Overview

The popularity of the nursing program at Dutchess Community College remains unchanged over the past few years. During the Spring 2010 semester more than 900 individuals were matriculated as nursing students. This includes the approximate 235 students who are currently registered in the nursing science sequence of course and those enrolled in general education pre-nursing courses. The impetus for this large number is most likely the state of the national economy and the continued reporting of the nursing shortage.

This finding is paradoxical in that despite the shortage the employment prospects for new graduates are limited. The trend toward limited hiring of inexperienced nurses appears to be a continued practice not only in the mid-Hudson valley but is occurring throughout the Northeast. A recent article in the New York Times (May 26, 2009) reported nursing graduates at Northeastern University are not being offered positions as Registered Nurses but rather offered positions as health support personnel. At a spring meeting of the Council of Associate Degree Nursing (CADN) in New York State, most directors of nursing program reported similar difficulties for new graduates in securing employment. Reasons cited for competitive hiring include, but are not limited to, the current fiscal crisis. For instance, Registered Nurses (RN) at or near retirement age have delayed leaving the workforce until the economy begins to recover. Additionally, many RNs employed part-time are voluntarily increasing the number of shifts they work. And finally, health care agencies are hiring experienced RNs to cover the ebb and flow associated with variable patient census days. When a per diem RN is utilized, the health care agency is able to cancel that person for the day without economic penalty.

The ability to predict the length of this trend is not easy. In an effort toward transparency, the following statement has been added to the department’s informational documents; “Employment opportunities for graduate nurses in the Hudson Valley are limited due to the economy. Graduates need to be aware that positions for inexperienced nurses are limited.” Additionally, all students in NUR100, Nursing Introductory Seminar, are informed of the current local and statewide practice of limited hiring. Despite this trend, a limited number of graduates have secured positions in local hospitals and some graduates report prospective employment in facilities not normally seen as employment
opportunities such as large medical practices, out-patient dialysis centers, and long-term care facilities.

The New York legislative bill for the advancement of nursing education remains active. If passed into law, RNs who subsequently graduate from a nursing program without a Bachelor’s degree in Nursing would be required to attain that degree within 10 years of initial licensure in order to maintain active licensed status. Another item of pending legislation is the assault on nurses. If passed, the law would treat violence toward nurses as a Class C felony, enacting similar penalties as those already in place for police officers and emergency medical technicians. A memorandum of support from the New York State Nurses Association (NYSNA) explaining the need for this bill can be viewed in the appendix.

The department graduated 95 students this past academic year. Seventy-two graduates attended the day program while 23 attended classes in the evening. This number reflects a small increase in graduates from previous years.

**Faculty and Staff**

The department faculty includes eight full-time tenured professors and seventeen adjuncts. (See the appendix for a list of faculty) Not all adjuncts are used every semester. Additionally, one full-time lab assistant oversees the running of the skills lab. She is assisted by a part-time lab assistant who is assigned to the skills lab sections for students in the evening program. Three student aides provided support by assisting with set-up of the labs and cleaning equipment. Receipt of Perkins funding allowed for three part-time RN tutors in the department’s simulation lab to assist students with the development of their assessment and clinical decision making skills.

One adjunct faculty, Ramona Croniser, retired after twenty-four years of service to the college. Four new adjuncts were hired. All new hires are credentialed with Master’s degrees in Nursing, a requirement of the National League for Nursing Accrediting Commission (NLNAC), the accrediting body for this program.

All full-time faculty members are active in the department and college activities. Each Professional Staff Organization (PSO) standing committee has a nursing representative. Additionally, faculty serve on myriad committees:

- Nancy Moskowitz was a member of the Chancellor’s Award for Teaching Excellence and is the departments library liaison
- Ingeborg Grutzner is on the College’s Network Committee
- Toni Doherty is the 1st Vice President of Dutchess United Educators (DUE)
- Madeline Bashoff is the DUE faculty liaison
Within the internal department structure several committees exist: the curriculum committee chaired by Ingeborg Grutzner; the assessment committee chaired by Jacqueline Fitzpatrick; the first and second year committees; and several short-term committees to achieve an objective.

Nursing faculty members maintain an active presence in the professional nursing community and also hold leadership roles. Inge Grutzner, Barbara Kabbash, and Karen Desmond are board members of the District 12 New York State Nurses Association. Inge Grutzner is also the treasurer for that organization. Toni Doherty is a member of several nursing and health organizations: the Council of Associate Degree Nursing (CADN) in New York, the New York State Nurses Association (NYSNA) Council of Nursing Education, the Nurse Education Committee of the Dutchess County chapter of the American Heart Association, the St. Francis Hospital Home Care Board of Directors and was recently appointed as an auxiliary member to the New York State Board for Nursing. Karen Blonder is a board member of Dutchess County Planned Parenthood, the Dutchess County SPCA, and a certified mediator.

The credentialing and professional practice of the faculty is strong. Two full-time faculty: Toni Doherty and Jacqueline Fitzpatrick practice as Registered Nurses in local acute care hospitals. Jacqueline Fitzpatrick and Barbara Kabbash are board certified Nurse Practitioners. Barbara Kabbash works as a consultant for the Wound Care Center in Poughkeepsie. Jacqueline Fitzpatrick holds the Certified Nurse Educator (CNE) credential by the National League for Nursing (NLN) and is enrolled in the doctoral program at the College of Russell Sage. All faculty are certified in Basic Life Support and nearly half are certified in Advanced Cardiac Life Support.

**Student population**

The preponderance of students in the program remains non-traditional. However, there is diversity of age, gender, race, and ethnicity.

The students held the eleventh annual Pinning Ceremony on May 13, 2010 in the Dutchess Hall Theatre. Graduates from the day and evening program attended.

Barbara Kabbash and Jacqueline Fitzpatrick were co-advisors to the Nursing Club. Several activities were hosted throughout the year such as two blood drives and the Alzheimer’s walk. Student participation in the club was strong.

As previously stated, the employment prospects for new graduates are tenuous. Graduates were urged to consider employment opportunities not generally considered. The demeanor of the graduates remains positive with respect
toward securing employment. Several verbalize likelihood of increased commuting time in order to gain positions of Registered Nurses.

**Instruction and Technology**

Most instructive modalities were unchanged this past academic year. What differed was the increased frequency of certain experiential activities such as patient care simulations in the Sim Lab and greater use of case studies in the classroom setting. Increased attention has been made to the “National Patient Safety Goals” developed by the Joint Commission for Accreditation of Health Care Organization (JCAHO) as this is a major focus in our affiliated agencies. All clinical experiences incorporate these measures in some manner. (See the appendix for the 2010 goals)

Several documents were either updated or revised to enhance the clinical experience within the nursing courses. There is continued effort to mimic the real work place experiences for the RNs in the clinical settings to assist with a smoother transition from student to graduate nurse.

A new clinical setting was used for NUR 218 during the spring semester. For the first time in more than a decade a long term care facility, Wingate, was used for the preceptorship experience. Students indicated positive learning had occurred in the non-traditional setting. Interestingly, several students submitted application for employment upon completion of the clinical experience.

**Assessment Process**

The department assessment activity centered around a triangulation approach to gathering data on students’ performance regarding safe medication administration practice. The basis for this focus emerges from the current literature and statistics regarding potential patient care errors. The Institute for Healthcare Improvement campaign to save 100,000 lives from medical errors focuses on medication administration practices.

Jacqueline Fitzpatrick has been collecting data regarding students medication calculation proficiency for NUR 112 students. Toni Doherty has been reviewing the pharmacology content tested in all nursing courses over the past academic year. Anecdotally, students have been questioned about modifications they would consider beneficial to improving their proficiency in medication calculation skills and pharmacology knowledge and application to patient practice.

To that end, faculty reviewed textbooks and other learning modalities for inclusion in the curriculum. A web-based program has been adopted for the next
academics year and new activities have been added to each nursing course. Additional assessment activities will be developed and implemented next year.

Additionally, assessment activities included course surveys for NUR 112, NUR 216, NUR 218 and end of program. Analysis indicate there are no remarkable change from previously attained results.

**Summary**

The interest in the nursing program remains strong and is confirmed by the increasing number of matriculated students at Dutchess Community College. The concern with respect to the limited hiring occurring in the acute care facilities in the Hudson Valley will be monitored. Overall, the program is recognized as one of quality and necessity. Overwhelmingly, the Registered Nurses who are employed in Dutchess County received their basic education at this College.

Graduates continue to report high satisfaction with the education received and recommend this program to others interested in pursuing nursing as a career option. The faculty remains dedicated to provide excellence in nursing education and promote professional practice.
Appendix
NYSNA MOS

MEMORANDUM OF SUPPORT

A3103

By Assemblyman Koon

AN ACT to amend the penal law, in relation to assault on registered nurses

The New York State Nurses Association supports the above referenced bill, introduced at our request, which would add attacks on Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) to the same class of assault as attacks on police officers, firefighters, and Emergency Medical Technicians (EMTs). Current law recognizes the importance of the work of police officers, firefighters, and EMTs by punishing assaults on them more harshly than assaults on the general public. While RNs and LPNs are also vital to the public welfare, the law does not protect nurses as it protects other first responders. This bill would provide RNs and LPNs with protections recognizing their important contribution to protecting the public.

According to the U.S. Department of Justice, nearly 500,000 nurses per year are victims of violent crimes in the workplace. There is more than 1 assault per 1,000 healthcare workers. In 2000, 48% of all nonfatal injuries from violent acts against workers occurred in the healthcare sector. RNs and LPNs suffer the highest proportion of these injuries. In a recent study of staff nurses, 46% experienced one or more types of violence in the last five shifts worked and nearly 20% of the staff reported experiencing a physical assault, defined as being spit on, bitten, hit or pushed, in the past five shifts. The frequency with which nurses are assaulted has led to an accepted and inappropriate belief that violence is to be expected in a healthcare environment and should be considered “part of the job.”

Unfortunately, individual nurses have very little influence over the level of violence or the safeguards in their workplaces. Hospitals have many characteristics that create an unsafe working environment. The general public has unrestricted movement through facilities. Gang members, drug or alcohol abusers, trauma patients, mentally ill patients and distraught family members are often present. Hospitals are often understaffed, which leads to isolated work with patients during exams or treatment. Shift work often requires nurses to arrive and leave hospitals during darkness, increasing the risk of assault. Additionally, nursing is a female-dominated profession that has not been considered as dangerous as traditionally male-dominated professions, such as police and firefighters. This perception has led to the establishment of more rigorous safety procedures and different legal protections for police and firefighters than for nurses.

Because of the inherent dangers that RNs and LPNs face in simply trying to do their jobs, the prevalence of violence against healthcare personnel, and the importance of the services that RNs and LPNs provide, NYSNA strongly urges passage of this legislation to add attacks on Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) to the same class of assault as attacks on police officers, firefighters, and EMTs.
Appendix B

Department of Nursing Faculty

Full-time faculty

Toni Doherty, RN, PhD  Professor,  Department Head
Madeline Bashoff, RN, EdD  Professor
Karen Blonder, RN, EdD  Professor
Karen Desmond, RN, MA  Professor
Jacqueline Fitzpatrick, RN, MS  Assistant Professor
Inge Grutzner, RN, MS  Professor
Barbara Kabbash, RN, MS  Associate Professor
Nancy Moskowitz, RN, MSN  Assistant Professor

College Laboratory Assistants

Pamela Duda, RN, MS (Full-time)
Mary Powell, RN, AAS  (Part-time)

Part-time faculty

Helen Biela, RN, MS
Ramona Croniser, RN, BS - retired
Pamela Duda, RN, MS
Mary Freiler, RN, MS
Marilyn Lashlee, RN, MS
Suzanne Lezon, RN, MS
Eileen Lithco, RN, MS
Mary Lyman, RN, BS (enrolled in Master’s program)
Hilda Merolli, RN, MS
Karla Mikhail, RN, MS
Denise Phelps, RN, MS
Judith Rosenfeld, RN, MS
Maryann Sharpe-Cassese, RN, MS
Robin Stevens, RN, MS
Myung Sung, RN, MS
Jessica Velez, RN, MS
Louise Witcher-Schoonmaker, RN, MA
Appendix C

2010 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

**Identify patients correctly** Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.

Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

**Improve staff communication** Quickly get important test results to the right staff person.

**Use medicines safely** Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

Take extra care with patients who take medicines to thin their blood.

**Prevent infection** Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.

Use proven guidelines to prevent infections that are difficult to treat.

Use proven guidelines to prevent infection of the blood from central lines.

Use safe practices to treat the part of the body where surgery was done.

**Check patient medicines** Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

Give a list of the patient’s medicines to their next caregiver or to their regular doctor before the patient goes home.

Give a list of the patient’s medicines to the patient and their family before they go home. Explain the list.

Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

**Identify patient safety risks** Find out which patients are most likely to try to kill themselves.

This is an easy-to-read document. It has been created for the public. The exact language of the Goals can be found at www.jointcommission.org.
## Appendix D

### Nursing

**Status Report for 2009-10**

<table>
<thead>
<tr>
<th>I. College Objectives</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Maximizing opportunities for access, readiness and college success</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Recent high school graduates</td>
<td></td>
</tr>
<tr>
<td>➢ Re-entering adult learners</td>
<td></td>
</tr>
<tr>
<td>➢ Out of school learners</td>
<td></td>
</tr>
<tr>
<td>1. Collect and analyze data regarding students matriculating as nursing students</td>
<td>Partially complete. Data has been collected and analyzed. Recommendations will be made in the fall semester.</td>
</tr>
<tr>
<td>to determine number of qualified to enter program.</td>
<td></td>
</tr>
<tr>
<td><strong>B. Preparing a Periodic Review Report for submission to Middle States that</strong></td>
<td></td>
</tr>
<tr>
<td>documents our strengths, collaborations, and the changes that have been made that</td>
<td></td>
</tr>
<tr>
<td>will lead to continuous improvement in institutional effectiveness</td>
<td></td>
</tr>
<tr>
<td>1. Continue working on course and program assessment, program review</td>
<td>Ongoing. Course surveys were completed for NUR 112, 216, 218. Decisions regarding results will be included in the departmental objectives for the next academic year.</td>
</tr>
<tr>
<td>preparations, and implementing curriculum revisions as a result of this assessment.</td>
<td></td>
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<table>
<thead>
<tr>
<th>II. College Projects</th>
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</thead>
<tbody>
<tr>
<td><strong>A. Benchmarking with Other Colleges</strong></td>
</tr>
<tr>
<td><strong>B. Implementing Banner</strong></td>
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<tr>
<th>III. Assessment</th>
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</thead>
<tbody>
<tr>
<td><strong>A. Academic Program Assessment (list program &amp; who is responsible)</strong></td>
</tr>
<tr>
<td><strong>B. Update of Extended Course Outlines</strong></td>
</tr>
<tr>
<td>1. Identify Extended Course Outlines to be updated (Dept. Head/OAA)</td>
</tr>
<tr>
<td>a. NUR105, 107, 112, 204, 213, 215, and NUR 216,</td>
</tr>
<tr>
<td>2. Update Extended Course Outlines to include appropriate Student</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Learning Outcomes and Academic Objectives (Faculty)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. NUR 105; NUR 107</td>
<td>Completed Spring 2010. Student learning outcomes included which reflect the National League for Nursing Competencies specific to each course.</td>
</tr>
<tr>
<td>b. NUR 112</td>
<td>Completed Spring 2010. Student learning outcomes included which reflect the National League for Nursing Competencies specific to each course.</td>
</tr>
<tr>
<td>c. NUR 204</td>
<td>Completed Fall 2009. Student learning outcomes included which reflect the National League for Nursing Competencies specific to each course.</td>
</tr>
<tr>
<td>d. NUR 213</td>
<td>Completed Spring 2010. Student learning outcomes included which reflect the National League for Nursing Competencies specific to each course.</td>
</tr>
<tr>
<td>e. NUR 216</td>
<td>Completed Spring 2010. Student learning outcomes included which reflect the National League for Nursing Competencies specific to each course.</td>
</tr>
<tr>
<td>f. NUR 215</td>
<td>Completed Spring 2010. Student learning outcomes included which reflect the National League for Nursing Competencies specific to each course.</td>
</tr>
</tbody>
</table>

**C. Course Assessment of Student Learning Outcomes (list courses)**

1. NUR204                                                                                                               | Complete. Data indicates all established student learning outcomes met. |

**D. Development of an Assessment-Based Action Plan (includes information indicating how the results obtained from the assessment will be used to improve student learning)**

1. Investigate NUR112 students’ ability to calculate primary and secondary intravenous infusion rates.               | Complete. Data collected for fall and spring semesters. Decision made to continue to collect data however questions will be embedded within quizzes to ensure reliable data. |

**E. Actions to be Taken as the Result of Previous Assessments (list course or program)**

1. Develop list of recommendations for improvement of student learning as a result of above Assessment Activity.       | Completed. Several recommendations were posed. A new program will be adopted for medication calculation will be adopted for NUR 105 courses in fall 2010. |

**IV. Department Objectives**

**A. Retention of students**

2. Collect and analyze data regarding each nursing course’s medication calculation test pass rates on the first attempt. Partially complete. A grid has been developed which reveals each nursing course’s calculation test pass rates on the first try. N. Moskowitz is continuing to collect data each semester.

3. Collect and analyze student performance on tested pharmacology content to serve as basis to enhance instruction. Partially complete. Data continues to be collected but will also include information from the spring semester final exams. This will be a continued objective in the next academic year since tracking data is necessary prior to implementing changes.

**B. Maintain Excellence in Nursing**

1. Update “Nursing Clinical Faculty Handbook” Completed. I. Grutzner & T. Doherty revised the document. It will be distributed to all new adjunct hires.

2. Develop recommendations to improve each nursing course’s objectives regarding calculation test pass rates on the first try. Partially complete. Recommendations to improve student success on the calculation tests were made at the December nursing faculty meeting. A discussion ensued which resulted in several recommendations put into practice. A decision was made to adopt a medication calculation book or electronic resource for use in the fall.

3. Modify and develop forms to assist students in the clinical setting. Completed. N. Moskowitz updated and/or developed several clinical forms used by students in the nursing laboratory. The forms reflect current nursing practice and documentation standards.

4. Design an active-learning skill lab for oral medication administration. Completed. K. Desmond, I. Grutzner, K. Blonder and N. Moskowitz developed an active learning laboratory for oral medication administration where the students demonstrated various nursing skills including the proper use of bar coding technology, patient teaching regarding their medications, and the accurate use of metered dose inhalers.

5. Preview videos for currency for NUR 213, and NUR 216, and NUR 218. Completed. Videos reviewed for currency. Several suggestions for new purchases were suggested.

6. Review the nursing curriculum to assess the need for additional content related to Bioterrorism and the role of the nurse. Deferred until next academic year.

7. Revise, schedule and evaluate the Mid-Semester Pressure Ulcer Simulation exercise for NUR105 day students. Completed. N. Moskowitz revised the pressure ulcer simulation to include current assessment and treatment recommendations.

8. Revise End-Term Performance evaluations for NUR 105. Completed. N. Moskowitz revised End Term Competency to include students assessing and making clinical decisions. Faculty will review the changes and determine if updated form will be used in the fall.

9. Design an active-learning skill lab for intravenous administration. Partially complete. One module was developed by T. Doherty and P. Duda and used for NUR 112 as a free-lab practice activity. Will continue next academic year.
| 10. Revise NUR112 course and clinical objectives. | Completed. The Nursing 112 manual has been revised with global objectives that reflect the course’s current learning concepts. |
| 11. Design a Simulation exercise for the operative patient. | Deferred until the next academic year. |

**C. Expansion/Enhancement of Clinical Experiences**

| 1. Investigate use of long term care facilities for use in NUR 218 | Completed. K. Desmond utilized Wingate as a site for NUR 218 with positive results. Will likely continue to use for spring semesters when needs are greater due to large number of students. |
| 2. Research additional acute care sites for NUR 218. | Ongoing. Several facilities were contacted however no new sites were established. |

**D. Program Evaluation**

| 1. Continue implementation of the Five-Year Calendar for Systematic Program Assessment. | Ongoing. |

**E. Long-Range Objectives**

| 1. Explore the development of computerized testing in all nursing courses. |  |