## 

#### Nursing Program Review

#### 2010 – 2011

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**Evergreen Valley College Nursing Program**

**10/11 Program Review Analysis Agenda**

**Monday, September 12, 2011**

1. Review and approval of the agenda
2. Student success
   1. Review of attrition and BRN pass rates🡪 see attached
      1. Review 10/11 course success data from the SJECCD portal
   2. Group activity🡪 processing student attrition forms
      1. 21 students left the program in 2010/2011
         1. 12 in N001, 5 in fall & 7 in spring
         2. 2 in N002A, 1 in fall & 1 in spring
         3. 2 in N002B, 0 in fall & 2 in spring
         4. 4 in N003, 1 in fall & 3 in spring
         5. 2 in N004, 1 in fall & 1 in spring
      2. NURS 001 commonalities identified
         1. No Show on first day of clinical x 2
         2. Theory Failure
         3. ESL x 2
         4. Basic Skills
            1. Reading x 2
         5. Females – 11
         6. Returning student x 2
            1. 1 dropped out in fall & theory failure in spring
         7. Has Children x 1
         8. Verbal Communication
            1. Putting thoughts together
            2. Acknowledges understanding

Does not follow instructions

Gets nervous x 2

cannot think x 1

But prepared x1

* + - * 1. Accent
      1. Non-verbal
         1. Confidence x 2
      2. Withdrew x 1
         1. Not doing well in theory
      3. Leave of absence x 2
         1. Mother ill
         2. Personal health issue
    1. NURS 002A commonalities identified
       1. Clinical failure –
          1. Verbal – open lines of communication
       2. Personal choice due to family needs
       3. Male x 2
       4. Over 50 x 2
    2. Nursing 002B
       1. Students identified that nursing is not for them
       2. Theory failure
          1. Worked more than 20 hours
          2. ESL
          3. Communication issues

Open line of communication

Reading skills

* + - 1. Male x 1
      2. 50 years old
    1. NURS 003 commonalities identified
       1. Pedie
          1. Working<20 hrs/wk
          2. Children x 2
          3. Wife ill
          4. ESL
          5. Verbal communication

Expression of ideas

Putting thoughts together x 2

Acknowledges understanding x 2

* + - * 1. Behavior Problems

Gave met without an RN present

* + - * 1. Basic Skills

Issues with writing x 1

* + - * 1. LVN
      1. Med/Surg
         1. Theory Failure x 2
         2. Works Less than 20 hours/week x 2
         3. Financial concerns
         4. Basic Skills

Writing

* + - * 1. LVN
        2. Verbal Communication

Putting thoughts together

Acknowledges understanding

* + - * 1. Non-verbal Communication

Confidence

Assertiveness x 2

* + 1. NURS 004 commonalities identified
       1. Worked less than 20 hours
       2. ESL
       3. Communication issues
          1. Open line of communication
          2. Acknowledges understanding
          3. Assertiveness
    2. Recommendations

1. Faculty/Staff survey results (PT + FT)🡪 how can we improve?
   1. The # and type of nursing faculty are adequate to meet program needs
      1. 80% (8) satisfied; 9% (1) not satisfied; 9% (1) unknown
   2. Nursing program policies are congruent with college policies
      1. 80% (8) satisfied; 20% (2) unknown
   3. Faculty are in charge of establishing selection, admission & progression policies
      1. 80% (8) satisfied; 20% (2) unknown
   4. The nursing program budget is sufficient to achieve its purpose (FT only)
      1. 67% (6) satisfied; 22% (2) not satisfied; 11% (1) unknown
   5. Grant projects meet program and student needs
      1. 70% (7) satisfied; 20% (2) unknown; 10% (1) not applicable
   6. There is sufficient administrative and clerical support for day-to-day operations
      1. 60% (6) satisfied;30% (3) not satisfied; 10% (1) unknown
   7. Faculty satisfied that total evaluation plan is systematic and includes assessment of student academic achievement (FT only)
      1. 89%(8) satisfied; 11%(1) unknown
   8. Evaluation plan contains accreditation standards with performance indicators/outcome criteria, assessment methods, timelines, responsibility and level of achievement
      1. 89%(8) satisfied; 11%(1) unknown
   9. There is an identified plan for systematic evaluation including assessment of student academic achievement
      1. 89%(8) satisfied; 11%(1) unknown
   10. General comments from this year
       1. Should have more administrative help, perhaps separate dean and nursing director duties and should have someone responsible for maintaining the labs
       2. As budget cuts continue on campus, concern that there will continue to be support services needed to help nursing students be successful: DSP testing, counseling, health services, day care, tutoring. With the changing health care, would enhance student learning in clinical if budget could support clinical assistants to instructors
   11. General comments from
       1. Broken equipment (i.e. scanner, copier and temperature control)
       2. Currency of supplies for students
       3. Continue to enhance tracking and evaluation of student success
       4. Varying degree of “strictness” among clinical instructors is confusing to students
2. Graduating student satisfaction (fall 15 and spring 16 grads: results combined)
   1. Information about clock and credit hours are published in the student handbook and college catalog (e.g., one lecture hour = one credit; three lab hours = 1 credit
      1. 87% (27) satisfied; 13% (4) unknown
   2. Students are aware of nursing program complaint resolution policy & college’s grievance policy
      1. 87% (27) satisfied; 3% (1) not satisfied; 6% (2) unknown; 3% (1) not applicable
      2. Improved 20% over last year
   3. Student complaints responded to in timely way with f/u to obtain satisfactory resolution
      1. 68% (21) satisfied; 3% (1) not satisfied; 16% (5) unknown; 16% (5) not applicable
   4. Do you plan on taking an on-line or in-person NCLEX Review course?
      1. Fall 10 = 31% (5) yes; 69% (11) no
      2. Spring 11= 93% (14) yes ; 7% (1) no
      3. Combine 61% (19) yes; 29% (12) no
   5. Employment
      1. Fall 6.7% (1)yes; 93% (14) no
      2. Spring 100% (15) no
   6. Comments
      1. I wish we had more structured learning for pharmacology and labs
      2. Evergreen College of nursing really prepared me so much and I thank each of every instructors for their support
      3. I think EVC nursing program is well respected by staff from hospitals in the community, therefore instructor should not put too much pressure on the students bc there were times I felt so stressed and depressed. The teaching and skills implemented by the instructors are great enough they don’t need to “threat” students more
3. One year follow-up satisfaction survey for spring 10 – in progress – 25 responses
   1. Currently working 68% (17)
   2. Working in Santa Clara County – 67% (16)
   3. Full time 36% (9)
   4. Took an NCLEX review course – Yes 36% (9)
   5. Satisfaction with program
      1. 92% (23) very satisfied or moderately satisfied
      2. 8% (2) not applicable
   6. Comments
      1. I am working as a flu clinic nurse on a on-call basis while I attend graduate school at SJSU. Thank you. Evergreen, for setting me up for success
      2. It would be nice if the nursing program help the graduate students to find a nursing job
      3. It could have been even better if as a new graduate from Evergreen Nursing Program, you will be able to get a job right away. Waiting too long for a job is the single most contributing factors that affect new grads from practicing as a registered nurse with confidence. Confidence in practicing patient care is everything.
      4. I appreciate the Evergreen Valley College nursing program. It changed my life. Thank you
      5. FYI on the survey itself. I clicked not working but I also had to answer where as in county was I working in addition if I was full or part time when I am not currently working. Thank you
      6. Working on-call
      7. This was a very rigorous program but very informative
      8. Currently working part time but not in an RN position
      9. The EVC nursing program is good despite of all the drama tha some instructors make during it. I think they should focus more in helping students to get stronger in their weakness instead of persuing to put them down.
      10. Evergreen did a great job preparing us for our journey.
4. **Employer satisfaction** (fall 09 grads):
   1. 7 responses
   2. Valley Medical Center (5)
   3. KSC (1)
   4. Satellite Healthcare (1)
5. Next Meeting 10/10/11

**Evergreen Valley College Nursing Program**

**10/11 Program Review Analysis Minutes**

**Monday, September 12, 2011**

**Attendance:** Sandy DeWolfe, Felicia Mesa (recorder), Jackie Keane, Rozanne Lopez, Maureen Adamski, Nancy Lin, Kara Potter, Barbara Tisdale, Linda Hoogendijk, Sue Wetzel

1. Review and approval of the agenda – *M/S Potter/Adamski; all approved*
2. Review and approval of meeting minutes from September 2011 - *M/S Mesa/Potter; Keane abstained, all others approved*
3. Student success
   1. Review of attrition and BRN pass rates🡪 see attached
      1. Review 10/11 course success data from the SJECCD portal
   2. Group activity🡪 processing student attrition forms
      1. 21 students left the program in 2010/2011
         1. 11 in N001, 4 in fall & 7 in spring
         2. 2 in N002A, 1 in fall & 1 in spring
         3. 2 in N002B, 0 in fall & 2 in spring
         4. 4 in N003, 1 in fall & 3 in spring
         5. 2 in N004, 1 in fall & 1 in spring
      2. NURS 001 commonalities identified
         1. Students identified that nursing is not for them (1)
         2. Communication issues
            1. Putting thoughts together 4
            2. Acknowledge understanding 2
            3. Does not follow directions 2
            4. Confidence 3
            5. Stres+s
            6. Problems with behavior 2
            7. ESL 3
         3. Medical leave 2
         4. Never showed for class 2
         5. Leave of absence 2
         6. Theory failure
         7. Returning student 2
         8. NURS 002 commonalities identified
         9. Students identified that nursing is not form them (1)
         10. Personal choice due to family needs
         11. Clinical failure
         12. Worked more than 20 hours
         13. Communication issues
             1. Open line of communication
             2. Reading skills
      3. NURS 003 commonalities identified
         1. Working<20 hrs/wk 2
         2. Family issues 1
         3. Issues with writing 2
         4. Issues with math 1
         5. ESL 1
         6. Communication issues
            1. Expression of ideas2
            2. Putting thoughts together 3
            3. Acknowledges understanding 3
            4. Assertiveness 2
            5. Confidence 1
         7. Problems with behavior
         8. Theory Failure
      4. NURS 004 commonalities identified
         1. Worked less than 20 hours
         2. ESL
         3. Communication issues
            1. Open line of communication
            2. Acknowledges understanding
            3. Assertiveness
      5. Recommendations
         1. *Faculty would like this broken down into 002A and 002B*
         2. *Faculty would like this broken down into Med/Surg and Pediatrics*
4. Faculty/Staff survey results (PT + FT)🡪 how can we improve? – *M/S Mesa/Potter to only include FT and PT Nursing Faculty on survey; 7 approved, 1 opposed. M/S Mesa/Lopez to add N/A option as a choice on questions in faculty survey; all approved. Dean DeWolfe will speak with Adrienne and Denise regarding their avenues to add input into program review. Will consider additional survey for staff, if warranted.*
   1. The # and type of nursing faculty are adequate to meet program needs
      1. 80% (8) satisfied; 9% (1) not satisfied; 9% (1) unknown
         1. *Added a lab coordinator for next two years*
            1. *Song Brown Grant*
   2. Nursing program policies are congruent with college policies
      1. 80% (8) satisfied; 20% (2) unknown
   3. Faculty are in charge of establishing selection, admission & progression policies
      1. 80% (8) satisfied; 20% (2) unknown
   4. The nursing program budget is sufficient to achieve its purpose (FT only)
      1. 67% (6) satisfied; 22% (2) not satisfied; 11% (1) unknown
         1. *Budget cuts*
            1. *Faculty are paying for their own printer cartridges, binders, paper*
            2. *Students are required to buy skills bags*
            3. *Adrienne has no support staff*

*Admission process evaluator did take burden off of Adrienne and she was able to catch up on her work*

* + - 1. *Faculty need to work on finding more grants to help with nursing budget*
         1. *Another Song Brown grant may be available*
         2. *Grants that help streamline ADN-BSN*
  1. Grant projects meet program and student needs
     1. 70% (7) satisfied; 20% (2) unknown; 10% (1) not applicable
        1. *Retention grant is completed*
        2. *Song Brown grant will last for two years*
           1. *May use money from that grant for a Sigma Pump*
        3. *Enrollment grant has one more year*
  2. There is sufficient administrative and clerical support for day-to-day operations
     1. 60% (6) satisfied;30% (3) not satisfied; 10% (1) unknown
        1. *Health Records on American Data Bank has saved time*
           1. *Adrienne is looking at another company who is cheaper and will flag noncompliance*
        2. *Faculty will file own paperwork*
  3. Faculty satisfied that total evaluation plan is systematic and includes assessment of student academic achievement (FT only)
     1. 89%(8) satisfied; 11%(1) unknown
  4. Evaluation plan contains accreditation standards with performance indicators/outcome criteria, assessment methods, timelines, responsibility and level of achievement
     1. 89%(8) satisfied; 11%(1) unknown
  5. There is an identified plan for systematic evaluation including assessment of student academic achievement
     1. 89%(8) satisfied; 11%(1) unknown
  6. General comments from this year
     1. Should have more administrative help, perhaps separate dean and nursing director duties and should have someone responsible for maintaining the labs
        1. *The Assistant Director position has a designated % load; because of budget cuts, we cannot increase that %*
        2. *The lab coordinator(Morakath) will be getting cupboards organized*
           1. *Sandy will send out her email address to faculty*
     2. As budget cuts continue on campus, concern that there will continue to be support services needed to help nursing students be successful: DSP testing, counseling, health services, day care, tutoring. With the changing health care, would enhance student learning in clinical if budget could support clinical assistants to instructors
        1. *There is no physician on campus at this time.*
        2. *Former students would like to tutor*
           1. *Sandy will arrange with tutoring center*
  7. General comments from
     1. Broken equipment (i.e. scanner, copier and temperature control)
        1. *Supplies ordered for mannequins*
        2. *A quick fix was done over the summer for regulating temperature control*
        3. *New copier will be ordered, with money from Song Brown grant*
     2. Currency of supplies for students
     3. Continue to enhance tracking and evaluation of student success
     4. Varying degree of “strictness” among clinical instructors is confusing to students
        1. *Different expectations of each faculty member and different expectation with advancing semesters*
        2. *Difference between full-time and adjunct faculty*
           1. *Better orientation needed for adjunct*

*Course expectations*

*Full-time mentor*

*Orient with full-time faculty in clinical and lab to see what the expectations are*

* + - 1. *Have another faculty evaluate a student who is struggling*
      2. *Evaluate adjunct faculty*
         1. *Remediation plans*
         2. *Refreshers*
      3. *Rozanne will work on an orientation book for new faculty*
      4. *Use QSEN Moodle site to support adjunct faculty*
         1. *All faculty, FT and PT, have access to QSEN Moodle website*

1. Graduating student satisfaction (fall 15 and spring 16 grads: results combined)
   1. Information about clock and credit hours are published in the student handbook and college catalog (e.g., one lecture hour = one credit; three lab hours = 1 credit
      1. 87% (27) satisfied; 13% (4) unknown
         1. *Courses are now broken out between lecture, hospital and lab*
   2. Students are aware of nursing program complaint resolution policy & college’s grievance policy
      1. 87% (27) satisfied; 3% (1) not satisfied; 6% (2) unknown; 3% (1) not applicable
      2. Improved 20% over last year
         1. *Change choices to yes or no*
   3. Student complaints responded to in timely way with f/u to obtain satisfactory resolution
      1. 68% (21) satisfied; 3% (1) not satisfied; 16% (5) unknown; 16% (5) not applicable
         1. *Reword to read “If you filed a grievance, was it responded to and followed up in a timely manner.”*
         2. *Change choices to yes, no, N/A*
   4. Do you plan on taking an on-line or in-person NCLEX Review course?
      1. Fall 10 = 31% (5) yes; 69% (11) no
      2. Spring 11= 93% (14) yes ; 7% (1) no
      3. Combine 61% (19) yes; 29% (12) no
         1. *More students took the review course in the Spring because enough people signed up in order to get the discount on a NCLEX review course*
   5. Employment
      1. Fall 6.7% (1)yes; 93% (14) no
      2. Spring 100% (15) no
   6. Comments
      1. I wish we had more structured learning for pharmacology and labs
      2. Evergreen College of nursing really prepared me so much and I thank each of every instructors for their support
      3. I think EVC nursing program is well respected by staff from hospitals in the community, therefore instructor should not put too much pressure on the students bc there were times I felt so stressed and depressed. The teaching and skills implemented by the instructors are great enough they don’t need to “threat” students more
2. One year follow-up satisfaction survey for spring 10 – in progress – 25 responses
   1. Currently working 68% (17)
   2. Working in Santa Clara County – 67% (16)
   3. Full time 36% (9)
   4. Took an NCLEX review course – Yes 36% (9)
   5. Satisfaction with program
      1. 92% (23) very satisfied or moderately satisfied
      2. 8% (2) not applicable
   6. Comments
      1. I am working as a flu clinic nurse on a on-call basis while I attend graduate school at SJSU. Thank you. Evergreen, for setting me up for success
      2. It would be nice if the nursing program help the graduate students to find a nursing job
      3. It could have been even better if as a new graduate from Evergreen Nursing Program, you will be able to get a job right away. Waiting too long for a job is the single most contributing factors that affect new grads from practicing as a registered nurse with confidence. Confidence in practicing patient care is everything.
      4. I appreciate the Evergreen Valley College nursing program. It changed my life. Thank you
      5. FYI on the survey itself. I clicked not working but I also had to answer where as in county was I working in addition if I was full or part time when I am not currently working. Thank you
      6. Working on-call
      7. This was a very rigorous program but very informative
      8. Currently working part time but not in an RN position
      9. The EVC nursing program is good despite of all the drama that some instructors make during it. I think they should focus more in helping students to get stronger in their weakness instead of persuing to put them down.
      10. Evergreen did a great job preparing us for our journey.
3. **Employer satisfaction** (fall 09 grads):
   1. 7 responses
   2. Valley Medical Center (5)
   3. KSC (1)
   4. Satellite Healthcare (1)
      1. *Faculty would like to change the timing of the Employer Satisfaction Survey to a calendar year instead of an academic year.*
         1. *Allows time for graduates to take the NCLEX and work at a job long enough to be evaluated by the employer*
4. Next Meeting
   1. *Dean DeWolfe will be attending a conference on the NCLEX Test Plan on 9/26/11, so the next Program Review meeting has been changed to 10/10/11*

*Not On Agenda*

*4 incoming students had hits on their background checks*

*Two for grand theft (both over 7 years ago)*

*Not accepted at SCVMC*

*“…for the safety of the patients”*

*One for loitering with intent to solicit (recent)*

*Not accepted at Kaiser*

*One for reckless driving*

*Waiting to hear from St. Louise Regional*

*Statement regarding background checks is on the EVC Nursing Program website*

*Background checks will be an agenda item on the next Advisory Board Meeting*

*Discussion regarding drop in NCLEX pass rates*

*Four ideas that were mentioned and will be further discussed at the next Curriculum meeting*

*Changing percentage range for a “C” to 75%-79%*

*Changing the cut score for the Chancellor’s formula from 69 to 72*

*Requiring students to pass every exam*

*Making all finals for courses comprehensive*

**Admissions Report for Evergreen Valley College Nursing Program**

**February 2, 2011**

**Fall 2011/Spring 2012 Admission Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Applications | Applications Qualified and Accepted | Applications qualified but not accepted | Applications Not Qualified |
| 571 | 80(including 20 alternates) | 412 | 53 Not Eligible   * Gpa too low * Missing transcripts * Missing Coursework |
| Students that did not meet Chancellor’s Formula Cut Score (under 68%) |  |  |  |
| 26 |  |  |  |

Annual Attrition Report 2007– 2010 Academic Year to Present\*

Evergreen Valley College Nursing Program

June 28, 2011

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of Students** | **FA 08/SP 09**  **First Semester(s) Year Round Curriculum** | **SP09/FA09** | **FA09/SP10** | **SP10/FA10** | **FA10/SP11** |
| Entering Semester **1st and 3rd Semester** | N001 fall 08 (n) = 41N003 fall 08 (n) = 41 **Total (n) = 82** | N001 spring 09 (n) = 39 **N003 spring 09 (n) = 37**  **Total (n) = 76** | N001 Fall 09 (n) = 39 **N003 fall 09 (n) = 40**  **Total (n) = 79** | N001 Spring 10 (n) = 40 **N003 spring 10 (n) = 38**  **Total (n) = 78** | N001 Spring 10 (n) = 39 **N003 spring 10 (n) = 40**  **Total (n) = 79** |
| Completing Semester2nd and 4th Semester | N002 SP09 (n) = 35N004 SP09 (n) = 33Total (n) = 68 | N002 fall 09 (n) = 37N004 fall 09 (n) = 31Total (n) = 68 | N002 spring 10 (n) = 32N004 Spring 10 (n) = 39Total (n) = 71 | N002 fall 10 (n) = 37N004 fall 10 (n) = 35Total (n) = 72 | N002 fall 10 (n) = 37N004 fall 10 (n) = 38Total (n) =75 |
| **Pass Rate** | **83%** | **89%** | **90%** | **92%** | **95%** |
| **Attrition Rate** | **17%** | **11%** | **10%** | **8%** | **5%** |
| **BRN Pass Rate** | **89%** |  | **86%** |  | **79.71%** |

**\*Definition of Pass Rate and Attrition Rate at EVC Nursing Program** = **Total Number Entering by Year/Total Number Completing the Program by Year.**

**Persistence Rates and NCLEX Pass Rates By Original Cohorts Beginning Fall 2000 – Present**

**June 28, 2011**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fall Semester**  **Cohort Entered**  **(#Students Entered in Original Cohort)** | **Spring Semester**  **Cohort Graduated (#Students**  **Graduated in Cohort** | **Persistence Rate by Cohort (# Students Graduated/#Students Entered in Original Cohort)\*** | **#Students Actually Completing Program**  **(Includes Graduates and LVN 30 Unit Option)**  **(Headcount)** | NCLEX – RN **Pass Rate** |
|  |  |  | Spring 2001 (n = 40) | 90% |
| Fall 2000 (n=57) | Spring 2002 (n=21) | 37% | Spring 2002 (n=32) | 93.5% |
| Fall 2001 (n=58) | Spring 2003 (n=32) | 55.0% | Spring 2003 (n=45) Generic and 1 – 30 Unit Option | 77.08% |
| Fall 2002 (n=54) | Spring 2004 (n = 34) | 63% | Spring 2004 (n=44) Generic and 1 – 30 Unit Option | 92.68% |
| Fall 2003 (n=70) | Spring 2005 (n= 42) | 60% | Spring 2005 (n=53) Generic and 1 – 30 Unit Option | 91.23% |
| Fall 2004 (n=80) | Spring 2006 (n= 49) | 61% | Spring 2006 (n=53) | 92.59% |
| Fall 2005 (n=60) | Spring 2007 (n=47) | 78% | Spring 2007 (n=60) | 88.24% |
| Fall 2006 (n=60) | Spring 2008 (n=41) | 68% | Spring 2008 (n=55) | 89.36% |
| Fall 2007 (n= 41) | Spring 2009 (n=23) | 56% | Spring 2009 (n=34) | 86.15% |
| Spring 2008 (n=40) | Fall 2009 (n=29) | 72% | Fall 2009 (n=31) | 79.71% |
| Fall 2008 (n=41) | Spring 2010 (n=32) | 78% | Spring 2010 (n=39) |  |
| Spring 2009 (n=41) | Fall 2010 (n=24) | 58% | Fall 2010 (n=35) |  |
| Fall 2009 (n=40) | Spring 2011 (n=30) | 75% | Spring 2011 (n=38) |  |

**\* Definition of Persistence Rate by Cohort at EVC Nursing Program =** #Students Graduated in Original Cohort/# Students Entered into Original Cohort. By definition, the Persistence Rate by Cohort only applies to generic students; it does not include advanced placement students. The Persistence Rate by Cohort should be used in conjunction with the annual Pass Rate, Attrition Rate and NCLEX Pass Rates to assess program outcomes.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

Criterion 1.1: Mission/philosophy and outcomes of the nursing education unit are congruent with that of the governing organization.

Operational Definition: Missions of nursing program and college are congruent. Program purposes and objectives are congruent with program philosophy, clearly stated, accessible, reflect commitment to cultural diversity of local community and are consistent with contemporary nursing beliefs.

(Note: Assessment documented in minutes for Program Review Meetings.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | > 90% faculty/dean satisfied with operational  definition | Faculty/Dean/Staff Satisfaction Survey | Annual |
| b | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN Spring 2009;  NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b | Faculty/Dean/Program Coordinator | a. Criteria met |  |
| b. Criteria met |

**Standard I: MISSION AND ADMINISTRATIVE CAPACITY**

Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

Criterion 1.2: The governing organization and nursing education unit ensure representation of students, faculty, staff, and administrators in ongoing governance activities.

Criterion 1.3: Communities of interest have input into program processes and decision making.

Criterion 1.4: Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | > 75.0% of full-time faculty, dean, staff serve on 1 program committee  > 75.0% of full-time faculty, dean, staff serve on 1 college committee | Nursing Program and College Committee  Assignments | Annual |
| b | ENSA student liaison attends >2 faculty, curriculum,  program review meetings/semester | Student liaison invited to attend | Per Semester |
| c | > 90.0% faculty/dean/staff satisfied that student liaison provides effective channel of communication between faculty/dean/staff and students | Student Satisfaction Survey | Annual |
| Graduating Student Satisfaction Survey | Annual |
| Faculty/Dean/Staff Satisfaction Survey | Annual |
| d | > 90.0% graduating students satisfied that student liaison provides effective communication between faculty, staff, dean and students |  |  |
| e | > 90.0% faculty/dean/staff  satisfied that they actively participate in shared governance | Faculty/Dean/Staff Satisfaction Survey | Annual |
| f | > 90.0% faculty/dean/staff satisfied that communities of interest have input in program | Faculty/Dean/Staff Satisfaction Survey | Annual |
| g | > 90.0% faculty/dean/staff satisfied that partnerships exist to promote excellence, enhance the profession  and benefit the community | Faculty/Dean/Staff Satisfaction Survey | Annual |
| h | 100% compliance with NLNAC/BRN Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** |  | |
| a,c,d,e,f,g,h | Faculty/Dean/Students/Program Coordinator | a. Criteria met | |
| b | ENSA Student Liaison and ENSA Faculty Representative | b. Criteria met | |
| c. Criteria met | |
| d. Criteria met | |
| e. Criteria Met | |
| f. Criteria not assessed, will add to 10/11 surveys | |
| g. Criteria not assessed, will add to the 10/11 surveys: assessed grant projects and meeting program needs: 78% (7/9) satisfied, 1 not applicable,12 unknown | |
| h. Criteria Met | |

**Standard I: MISSION AND ADMINISTRATIVE CAPACITY**

Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

Criterion 1.5: Nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing CA BRN Approval Rules and Regulations (Section 1: Program Director/Assistant Director): Title 16 CA Code of Regulations - Sections 1424 (e); 1424(f); 1425(b) 1 - 5; 1425(c);

Criterion 1.6: The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time/resources to fulfill the role responsibilities.

Criterion 1.7: With faculty input, the nurse administrator has the authority to prepare and administer program budget and advocates for equity within the unit and among other units of the governing organization

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | > 90.0% faculty/staff satisfied that lines of authority  and responsibility among faculty, dean, staff, students are clear and functional | Faculty/Staff Satisfaction Survey | Annual |
| b | > 90.0% faculty/staff satisfied that lines of communication are open among dean, staff, faculty and students | Faculty/Staff Satisfaction Survey | Annual |
| c | > 90.0% faculty/staff satisfied that the nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing | Faculty/Staff Satisfaction Survey | Annual  Upon Hire |
| d | > 90.0% faculty/staff satisfied that the nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities. | Faculty/Staff Satisfaction Survey  CV, Transcripts, Licensure, Job Description, Performance Evaluations | Annual |
| e | > 90.0% faculty/staff satisfied that the role of the Assistant Director facilitates faculty/administration communication and increases program efficiency. | Faculty/Staff Satisfaction Survey | Annual |
| f | > 90.0% faculty/staff satisfied that dean administers program budget with equity within the unit and among other units of the governing organization | Faculty/Staff Satisfaction Survey | Annual |
| g | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards, | Annual Self-Studies: CA BRN  Spring 2009; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** |  |  |
| a, b, c, d, e | Human Resources  CA BRN and NLNAC  College Hiring Officer (President)  Vice President Academic Affairs  Senior Division Admin/Dean and Faculty for  Survey | a. Criteria met | 1.6 |
| b. Criteria met |
| c. Criteria met |
| d. Criteria met |
| e. Criteria met |
| f. Criteria met |

**Standard I: MISSION AND ADMINISTRATIVE CAPACITY**

Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

Criterion 1.8: Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by goals and outcomes of the nursing education unit. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Section 1424(b)

Criterion 1.9: Records reflect that program complaints and grievances receive due process and include evidence of resolution.

Operational Definition: Policies that impact personnel, administration, students and faculty are included in this criterion. Policy differences are justified.

(Note: Assessment documented in minutes for Program Review Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | 100.0% agreement between nursing program faculty policies and collective bargaining agreement | Collective Bargaining Agreement  (AFT 6157) | Contract Negotiations Schedule |
| b | Rationale provided for policies that differ from college | Systematic review of policies by Board of Trustees, College and Nursing Program | Scheduled Reviews |
| c | >90.0% faculty/dean/staff satisfied that nursing program policies are congruent with college policies (if not, rational provided for difference) | Faculty/Dean/Staff Satisfaction Survey | Annual |
| d | >90.0% faculty/dean/staff satisfied that policies are accessible, non-discriminatory, consistently applied, and congruent with nursing program purposes | Faculty/Dean/Staff Satisfaction Survey | Annual |
| e | >90.0% graduating students satisfied that policies that impact students are accessible, non-discriminatory, consistently applied, and congruent with nursing | Graduating Student Satisfaction Survey | Annual |
| f | >90.0% graduating students satisfied that policies for course progression are accessible, non-discriminatory, consistently applied, and congruent with nursing program purpose | Graduating Student Satisfaction Survey | Annual |
| g | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC and CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN  Spring 2009; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** |  |
| a, b, c, d, e,  f, g | Faculty/Dean/Administrative Assistant | a. Criteria met |  |
| b. Criteria met (e.g., nursing program admission process) |
| c. Criteria met |
| d. Criteria met |
| e. Criteria met |
| f. Criteria met |
| g. Criteria met |

**Standard II: FACULTY AND STAFF**

Standard II: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

Criterion 2.1, 2.2, 2.3: Faculty members (full- and part-time) are academically and experientially qualified, and maintain expertise in their areas of responsibility. CA BRN Approval Rules and Regulations (Section 4: Program Administration/Faculty Qualifications): Title 16 CA Code of Regulations – Sections 1425; 1425(a); 1425(b); 1424(g); 1424(h); 1424(j); 1425(d) 1,2; 1424(e) 1,2; 1425 (f)

Operational Definition: Faculty has master's degrees in nursing with rationale provided if faculty have other than this degree. Faculty meets standards for hire by college and approval by CA BRN. Academic and experiential preparation appropriate for teaching assignment. Faculty maintain active program of professional development. (Note: Assessment documented in minutes for Program Review Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | Faculty 100.0% qualified with rationale provided if faculty have other than master's degree in nursing | Faculty CVs, Transcripts, Licensure, CA BRN  Approval, Record of Professional Development, Performance Evaluations per Collective Bargaining Agreement (AFT 6157) | Upon Hire/Assignment |
| b | <20.0% Attrition Rate  >60.0% Persistence Rate  >85.0% NCLEX-RN Pass Rate | Attrition Rate (# completed/# entered in year)  Persistence Rate (# in admission cohort/# in cohort that complete program in 4 semesters)  NCLEX-RN Pass Rate | Annual |
| Annual |
| Annual |
| c | 100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval  Standards | Annual/Self-Studies: CA BRN  Spring 2009; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** |  |
| a, b, c | Dean/Screening Committee/CA BRN  College Hiring Officer (President)  Vice President Instruction/Human Resources  Faculty/Dean/Administrative Assistant | a. Criteria met |  |
| b. Criteria partially met - Pass rate 79.71% |
| c. Criteria met |

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

Criterion 2.4: Number and utilization of full-and part time faculty meet the needs of the nursing education unit to fulfill its purposes. CA BRN Approval Rules and Regulations (Section 1: Program Director/Assistant Director); Title 16 CA Code of Regulations - Section 1424(f); 1424(h) CA BRN Approval Rules and Regulations (Section 4: Program Administration/Faculty Qualifications); Title 16 CA Code of Regulations - Section 1425; 1425(a;) 1424(g); 1424(j); 1424(d); 1, 2; 1425(e) 1,2; 1425(f)

Operational Definition: Faculty are adequate in number and type to fulfill purposes of college and nursing program.

(Note: Assessment documented in minutes for Program Review meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | >90.0% faculty/dean satisfied that #/type faculty  Adequate | Faculty/Dean/Staff Satisfaction Survey | Annual |
| b | Faculty/Student ratio in classroom does not exceed  college cap. Faculty/Student ratio in clinical does  not exceed 1:10 | College Course Caps; Faculty/Student Clinical  Assignments | Per Semester |
| c | 100.0% faculty complete CA BRN approved  remediation plan if necessary, orientation | Remediation Plan/Clinical Competency Checklist | Prior to Start of Clinical Assignment |
| d | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval  Standards | Annual/Self-Studies: CA BRN  Spring 2009; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a | Faculty/Dean/Administrative Assistant | a. Criteria not met: 80% satisfied, 10% not satisfied; 10% unknown | |
| b, c | Dean | b. Criteria met | |
| c. Criteria met | |
| d | Faculty/Dean/Administrative Assistant | d. Criteria met | |

Standard II: FACULTY AND STAFF

Standard II: There is qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

Criterion 2.5: Faculty performance reflects scholarship and evidence-based teaching and clinical practice.

Criterion 2.6: The number, utilization, credentials of non-nurse faculty and staff are sufficient to achieve program goals and outcomes.

Criterion 2.7: Faculty (FT & PT) are orientated and mentored in their areas of responsibility

Operational Definition: Faculty is evaluated according to collective bargaining unit agreement. All faculty to complete orientation.

(Note: Assessment documented in minutes for Program Review Meetings.)

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| --- | --- | --- | --- | --- |
| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** | |
| a | 100.0% compliance with collective bargaining  agreement | Performance Evaluations per  Collective Bargaining Agreement (AFT 6157) | Per Schedule | |
| b | Student evaluations of course and faculty | Student Evaluation Tool (Course/Faculty) | Per Semester | |
| c | 100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval  Standards | Annual/Self-Studies: CA BRN  Spring 2009; NLNAC Spring 2013 | |
| **criteria** | **Responsibility** | **Level of Achievement/Action** | |  |
| a | Faculty/Dean | a. Criteria met | | |
| b, c | Faculty/Dean/Administrative Assistant | b. Criteria met | | |
| c. Criteria met | | |

Standard II: FACULTY AND STAFF

Standard II: There is qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

Criterion 2.8: Systematic assessment of faculty (FT & PT) performance demonstrates competencies that are consistent with program goals and outcomes.

Criterion 2.9: Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

Operational Definition: Faculty are evaluated according to collective bargaining unit agreement. All faculty to complete orientation.

(Note: Assessment documented in minutes for Program Review Meetings.)

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| --- | --- | --- | --- |
| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | 100.0% compliance with collective bargaining | Performance Evaluations per | Per Schedule |
| b. | Student evaluations of course and faculty | Student Evaluation Tool (Course/Faculty) | Per Semester |
| c | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval  Standards | Annual/Self-Studies: CA BRN  Spring 2009; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a | Faculty/Dean | a. Criteria met | |
| b, c | Faculty/Dean/Administrative Assistant | b. Criteria met | |
| c. Criteria met | |

Standard III: STUDENTS

Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.

Criterion 3.1: Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied. Differences are justified by the nursing education unit purposes. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Sections 1424(b); 1424(b)1 CA BRN Approval Rules and Regulations (Section 7: Student Participation): Title 16 CA Code of Regulations - Section 1428(a)

Operational Definition: Nursing program policies pertaining to students are congruent with college policies, accessible, non-discriminatory, consistently applied. Differences are justified by the purposes of the nursing program. Selection/admission/progression policies are accessible, non-discriminatory, consistently applied and congruent with purposes of nursing program and college.

(Note: Assessment documented in minutes for Program Review, Faculty Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | > 90.0% faculty/dean/staff satisfied that nursing program policies pertaining to students are congruent with college policies (or differences justified) | Faculty/Dean/Staff Satisfaction Survey | Annual |
| b | > 90.0% faculty/dean/staff satisfied that nursing program policies pertaining to students are accessible, non-discriminatory, consistently applied (or differences justified) | Faculty/Dean/Staff Satisfaction Survey | Annual |
| c | > 90.0% graduating students satisfied that nursing program policies pertaining to students are accessible, non-discriminatory, consistently applied (or differences justified) | Graduating Student Satisfaction Survey | Annual |
| d | > 90.0% faculty/dean/staff satisfied that nursing faculty are in charge of establishing selection, admission and progression policies | Faculty/Dean/Staff Satisfaction Survey | Annual |
| e | > 90.0% graduating students satisfied that course progression (i.e., passing) policies are accessible, non-discriminatory and consistently applied | Graduating Student Satisfaction Survey | Annual |
| f | 100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self Studies: CA BRN Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b, c, d, e, f | Faculty/Dean/Administrative Assistant | a. Criteria not met (80% satisfied & 201% unknown) | |
| b. Criteria met | |
| c. Criteria met | |
| d. Criteria met | |
| e. Criteria met | |
| f. Criteria met | |

Standard III: Students

Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.

Criterion 3.2: Student services are commensurate with the needs of student pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.

Operational Definition: College and nursing program have variety of social and academic support services for students that are administered by persons academically and experientially qualified. Health, counseling, academic advising, career placement and financial aid included in these services.

(Note: Assessment documented in minutes for Program Review Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** |  | **Time Frame** |  |  |
| a | > 90.0% faculty/dean/staff and graduating students  satisfied with quantity and quality of academic and social  support services | Faculty/Dean/Staff Satisfaction Survey  Graduating Student Satisfaction Survey | | Annual  Annual | | |
| b | <20.0% Attrition Rate  >60.0% Persistence Rate  >85.0% NCLEX-RN Pass Rate | Attrition Rate | | Annual | | |
| Persistence Rate | | Annual | | |
| NCLEX-RN Pass Rate | | Annual | | |
| c | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | | Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013 | | |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | | | | |
| a, b, c | Faculty/Dean/Administrative Assistant | a. Criteria met | |  | | |
| b. Criteria partially met – Pass Rate 79.71% | |
| c. Criteria met | |

Standard III: STUDENTS

Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.

Criterion 3.3: Student educational and financial records are in compliance with the policies of the governing organization and state/federal regulations.

Criterion 3.4: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

Operational Definition: College complies with the Family Educational Rights to Privacy Act (FERPA) and all other state/college policies pertaining to educational and financial records.

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | 100.0% policy compliance | Dean confers with College Registrar, Director of Financial Aid College Catalog/Website | Annual |
| b | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN  Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a | Dean/College Registrar/Director Financial Aid/  Vice President Instruction/College President | a. Criteria met | |
| b | Faculty/Dean/Administrative Assistant | b. Criteria met | |

Standard III: STUDENTS

Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.

Criterion 3.5: Integrity and consistency exist for all information intended to inform the public, including accreditation status and NLNAC contact information.

Criterion 3.6: Changes in policies, procedures and program information are clearly and consistently communicated to students in a timely manner.

Criterion 3.7: Orientation to technology is provided and technical support is available to students, including those receiving instruction using alternative delivery.

Operational Definition: Nursing unit utilizes the website, nursing information workshops, advisory board meetings and department meetings to update and share information with students.

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | 100.0% compliance: accreditation status and contact information on the website | Dean confers with faculty, counselors and webmaster College Catalog/Website | Ongoing |
| b. | >90% of students feel that program changes are communicated to students in a timely manner | graduating student survey student course surveys |  |
| c. | >90% of students feel that orientation to technology is provided and support is available. | graduating student survey student course surveys |  |
| d. | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN  Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a | Dean/Nursing Faculty and Counselors/Webmaster/  Vice President Instruction/College President | a. Criteria met | |
| b, c, d | Faculty/Dean/Administrative Assistant | b. Criteria not assessed: will be added to student course and graduating surveys in 10/11 | |
| c. Criteria not assessed: will be added to student course and graduating surveys in 10/11 | |
| d. Criteria met | |

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

Criterion 4.1: Curriculum incorporates established professional standards, guidelines, and competencies and has clearly articulated student learning and program outcomes.

Criterion 4.2: The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

Criterion 4.3: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. CA BRN Approval Rules and Regulations (Section 5: Curriculum): Title 16 CA Code of Regulations - Sections 1424 (a); 1426(a); 1426 (d); 1426(e)

Operational Definition: Faculty develop curriculum that logically flows from program's philosophy/mission through the organizing framework of curriculum, course objectives and learning activities to program outcomes.

(Note: Assessment documented in minutes for Program Review, Curriculum Meetings, Team Meetings, Content Expert Reviews).

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| --- | --- | --- | --- | --- |
| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | | **Time Frame** |
| a | >90.0% faculty satisfied with curriculum design | Faculty Satisfaction Survey | | Annual |
| Student Evaluations of Courses | | By Semester |
| For overall curriculum review: QSEN Competencies. NLN Competencies for  Nurse Educators; ANA Social Policy Statement; ANA Code of Ethics with Interpretive Statements; ANA Standards of  Practice; NLN Competencies for ADN Graduates | |  |
| b | >85.0% NCLEX-RN Pass Rate  <20.0% Attrition Rate  >60.0% Persistence Rate | NCLEX-RN | | Annual |
| Attrition Rate | | Annual |
| Persistence Rate | | Annual |
| c | 100.0% Content Expert Reviews completed accurately,  on-time, presented to curriculum committee  with recommendations considered and followed up  as appropriate | Content Expert Review Template | |  |
| d | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | | NLNAC/CA BRN Accreditation/Approval Standards NLNAC Spring 2013 | Annual/Self-Studies; CA BRN Spring 2013: |
| **Criteria** | **Responsibility** | | **Level of Achievement/Action** | |
| a, b, c, d | Faculty/Dean/Administrative Assistant | a. Criteria not met (89% satisfied & 11% unknown) | | |
| b. Criteria met:- NCLEX Pass rate 79.71% | | |
| c. Criteria met | | |
| d. Criteria met | | |

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

Criterion 4.4: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national or global perspectives.

Criterion 4.5: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

Criterion 4.6: The curriculum and instructional process reflect educational theory, interdisciplinary collaboration, research and best practice standards while allowing for innovation, flexibility, and technological advances.

Criterion 4.7: Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards and best practices. CA BRN Approval Rules and Regulations (Section 5: Curriculum): Title 16 CA Code of Regulations - Sections 1426(b); 1426(c) 1 - 3; 1426(d); 1426(e) 1 - 7; 1426(f) 1-2; 1443.5 (Standards of Competent Performance)

Operational Definition: Program design promotes accomplishment of program outcomes as demonstrated by attrition and persistence rates, NCLEX-RN pass rates, job placement rates, program satisfaction surveys. New curriculum (implement fall 2007) has 72 units - 36 units nursing major (18 units clinical/18 units theory) and 36 units general education.

(Note: Assessment documented in Program Review, Curriculum, Community Advisory Board, Team Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | 90.0% faculty, dean, graduating students, graduates, employers overall satisfied that graduates provide care according to program outcomes  (*See Appendix B for Statements of Outcomes)* | Faculty/Dean/Staff Satisfaction Survey  Graduating Student Satisfaction Survey  1 Year Follow-Up Graduate Satisfaction Survey  Employer Satisfaction Survey | Annual  Annual  Annual  Annual |
| b | 90.0% graduates employed within 1 year of  Graduation | 1 Year Follow-Up Graduate Satisfaction Survey  Community Advisory Board Meetings | Annual  Per Semester |
| c | 90.0% Students meet Cut Points for ATI Content Mastery Exam and Comprehensive Predictor Exam | ATI Individual and Aggregate Reports | Per Semester |
| d | Students achieve program outcomes in 4 semesters  >85.0% NCLEX-RN Pass Rate  <20.0% Attrition Rate  >60.0% Persistence Rate |  |  |
| NCLEX-RN Pass Rate | Annual |
| Attrition Rate | Annual |
| Persistence Rate | Annual |
| Report on reasons students separate from program  Student Success Program (PLTL, TEAS, CAT, Student  Case Management) |  |
| e | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies; CA BRN Spring  2013; NLNAC Spring 2010 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b, c, d,  e | Faculty/Dean/Administrative Assistant | a. Criteria me | |
| b. Criteria not met (5% 9/12 students that responded) | |
| c. Criteria partially met | |
| d. Criteria partially met: pass rate 79.71% | |
|  |  | e. Criteria met | |

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

Criterion 4.8: Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current with written agreements specify expectations for all parties and ensure protection of students.

Criterion 4.8.1: Student clinical experiences reflect current best practices and nationally established patient health and safety goals. CA BRN Approval Rules and Regulations (Section 6: Clinical Facilities/Clinical Experiences): Title 16 CA Code of Regulations - Sections 1425.1(b); 1424(i); 1427(a); 1427(b); 1424(c) 1 - 4; 1427(c) 1 - 6; 1424(k) 1 - 6; 1428(c)

Operational Definition: College has contracts that specify expectations and requirements with all clinical teaching sites. Clinical sites support sufficient numbers and provide a variety of learning experiences appropriate for ADN students.

(Note: Assessment documented in Minutes for Program Review, Curriculum Team, Clinical Site Coordinator/Manager meetings).

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | >90.0% students overall satisfied with clinical sites | Student Evaluation of Clinical Site Survey | Per Semester |
| b | >90.0% faculty overall satisfied with clinical sites | Faculty Evaluation of Clinical Site (Form completed every semester) | Per Semester |
| Meetings with Clinical Site Coordinators/Managers | As Needed |
| c | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies; CA BRN  Spring 2013; NLNAC Spring |
| d | 100.0% clinical site contracts in place | Contracts | As Needed |
| **Criteria** | **Responsibility** | **Level of Achievement** | |
| a, b, c | Faculty/Dean/Administrative Assistant | a. Criteria met | |
| b. Criteria not met (80% satisfied, 10% not satisfied, & 10% unknown) | |
| c. Criteria met | |
| d | Dean/Administrative Assistant  Vice President Instruction/President  Vice Chancellor Administrative Services | d. Criteria met | |

Standard V: RESOURCES

Standard V: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Criterion 5.1: Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)

Operational Definition: Nursing budget is sufficient for program to achieve its purpose. Dean has responsibility and authority over budget and involves faculty and staff in its development (Note: Assessment documented in minutes for Program Review, Faculty Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | Budget variances explained | Dean reviews variances (division/faculty meetings) | Monthly |
| b | >90.0% faculty/dean/staff satisfied that nursing program budget is sufficient to achieve its purpose | Dean reviews budget preparation in faculty meetings | Annual |
| c | >90.0% faculty/dean/staff satisfied with participation in nursing program budget: with faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity with program and among other programs/divisions at the college. | Faculty/Dean/Staff Satisfaction Survey | Annual |
| d | >90.0% faculty/dean/staff satisfied that  grant projects meet program/student needs | Faculty/Dean/Staff Satisfaction Survey | Annual |
| e | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN  Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b, c, d, e | Faculty/Dean/Administrative Assistant | a. Criteria met | |
| b. Criteria not met: 67% satisfied; 22% not satisfied; 11% unknown | |
| c. Criteria met | |
| d. Criteria not met: 70% satisfied; 10% not applicable; 20% unknown | |
| e. Criteria met: | |

Standard V: RESOURCES

Standard V: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Criterion 5.2: Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff and students. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | >90.0% faculty/dean/staff satisfied with physical  facilities | Faculty/Dean/Staff Satisfaction Survey | Annual |
| b | >90.0% graduating students satisfied with physical  facilities | Graduating Student Survey | Annual |
| c | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN  Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b, c | Faculty/Dean/Administrative Assistant  Facilities | a. Criteria met: | |
| b. Criteria met | |
| c. Criteria met | |

Standard V: RESOURCES

Standard V: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Criterion 5.3: Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d).

Operational Definition: Learning resources within the nursing program and college are comprehensive, current, accessible and developed with faculty input.

(Note: Assessment documented in minutes for Program Review, Faculty Meetings).

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | >90.0% faculty/dean/staff satisfied that learning  resources are comprehensive, current, accessible  and developed with faculty input | Faculty/Dean/Staff Satisfaction Survey | Annual |
| b | >90.0% graduating students satisfied that learning  resources are comprehensive, current, accessible | Graduating Student Survey | Annual |
| c | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval Standards | Annual/Self-Studies: CA BRN  Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b, c | Faculty/Dean/Administrative Assistant | a. Criteria met | |
| b. Criteria met | |
| c. Criteria met: - Song Brown grant will allow for a 10hr/week lab nurse for next 2 years | |

Standard VI: OUTCOMES

Standard VI: Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcome of the nursing education unit has been achieved.

Criterion 6.1: The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.

Criterion 6.2: Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.

Criterion 6.3: Evaluation findings are shared with communities of interest

Criterion 6.4: Graduates demonstrate achievement of competencies appropriate to role preparation. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Sections 1424(b); 1424(b)(1); 1428(b).

Operational Definition: Plan contains NLNAC/CA BRN Accreditation/Approval Standards with performance indicators/outcome criteria, assessment methodology, time frame, responsibility and level of achievement. It contains reports on attrition and persistence rates (graduation rate), NCLEX-RN pass rates, job placement rates and information on student, graduating student, graduate, faculty/dean/staff and employer satisfaction with program. The faculty is currently imbedding QSEN competencies into curriculum.

(Note: Assessment documented in minutes for Program Review, Faculty, Curriculum and Team Meetings.)

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methods** | **Time Frame** |
| a | >90.0% faculty satisfied that total evaluation plan  includes accreditation standards w/ performance  indicators/outcome criteria, assessment methods,  timelines, responsibility and level of achievement | Faculty/Dean/Staff Satisfaction Survey | Annual |
| b | >90.0% faculty satisfied that total evaluation plan  includes attrition/persistence rates, NCLEX-RN pass rate;  job placement rate; and satisfaction surveys for faculty/staff; graduating students and employers | Total Evaluation Plan | **Annual** |
| c | >90.0% faculty satisfied that total evaluation plan  is systematic and includes assessment of student  academic achievement | Total Evaluation Plan | Annual |
| d | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval  Standards | Annual/Self Studies: CA BRN  Spring 2013; NLNAC Spring 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b, c, d | Faculty/Dean/Administrative Assistant | a. Criteria met | |
| b. Criteria met | |
| c. Criteria not met (89% satisfied, & 11% unknown) | |
| d. Criteria partially met | |

Standard VI: OUTCOMES

Standard VI: Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcome of the nursing education unit has been achieved.

Criterion 6.5: The program demonstrates evidence of achievement in meeting the following program outcomes: performance on licensure exam; program completion; program satisfaction; job placement CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Sections 1424(b); 1424(b)(1); 1428(b).

Operational Definition: Total evaluation plan includes all outcome measures.

(Note: Assessment documented in minutes for Program Review, Curriculum, Faculty and Team Meetings).

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| **Criteria** | **Performance Indicators and Outcome Criteria** | **Assessment Methodology** | **Time Frame** |
| a | <20.0% Attrition Rate | Attrition Rates | Annual |
| >60.0% Persistence Rate | Persistence Rates | Annual |
| >85.0% NCLEX-RN Pass Rate | NCLEX-RN Pass Rates | Annual |
| >90.0% Satisfaction each item | 1 Year Follow-Up Graduate Satisfaction Survey | Annual |
| >90.0% Satisfaction each item | Faculty/Dean/Staff Satisfaction Survey | Annual |
| >90.0% Satisfaction each item | Student Satisfaction Survey | Annual |
| >90.0% Satisfaction each item | Graduating Student Satisfaction Survey | Annual |
| >90.0% Satisfaction each item | Employer Satisfaction Survey | Annual |
| >90.0% Satisfaction each item | Student Satisfaction with Clinical Site Survey | Per Semester |
| >90.0% Satisfaction each item | Faculty Satisfaction with Clinical Site Survey | Per Semester |
|  | Report on Complaint Resolution | Annual |
|  | Report on Reasons Students Separate/Program | Annual |
|  | New Student Profile Survey | Annual |
|  | Report on Demographics of Applicant Pool | Annual |
| b | 100.0% compliance with NLNAC/CA BRN  Accreditation/Approval Standards | NLNAC/CA BRN Accreditation/Approval  Standards | Annual/Self-Studies: CA BRN Spring 2013; NLNAC 2013 |
| **Criteria** | **Responsibility** | **Level of Achievement/Action** | |
| a, b | Faculty/Dean/Administrative Assistant | a. Criteria partially met – Board Pass Rate 79%. | |
| b. Criteria partially met (need to improve on employer response rate and collecting employment data) | |

Complaint Resolution EVC Nursing Program

By Date, Type, Issue, and Outcome

# Academic Year 2009-2011

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| --- | --- | --- | --- |
| **Date** | **Type**  (Student, Faculty, Public) | **Issue**  (Briefly describe with confidentiality) | **Outcome**  Resolved, Pending Review, Active |
| 11/2009 | Student  Student eligible to return | Student grievance regarding clinical failure | Resolved at 3rd level with VP Student Affairs (Irma Archuleta) |
| 12/2009 | \* Previous Student  3rd program separation sp09, not eligible to return | Student grievance regarding clinical failure | Ongoing: to Grievance Review Board Fall 2010 |
| 5/2010 | Student  3rd program separation, not eligible to return | Student grievance regarding clinical failure | Resolved at 3rd level with VP Academic Affairs (Kuni Hay) |
| 5/2011 | See 12/09 | Student grievance regarding clinical failure | Resolved with input from the Grievance Review Board - Student reinstated. |

Narrative Status Summary for Academic Year:

\*Although program separation occurred in spring 2009, student filed complaint in 12/09 and a formal grievance in fall 2010. Current college grievance process does not include a timeline of when grievances can be filed.