Summary of Teaching & Faculty Activities
SUMMARY (2002-2011)

INTRODUCTION

After finishing my Bachelor's degree in Community Health and Associate Degree in Exercise Technology at New Mexico State University (NMSU), I began employment at Memorial Medical Center (MMC). I spent four years with the Physical Therapy Department and the next six years in the scheduling department of the Operating Room. I expanded my role as my talents and abilities were far greater than what was expected in either position. I learned quality assurance, statistical reporting, computer generated reporting, and coordination of committee meetings with physicians, nurses, managers and support staff throughout the hospital. I established myself as an intelligent organized individual and soon accepted a position teaching medical terminology at Doña Ana Community College (DACC). I transformed the class from a continuing education course to a three credit pre-requisite course for health care majors at the college. My affiliation with the DACC and MMC provided insight for career advancement. I desired a more professional role in healthcare and nursing offered the greatest opportunity for professional growth. With eight years of employment at MMC and a plan to continue working there, I was grateful the Director of Perioperative Services offered me a part-time position while I attended nursing school full-time.

Looking back, I excelled in nursing school but not specifically through grades. I developed into a leader, was organized, and was determined to succeed. I welcomed the opportunities to assist English-as-a-second language students in the class, to participate in the Student Nurses Organization, and to speak on behalf of my classmates at the pinning ceremony. Upon licensure, I transferred from the Operating Room to a staff nurse position on an oncology unit. I was able to extend what was learned during my preceptorship into my new role of professional registered nurse. The following year, I had my first opportunity to precept a NMSU student nurse and it was such a rewarding experience that I thought I could do it forever! Other students in the same course were in awe of the experience their classmate was receiving and the word quickly spread. As I honed my skills in nursing and precepting, my reputation for embracing education, communicating clearly, and providing a supportive learning environment for nursing students was established. It wasn't long before I was asked to reach each semester to precept NMSU student nurses. This provided me opportunity to work with three students from different cultures. The first student was Hispanic, the second Asian, and the third Native American Indian. Each time I had to change my approach to teaching and the way I communicated feedback to the student. I was able to work closely with the assigned NMSU faculty member in a collegial manner and began to see myself as true professional.

TEACHING

As a novice RN and a new graduate student, I began to look at my career path with excitement for the opportunities that would present themselves. In addition to my staff RN position, I began work as a clinical instructor for DACC. With the guidance of former faculty and the support of NMSU precepting faculty, I enrolled in graduate school to obtain a Master's of Science in Nursing. As I grew professionally, I had the opportunity to meet with former nursing classmates. I fondly remember a classmate stating "Didn't you always think Teresa would be your boss someday?" Although not their boss, my interest in teaching nursing had grown immensely and one of the most important decisions I made was to pursue nursing education on a full-time basis. It has always been important to me to maintain my clinical skills as I think it enhances my teaching ability. I worked one year full-time with the DACC nursing program while I finished my MSN. I continued to work part-time as a staff nurse in an area that has become my specialty – medical-surgical-oncology. This decision changed my life professionally. My maturity and competence in the clinical setting led many co-workers to believe I was a nurse with many years of experience when, in fact, it was less than three. I was solicited for my expertise in nursing care by other RN's in the clinical setting and revered as a faculty member of a nursing program. This is where I had aspired to be and exactly how I thought it would feel when I elevated myself to a more professional level. I made the most out of that one year at DACC. My leadership and managerial skills allowed me to create the syllabus and course schedule (didactic and clinical) for my teaching assignments, work with other faculty of various experience and skill level, and participate in curriculum committees, advisory board meetings, and re-organization of the Nursing Skills lab. In addition, I
was the faculty representative for the Student Nurses' Organization and I worked with faculty, students, and community partners to determine a more contemporary look for the student nurse uniform.

One year of full-time employment with the DACC Nursing Program, I was offered an opportunity to join the NMSU nursing faculty. With New Mexico Board of Nursing approval and the stipulation that I would finish my master's degree in one semester, I was hired as part-time faculty. I worked a 10 credit hour schedule that included clinical and skills lab while I continued my studies in the graduate program now referred to as the Adult Health Clinical Nurse Specialist.

Since I began employment with NMSU School of Nursing, I have experienced the changes in nursing education. My initial didactic teaching assignments were often co-taught with more experienced faculty and I welcomed the assistance as I learned the role of faculty in the baccalaureate program. Although I had a Master's degree, I did not have a baccalaureate degree and my only teaching experience was in an associate degree program. It enjoyed participating in planning and faculty meetings with colleagues with master's and doctoral degrees. It often inspired me to learn something new and determine how I might move to an even higher level of education and professionalism.

The content I was most familiar with ranged from fundamentals to advanced medical surgical nursing. I was able to teach the didactic components as well as the skills lab activities and clinical. Although student evaluations were not always favorable in the beginning, they improved as I made changes to the way I taught. Looking back, the underlying theme was my willingness to work with students. Over the years, I have taught at all levels of the nursing program including the clinical component of graduate level Assessment and Clinical Nurse Specialist clinical hours. I am well-versed in the curriculum and the changes that occur and this allows me to be effective in various courses while striving to have students meet the objectives.

I am fortunate that I have experienced two curricular changes in the past nine years. It tells me that the nursing program I am involved with is responsive to the needs of the community and the nursing profession.

First curricular change required separation of medical-surgical content into Adult Health I and II. As one of the med-surg faculty, I was offered the opportunity create and teach the Adult Health I course for the first time and subsequently moved the students into Adult Health II the following semester. I co-taught Adult Health II and this allowed for more than one faculty member to evaluate learning and confirm there was continuity as we transitioned from one curriculum to the next and from AHI to AHII. I also found that co-teaching fostered mutual respect among faculty and demonstrated a teamwork approach to the students.

The second curricular change involved moving from a five semester program to a four semester program. I was teaching Principles at the time so it was necessary for me to teach the existing five semester students the course out of one text while teaching the new four semester students out of the new textbook. It was challenging but necessary and we strived for a seamless transition. My evaluations from students at this level were favorable. I attribute this to my ability to work with students at a beginner level. I am able to see the differences in how students think and behave and can easily change my approach to meet those higher levels. Another advantage is that I understand the curriculum and where content is taught. I participate in curriculum committee so that I stay abreast of the changes. My opinion is often sought when decisions need to be made regarding the curriculum. I recall one faculty member of the NMSU nursing program stating that “people listen when you have something to say” and indicated that my comments and input are well-thought out. This is a skill I have developed over the years when I became a nurse and had to practice the “no false reassurance” way of communicating to patients. It is also practiced as a faculty member who works as part of a team as it isn’t always necessary to make decisions quickly or provide answers to students without the necessary information.

I am equally competent in the clinical setting and have coordinated clinical rotations for students in my courses for many semesters. I often oversee a team of faculty who are responsible for providing instruction in various sessions to 5th semester students. The number of faculty change depending on availability and number of students but clinical instructors within this group often comment on the organization of the course. I pride myself on offering suggestions based on experience but welcome their input as we make decisions on how to
provide the learning experiences. Clinical faculty sometimes comment on how I consider the smallest of details when arranging clinical rotations and I know this comes from experience in coordinating clinical learning experiences that provide opportunity for students to meet the objectives of the course. I have coordinated

I/c participated in clinical rotations in acute care hospitals, long-term nursing care centers, rehabilitation hospitals, and skilled nursing facilities throughout Las Cruces and in select facilities in Albuquerque and El Paso.

My ability to go into facilities where clinical rotations are held and garner the respect of the facility staff demonstrates my professional demeanor, shows mutual respect to those agencies and their employees, and requires my communication skills to provide positive learning experiences. When clinical experiences do not work out as planned or there are student issues that must be dealt with, I have been able to address the situation while maintaining positive professional working relationships. I am a proponent of follow-through and choose to resolve issues that place NMSU, the School of Nursing, the faculty, or the student nurses in a less than professional light. My networking and communication skills have improved immensely since my early days out of nursing school as the positions I have accepted required me to communicate effectively both in person and in writing. I have had to provide written documentation for students who do not meet the objectives of a course or who engage in unsafe patient care as defined in the BSN Handbook.

Each of the courses I have taught required knowledge of the content, the ability to evaluate student performance, the familiarity with clinical instruction, and effective classroom management. I subscribed to the learning management system used at the university (WebCT or Blackboard) made use of content focused HESI exams and utilized the HESI results when evaluating my course. In addition, I use test banks, write my own questions, perform test analysis based on results provided from out Scranton machine, and delve into online resources to supplement my teaching. Experience shows me that not all students learn the same way and I am responsive to student needs. I work with students individually and in small groups to provide instruction, guidance, and learning strategies that will instill confidence and make them successful in their nursing courses. I maintain the recommended number of office hours, am available for individual appointments, and provide students access via Blackboard, email, and cell phone. I have served as a preceptor for graduate students attending nursing programs that offer a Master’s degree in Nursing Education. I share my successes, the challenges, and the excitement that comes with educating the nurses of the future.

I was assigned to oversee the Nursing Skills lab when I first arrived at NMSU because of my experience with organizing the skills lab at DACC. Activities included ordering and stocking supplies, coordinating maintenance on equipment, scheduling laundry service, and coordinating the disposal of sharps containers. My first experiences with the NMSU nursing program took place in the basement facilities in Breland Hall. For the first year, I provided my ideas for storage and organization and soon participated in creating the orders each semester. In addition, I was assigned to coordinate and oversee the Peer Tutors, a new program for student success. I worked with four students each semester to provide scheduled tutoring time for all students in the nursing program. The move to the CHSS building and the departure of the faculty member, who coordinated all activities associated with the skills lab, prompted the director to assign me the task of preparing the new labs. My experience and leadership abilities were necessary to have skills labs operational within a couple of months. The previous practice of ordering supplies when levels were dwindling was time consuming and difficult to budget for the department. It was impossible to keep track of inventory with many clinical faculty randomly selecting what was needed for instruction. I implemented par levels, organized supplies by module use (including the creation of the “faculty pack” for demonstration purposes), secured needed supplies in bins with labels indicating where they would be used and by whom, ordered wall units for each bed, all while seeking input from the faculty who were teaching in the lab space. Although I could provide leadership and direction, it was important to me to garner input from faculty in this endeavor. I wasn’t afforded time to be in the labs all the time so I established a schedule as to when I would be working on lab activities, a means for communicating what was used and what needed to be ordered, and a plan for supplies being delivered, documented, and stored for various learning modules. My shining moment came in an August faculty meeting when the director announced that in all the years of ordering supplies haphazardly, this particular time was the first instance where all the supplies for the entire year had been ordered, received, and organized on the shelves before the start of the school year.
The addition of Sim Man took me in a direction that was unfamiliar but exciting for nursing education. I attended Laerdal training but limited faculty resources prohibited many faculty members from engaging in simulation activities. Use of the equipment and incorporation of simulation activities into the curriculum was halted several times. The addition of a full-time Nursing Skills Lab Manager, who would assume the duties I had carried out for semesters, was necessary to take simulation to a higher level. I was part of the Search Committee and was able to impress upon the applicants the kind of support faculty needed in the skills lab. A Nursing Skills Lab Manager was hired in the April 2008 and I spent the remainder of the semester and the summer orienting her to the School of Nursing. The Nursing Skills Lab and Simulation program has grown under new leadership and I appreciate being asked for my input in this area and feel my suggestions, comments, and ideas are well received. The addition of simulation into the curriculum generated the need for simulation users to meet regularly to discuss the needs of the faculty and the students. I have participated in this committee since its inception and have incorporated patient care scenarios into my courses, piloted new technology (electronic health record), and attended simulation conferences. I have experience with Ventiloscope, Vital Sim, and Sim Man and most recently we are piloting the use of Neehr Perfect, an Electronic Health Record, into our clinical experiences for a fundamentals course.

As a faculty member, it is my responsibility to maintain my credentials and licensure and increase my knowledge in nursing, nursing education, and academia. I accomplish this by maintaining clinical practice, attending professional conferences for nursing and education, participating in the Teaching Academy events, surrounding myself with scholarly individuals, and continuing my doctoral education. It is my responsibility as a nurse and an educator to be well-prepared for the roles I assume. It is apparent that the nursing profession and academia are in constant change and I must continue to stay abreast of these changes to be successful in both areas.

**SCHOLARLY ACTIVITY**

An assignment in my graduate research class led to my continued involvement in the project as second author with Dr. Rebecca Keele, a faculty member with the School of Nursing. Initially, a Poster Presentation, “Evaluation of Individually Tailored Interventions on Exercise Adherence” was presented by me in 2003 at the Western Institute of Nursing and the final manuscript was published in the October 2003 issue of the “Western Journal of Nursing Research”. Upon completion of my MSN, and with the support and encouragement from a graduate faculty member, my original work on a course project resulted in a manuscript “Essential Oncology Facts for the Float Nurse”. The manuscript was accepted for publication in MEDSURG Nursing – The Journal of Adult Health in 2004. A podium presentation entitled “Skills Cluster Testing – A Strategy for Combining Theory, Practice, and Application in Evaluation of Skills Competency” was accepted as part of the annual International Nurses’ Association of Clinical Simulation and Learning in 2007. A colleague and I introduced our evaluation tool to 248 participants and explained how NMSU faculty incorporates the fundamental skills into a performance scenario as faculty observes and evaluates student performance. Ironically, we didn’t realize we were “simulating” patient care without the simulator. Since the inception of simulation activities at NMSU, we have moved from using a static manikin to using the simulation manikin evaluate students in the same fashion.

I was accepted into the NMSU PhD program in May 2008 and am currently working on my dissertation proposal. I anticipate graduation by Fall 2012 and plan to continue my career in nursing education.

**SERVICE**

My communication skills and my networking ability allow me to work effectively on committees within the School of Nursing, the college, and the university. I have served on School of Nursing committees such as Curriculum, BSN, Evaluation, Search Committee (Chair), Student Affairs, and Faculty Affairs. I am an active participant and strive to do what is necessary for the betterment of the program. I volunteered to participate on the CHSS 30th Anniversary Planning Committee in 2009 and the CHSS Homecoming Committee for the past
two years. In addition, I have been asked to serve on two search committees for the Director of the School of Nursing. As one of the more senior college track faculty in the nursing program, I am familiar with our programs history, have worked through major curricular changes, and am aware of the needs of non-tenure track faculty. I am certain that these criteria, as well as my ability to communicate effectively, make me an ideal participant in a search committee that is seeking a leader for the nursing program. Most recently, I represented the School of Nursing in the college wide curriculum meeting. I was the only college-track faculty to participate in this committee with the Associate Dean and sense that, despite not having completed my PhD, I have proven to administration that I can engage in this level of work, ask appropriate questions, and participate in the decision making process related to the college curriculum. Also, this past year, I was appointed by the Dean to serve as CHSS representative to the Diversity Council. This was a position formerly held by a staff member in the college and it was deemed more fitting of a faculty member. Although I am new to this committee, we are in the process of establishing the council as an officially recognized committee with the university. Upon completion of this step, my conversations with the Dean will determine how information is disseminated to the faculty and staff of the college. It has been very enlightening to engage in conversations with faculty and program directors from other colleges on campus as we discuss diversity related to student enrollment and opportunities for success, diversity among faculty, and equal opportunity employment within the university setting. As you can see, I have engaged in committee work at all levels within the university and am fortunate to experience what will be expected of me when I complete my doctoral education and move forward in my professional career.

My service is varied and I enjoy the range of activities that are possible. I participate in community events such as flu shot clinics as a representative of the School of Nursing. I worked as a Sexual Assault Nurse Examiner for a couple of years, and although there was compensation for each case handled, I was more focused on providing service to victims of assault in Doña Ana County. I often speak with middle and high school students about health care careers and college education. I have a solid working relationship with the TRIOS - Upward Bound program which provides first generation Hispanic students an opportunity to visit campus, tour the Nursing Skills Lab, and discuss plans for attending college and obtaining a nursing degree. I represent the nursing profession at various public school events. I spoke to students in health career classes at Las Cruces High School and to groups of 8th graders at Zia Middle School and Sierra Middle School as part of career day. I welcome the opportunity to share information about a nursing career that has brought me so many opportunities. I often agree to be interviewed by freshmen who must interview someone for a class assignment as this is one more way to promote the nursing profession and provide a welcome atmosphere for potential students.

As a committed faculty member, I seek opportunity to incorporate fun, excitement, and festivity into the workplace. I think it’s important to celebrate victories, recognize the accomplishments of coworkers, and give faculty and staff opportunities to reflect on the successes of the nursing program. Perhaps this is why I enjoy organizing and planning events for the faculty and staff throughout the year. Everyone has always pitched in and helped to make each event special. My efforts and creativity have been praised and I have been dubbed the “Social Events Coordinator”. I have a knack for party planning, decorations, and presentation. One particular “food competition” has evolved into a semester fund raiser for the Student Nurses’ Association. Last year, the faculty and staff generously provided holiday presents and treats to a local family as part of our community service. And most recently, we celebrated with mock champagne and cake, after a stellar presentation of our nursing program to the CCNE visitors. I think this gift I have for bringing some sparkle to the workplace is a testament to my generosity and compassion for others and it serves me well as a nurse and a colleague in the School of Nursing.

I have demonstrated that I am an ambassador for NMSU, CHSS, and the School of Nursing and my loyalty to this institution is unwavering. My curriculum vitae illustrates the breadth of my teaching experience in nursing education, my quest for the terminal degree, my advanced practice licensure and credentials, and my ongoing participation in professional development courses. I have also included a table indicating the approximate number of student credit hours I have generated each academic year. These numbers vary from year to year because of my wide-range of abilities to teach at all levels of the undergraduate nursing program (didactic and clinical), teach specific course content at the graduate level, and to lead and organize select projects assigned
by the Director of the School of Nursing. I am well-versed in the policies and procedures used in the School of Nursing and with the undergraduate program and am currently engaged in learning more about the academic activities that occur within the college and university.

CONCLUSION

I enjoy my role in educating future nurses and it brings me great pride to interact with former students serving as clinical managers, charge nurses, staff nurses, school nurses, research nurses and clinical instructors in the various healthcare arenas. I assure you that my efforts in advancing nursing education will continue as the cornerstone of my career in academia. I am a model employee with an impeccable service record and I take my faculty role very seriously. I have embraced the changes to the School of Nursing over the years and celebrated the successes. I invite you to review the specific activities I have participated in each academic year, the number of student credit hours generated, and my curriculum vitae to support my request for promotion.

I appreciate your consideration of this request for promotion. If additional information is needed, I can be reached at 649-1363 (cell), 646-4685 (office) or via email at tleon@nmsu.edu. Thank you.
Teaching, Service, & Scholarly Activity

Academic Years

(2002-2014)

Teaching (Fall 2002)

I began employment with the NMSU nursing program as a part-time nursing instructor. I came with 8 years of teaching experience within a community college (allied health) and one full academic year of teaching in nursing (didactic and clinical instruction) since obtaining a nursing degree in 1998. I was also nearing the end of coursework towards a Master’s of Science in Nursing (MSN) degree. I was assigned to teach a fundamentals clinical and a medical surgical clinical. Each clinical group consisted of 8 students who I worked with on a regular basis throughout the semester. Although I was new faculty to NMSU Department of Nursing, I had nursing education experience at the community college level and was familiar with evaluation of student learning activities. I did encounter students who did not perform well in clinical arenas and required documentation and follow-up on established learning plans while communicating these methods to the lead instructor.

Student evaluations provided positive comments related to my nursing knowledge and my ability to explain situations at the clinical site.

Teaching (Spring 2003)

I accepted a full-time faculty position with the nursing program at NMSU and was assigned to teach Heath Assessment Clinical and Medical-Surgical Nursing (didactic and clinical instruction). I spent a great deal of time in the Skills Lab infusing my new ideas for learning and creating a welcoming atmosphere for student learning within the lab and the tutoring lounge.

Student evaluations indicated that I was aloof and unapproachable resulting in students feeling as if they could not ask for clarification or assistance related to the course. I recall these unintended behaviors as my method for maintaining faculty/student boundaries. I had only been a nurse for 3 years with 1.5 years of full time hospital experience and found it somewhat challenging to put forth my nursing expertise and establish high standards with students who were near the same age as myself.

I was learning to interact with greater than 30 faculty members from all ranks which was different from my recent experience in the community college sector. I participated fully in department activities (faculty meetings, committee meetings, and professional growth opportunities) to assume my role of faculty member within the Department of Nursing.

ACADEMIC YEAR 2 (2003-2004)

Teaching (Fall 2003)

I was assigned topics within the course and shared responsibility for delivering course content, creating exams, providing clinical instruction, and evaluating student learning. I was responsible for a health assessment clinical group. Finally, I was assigned to oversee the Skills Lab and implement a peer tutor program for the nursing students. Four peer tutors were available to students and resulted in more students coming by for assistance. I am not aware of any evaluation that occurred after this program was implemented but I know it would be important to note the number of students served and the grades of students during the semester.

Evaluations indicated students were receptive to my teaching methods and my efforts to provide additional assistance for student learning via the tutoring lab. One student commented that I directed more attention to some students and that I had my “favorites”. To this day, I am keenly aware of my behaviors and try to create opportunity for all students to be involved in activities.

Teaching (Spring 2004)

I co-taught the didactic portion of Adult Health II course and was responsible for two clinical groups at Del Sol Medical Center. We introduced more advanced skills and content, and showed students how to create more collaborative care plans. It was challenging because the course had never been taught but the positive aspects were that instructors worked well together, we were clinically current, and we had the same students from Adult Health I the previous semester. It was important to maintain some continuity and be sure that pertinent content was not lost in the transition. It also gave us an opportunity to evaluate where content was placed within the two courses.

Student evaluations praised my organizational skills and enthusiasm for nursing. One comment stated “I love you know what you are teaching. It is refreshing to have an instructor who can answer questions without always saying, well what does the book say?” I find that current clinical practice has been useful for me to establish credibility with students.

Teaching (Summer 2004)

I provided Principles didactic and clinical instruction 24 students in the accelerated program (Roadrunners). It was interesting to work with second degree students because of their ability to communicate more openly about issues they felt were unjust. Students were introduced to the nursing process, teaching plans, and nursing care plans. Instruction in the clinical setting allowed me to assist students in honing their physical assessment skills, performing basic nursing skills, identifying potential or real nursing problems, and creating a care plan.

Student evaluations praised my ability to relay information, provide relevant examples, and willingness to help students in the skills lab and in the clinical setting. Negative comments referred to the lack of consistency among clinical instructors related to expectations and clinical assignments. As lead instructor for the course, these comments resulted in specific details written in the syllabus, scheduled faculty meetings throughout the semester to discuss status of course and students, and more frequent conversations among clinical faculty prior to any changes or decisions being made.

Service & Scholarly Activity

I maintained my affiliation with the local hospital during flu shot clinics. The project completed during my MSN program, “Essential Oncology Facts for the Float Nurse” resulted in a manuscript accepted for publication in MEDSURG Nursing – The Journal of Adult Health.
Teaching (Fall 2004)

Teaching included Principles to 41 students (didactic), Adult Health I (didactic), and Adult Health II (didactic and clinical) instruction. I supervised students at Del Sol Medical Center including the Emergency Department, the Coronary Care Unit, and the Intensive Care Unit. Students were expected to perform more independently alongside a staff RN. Student evaluations included clinical performance, teaching plans, and nursing care plans.

Evaluations reflected my increased comfort in the role of faculty member. Students said I was clinically competent, organized, and available to assist them in their learning needs. Evaluations for the Principles courses tend to be more critical especially of the instructor. I believe this is because students are engaged in learning that they have not been used to before entering the nursing program. Therefore, they question everything, have greater expectations, and seek to blame rather than understanding the learning process. I have been fortunate to have taught at all levels of the program and recall when students reflect back on their early semesters in nursing school. They come to realize why they were taught content and how it comes into play in later semesters.

Teaching (Spring 2005)

I was offered a new teaching assignment with the traditional beginning nursing students. I was designated Semester Lead and Course Lead for Principles. I had the opportunity to work with other clinical faculty to provide instruction to 48 students. In addition, I was assigned to Health Assessment labs. The combination of these two courses was instrumental in pulling the fundamental skills of nursing together. The faculty of both courses worked together to maintain consistency in teaching skills and evaluation skill acquisition.

The student evaluations stated my teaching style was effective. I maintained high standards and that was difficult for some students to grasp. This resulted in negative comments indicating I was not flexible and students were intimidated by me. I take all comments seriously and reflect on how I might have done things differently and how I will handle situations in the future. I use the evaluations as a gauge to monitor my professional role as a nurse educator.

Teaching (Summer 2005)

I taught a Principles level course to the incoming Roadrunner students. The course was renamed Special Topics — Preparation for Nursing in order to divide up the content covered within a traditional Principles course. I chose relevant concepts and created skills labs modules to complement reading assignment. Modules were set up throughout the labs and students moved from station to station completing their assignments. The students learned the material and were confident going into the clinical setting. Students commented on the evaluation “Everything we did in clinical was covered quite well in lecture” and “The written final exam was OK, but the practical final was one of the best I have ever taken! It was challenging, interactive, and even fun...” There were numerous comments related to my nursing knowledge and a teaching style that facilitates learning and one student appreciated my “compassion for teaching and caring for patients.”

I attended a care planning workshop, a program on retention and success for student programs, and “Boot Camp for New Nurse Educators”.

Service & Scholarly Activity

I participated in community flu shot clinic at a local hospital. I attended a research presentation within the School of Nursing on fostering critical thinking in scientific disciplines.
ACADEMIC YEAR 4 (2005-2006)

Teaching (Fall 2005)

...y teaching assignments included the traditional Principles course with 41 students and a Roadrunner Principles course. Although I was lead instructor, I coordinated clinical instruction with the assistance of various faculty members. We used the Skills Lab for instruction and performed patient care at local health care facilities.

Student evaluations for the Principles didactic course stated I was knowledgeable, very approachable, and comfortable in my position, and had great enthusiasm for the profession of nursing. Comments from clinical component included “Instructor knew her information and always challenged the students to think outside the box” and “She is well organized and always prepared. I like how she always sticks to the rules.” Students enjoy the clinical experience and always suggest ways in which they can get to the clinical site earlier in the semester. Faculty continues to consider various ways of preparing students to get the most out of their clinical experience.

Teaching (Spring 2006)

I was designated Semester 2 Lead and met with faculty to determine how to best deliver the curriculum to the students. We wanted to remain consistent, identify students who were struggling, and determine ways to cover the material without duplicating our efforts. I was assigned to Principles (didactic and clinical) as well as Health Assessment labs.

Evaluations of my teaching continue to be mostly positive. I received comments related to the amount of reading required as well as the lack of congruency between content and NCLEX style exam questions. Nursing students at this level often need to be shown how the textbook content is used to create nursing questions that evaluate their learning of a concept. Often I use sample NCLEX style questions within the course to illustrate to students how this is possible. It is my experience that some students don’t get it until later semesters and then return to let you know “now I get it.”

Teaching (Summer 2006)

The 24 incoming accelerated nursing students had their Principles course divided among summer sessions. During summer session I, I co-taught didactic content while summer session II was the scheduled clinical instruction. Students were taken to local hospitals in groups of 8 with three different instructors to hone their skills, create and perform teaching plans, and implement a nursing care plan.

Student evaluations were critical of the amount of content covered, the rapid pace in which the content was delivered, and the inability to see the nursing care plan in action. All are challenges we have incurred before and it took specific instances in clinical situations to point these out to students.

Service & Scholarly Activity

I was assigned to the BSN Committee and Student Affairs. One of the major topics discussed in Student Affairs was the discussion on scrub tops as part of the clinical uniform. This would later come to pass and the NMSU nursing uniform would change to be more practical for the hospital clinical setting. I presented the Skills Cluster Testing evaluation created and used at the NMSU SON as a podium presentation at the International Nurses’ Association of Clinical Simulation and Learning along with a colleague. In addition, I attended research related presentations on encouraging evidence based practice and the importance of research.
ACADEMIC YEAR 5 (2006-2007)

Teaching (Fall 2006)

A total of 49 students were accepted into NURS 300 Principles. Previously, fundamental content had been divided into a theory course (Semester 1) and a physiological component (Semester 2) that were taught in the classroom. A new curriculum was implemented with a 7 credit course that consisted of 4 credits didactic and 3 credits for clinical. A new textbook was also selected for this course.

No evaluations were available for this semester.

Teaching (Spring 2007)

I continued to teach the principles course (didactic). I also taught two health assessment labs. Each incoming class was near 48 students while clinical groups ranged from 8-10 students per group. I was asked to maintain the Skills Lab and was primarily responsible for ordering supplies once a semester, coordinating laundry pickups, and creating a workable environment for all clinical courses.

Student evaluations indicated that content pieced together nicely. It had been a goal of faculty to teach similar content in each of the semester courses to enhance learning and student could see that this was occurring. Faculty met prior to completing syllabi to review coursework, scheduled exams, and expectations in each course.

Teaching (Summer 2007)

Summer teaching assignments consisted of summer session I of Principles (didactic) and summer session II (clinical) for 32 Roadrunner students. These students were able to read much of the content so the delivery was modified to include case studies, discussion, and small group work.

Students comment favorably on the separation of didactic content and clinical. This change for accelerated students is working well. Positive comments related to my knowledge and teaching style remain. I receive more comments on evaluations indicating I am approachable. This is one aspect I have worked on since my early years as a nurse educator.

Service & Scholarly Activity –

I completed training and clinical hours to provide service as a Sexual Assault Nurse Examiner in Dona Ana County. I attended a statewide conference and a national conference for additional education related to this role in the community. I served on the search committee for College Track faculty.

I served as a preceptor to two students completing hours for nursing education as part of the University of Phoenix Master’s of Science in Nursing program. The students came to several classes, created a lesson plan, delivered the content in the classroom, and demonstrated use of evaluation methods to determine learning.

I was asked to work with a faculty member at UT Austin as part of the Southwest Partnership on a project reaching out to Hispanic mothers who are returning to the workplace while they continue to breastfeed. Although the initial work was completed, the project came to a halt.
ACADEMIC YEAR 6 (2007-2008)

Teaching (Fall 2007)

My teaching assignments included Principles (didactic and clinical) for 46 students and Health Assessment labs 10 students in the traditional BSN program. I also served as clinical instructor to 7 Adult Health 1 (clinical) Roadrunner students. The Principles course was taught in the classroom with ITV to include 8 students in Grants, New Mexico. Clinical instruction occurred in an acute care setting where students completed physical assessments, provided nursing care based on their level, demonstrated teaching, and completed nursing care plans. As faculty, we evaluated their performance using rubrics established by the School of Nursing. We continued the semester meetings twice a month to discuss student progress and maintain consistency in our grading and discuss any decisions that needed to be made.

No evaluations were available for this semester.

Teaching (Spring 2008)

I was assigned to Principles but changes were made to try two instructors in the course and to have the class meet two times a week for two hours each time. There were 52 students enrolled in this course. New ideas included quizzes at the beginning of each skills lab to determine preparation, use of DVD videos as a means for cutting out faculty demonstration time and having students come more prepared. We also utilized My Nursing Lab, a computer component of the Kozier and Erb textbook that provides students with individualized study plans. Additionally, I was faculty assigned to Preceptorship for 5 students at Presbyterian Hospital in Albuquerque, New Mexico. I had the opportunity to work with graduate faculty as part of the Advanced Health Assessment course. The course had 37 students pursuing advanced degrees in Psych/Mental Health or Adult Health CNS. It was necessary to communicate with the students via WebCT, coordinating their videotaped submission of the Head to Toe Assessment and their placement at a clinical site for practical hours. The course requirements were set by the lead instructor and I was responsible for the clinical portion. The remainder of my teaching hours were devoted to orienting the first Skills Lab Coordinator to the role.

Student evaluations addressed inconsistencies in faculty teaching the same course. Course faculty meetings were scheduled to discuss students' status and means by which problems can be addressed. The faculty was assigned to teach the same skill set to all the students. The students rotated to instructors which allowed the faculty to deliver the same content the same way each time.

Teaching (Summer 2008)

I was faculty for the Preceptorship course and had 8 students in various local health care facilities. This was an opportunity for me to visit units outside my comfort zone as well as a long term acute care facility that was fairly new in the community. I welcome these visits as it gives me a chance to evaluate the students' abilities in the clinical setting, assess the clinical environment for our student needs, and make contact with clinical partners.

Service & Scholarly Activity

I remained on the BSN Committee but was reassigned to Faculty Affairs for this academic year. I was accepted into a PhD in Nursing Program and began full time studies during the summer months. I worked many months with the Search Committee as positions for college track faculty and the Skills Lab Coordinator were posted.
ACADEMIC YEAR 7 (2008-2009)

Teaching (Fall 2008)

Teaching assignments for this semester was the Principles course for 48 traditional students, another Principles course for the 24 accelerated students, and finally, a third Principles course for a new group of 24 2nd degree students in a new program called Pathways. I was a clinical instructor with the Pathways students. I co-taught the didactic portion of the courses with another instructor for both the traditional and the Pathways students. An additional instructor assisted with the Roadrunner course which was taught partially online. I enjoyed teaching the courses with other faculty in order to learn from each other and maintain consistency and continuity within the curriculum.

No student evaluations were available.

Teaching (Spring 2009)

A traditional Principles course with 48 students was taught by me and a colleague. We had taught Principles many times together and were able to deliver it to the accelerated students as well as the Pathway students. I was assigned to two clinical groups and was asked to orient another faculty member to the hospital clinical setting. The faculty member accompanied me to the clinical site and engaged in teaching, evaluating, and learning about clinical practice in an acute care setting. I enjoy working with other faculty new to the clinical or teaching arena. Additional teaching assignments include Preceptorship and a graduate level course called Diagnosing and Management for 6 students. Although I shared teaching responsibilities with another faculty member, I had the students present case studies and engage students in discussion regarding the outcome of the case. Opportunities like this affirm how much I know as an advanced practice nurse.

Student evaluations for all courses suggested "a lot of content in a short period of time" but they were appreciative of our efforts. Students looked favorably upon my colleague and me as a "team" with "different effective teaching styles."

Service & Scholarly Activity

My role on the Search Committee remained as we continued to fill vacant positions. To enhance my faculty role, I participated in the NM Statewide Nursing Faculty conference and attended an NLN Preparation course for certification as a Nurse Educator.

I continued my studies in the PhD program. I attended various presentations related to border health, chronic disease, and health disparities to expand my knowledge base. Attendance at the annual WIN conference was also instrumental in creating opportunities for dialogue among colleagues. I maintained my relations with a local hospital and was asked to sit on a committee regarding implementing a palliative care unit. I participated in a work group session sponsored by NM First "Partnering for a Healthy Tomorrow" where the prevention and management of chronic disease in New Mexico was discussed.
ACADEMIC YEAR 8 (2009-2010)

Teaching (Fall 2009)

My assignment included co-teaching 38 students in Principles and incorporated both didactic and clinical practice. The didactic portion of the course was taught via ITV to 8 students in Grants. Both faculty were well-versed in the content and shared teaching responsibilities in the classroom. The change from WebCT to Blackboard created challenges in information exchange but resolved itself throughout the semester. I was also assigned to 6 students who were completing their preceptorship.

Teaching (Spring 2010)

I continued teaching Principles but was the sole instructor this semester. I had 46 students in the classroom and provided clinical and simulation instruction to students at a local hospital and in the simulation lab. Students used existing medical charts to glean information about their patient. I had the students work in pairs in simulation.

Student evaluations reported their inability to see the connection between textbook reading assignments and exam questions. As a result of this, I plan to select specific NCLEX style questions that would be appropriate for the exam and review them together as a class.

Service & Scholarly Activity

I participate in the Evaluation Committee for the School of Nursing. I also meet with a group of faculty designated as the Simulation Group to continue our efforts to incorporate the use of simulation throughout the curriculum. I participated in a local middle school's career day providing six presentations on the nursing profession to the 8th graders.
Teaching (Fall 2010)

... assignment included co-teaching Principles (didactic) and clinical practice. The didactic portion of the course was taught to 38 students in the classroom and 4 students via ITV in Grants, New Mexico. A comprehensive assignment included a case study, assessment documentation, and creation of a teaching and care plan and incorporated use of the textbooks, In the Neighborhood, and the templates for teaching and care plans. Students stated the assignment allowed them to pull information from Principles and Health Assessment courses while mastering the content. The clinical included skills lab, simulation lab, and clinical practice at a local hospital. Existing case studies were used to populate electronic health records with plans that students would use required readings and apply it to a simulated clinical setting.

Some students did not care for two instructors, whereas, others liked the variety in teaching styles. Students failed to see us as “co-teachers”. This was the first semester teaching with the newer faculty member and the dynamics were not as seamless as previous semesters. Students suggested breaking up the 4 hour class into two different days and having more detailed blueprints for exams. Faculty discussed alternative ways of disseminating information to students and use of blueprints.

Teaching (Spring 2011)

I taught 48 students in the classroom, the skills lab, the hospital clinical site, and the simulation lab. I continued the 4 hour block as means for managing my teaching schedule but changed some of the content delivery. The dynamics in the classroom proved to be a problem with three students approaching me at different times to express their concerns with the classroom behavior of certain students. They described these students as immature and rude to faculty and fellow classmates. A method I use to create diversity among clinical groups is to wait a several weeks before creating groups. Students will have exam grades, have worked in the skills lab together, and have established themselves as a member of the class. Separating yes, spreading the stronger students and the weaker students among clinical groups and requiring teamwork in the simulation lab changes the dynamics of the class and was most profound with this class. In the end, the students respected differences of opinion, appreciated each others' contributions, and practiced teamwork.

This was the first semester students were asked to have a Smart Phone and they readily complied. I reviewed and explained the reading assignments, applied content to nursing practice, and provided students with practice NCLEX questions. Blueprints were provided for each exam. Although some students commented these methods were ineffective, only one student failed the course and it was related to a missed clinical assignment and not the exam grades.

Service & Scholarly Activity

I was part of the CHSS Search Committee for the Director of the School of Nursing and the Evaluation Committee. I am the CHSS representative on the university’s Diversity Council and meet monthly with NMSU colleagues to discuss diversity issues related to employment, participation, and student access within the NMSU community. I participated in a Flu Shot Clinic and a Health Fair at a local hospital while supervising students. I am involved with the NM Nursing Education Consortium and assigned to the Clinical/Simulation Committee. I also participate in the Southern NM Nursing Leadership Group, hosted by Memorial Medical Center, to network with partners in health care. During the SON simulation institute, I demonstrated new technology in our simulation lab. As a result of the institute, I represented the SON at the NMSU Research Council Poster Presentation highlighting the groups' work on simulation.
Student Credit Hours Generated Per Academic Year
Teresa G. Leon, PhDc, RN, ACNS-BC
Fall 2002 to Fall 2011

Legend
- Student Credit Hours Per Term

*** Academic Year includes
Fall, Spring, & Summer

* Full time Credit Hours
included:
Peer Tutor Program (FA 03)
Nursing Skills Lab (SP 04 - SU 08)
NMNEC (FA 10 - SP 11)