of clients, significant others, and members of the health care team.

- ii. Review the analytics of ATI Fundamentals of Nursing Mastery Test. Click on TOPICS/SECTIONS. Document the information in the table below.?

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Campus	Total Number of Students	Measurement (Ex: Number of Students Taking Test)	Measurement (Ex: Safety and Infection Control Group Average Score)
Collier - Day			
Collier - EW			
Charlotte – Day			
Lee – Trad Day			
Lee - Copham			
Lee - EW			

- 5. Contemporary Evidence-Based Practice SLO
  - a. Description of SLO

Campus				
Collier - Day				
Collier - EW				
Charlotte – Day				
Lee – Trad Day				
Lee - Copham				
Lee - EW				

- 6. Clinical Evaluation Tool Data
  - a. List of Students with CET scores in Excel format
  - b. Analysis of CET data

- 7. Final Grades
  - a. List by student with mean score and Analysis
  - b. Analysis of Final Grades

- 8. ATI Data
  - a. Course mean score and Analysis
  - b. Analysis of ATI mean scores

- 9. Clinical Judgement
  - a. Names, Scores
  - b. Analysis

10. Summary of Course Overall: