

# Southern Union State Community College



**Health Sciences**

**Faculty**

**Handbook**

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## **CHAPTER ONE: INTRODUCTION AND HISTORY**

### ***Introduction***

This handbook was prepared to serve primarily as a guide to provide information specifically for Health Science faculty members. The information presented is as current as possible. The college's general policy manual located in the respective Dean's office should also be consulted for policies and procedures relevant to all faculty members. Thus, this *Faculty Handbook* complements the policy manual of Southern Union State Community College.

The appendices contain examples of the current documents that you will encounter throughout a typical semester. As these documents are revised, you will receive updated copies. Please keep this manual updated by replacing outdated items in the appendices with any revised versions as they are published. We welcome your suggestions for additions or deletions.

### ***Note to New Faculty Members:***

Welcome to Southern Union State Community College Health Sciences Division! Since you have joined our division, we hope your teaching experiences will be positive and rewarding. We consider you to be an important member of our faculty and we look forward to working with you. The information contained within this document has been compiled to assist you with your orientation to the Health Sciences Division. Please set aside enough time to review this information. We encourage you to print any information that you feel will help you. If you have any questions after reviewing this information,

please feel free to contact Sandra Hughley in the Human Resource Department or email your questions to her at shughley@suscc.edu. Her phone extension is 5102 if you prefer to contact via phone.

***New Faculty Orientation:*** The Division chair or program director, with assistance from the Dean, will plan an orientation for all new faculty members which will include: (1) SUSCC Health Science Department philosophy and purposes; (2) overview of curriculum; (3) faculty mentor (4) faculty policies; (5) faculty role and functions; and (6) departmental committees. The Chairperson and Course Coordinators are responsible for scheduling an orientation session with new faculty members, assigning teaching content, and assisting the clinical liaison/faculty to make arrangements with clinical agencies for orientation. Department secretaries will provide new faculty members with an orientation to office procedures, location of files, forms, and use of office equipment.

### ***History***

Southern Union State Community College (SUSCC) was formed on August 12, 1993, when the Alabama State Board of Education approved the “intent to merge” Southern Union State Junior College, with campuses in Wadley, Valley, and Opelika, and Opelika State Technical College in Opelika. Following a successful substantive change visit by Southern Association of Colleges and Schools in March of 1994, final approval of the merger was granted by the Alabama Board of Education on August 11, 1994. The mission of the newly created community college was redefined, and the College was reorganized to reflect three divisions, Academic, Technical, and Health Sciences.

Presently, SUSCC has three campuses in Wadley, Valley, and Opelika. Fall semester 2011, total enrollment at the college was approximately 5100 students. Wadley Campus is considered the main campus, and all permanent student records are housed at that location. Dormitories are available on the Wadley Campus for students who wish to reside on campus. Most of the students who reside in the dormitories are athletes and fine arts students.

The Opelika Campus is the largest of the three campuses with an enrollment of approximately 4,000 students. Recent construction of a new classroom building, student union, and library as well as renovation of the administrative building and technical buildings has dramatically changed this campus from a “1960's” style trade school to a nicely landscaped attractive commuter campus.

The Valley Campus has nearly 320 students. This campus primarily serves academic transfer students and pre health science students taking core classes. Nursing assistant classes are taught on Valley as well as emergency medicine courses.

The College initially offered the Associate Degree Nursing program on the rural Wadley Campus of Southern Union Junior College. The first class of 20 students was admitted in 1977, and 15 students graduated two years later. Accessibility to the Wadley Campus is limited to rural, two lane roads, and by 1980, the number of students enrolled in the program declined to 14 students. The program was near closing. The nursing program was relocated to the Valley Campus, a campus which was accessible from the Interstate and central to a larger student population. Enrollment immediately increased, and the building was enlarged in 1984 to accommodate the increased enrollment.

SUSCC was formed on Aug 12, 1993 by merging Southern Union Junior College, with Opelika State Technical College. Following the merger, the Associate Degree Nursing (ADN) program became one of three associate in applied science degree programs in the Health Sciences Division, and Opelika State's Practical Nursing (PN) Program, a one year program, was fully integrated into the Department of Nursing. The nursing faculty members then began an intensive study of the Department of Nursing's congruence with the mission of the new community college. With the PN program an integral component of the Department, the faculty members examined the need for a LPN to ADN mobility program. In Summer Quarter 1994, the Department of Nursing admitted its first class of mobility students.

Historically, community colleges in Alabama were on the quarter system. In 1998, the Alabama College System (ACS) mandated that all two-year programs convert to a semester system. SUSCC converted to the semester system in fall 2000. The ACS established the formal committee to develop a state-wide common curriculum in October 2003. Nursing educators of the ACS, consisting of 26 community colleges, worked together to develop the state-wide common curriculum. The curriculum remained five semesters and included the integration of pharmacological and psychiatric concepts. The revised curriculum was implemented in the fall of 2004. The NLNAC and the Alabama Board of Nursing (ABON) were notified of the ACS mandate. The ADN program was initially accredited by the *National League for Nursing* in 1985 for the maximum five years. NLNAC accreditation was reaffirmed in 1990 and in 1998. The next NLNAC visit to the campus is scheduled for October, 2014.

## **History of Emergency Medicine Programs**

The EMS program first began on the Wadley campus of Southern Union College winter quarter 1979, as a community orientated program to meet the immediate needs of the Randolph County Rescue Squad. At the time the program only offered the Basic EMT, level of education. The first Intermediate level course was offered in the spring of 1980, and the paramedic level began the fall of 1993. Due to community need and student demand, the program grew into full time status and currently serves approximately 65 students this summer. In March 1991, the college's EMS program was the first Basic/Intermediate level program in the state to achieve accreditation status by the Office of Emergency Medical Services, a division of the Alabama Department of Public Health. The Intermediate level program was offered on the Opelika campus while the Basic EMT continued to be offered in Wadley. Southern Union applied for and was granted approval for a paramedic program in 1998. In the fall of 2001, the EMS program moved with other Health Science program into the new Health Sciences building.

The program has continued to be a successful accredited program since implementation often achieving recognition for quality graduates and innovations. The program has a long history of dedicated full time and part time faculty members. In 2003, the program underwent administrative changes. The Dean of Health Sciences that had been with the college for several years retired and an interim Dean was appointed until a new dean could be hired in May of 2004. In the fall of 2004, the program director of eight years suddenly passed away. New faculty members were hired and a new program director hired. Since 2005 the program has had both enrollment growth and challenges. A high fidelity simulation lab was implemented fall

2009 staffed by a master's prepared nurse who is paramedic. However, since the fall of 2009 the program has had an increase in enrollment requiring the addition of a day Basic EMT class. The increased enrollment has added additional resources. Two faculty members were hired fall 2010 to meet student demands. This fall, 2011, will be largest enrollment. There will be 100 students enrolled in Basic EMT, Advanced EMT, and paramedic classes.

## **CHAPTER TWO: HEALTH SCIENCES DEPARTMENT STRUCTURE**

### ***Division of Health Sciences Organizational Structure***

The Health Science division is one of three instructional areas within Southern Union State Community College. The division includes Emergency Medicine, Nursing, Radiologic Technology, Surgical Technology and Therapeutic Massage programs. Physical education and health education courses are also included in health sciences. A copy of the organizational chart can be found in Appendix A.

### ***Department of Emergency Medicine (EMS) Organizational Structure***

The EMS program exists within the Health Sciences Division. Full time faculty members are expected to participate in division committee meetings as well as school wide committees. The EMS program employs three full time faculty members excluding the program chair. The program has a program director, clinical coordinator, and two full time didactic instructors.

### ***Department of Radiologic Technology (RAD) Organizational Structure***

The Radiological Technology program exists within the Health Sciences Division. Full time faculty members are expected to participate in division committee meetings as well as school wide committees. The RAD program employs one full time faculty as clinical coordinator and a full time program chair.

### ***Department of Nursing Organizational Structure***

The nursing program exists within the Health Sciences Division. The nursing faculty members have adopted bylaws. Full-time faculty members are expected to participate on at least two departmental committees. Please refer to the by-laws for

composition and duties of committees as well as a list of the scheduled times for these committees to routinely meet (Appendix B). All committees must meet at least once a semester, record minutes from the meeting, and submit a copy of each meeting's minutes to the main office for inclusion in the notebook/department master file. The committee chairperson is responsible for submitting the minutes to the division secretary.

### ***Department of Surgical Technology Organizational Structure***

The Surgical Technology program exists within the Health Sciences Division. Full time faculty members are expected to participate in division committee meetings as well as school wide committees. The Surg Tech program employs one full time faculty and a 19 hour per week part time faculty member.

### ***Department of Therapeutic Massage***

The Therapeutic Massage Program was added as part of the Health Sciences Division fall 2009. The program has a 19 hour per week coordinator and several adjunct faculty members. The program is an evening program.

### ***Mission Statement of the Alabama College System***

The Alabama College System, consisting of public two-year community and technical colleges and an upper division university, seeks to provide accessible, quality educational opportunities; promote economic growth; and enhance the quality of life for the people of Alabama.

### ***Mission Statement of the College***

The mission of the College is to provide quality academic, technical, and health sciences programs which are affordable, accessible, and responsive to the needs of the community, business, industry, and government. As an open door institution, the College provides an educational program that complements the various ability levels of a diverse student population. In support of these efforts, the College employs a highly qualified staff which is active in the planning and evaluation of all programs. The education offered allows for successful transfer into upper-level study at a university, trains for immediate employment in a technically oriented career, and provides educational opportunities for those students interested in careers in the health care field.

SUSCC seeks to offer courses that address the diverse needs of the students and the community. It is the belief of the College that education is a life long process; thus, the College seeks to provide effective and relevant programs which assist students in recognizing their capabilities. The College strives to provide students a wide range of opportunities to attain personal fulfillment and to prepare for their responsibilities as citizens. It is the intent of SUSCC to develop and maintain partnerships with business and industry, labor, government, professional organizations, and other academic institutions in order to ensure high quality educational programs and better serve students, employers, and the community as a whole. Through such partnerships, the College is attempting to meet the needs of the existing and future workforce. The College also strives to contribute to the intellectual and cultural activities of the community.

The mission statement is further defined through the institutional goals that are listed below:

1. Provide a comprehensive and accessible program of instruction which offers opportunities for lifelong learning through pre-baccalaureate, technical, occupational, health science, and continuing education programs.
2. Assist students in overcoming deficiencies and acquiring skills fundamental to further academic and career achievement.
3. Provide a broad range of services to students which enhance the effectiveness of educational offerings and include academic advising, counseling, career planning, financial assistance, and extracurricular activities.
4. Maintain the pursuit of excellence as the guiding principle for staffing and programming.
5. Maintain cooperative relationships with other educational institutions and agencies at all levels to facilitate smooth articulation to and from college programs.
6. Maintain cooperative relationships with public and social agencies, area businesses, and industries through close communication and provision of services and programs as needed or requested.
7. Maintain systematic participation of the College staff in comprehensive institutional planning, management, and evaluation of college operations.

8. Promote educational, cultural, and recreational enrichment of the community by extending college facilities and offering resources to the community.

The complete mission statement and goals are published in the *College Policy Manual* (pages v - viii), and in the current *College Catalog*. The mission and accreditation status of the College and ADN program are also published in various documents including recruitment brochures for the academic, health sciences, and technical divisions and the current *College Catalog*.

### ***Philosophy, Mission, and Purposes of the Different Departments***

#### ***Philosophy of Emergency Medical Services***

The Philosophy of Emergency medical services (EMS) education is directed towards men and women who have the capability and interest to become emergency medical technicians (EMTs) and paramedics. EMS educational programs should provide the student with knowledge of the acute, critical differences in physiology, pathophysiology, or clinical symptoms as they pertain to the prehospital emergency medical care of the infant, child, adolescent, adult, and geriatric patient. We believe in the concept of medical control regarding the actions of EMS providers in the field.

Southern Union State Community College's EMS Program is fully approved by the Alabama State Department of Public Health – EMS and Trauma Division, the Council on Postsecondary Education and accredited by the Commission on Accreditation of Allied Health Education Programs for the EMS Professions (CoAEMSP).

For questions about Southern Union EMS Program's national accreditation or the accreditation agency, please contact CAAHEP directly at 727-210-2350 or [mail@caahep.org](mailto:mail@caahep.org).

Additional information can be found on the CAAHEP website at [www.caahep.org](http://www.caahep.org). The objective of EMS education is to develop the student's cognitive, affective, and psychomotor abilities and to assist them in acquiring the critical judgment essential for rapid and practical clinical decision making, as well as skill-oriented delivery of sophisticated rescue techniques and medical procedures. EMS education is the systematic direction of the student toward maximizing potential in intellectual, emotional, physical, and social qualities.

EMS prehospital practice renders a significant service to health care delivery systems in our society. We believe that emergency medical technicians and paramedics are savers of lives that might otherwise be lost. The goal of the EMS Program is derived from the mission statement of the College and the philosophy of the EMS program. The goal of Southern Union's EMS program is ***to prepare individuals as competent entry level EMTs and Paramedics who provide basic and advanced life support to patients experiencing emergencies.***

The educational outcomes of the program, which the graduates must successfully demonstrate, flow from the College mission statement, the program philosophy, and the program goal. The educational outcomes are for the graduate to:

- Comprehend, apply, and evaluate clinical information relevant to the role of an EMT or Paramedic (Cognitive Domain).
- Demonstrate technical proficiency in all skills necessary to fulfill the role of an

EMT or Paramedic (Psychomotor Domain).

- Demonstrate personal behaviors and attitudes consistent with professional and employer expectations for the EMT or Paramedic (Affective Domain).

### ***Philosophy/Mission of the Radiography Program***

The mission of the Radiography Program is to prepare entry level radiographers with the knowledge and skills to competently and safely perform diagnostic radiologic imaging procedures fulfilling the needs of the medical community in the service area.

Goals

1. Provide the health care community with graduate entry-level radiographers skilled in diagnostic imaging procedures.
2. Students will competently perform a full range of radiologic imaging procedures on patients as an entry-level practitioner.
3. Students will communicate effectively.
4. Students will apply problem solving/critical thinking/decision making skills in the performance of medical imaging procedures.
5. Students will evaluate the importance of professional growth and development.

### ***Philosophy/Mission of the Surgical Technology Program***

#### **Purpose of the Program**

The purpose of the Surgical Technology program is to prepare men or women to assist the physician during surgical procedures, ensure that necessary equipment is properly maintained and available when needed, handle surgical specimens, and maintain a sterile atmosphere in the operating room environment.

## Program Goals

The goal of the Surgical Technology Program is to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) domains. Specifically, the program is preparing surgical technologists who can, upon completion of the surgical technology curriculum:

1. Perform surgical technology skills with supervision safely and correctly.
2. Incorporate basic knowledge of anatomy and physiology to the surgical patient according to a specific surgical procedure.
3. Utilize appropriate safety measures, infection control, and universal precautions.
4. Accept responsibility for functioning within the ethical and legal framework as a member of the health care team.
5. Communicate verbally and nonverbally with clients and members of the health care team.
6. Correctly use medical terminology and abbreviations.

## Educational Competencies

### Cognitive Skills

1. Demonstrate knowledge and practice of basic patient care concepts.
2. Apply principles of asepsis to assure safe and optimal patient care in the operating room.

### Psychomotor Skills

3. Demonstrate basic surgical case preparation skills.

4. Function in the role of first scrub on basic cases.

#### Affective Skills

5. Perform responsibly within the ethical/legal/moral framework for surgical technologists.

#### ***Philosophy of the Nursing Program***

The philosophy of the nursing programs is consistent with the mission, goals and objectives of The Alabama College System. The programs provide curricula to develop the knowledge, skills, and abilities necessary for entry level employment in practical and professional nursing. The nursing faculty members endorse the beliefs described in the following paragraphs:

1. Maslow's theory is the foundation for the program of learning. According to Maslow, all individuals have similar needs arranged in a hierarchy with higher needs emerging as basic physiological needs are met. Individuals are unique biological, psychosocial and spiritual beings who strive to meet holistic needs. Each individual has the right to make informed decisions about one's health in a technologically changing society. Society, a complex system that influences culture, values, and beliefs, provides direction and meaning to an individual's experiences throughout the lifespan.
2. Health, which is individually perceived, exists when needs are met. Ranging on a continuum from highest level wellness to death, health is a dynamic state. The goals of health care are to promote, maintain, and restore health.
3. Nursing is an art, as well as, a science in which the holistic needs of the individual are met through utilization of the nursing process in a variety of

settings. The nursing process incorporates scientific principles, interpersonal and psychomotor skills. The practice of nursing takes place in an ever changing health care system and requires caring, critical thinking, competency, legal/ethical accountability, dedication to an evolving body of knowledge, life long learning and client advocacy.

4. The teaching-learning process is a shared responsibility between faculty and students where faculty serve as facilitators of learning. The successful teaching-learning process requires an environment that promotes learning, considers the needs of the individual, and provides opportunities for student participation and educational goal attainment. The learning process is based on principles of critical thinking and is enhanced by the presentation of information from simple to complex. Learning is achieved when there is evidence of a change in behavior within the cognitive, affective, and/or psychomotor domains. Individuals have the right to achieve self-actualization and society provides educational opportunities.
5. Nursing education is a learner-centered process which combines general education and nursing courses to prepare the individual for the practice of nursing. Incorporating a program of learning, a variety of instructional methodologies, and available resources, nursing education fosters competency, accountability and continued professional development. Learning is a life long process which promotes professionalism and is beneficial for the learner and society.

### ***Accreditation***

The most recent Institutional Southern Association of Colleges and Schools (SACS) Self-Study provides detailed information about the College. A copy of this document is available at <http://www.suscc.edu/SACS/>

### ***Curriculum Plans***

Each program within the division offers an Associate in Applied Science degree as well as short and long certificates in various areas. The curriculum plan for the associate in applied science degrees are five semester program.

Three of the programs have state wide curriculums that have been approved at post secondary. Appendix D contains a copy of the curriculum for each program.

## **CHAPTER THREE:**

Southern Union State Community College has a policy and procedure manual that contains the overall policies for the school. It is located in the Dean's office and on the web at Bison Bits at the following web address:

[http://www.suscc.edu/pdf/files/messages/COLLEGE\\_POLICY\\_MANUAL10.pdf](http://www.suscc.edu/pdf/files/messages/COLLEGE_POLICY_MANUAL10.pdf). The

policies for the Alabama Community College System are located

<http://www.accs.cc/BoardPolicies.aspx>

### **ROUTINE POLICIES AND PROCEDURES**

Each semester faculty members must complete a work schedule demonstrating a minimum of 35 contact hours. This will include lab and class. These are to be posted on your door and a copy given to your respective program chair and dean. In addition, faculty are required to keep an excel spread sheet detailing the actual contact hours with students each semester. This is turned in at the end of the semester.

#### **Job Description**

Plans instruction for undergraduate students; teaches 15-16 semester hours per term; Health science faculty members teach 22 to 24 contact hours per week, compiles, administers, and grades examination; works with and advises students on academic and vocational matters and student organizations; serves on faculty committees; participates in professional development activities; represents the institution through involvement in community affairs and public service activities; and performs other professionally appropriate duties as requested by the President, Dean of

Instruction/Health Sciences, or Department Chair. See Appendix for complete Job Description.

*Instructor Copies of Textbooks.* Desk copies of adopted textbooks may be obtained from the publishers. Desk copies of current textbooks are expected to remain in the Department when no longer needed or when faculty members leave employment.

*Computer Service.* A desktop or laptop computer is located in each full-time faculty member's office. Full time faculty members are also given an IPOD for use in clinical areas. You will sign that you received the device and return it upon leaving employment or as it is upgraded. Each computer system will connect the user with the internet. Computers available for use by students are located in the computer laboratories in the HSB building, Technical Building One and in the Learning Resource Center.

*Office Personnel.* The Health Sciences division has office personnel that will assist you. Dotty Kirby serves as a secretary for faculty and faculty health records. Kathy Ragsdale is the Dean's secretary. Libby Leak manages student health records, Nancy Davis is the Health Sciences Academic Advisor, and Ashley Minnifield is the admission clerk.

Work requests to prepare typewritten material at least one week prior to the due date, two if possible. Secretarial tasks need to be prioritized according to time needed and importance to the division. Usually reports and exams are given top priority. Program chairs or the Dean will determine priority when a decision is needed.

*Copying.* Everyone should send large quantities (more than ten) to the print shop which is located in room 114 on the first floor of the Health sciences building. Faculty

should use this service unless it is an emergency approved by the Division Chair. Copies should be sent with the appropriate request at least a week in advance. If you have materials that need to be sent to the print shop. You can send the digital form to [printshop@suscc.edu](mailto:printshop@suscc.edu).

*Intercampus Communication.* In addition to telephones, facsimile (FAX) machines are located in the secretary's office in the HSB and the HAC buildings. Mail items and small parcels can be transported by courier between Wadley and Opelika as well as Valley. The HS secretary will have the dates and times that these routes are run.

*Telephone Services.* An "attnet" line is available for long distance calls. The secretary will orient new faculty to the phone system. The phone should be used for official school business.

*Emergency Contact Information.* The final page of this manual contains a quick reference list for all emergency contacts and instructions as to how to handle emergency situations. The emergency manual for the college can be found at bison bits which are an intranet location for faculty and <https://mail.google.com/mail/?shva=1#inbox/132b6e183b86db84>.

*Security.* Each faculty member is expected to share in maintaining the security of records and equipment. File cabinets and equipment are to be locked except when under surveillance of staff or faculty. The last person to leave an office is responsible for locking files and turning off lights, computers, copiers, etc. Should theft or tampering be evident or suspected, report this breach immediately to the Dean. All documents that

have student information must be password protected on the intranet. There is a campus police officer on campus. Contact information is listed below.

**Wadley Campus**

Chief Jimmy Holmes.....256-395-2211 ext 5823  
Cell.....334-321-7535  
Southern Linc # 1\*635\*43

**Opelika Campus**

Officer John Potts.....334-745-6437 ext 5523  
Cell.....334-850-5117  
Southern Linc #1\*635\*886

Evening Campus Police Officer.....334-321-1698  
Southern Linc # 1\*635\*63

**Valley Campus**

Robin Brown.....334-756-4151  
(7:00am-4:00 pm)

Evening Campus Police Officer.....  
Reginald Brown.....334-740-8376

*Keys.* The Dean's Secretary has keys that are signed out to faculty members.

*Identification Cards.* Name badges should be worn by all faculty members at all times when on duty. They may be obtained in the LRC.

*Absences.* Absences should be reported as soon as possible to your division chair. Appropriate leave requests must be completed and signed by your division chair before sending to the Dean. Full time faculty members accrue one day of sick per month <http://www.acs.cc.al.us/board/Policies/610.01.pdf>.

*Travel Procedures.* Authorization to travel must be obtained from the designated Dean before travel commences. It must be approved 24 hours in advance of the travel. It is important to note the time requirements for notifying administration and submitting travel requests. Failure to adhere to deadlines may result in request being denied. Immediately following reimbursable activities, supply the secretary with the necessary receipts so that the travel expenses can be reimbursed by completing a Travel Reimbursement Request. *Faculty members are encouraged to maintain copies of all receipts.* Failure to meet the deadlines may result in loss of reimbursement. Faculty members will be reimbursed for travel that is NOT more than two months old. Reimbursement will be in relation to the state allowance or any previously approved exceptions. Certain regularly occurring travel may be approved by Blanket Travel such as travel to clinical and travel between campuses. This requires that the faculty member must clarify, ahead of time, with the Department Head for specific travel needs. Consult

with the department secretary regarding completion of Travel Reimbursement Requests for each month for clinical travel. These forms are due on or before the 20th of each month. A state-owned vehicle should be used by faculty for appropriate travel. **Evidence of a valid driver's license must be on file before using a state-owned vehicle.** You must also have your name on the insurance list, which can be done by contacting Bryan Gleaton in the business office. The business office has a list of set mileage for frequently traveled areas such as from Opelika to Montgomery. This will be used to determine travel mileage. If your location for travel is not on the list for designated mileage, you must attach a copy of MAPQUEST or your odometer readings to verify mileage driven.

*Parking.* Parking permit decals are required for any vehicle parked on either campus. Faculty members should obtain a SUSCC decal. Decals may be obtained from the Dean of Academic Instruction's secretary. Permits for guest parking are also available from the Dean's secretary. Faculty must park in designated areas. Security will issue tickets for inappropriate parking and fines must be paid.

## CHAPTER 4:

### GENERAL FACULTY INFORMATION & RESPONSIBILITIES

In order to enhance student learning, faculty are expected to be consistent with students in relation to structure and process, and yet have the freedom to be creative in the teaching approach. Consistency is expected in the implementation of student policies and procedures, guidelines or formats approved by the Instructional Services Committee and /or instructional services committee, and the grading scale. Each course, faculty, and clinical agency if applicable is evaluated at the end of the semester using the appropriate forms. For questions about the procedure or the forms, consult the Program Director/Chairperson. Faculty may elect to use additional methods of evaluation to facilitate teaching and/or curriculum improvements. Classroom assessment techniques are encouraged (Appendix D).

*Compensatory Time:* Faculty members are not eligible for compensatory time. Faculty members are exempt employees.

*Alabama Community College Web site:* Southern Union is member of the Alabama Community College System (ACCS) commonly known as the Department of Postsecondary Education. The ACCS is governed by the State Board of Education. The Alabama Community College System consists of 22 comprehensive community colleges and four technical colleges; Athens State University; and extensive workforce development initiatives, including the Alabama Industrial Development Training Institute and the Alabama Technology Network. <http://www.accs.cc/aboutaccs.aspx>. Policies

that pertain to faculty are included in the 600 series of Board policies found at <http://www.accs.cc/BoardPolicies.aspx#600>.

*Maintaining Confidentiality.* For ethical and legal reasons, confidentiality must be maintained in regard to clients, students and faculty matters. Failure to maintain confidentiality will result in disciplinary procedures.

*Employment Requirements.* Malpractice Insurance for faculty is required by the clinical agencies. Faculty members are responsible for providing the Division secretary with a current copy of their malpractice insurance on an annual basis. Obtaining liability insurance is mandatory, as is license in both Alabama and Georgia. Faculty members must submit evidence of vaccinations such as Hepatitis, Tetanus, Annual TB skin test and basic CPR Certification. Faculty must also have an annual Flu vaccination or sign a waiver. Faculty members are strongly encouraged to take the Hepatitis B Vaccination series or they must sign a declination. Faculty must have Rubella and others as deemed necessary by their respective practice areas. Faculty must have all vaccinations and CPR updated by September 1 of each year. Flu vaccinations are due by December 1 of each year.

*Faculty Teaching Load.* Faculty members assume a yearly (academic) teaching load of 44 to 48 contact hours with students. The teaching load within Health sciences differs from that of the College in as much as Health Sciences faculty may teach fewer semester hours but total student contact hours (classroom, lab, etc.) will be at least equal to other College faculty contact hours. Teaching is the *primary* role of the faculty member in a community college. However, additional responsibilities are expected of

each faculty member as needed to provide services to the College and to the community. Examples of these additional responsibilities include allowing additional time for advising/tutoring students, serving on department and state committees, working on school and division accreditation requirements and keeping abreast of the latest trends in their respective specialty area. Faculty members are expected to have scheduled office hours for student tutoring and/or advisement (posted outside their office door) and in each of their course syllabi. In the event changes must be made to posted office hours, faculty members are expected to leave a note on their office door and send an email to their program director (with a copy of the email also sent to the department secretary). Leave forms should be filled out as stated in the *College Policy Manual* located at:

[Http://www.suscc.edu/pdf/messages/COLLEGE\\_POLICY\\_MANUAL10.pdf](http://www.suscc.edu/pdf/messages/COLLEGE_POLICY_MANUAL10.pdf).

*Teaching Assignments and Responsibilities.* The Department Chair or program director appoints each course coordinator and assigns the faculty member(s) to each course. Individual teaching assignments are negotiated with the course coordinator and other team members. Faculty members are expected to conduct two clinical days each semester. If there is a need for sharing of the expertise of a particular faculty member, negotiations may be made between the course coordinators and pertinent faculty member(s). Individual faculty members are responsible for preparing materials related to their assigned teaching topics (i.e. - study guides and examination questions). Faculty members must follow the curriculum as adopted by the state or program. The format – objectives, content outlines, behavioral learner outcomes, teaching/learning strategies and evaluation activities – established by the Alabama College System must

be used. ***Faculty members are expected to remain current in their area of expertise.*** Examination questions should closely follow learner objectives and identified content. It is expected that faculty review, in a timely manner, test items for relevance to course content. Test Blueprints should be made and used. In addition, course evaluations are to be completed each semester. Maintaining currency and relevance of the curriculum is the responsibility of each individual faculty member. Suggestions for changes or updating should be evaluated in course and faculty meetings and then forwarded to the Curriculum Committee. Significant changes in the curriculum will be brought to the Instructional Services Committee. If the change needed is a state approved curriculum, the suggestions will be sent to Linda Cater, Director of Health Programs for DPE. Suggestions for audiovisual materials and teaching equipment designed to enhance the students' learning environment are always welcome. Requests for items to be included in the budget that would enhance learning need to be submitted by March of each year. Forms for these requests are available by contacting the department office or the Division Chair. These forms require that the faculty member include all pertinent information- such as producer's name, address, code numbers, and price. Photocopying the pertinent information as supplied by the manufacturer is also appropriate as it often saves time.

Materials from previously taught courses are located in program director's offices or course notebooks available in the program director's office. Please refrain from removing any materials from these books, other than to copy. The notebooks or files must be kept complete. In an effort to keep the Course work up-to-date, course materials or handouts given to students must be added to the current courses. At the

end of the semester, faculty members and or course coordinators are responsible for checking the *Courses* to assure completeness and adding any missing materials. In addition to master file copies of exams, the actual exam (computer sheet or written exam) must be retained in the files for one semester. The following suggestions will assist faculty members with time management:

- Students' assignments should be given at least two weeks in advance where possible.
- Libraries require two to four days lead-time for processing reserve materials.
- The secretaries need one week or more for completing requested typing and duplicating tasks.
- Since there is normally a "time crunch" at the beginning of each semester, any work that can be done well ahead (syllabi, learner packets, and so forth) should be given to the secretary during the previous semester.
- Adoption of textbooks is initiated by faculty and follows the departmental decision making process.
- The deadline for submission of materials to the Bookstore is April for fall courses.

### ***Drug Testing***

Students and faculty may be asked **at any time** to submit a specimen for drug testing while enrolled or working in Health Sciences. Drug screens are to be performed by an outside laboratory contracted by Southern Union. **A positive drug screen will result in dismissal/termination from the college.**

### ***Criminal History Record Checks***

Southern Union is contractually obligated to comply with requirements set forth by agencies used for clinical rotations. All faculty members are required to have background checks completed to meet the requirements of clinical agencies in accord with the Joint Commission Accreditation of Healthcare Organizations (JCAHO) standards. Background checks will be conducted by one private vendor approved by the Division Chair and/or Dean of Health Sciences. Background checks done by any vendor or agency that is not approved will not be accepted. Background check results should be completed before clinical orientation for the faculty member.

Faculty members contract directly with the approved vendor and results are confidential. The clinical agency (ies) will make the decision to approve or deny the faculty member for clinical privileges. The Dean will have access to an approved/denied list, not specific results of the background check. The faculty member will be responsible for clearing any denials reported with the clinical agency. Some clinical settings may continue to require a separate background check, including fingerprints.

### **Professional Development and Growth Plan**

Faculty members wishing to advance in rank must have a professional development plan on file prior to starting their education. The plan must be approved by the Dean and President.

Ultimately, professional development rests with the individual. However, the Department and College are committed to assist and facilitate the faculty in this process based upon available resources. Faculty members are expected to develop or update their Faculty Information Form (FIF) and discuss their professional development plans

with the Dean and Program Director. Some of the resources for the faculty include the following:

- a. Annual Faculty Evaluation (which includes goal setting and evaluation)

The evaluation manual is located at:

<http://www.suscc.edu/PDFFiles/employeehandbook/evalhandbook.pdf>

- b. Workshops, seminars, and formal professional development meetings on campus
- c. Peers and teaching committees within the College
- d. Memberships in professional organizations and honor societies

Occasionally, funds are available in the departmental budget for professional development activities; therefore all faculty members should discuss their goals for professional activities with the Dean and Program Director.

### ***Student-Related Responsibilities***

*Student Admission.* College admission procedures and requirements are officially stated in the College catalog. Students must be admitted to **both** SUSCC and the Health Sciences Division. Students must be admitted to the college before being eligible for entry into a health science program. The application for admission to the health sciences must be completed according to the deadlines on the brochures.

*Student Academic Advisement.* A Health Science Advisor is available for students seeking a degree or information related to the Health Science career. The advisor maintains the unofficial student files in the HSB files. Advisement is encouraged on a regular basis for students who may be experiencing academic difficulty. Resources for remediation include the reading laboratory, the writing laboratory and the counseling

center. **All academic contacts with students should be noted, summarized, and initialed by the faculty member and student. If a clinical or academic conference occurs by phone, remember to obtain the student's initials later.**

*The Student Handbook for Health Science Majors* is posted on the SUSCC web site. Faculty must be familiar with and adhere to the information in the *Student Handbook*. Students sign a statement that they have received the Student handbook and placed in the student's file. The signed statement is placed in the student's folder.

**REMEMBER:** If a student does not adhere to the policies concerning all of the documentation that must be provided before beginning their Health Science courses, the student cannot begin classes or clinical. The coordinators will have the specific data on whether or not students have complied with the policies.

*Exams.* At the completion of an exam, faculty should review test questions for accuracy. If 50% of the students miss an item, the item should be reviewed to determine if it is a valid test question evaluating the knowledge of the students. Faculty members may choose to omit a test item based on the criteria established by the particular program. If an item is omitted, then the item is not counted against the student.

### ***Essential Functions***

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be

admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the Health Science program. The Health Science faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions. Requests for reasonable accommodations should be directed to the Southern Union State Community College Disability Services Officer. If reasonable accommodations cannot be made, the student will not be able to remain in the Health Science Program.

### ***Essential Functions Verification***

Upon admission to the Health Science program, students are required to complete the Essential Functions Verification form. This form must be updated if and when the student's status changes. You must respond on the verification form if you fully meet the criteria (100%) or are unable to fully meet the criteria (less than 100%). If you are unable to fully meet the criterion, an explanation and/or additional information will be required. Reasonable accommodation may be requested. The Southern Union State Community College Disability Services Coordinator and Dean will determine if the accommodations can be met.

*Student Counseling.* A wide range of counseling services (including career counseling, mental health referral services, etc.) are available to students through the Student Development office. Most students experience a high level of stress and usual

coping patterns may not be sufficient to maintain adequate functioning. Therapeutic counseling is **not** part of the usual teaching role.

*Tutoring.* The Student Development office provides funds for minimum-wage reimbursement for students who serve, on request, as tutors. This department is responsible for managing the pay vouchers, etc. for these student tutors. Students in need of tutoring may be referred to the Student Development Office. The Dean of Student Development's secretary keeps a list of times that students are available for tutoring. Faculty members are expected to post a minimum of two hours for student tutoring each week.

*Student files.* Student files should be kept as current as possible. Copies of all correspondence with and about students should be filed. Confidentiality according to legal and ethical standards applies to student files. When a folder is removed from the file drawer, it should be signed out. This facilitates location of the file should another faculty member need the same folder. Students, of course, may see their files on request, but they must remain in the presence of a faculty advisor. Students may receive a copy of items in the file, but original items must remain in the file.

*Student Organization Advisement.* The Association of Nursing Students has faculty advisors appointed by the Program directors or division chairs. If you wish to serve in this role, discuss your interest with the program director. Interested faculty may sponsor other informal student groups. Radiography students are encouraged to join the Association of Radiological Technology students (ARTS).

*Writing Style.* The A.P.A. (Publication Manual of the American Psychological Association) style format has been adopted by the faculty to be used by both faculty and students for all formal documents and papers.

### ***Learning Resources***

Southern Union has three Learning Resource Centers (LRCs) located on the Wadley, Valley, and Opelika campuses of the College. The purpose and goals of the Learning Resource Centers are designed to complement the educational programs of the college and to support the stated institutional goal to encourage life-long learning. Students have access to books through the WebCat (on-line public access catalog). This system allows students to search all LRC sites simultaneously. The WebCat may be searched by author, title, subject, and keyword. Researchers also have access to many licensed full-text, on-line databases through the Alabama Virtual Library (AVL). The AVL is available to all citizens of Alabama and completely funded by the Alabama legislature. Students can access the AVL from any computer on campus (<http://www.avl.lib.al.us>) and/or obtain a remote access card from any of the LRCs.

## CHAPTER 5: EFFECTIVE CLASSROOM TEACHING

No other profession has the combination of unique characteristics that one finds in college and university health science education. At present, a multitude of issues confront health science faculty members, including training and recruitment, professional development, and academic freedom.

### ***Basic Concepts related to Teaching and Learning***

Learning and how people learn are not easy concepts to understand. Some instructors still think that if they are teaching, the students must be learning. Further, many faculty members believe that if they have covered the material, it is the student's fault if they did not learn it. Learning is an individual, dynamic process in which faculty members rely on the student's outward behavior to measure learning and individual faculty member's competence in teaching. With more emphasis on outcomes and assessment, faculty members must decide on the kind of experience their students will have. Instructors now realize that they need to ask themselves, "Will your students acquire the knowledge, skills, and attitudes they need to be successful in life?" A great deal will depend on the teacher and how well they understand learning theories as well as the needs and learning styles of their students.

### ***The Three Domains of Learning***

The three domains of learning are the cognitive, affective, and psychomotor domains. These domains serve as a tool for understanding how people think, feel and act. When a faculty member understands the domains of learning, they can better plan what needs to be taught and to what depth they need to go to cover the material. When

determining learning outcomes for your course, you have probably struggled with the choice of the right word to suggest the level and domain of learning appropriate to that course. You probably did this naturally, even if you were not familiar with the terms used by various thinkers to describe levels of learning in each of the three learning domains. Many factors will determine which level of learning is most appropriate, including the level of the course and its sequence in the program. The major idea of this taxonomy concerns defining what educators want students to know (statements of educational objectives) and then establishing a hierarchy from less to more complex. This is the basis for Bloom's taxonomy. The six levels identified by Bloom include: knowledge (most basic), comprehension, application, analysis, synthesis, and evaluation (most complex). A mnemonic for remembering these six levels are: "Killing cows almost always seems evil."

*Cognitive domain.* In the cognitive domain, performance involves thinking and reasoning. Students demonstrate knowledge and comprehension of the subject matter and the ability to apply it to real life situations. They learn to analyze, synthesize and evaluate their own and others' ideas.

*Affective domain.* Performance within the affective domain requires the demonstration of feelings, attitudes or sensitivities toward other people, ideas, or things. In health science education, this is a difficult area to measure but important for faculty to consider and access. Most students are focused on the skills while faculty members are focused on developing a commitment to learning rather than simply forcing the students to learn the material to pass the course (i.e., compliance to learning). The three sub-levels in this domain are *awareness*, *distinction*, and *integration*. The verbs associated

with this domain are generally limited to words like *display*, *exhibit*, and *accept* and these apply at all levels. The first two levels are really cognitive; *integration* is behavioral and requires that the learner evaluate and synthesize. The content in this domain will usually involve discussion-making.

*Psychomotor domain.* The psychomotor domain measures the skills performance of the student; therefore, the performance required will involve the manipulation of objects, tools, supplies or equipment. Health science is skills oriented and this domain of learning is easier to assess. Within this domain, the student will usually produce a product. The three practical instructional levels include *imitation*, *practice*, and *habit*. The psychomotor domain is primarily demonstration and delivery. The first level, *imitation*, will simply be a return-demonstration of a learned skill under the watchful eye of the instructor. The *practice* level will be a proficiency building experience that may be conducted by the student without direct oversight of the instructor. The *habit* level is reached when the student can perform the skill in twice the time that it takes the instructor or an expert to perform. The delivery is demonstration and proficiency building in nature. The evaluation will be a performance or skill test. The knowledge that is required to perform the skill is cognitive and should be treated accordingly. If you are unable to choose between cognitive and psychomotor, ask yourself the following questions:

- Is speed a factor?
- Is equipment other than four walls of a classroom and an overhead projector necessary?

- Are you going to grade the activity in some way other than a paper/pencil test?

If you answer "yes" to any one of these three questions, the learning domain should be psychomotor. If you are still undecided and this is an occupational area, select psychomotor because that is the predominant occupational program domain.

### ***Learning Styles***

When mismatches exist between learning styles of most students in a class and the teaching style of the professor, the students may become bored and inattentive in class, do poorly on tests, get discouraged about the courses, the curriculum, and themselves, and in some cases change to other curricula or drop out of school. Professors, confronted by low test grades, unresponsive or hostile classes, poor attendance and dropouts, know something is not working. They may become overly critical of their students (making things even worse) or begin to wonder if they are in the right profession. To overcome these problems, instructors should strive for a balance of instructional methods (as opposed to trying to teach each student exclusively according to his/her individual preferences). If the balance is achieved, all students will be taught partly in a manner they prefer, which leads to an increased comfort level and willingness to learn, and partly in a less preferred manner, which provides practice and feedback in ways of thinking and solving problems which they may not initially be comfortable with but which they will have to use to be fully effective professionals. Effective instruction demands taking into account the wide variety of learning styles among students. It also

requires helping students use their learning styles to maximize their academic achievement.

### ***Lecture & Discussion***

Instructors have a variety of tools to choose from and they often choose lecture and discussion methods because these techniques are the ones with which they are most familiar and most comfortable. Although these methods are familiar and comfortable, many instructors will readily admit they have not had any formal training in the best way to conduct effective lectures. In addition, their audience (the students) frequently lacks a basic understanding of how to become effective participants during discussion sessions in classes and, therefore, fails to benefit from these educational discussions. Thus, as one develops strategies for lecture and discussion, it is prudent not only to review the principles for creating and delivering effective lectures, but also to examine the techniques associated with conducting meaningful discussion sessions. Our overall goal for this topic is to consider the implications these methods have for enhancing student learning.

Lecture can simply be defined as the oral presentation of instructional material. However, delivering an effective lecture, one that results in enhancing student learning, is far from simple. Students typically think of lecture as a passive, one-way method of transferring information in which their role is simply to sit down, take notes, and attempt to pay attention to the information being presented. If asked, the majority of these students would agree that they would prefer reading the material rather than attending classes in which there is little or no interaction.<sup>1</sup> This type of lecture has resulted in both overlooking the student's need to interact (and connect) with their instructors and

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<sup>1</sup> Edlich, R. F. (1993). My last lecture. *Journal of Emergency Medicine*, 11(6), 771-774.

promoting the poor reputation associated with lecture in the higher education setting. In addition, this type of lecture is highly ineffective in that students are only able to take notes at less than one-fifth the rate at which most lecturers speak.<sup>2</sup>

A second form of lecture, termed “active” lecture, has been shown to result in enhanced student learning. Active lecture permits the instructor to engage the students in the learning process through the use of interactive teaching techniques such as questioning, demonstrating, providing positive reinforcement, and reviewing.<sup>3</sup> Creating an active learning environment doesn’t require that the instructor learn advanced teaching techniques but it does require advanced planning and an awareness of how to conduct effective discussion sessions.

*Planning an effective lecture.* The first step in designing an effective lecture is to establish the purpose of the lecture. The purpose should explain (in general terms) what the students will be learning during the class session. The second step is to examine the logistics of the learning setting. The instructor needs to be aware of the number of participants in the class, the amount of time allotted to the teaching session, and the size (and shape) of the lecture room. In addition, the instructor should plan to arrive for the lecture with enough additional time to familiarize themselves with the equipment available in the classroom and the location of the light switches and thermostat (to adjust the room conditions for comfort).

*Components of the lecture.* The design of the presentation itself can be divided into three phases: an introduction, body, and summary. The introduction should set the tone for the presentation and capture the interest and attention of the students. Since

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<sup>2</sup> Bo-Linn, B.L. (2004). *Suggestions for effective lecture preparation and delivery*. University of Illinois Center for Teaching Excellence.

<sup>3</sup> Sullivan, R. & McIntosh, N. (1996). *Delivering Effective Lectures*. JHPIEGO.

the primary goal of the introduction is to capture and maintain the students' attention, these first few minutes of the lecture are important so they should be carefully planned.

Suggestions for ways in which instructors can capture this interest are as follows:

- Begin with a question to be answered by the end of the lecture (i.e. - "By the end of class today, you should be able to answer the question...").
- State an historical or current problem related to the lecture's content.
- Relate the current lecture to the previous class and/or the manner in which it relates to future lectures.
- Explain how the student will be able to apply the information you are about to present.
- Use an interesting or famous quotation.
- Use humor by showing an appropriate cartoon.
- Give a demonstration.
- Share a personal experience that relates to the topic.
- Relate the topic to a real-life scenario.

The *body* of the lecture is the phase in which the bulk of the information will be presented. Many faculty members find that the use of lecture notes helps them to stay "on task" and permits them to cover the main points of the topic without fear of omitting important information. The body of the lecture should be designed so that the material is presented in an organized manner. Seven of the most commonly used organizational schemes are:

1. Cause-effect (events are explained by referring to their origins)

2. Time sequential (events are presented chronologically)
3. Problem-solution (the problem is stated, followed by alternative solutions)
4. Compare-contrast (the topic is presented as a two-sided discussion)
5. Ascending-descending (topics are presented according to their level of importance, familiarity, or complexity)
6. Rule-example-rule (a rule is first stated, followed by an example, and then the rule is restated)
7. Example-example-rule (two examples of the rule are offered before the rule is stated)

Once the topic is organized in a pattern that the students can follow, the instructor needs to next develop the discussion questions they plan to present in their lecture. Questioning is one of the most effective lecture techniques that an instructor can implement because it permits the students to take an active role in the discussion. When the students are actively involved in the discussion, they become more engaged in the learning process and the instructor is more likely to maintain their attention for longer periods of time. The type of questions that an instructor develops may be based upon one of the six categories of Bloom's Taxonomy. Instructors typically ask questions (up to 90%)<sup>4</sup> from the most basic Bloom's Taxonomy level, the knowledge level. Knowledge level questions involve responses that have been memorized. By designing questions based on a higher level, the instructor is better able to engage the student since they are requesting the student to process the information using more "brain power" to form a more elaborate response. The remaining levels of Bloom's Taxonomy are:

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<sup>4</sup> Obtained from <http://honolulu.hawaii.edu/intranet/committees/facdevcom/guidebk/teachtip/questype.htm>.

2. Comprehension (questions that require interpretation and organization of the information so that it may be described in the student's own terms)
3. Application (questions that require problem solving and use of facts/rules/principles to produce a desired result)
4. Analysis (questions that require the student to identify underlying structure of the topic by subdividing it into parts to demonstrate how the information is structured)
5. Synthesis (questions that require the students create a unique product by combining several ideas in forming a new, complete statement)
6. Evaluation (questions that require students make value decisions, develop individual opinions or judgments, or resolve controversies).

The table on the following page summarizes these levels.

## Six Major Levels of Bloom's Taxonomy

**Knowledge**- Remembering information

*Define, identify, label, state, list, match*

- Identify the standard peripheral components of a computer
- Write an equation for the Ideal Gas Law
- Identify the five major prophets of the Old Testament

**Comprehension**- Explaining the meaning of information

- *Describe, generalize, paraphrase, summarize, estimate*
  - In one sentence, explain the main idea of a written passage
  - Describe in prose what is shown in graph form
  - Translate the following passage from *The Iliad* into English

**Application**- Using abstractions in concrete situations

- *Determine, chart, implement, prepare, solve, use, develop*
  - Using principles of operant conditioning, train a rat to press a bar
  - Apply shading to produce depth in drawing
  - Derive a kinetic model from experimental data

**Analysis**- Breaking down a whole into component parts

- *Points out, differentiate, distinguish, discriminate, compare*
  - Compare and contrast the major assumptions underlying psychoanalytic and humanistic approaches to psychology
  - Identify supporting evidence to support the interpretation of a literary passage

- Analyze an oscillator circuit and determine the frequency of oscillation

**Synthesis**- Putting parts together to form a new and integrated whole

- *Create, design, plan, organize, generate, write*
  - Write a logically organized essay in favor of euthanasia
  - Develop an individualized nutrition program for a diabetic patient
  - Compose a choral work using four-part harmony for men's and women's voices

**Evaluation**. Making judgments about the merits of ideas, materials, or phenomena

- Appraise, critique, judge, weigh, evaluate, select
  - Assess the appropriateness of an author's conclusions based on the evidence given
  - Select the best proposal for a proposed water treatment plant
  - Evaluate a work of art using appropriate terminology

(Bloom, 1964)

The questions should be open-ended, worded so that they cannot be answered with a simple “yes” or “no” response. In addition, the instructor must decide in advance to whom the questions will be addressed. A discussion question may be asked of a specific student or asked of the entire group. If the entire group is offered several discussion questions within a single presentation, care must be taken to guard against specific students dominating the discussion by being the only ones to respond. If a

specific student is asked to respond, the instructor should remember to maintain eye contact with the student, address the student by name and provide positive reinforcement in response to their efforts to answer. These two actions combine to create a positive, open learning environment that results in encouraging other students to participate. Since discussion questions at higher levels of thinking require additional time for a student to process, the instructor also needs to be aware of the fact that silence in the classroom is not necessarily a bad sign. It may simply be a signal that the responses are being formulated and adequate time to compose this response must be offered before the instructor answers the question themselves. After encountering a silent period, many instructors will use this silence as an opportunity to have each student turn to a classmate and brainstorm their responses together for two or three minutes (a technique referred to as “pair share” in which the students share their thoughts with one or two other classmates, usually seated in their immediate vicinity). Instructors who use discussion techniques on a frequent basis will also find that they don’t necessarily have to offer all of the answers; they simply ask the class if they agree with their classmate’s response.

The final phase of the lecture involves summarizing the teaching session. This phase should provide a sense of closure for the specific topic as well as allow the instructor to preview the topic to be discussed at the next class session. This period should also provide adequate time for the instructor to reflect on the class discussion and offer solutions to any areas of the topic that were found to be confusing.

*Evaluation.* As with the majority of teaching techniques, conducting successful lecture discussions requires practice and feedback. Feedback on the effectiveness of

the presentation can be obtained from three primary sources: the students in the classroom, an experienced observer, or a videotape of the teaching session. Students typically provide feedback in the form of a course evaluation at the end of the semester. The use of an experienced observer allows the instructor to obtain feedback on the aspects of the lecture that were effective as well as helping to identify areas of weakness that can be improved. The most effective means of obtaining feedback is through the use of a videotaped session. The use of video can actually provide twofold feedback in that an outside, experienced observer may be enlisted to offer suggestions while it also allows the instructor to analyze the videotape to identify both the positive and negative aspects of the teaching session to determine its effectiveness.

## CHAPTER 7:

### CLINICAL INSTRUCTOR/PRECEPTOR GUIDELINES

*Clinical Preceptors.* Clinical preceptors may be used in certain courses or for specific learning experiences and must function within the departmental guidelines. Preceptor purpose, guidelines and responsibilities are found in the department preceptor handbook.

*Clinical Agency Assignment.* For each major agency used as a clinical site, there is a faculty member who serves as liaison. The liaison faculty can help new faculty plan for student orientation as well as their own orientation. New faculty or faculty assigned to new settings are expected to negotiate for adequate orientation to that particular facility so that they can responsibly and safely demonstrate desirable role model behaviors and arrange for a variety of learning experiences for students. Most agencies have additional orientation requirements, such as fire and safety classes, CPR certification, and OSHA regulations regarding Blood Borne Pathogens. Course Coordinators and/or liaison faculty can help arrange the initial planning conferences with agency staff. Agency staff will expect to have a copy of course objectives for clinical practicum and/or individual learning contracts, defined learning experiences desired and other information, such as dates, times and number of students involved. Remember that you are the teacher and, thus, you carry the ultimate responsibility for student learning and grading. Formal contracts are made with all agencies in which the students practice. Contracts are negotiated by the Division Chair and formalized by the Dean and are renewed annually or as specified in the contract if the need to use the agency

continues. When Negotiations are complete, the necessary information should be given to the Dean's secretary in order for the contract to be formalized by the Dean. Photocopies of signed agreements are placed in the departmental files in the Opelika office. **It is mandatory that faculty familiarize themselves with the details of the contract for the agency to which they are assigned.** The credit-contact hour ratio for laboratory experiences is 1:3. It is expected that each student will have the number of contact hours the curriculum plan specifies. Usually this is 12-16 hours per week; however, desired learning experiences may necessitate unique plans for different rotations in order to ensure the total number of hours, experiences required, and attainment of learner objectives. The course coordinator will assist with plans for the laboratory experience schedule/clinical rotation schedule.

Faculty is advised to compile a call tree with the phone number/email address of each student in the clinical group. This list is to be used in case of the college closing due to inclement weather, cancellation of clinical experience or other emergency situations.

### ***Effective Clinical Instruction***

Teaching in the clinical setting presents educators with challenges that are different from those encountered in the classroom. In health science education, the classroom and clinical are linked because students must be able to apply in the clinical practice what they have learned in the classroom. However, the clinical setting is complex and the level of acuity of patient care is critical. In this class, we will examine a

philosophy of clinical teaching which includes planning, conducting, and evaluating the clinical performance of students.

This discussion on clinical instruction is designed to introduce and/or review clinical faculty roles, prior to, and during the clinical experience. It is the goal of this discussion that the new clinical faculty member is guided to make the transition from the role of clinical expert to clinical faculty. The unit will be divided into two sections. This first section will be concerned with managing the clinical day and the second section will focus on clinical instruction and evaluation.

Teaching a group of clinical students can be a challenging job. There are many types of clinical settings used by schools of health science. You may find yourself assigned to acute care, mental health, community or long term care units to name a few. As a clinical faculty member, you must work closely with the coordinator or primary person responsible for the course to plan and meet the required course outcomes.

### ***Making Connections***

To manage the clinical day for students, you must first get to know your students. You do this by making connections with each student. Making connection and building community allows you to assess the student's learning needs and to encourage the student to set specific learning outcomes.

- What are some informal ways to get acquainted with your clinical students?

Think of two ways that you have seen that are effective strategies to use as ice breakers and one that may not be effective. If a student has already posted your

idea try to think of another one and the type of students that it has worked. I like to get the students to complete a student profile so that I can contact them and this profile is very good for part time faculty that may not be in the clinical area all the time. A sample student profile is included for your review.

- What are some ways that you can get students to assess their clinical needs and to set goals for their clinical experiences? Self assessment and reflection may be used. Also it is important that you as the faculty member go over the clinical evaluation tool with the students in the clinical group. Be sure and point out what you expect of the students and any behaviors that are critical to passing the course. A sample clinical evaluation
- One of the most challenging things you will need to do as a clinical instructor is to develop a system to keep track of each student's clinical progress to assist you in future assignments. This is where the student outcomes tools discussed above will help. Some faculty members use a tape recorder and others use technology to help assist in documenting the clinical experience.
- Any tool that you develop should include the following items:
  - ✓ Student name and number of clinical weeks
  - ✓ Course outcomes
  - ✓ A means to document if the course outcomes are being met.
  - ✓ Plans for improvements if the student has gaps
  - ✓ Needs for next clinical
  - ✓ Client's medical diagnosis
  - ✓ Type of experience

- ✓ Skills observed

An example of two tools used by faculty members is included for your review in Appendix D. You may use these to design your own or may have one that you use that you would like to share with others. The *Daily Clinical Worksheet* is one method for organizing your day as a clinical faculty member and the *Student Outcomes Worksheet* allows you to keep abreast of the outcomes the students have achieved.

### ***Connecting with the Unit***

Building rapport with the clinical unit is a key issue to the success of your clinical rotation. As a clinical faculty member, you will be assigned to a clinical agency and YOU, as the faculty member (not the course coordinator) have the dual responsibilities of orienting the students to the unit and explaining the students' learning objectives to the employees on the unit.

When building rapport, it is important to consider the following questions:

- ✓ Who is the unit director? What is his or her leadership style?
- ✓ What is your responsibility to the manager?
- ✓ Does the area you work have charge health care workers?
- ✓ How can you meet the resource people in your clinical area?
- ✓ Will you be the student's primary resource? Will the student have preceptor?
- ✓ What is the procedure for communicating clinical assignments/
- ✓ Where the assignments should should be posted?
- ✓ How will students give medications?

- ✓ Where can you meet with your students for post conference?
- ✓ How are you going to orient the students to the unit? Is this your responsibility?

Meeting course outcomes for students in the clinical setting is your responsibility. Planning the clinical day around the course outcomes or “beginning with the end in mind” provides a means for you and the student to stay on target.

### ***Planning the orientation day***

Each clinical group will need to have time to be oriented to their clinical facility. The course leader may give you some direction. A scavenger hunt may be helpful and an example is included for your modification.

Prior to orientation, it is mandatory that the faculty member work one to two days on the unit with the staff to demonstrate commitment to the unit and to begin to build trust with the staff. Remember some health care workers still believe the saying that those that can do and those that cannot teach.

### ***Making clinical assignments***

Each course is different with different outcomes. It is your job as the clinical faculty member to design learning activities that facilitate meeting course outcomes. If you do not understand the course outcomes, you must clarify those with course coordinator.

Making student assignments is perhaps one of the most challenging jobs of the clinical faculty member. You will first need to know the agency’s procedure for student

assignments. It is also helpful if you know the student's strengths and areas for improvement. The course coordinator may help you determine the strengths of the students.

Being organized prior to making assignments helps the daunting seem less threatening. As a faculty member you must know your agency and assess when the best time to make assignments is on a unit. You will want to consider the following questions:

- Who makes the assignments for students? Staff or Clinical Instructor?
- How do health care workers communicate patient information?
- Where do you post the assignments?
- Also, remember assignments will often have to be changed. What happens if you need to change an assignment? Change is a way of life and patients enter and exit the health care agency faster than ever before.

### ***Clinical Instruction***

The primary activity of the clinical educator is clinical instruction. Clinical teachers are not supervisors. Supervision is a function that is more appropriate for graduates than for students. The role of the clinical faculty member is competent guidance. In the clinical setting, the faculty member is expected to be competent, caring, committees, flexible, knowledgeable, and energetic. The elements of clinical teaching should include the following ideas:

- Clinical education should reflect the nature of professional practice

- Clinical teaching is more important than classroom teaching
- The student in the clinical setting is a learner not a health care worker.
- Selected learning time should be provided before the student is evaluated
- Clinical teaching is supported by a climate of mutual trust and respect
- Clinical teaching and learning should focus on essential knowledge, skills, and attitudes.
- Quality is more important than quantity

In the clinical setting, students come in contact with patients for the purpose of applying knowledge, testing theories, and learning critical thinking skills. The central activity of the student in clinical education should be learning, not just doing.

The following is a scenario that occurred on a clinical unit. Read the scenario and think about the elements of clinical teaching listed above. Identify ways this could have been prevented and how you would respond to the student involved.

#### **CLINICAL UNIT EXAMPLE:**

##### **STUDENT PREPARING ORAL MEDICATIONS, 1<sup>ST</sup> TIME**

T: It's nearly 8:00 am. Are you ready to give Mr. J. his medications?

S: Oh, no! How time can get away! (Gets medication cards, checks the order on the chart and returns to the teacher).

T: How do you plan to proceed?

S: I'm going to get the meds, put them in cups and take them in.

T: That's right. Now, let's take a closer look at each of those things you are going to do. What are the steps you will use in preparing the medications?

S: Check the order with the chart and I've done that. Check the med against the card three times for correct patient, med name and amount. Pour the med and recheck bottle with the card.

T: That's correct. Now go through those steps in preparing each of Mr. J's three medications.

S: (completes the task with the teacher giving approval each time).

T: What is next?

S: I give him the med. Oh; I hope he doesn't ask anything I don't know! I read and read last night all about these meds.

T: First, how will you know you have the right "him?"

S: Oh yes, I will ask him his name and also look at his name band and compare the name with the med card.

T: that's right. I'll go with you and will help you answer any questions he might ask, that you don't know.

S: (Proceeding to room) I'll be so relieved when this is over- I'm so nervous.

(Follows the steps for correct administration).

T: You prepared and gave those medications correctly. All that's left is the charting.

S: Oh, Thank you. Does that mean that I'm checked off on meds?

Developing teaching competency in the clinical environment requires that the clinical instructor blend both clinical and instructional competencies. In the clinical environment, you are responsible for completing a great deal of preparation with regard to getting to know the skill levels of your individual students, the health status of the clients that will be in their care, and the safety of both the client and the student. As the clinical faculty member, you will also be responsible for setting a tone that promotes learning and evaluation of student performance.

This second section of this topic focuses on identifying, understanding, preparing, and facilitating learning in order to bring out the best in your students and their clinical health science care experiences. As a clinical faculty member, you are in a position to facilitate student development in the setting that provides the greatest opportunity for growth and learning.

As a clinical faculty member, you may choose to implement strategies with which you are familiar, strategies that have worked for you in the past with clients, or those strategies that are easily understood. Above all, the strategies you choose must achieve the desired learning outcomes. In clinical education, there are many uncontrollable situations and you, as the faculty member, will soon be analyzing student situations and the care that they provide to their clients. Undoubtedly, critical thinking is a must for the professional health care workers to call upon in their role as clinical instructor.

One of the major learning strategies for clinical education is teamwork or working together with a peer to understand information. Think of three or four learning styles. What are ways that you as a clinical faculty member can teach to each learning style?

Or how could you best empower the student to learn how he or she learns? Just as it is important for you to know who the students are in your clinical group, the students should know who you are. Many authors think that:

- Students are responsible for their own learning; faculty members are guides who facilitate this process.
- Learning occurs best when it is enjoyable, there is support for the learner, and there is a problem that requires a solution.
- Learning requires experiences and time for reflection.
- Learning occurs best when students can associate the new information with information that is already in long term memory

If you are not aware of your students' learning styles, you might ask them at the first pre or post conference how he or she learns. During the clinical day, teach a clinical skill using at least three different learning styles.

### ***The Unit***

How well do you know your unit? How well do you know the staff? Many institutions are requiring that faculty members spend one to two days shadowing a staff person on the unit. This should be mandatory in my humble opinion. Unit staff members need to know that they can trust you and that you are competent. Spending a day will be well worth your time. This time spent on the unit would:

- help you learn how the unit is organized and how it functions
- help you learn the staff
- let you know which staff members are receptive to working with students
- help you determine the unique climate of the unit.

What would this experience allow the staff to learn from you? Spending time on your assigned unit will enable the staff members to observe the skills and knowledge that you possess, to better understand what you expect your students to gain from their experiences with them and, to determine if you are a good fit with their specific unit through a better understanding of the elements of your personality. In fact, it is essential that you, as the faculty member, share the following information with unit staff during each semester or clinical rotation:

- Level of learners that will be present and the time frame they will be on the unit
- Clinical outcomes
- What actions/skills the students are allowed to perform
- Types of clinical experiences/opportunities required
- Clinical focus guide
- Course syllabus
- Plan students will use in order to communicate issues with the staff

### ***Clinical Assignments (Making clinical assignments for your students)***

The primary guide that you will use when creating clinical assignments for your students will be based on the course's learning outcomes. For each individual student, you will need to be aware of the educational level of the student(s), the specific learning needs of the students in your group (the number of students who have never performed the skills required (i.e. inserting a Foley catheter, giving injections, starting I.V.s), the learning styles of the student(s), their learning abilities, the availability of clients

requiring specific skills, and the timing and types of learning experiences. An exercise follows in the reflective activities that will help you make clinical assignments.

### ***Developing Technical Skills***

The learning resource center or the clinical lab/ reality lab is essential to the development of beginning health science skills. It is a place where mistakes occur in a safe setting and students develop, over time, the ability to perform specific skills in a setting that is safe, supportive, and constructive. It is in this setting that students develop the skills, knowledge, and values necessary to care for clients in all of the many varieties of health care settings.

### ***Developing Critical Thinking Skills***

Critical thinking is a health science competency that is discussed in almost every faculty meeting, tested on the licensure exam, taught and evaluated in class and clinical settings. Critical thinking is difficult to measure. You cannot see critical thinking occur in the same way that you can observe a student performing a Foley catheter insertion. You must be able to validate that students can think, teach them to develop these skills, and evaluate the improvement of a skill that cannot be seen objectively. How can you teach and develop a student's ability to think critically?

### ***Evaluating Clinical Students***

One of the biggest responsibilities you have as a clinical faculty member is your accountability for evaluating student performance, developing learning activities, and determining whether or not the student is a safe practitioner. As a faculty member you evaluate students to make a judgment as to whether the student is a safe or unsafe practitioner. The course outcomes are the standards for student performance.

What are the steps to clinical evaluation?

- Measurement of a clinical behavior
- Comparison of the behavior to the standards
- Decision as to whether the behavior meets the standard of care or course outcome
- Your judgment as to whether the student receives a passing grade for the clinical

Evaluation may be used in several ways. Faculty members use evaluation to determine existing abilities of a student, to determine learning needs or deficits, to determine progress toward course outcomes, and to provide feedback regarding progress.

*Methods of gathering student performance data.* Generally data for clinical evaluation is gathered by four or five methods. Those methods include direct observation, assessing thinking, using third party input, written work, and self assessment.

1. Assess by direct observation

- Skills such as dressing changes, injections, etc
- Documentation for the ABC's
- Communication between clients and families
- Physical assessments
- Organizational skills

2. *Assess critical thinking and cognitive knowledge.* It is difficult to know what students are thinking unless they demonstrate or verbalize to you. Inquiry is a teaching strategy that allows you to use open ended questions to assess the

student's level of knowledge. This can be done in pre conference, post conference, or through out the clinical day.

3. Using the feedback from patients, families, and staff preceptors as part of the evaluation process.
4. Using student self evaluation
5. Evaluation of written work.

Effective feedback is essential to clinical instruction. The attributes of effective feedback include the following:

- Constructive rather than destructive
- Specific rather than general
- Factual rather than opinionated
- Descriptive rather than judgmental
- Timed to promote learning
- Sensitive to the learner's feelings
- Directed to the behaviors rather than the learner
- Described clearly to all parties

The elements of effective feedback statements include the following suggestions:

- Description of what was observed in behavioral terms
- Specific as to who what when where and how do not generalize
- Compare the observed behavior to the expected behavior
- Make suggestions for alternative behavior.

Here is a sample feedback statement:

You did a complete job on your discharge teaching for Mr. A. You reviewed the steps for independently administering his insulin. You allowed him to demonstrate the technique to you. The written directions were clear and you clarified the teaching tools through asking him specific questions. Next time you might want to assess his vision before you begin and to ask him more detailed questions to determine his knowledge of hypoglycemia. His wife was included in the teaching and asked you questions which you answered appropriately and at a level the wife could understand. Well done!

Feedback statements tell the student what was done well, why it was right, and how it can be improved. If the patient care was done wrong then the feedback statement should tell the student what was wrong, why it was wrong, and how it can be corrected.

Included for your use is a sample of terms to use that help you provide feedback in the clinical area.

### ***Dealing with an unsafe student***

Client safety is a critical behavior and should be reflected in the clinical evaluation tool that you use. When a student demonstrates an unsafe behavior, it is imperative that you communicate in writing and verbally what made the behavior unsafe in order to help the student improve.

## ***Clinical Teaching Strategies***

Clinical teaching strategies change with every clinical day and group. For new faculty members it is best to remember that preplanning may not go as you thought. I have listed several clinical teaching strategies (listed in the following table) that have worked. They are only a few of the strategies that might work for your group.

### **Clinical Teaching Strategies**

<b>Connecting</b>	
<b>Definition and Description</b>	The incidences where students and faculty find a common bond shared by both; may be as formal as an early clinical morning discussion of the plan of care for the day or as serendipitous as finding that both of you like Chinese food and have the same birthday.
<b>Domain of Learning</b>	Cognitive, affective, psychomotor
<b>Advantages</b>	Promotes informal, spontaneous bonding, often establishing an honest, longer-lasting relationship with the student than those acquired more formally.  Builds trust in faculty with informal connections and learning is often facilitated by these positive relationships with students.  Promotes higher faculty evaluation ratings when there has been some type of connection with the student.
<b>Disadvantages</b>	Faculty and students may create barriers to any type of

	<p>connecting.</p> <p>There is a fine line between being a friend to the student and maintaining the faculty/student relationship. As a new faculty member, it is better to err on the side of maintaining formality rather than informality until you know where the line is. Problems can occur when the line is crossed. Students may ask for expectations and privileges not given to other students, because you have established a friendship or may brag to peers that you are their friend. Ways to befriend you for a better grade is a piece of information that is readily transmitted to the next group of clinical students you will have and your reputation is on its way.</p>
<b>Situational Use</b>	In times of crisis, if you can relate back to the connections you have made with the student, you have a better chance of succeeding in whatever the problem is.
<b>Other</b>	What do you do as a faculty if you have a friend or a co-worker as a student in the Health Science program? It is best to avoid any potential difficulties by asking not to have your friend/co-worker as a clinical student. Administration is very proactive in these situations.
<b>Pre- and Post-Conferencing</b>	
<b>Definition and Description</b>	Group learning experiences prior to, and at the conclusion of the clinical day. The best clinical conferences are structured. Faculty

can develop the pre-conference to clarify goals, care, and to prevent problems prior to the beginning of the day. Post-conferences provide time for debriefing or processing of the experiences of the day, bringing in guest speakers/resources to discuss their work with a particular disease process, type of client, or work with Health Science. Excellent time to meet course competencies that focus on discussion, develop clinical reasoning skills, etc...

Faculty roles include (Stokes, 290):

- Supporting information sharing
- Guiding focused, flexible discussions
- Providing non-threatening feedback in an open environment
- Making trends and relationships in clinical practice evident to students
- Facilitating critical thinking

Wink (1995) feels that effective conferences:

- Are a group activity
- Assist achievement of course and clinical outcomes
- Help students explore feelings and attitudes concerning clinical experiences

<b>Domain</b>	Cognitive
<b>Advantages</b>	Encourages group processing, team building, bridges the gap between theory and clinical, and validates, refutes, or suggests alternatives to the work of the student.
<b>Disadvantages</b>	All members of the group have worth and the faculty role is to involve all participants. Students may feel hesitant, inadequate, or others may dominate the group so that the faculty group processing skills becomes very important.
<b>Situational Use</b>	<p>Topics in pre-conference may review preparation for clinical experiences (knowledge of medications, client history, diagnoses, and treatments for each day).</p> <p>Post conferences may:</p> <ul style="list-style-type: none"> <li>• Review clinical experiences.</li> <li>• Present research articles r/t care of clients or area of study in the course</li> <li>• Include guest speakers with expertise/knowledge of focus area in course/semester.</li> <li>• Facilitate presentations by students.</li> <li>• Health science rounds.</li> </ul> <p>Breakfast and pre-conferencing, or having lunch and post-conferencing in an acceptable location often works well. Be aware though of locations (e.g., the cafeteria) where patient</p>

	confidentiality may be an issue.
<b>Other</b>	<p>Courses may decide to have pre- and post-conferences with each clinical experience, one a week, or on an intermittent basis. Major advantages to the post-conference are that the faculty:</p> <ul style="list-style-type: none"> <li>• Can facilitate closure to clinical experiences.</li> <li>• Diffuse any emotional situations that may have arisen.</li> <li>• Integrate theory into the clinical experiences and correct any misunderstandings that may arise concerning knowledge.</li> <li>• Ascertain that all students have the same knowledge concerning any topic.</li> <li>• Ensure all students have the same instructions concerning follow up paperwork.</li> </ul>
<b>Questioning/Inquiry</b>	
<b>Definition and Description</b>	<p>Posing of questions by faculty and students to gain information, evaluate, stimulate further thinking, or determine course of action.</p> <p>This is a true skill and needs practice. The faculty member who asks questions needs to develop the ability to ask questions in a manner that is non-threatening to ensure that the questions are received in the intended manner. Did the student hear the question the way you intended? Can you ask questions that do not give away the answer?</p> <p>There are several types of questioning, some ask for reflection or analysis (Socratic); others invite learning; while others evaluate</p>

	<p>learning or draw comparisons. Most questions do not reach the higher cognitive levels, but that is where you want your students to be focused, e.g., can you suggest a plan to improve the rates of childhood immunizations? Each question you ask should have a particular goal in mind.</p> <p>“The primary teaching-learning strategy supporting both critical thinking and reflective practice involves making explicit and verbal that which is tacit and unspoken.” (O’Conner, 144)</p>
<b>Domain of Learning</b>	Cognitive, affective
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Reciprocal.</li> <li>• Provides opportunity to validate integration of theory into practical experiences.</li> <li>• Used differently for teaching/learning and evaluation.</li> <li>• Faculty can determine what a student is thinking, where a student is along a continuum. Students can find an answer and come back to faculty with information.</li> <li>• Excellent strategy to stimulate critical thinking, analysis, evaluation.</li> <li>• Often used in conjunction with the nursing process. Faculty can ask questions first on assessment, then diagnosis, planning, implementation, and evaluation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Student clarifies before/during learning process/procedure to prevent errors.</li> <li>• You can question in the affective domain. “How do you feel about working with under-served clients?”</li> <li>• Provides challenges, encourages student to move to determining the “whys” of a situation, review the thought process involved, and determine the meaning of clinical situations.</li> </ul>
<b>Disadvantages</b>	<p>Can close down communication as well as open it. This depends on both the student and faculty.</p> <p>Never underestimate the communication that occurs among students. Anything you ask one student, soon other students are preparing their responses to similar questions.</p>
<b>Situational Use</b>	<p>Beneficial to determine safety of student, used in all aspects of client care by both students and faculty.</p> <p>Tips on questioning:</p> <ul style="list-style-type: none"> <li>• Think about your facial expressions when questioning a student. Does your face give you away; identify a positive or negative non-verbal response?</li> <li>• Phrase questions without the term “think” since this word often frightens students. Words such as describe, elaborate upon, and discuss can be more influential but should be non-threatening.</li> </ul>

- Ask questions slowly, leave adequate time for students to respond (at least 3 seconds or longer); don't be afraid of silence. Students think more deeply given more time. Give new students more time to think since they may not have experienced your style of questioning.
- Keep conversations/discussions open by including all students, playing the devil's advocate, and asking how they saw application in their care today.
- Younger learners are more comfortable with simple, single word responses. These do not give you an understanding of the depth of the student's knowledge, and his/her ability to think or process information, so avoid questions that students can respond with a yes/no response, unless that is exactly what you want.
- Use the student's name, before or after the question to direct attention.
- Questions may be asked to focus on any cognitive level. You may want to know if a student has a basic knowledge of a situation, but you'll want to focus on the higher levels (analysis, evaluation). At these levels you can "hear thinking." Let's look at a question from each level and when you might use it:

**Knowledge Level**

Asks who, what where, how and why. Use at a pre-conference to see how well-prepared the students are for their experiences.

Example: "What is the normal BUN for a young adult?"

**Comprehensive Level**

Organizes and determines particular information. Use to determine if the student has the knowledge base and can put it together with other concepts.

Example: "How does this BUN fit with your client's condition?"

**Application Level**

Puts information into an actual or theoretical setting. Use to move theory into the practice setting by using patient examples.

Example: "What might be happening to your client if the BUN were 156??"

**Analysis Level**

Breaks down a situation/process/idea into parts. Use to look at the data that lead to a particular diagnosis.

Example: "What do you think was behind this patient's decision to postpone coming to the hospital?"

	<p><b>Synthesis Level</b></p> <p>Combines parts to form a whole. Use with data analysis to determine a new diagnoses or client problems.</p> <p>Example: “What do you think the outcome would be if your client stayed at home with a BUN of 200?”</p> <p><b>Evaluation Level</b></p> <p>Forms a viewpoint, judgment. Use to determine student’s ability to review worth or validity of decisions.</p> <p>Example: “Let’s evaluate the success of this hospitalization.”</p>
<b>Reflection</b>	
<p><b>Definition and Description</b></p>	<p>Combination of calculative thinking (analysis of problems and solution development) and contemplative thinking (looking for meaning by student and/or faculty to give focus to student development and give meaning to experiences (Pierson, 1998).</p> <p>Encourages the development of new and critical thinking to analyze patient care practice in a rapidly changing health care environment.</p>
<p><b>Domain of Learning</b></p>	<p>Cognitive, affective</p>
<p><b>Advantages</b></p>	<p>Uses student’s own thoughts and feelings to analyze practice.</p> <p>Can be done verbally or in writing as a journal.</p>
<p><b>Disadvantages</b></p>	<p>Feelings of vulnerability exist for student if trusting relationship</p>

	<p>with faculty has not been established. Safe environment must be established for reflection to work well.</p> <p>Students need to be talked through or taught to move past looking at practice as a process and to move into practice as meaning.</p>
<b>Situational Use</b>	<p>Can be used at any point pre-, post-, or concurrent with clinical experiences, written or verbal. Looks for ability to move beyond physical processes and focus on new ways to think about learning experiences.</p> <p>Take student aside on clinical unit to focus thinking about a particular patient or incident. This does take time from other students and needs; students may feel threatened if trust has not been established.</p>
<b>Seizing the moment/teachable moment</b>	
<b>Definition and Description</b>	<p>Have you ever been in a patient situation when it all comes together for you? The “Aha!” moment. Have you been through or are in the middle of an experience and are “open” to suggestions, help, or teaching? Have you ever thought that “this is the right time to say this” or felt that “this would be the most opportune time for someone to help me?” Each of these scenarios represents some form of the moment when we are ready to receive information. Students are often in this situation and need faculty to recognize these teachable moments and to promote the learning opportunity.</p>

<b>Domain of Learning</b>	Cognitive, affective, psychomotor
<b>Advantages</b>	<p>Offers instruction at the moment that students are most open to learning.</p> <p>This moment may not fit into the “goals” for the day, but take advantage of it anyway because it may not come again.</p>
<b>Disadvantages</b>	<p>As a new faculty member, it may take experience to realize when the most appropriate teaching time is. Faculty can put themselves in the student’s shoes; analyze how the student is feeling, what she/he perceives, and look at the client environment to determine if this is the “teachable moment.”</p>
<b>Situational Use</b>	<p>When a patient care situation/intervention has gone poorly, students are often more open to “how could you have cared for this person differently?” In order to achieve an improved outcome. Speak to the student soon/immediately after the incident for several reasons:</p> <ul style="list-style-type: none"> <li>• It provides them with an opportunity to explore the thinking/feeling about the care they have provided and gives the faculty a chance to see where along the critical thinking continuum the student is.</li> <li>• It gives faculty a better opportunity to provide concise, directed feedback.</li> <li>• A positive attitude provides the student with hope for the</li> </ul>

future.

- Delaying speaking to the student may not be advantageous because he/she may not remember all aspects of the incident or may feel that it is “over and done with.”

There are other times when the student has “closed down” and discussion will need to take place after the student has been away from the situation for a while.

Have you ever seen the “light bulb go on?” Or noticed when the facial expression changes, lightens up, becomes a smile? This may be your teachable moment.

In positive client situations, taking the student aside, reviewing how it all came together and commenting on how the student facilitated this outcome works well. Being very specific with the student about which of her/his actions/care positively impacted this outcome is very important in this process. Faculty cannot assume that the student knows. With positive situations, post-conferencing with other students, so that all can learn from the situation, helps the student share his/her success. The goal is that the student will continue these behaviors as her/his educational process continues.

	<p>When one-of-a-kind experiences present themselves on the unit, feel free to place a student with a client as an observer or as someone to hold the client's hand, yet learn at the same time.</p> <p>A teaching moment may be the time when you compliment the student on the fact she/he did a good job and point out specific strategies, e.g., the way you positioned the patient for comfort really facilitated her labor...calling the chaplain relaxed him...tell me the difference you saw after you did that...</p> <p>Situations may arise that provide off-unit experiences that benefit the student, yet were not planned or fit into the traditional context of the clinical unit, such as:</p> <ul style="list-style-type: none"> <li>• An opportunity to see a procedure that would not otherwise be part of the curriculum.</li> <li>• Working with health care workers or health care team in a non-traditional or expanded role.</li> </ul>
<b>Self-Evaluation</b>	
<b>Definition and Description</b>	Analyzing and critiquing the clinical day, week, course, or you as a student or the course in terms of accomplishments, areas of need, progress.
<b>Domain of</b>	Cognitive, affective, psychomotor

<b>Learning</b>	
<b>Advantages</b>	Asks students to reflect and take the time to review. (Health Science professions, generally do not do this well). Growth and learning are best accomplished when analysis has taken place first. This provides opportunity for planning a course of action based on prior experiences rather than moving ahead blindly.
<b>Disadvantages</b>	Requires concentration, time
<b>Situational Use</b>	May be verbal (even while walking down the halls) or written (part of the clinical paperwork or 5 minutes at post-conference). Cover short or long periods of time, single or multiple experiences.

**Appendix A:**  
**By-Laws & Committees**

## **Nursing Faculty By-Laws**

### **Article I. Purpose**

These Bylaws will govern the procedures of the Nursing Department. Nothing in these Bylaws shall be in conflict with the policies of Southern Union State Community College or the Alabama College System Bylaws.

### **Article II. Membership and Meetings**

#### **Section. 1**

All full-time nursing faculty members comprise the membership of this organization and are eligible to vote. A quorum shall consist of a simple majority of full-time nursing faculty. Individuals not holding full-time faculty rank shall be entitled to be present at the meetings and shall have the right to be heard, but shall not have voting privileges. A simple majority vote shall prevail.

#### **Section. 2**

The Nursing Faculty members shall meet a minimum of once each academic term. Additional meetings may be called at the discretion of the Chair of Nursing Program.

#### **Section. 3**

The student body shall be represented at Nursing Faculty Department meetings by the Presidents and/or Vice-Presidents of the ADN and PN classes.

#### **Section. 4**

Unless faculty, by a two-thirds majority vote, acts to suspend committee review of a matter of substance and act as a committee of the whole, all matters of substance related to student admission, progression, recognitions and graduation; curriculum; or program evaluation shall be handled by committee review. Standing committee business may be identified by each committee, by the presiding officer, or individual nursing faculty.

### **Article III. Officers**

#### **Section. 1**

Officers of the Nursing Faculty shall be Division Chair of Nursing and Committee Chairs – position is assigned to each committee.

Minutes are recorded by the secretary to the dean for faculty meetings.

The duties of the officers shall be:

##### **Nursing Chair**

1. Preside at all meetings, or, in his/her absence, designate an acting chairperson.
2. Appoint Nursing Faculty committees and designate co-chairmen of committees annually.
3. Serve as a liaison between the nursing faculty and the Dean of Health Sciences and the administration of SUSCC.

## **Secretary**

1. Record and obtain minutes of all Nursing Faculty meetings.
2. Distribute minutes to members prior to the next meeting. Within 10 days after acceptance, send a copy to the Dean of Health Sciences and file a copy in the permanent record.
2. Prepare and distribute an agenda for each meeting.
3. Notify student representatives of meetings as scheduled.
4. Perform other duties incidental to the office as assigned by the Division Chair/Dean/faculty.

## **Article IV. Standing Committees**

### **Section. 1**

Much of the operation of the nursing program will transpire through the assistance of standing and ad hoc committees, which report as necessary, through the SUSCC committee structure. Because of the unique nature of the nursing program, the Committee structures of the Nursing Faculty may not parallel the SUSCC committee structure in assigned duties or membership, although membership will be consistent insofar as possible. Faculty shall be appointed to committees by the Division Chair of Nursing Programs in the fall term; faculty may request membership on particular committees. If vacancies in committees occur, new members shall be appointed by the Division Chair or as specified. Committee members shall serve a term of two years.

There shall be a co-chair appointed to facilitate mentoring of newer faculty into governance opportunities.

## **Section. 2**

Each standing committee shall meet initially at the beginning of the academic year and each semester as needed in order to (1) plan possible meeting times in light of Community College committee schedules; (2) strategize for the year's assignments. Meetings will be called by the chairperson as required to fulfill the committee's responsibilities.

## **Section. 3**

Agenda items may be sent to the chairperson of any standing committee by another nursing faculty member or by the division chair or dean. Each standing committee will make recommendations to the nursing faculty.

## **Section. 4**

Ad hoc committees may be established by any standing committee or the Division Chair. Ad hoc committees continue until their assignments are completed and they are dismissed by the individual or committee which established them.

## **Section. 5**

Standing committees of the Nursing Faculty are as follows:

### **1. Admission and Progression Committee**

The Admission and Progression Committee shall consist of members representing all Health Science divisions, excluding Physical Education.

The committee shall be based on Alabama College system guidelines and include:

- a. defines, delineate, and annually review criteria for admission and progression of students.
- b. recommends changes in criteria for admission and progression of students.
- c. make decisions related to petitions from students relative to admission or progression - collect applications for re-admission and/or transfer.
- d. revise undergraduate student handbook on an annual basis or with program change and revise as needed.
- e. elicits student opinions on issues related to admission and progression and adequacy of student support services.
- f. Meets each semester and as needed. Minutes will be recorded.
- g. Review students making D's or F's on nursing or support courses
- h. Send letters to applicants communicating decisions (Admissions staff)
- i. Reports at faculty meetings

## **2. Curriculum Committee (Program of Learning)**

The Curriculum and Instruction Committee shall consist of at least 7 members, representing all nursing. The committee shall:

- a. develop and monitor implementation of the curriculum based on Alabama College System mandated curriculum.
- b. evaluate annually the curriculum's effectiveness in achieving the mission/

philosophy and goals of the program.

- c. formulates proposals for curriculum change and submits to nursing faculty for presentation to Alabama State Curriculum committee.
- d. review proposed course changes and makes recommendations to the ACS and report to the instructional services committee.
- e. assesses the instructional resources and practice learning environments to determine their adequacy and appropriateness for meeting the goals of the program.
- f. Meets each semester and as needed. Record minutes of meeting.
- g. Reviews course evaluations
- h. Reviews standardized testing results to assure competency
- i. Reports at faculty meetings.

### **3. Program Effectiveness Committee (RN, LPN, NAS, Surg. Tech.)**

The Program Effectiveness Committee shall consist of members representing all nursing cohorts.

- a. review annually WHEN nursing's systematic evaluation plan for program evaluation and assessment of outcomes and make recommendations for change as needed.
- b. oversee evaluation of the following parameters of educational effectiveness of the programs and submit a report to the nursing faculty annually with the following data aggregated for analysis and trending:
  - 1. graduation rates

2. performance on NCLEX examinations
  3. job placement rates of graduates
  4. programs satisfaction as determined by students, graduates and/or employers
  5. employer satisfaction
- c. Aggregate exit program evaluation data for trending and analysis.
  - d. Meet each semester and as needed. Supply minutes of meetings.
  - e. Reports at faculty meetings

#### *4. Learning Resources Committee*

- a. Meet each semester and as needed (Supply minutes of meetings)
- b. Review & Update Blue Book - Computer Programs Offered
- c. Assess capital equipment needs and communicate those needs to Dean
- d. Inventory/Order Supplies
- e. Develop computer orientation for nursing students
- f. Assess Hepatitis injection supply need and communicate to appropriate personnel
- g. Reports at faculty meetings

#### **5. Continuing Education Committee**

- a. Meets yearly and as needed. Supply minutes of meetings.

- b. Assess continuing education needs of department/community
- c. Plan continuing education offering for department/community annually
- d. Prepare and submit Continuing Education Self-Study to ABN (every 4 yrs)
- e. Annual Report To be submitted Spring '06 for Approval Fall '06
- f. Conduct BSA Update for College employees - annually
- g. Set up calendar and make assignments.
- h. Reports at faculty meetings

#### **6. Adjunct Faculty Development/Support Committee**

- a. Meet each semester and as needed. Supply minutes of meetings.
- b. Develop and update manual for adjunct faculty
- c. Develop orientation guidelines for adjunct faculty
- d. Develop method to assure current competencies
- e. Reports at faculty meetings

#### **Article V. Rules of Procedure**

The order of business as each Nursing Faculty meeting shall be as follows:

- a. Call to order by presiding officer.
- b. Reports from student representatives, if present.
- c. Disposition of minutes of previous meeting.
- d. Announcements of communications to nursing faculty.
- e. Disposition of business listed on the agenda, including reports from standing

and ad hoc committees. Addition or alteration to the agenda may be made with the consent of the assembled faculty.

f. Presentation of new business.

g. Adjournments. If meeting is to continue beyond two (2) hours, faculty will vote to choose between completion of business or postponement.

h. Should a question of parliamentary procedure arise, the rules set forth in *Robert's Rules of Order, Revised* shall govern.

## **Article VI. Amendments or Repeal of By-laws**

An amendment or repeal of these By-laws may be proposed by any voting member.

Any amendment or repeal must be submitted to all members at least one week in advance of the meeting in which final action will be taken. The advisement or appeal must have a three-fifth vote of members present.

### **Committee Schedules**

#### **Please note Suggested committee meeting schedules:**

Adjunct Faculty	2 <sup>nd</sup> Friday of each month
Learning resource Committee	2 <sup>nd</sup> Monday of each month
Dean's Council	1 <sup>st</sup> Friday of each month
Curriculum Committee	3 <sup>rd</sup> Monday of each month
Program Evaluation	1 <sup>st</sup> Tuesday of each month

<b>DESCRIPTION OF COMMITTEES</b>	
<b>NFCOMMITTEE</b>	
<b>PURPOSE</b>	<ol style="list-style-type: none"> <li>1. Provide recommendations to the Department of Nursing regarding specific areas of the nursing department on a continual basis.</li> <li>2. Maintain adequate resources to achieve the purposes of the Department of Nursing and continual updating of the curriculum.</li> <li>3. Provide a mechanism for continuous review and revision of the program of learning.</li> <li>4. Provide an opportunity for faculty to share responsibility for assessment and achievement of the purposes and goals of the Department of Nursing.</li> </ol>
<b>FUNCTIONS</b>	<ol style="list-style-type: none"> <li>1. Meet 1-2 times per semester or on as-needed basis.</li> <li>2. Provide a copy of meeting minutes to the Department Chair within one week following each meeting.</li> <li>3. Provide a written summary report and recommendations at the end of the semester faculty meeting.</li> <li>4. Make suggestions with rationale to the nursing faculty committee.</li> </ol>
<b>LEARNING RESOURCE COMMITTEE</b>	
<b>PURPOSE</b>	To have learning resources that are comprehensive, current, developed with faculty input, available, and accessible to faculty

	and students.
FUNCTIONS	<ol style="list-style-type: none"> <li>1. Identify the learning resource services available (e.g.- literature search, multimedia hardware and software, computer access, the number and kinds of major library holdings, equipment, and other relevant resources).</li> <li>2. Provide input to faculty committee regarding the need for equipment, library holdings, computer software, audiovisuals, etc.</li> <li>3. Maintain a comprehensive and up-to-date inventory of all equipment located in the nursing lab in Valley and Opelika.</li> <li>4. Maintain an up-to-date inventory of audiovisuals in the library (check with faculty who may have videos checked out at their desk).</li> <li>5. Maintain an up-to-date list of computer programs located on Opelika and Valley campus (each semester).</li> <li>6. Maintain a list of learning resource acquisitions for the preceding 3-year period.</li> <li>7. Implement the following “weeding” policy: <ol style="list-style-type: none"> <li>(a) once per year (Fall semester), remove all nursing reference material older than 8 years from the library shelves;</li> <li>(b) notify faculty of material removed;</li> <li>(c) notify librarian of any material that should be left as “historical” reference material and ask them to place in an area away from up-to-date material;</li> </ol> </li> </ol>

	(d) request that faculty order the number of books removed from the shelves in order to replace material removed.
<b>ADMISSION/RE-ADMISSION/TRANSFER COMMITTEE</b>	
PURPOSE	Assure that students who are re-admitted or admitted as transfer students from another program meet all requirements and are given appropriate credit for prior learning.
FUNCTIONS	<ol style="list-style-type: none"> <li>1. Review applications for eligibility for readmission and make recommendations to the Chair, Department of Nursing (ADN, LPN, and SOR).</li> <li>2. Review applications for eligibility for transfer and make recommendations to the Chair, Department of Nursing (ADN, LPN, and SOR).</li> <li>3. Review guidelines for admission, progression, readmission, and transfer (ADN, LPN, and SOR) and make recommendations to the faculty committee during spring semester regarding changes needed.</li> </ol>
<b>ASSESSMENT/PROGRAM EFFECTIVENESS COMMITTEE</b>	
PURPOSE	Implement the comprehensive assessment plan for the unit in nursing.
FUNCTIONS	<ol style="list-style-type: none"> <li>1. Summarize the following program outcome measures included in the evaluation plan: program completion, NCLEX-RN and PN, and job placement rates.</li> <li>2. Explain how the plan evaluates other components of the</li> </ol>

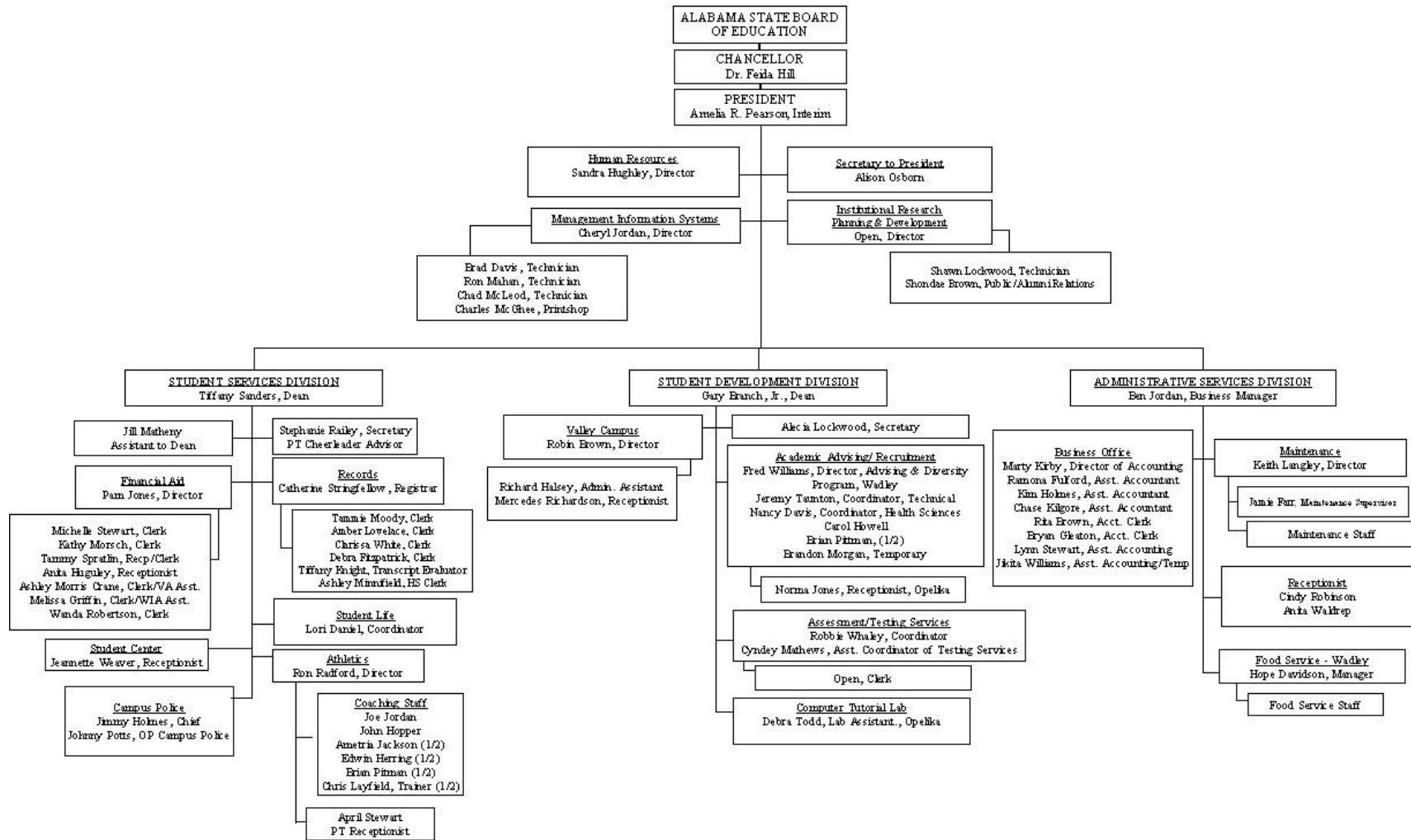
	<p>Nursing Unit.</p> <ol style="list-style-type: none"> <li>3. Compile responses on all student and employee evaluations and report aggregate data to Faculty Committee.</li> <li>4. Document achievement of program outcomes for completion, placement, and licensing examination pass rates. If program outcomes are not achieved, provide possible rationale, including: economic conditions, location, student population served, length of program, state requirements, and others: (a) Objective data (required)- program completion rates for the past 5 years, NCLEX-RN and PN success rates for first-time takers for the past 5 years, job placement rates for new graduates for the past 5 years, critical thinking, patterns of employment, communication, and therapeutic nursing interventions and (b) other data (optional)- program satisfaction, professional development, and any other data the nursing unit deems desirable.</li> <li>5. Identify areas of strength and areas targeted for development and revision</li> </ol>
<b>PROGRAM OF LEARNING/CURRICULUM COMMITTEE</b>	
<b>PURPOSE</b>	<p>To assure that the curriculum is developed by the nursing faculty and provides for a variety of learning experiences consistent with the nursing unit's mission/philosophy and attainment of outcomes.</p>

<p><b>FUNCTIONS</b></p>	<ol style="list-style-type: none"> <li>1. Verify that information required by NLNAC and State Board of Nursing is accessible to students by reviewing complete course syllabi for all courses in the nursing</li> <li>2. Review student learning experiences in the clinical setting. Provide a list of all courses and type of learning experiences in each course.</li> <li>3. Verify classroom and clinical evaluation methodologies and tools for evidence of the organizing structure as it flows from the mission and philosophy.</li> <li>4. Review, and revise as necessary, the clinical evaluation tool.</li> <li>5. Verify consistency among the curriculum and the nursing unit's mission and philosophy and outcomes.</li> <li>6. Verify credit and clock hour distribution. Provide nursing faculty committee with a table of lab, clinical and theory hours for each course.</li> <li>7. Provide nursing faculty committee with a table with the following information: (a) course number, (b) course title, (c) catalog description (including pre- and co- requisites), (d) course objectives/outcomes/goals, (e) topical outline, (f) teaching strategies, (g) evaluation methods, and (h) required texts.</li> <li>8. Verify that classroom and clinical learning experiences of each nursing course reflect national and local trends in</li> </ol>
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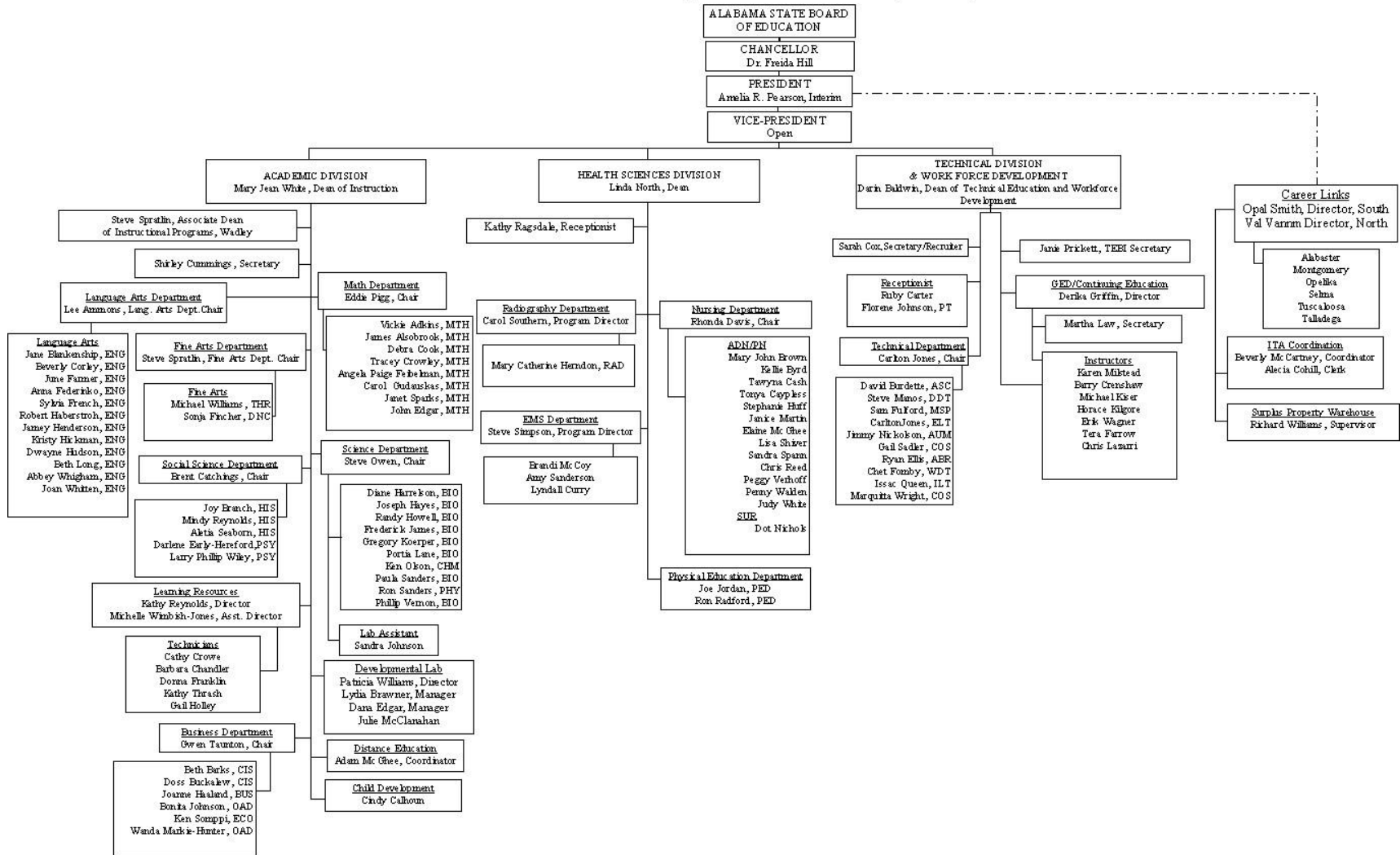
	health care delivery.
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Appendix B:  
Organizational Charts

**SOUTHERN UNION STATE COMMUNITY COLLEGE**  
**Administrative Organizational Chart - September, 2011**



**SOUTHERN UNION STATE COMMUNITY COLLEGE**  
**Academic Organizational Chart - September, 2011**



Appendix C:

**JOB DESCRIPTION**

**Faculty Orientation Check List**

**Syllabus Checklist**

# **SOUTHERN UNION STATE COMMUNITY COLLEGE**

## **JOB DESCRIPTION**

### **JOB IDENTIFICATION**

<b>Job Title:</b>	Department Chair/Program Director Health Sciences
<b>Job Category:</b>	Administration/Academic
<b>FLSA:</b>	Exempt
<b>Salary Schedule:</b>	Schedule D
<b>Reports to:</b>	Dean of Health Sciences

### **JOB SUMMARY**

As Department Chair/Program Director, teaches a reduced load; compiles, administers and grades examinations; works with and advises students on academic matters; serves on appropriate committees in leadership role and serves as liaison between administration and academic personnel; participates in professional development activities, represents the institution through involvement in community affairs and public service activities; assists in developing departmental budgets; does course scheduling and faculty recruitment; supervises and appraises adjunct faculty performances; performs other duties as assigned by the President or appropriate Dean of Instruction.

## **JOB DUTIES**

### **A. Instruction**

Developing and maintaining course outlines, selecting instructional aids, and preparing classroom presentations, teaching classes as scheduled, presenting material, information and skills to be learned; and providing for student evaluation on instruction, developing and administering appropriate assessment procedures for determining student achievement, providing feedback to students, and determining final course grades.

1. Researches literature in subject area for current information.
2. Participates in developing and maintaining up-to-date course outlines.
3. Participates in preparing and updating course syllabi, bibliographies, learning resource center materials, and library holdings.
4. Select textbooks and other resource materials.
5. Prepares presentation for classroom, laboratory, or other setting.
6. (Health Sciences) May plan experiences and assignments within clinical facilities.
7. (Health Sciences) May meet with on-site supervisors to update clinical facilities.
8. Instructs students utilizing lecture, demonstration, or lab supervision.
9. Uses a method of instruction appropriate to the type of learning required.
10. Uses available instructional material including library resources to enhance classroom experiences.
11. Provides out-of-class assistance to students when necessary.
12. Provides opportunity for and assistance to students to evaluate course and submits results to Dean of Health Sciences
13. Reviews student evaluations for personal feedback (after final grades are submitted).
14. (Health Science) May provide supervision for students in clinical facilities.
15. (Health Science) May conduct pre and post clinical conference according to objectives.
16. (Health Science) May demonstrate skills competencies to be performed by students.
17. Develops appropriate tests or other means of evaluation.
18. Administers tests or conducts appropriate evaluation.
19. Provides feedback to students regarding test or other evaluation (paper, projects, case plans) results.
20. Critiques specific test or evaluation procedure with students as to effectiveness in meeting instructional objectives.
21. Keeps records of students' grades and performance.
22. Follows final examination schedule.
23. (Health Science) May write test questions and submit to course coordinator.
24. (Health Science) May provide statistical analysis of test items on each test.
25. (Health Science) May maintain test item bank.

26. (Health Science) May devise and administer skill evaluation sheets according to national Registry Standards for EMTs.
27. Keep records as indicated
28. (Health Science) may make on-site clinical visits at ambulance services and hospitals for purpose of evaluation.
29. Accepts responsibility of teaching day or extended day classes as needed at each campus location.
30. Meets classes according to schedule.
31. Encourages regular class attendance.
32. Keeps records of classroom attendance.
33. Computes final grade and submits to Admissions Office.
34. Maintains an office and class schedule for a combined total of a minimum of 35 hours.
35. Determines and posts individual schedule each semester.
36. Analyzes supply and equipment needs and makes request through proper channels.
37. Analyzes spaces, requesting additional classroom, office, and storage space as needed.
38. Files mid-term deficiencies with Admissions Office.
39. Files course outlines with Dean of Instruction.
40. Attends faculty, divisional, and other required meetings.
41. Serves on committees as appointed or requested.
42. Develops operating budget regarding supplies, materials, travel, etc., and submits to Dean.
43. (Health Science) May maintain clinical schedule as well as classroom and office hours.
44. (Health Science) May prepare and submit required state and regional paperwork each semester.
45. (CIS/OAD) Appoints appropriate faculty to load software and to trouble-shoot minor computer problems in instructional labs.
46. (CIS/OAD) Notifies MIS office of any computer related problems that the faculty is unable to solve or repairs that they are unable to make.

### **B. Administration**

In addition to teaching 12-13 semester hours (regular academic semester) or 9-10 semester hours summer term, the department chair will be required to perform the following job duties:

1. Organize and lead departmental meetings to accomplish the academic program in assigned area.
2. Guide curriculum development for assigned.
3. Oversight/coordination of departmental assessment of instruction.

4. Participate in recruiting adjunct faculty, selecting and orienting new adjunct faculty, and assist with reviewing transcripts of adjunct faculty.
5. Request information necessary for adjunct faculty files and assist with collecting this information.
6. Assist with reviewing transcripts of adjunct faculty.
7. Request information necessary for adjunct faculty files and assist with collecting this information.
8. Supervise and evaluate adjunct faculty performance.
9. Understand and communicate expectations of the administration to assigned personnel.
10. Effectively communicate academic needs to the Dean.
11. Schedule courses and instructors for the assigned academic areas on each of the campuses.
12. Consolidate departmental budgets.
13. Perform other duties as assigned by the Instructional Dean.
14. Serve as liaison between campus faculty/staff and appropriate deans.
15. Communicate with, motivate, and lead faculty and staff members.
16. Serve and assist campus administrators in handling “day-to-day” activities, problems, and emergencies as needed.
17. Assist in academic advising when needed.
18. Monitor and supervise faculty work hours and classroom attendance in absence of Dean.
19. Serves as first level of appeal in college’s academic appeal process.

The department chair will:

Teach a minimum of four three-hour courses, receive \$4800 per year (\$400 per month) compensation in addition to the full-time salary, receive priority in scheduling, and receive twelve-month contract if the chair supervises more than two full time faculty members.

### **C. Student Affairs**

Assist students in curriculum planning; sponsoring student clubs and participating in campus activities.

1. When appropriate, assist students in course selection and academic guidance.
2. Refers students to proper sources for personal counseling.
3. Serves as sponsor for student club or organizations as the need arise.
4. When possible, participates in extracurricular campus activities or events.
5. (Health Science) May counsel students clinically.

### **D. Professional Development**

Pursuing professional improvement program; participating in programs, workshops, and classes to maintain credentials and improve competencies.

1. Keeps informed of better teaching methods and aids.
2. Reads selectively to remain up-to-date in subject area.
3. Participates in in-service programs.
4. Attends college sanctioned professional meetings or workshops in subject area when appropriate.
5. Participates in advanced study to maintain competence and/or credentials for subject area when necessary.
6. Utilizes library resources for professional development.
7. (Health Science) May participate where necessary to maintain clinical competence in area of specialty.
8. (Health Science) May maintain ACL, BCLS, and BTLS credentials by teaching required courses (6/year) outside college system.
9. (Health Science) May take a minimum of 16 contact hours per year of EMT continuing education.

#### **E. Interpersonal Communications/Outreach**

Communicating and interacting with colleagues; serving as a resource person and providing advisory services within assigned subject matter area, and contributing to welfare of community through participation in areas of interest.

1. Provides advisory services to community business and organizations when requested.
2. Makes presentations in subject area to organizations for purpose of public service and/or recruitment of new students when requested.
3. Conducts or participates in special events related to area of expertise when requested.
4. Formally represents Southern Union when requested.
5. (Health Science) May keep clinical units, former students, college administration, and other appropriate persons apprised of latest regional, state, and national EMT standards.
6. (Health Science) May teach EMT skills competencies to health professionals, evaluating their proficiency.
7. (Health Science) May teach required courses outside college system in order to maintain ACLS, BCLS, and BTLS credentials.
8. (Health Science) May design and prepare brochure for release to agencies specifically for recruiting.
9. (Health Science) May write newspaper articles about general health topics as well as the EMT Program specifically.
10. (Health Science) May teach continuing education courses as EMTs to fulfill their minimum requirements.

## **JOB SPECIFICATIONS**

### **Knowledge, Skills, and Abilities**

1. In-depth knowledge of concepts and principles within assigned subject area.
2. Knowledge of the processes, conditions and evaluation of learning and related methodologies of teaching.
3. Knowledge of organization and philosophy of community college.
4. Knowledge of institution policies and procedures.
5. Verbal communication skills to instruct in classroom setting, participate in committee work, conduct community service activities, and interact with colleagues.
6. Written communication skills to prepare course materials, develop tests, write letters of recommendation and other business correspondence.
7. Math skills to add columns of figures and to multiply and divide using decimals.
8. Reading skills to evaluate instructional aids, research literature and related technical material.
9. Listening skills to be able to answer students' questions accurately.
10. Ability to communicate with, lead, and motivate students.
11. Ability to work productively with colleagues, chairperson, and administration on various educational objectives.
12. Ability to establish priorities and work independently.
13. Ability and willingness to grow professionally through professional improvement programs and formal educational experiences.

### **Physical Characteristics**

1. See well enough to read text materials and tables.
2. Hear well enough to answer students' questions and carry on telephone conversation.
3. Speak in an understandable, well modulated voice to be heard and understood by students in classroom setting.
4. Have use of hands and fingers to write or use computer.
5. Body mobility to move about on campus.

### **Credentials and Experience**

1. Hold Master's degree with a major or concentration in assigned subject area from accredited college or university.  
**or**
2. Meet other appropriate requirements for certification.
3. Hold doctorate or have post master's training in assigned subject area.
4. Have teaching experience at the college level.

### **Special Requirements**

1. Willing to work non-standard hours when necessary and not in conflict with state policy.
2. Willing to attend workshops and other activities involving travel of several days.
3. Willing to wear clean, neat clothing.



## **SOUTHERN UNION STATE COMMUNITY COLLEGE**

### **JOB DESCRIPTION**

#### **JOB IDENTIFICATION**

<b>Job Title:</b>	Instructor
<b>Job Category:</b>	Instructor
<b>FLSA:</b>	Exempt
<b>Salary Schedule:</b>	Schedule D
<b>Reports to:</b>	Appropriate Dean

#### **JOB SUMMARY**

Plans instruction for undergraduate students; teaches 15-16 semester hours per term;

Health science teaches 22 to 24 contact hours compiles, administers, and grades examination; works with and advises students on academic and vocational matters and student organizations; serves on faculty committees; participates in professional development activities; represents the institution through involvement in community affairs and public service activities; and performs other professionally appropriate duties as requested by the President, Dean of Instruction, or Department Chair.

## **JOB DUTIES**

### **A. Instruction**

Developing and maintaining course outlines, selecting instructional aids, and preparing classroom presentations. Teaching classes as scheduled, presenting material, information and skills to be learned; and providing for student evaluation on instruction. Developing and administering appropriate assessment procedures for determining student achievement, providing feedback to students, and determining final course grades.

1. Researches literature in subject area for current information.
2. Participates in developing and maintaining up-to-date course outlines.
3. Participates in preparing and updating course syllabi, bibliographies, learning resource center materials, and library holdings.
4. Select textbooks and other resource materials.
5. Prepares presentation for classroom, laboratory, and other setting.
6. (Health Sciences) May plan experiences and assignments within clinical facilities.
7. (Health Sciences) May meet with on-site supervisors to update clinical facilities.
8. Instructs students utilizing lecture, demonstration, or lab supervision.
9. Uses a method of instruction appropriate to the type of learning required.
10. Uses available instruction material including library resources to enhance classroom experiences.
11. Provides out-of-class assistance to students when necessary.
12. Provides opportunity for and assistance to students to evaluate course and submits results to Dean of Instruction.
13. Reviews student evaluations for personal feedback (after final grades of submitted).
14. (Health Science) May provide supervision for students in clinical facilities.
15. (Health Science) May conduct pre and post clinical conference according to objectives.
16. (Health Science) May demonstrate skills competencies to be performed by students.
17. Develops appropriate tests or other means of evaluation.
18. Administers tests or conducts appropriate evaluation.
19. Provides feedback to students regarding test or other evaluation (paper, projects, case plans) results.
20. Critiques specific test or evaluation procedure with students as to effectiveness in meeting instructional objectives.
21. Keeps records of students' grades and performances.
22. Files copies of final examinations with Dean of Instruction.
23. Follows final examination schedule.
24. (Health Science) May write test questions and submit to course coordinator.

25. (Health Science) May provide statistical analysis of test items on each test.
26. (Health Science) May maintain test item bank.
27. (Health Science) May devise and administer skill evaluation sheets according to National Registry Standards for EMTs.
28. (Health Science) May make on-site clinical visits at ambulance services and hospitals for purpose of evaluation.
29. Accepts responsibility for teaching day or extended day classes as needed at each campus location.
30. Meets classes according to schedule.
31. Encourages regular classroom attendance.
32. Keeps records of classroom attendance.
33. Computes final grade and submits to Admissions Office.
34. Maintains an office and class schedule for a combined total of a minimum of 35 hours.
35. Determines and posts individual schedule each semester.
36. Analyzes supply and equipment needs and make request through proper channels.
37. Analyzes spaces, requesting additional classroom, office, and storage space as needed.
38. Files mid-term deficiencies with Admissions Office.
39. Files course outlines with Dean of Instruction.
40. Attends faculty, divisional, and other required meetings.
41. Serves on committees as appointed or requested.
42. Develops operating budget regarding supplies, materials, travel, etc., and submits to Dean.
43. (Health Science) May maintain clinical schedule as well as classroom and office hours.
44. (Health Science) May prepare and submit required state and regional paperwork each semester.
45. (CIS/OAD) Appoints appropriate faculty to load software and to troubleshoot minor computer problems in instructional labs.
46. (CIS/OAD) Notifies MIS office of any computer related problems that the faculty is unable to solve or repairs that they are unable to make.
47. Keeps an assessment of student learning outcomes

## **B. Administration**

Maintaining office hours; attending meetings, and carrying out committee assignment; following appropriate procedures and policies for submitting reports, requesting supplies and equipment; and fulfilling other administrative duties or assignments.

1. Meets classes according to schedule.
2. Encourages regular class attendance.
3. Keeps records of classroom attendance.
4. Computes final grade and submits to Admissions Office.

5. Maintains an office and class schedule for a combined total of a minimum of 35 hours.
6. Determines and posts individual schedule each semester.
7. Analyzes supply and equipment needs and makes request through proper channels.
8. Analyzes spaces, requesting additional classroom, office, and storage space as needed.
9. Files mid-term deficiencies with Admissions Office.
10. Files course outlines with Dean of Instruction.
11. Attends faculty, divisional and other required meetings.
12. Develops operating budget regarding supplies, materials, travel, etc., and submits to Dean.
13. (Health Science) May maintain clinical schedule as well as classroom and office hours.
14. (Health Science) May prepare and submit required state and regional paperwork each semester.

### **C. Student Affairs**

Assists students in curriculum planning; sponsoring student clubs and participating in campus activities.

1. When appropriate, assist students in course selection and academic guidance.
2. Refers students to proper sources for personal counseling.
3. Serves as sponsor for student club or organization as the need arises.
4. When possible, participates in extracurricular campus activities or events.
5. (Health Science) May counsel students clinically.

### **D. Professional Development**

Pursing professional improvement program; participating in programs, workshops, and classes to maintain credentials and improve competencies.

1. Keeps informed of better teaching methods and aids.
2. Reads selectively to remain up-to-date in subject area.
3. Participates in in-service programs.
4. Attends college sanctioned professional meeting or workshops in subject area when appropriate.
5. Participates in advanced study to maintain competence and/or credentials for subject area when necessary.
6. Utilizes library resources for professional development.
7. (Health Science) May participate where necessary to maintain clinical competence in area of specialty.
8. (Health Science) May maintain ACL, BCLS< and BTLS credentials by teaching required courses (6/year) outside college system.

9. (Health Science) May take a minimum of 16 contact hours per year EMT continuing education.

### **E. Interpersonal Communications/Outreach**

Communicating and interacting with colleagues; serving as a resource person and providing advisory services within assigned subject matter area, and contributing to welfare of community through participation in areas of interest.

1. Provides advisory services to community business and organizations when requested.
2. Makes presentations in subject area to organizations for purpose of public service and/or recruitment of new students when requested.
3. Conducts or participates in special events related to area of expertise when requested.
4. Formally represents Southern Union when requested.
5. (Health Science) May keep clinical units, former students, college administration, and other appropriate persons apprised of latest regional, state, and national EMT standards.
6. (Health Science) may teach Any skills competencies to health professionals, evaluating their proficiency.
7. (Health Science) May reach required courses outside college system in order to maintain ACLS, BCLS, and BTLS credentials.
8. (Health Science) May design and prepare brochure for release to agencies specifically for recruiting.
9. (Health Science) May write newspaper articles about general health topics as well as the EMT Program specifically.
10. (Health Science) May teach continuing education courses as EMTs to fulfill their minimum requirements.

## **JOB SPECIFICATIONS**

### **Knowledge, Skills, and Abilities**

14. In-depth knowledge of concepts and principles within assigned subject area.
15. Knowledge of the processes, conditions and evaluation of learning and related methodologies of teaching.
16. Knowledge of organization and philosophy of community college.
17. Knowledge of institution policies and procedures.
18. Verbal communication skills to instruct in classroom setting, participate in committee work, conduct community service activities, and interact with colleagues.
19. Written communication skills to prepare course materials, develop tests, write letters of recommendation and other business correspondence.
20. Math skills to add columns of figures and to multiply and divide using

decimals.

21. Reading skills to evaluate instructional aids, research literature and related technical material.
22. Listening skills to be able to answer students' questions accurately.
23. Ability to communicate with, lead, and motivate students.
24. Ability to work productively with colleagues, chairperson, and administration on various educational objectives.
25. Ability to establish priorities and work independently.
26. Ability and willingness to grow professionally through professional improvement programs and formal educational experiences.

### **Physical Characteristics**

6. See well enough to read text materials and tables.
7. Hear well enough to answer students' questions and carry on telephone conversation.
8. Speak in an understandable, well modulated voice to be heard and understood by students in classroom setting.
9. Have use of hands and fingers to write or use computer.
10. Body mobility to move about on campus.

### **Credentials and Experience**

1. Hold Master's degree with a major or concentration in assigned subject area from accredited college or university.
- OR**
2. Meet other appropriate requirements for certification.
  3. Hold doctorate or have post master's training in assigned subject area.
  4. Possess teaching experience at the college level.

### **Special Requirements**

1. Willing to work non-standard hours when necessary and not in conflict with state policy.
2. Willing to attend workshops and other activities. involving travel of several days.
3. Willing to wear clean, neat clothing.

**Southern Union State Community College**

**Faculty Orientation Checklist**

**Instructor:** \_\_\_\_\_

**Date Submitted:**

**Course/Semester:** \_\_\_\_\_

**Dept. Chair:**

**Mentor** \_\_\_\_\_

**Application**

- Current Vitae
- Forms for Insurance and Business Office

**Instructor Information**

- Faculty member's transcripts documenting level of education
- Hepatitis vaccination/titer or declination
- CPR verification
- Drug test policy
- License for Alabama
- Criminal background check
- Drug free work place policy
- Library orientation
- Faculty Mentor \_\_\_\_\_
- Email orientation
- Telephone orientation for Home and office voice mail
- Orientation to Clinical Facility
- Office hours
- Tutoring hours

- ❑ Person to contact in case of emergency if going to be absent
- ❑ Catalog
- ❑ Student Handbook
- ❑ ACS Website
- ❑ SUSCC Policy Manual
- ❑ Program Outcomes
- ❑ ACS, SUSCC, and Nursing philosophy
- ❑ Computer lab request
- ❑ Health Science 101
- ❑ Course management System
- ❑ Print shop
- ❑ Committee responsibilities

**Textbook(s) and supplies**

- ❑ Ordering Required texts and lab manuals
- ❑ Using Required materials and supplies
- ❑ Ordering Recommended texts and supplies
- ❑ Textbook request form

**Evaluation method(s) for students**

- ❑ Grading criteria and grading scale listed
- ❑ Exams and assignments
- ❑ Missed exam and assignment policy
- ❑ Clinical

**Course Policies (You may include more than those listed)**

- ❑ Student conduct
- ❑ Cell Phones
- ❑ Academic Dishonesty
- ❑ Attendance and Absence policy for class and clinical
- ❑ Lab safety
- ❑ Available support services
- ❑ ADA policy and referral process
- ❑ Computer testing
- ❑ Comprehensive testing
- ❑ Drug testing
- ❑ **Clinical assignments**

**Topical Outline and semester calendars**

- ❑ Outline listing topics to be covered (daily or weekly)
- ❑ Course calendar, lecture schedule and/or lab schedules

Signature of faculty \_\_\_\_\_

Date \_\_\_\_\_

## Southern Union State Community College

### Syllabus Checklist

Instructor: \_\_\_\_\_ Date Submitted:

Course/Semester: \_\_\_\_ Dept.Chair/Course/Coordinator\_\_\_\_\_

#### Cover Page

- Course name and number, current calendar year
- College logo if applicable

#### Title Page

- Course name, number, semester, and year
- Prerequisites and co-requisites

#### Instructor Information

- Faculty member's name
- Office location
- Phone number and extension
- Email address and time factor for response to email
- Course lecture and lab times
- Class location and lab location
- Office hours
- Tutoring hours
- Person to contact in case of emergency

#### Course description (as listed in the college catalog)

- Course description listed

**Letter to the student (Optional but very helpful)**

- ❑ Purpose of the course
- ❑ Instructor expectations
- ❑ Student responsibilities
- ❑ Goals of the course

**Course outcomes**

- ❑ Outcomes listed on syllabus

**Textbook(s) and supplies**

- ❑ Required texts and lab manuals
- ❑ Required materials and supplies
- ❑ Recommended texts and supplies

**Evaluation method(s)**

- ❑ Grading criteria and grading scale listed
- ❑ Exams and assignments
- ❑ Missed exam and assignment policy

**Course Policies (You may include more than those listed)**

- ❑ Student conduct
- ❑ Cell Phones
- ❑ Academic Dishonesty
- ❑ Attendance and Absence policy for class and clinical
- ❑ Lab safety
- ❑ Available support services
- ❑ ADA policy and referral process

- ❑ Computer testing
- ❑ Comprehensive testing
- ❑ Drug testing
- ❑ Others needed such as grievance

**Topical Outline and semester calendars**

- ❑ Outline listing topics to be covered (daily or weekly)
- ❑ Course calendar, lecture schedule and/or lab schedules

**CLASSROOM TOOL**  
**Classroom Planning Tool**

**Class Topic:**

**Unit Outcomes:**

**Class Outcomes:** Remember to ask yourself: *Is it worth teaching? What do my students need to know to be successful in the next class? What do my students need to know to be successful in the next course? Clinical?*

**OUTLINE**

**Reminders:** Plan the class hour based on three 20-minute segments. The **first** 20 minutes and the **last** 20 minutes are **PEAK** learning times- don't waste these valuable learning segments by cluttering them with calling role, making announcements, etc? The middle 20 minute segment is frequently used to allow students to perform a hands-on learning activity (the beginning of this segment is a good time to call role, make announcements, etc.). Consider how the information in this topic could contain prior knowledge (knowledge base from a

previous class/lab) that students will be able to use to “connect” the new learning to previous learning- this vastly improves memory & retention.

**I. Introduction:** The introduction should begin with an explanation of what you are going to teach them (*Today, we are going to discuss...*). Usually 5-10 minutes.

**II. Body:** The topic is taught in this segment.

**III. Summary:** The summary/conclusion should begin with an explanation of what you have just taught them and describe how that connects to the next class period's topic (*Today, we examined ..... Tomorrow we will be taking this a step further and explore....*). Usually 5 minutes.

**Teaching Methods:**

**Resources Needed:**

**Evaluation Methods:**

***(Did I teach in that way that I am going to test? Did I allow the students enough time to practice?)***

