I. Mission
MISSION: Guiding students to succeed in the acquisition of the theoretical knowledge and applied skills of the Baccalaureate-prepared professional nurse generalist.

PHILOSOPHY: The Philosophy of the Nursing Program is consistent with the mission and vision of Missouri Valley College. Together, it is recognized that learning is a lifelong process and necessary for continued personal and professional development. Missouri Valley College appreciates that professional nursing is a dynamic discipline composed of a vital balance between science and art dedicated to the maintenance and promotion of health in diverse populations. The mission of the nursing program is to prepare students for professional nursing roles at the baccalaureate level through a combination of didactic education, clinical practice, and research utilization.

The faculty is committed to the development of academic excellence, professional integrity, personal accountability, compassion, social responsibility and critical thinking within our students, recognizing the importance of these skills in a professional nursing career. The faculty of the school believes nursing is a practice discipline that develops a structured body of knowledge. As a practice discipline, the education of professional nurses focuses on both the theoretical base and the applied base.

II. Goals
Program Goals:
1. To prepare students to become ethically and socially responsible through liberal learning, critical thinking, and academic excellence.
2. To provide a baccalaureate education that prepares one for a career in nursing.
3. To provide academic and career counseling. To offer appropriate advising, counseling, and strategies that will assist students in meeting prerequisites for gaining entry into graduate or professional programs, or to obtain employment in the nursing profession.
4. To prepare students to pass the NCLEX (National Certification Licensing Examination) and, if appropriate, obtain state licensing.
5. To instill the values of responsibility, excellence and education as a lifelong process of discovery and enlightenment.
6. To promote professionalism through student membership in the American Nurses Association and other professional organizations.
7. To provide interdisciplinary learning opportunities with a variety of medical and allied health professionals.
8. To provide students with diverse field experiences that will assist to prepare them for current employment trends in nursing.
III. Student learning outcomes

Program Student Learning Outcomes (PSLOs)

The graduate of Missouri Valley College School of Nursing baccalaureate program will demonstrate scholarship, critical thinking, and academic excellence. By time of graduation, students will demonstrate the following specific learning outcomes:

1. Complete a solid base in liberal education which provides the cornerstone for the practice and education of nurses, with emphasis on critical thinking, life-long learning and healthy living by completing the MVC Core Coursework.
2. Provide safe, competent care to diverse clients- including individuals, families, communities and populations.
3. Demonstrate knowledge and skills in leadership, quality improvement and patient safety - necessary to provide high quality healthcare.
4. Analyze current evidence for translation into quality, cost-effective professional nursing practice.
5. Demonstrate knowledge and skills in information management and patient care technology - critical in the delivery of quality patient care.
6. Utilize and develop healthcare policies, including financial and regulatory, which directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing.
7. Communicate and collaborate effectively among healthcare professionals to promote delivery of high quality and safe patient care.
8. Utilize appropriate resources for health promotion and disease prevention at the individual and population level - necessary to improve individual and population health.
9. Demonstrate professionalism and the inherent values of accountability, social responsibility, autonomy, compassion, integrity, and cultural humility which are fundamental to the discipline of nursing.

*Student Learning Outcomes were developed utilizing the Baccalaureate Essentials from the Commission on Collegiate Nursing Education (CCNE, 2008).

Revised November 2012
### IV. Course map

**Course Matrix with Program Goals, MVC-School of Nursing**

<table>
<thead>
<tr>
<th>Program Objective</th>
<th>NU1 Intro</th>
<th>NU12 Chem for HC</th>
<th>NU15 Health Assess</th>
<th>NU230 Fundamental Pharm</th>
<th>NU270 Med Admin</th>
<th>NU280 MHealth</th>
<th>NU310/1 2 MedSurg</th>
<th>NU320/2 MedSurg</th>
<th>NU330/3 Peds</th>
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<th>NU336 Gender</th>
<th>NU340/42 OB</th>
<th>NU350/52 Commun</th>
<th>NU410 Manage &amp;Law</th>
<th>NU420 Profess. Collab.</th>
<th>NU430 Research Theory</th>
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Curricular threads (horizontal and vertical):

- Professionalism (including accountability, integrity and social responsibility)
- Care across the life-span
- Diversity
- Safety
- Technology use
- Communication
- Critical Thinking
- Life-long learning
V. Assessment tools

The Nursing faculty has developed several evaluation tools to use for the clinical component of the program to assure that clinical sites are meeting the needs of the students related to their program objectives. Didactic evaluations will be completed using the MVC didactic evaluation process. Methods utilized within the nursing curriculum are:

Didactic coursework:
- Exams: direct
- Written assignments: direct
- Quizzes: direct
- Presentations (group and individual): direct
- Specialty HESI exams (via on-line, national computerized standardized exams): direct
- Student Evaluation of Course/Instructor
- Instructor Evaluation of the Learning Environment

Clinical coursework:
- Clinical Instructor Evaluation: direct
- Clinical Preceptor Evaluation: direct
- Clinical Day Evaluation Sheet: direct
- Medication Calculations Exam (every semester after semester 4):direct
- Simulation Experience/practice in lab (skills check-offs):direct
- Student Evaluation of Clinical Site/Experience: direct
- Clinical Site Evaluation of Clinical Experience: direct
- Instructor Evaluation of the Clinical Experience: direct

Seniors:
- Clinical Preceptor Evaluation: direct
- Program Objective Evaluation: direct

Upon entry into the nursing program, students also begin having multi-course finals that more precisely mimic the NCLEX state board, with content from each course taken during that semester used to build one exam. Students have up to 4 hours to complete an exam that will have between 150 and 250 questions (an average for an NCLEX exam). The questions are provided in random order through the Moodle website (therefore, computerized similar to the NCLEX exam) to better simulate the licensure exam.

Additionally, the students complete a comprehensive HESI/ATI exam twice during their curriculum – once at the beginning of their senior year (the mid-curricular exam) and once just prior to graduation. This national exam mimics the licensure exam and provides in-depth information on how our students are meeting the educational/knowledge objectives for the program itself. Students are given information on ranking within a national dataset and scoring related to benchmarks in specific areas designated within the NCLEX Board Exam. The exam also offers the student feedback on areas in which they need to improve with remediation resources they can use to improve in those specific areas.

VI. Summary of findings/Level of achievement of student learning outcomes

Course Pass Rates:

Use of didactic methods (exams, quizzes, presentations, etc.) can be summarized by number of students passing coursework.

Exit HESI exam scores (Cohort 2014):
Mean Percentile Score: 71.20%; Range: 653-971 (SD 101.91)

Mid-Curricular HESI exam scores (Cohort 2015):
  Mean Percentile Score: 62.25%; Range: 380-932 (SD 152.06)

Specialty HESI exam scores (Cohort 2015):
  Mental Health (Cohort 2015): National Percentile ranking: 10.2; Mean Percentile Score: 64.3%; Range: 480-888 (SD 130.44).

Specialty HESI exam scores (Cohort 2014):

Didactic Coursework:

Cohort 2014: Of the 20 students in the 2014 cohort, 1 student did not progress from the Fall 2013 to the Spring 2014 semester related to test score requirement for 77.5% overall test score. Remaining 19 students were successful in completing the 2014 Spring semester and graduating.

Cohort 2015: Of the 15 students in the 2015 cohort, 1 student did not progress from the Fall 2013 to the Spring 2014 semester related to test score requirement for 77.5% overall test score. Remaining 14 students were successful in completing the 2014 Spring semester. One student did not successfully complete the Gender course related to failure to complete required online quizzes and other coursework. This was student’s first failure. Student will be required to complete summer comparable course to continue in 2015 cohort.

Simulation Lab Experience/Practice & Clinical Coursework:

All students in both cohorts were successful in completing clinical and lab experiences for the 2013-14 academic year.

Dosage Calculations Exam: One student was unsuccessful in passing the Dosage Calculations Exam on her second attempt resulting in dismissal from the program. The student was counselled into an alternate degree and was able to complete her degree in a timely manner.

Evaluation of PSLO’s:

Achievement of the PSLO’s is measured by completion of the courses identified as meeting the PSLO component and the evaluation instrument for the clinical courses unless otherwise stated.
1. Complete a solid base in liberal education which provides the cornerstone for the practice and education of nurses, with emphasis on critical thinking, life-long learning and healthy living by completing the MVC Core Coursework.
   100% of 2014 cohort students have completed the MVC Core requirements.
   Approx. 80% of students in the 2015 cohort have completed their MVC Core requirements.

2. Provide safe, competent care to diverse clients- including individuals, families, communities and populations.
   2014: Completed didactic and clinical coursework related to Obstetrical and Pediatric clients, and clients with more complex medical conditions (Adult II).
   2015: Completed didactic and clinical coursework related to Chronic medical/surgical and mental health populations in addition to clients within a community setting.

3. Demonstrate knowledge and skills in leadership, quality improvement and patient safety - necessary to provide high quality healthcare.
   2014: Cohort completed Professional Collaboration (leadership), Senior seminar (leadership and QI), Evidence-based practice (QI and patient safety) and Adult II (patient safety)
   2015: Cohort completed Management and Law (leadership), Research & Theory (basis for QI) and Adult I (patient safety)

4. Analyze current evidence for translation into quality, cost-effective professional nursing practice.
   2014: Completed Evidence-based practice
   2015: Completed Research & Theory

5. Demonstrate knowledge and skills in information management and patient care technology - critical in the delivery of quality patient care.
   2014: Completed Nursing Informatics
   2015: Completed Adult I clinicals – utilizing technology within a clinical setting to care for clients.

6. Utilize and develop healthcare policies, including financial and regulatory, which directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing.
   2014: Developed multiple policies within Evidence-based practice course.
   2015: Utilized policies throughout clinical experiences

7. Communicate and collaborate effectively among healthcare professionals to promote delivery of high quality and safe patient care.
   2014 & 2015: Both cohorts successfully completed this PSLO by completing the clinical experiences within their curriculum. All clinical experiences have multiple opportunities to interact and collaborate with members of the healthcare teams within the various facilities. The 2014 cohort also had a significant opportunity to collaborate with a healthcare team during the completion of their capstone project.

8. Utilize appropriate resources for health promotion and disease prevention at the individual and population level - necessary to improve individual and population health.
   2014: Most significantly noted within the senior seminar/capstone project, where many projects were geared toward health promotion/protection/prevention
2015: Completed several experiences related to health promotion/protection/prevention within Community Health clinical experience.

9. Demonstrate professionalism and the inherent values of accountability, social responsibility, autonomy, compassion, integrity, and cultural humility which are fundamental to the discipline of nursing.

2014: Demonstrated characteristics during clinical experiences and in the classroom.

2015: Completed Culture in Healthcare course, and demonstrated characteristics during clinical experiences and in the classroom.

Student evaluations of experience/class: Overall, aggregate student evaluations of classes scored ≥ 2 (1=best score). Comments will be utilized by individual instructors when appropriate. One identified noted on multiple evaluations was need to have additional practice with charting. Additional comments noted identifying need for practice of skills later in program after initially learning the skill.

Preceptor evaluation of students: Preceptors complete evaluation of the students by utilizing the Clinical Day Evaluation Sheet (for 1-day experiences) or the evaluation of clinical experience (for use by non-faculty member with preceptored senior practicum only). Aggregate scores of preceptored experiences were:

- Cohort 2014: ranged from 3.44-3.97 (on scale of 1-4 with best score = 4)
- Cohort 2015: ranged from 3.88-4.00 (on scale of 1-4 with best score = 4)

Instructor evaluation of clinical site: Instructors score clinical sites on criteria including appropriateness of experience, friendliness/openness of staff to students and availability of resources within site. Aggregate score for the clinical sites from faculty for the 2013-14 academic year was 4.32 on likert 1-5 scale with 5 being highest score.

VII. Analysis/Interpretation

Exit HESI exam scores (Cohort 2014):

9/19 students completing this exam scored above the ‘needs further preparation’ benchmark score (>750). An additional 6 students scored between 700-749 – scores that are borderline acceptable as students within this score range stand a fair chance of being successful on the NCLEX exam. The remainder of the cohort (4 students) scored below 700. Of these 4, 2 students were noted to be in the lowest category, below 649 (approximately 58%). Interpretation of this data indicates an overall improvement of the cohort from their mid-curricular exam scores last year. It is believed that the addition of an NCLEX review course within the didactic coursework during the final semester has helped improve these overall scores.

Mid-Curricular HESI exam scores (Cohort 2015):

4/14 students completing this exam scored above the ‘needs further preparation’ benchmark score (>750). An additional 4 students scored between 700-749 – scores that are borderline acceptable as students have not been introduced to all content at this point. The remainder of the cohort (6 students) scored below 700. Of these 6, 4 students were noted to be in the lowest category, below 649 (approximately 58%). Interpretation of this data indicates that students need more introduction to application of information that is learned in the basic courses.

Dosage Calculations Exam: The dosage calculation exam remains a challenge for our students. Students are offered multiple practice sites and questions comparable to the questions on the exams, and have a minimum of 2 review sessions a semester on dosage calculations concepts. Regardless of these resources, many students are unsuccessful on their first attempt at the exam and require the second exam. During the
Fall semester, 6 of the 2014 cohort and more than half of the 2015 cohort (10 students) were not successful at passing the first dosage calculations exam. The Spring semester was more successful, with only 4/14 students requiring a second dosage calculation exam. Additional methods of instruction may be required to assist students at being successful with math concepts. It is unsure if the problem is with the complexity of dosage calculation concepts or with a lack of preparedness related to mathematical concepts in general.

PSLO’s: Overall, students seem to be meeting the program PSLOs, and appropriate opportunity to meet the PSLOs within the curriculum are noted.

Student evaluations of experience/class: Students feel unprepared for charting and technical skills required of BSN prepared nurses.

Preceptor evaluation of students: Overall, preceptors are pleased with our students in the clinical setting. Comments should be handled on an individual basis related to each student occurrence.

Instructor evaluation of clinical site: Overall, instructors are pleased with the clinical sites. Individual sites that do not seem to offer appropriate experience for student will not be utilized in the future. Example: One clinical site in the community setting was noted to be hostile to several of the students sent to the site, and the experience was terminated after the fourth student report.

VIII. Action plan/Closing the loop

Exit HESI exam scores (Cohort 2014):

Current policy is that any student scoring below 850 on their HESI exit exam will be required to complete an approved NCLEX review course prior to obtaining their diploma/being recognized as completing program. Students are allowed to ‘walk’ with cohort, but must submit proof of enrollment and completion of initial component of review prior to being designated as a graduate. No change in this policy is planned at this time.

Mid-Curricular HESI exam scores (Cohort 2015):

All students scoring below 700 were counseled and required to complete a plan with faculty guidance on methods to complete remediation, study and improve testing specifically in the content areas identified on the exams as critical. Two students scoring below 500 were also counseled regarding potential to pass the NCLEX state board licensure exam. The State Board and the MVC nursing faculty members do not believe it is prudent to allow students to continue in the program if the likelihood of success with the NCLEX board is minimal, and students should be informed of the potential of failure as early as possible to determine if he/she wants to continue and to plan for alternate methods to achieve their goals. Both students chose to continue in the program at this point. All students will work with faculty advisor to progress toward identified goals from self-developed plan. Faculty will monitor progress and provide feedback to students.

Faculty members have analyzed aggregate data from mid-curricular HESI and identified areas for improvement related to content area. These identified areas will have additional focus when the course is taught in the future. Additionally, methods to ‘fill in the gaps’ of the current two cohort’s knowledge have been identified. The addition of a ‘skills olympiad’ in the Spring semester to refresh technical skills and education associated with these skills is an example of one additional activity. A similar skills practice is planned for the Fall semester for the 2015 cohort.

Dosage Calculations Exam: beginning with the new 2016 cohort, a math tutorial will be required during the summer semester prior to beginning the program. This tutorial will be assigned a grade within the Medication Administration course taken the first semester in the program. Additionally, students have
successfully completed the TEAS exam to measure base mathematical competency. It is hoped that having this measure will assure new students that have the minimum knowledge level to be successful when dealing with dosage calculations concepts.

PSLO’s: No changes at this time.

Student evaluations of experience/class: based on student feedback on needing more practice with charting, faculty will add a section of more intense charting instruction within the Fundamentals didactic course (previously were learning charting within Health Assessment, Medication Administration and Fundamentals throughout the courses). Additionally, students will not begin computerized charting until the 2nd semester in the program (were utilizing computerized charting the first semester in the program). It is also anticipated that, with the change to a 2+2 program, students will not have as much gap between learning skills and graduation, therefore will retain knowledge better.

Preceptor evaluation of students: No change at this time – continue to monitor evaluations for trends.

IX. Faculty/Student information

Table 1. Program Faculty

Program faculty are those who taught at least one course in the program in the past year.

FULL-TIME*

*The definition of ‘full-time’ for this table coincides with our standard MVC definition. Include all full-time faculty who taught in the program regardless of their division affiliation.

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<td>Math/Science</td>
</tr>
<tr>
<td>Marilyn Milovich</td>
<td>Math/Science</td>
</tr>
<tr>
<td>Katherine Adams</td>
<td>Math/Science</td>
</tr>
<tr>
<td>Michelle Reinke</td>
<td>Math/Science</td>
</tr>
<tr>
<td>Sarah MacDonald</td>
<td>Math/Science</td>
</tr>
<tr>
<td>Jennifer Livengood</td>
<td>Psychology</td>
</tr>
<tr>
<td>Pam Sebastian</td>
<td>Religion</td>
</tr>
<tr>
<td>Kasey Currence</td>
<td>SNHS</td>
</tr>
</tbody>
</table>
ADJUNCT
Include all adjunct faculty who taught at least one course in the program in the past year regardless of their division affiliation. (No list of names required.)

Number of adjunct: ______3__________

Table 2. Student Profile

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th></th>
<th></th>
<th>Spring</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Majors</td>
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<td>31</td>
<td>35</td>
<td>4</td>
<td>29</td>
<td>33</td>
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<tr>
<td>Minors</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Graduating seniors</td>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>16</td>
<td>19</td>
</tr>
</tbody>
</table>

X. List of individuals who assisted in the completion of this report

Tonya Eddy
Tammy Plains
Karla Bruntzel

XI. OPTIONAL: You may respond to any or all of the criteria below.

Ten Criteria for Prioritizing Academic Programs

1) History, development, and expectations of the program
2) External demand for the program
3) Internal demand for the program
4) Quality of program inputs and processes
5) Quality of program outcomes
6) Size, scope, and productivity of program
7) Revenue and other resources generated by the program
8) Costs and other expenses associated with the program
9) Impact, justification, and overall essentiality of the program
10) Opportunity analysis of the program