



Comprehensive Instructional Program Review Criteria- 2018/2019

Note to Preparers:

Please complete this form that includes the Program Review criteria for the comprehensive instructional program review. One of the major functions of Program Review is to ensure that all work units of the Evergreen Valley College are aligned with its goals. **If your work is not submitted by the December 1 deadline your program will not be eligible for possible funding based on criteria established by the budget committee.** The college's goals are set forth in its Mission and Strategic Initiatives, which are expressed in the narrative below.

Program relevant data sets are provided- via email- by the campus researcher or the Dean of Research, Planning and Institutional Effectiveness. Please see your Dean if you need additional help.

Additional information, including a submission timeline (**Due December 1st for feedback**) and samples of recent Program Reviews, are available on the college website <http://www.evc.edu/discover-evc/institutional-effectiveness/program-review>. If you have any questions, please feel free to contact any member of EVC's Institutional Effectiveness Committee (IEC).

After your submission to IEC, members of the committee will provide feedback to assist you in preparing a final version. The review committee will consist of IEC members and an optional external reader of your choice. The review committee will make a recommendation and your Program Review will precede to College Council and the EVC President for his/her final approval. Completed/approved Program Reviews will be eligible to participate in resource allocation through the College Budget Committee.

Evergreen Valley College's Mission:

With equity, opportunity and social justice as our guiding principles, Evergreen Valley College's mission is to empower and prepare students from diverse backgrounds to succeed academically, and to be civically responsible global citizens.

Strategic Initiatives:

1. Student-Centered: We provide access to quality and efficient programs and services to ensure student success.
Areas of focus are:
 - Access
 - Curriculum and programs
 - Services
2. Community Engagement: We will transform the college image and enhance partnerships with community, business and educational institutions.
Areas of focus are:
 - Increase visibility
 - Develop strategic partnerships
 - Building campus community
3. Organizational Transformation: We create a trusting environment where everyone is valued and empowered.
Areas of focus are:
 - Communication
 - Employee development
 - Transparent Infrastructure



Department/Program Name: Nursing and Allied Health/Nursing

Year of Last Comprehensive Review: 2018/2019

Year of Last Mini Review, if applicable:

Preparers' Name(s): Sue Wetzel, Susana Machado,, Karen Cheung, Barbara Tisdale

Area Dean: Lynette Apen

Overview of the Department/Program

1. Provide a brief summary of your program. Please include a brief history and discuss any factors that have been important to the program's development.

According to the Bureau of Labor Statistics' Employment Projections 2016-2026 released in May 2018, Registered Nursing (RN) projects increased job growth through 2026. The RN workforce is expected to grow from 2,517 million in 2016 to 2,955 million in 2026, an increase of 15%, a faster than average increase than all other occupations. The Bureau also projects the need for nurses, largely due to the aging population and the need to replace retiring nurses in the upcoming decade. (<https://www.bls.gov/ooh/healthcare/registered-nurses.htm>) The U.S. Health and Human Services projects that if the current level of supply and demand is maintained for Registered Nurses (RNs), there is be a projected shortage of RNs in the state of California in 2030 of 44,500 full time employees (FTEs). https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf

Since 1962, the Evergreen Valley College Nursing Program has offered a 2-year associate degree in nursing (ADN) program approved by the California Board of Registered Nursing (CA BRN) and nationally accredited by the Accreditation Commission for Education in Nursing (ACEN). The Nursing Program is guided by the CA BRN regulations, and applies the ACEN standards and criteria to "foster educational equity, access, opportunity, mobility, and preparation for employment" (ACEN Goals).

Applications are accepted every October and 80 students are admitted into the program every year. The EVC Nursing Program receives a high volume of applications each year. For example, in the 17/18 application cycle, the program received 501 applications, of which, 320 were qualified for 80 spots. Effective the 18/19, with the upcoming application cycle, the program was approved to move from the Chancellor's formula to the multi-criteria point system. This change was advertised to prospective students for over a year. The change was voted by the faculty to continue to address program attrition and improve student's success. The Nursing program will continue to collect data to see if there is improved student success &/or any disproportionate impact.

Qualified applicants who are not selected for admittance typically continue taking general education courses, enroll in the CNA/HHA certificate program, or complete other health care courses such as Pathophysiology for Health Professionals until they are ready to reapply to the program. Upon completion of the program, the student receives an Associate in Science Degree in Nursing and is eligible to take the NCLEX exam for RN Licensure. The most recently posted (2016-2017) NCLEX pass rate for the EVC's Nursing Program is 93.85% (first-time test takers). (<https://www.rn.ca.gov/education/passrates.shtml>)

EVC's philosophy and beliefs about learning stress the integration/application of theory and practice, active involvement of the adult learner, and the teacher-facilitator role to promote critical thinking. Nursing classroom courses are typically scheduled during the day, Monday through Friday, as well as skills and simulation labs. As a requirement of the program and the state, lab (AKA clinical) is scheduled concurrently with the theory course.



Students are assigned clinical placements at acute care hospitals and community agencies during day or evening shifts. State regulations for nursing programs have strict requirements such as 1:10 faculty to student ratios in clinical/lab settings. All nursing faculty must be approved by the CA BRN, which ensures the public that each nursing educator is carefully reviewed for competency in the assigned content areas. Upon completion of the program, the graduate competently performs in the following areas: safe and effective care environment, health maintenance and promotion, psychological and physiological integrity of the client, and professional role of the nurse. After earning an associate of science degree in nursing, and passing the NCLEX-RN, graduates are prepared for entry-level practice into the profession of nursing.

2. Please provide an update on the program's progress in achieving the goals (3 years) set during the last comprehensive program review.

Simulation is part of the nursing curriculum and student learning outcomes. The EVC Nursing program had a long-term partnership with the Work force Institute (WI), utilizing the simulation lab housed at San Jose City College (SJCC). With the move of the WI to the District office and the integration of simulation in the nursing curriculum, the decision was made to move the simulation lab to EVC. Nursing administration and faculty spear headed the move of the Simulation Center to the Evergreen Valley College allowing greater access to this teaching modality. Since the EVC Nursing program was involved in the original grant that supported the build out of the simulation lab, it was a coming home for the simulation lab. Our goal to have the simulation center on our campus was achieved by the start of Spring 2018. The equipment and supplies were moved in total from the simulation lab at San Jose City College with approval from the board. The room renovations were completed during the winter break. All courses were able to hold their simulations at Evergreen even though the technology upgrades were still in the process for full implementation in increasing fidelity into the simulated learning experience. Having the simulation center on campus has allowed for easier access and scheduling and overall control of management of the center and the use and replacement of supplies during the simulated experiences. The simulation center at Evergreen Valley College provides the ideal setting for our students' simulated learning experiences, and address our increasing needs to look for alternatives in fulfilling required clinical (lab) hours. All courses were able to hold their simulations at Evergreen There is great benefit for programs to have their own simulation center on campus for easier access and scheduling, and overall control of management of the center

We have met our persistence rate with an average of 66% over the past 5 years. Persistence is an area of concern for the nursing department. We would like to consistently meet our benchmark of > 60%. The department formed a Retention Ad Hoc Committee to address our concerns about persistence. The paragraphs that follow contain information based on 2015-2016 statistics from the Board of Registered Nursing in California and the Evergreen Valley college (EVC) ADN (Associate Degree in Nursing) program. In fall 2016, out of concern for the rates of attrition and retention in the ADN program, an ad hoc committee was formed to gather information, and if possible, offer suggestions to address student attrition and retention rates in the EVC nursing program. The committee met three times, and members consisted of professors: Patricia Braun, Karen Cheung, Garry Johnson, Nancy Lin, and Antoinette Herrera, Dean of Nursing and Allied Health at the time.

2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
Attrition	Retention	Attrition	Retention	Attrition	Retention	Attrition	Retention	Attrition	Retention
21%	79%	28%	68%	30%	58%	33%	63%	25%	60.9%



California Board of Registered Nursing CA.gov. (2018). Accreditation and Retention/Attrition Rates. Retrieved from <https://www.rn.ca.gov/education/attrition.shtml>

The committee started with review of the literature on the subject, and it was found that EVC's program was already implementing most of the suggestions found in the literature to improve retention and decrease attrition of ADN students.

Program Activities and Services

Activity	Article suggestions	EVC
Comprehensive Orientation (2 day)	X	X "Boot Camp"
Learning communities	X	EVC encourages study groups, no formal learning community
Individualized Academic Plan	X	X Early Alert Student Success Plan
Community Nurse Mentoring	X Note that this intervention was difficult to follow through due to lack of mentors. It rec'd the least amount of participant satisfaction of all the interventions.	
Counseling	X	X Offered to students with anxiety, test anxiety, stress
Peer Tutoring	X	X Only offered to 1 st semester students by 3 rd semester students <i>EVC offers professional tutoring by experienced RN</i>
Career Counseling	X	X By referral from student success counselor or individual instructor from semester of withdrawal.

Fontaine, Karen (2014). Effects of a Retention intervention Program for Associate Degree Nursing Students, *Nursing Education Perspectives*, pp94-96

Data from the EVC nursing program was analyzed from spring 2016. It was found that:

4. The majority of attrition occurred from theory failures rather than clinical failure or self-drop/withdrawal
5. The majority of students who failed a semester were generic students rather than returning, LVN or remediation students
6. The average age of the student who failed a semester was slightly higher 31.5 years versus 27.1 years old for those who passed
7. Performance on the Teas test for those who failed a semester was not significantly different from those who passed.
8. The Chancellor's cut score between those students who failed and passed was not significantly different.

Since the suggested interventions are already in place, the nursing department decided to implement a Multi-criteria application process to begin October 1-31st for students beginning the program fall of 2019 and spring 2020. Please see EVC Nursing workshop website for details. The use of a multi-criteria admission process has helped to reduce attrition of nursing students in other institutions that have implemented it (Harris, B. (2015). Nursing



Educational Programs, California community College Chancellor's Office pg. 7-8 Retrieved from <http://californiacommunitycolleges.cccco.edu/Portals/0/Reports/2015-Nursing-Education-Report-ADA.pdf>. It is the hope of the nursing faculty and administration that this will bring about an improvement in the retention of nursing students at EVC.

3. Please state any recent accomplishments for your program and show how it contributes to the College's mission and success.

The nursing faculty is proud of many accomplishments that have occurred in the last two years. The following are accomplishments that faculty believe contribute to the overall goals of the college. We continue to be Nationally Accredited by Accreditation Commission for Education in Nursing (ACEN). In spring 2016, the nursing program was awarded continued accreditation status from ACEN. They accepted our follow up report on march 29, 2016 and affirmed our next visit which is scheduled for Fall 2021. Through this accreditation, we offer our students a program that exceeds standards and criteria for educational quality. The San Jose-Evergreen Community College District has one of twenty-four nationally accredited ADN programs in California, and one of only four programs in Northern California. The nursing faculty at EVC agree with the ACEN belief, "that specialized accreditation contributes to the centrality of nursing for the public good and provides for the maintenance and enhancement of educational quality through continuous self-assessment, planning, and improvement. Accreditation indicates to the general public and to the educational community that a nursing program has clear and appropriate educational objectives and is working to achieve these objectives. Emphasis is placed upon the total nursing program and its compliance with established standards and criteria in the context of its mission/philosophy as well as current and future nursing practice" (ACEN nursing.org, 2016).

The nursing program strives to integrate innovative teaching strategies and the use of technology throughout the program. Each course in the program participated in one or more days of high fidelity simulation each semester. The simulation lab was located on the San Jose City College campus until the Spring of 2018. Simulated learning experiences offer the student nurse the opportunity to practice their competencies in a controlled and safe environment using a variety of learning scenarios that are aligned to student learning outcomes. The students are videotaped during the simulation and then participate in a de-briefing to provide the student valuable feedback to incorporate into their future nursing practice. According to Ebersol and Tschannen, 2013, simulation has demonstrated effectiveness as a method to train practicing nurses for new procedures, communication processes, and both skill based and non-skill based techniques. The lab provides interactive and engaged learning experiences for the student, and provides the student the opportunity to learn through self- reflection and through feedback from both the de-briefer and other student participants and observers. Simulation provides another method for achieving the program and institutional learning outcomes. Each scenario has outcomes that are linked to the course SLOs. The faculty uses an evaluation tool that looks at each simulation in how it effects the overall learning goals of the program outcomes and Institutional outcomes. The evaluation tool utilized from 2016- 2017 identified outcomes to the NCLEX test plan. The faculty agreed to pilot a different evaluation tool that correlated the SLO, ILO and PLO to the Quality and Safety Education for Nurses (QSEN) outcomes in Fall 17 and have continued with its use during Spring 18. By following the QSEN standards we are leading the way to "Defined quality and safety competencies for nursing and



proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics” . <http://qsen.org/about-qsen/>

Since April 2008, EVC’s Nursing Program partnered with San Jose State (SJSU) School of Nursing to streamline educational pathways for ADN graduates. In January 2009, the CCC State Chancellor’s office awarded the EVC/SJSU collaboration \$150,000 to implement the project. Both nursing programs worked together with college and university constituents and realized the project outcomes. Two cohorts graduated from this original pilot group in Spring 11 and Spring 13. In fall 2014, both parties resumed working collaboratively to seek grant funding to again offer and sustain an Internal ADN to BSN Bridge program and EVC was awarded the Song-Brown Special Projects grant beginning in spring 2015. Once admitted into the Bridge program, EVC students take concurrent EVC and SJSU courses during their third and fourth semesters of the ADN program. Our first cohorts graduated with their ADN in spring 2016 and these students have smoothly transitioned to SJSU in order to complete their BSN in two semesters and one summer. Our fifth cohort started the Bridge program earlier this year, and we initiated a sixth cohort in spring 2018. With the support of our campus administration and continued partnership with SJSU, we have sustained an internal ADN-BSN Bridge program after the 2017 grant ended. The opportunity to receive a Bachelor’s degree in nursing is yet another example of how the EVC’s nursing program supports lifelong learning, and gives students the opportunity to further their education and professional growth.

To enhance community engagement, faculty and students are empowered to participate with campus and community events. By doing so, they engage in positive change and become more civically responsible global citizens. Embedded within the program curriculum of second semester Medical/Surgical, students and faculty participate in community events such as Day on the Bay, Day in the Park, Living Well Series through O’Connor Hospital, Rock and Roll Half Marathon Medical Tent, EVC Health Clinic Flu Shots, Vietnamese Tet Festival Blood Pressure Screening, Our Lady of Guadalupe Health Fair, SCVMC Flu Clinic, and last but not least Eastridge Mall Senior.

The Evergreen Nursing Student Association, a club part of our Associative Student Government (ASG), is supported by nursing faculty advisors and is one of the most active clubs on campus. Our active Evergreen Valley Nursing Student Association members participated in community service during the academic year in such events as: Heroes 5 to support burn victims; Annual Fight Stroke Walk, and donations to support those in need within our community through Next Door Solutions for Domestic Violence, and Sacred Heart Community Center.

All courses participate in aligning SLOs and ILOs through the use of an internally created evaluation process using a Matrix System (see attached). The Matrix shows the correlation of the assessment tools used in each course to their outcomes. Each course determines a bench mark they would like to see and evaluated if this has occurred. The team then reviews the data and makes suggestions to help improve student’s success. The summary of the matrix looks at areas such as exam question analysis, clinical evaluation tool, simulation evaluation tool, course evaluation, course attrition, ATI data and student satisfaction. This helps lead the course toward meeting the overall outcomes to the program and the school. Examples of how the Matrix data has influence the program include program standard rubric for grading clinical records, progressive rigor of expectations across the curriculum in preparation expectations and clinical record expectations. In theory courses a grading policy was implemented across the curriculum to help meet expectations for program outcomes.

4. If you received resource allocation for your last program review cycle, please indicate the resources you received and how these resources were utilized to impact student success and / or importance to your program. (The resources can be personnel or fiscal).



The Division of Nursing and Allied Health received \$67,850 of one time funding as a result of the 16/17 PR cycle. Of these onetime dollars, \$45K was specific to supporting the success of students in the nursing program. More specifically, these dollars were used for instructional software to facilitate greater item analysis on department exams, funds for faculty development to support content expertise (required by the BRN), and maintaining memberships that provide faculty peer reviewed journals with emerging nursing trends, or providing data to support curriculum review and changes. All these activities/information are included in results that impact overall program evaluation, meeting the goal to improve student success and improve the program.

5. Please describe where you would like your program to be three years from now (program goals) and how these support the college mission, strategic initiatives and student success.

A key goal for the next three years is successful implementation of the Multi-Criteria Selection Process for students applying to the program. While anecdotally we have reason to believe that these criteria are important for admitting diverse and prepared student cohorts as well as increasing retention and decreasing attrition, objective data compiled from careful monitoring and evaluation of the Multi-Criteria Selection Process will be instrumental in ensuring that our efforts succeed and in identifying inevitable areas for improvement. We want to ensure that we continue to have a diverse population of students and that we improve their chance of success in the nursing program.

We are fortunate to have multiple academic partners serving as clinical rotation sites, and our students benefit immensely from the diversity of patient populations and providers at these institutions. However, the sheer number of different hospitals creates redundancies in the processes for onboarding students preparing to rotate at these sites. An important initiative for our program is the development of a centralized management process for this onboarding, which will minimize stress for students and faculty and save countless hours of time spent understanding these various administrative procedures. We are also planning to centralize our clinical adjunct training. An online class for adjunct nursing faculty was developed in July, 2018 and will be evaluated and updated annually.

We will continue to offer student success resources, many of which are already available but which will be continuously iterated upon and improved. Current resources include a faculty member designated as student success coordinator with hours dedicated to meeting with students on an individual basis, a nursing tutor and open labs with faculty present if students need extra help.

Building on the resources we have developed with integration of technology into our programs and courses, we will increase our hybrid and online-only course and program offerings in the coming years; in particular, we are beginning to offer Pharmacology and Pathophysiology courses.

The high fidelity simulation center that was previously housed on the San Jose City College campus was moved to the Evergreen Valley College campus in January, 2018. There is great benefit for us to have our own simulation center on campus for easier access and scheduling, and overall control of management of the center. We have hired a new full-time technician that can maintain supplies and equipment needed for the simulation experiences and can trouble shoot any technical challenges. We also plan to incorporate more individual course faculty involvement in both the writing of simulation scenarios and the debriefing process. Another goal is to partner with other disciplines such as the CNA program to give them an opportunity to utilize simulated learning experiences.



We will focus on ensuring that our innovative ADN to BSN Bridge program has a sustainable source of funding. This program was originally grant funded. With the support of our campus administration and continued partnership with SJSU, we now have a committed plan to sustain an internal ADN-BSN Bridge program since the grant ended in 2017. As a program we are committed to encourage our students to engage in the bridge program. We currently have 25- 33% who are concurrently enrolled in the EVC and SJSU Nursing program. Both programs will continue to collaborate to seek out solutions to grow the number of students who participate. The opportunity to receive a Bachelor's degree in nursing is yet another example of how the EVC's nursing program supports lifelong learning, and gives students the opportunity to further their education and professional growth.

We believe that all of these goals will help enable our nursing students to succeed academically and are in line with the college mission and strategic initiatives.

PART A: Program Effectiveness and student success- please note that the Excel data workbook you received from the Research Office will be needed to complete this section. With each of the data elements, the underlined header corresponds with the name of the tab on the data spreadsheet to indicate where you will locate the data.

1. Program Set Standards (Summary Tab)

Overall, EVC's Institution Set Standard for success rate is **64%**, and the aspirational goal for student success is **71%**

<u>Success Rate</u> (completion with "C" or better)	Program	EVC	Program Set Standard (established during last comprehensive PR)	Program Success Goal (new)
F'14-F'17 average	90.52%	71.23%	64%	81%

Program Set Standard: It is recommended that programs identify a success standard. This standard should reflect the *baseline* success rate.

Recommendation: 90% of the 5 year average success rate could be your program standard (average x 0.9).

Program Success Goal: It is recommended that programs identify a success goal. This goal should reflect the success rate to which your program *aspires*.

a) Is your program success rate higher or lower than the campus?	The EVC Nursing Program has maintained a successful course completion rate of 90.54%, well above the college institutional success rate of 71.23%.
b) If your success rate is higher than the campus, how are you helping students succeed in and outside the classroom? If your program success rate is lower, what are some strategies your program is implementing to improve?	



The nursing program implements multiple student success focused interventions and makes them available to all students throughout the curriculum to help students succeed in and outside the classroom. These interventions can be broken down into 3 categories: A) interventions implemented before the student starts the nursing program B) interventions implemented while the student is in the nursing program and C) interventions implemented when the student is demonstrating patterns that can impede in their success.

Before students start the application process for admission into the Nursing Program at Evergreen Valley College, the nursing department sets up several General Information Nursing Workshops throughout the year. No appointments are necessary to attend as they are drop in workshops and listed on the EVC Nursing Department webpage. During this workshop, students are given information on pursuing Nursing as a career and introduced to key elements needed to be a nurse. Information is also shared with the participants on the job outlook of nursing and career opportunities and different pathways that they have available in pursuing Nursing as a career. Students are also informed of the prerequisites that need to be completed before applying to the program. They are also informed of the timelines for the application and selection process and given information regarding immunizations that will be needed once they are admitted into the nursing program. This is the time for students to also ask questions and get any clarification that they may need before moving forward with taking any prerequisites and starting their application process for admission into the nursing program. It is recommended that students attend a General Information Nursing Workshop before they meet with a EVC Counselor for the Nursing Program.

Once admitted into the nursing program but before their first Nursing course, students are invited to participate in a Nursing Boot Camp. Students are not mandated to attend, but are highly encouraged to participate in Nursing Boot Camp. During this one day workshop, students are introduced to the policies and procedures of the Nursing Program that are available in the Nursing Student Handbook. Strategies for success are reviewed with the students, such as how to use Canvas, how courses progress, the importance of the syllabus and how student learning outcomes are used throughout the curriculum, test taking skills, time management skills, professionalism, communication and math skills. This is also a great opportunity for the student to meet one of their first semester instructors and to ask any questions that they may have regarding the first weeks of the course. Students are given a student checklist of things that need to be completed before the start of the first nursing course, along with information on the steps to complete their background check, show compliancy with immunizations requested by the clinical sites, and information for completing their mask fitting test and CPR certificate. If a student does not participate in the Nursing Boot Camp, all this information along with the reading list, lecture/lab schedule and syllabus for the first class are made available to them online through the Nursing Department's website.

Once in the Nursing Program, there are several interventions that the faculty have implemented to increase student success. All courses within the nursing program are enhanced through the use of Canvas to enhance student learning and student success. This platform not only allows courses to make available course reading list and lecture slides to the students a couple of weeks before the start of the course, allowing students the time to make changes to their personal and/or work



schedules for successful completion of the course. All students are made aware of the lecture learning outcomes before they start their reading assignments and before attending lecture through Canvas. All formative assessment methods are aligned to course outcomes and the lecture learning outcomes, promoting student success. Rubrics are made available through Canvas for all graded assignments, making students aware of the benchmark for success for each assignment. Feedback is given to students within 1 week of an assignment submission, keeping the student aware and informed of their own progress and encouraging patterns of behavior that lead to success in the course. All FT faculty have a minimum of 5 office hours per week available to students, allowing students the opportunity to connect individually with the instructor if they are concerned either in their performance, understanding course content and/or their success in the course. Each course continuously adapts and develops with new evidence based practice and annually evaluates if changes within the course delivery has impacted student success through the use of an Annual Matrix Evaluation process. This annual evaluation process is on top of the evaluation of curriculum and student success done for the Board of Registered Nurse, Commission for Nursing Education Accreditation completed every 5 years and the Evergreen Valley College Program Review completed every two years.

To succeed in the nursing program students need to demonstrate success in transferring what they learn in theory and implement it at the bedside in the hospital setting with real patients. There are numerous activities in place to allow all students the needed time to practice critical thinking and to demonstrate successful transfer theory to practice. Clinical experiences are all coordinated for each course within the nursing program, allowing students the opportunities to care for a diversity of patients in varying progression of their disease process and under the supervision of a clinical instructor. These experiences not only allow students to practice skills that they have learned in theory, but also allows them the opportunity to work on their time management, prioritization, and critical thinking while implementing the didactic learned in the controlled environment of the classroom. All students are also registered into a skills lab course each semester, giving them the opportunity to practice skills and critical thinking activities in the safety of a classroom environment with the supervision of an instructor. There is also regular open lab hours made available for students during some weekends for those students who are unable to attend during the week due to conflict with their work or life schedules. Both these skill labs are critical in allowing students access to equipment that would only be available in the clinical setting. This gives them supervised time to practice with said equipment before needing to work with them in the clinical setting with real patients.

The nursing program strives to integrate innovative teaching strategies and the use of technology throughout the program. Each course in the program participated in one or more days of high fidelity simulation each semester. Simulated learning experiences offer the student nurse the opportunity to practice their competencies in a controlled and safe environment using a variety of learning scenarios that are aligned to student learning outcomes. Simulation experiences are not graded and performance that occurs within this time period cannot be used to fail a student. By doing it this way, students are better engaged and less fearful of repercussions that can occur from their instructor for poor performance which allows for more learning to occur. The students are



videotaped during the simulation and then participate in a de-briefing to provide the student valuable feedback to incorporate into their future nursing practice. According to Aebbersold and Tschannen, 2013, simulation has demonstrated effectiveness as a method to train practicing nurses for new procedures, communication processes, and both skill based and non-skill based techniques. The lab provides interactive and engaged learning experiences for the student, and provides the student the opportunity to learn through self- reflection and through feedback from both the de-briefer and other student participants and observers. Simulation provides another for students to reflect on their own abilities and identify areas of needed improvement.

When a student has been identified as demonstrating a pattern that does not meet student success, they are counseled by the instructor and an Early Alert Process for Student Success is initiated. This is a formal document that captures detailed information as to what the student is not being successful in and allows both the instructor and the student to jointly create a plan for success with a determined time frame for reevaluation of performance. By allowing the student to be an active participant in their own detailed success plan it allows them to take more ownership and get more invested in their own success. This process is initiated as early as possible when a pattern of performance has been observed to allow time for the student to implement changes and demonstrate success. If the student has some deficits in a skill that is being used, then a Skills Remediation form is also initiated with a specific plan to demonstrate success that will be supervised by a separate individual titled the Student Success Coordinator. This is an instructor that is not the student's instructor and has no influence on their grade, allowing the student the opportunity to work on the skill deficit in a safe and controlled environment before they have to perform in front of the instructor to demonstrate improvement.

If the student is struggling academically then they are referred to the Student Success Coordinator, who is a faculty member within the Nursing Department. All students have access to the Student Success Coordinator if they self-identify themselves as needing help or they may be referred by the instructor. A Nursing Tutor is another individual also available to all students who have self-identified as needing help with pathophysiology, pharmacology and critical thinking. This individual is a Registered Nurse and a prior EVC graduate who is aware of the information needed to master both within the profession and within the EVC Nursing Program curriculum. The Nursing Tutor reports back to the Student Success Coordinator and all department faculty with any identified patterns of knowledge deficits found when working with students so that the patterns can be captured and further evaluated per course in the annual Course Matrix analysis.

Consistent implementation of the above available interventions is one of the keys to the nursing program's increased student success. This consistency helps set a benchmark for success throughout the curriculum and decreases confusion for the student. Another key to the nursing program's increased student success is the involvement of the student in the process of their own success. Not only are they aware of all of the available resources throughout their progression through the nursing program, but they are also encouraged to take ownership and responsibility for their success through active engagement and contribution in creating their individualized plan for success when they are demonstrating patterns early in the semester that will not lead to success



within the program. This ownership of their own success when a student is found to be struggling, both the instructor and the student come together to create a plan for success, helping to increase the student ownership for their own success

c) Is the current program success rate higher than the program set standard? The current success rate of 90.54% and is higher than the program set standard of 64%.

d) How close is the program to meeting the program success goal? The program is meeting and exceeding the program success goal of 81% with the current program success rate of 90.54%

e) Are these measures (program set standard and program success goal) still current/accurate? If not, please describe here and reset the standards.

The program set standard and the program success goal are both not current and accurate. The program set standard of 64% established during the last comprehensive program review as a pilot, which correlates with the state average of course completion of Associate degree programs given in the annual report data retrieved from the California Board of Registered Nursing website. This is a 26.52% difference from the actual program success rate. This identified standard does not represent our program's average for the past 5 years and all of the student success interventions that are made available to the Evergreen Valley College Nursing students. Because of this new information, the new proposed Program Set Standard will be 81%, which reflects 90% of the current program success. A set standard of 70% and a program success aspirational goal of 90% is now suggested for the next review period. This aspirational goal is set keeping in mind the limited number in our cohort size and with only two years of data.

2. Success Rate ("C" or better)-average F14- Fall 17

<i>Success Rates: Measures by IPEDs Race/Ethnicity</i>	Program (average total enrolled students/Success Rate)	EVC	
American Indian	1 / 100%	131	77.9%
Asian	75 / 88.26%	9,166	77.1%
Black or African American	5 / 84.13%	532	61.3%
Hawaiian/Pacific Islander	1 / 50%	98	66.9%
Hispanic	54 / 91.49%	8,737	63.7%
Two or More Races	10 / 92.35%	615	68.4%
Unknown	6 / 92.35%	2,138	71.6%
White	31 / 94.98%	1,385	73.3%



<i>Success Rates: Measures by Gender</i>	Program (average total enrolled students/Success Rate)	EVC	
Female	143 / 91.06%	12,211	72.5%
Male	39 / 88.64%	10,518	68.4%
No Value Entered	N/A	73	71.8%
<i>Success Rates: Measures by Age</i>	Program (total enrolled students/Success Rate)	EVC	
17 & Below	N/A	562	81.1%
18-24	36 / 91.92%	15,132	67.7%
25-39	124 / 91.77%	4,735	74.0%
40 & Over	23 / 80.25%	2,346	79.6%
Unknown	N/A	27	66.5%
<p>a. With respect to disaggregated success rates, list any equity gaps that are identified and discuss possible interventions your program will implement to address these equity gaps? Please include a timeline of implementation and reassessment.</p> <p>The above demographics of the EVC Nursing Program shows the diversity of our student population. The nursing program has seen an increase in the number of male students and students who identify as middle age group of 40 & Over. Lower number of students were seen identify with the American Indian, Hawaiian/Pacific Islander and Black or African American race/ethnicities but appropriately represents the makeup of the EVC student body. With the exception of Hawaiian/Pacific Islander, where the student number is too small to include in analysis (n=1), in all other identified groups, the nursing program success rates exceeds those of the college; therefore no equity gaps in student success are noted.</p>			
<p>b. With respect to disaggregated success rates (ethnicity/race, gender and age), discuss student performance in reaching your program set standard for student success as well as reaching the program success goal. (For data please refer to Program Set Standards in question #1 on page 3)</p> <p>When looking at disaggregated success rates by ethnicity/race, gender and age, all groups have reached and exceeded the program set standard of 64% and program success goal of 81% with the exception of students who identify themselves as Hawaiian/Pacific Islander and who are in the age group of 40 & over. Only one student identified as Hawaiian/Pacific Islander, so this does not give the program enough information to make program changes based on just one participant and a 50% success rate. We will need to continue to monitor those who choose to identify as Hawaiian/Pacific Islander to see if patterns can be identified in future program reviews. The students who identified in the age group 40 & over were able to meet the program set standard of 64% and almost reach the new program success goal of 81% with an 80.25% success rate.</p>			



- c. If your program offers course sections fully online, please contact the EVC Dean of Research, Planning and Institutional Effectiveness to obtain a student success report on the online sections. Address any differences in student success rates between fully online courses and classroom courses.

N/A

3. Program Awards- if applicable

If the classes in your program lead to a degree or certificate, please visit DataMart and indicate how many degrees/certificates were awarded in your program: http://datamart.cccco.edu/Outcomes/Program_Awards.aspx
You will need to select drop down menus as shown below and then “select program type by major of study” (for example, select Legal for paralegal studies).

Program Awards Summary Report - Parameter Selection Area

Select State-District-College: **Collegewide Search**
 Select District-College: **Evergreen Valley**
 Select Academic Year: **Annual 2015-2016**
 Select Award Type: **All Awards**
 Select Program Type: **ALL**
 View Report
 Program Awards Summary for Special Population/Group, please [click here](#).

Then at the bottom of the report, select the box “program type- four digits TOP”, then update report to get program specific information.

Report Format Selection Area - Check field to include in the report

Row Options

☐ District Name
☒ College Name
☒ Award Type
☐ Program CDCP Status
☐ Program Type - Two Digits TOP
☒ Program Type - Four Digits TOP
☐ Program Type - Six Digits TOP
 Update Report

Degree Type:	Number of Awards (Examine 2014-15, 2015-16, and 2016-17 data)
AA	
AS	<u>15-16: 47 AS in Nursing; 16-17: 68 AS in Nursing & 17-18: 68 AS in Nursing</u>
AS-T	
AA-T	



Certificate 12-18 units	
Certificate less than 12 (for data on these certificates please see your division administrator)	
Discussion:	

4. Student Enrollment Types (average F14-F17)

Day or Evening Student	Program average Headcount	Pct of Total	EVC (average headcount and percent of total headcount)	
Day	53	96.34%	4390	49.4%
Day & Evening	3	3%	3178	35.8%
Evening	N/A	N/A	1089	12.3%
Unknown	N/A	N/A	221	2.5%
Academic Load	Program average Headcount	Pct of Total	EVC (average headcount and percent of total headcount)*	
Full Time (12 or more units)	2	3.81%	2993	33.5%
Half Time (6 to 11 units)	53	93.92%	3757	42.0%
Less than half time (0 to 5 units)	3	5.88%	2153	24.1%

*Note: Not reported here are overload/withdrawn to equal 100%

- a. Discuss any changes in **program enrollment types** (day vs evening, full-time vs part-time) since your last program review?

Discuss how do your program enrollments (Pct of total) compare to EVC?

Based on the data, would you recommend any changes?

The data captured in our program enrollment types reflects lecture schedules only. Each class consists of a lecture component and a clinical component. Our lectures are scheduled during the days but the students are scheduled for skills labs during days, evenings and weekends. Clinicals that are associated with each course are scheduled at various times that are allocated by our clinical sites during the days, evenings and even night shift.

The academic load of the Nursing Program differs from that of the entire campus. The EVC Nursing program is a full time program but most semesters are only 11 units and not the 12 unit load that is identified as a full time load at EVC. For this reason 93.92% of the nursing program students are classified as part time students and not full time. The nursing program unit load is set forth for all California nursing programs by the Board of Registered Nurse (BRN). To be accredited, a nursing program must abide by the program unit set forth by the BRN which limits the EVC Nursing Program from increasing the 11 unit courses to 12 units to reflect a full time load. This would allow any student who is applying for financial aid to do so as a full time student, but our hands are tied and the 1 unit unfortunately cannot be added.



5. Student Demographics- Headcount (average F14-F17)

Program Total Headcount			Headcount & Pct of Total	
Gender	Headcount	Pct of Total	EVC	
Female	43	76.48%	4790	54.0%
Male	13	23.52%	4054	45.7%
No Value Entered	N/A	N/A	33	0.4%
Age	Headcount	Pct of Total	EVC	
17 & Below	N/A	N/A	498	5.6%
18-24	16	27.11%	5341	60.1%
25-39	34	61.91%	2072	23.3%
40 & Over	6	10.98%	961	10.8%
Unknown	N/A	N/A	11	0.1%
Race/Ethnicity (IPEDS Classification)	Headcount	Pct of Total	EVC	
American Indian	N/A	N/A	51	0.6%
Asian	23	42.69%	3475	39.1%
Black or African American	2	3.71%	224	2.5%
Hawaiian/Pacific Islander	N/A	N/A	38	0.4%
Hispanic	16	29.20%	3463	39.0%
Two or More Races	N/A	N/A	239	2.7%
Unknown	3	4.36%	806	9.1%
White	10	16.96%	583	6.6%

- a. Based on the **program total headcount** and Pct change year to year, discuss if your program growing or declining?
If so, what do you attribute these changes in enrollment to and what changes will the program implement to address them?

There has been no changes in program enrollment types since the last EVC Nursing Program review. The EVC Nursing Program enrolls 40 students into the N001 course each semester. There are always more qualified applicants than there are spaces available, so students are selected by lottery after meeting the Chancellor's cut score. Though most nursing programs across California are impacted (more qualified applicants than available program admissions), the nursing program has seen an increase in the number of qualified applicants over the past several years.

There has been a recent trend of having more difficulty in securing clinical site placements through our clinical partners. Our program has seen a decline in the availability of hospitals and/or units that will accommodate nursing students. There have been several reasons for this decline: 1) hospitals only accepting BSN students, 2) change in leadership 3) turnover of staff, and 4) number of nursing programs competing for the same hospitals/units. To maintain the current program enrollment, some of the solutions that we have implemented include utilizing less acute units in the Fundamentals course, forming partnerships with other



facilities, scheduling clinical on less desirable days, and acquainting hospital administrators with our Internal RN-BSN Bridge Program with San Jose State University.

The need for more available clinical sites from our clinical partners and the faculty to student ratios set forth by the Board of Registered Nurses (BRN) are some of the barriers that limits the potential ability for the nursing program to grow to match the needs of the community.

b. Discuss any gaps have you identified in your program?

Discuss how is your program enrollment similar or different from the campus?

Discuss which gender, age, and/or ethnic group are proportionally smaller than campus make up?

The nursing program enrollment is equally diverse as the EVC campus but not a mirror image. The following differences were identified when comparing the student body of the Nursing Program and the EVC Campus.

- Gender: One quarter of the nursing student body consists of male students where they make up close to 50% of the EVC student body. The gender distribution within the EVC nursing program student body reflects the most recent 2016-17 BRN Pre-Licensure Data Survey for the gender distribution of newly enrolled nursing students to an Associate Degree program (Data Summary for Pre-Licensure Nursing Programs, retrieved: <https://www.rn.ca.gov/pdfs/education/prelicensure16-17.pdf>).
- Age: More than half of the student body is made up of students between 25-39 years old while the EVC campus runs younger with more than half of the student body found in the 18-24 age group. The age distribution within the EVC nursing program student body reflects closely to the most recent 2016-17 BRN Pre-Licensure Data Survey for the age distribution of newly enrolled nursing students to an Associate Degree program with the exception that our nursing student body runs 7% higher in the 25-39 age group than the national average (Data Summary for Pre-Licensure Nursing Programs, retrieved: <https://www.rn.ca.gov/pdfs/education/prelicensure16-17.pdf>). This may be due to the need to complete prerequisite courses before applying and being accepted into the nursing program which will naturally increase the age of the student body.
- Race/Ethnic: The nursing program's student body is equally diverse as the EVC campus. The nursing department does have a 10% higher white student representation and a 3% higher Asian representation than the EVC student body with a 10% decrease in representation of Hispanic students. When compared to the most recent 2016-17 BRN Pre-Licensure Data Survey for the ethnic distribution of newly enrolled nursing students to an Associate Degree program, the EVC nursing program has a much higher Asian and lower White ethnic representation in our program (Data Summary for Pre-Licensure Nursing Programs, retrieved: <https://www.rn.ca.gov/pdfs/education/prelicensure16-17.pdf>). This is a direct reflection of the ethnic diversity seen in our local communities as stated in the Statistical Atlas for the Evergreen Valley neighborhood (<https://statisticalatlas.com/neighborhood/California/San-Jose/Evergreen/Race-and-Ethnicity>).

c. Discuss what interventions can the program implement to address any gaps in enrollment?



To increase the representation of more male nursing students we need to see an increase in number of male applicants. Since the selection process is random, there will always be a higher number of female to male students if the number of qualified applicants' gender distribution remains the same. A potential intervention to address this gap would be to work more closely with the local high school districts by participating in job fairs where nursing can be presented as a career option for males and not just females.

The same issue is present with the enrollment gap in the 18-24 age group. Since the selection process to be admitted into the nursing program is random we would also need to see an increase in the number of applicants from this age group to see a difference in the student body representation. A potential way for this to happen is to also work more closely with the local high school districts by participating in job fairs where nursing can be presented to the high school audience and introduce them to the guided pathway to nursing earlier so that they may be ready to apply to the nursing program before the age of 25.

6. Institutional Effectiveness (5 year average, see Summary Tab)

	Program	EVC
<i>Capacity</i>	40.47%	77.6%
<i>Productivity (goal 16)</i>	7.04	15.65

Is your capacity rate higher or lower than the campus?	The capacity rate of the Nursing Program is lower than the capacity rate of the EVC campus.
Is your productivity goal higher or lower than the campus?	The productivity goal of the Nursing Program is lower than the productivity goal of the EVC campus.

If the program capacity and/or productivity is lower than the campus, please provide rationale:

The capacity rate and productivity goals for the nursing program are lower than the program capacity and productivity goals for the EVC campus. The reason for this is due to the Board of Registered Nurse's set safety standard of faculty to student ratios. The other reason for the lower capacity and productivity levels are the faculty to student ratios set by the clinical partners of 1 faculty to 8-10 students depending on the clinical site.

However, the program addresses productivity where it can by offering lecture concurrently to all the nursing students- brining the lecture student/faculty rations to 40/1 or 20/1 depending on the nursing course.

Additionally, the nursing program produces a consistent high number of program completers with an AS degree, within the top 4 degrees earned for EVC in 17-18 with 68 degrees.

(https://datamart.cccco.edu/Outcomes/Program_Awards.aspx)

**PART B: Curriculum****1. Identify any updates to curriculum since the last comprehensive program review, including any new programs and indicate the 6-year timeline for scheduled course outline revision.**

Nursing courses are reviewed and revised every two years, according to the campus requirements for Workforce programs. The EVC Nursing Program completes the Program and Course Student Learning Outcome Assessment Matrices, departmental course matrices, and a Total Evaluation Plan (TEP) of the nursing program. At this time, most course reviews are going to be initiated in 2018

Crse No.	Title	Revision Date
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NURS-001	- Fundamentals of Nursing	3/25/2010 Course in review waiting for ACCC Tech 9/24/18
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Revision for the following core nursing courses will be initiated by faculty content experts in fall 18 to be on track for ACCC approval in Sp19

NURS-002A	- Basic Medical-Surgical	9/26/2013
NURS-002B	- Maternity Nursing	9/26/2013
NURS-003	- Advanced Pediatrics and Medical-Surgical Nursing	10/24/2013
NURS-004	- Advanced Medical-Surgical/Geriatric/Mental Health/Leadership and Management Nursing	10/10/2013

Nursing Support Courses: Revision for the following core nursing courses will be initiated by faculty content experts in fall 19 to be on track for ACCC approval in Sp20

NURS 131A, 131B, 132A- Nursing Resource Labs 10/21/14
 NURS 119- Pathophysiology for Allied Health 10/21/14 and in review since 3/23/17
 NURS 120- Pharmacology in Nursing 11/14/16

2. Identify all the courses offered in the program and describe how these courses remain relevant in the discipline and real-life experiences for students.

For courses your program has not offered in the past two years, please discuss a plan on how to deal with these courses (if your program is not going to de-activate these courses, please explain why).

Please include the list or diagram (program major sheet) of the courses reflecting course sequencing in the major and how often the courses within the program have been offered.



The core nursing courses remain relevant thought exposure to real life experience and compliance with industry standards. Theory is reinforced through clinical experience in all courses that take place in local hospitals including O'Connor, Kaiser San Jose, San Jose Regional, St. Louise, Santa Clara Valley Medical Center, Good Samaritan, and Palo Alto VA. Students practice real life scenarios in a safe learning environment through the high fidelity simulation lab. The course are evaluated for relevancy using nursing professional standards such as QSEN Standards, ACEN/BRN standards, Annual program evaluation Plan and an Annual Advisory Board meeting.

Graduates of the Evergreen Valley College Associate of Science Degree Nursing Program function in the common domain of nursing practice after licensure. Completing the program outcomes will enable graduates, following registered nurse licensure, to give direct patient care in collaboration with other health care professionals, and to perform independent and interdependent nursing interventions. Graduates are prepared and empowered to practice successfully within the rapidly changing health care system of a multicultural society. Faculty recognizes that the role of the nurse is changing due to influences both internal and external to the nursing profession. Therefore, graduates will continue learning through the process of experience and ongoing continuing education.

The purpose of the nursing program is to provide an optimal learning environment that will enable the culturally diverse learner to begin the process of life-long learning as a registered nurse. This purpose is congruent with the program philosophy in that each person is viewed as a distinct individual with multi-faceted life experiences. Within each individual, learning is an interactive process that integrates various learning styles, resulting in creative critical thinkers. The learner will in turn develop reasoning abilities through self-assessment and self-awareness, empowering students to strive for life-long learning.

There are eleven (11) overall Course Learning Outcomes that are leveled across the curriculum; beginning with the fundamentals nursing course and ending in the program outcomes. The course student learning outcomes increase in difficulty, promote cumulative student learning, and culminate, in the fourth semester, into the program outcomes. Program outcomes are leveled by semester (i.e., student learning outcomes) and organize the presentation of content in a logical progression from simple to complex. The leveled student learning outcomes are also the foundations for measuring student success in both nursing theory and clinical courses via theory and clinical evaluations.

Nursing Program Core Course Descriptions by Semester, completed in sequential order

Semester 1

NURS 001: Fundamentals of Nursing

This course addresses the health needs of individuals of varied psychosocial and cultural backgrounds. Nursing skills are developed to adapt nutrition, hygiene, comfort, safety, and pharmacology for each client. This course is designed to apply the nursing process to the health needs of the adult client utilizing basic nursing skills and caring behaviors to meet physical, social, and emotional needs. The Client Needs approach is used as the framework for providing safe and effective nursing care. The course includes clinical experiences in healthcare facilities.

Semester 2

NURS 002A: Basic Medical-Surgical Nursing



This course focuses on health promotion and health maintenance in the adult client with chronic illness. The course content includes pharmacological therapies, the nurse's role in preventive and rehabilitative services, and the maintenance/restoration of physiological and psychosocial integrity through the application of the nursing process. This course includes clinical experiences in adult health care units. This is an 8-week course.

NURS 002B: Maternity Nursing

This course focuses on health promotion and health maintenance for the childbearing family. The course content includes pharmacological therapies, the nurse's role in maternity nursing, and the maintenance/restoration of physiological and psychosocial integrity through the application of the nursing process. This course includes clinical experiences in maternity units. This is an 8-week course.

Semester 3

NURS 003: Advanced Pediatrics and Medical-Surgical Nursing

This course includes the application of medical surgical nursing care for the pediatric, adolescent, and adult client with complex disorders. Course content emphasizes pathophysiology, growth and development, nutrition, and pharmacology. The nursing process is used to apply these concepts to the maintenance and restoration of physiological and psychosocial integrity of the client. The course includes clinical experiences in pediatric and adult health care settings.

Semester 4

NURS 004: Advanced Medical-Surgical/Geriatrics/Mental Health/Leadership and Management Nursing

This course contains mental health nursing, advanced medical surgical nursing, geriatrics, leadership and management, including the preceptorship. Mental health nursing includes the principles of mental health and the social, economic, cultural, and physiological factors that predispose a person to mental illness. In advanced medical surgical nursing, critical thinking and leadership concepts are applied to the management and care of multiple clients in adult and geriatric settings. During preceptorship, in collaboration with a registered nurse, the student will provide optimal client outcomes by applying concepts learned throughout the nursing program.

Supplemental courses: NURS 131A, NURS 131B, NURS 132A

These are credit/no-credit optional skills labs designed to supplement the objectives of NURS 001, NURS 002A, NURS 002B and NURS 003. Low fidelity skills lab opportunities are provided under the direction of a nursing professor.

3. If you have a degree or certificate, please include a diagram of your program's guided pathways program map. (A program map indicates courses suggested for each semester, across two years, upon completion a student would qualify for a degree/certificate).
- Also related to guided pathways, please describe conversations held in the classroom related to a student's future success in college (attaining a degree) or success in the workplace (attaining employment related to their education/program of study).

Pre-Nursing Course Prerequisites:		
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Completion of Biology Pre-requisites- Anatomy, Microbiology and Physiology (with unit equivalent listed below for lecture/lab), with a GPA of 2.5 or above for the sciences, and completion of English 1A with a "C" or better.		
BIOL 071*	Human Anatomy	5.0
BIOL 072*	Human Physiology	5.0
BIOL 074*	General Microbiology	5.0
<i>*Will accept a minimum of 4.0 semester units, equivalent courses</i>		
ENGL 001A	English Composition	3.0
Note: Nursing will not accept international coursework for the prerequisite classes.		
Major Requirements:		
Course Supportive of the Major: (Required for graduation and licensure)		
PSYCH 001	General Psychology (<i>recommended prior to enrollment in the nursing program</i>)	3.0
Major Requirements: All completed with a grade "C" or better		
NURS 001	Fundamentals in Nursing	9.5
NURS 002A	Basic Medical-Surgical Nursing	5.0
NURS 002B	Maternity Nursing	4.0
NURS 003	Advanced Pediatrics and Medical-Surgical Nursing	8.5
NURS 004	Adv. Medical-Surgical/Geriatric/ Mental Health/Leadership and Management Nursing	10.0
General Education:		
Area A:	<i>Written Communication-ENGL 001A (met by Pre-nursing prerequisite course)</i>	
	Communication Studies	3.0
Area B:	<i>Science with lab (met by Pre-nursing prerequisite course)</i>	
Area C:	Fine Arts	3.0
	Humanities	3.0
Area D:	HIST 017A and 017B OR HIST-001 and POLSC 001	6.0



Area E:	<i>Life-long Learning and Self Development (met by Nursing curriculum)</i>	
Graduation Requirements:		
Physical Activity: PE or DANCE Cultural Pluralism/Ethnic Studies (can be completed in area C or D) Math competency: MATH 013 or 014 OR Equivalent OR Intermediate Algebra Competency Exam		1.0
	Pre-requisite Courses	15.0 - 18.0
	Course Supportive of the Major	3.0
	Nursing Major Courses	37.0
	General Education Courses (additional)	15.0
	Physical Activity	1.0
	Total units	71.0 – 74.0

Note: For licensure, the Board of Registered Nursing requires one of the following courses to meet the Societal/Cultural Pattern:

ETH 010, 011, 020, 030, 035, 040, 042, SOC 010, 011, ANTH 063 OR Equivalent

Conversations are ongoing to pre-nursing students as well as enrolled nursing students. Conversations regarding success in the nursing program and in the workplace are first introduced during our Nursing Information Workshops, during Nursing Bootcamp and in each course throughout the curriculum. A heightened focus is given on these topics during the leadership and management portion of our N004 course. The EVC Nursing website has a link posted regarding employment rates forecasted by the Board of Registered Nurses (BRN).

EVC Nursing students are provided the opportunity to continue their nursing education with the EVC/SJSU ADN/BSN partnership.

4. Identify and describe innovative strategies or pedagogy your department/program developed/offered to maximize student learning and success. How did they impact student learning and success?

Evergreen Valley College Nursing Program is committed to enhancing technology competency of the nursing students. Our high fidelity simulation clinical experiences have grown to include all 5 courses across the curriculum. With faculty and student buy in, course content and learning outcomes, clinical reasoning, and critical thinking have been strengthened.

Additional advances in technology include implementation of web-enhanced courses and online testing. Our campus course management system, Canvas, affords the program the opportunity to increase student access to course information. This online course management tool is utilized for posting syllabi, lectures, grades, course documents, announcements, and links to Quality and Safety Education in Nursing (QSEN), and geriatric resources. The course management system has also been used for assignment submission and grading of the assignment utilizing a faculty created rubric all within the course management system. This has allowed students to receive more timely feedback after assignment submission and for faculty to be able to identify students who are not meeting course outcomes earlier which allows for earlier



intervening. In addition, it has been the priority communication tool between faculty and students. All nursing courses utilize Exam View Player for testing, and schedule exams in the nursing/biology computer lab. This same online test format is available through the Disabled Student Program (DSP) for students requiring accommodations. Additionally, faculty has collaborated with Assessment Technologies Institute (ATI) to help students utilize online resources to strengthen content, remediate and practice NCLEX-type questioning. Students have access to electronic health records for viewing and documentation as well as medication administration in the EVC Lab, Simulation Center and in the clinical site.

The Nursing Department is committed to student success and has continued to support innovative student success activities. Utilizing our Enrollment Growth/Assessment /Remediation/Retention grant funds from the State Chancellor's office, the nursing students have continued to benefit from student success activities including Peer Led Team learning (PLTL), nursing tutors, a faculty PLTL coordinator, and a designated Student Success Coordinator.

PLTL is a well-established grant-funded program designed to provide an opportunity for review of lecture content and apply critical thinking skills. The program allows third semester students the opportunity to lead first semester students in small group discussions to promote application and critical thinking to support fundamental nursing concepts. Content may include case studies, application of math concepts, opportunities for skills review, and low fidelity simulation. This method has a mutually beneficial effect for both first semester students to enhance critical thinking development and for third semester students to develop leadership skills. Third semester students apply for the PLTL leadership positions. Currently, PLTL leaders receive a small stipend for their work. Each leader must have a formal recommendation from a previous nursing instructor and be approved by the Board of Trustees. The PLTL coordinator, which is a grant funded 10% FTE position, works with the leaders and guides the mentoring and coaching skills. PLTL leaders meet on a weekly basis with the coordinator prior to the group meetings. Feedback is received through surveys of both the leaders and the first semester participants. PLTL is a required component of the Fundamentals course. Peer Led Team Learning benefits both the entry nursing students as well as developing leadership potential in the mentors.

The student success coordinator works one on one with students needing support in test testing, didactic and clinical areas and connects students with available resources. Additionally, the student success coordinator provides a series of workshops open for all nursing students. The key areas covered in the workshops include medication math, CINAHL database searches, APA, NANDA development, skill demonstration and practice.

The Nursing Student Success Program is designed to help students develop strategies to be successful in the Nursing Program and to be lifelong learners. The Student Success Coordinator's role allows a faculty member to meet with students that are at risk and/or have questions or concerns regarding their performance in the nursing program. Student Success hours are flexible. There are posted hours that allow students the opportunity to have a structured system in place to seek assistance when needed. Student Success hours are also available by appointment to allow the student to meet at a time that does not interfere with class or clinical time. The Student Success Coordinator keeps track of students that are seen and reports directly to the Dean of Nursing and Allied Health. Students may initiate meetings with the Student Success Coordinator or may be referred by an instructor. At the beginning of each semester students meet with the coordinator with questions about the program, questions on study tips, and review of testing skills. As the semester progresses there is an increase in the number of students requesting appointments with the Student Success Coordinator at the 4th, 8th and 12th week. These time frames coincide with exams. Recently



a more formalized format for tracking students was implemented. Average time spent with the student is one hour. Throughout the semester 3-4 students are seen on average per week. Concerns range from time management, help with reading and comprehension techniques, study techniques, and care planning assignments. Students also come in when experiencing family issues and high stress issues. At this time, students are referred to confidential campus counseling services offered through Student Health.

A nursing tutor is also available for the student throughout the semester. The students can self-refer or may be referred by the student success coordinator or their course instructor. The nursing tutor is a practicing registered nurse and assists primarily with pathophysiology and care plans.

Interventions for student success are implemented throughout the nursing program. Examples include the "Getting to Know You" interview in first semester. Second and fourth semester employ reflective journaling as a weekly assignment entered in Canvas to reflect on their experiences in the clinical setting. First, second and third semester have implemented a weekly anecdotal form that allows for weekly feedback to the student. This form reviews student areas in need of improvement as well as the areas in which the student has demonstrated proficiency. In the nursing program, instructors will activate an "Early Alert, Student Agreement Strategy for Success" for students that are identified as being high risk for academic failure. The form can be initiated at any time by the theory or clinical instructor. Strategy for Success plans are automatically initiated by the theory instructor for any student that receives less than 75% on an exam. This process begins a remediation plan that sets in motion a number of interventions designed to promote student success. The faculty and/or student success coordinator meet regularly with the student to monitor progress of the remediation plan and to modify it as necessary. Students are referred to campus support services that may help promote their academic success. The role of the coordinator includes meeting with the student to discuss and implement plans for success. These include but are not limited to, test taking strategies, dealing with test anxiety, study tips, reading help, time management, and organizational skills. The college employs an "Early Alert" program approximately three weeks into the semester. Students registered for coursework who may be having academic difficulty are notified that they should meet with their instructor and/or seek additional assistance.

Students performing poorly in the clinical setting are also started on an "Early Alert, Student Agreement Strategy for Success" and/or "Skills Remediation" form. The faculty member identifies a specific area of remediation that the nursing skills lab faculty will use to work with the student. Remediation may include a combination of skill practice, low fidelity simulation scenarios, and viewing media. A student may also be requested to meet with the nursing tutor. Tutoring hours are set and available on a weekly basis in the nursing building.

RN Boot Camp is an 8-hour class set up prior to the start of the N001 Fundamentals course to help students to be successful in the nursing program. The class covers professional communication, orientation to Canvas, practice with Exam View Player as well as multiple strategies for reading, studying, and time management.

Students are introduced briefly to QSEN as well as what to expect in the clinical setting. Students are introduced to the clinical paperwork requirements, APA paper requirements, as well as the math exam requirements. Ample time is allotted for student questions and answers.

5. Discuss plans for future curricular development and/or program (degrees & certificates included) modification.



Faculty met intensively to review the curriculum and agreed in spring 17 to continue with current curriculum. Future curricular development includes the following:

- Offering a supplementary Pharmacology course and Pathophysiology online course
- Implementation of Multi-Criteria in the selection process for student application process starting in October 18 for admission into the nursing program starting in the Spring 19.
- Simulation Center = More individual course ownership/involvement of the debriefing process and the scenario writing/updating. Support by a full time simulation technologist
- Look at adopting books and course materials that are 508 compliant.

6. Describe how your program is articulated with High School Districts, and/or other four year institutions. (Include articulation agreements, CID, ADTs...)

The Nursing Program is not articulated with the High School Districts or other four-year institutions.

7. If external accreditation or certification is required, please state the certifying agency and status of the program.

The Evergreen Valley College Nursing Program is approved by the California Board of Registered Nursing (BRN), and nationally accredited by the Accreditation Commission for Education in Nursing (ACEN). The next approval process for the CA BRN will occur in 2020. The department expects an accreditation visit with ACEN in 2021.

PART C: Student Learning Outcomes and Assessment

1. **On the program level, defined as a course of study leading to degree or certificate, list the Program Learning Outcomes (PLOs), and how they relate to the GE/ILOs (<http://www.evc.edu/discover-evc/student-learning-outcomes-%28slos%29>). Please also indicate how the course SLOs have been mapped to the PLOs.**

If you are completing this program review as a department or discipline and do not offer any degrees or certificates, please write N/A in this space.

EVC Nursing Program has eleven Program Learning Outcomes that are leveled across the curriculum; beginning with the fundamentals nursing course and ending in the program outcomes. The course student learning outcomes increase in difficulty, promote cumulative student learning, and culminate, in the fourth semester, into the program outcomes. Program outcomes are leveled by semester (i.e., student learning outcomes) and organize the presentation of content in a logical progression from simple to complex. The leveled student learning outcomes are also the foundations for measuring student success in both nursing theory and clinical courses via theory and clinical evaluations. Below are each of the PLOs and their alignment to the campus ILOs:

Program Outcomes



At the completion of the nursing program, the graduate competently performs in the following areas.

1. Implement nursing care based on the nursing process to meet client needs throughout the life span in a variety of settings. (ILO #2)
2. Promote achievement of optimal client outcomes by directing nursing care of clients throughout the life span in a variety of settings through advocacy and delegation. (ILO#2)
3. Act as a client advocate to promote access and enhance quality of care throughout the life span in a variety of settings. (ILO #1 and #4)
4. Utilize teaching/learning principles to promote optimal health throughout the life span in a variety of settings. (ILO #1 and #4)
5. Utilize therapeutic communication to provide client care throughout the life span in a variety of settings. (ILO #1)
6. Demonstrate cultural sensitivity when providing care to clients throughout the life span in a variety of settings. (ILO #1 and #4)
7. Implement caring behaviors that support mental emotional and social well-being of the client throughout the life span in a variety of settings. (ILO #1 and #4)
8. Implement nursing care utilizing critical thinking skills based upon knowledge of biological sciences, pathophysiology, nutrition, pharmacology and growth and development to achieve maximum physiological integrity and reduce the risk potential for the client. (ILO #2 and #3)
9. Utilize leadership and management principles in providing and delegating the delivery of client care, as a member of the health care team. (ILO #1 and #4)
10. Demonstrate accountability for providing and evaluating nursing care that adheres to professional standards and incorporates legal and ethical responsibilities of the nurse. (ILO #5)
11. Demonstrate autonomy in recognizing one's own need for life-long learning, personal transformation and professional growth. (ILO #5)

2. Since your last program review, summarize SLO assessment activities and results at the course and program level. Please include dialogue regarding SLO assessment results with division/department/college colleagues and/or GE areas. Provide evidence of the dialogue (i.e. department meeting minutes or division meeting minutes...). **Your program review will not be approved unless every SLO for every course in your program, and every PLO (if your program has a degree or certificate) is complete and approved by EVC's SLO Coordinator. All SLOs and PLOs must be assessed every two years.**

In addition to the campus SLO assessment process the Nursing Department goes above and beyond by incorporating an in-depth internally created course assessment Matrix. Individual nursing course SLO assessment is done every academic year along with reevaluation of interventions that were implemented. Assessment tools include the Clinical Performance Evaluation Tool (CPET), the Simulation Evaluation Tool (SET), Exams, Clinical Records and individual assignments developed for each course. Most assessment tools are aligned with course learning outcomes and institutional learning outcomes, and data collection and analysis has been ongoing since fall 2014. For those courses that are not fully participating in the assessment process, action plans are in place to insure that this process is completed. All core nursing courses have completed at least one full cycle of assessment and evaluation for the college requirements. Attached is an example of one of the internal course matrices that are completed each academic year for the core nursing courses (see Appendix A: N002A, N002B, N004 Course Matrix).

The majority of assessment results for the nursing courses show that students are meeting the learning outcomes, but there are three consistently identified problem areas throughout most of the nursing courses.



The first one is the Clinical Record, more specifically the Data Analysis, Nursing Diagnoses, and Care Planning sections. The second one is alternate format exam questions. Alternate item format questions use a format other than the standard, four-option, multiple-choice questions and can include multiple response, fill in the blank, or ordered response. These types of questions are part of the NCLEX exam, so students need to master this format. Lastly, in simulation, no outcomes were identified with less than 90% .

3. What plans for improvement have been implemented to your courses or program as a result of SLO assessment? Please share one or two success stories about the impacts of SLO assessment on student learning.

For the courses, several plans have been implemented to help students better meet the outcomes. In regards to the clinical record, N002A is requiring an analysis on all clinical preps so the students have more opportunity for feedback. N002B is modifying the instructions and adding additional prompts for further clarification. N004 is using 15 minutes from each clinical conference to discuss clinical records and answer questions. In addition, they are having students read each other's data analysis and provide feedback prior to the due date. Alternate item format questions are being incorporated into quizzes and lecture areas so that students have more opportunity to practice this type of question. Also, faculty are encouraging students to use available resources such as ATI and their textbooks. For Simulation, more time has been allowed in scenarios to practice safe medication administration, assessment, standard precautions, and identifying change in status. A clinical record grading rubric was developed to be used throughout the curriculum and is available on each courses' course management system.

Our nursing program has incorporated multiple strategies for student success, including but not limited to:

- Each course matrix shows alignment with SLOs, PLOs and ILOs and has helped develop specific rubric and assessment tools that aid in student success.
- All course assessments (exp: exams, assignments, etc) have been aligned to our SLOs.
- The student success coordinator has been available to help guide students towards academic success.
- The open labs have been available under the supervision of a nursing faculty to help student master their nursing skills.
- High fidelity simulation lab is incorporated in each course to help continue with the application of transferring theory to practice.

PART D: Faculty and Staff

- 1. List current faculty and staff members in the program, areas of expertise, and describe how their positions contribute to the success of the program.**



At present, there are nine full time faculty and eleven part time faculty teaching in the pre-licensure RN degree program. Six out of nine full-time faculty are tenured, all Masters (MSN) prepared with one doctoral prepared. There are at least two full-time faculty in each of the four semesters. Currently we have openings for one FTE tenure track positions. Adjunct faculty teaching during 2016-2018 include Leirer, Ibe, Rhalsa, Lipscomb, Ngo, Nwogu, Pena, Rivera E, Rivera R., Abraham and Smith.

All full- and part-time faculty members meet the CA BRN regulations for their positions as outlined in section 1425 of the California Nursing Practice Act. (See: California Nurse Practice Act). All faculty are BRN approved to teach in their respective theoretical and clinical areas. Dr. Antoinette Herrera served in the position as the Dean of Nursing and Allied Health from July 2013 to Spring 2017. Lynette Apen serves as interim dean from Fall 17 to current..

Each faculty member participates in the planning and ongoing evaluation of the course. Full time faculty assigned to each course meet as a team, at a minimum monthly, to implement, plan, evaluate and discuss course content, progress and student concerns. Adjunct faculty is encouraged to attend team meetings. Communication between the team and their adjunct faculty is done by email; this would include team meeting minutes as well as students' progress and any issues or concerns. Weekly student learning outcomes are reviewed in order to ensure similar experiences for all clinical groups within a course.

Faculty members remain current in content and practice through continuous education hours, coursework, and work experience. In addition to team meetings, each course is reviewed on an ongoing basis with content expert reviews and student evaluations. The nursing faculty has a minimum of one content expert in each required content area. Content experts annually review the curriculum for content currency, appropriateness and logical progression of subject matter, teaching-learning methods, evaluation methods and content links to the curriculum infrastructure using practice standards appropriate to the area. Content expert suggestions are reviewed by the faculty team to maintain the integrity and concurrency of the course/program. Findings are presented and faculty members have the opportunity to discuss, make recommendations for change and approve the review. Content experts stay current in practice trends by attending educational conferences, completing continuing education units and through clinical experiences. The content experts include the following:

<i>Medical-Surgical</i>	<i>Nancy Lin</i>
<i>Obstetrics</i>	<i>Susana Machado</i>
<i>Pediatrics</i>	<i>Patricia Braun</i>
<i>Mental Health/ Psych</i>	<i>Barbara Tisdale</i>
<i>Geriatrics</i>	<i>Sue Wetzel / Poonam Khare for 18/19</i>

According to the AFT 6157 Collective Bargaining Agreement, faculty is responsible for curriculum development, including the analysis and coordination of text materials; constant review of current literature in the field, the preparation of selective, descriptive materials, such as outlines and syllabi; conferring with other faculty and administration on curricular issues; and attending and participating in college curriculum and implementation committees.

Full time faculty actively participates in standing committees within the nursing department including Curriculum, Program Review, and Community Advisory Board. The Assistant Director of the Nursing Program



chairs the Nursing Curriculum Committee. The primary work of this committee is to evaluate the comprehensive and cohesive nature of the curriculum. The nursing curriculum committee must approve all curriculum changes prior to submission to the All College Curriculum Committee and the CA BRN. The Community Advisory Board meets annually with faculty, hospital representatives, and community agencies in order to communicate and collaborate with the community we serve. This advisory board looks at trends in nursing practice, the effectiveness of the program, and nursing job development and job placement.

Full-time faculty typically teach both theory and clinical, whereas part-time faculty typically are assigned to clinical only. The standard faculty/student ratio set by the Board of Registered Nurse (BRN) for clinical is 1:10. This standard is currently met by all full time faculty taking clinical groups and the use of qualified adjunct faculty. The standard faculty/student ratio for theory courses on average ranges between 1:20 to 1:40, which we feel is sufficient since the majority of college level lecture courses have a student faculty ratio of 1:40 to 1:50. While lecture is one method for teaching theory courses, faculty members often incorporate a variety of other teaching-learning strategies that involve small group work focusing on collaborative learning, problem-based learning, case study analysis, and small group presentations. During these times, other faculty members will often join the primary lecturer to assist with these alternative teaching-learning methodologies. A full-time faculty member is assigned to teach in the skills lab and simulation lab.

The program strives to have the students taught primarily by full-time faculty members. Theory is taught primarily by full time faculty members with part-time faculty playing a valuable role in providing excellent clinical teaching. Because the application of theoretical concepts in clinical teaching is critical, part-time faculty members are given an extensive orientation to the curriculum, are assigned a faculty mentor, and given a list of expectations and requirements. The program also utilizes skills labs and Simulation. In Clinical Skills labs the ratio is 1:10, which is adequate to supervise students practicing skills. In simulation, the faculty is 2-3 faculty/staff to 10 students which is adequate to smoothly run a simulation. The nursing program complies with the established college policy that states that one hour of weekly theory instruction throughout the semester is equal to one semester unit. Three hours of weekly clinical laboratory instruction throughout the semester is equal to one semester unit.

In summary, faculty members (full- and part-time) teaching in the Evergreen Valley College Nursing Program are academically and experientially qualified as evidenced by BRN approvals, and maintain expertise in their areas of responsibility. The primary mission of the college and nursing program is teaching. The utilization of full- and part-time faculty is sufficient to support the mission of both education units. The number and type of faculty are adequate to carry out the purposes and objectives of the nursing program. Faculty/student ratios in the classroom and supervised clinical practice are sufficient to insure adequate teaching, supervision, and evaluation.

- 2. List major professional development activities completed by faculty and staff over the last two years. In particular with regards to students' success, equity, distance education, SLO assessment, guided pathways and/or innovative teaching/learning strategies. Please also discuss department orientation/mentoring of new and adjunct faculty.**



Nursing faculty members are committed to life-long learning. Because the mission of the college and nursing program is teaching, faculty members primarily focus on maintaining expertise in nursing education and clinical practice trends (see Appendix B: Faculty Report).

One hundred percent of new full- and part-time faculty are oriented by the Dean and 1-2 faculty members. New faculty is provided a College, Division, and Department orientation individualized to the new nursing faculty member. New full-time faculty also receive an additional orientation through the District. Orientation to the course is facilitated by a full-time faculty member. All new full-time faculty members are receiving regularly scheduled pre-tenure evaluations, have peer mentors, and clinical teaching mentors as needed and have completed program and college orientations. New part-time faculty are encouraged to attend an Adjunct Orientation through the college. Adjunct faculty are mentored by a full time faculty through their first semester. Adjunct faculty also check in with full time faculty on a weekly basis and are offered the opportunity to attend team meetings. Team meeting minutes are emailed to adjunct faculty. The Dean communicates with all new full- and part-time faculty weekly via meetings, emails, or phone

PART E: Budget Planning

1. With your Dean, review the department Fund 10 budget (operational budget) and discuss the adequacy of the budget in meeting the program's needs.

The majority of the Nursing Fund 10 budget is in Salary and Benefits for nursing faculty and staff. The department has some discretionary funds totaling approximately \$8400 in 17-18. These funds are used for non-instructional materials, program memberships necessary for accreditation and student related costs.

The 17/18 Nursing Fund 10 account does not include sufficient funding for supplies, equipment, repairs, maintenance contracts, adequate nursing exam software, faculty mileage reimbursement for traveling to hospitals, classroom teaching supplies, professional memberships, and professional development, to name a few. The nursing department continues to seek out grant funded opportunities to support the aforementioned items, as well as student success wrap around services.

2. Identify an external (fund 17) funding the department/program receives, and describe its primary use.

The nursing program has consistently applied for the California Community Colleges Chancellor's Office (CCCCO) grant every year, and has been successful in securing funding to help with student success efforts such as nursing tutoring services, conducting a Peer Led Team Learning (PLTL) program, funding for a Student Success Coordinator, program memberships and conference attendance. In 17/18, the nursing department was awarded two grants from the CCCO totaling \$205,300.



In our continuous efforts to secure funding from other external sources, the nursing has secured grant funding from the CCCCCO in the amount of \$197K for the 18/19 academic year. These grant outcomes support the efforts of the previous two CCCCCO grants.

In addition, the nursing program receives funding from Strong Workforce (CCCCO), to support equipment, and staffing of the EVC Simulation lab- including funding the position for the instructional lab tech (sim wizard) hired in summer 2018.

PART F: Technology and Equipment

1. Review the current department technology and equipment needed and access program adequacy. List any changes to technology of equipment since the last program review. If changes were made please indicate how the change impacted student success.

The Simulation Lab provides valuable learning experiences in implementing, directing and prioritizing nursing care for our students. The loss of simulation space at SJCC and the increased need to incorporate more simulation experiences into the courses will best be solved with the recent relocation of the Simulation Center to the Evergreen Valley College campus. In addition, simulators/mannequins and related equipment are aging, malfunctioning, and will need to be updated to maintain quality learning experiences for the students. Maintenance agreements will also need to be obtained. Finally, simulation is an expanding and changing teaching modality in nursing education. Simulation training for all faculty is necessary to ensure the highest standard of teaching for our nursing students.

The Nursing and Allied Health Division has two skills labs (one small and one larger) for use by both Nursing and CNA/HHA students. The CNA/HHA program has expanded and has required more time in the skills labs. The addition of a Skills/Lab faculty has increased the use of the skills labs by nursing students. As a result, faculty must find alternative locations for their skills labs; Maternity nursing faculty has been using the Simulation Lab and Pediatric nursing faculty schedules additional time on the pediatric unit in the hospital. Additional skills lab space is necessary to accommodate all of the required lab needs for the division.

The increased use of these two labs by both CNA/HHA and nursing students is best coordinated through careful scheduling, appropriate upkeep of equipment and supplies, and availability of multiple and functional state-of-the-art equipment and devices. At present, most of this is accomplished through grant funding. A more secure form of funding is required to safeguard the availability of lab supplies and equipment in the future.

PART G: Additional Information

Please provide any other pertinent information about the program that these questions did not give you an opportunity to address.

The last curriculum change was implemented in fall 2007 and nursing education has evolved since that time. According to the National Advisory Council on Nurse Education and Practice (NACNEP), nurse educators must continuously evaluate and revise education curricula, approaches, and programs used to educate new and practicing



nurses to keep pace with the rapidly changing healthcare environment. The NACNEP states the need to expand the use of technologies (e.g., simulation, distance learning, virtual worlds) to prepare faculty to teach effectively and efficiently and to prepare nurses for practice in complex healthcare delivery systems. Finally, they emphasize the importance of promoting innovative practice models that provide learning opportunities that emphasize safe, coordinated, and affordable healthcare as well as inter-professional models of education that provide collaborative and consumer-centered care. We had numerous workshops during the Spring 17 semester that lead to a retreat on the last day of Spring 17 allowing for an extensive review of the current curriculum. The unanimous vote was to keep the current curriculum as written and continue to assess outcomes.

PART H: Future Needs and Resource Allocation Request:

Based on the areas noted below, please indicate any unmet needs for the program to maintain or build over the next two years. Please provide rationale on how the request connects back to SLO/PLO assessment, strategic initiatives or student success. If no additional requests are needed in any of the areas, put N/A.

Faculty and staffing requests	<p>Ongoing Budget Needs:</p> <ol style="list-style-type: none"> 1. Full time Nursing Faculty = As of Fall 18 the program is down two full time instructors. This has increased the utilization of adjunct faculty which could put the program at risk of being out of BRN compliance for accreditation- 9FT/11PT 2. ADN/BSN Bridge Program = the program need campus funds to sustain this program. 3. Nursing Tutor = currently funded from grand funds and would like to make this resource for student success sustainable. <p>One-time Expenditure: N/A</p>	<p>Request linked to:</p> <ol style="list-style-type: none"> 1. Achievement of program set standard for student success: 2. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement) b. Improving Student success rates: 3. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement) b. Improving Student success rates: 4. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement) b. Improving Student success rates:
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<p>Facilities</p>	<p>Ongoing Budget Needs:</p> <ol style="list-style-type: none"> 1. More rooms/space made available for lecture and skills labs = currently the program has lost 1 lecture hall. We struggle to find lecture space due to our course scheduling. Courses are unable to utilize skill space to the length of time needed to adequately have each student practice in the nursing and CNA program. <p>One-time Expenditure:</p>	<p>Request linked to:</p> <ol style="list-style-type: none"> 1. See below: <ol style="list-style-type: none"> a. Improving Student success rates: b. Achievement of program set standard for student success:
<p>Technology (Considerations: keep in mind accessibility of all technology requests so that it is 508 compliant) (Also discuss how long the technology you are requesting will be viable; how frequently will this technology need to be replaced; also discuss any issues surrounding disposal of requested technology items).</p>	<p>Ongoing Budget Needs:</p> <ol style="list-style-type: none"> 1. High fidelity Mannequin / simulation audio/visual updates & repairs = frequent utilization causes wear and tear of equipment. 2. Skills lab mannequin updates/repairs = frequent utilization causes wear and tear of equipment. 3. Updated Electronic Medical Record (EMR) for skills lab and simulation = EMR provider rolled over to new format, which requires updated training and data reentry. License for program usage needs to be updated per contract as this is a software program that is used in simulation labs. <p>One-time Expenditure:</p> <ol style="list-style-type: none"> 4. Training and time allocation to update courses to be 508 compliant. 	<p>Request linked to:</p> <ol style="list-style-type: none"> 1. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates: c. Achievement of program set standard for student success: 2. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates: c. Achievement of program set standard for student success: 3. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates:



	<ol style="list-style-type: none"> 5. Funding to increase simulation up to 25% clinical time for areas that do not have enough clinical sites. 6. Funding to purchase virtual e sims (\$99 per student) 7. Funding to join a consortium that on boards all nursing students at all hospitals. 	<ol style="list-style-type: none"> c. Achievement of program set standard for student success: 4. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates: c. Achievement of program set standard for student success: 5. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates: c. Achievement of program set standard for student success:
Equipment/Supplies	<p>Ongoing Budget Needs:</p> <ol style="list-style-type: none"> 1. Updated and repair of IV Pumps = frequent utilization causes wear and tear of equipment. Hospitals are updating IV pump technology that should be made available to students in the skills lab to practice with. 2. Skills and simulation supplies = Disposable supplies need to be replaced 3. Office supplies (binders, dividers, papers, etc.) = the department is always short on ongoing office supplies. 	<p>Request linked to:</p> <ol style="list-style-type: none"> 1. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates: c. Achievement of program set standard for student success: 2. See below: <ol style="list-style-type: none"> a. Strategic Initiatives (student centered, organizational transformation, community engagement): b. Improving Student success rates:



	<p>One-time Expenditure:</p> <ol style="list-style-type: none">1. Low fidelity mannequins = current mannequins broken and out of date	<ol style="list-style-type: none">c. Achievement of program set standard for student success:3. See below:<ol style="list-style-type: none">a. Strategic Initiatives (student centered, organizational transformation, community engagement):b. Improving Student success rates:c. Achievement of program set standard for student success:
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Appendix A: Example of Course Matrix:

ILO	PLO	CLO	QSEN	Assessment Tools	Benchmark	Assessment
#1 Communication	#3	CLO#3	#1	-CPET	90% of the students will achieve a satisfactory on the final clinical evaluation in SLO#3A: Psychosocial Integrity - Utilize therapeutic communication to provide care of childbearing families with minimal assistance	68/68=100% passed clinical Explanation: <ul style="list-style-type: none"> 1 student failed theory
	#4	CLO#4	#2			
	#5	CLO#5	#5			
	#9	CLO#9	#6			
				-SET	The effective communication outcomes will be met by 80% of the simulation groups	Simulation Evaluation Sections addressing ILO #1 with year average (Fall 100%/Spring 100%): <ul style="list-style-type: none"> Health Promotion & Maintenance (100%/100%) Teamwork & Collaboration (100%/100%)
				-Exams	70% of students will achieve at least 70% or higher on midterm and final exam questions aligned to ILO #1: Communication questions.	Combined Midterm & Final Exams Performance = 184/207=88.8% Explanation: <ul style="list-style-type: none"> Midterm = 79/91 = 86.8% Final = 105/116 = 90.5%
					90% of the students will meet the entire communication course	Clinical Record sections addressing ILO #1 (2 nd CR):



				-Clinical Records	learning outcomes on the clinical record evaluation on the 2 nd clinical record submission.	<ul style="list-style-type: none">• Client/Family Teaching & Learning Needs (1st CR=100% / 2nd CR=97%)• Analysis of Data (1st CR=83.6% / 2nd <u>CR=88.1%</u>)• List of Pertinent Diagnosis (1st CR=88.1% / 2nd CR=91%)• Nursing Care Plan (1st CR=91% / 2nd CR=95.5%)• Community Health (1st CR=50% / 2nd CR=50%) – see comments• Appendix A: Medications (1st CR=89.6% / 2nd CR=95.5%)• Appendix B: Lab Analysis & Diagnostic Tests (1st CR=55.2% / 2nd CR=92.5%)
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[illegible]



						<ul style="list-style-type: none">• I&O Data (1st CR=80.6% / <u>2nd CR=86.6%</u>)• Other Pertinent Data (1st CR=80.6% / <u>2nd CR=85.1%</u>)• Client/Family Teaching & Learning Needs (1st CR=100% / 2nd CR=97%)• Physiology/Pathophysiology (1st CR=79.1% / <u>2nd CR=88.1%</u>)• Analysis of Data (1st CR=83.6% / 2nd <u>CR=88.1%</u>)• List of Pertinent Diagnosis (1st CR=88.1% / 2nd CR=91%)• Nursing Care Plan (1st CR=91% / 2nd CR=95.5%)• Community Health (1st CR=50% / 2nd CR=50%) – see comments• Appendix A: Medications (1st CR=89.6% / 2nd CR=95.5%)• Appendix B: Lab Analysis & Diagnostic Tests (1st CR=55.2% / 2nd CR=92.5%)
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				-CPET	90% of the students will achieve a satisfactory on the final clinical evaluation.	68/68=100% passed clinical Explanation: <ul style="list-style-type: none"> 1 student failed theory
				-SET	80% students will problem solve simulation situations and intervene appropriately	Simulation Evaluation Sections addressing ILO #2 with year average (Fall 100%/Spring 100%): <ul style="list-style-type: none"> Patient Centered Care (100%/100%) Evidence Based Practice (100%/100%) Quality Improvement (100%/100%) Safety (100%/100%) Informatics (100%/100%)
#3 Information Competency	#8	CLO#8	#3 #4 #5 #6	-STI	90% of students will satisfactorily research their STI topics for their pamphlet assignment and receive at least a 90% or higher on the assignment.	- 65/67 = 97.0% received 90% or higher on their birth control presentation
				-CPET	90 % of the students will achieve a	68/68=100% passed clinical Explanation: <ul style="list-style-type: none"> 1 student failed theory



				-Clinical Records (Navigating electronic records)	satisfactory on the final clinical evaluation 90% of the students will meet the information competency course learning outcomes on the 2 nd clinical record submission.	<p>Clinical Record sections addressing ILO #3</p> <ul style="list-style-type: none"> • Growth & Development (1st CR=94% / 2nd CR=94%) • Assessment-Review of Systems (1st CR=65.7% / <u>2nd CR=71.6%</u>) • I&O Data (1st CR=80.6% / <u>2nd CR=86.6%</u>) • Other Pertinent Data (1st CR=80.6% / <u>2nd CR=85.1%</u>) • Client/Family Teaching & Learning Needs (1st CR=100% / 2nd CR=97%) • Physiology/Pathophysiology (1st CR=79.1% / <u>2nd CR=88.1%</u>) • Analysis of Data (1st CR=83.6% / 2nd <u>CR=88.1%</u>) • List of Pertinent Diagnosis (1st CR=88.1% / 2nd CR=91%) • Nursing Care Plan (1st CR=91% / 2nd CR=95.5%) • Community Health (1st CR=50% / 2nd CR=50%) – see comments • Appendix A: Medications (1st CR=89.6% / 2nd CR=95.5%) • Appendix B: Lab Analysis & Diagnostic Tests (1st CR=55.2% / 2nd CR=92.5%)
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				-Exams	70% of students will achieve at least 70% or higher on midterm and final exam questions aligned to ILO #3: information competency.	Combined Midterm & Final Exams Performance = $132/144=91.6\%$ Explanation: <ul style="list-style-type: none">• Midterm = $55/64 = 85.9\%$• Final = $77/80 = 90.5\%$
				-SET	The Information Competency outcomes will be met by 80% of the simulation groups	

Simulation Evaluation Sections addressing ILO #3 with year average (Fall 100%/Spring 100%):	<ul style="list-style-type: none"> Evidence Based Practice (100%/100%)
Combined Midterm & Final Exams Performance = 157/176=89.2%	
Explanation:	<ul style="list-style-type: none"> Midterm = 61/70 = 87.1% Final = 96/106 = 90.5%
Clinical Record sections addressing ILO #4	<ul style="list-style-type: none"> Socio-Cultural Background (1st CR=91% / 2nd CR=97%) Other Pertinent Data (1st CR=80.6% / <u>2nd CR=85.1%</u>) Client/Family Teaching & Learning Needs (1st CR=100% / 2nd CR=97%) Analysis of Data (1st CR=83.6% / 2nd <u>CR=88.1%</u>) List of Pertinent Diagnosis (1st CR=88.1% / 2nd CR=91%) Nursing Care Plan (1st CR=91% / 2nd CR=95.5%) Community Health (1st CR=50% / 2nd CR=50%) – see comments Appendix A: Medications (1st CR=89.6% / 2nd CR=95.5%) Appendix B: Lab Analysis & Diagnostic Tests (1st CR=55.2% / 2nd CR=92.5%)

				-CPET	90%of the students will achieve a satisfactory on the final clinical evaluation.		68/68=100% passed clinical Explanation: <ul style="list-style-type: none">• 1 student failed theory
				-SET			



					The social responsibility outcomes will be met by 80% of the simulation groups	Simulation Evaluation Sections addressing ILO #4 with year average (Fall 100%/Spring 100%): <ul style="list-style-type: none"> • Patient Centered Care (100%/100%) • Teamwork and Collaboration (100%/100%)
#5 Personal Development	#10 #11	CLO#10 CLO#11	#2 #4 #5	-CPET -SET -Exams -Clinical Record	<p>90%of the students will achieve a satisfactory on the final clinical evaluation.</p> <p>The Personal Development outcomes will be met by 80% of the simulation groups</p> <p>70% of students will achieve at least 70% or higher on midterm and final exam questions aligned to ILO#5: Personal Development</p> <p>90% of students will meet the Professional Development course learning outcomes on the 2nd clinical record submission.</p>	<p>68/68=100% passed clinical Explanation:</p> <ul style="list-style-type: none"> • 1 student failed theory <p>Simulation Evaluation Sections addressing ILO #5 with year average (Fall 100%/Spring 100%):</p> <ul style="list-style-type: none"> • Teamwork and Collaboration (100%/100%) <p>Combined Midterm & Final Exams Performance = 62/67=92.5% Explanation:</p> <ul style="list-style-type: none"> • Midterm = 35/38 = 92.1% • Final = 27/29 = 93.1% <p>Clinical Record sections addressing ILO #5</p> <ul style="list-style-type: none"> • Client/Family Teaching & Learning Needs (1st CR=100% / 2nd CR=97%)



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Course Matrix Summary

Upon reviewing N002B for the academic year of Fall 17 / Spring 18, there are things that are working well and a few things that will need to be updated for the following year to help enhance student learning.

Theory

The theory portion of N002B is presented to the students in a simple to complex format focusing on the normal pathophysiological changes and nursing care for labor, postpartum and newborn patients in the first 4 weeks and then focusing on the risk factors and complications during the second 4 weeks. This allows the students to build their knowledge of the normal pathophysiology of labor and birth to enhance their application of their knowledge when learning about the deviations from normal. All lectures are guided by lecture learning outcomes that are mapped to course learning outcomes. The student's content mastery is evaluated multiple ways. Throughout the semester they have 4 reading quizzes that correspond to their reading for that particular module. These quizzes are taken at home via canvas and consist of 10 question which the student has 15 minutes to complete. This time matches the same time frame that students receive when taking an exam which is 1 ½ minutes per question. Students perform well in these if they keep up with the reading. If the student needs accommodations and approaches the instructor, extra time accommodations can be given within Canvas for student success. Another way that content mastery is evaluated is through questions within the slides/lectures to better engage students within the classroom setting. The third way that content mastery is evaluated is through the STI group assignment. The benefit of this assignment is that students work in groups of 2-3 so this gives them an opportunity to build teamwork and collaboration. The deliverable of this assignment is a pamphlet that has to be evidenced based and requires references in APA format. This gives opportunities for students to research and apply evidence based practice on one of the 7 STIs. Creating a deliverable such as a pamphlet allows students to synthesize all of what they have learned, using the highest level of Bloom's Taxonomy of learning. The fourth way that content mastery is evaluated is informally through the use of games in the lecture environment. This gives the students an opportunity to self-identify areas that they may not have understood well and further explore on their own or with the assistance of the instructor if asked. The last form of evaluation of content mastery is through formative assessments. The midterm exam focuses on the content of the first 4 weeks while the final exam is cumulative and focuses more on the content of the last 4 weeks but still needs students to use the content learned in the first 4 weeks to successfully apply their critical thinking during the examination. The student's performance for these two exams were the following:

- Midterm Exam = Fall 17 (0/20 + 0/16 students failed MT exam = 0/36 = 0%) / Spring 18 (4/17 + 1/16 students failed MT exam = 5/33 = 15.15%)
 - Fall 17 & Spring 18 = 83% of midterm exam questions were critical thinking level of Analysis or higher
 - **Remembering = 3/84 (3.6%)**
 - **Understanding = 11/84 (13.1%)**



- **Applying = 51/84 (60.7%)**
- **Analyzing = 19/84 (22.6%)**
- **Evaluating = 0/84 (0%)**
- **Synthesizing = 0 /84 (0%)**

❓ Final Exam = Fall 17 (0/20 + 0/16 students failed final exam = 0/36 = 0%) / Spring 18 (1/17 + 0/16 students failed final exam = 1/30 = 3.33%)

- Fall 17 & Spring 18 = 68% of final exam questions were critical thinking level of Analysis or higher

- **Remembering = 11/100 (11%)**
- **Understanding = 20/100 (20%)**
- **Applying = 52/100 (52%)**
- **Analyzing = 17/100 (17%)**
- **Evaluating = 0/100 (0%)**
- **Synthesizing = 0 /100 (0%)**

Both of these exams consist of a majority of application and analysis style questions to evaluate not only the student's knowledge of content learned but also to evaluate their ability to apply critical thinking principles. In reviewing the exams, the final exam appears to have larger portion of remembering and understanding style questions in comparison to the midterm exam and will need to be updated to better match the Bloom's Taxonomy distribution of the midterm exam questions. In the midterm exam, there are two areas that students appear to always struggle with: application of APGAR and Bishop Score. I would like to create opportunities in the N131 skills lab for student to apply knowledge on those two areas to see if it improves student performance.

Recommendations for F18/S19

❓ Quizzes:

- Review quizzes and see if their questions can be aligned to the LLOs

❓ Midterm Exam:

- Identify "Mastery Level" questions that 100% of students should answer correctly. Mastery level questions not to exceed 10% of total questions.
- Keep all 7 multiple response questions but make adjustments to question #77 using the recommendations under Midterm Cumulative Analysis Form
- Create opportunities in N131N (Skills Lab) for student to apply knowledge of application of APGAR SCORE and Bishop Score and see if it improves their performance in the midterm exam on questions addressing those two topics.

❓ Final Exam:



- Identify “Mastery Level” questions that 100% of students should answer correctly. Mastery level questions not to exceed 10% of total questions.
- Keep all 6 multiple response questions but try and increase to no more than 10% of total exam questions.
- Update some of the questions so that more of the remembering and understanding style questions are changed to applying and analyzing to better match the bloom’s taxonomy distribution and difficulty of the midterm exam.

N131 Skills Lab

N131 is an optional Skills Lab class that all students are enrolled in and encouraged to attend. It is a 1 credit course split with N002A that requires the students to complete 40 hours of skills lab to pass the course and receive the 1 credit. The N131 portion of N002B is not a structured skills lab course, but in turn uses scenarios, case studies and clinical area stations focusing on fetal heart rate monitor, newborn assessment, postpartum assessment, use of the L&D bed, foley catheter insertion, IV pump programming, math station and other stations/areas that students can practice the skills that they have learned from prior semesters that will be implemented in their N002B clinical rotation and practice any new skills and practice with the use of any new OB specific equipment. Not all students are rotating each week to the same clinical unit, so this approach allows for students the flexibility to independently practice the skills that they will be using that week with the supervision and support of a fulltime faculty member.

This academic year the use of the stronger incorporation of the SBAR Hand-off sheet was reinforced in N131 along with math calculation (EBL, newborn percentage weight loss and general math). Case studies were used with scenarios that correlated to what was being presented in the theory portion of the course. FHR strips and electronic resources were provided to allow students to become more comfortable with their data analysis and planning. Towards the end of the rotation, students were also allowed to work through some ATI questions in a group to help them with their Critical Thinking skill.

Spring 18 semester was the first semester that the students were introduced to ATI unfolding simulation case studies only accessed through the instructor account. These are 4 video based scenarios that allowed the students as a group to apply their critical thinking in preparation for their Final Exam. This was presented on week 7 of 8 weeks and student feedback was that they found the scenarios helpful in applying their cumulative N002B learned knowledge. Will continue to use this for future semester as a learning resource.

Recommendations for F18/S19

- ② Continue incorporating clinical scenarios to allow students to identify risk factors, calculate GP/TPAL, EBL and
- ② Continue with the use of the doppler and external fetal heart rate monitors in the N131 Skills Lab
- ② Create a more distinct IV station for the students that have rotated through N002A and have learned IV Therapy

- 2 Continue to use the ATI unfolding simulation case studies towards the end of the course experience (week #7 & #8)

Clinical

The clinical site enhances the learning that occurs during theory and offers an opportunity for students to apply their knowledge with clinical guidance and supervision. Students' clinical experience consists of 1 day a week clinical for 8 weeks. The first week students are oriented to the clinical setting and clinical expectations by each clinical instructor. They also participate in a 6 hour skills lab where they are introduced to the maternal/newborn specific skills that are needed to be successful during N002B. In the Fall 16 semester the students received a live demo from the clinical instructor on how to perform a newborn admission assessment, newborn routine assessment and postpartum routine assessment. They were to watch the videos before coming to the mandatory skills lab on week #1 with their clinical instructor where they would have the opportunity to get checked off on the skills demonstrated before the first day of clinical. This allowed the students about 2-2.5 hours to practice and they were then checked off on how to perform a routine newborn assessment and routine postpartum assessment to demonstrate skill mastery. Those students who got checked off by the clinical instructor during that first skills lab demonstrated skill mastery and were allowed to perform both of those assessments in the clinical setting without instructor supervision. If a student ran out of time and did not get checked off, they would need the clinical instructor to be present in the room with them for their first assessment with a live patient. If students get 1 postpartum and 1 newborn assessment checked off during skills lab then they just needed one more assessment of each in the clinical setting. If they didn't get checked off in the skills day, then they would need to demonstrate those assessments twice in the clinical setting. Anecdotally the clinical instructors found that the students appeared more confident with their assessment skills ability during the first few weeks of clinical compared to previous clinical groups. Will need to evaluate if this increase in confidence continues with future clinical groups but it's been used for 3 semesters and the improvement in confidence appears to be a consistent pattern. Students who have never rotated through this clinical site also receive an 8 hour Electronic Health Record training course which gives them the needed knowledge to navigate patient's electronic health record and chart on patient care.

Students rotate 2 days through L&D, 3-4 days through Postpartum and 1 day through NICU, depending on patient/unit census. When rotating through L&D they are able to participate in the newborn admission process if their patient delivers during their clinical experience. The agency's census to staffing ratio was appropriate to help meet student learning needs. There were several 7 new RNs hired in NICU in the Fall 17 semester and the unit asked for us not to rotate students through because of this. Alternative experiences were created for students who would have been rotating through NICU and consisted of working with the newborn admission nurse, working with the lactation consultant or working with the Triage nurse in L&D. These were all experiences that they normally would not have gotten the opportunity to participate in had they rotated through the NICU and appeared to be rich learning experiences that also gave students opportunities to apply their critical thinking skills and apply theory to practice. Students were



welcomed back in the Spring 18 semester to NICU and were able to participate in great learning opportunities with the assistance of the helpful staff members. The conference space is limited on the units but space is available for post-conferences with prior arrangement in the outpatient specialty clinic which allows students a safe environment away from the units that they rotate through so that they can safely reflect upon what they saw/participated in without the fear of being overheard by staff members. Students are given the opportunity to participate in numerous clinical experiences (see Student Clinical Experiences forms under Clinical Performance Supporting Documentation for detailed descriptions)

Two clinical records are completed during the first clinical experience the student have with a postpartum and with a patient in L&D. This allows the students the opportunity to put their critical thinking on paper and demonstrate their ability to transfer theory to practice. They all also get the opportunity to verbally demonstrate their ability to transfer theory to practice with giving SBAR report on their assigned postpartum patients. Since this clinical site is a community teaching hospital, students are exposed to various types of ethnicities and health histories/complications and they are exposed to new evidenced based practices. This clinical site is a wonderful adjunct to the student's learning and I recommend that this clinical site not be changed.

Students have demonstrated multiple areas that they struggled with in past semesters when completing the clinical record. To help give more guidance and support for successful completion of the assignment, a clinical record rubric was initiated in the Fall 17 and further refined in the Spring 18 semesters. This rubric broke down the clinical record into 17 areas with specifics as to what a satisfactory would look like in each area versus a needs improvement or unsatisfactory. The rubric was posted on Canvas and also included in the assignment submission through Canvas. The Fall17Spring18 academic year was the first year that the students were able to submit the clinical record online through Canvas for all clinical groups and that all clinical instructors were able to also submit comments back to the students. Anecdotal, students appeared to submit the assignment in earlier and I'm unsure if this was to do with the fact that it was now available as an online submission or if it was because of the rubric that they felt more comfortable with the quality that was required of them. Students informally also said that they like the imbedded feedback through Canvas as they were able to know what went wrong, get guidance from the instructor and then get the opportunity to correct their own assignment for ownership of their work. The clinical record was also updated in the Fall17 semester to include more specific prompts and further aligned to the clinical records that are implemented in all the semesters for better consistency and less confusion. Feedback from the clinical instructors was that it was easier to give feedback to students and they didn't need to wait until they saw the student next. The other benefit stated by clinical instructor was that it was one single location that they had to go to to determine if students submitted assignments or not and it decreased/eliminated the excuse of "I sent the email...have you looked in your junk folder...?". Will continue to use this method for assignment submission and feedback delivery for the students. The Spring18 semester was the first semester that the group clinical preps were also incorporated into a Canvas upload and we will be continuing to use this



method of assignment submission for the clinical preps. Will need to continue to explore ways to help students better perform in the Data Analysis in the clinical record.

Weekly Anecdotal Clinical Notes are used weekly with the students to help foster self-reflection and get them to identify areas of strengths and weaknesses for improvement. This method is used as a form of structured feedback on top of the clinical feedback given to them weekly in the clinical setting. This format also allows students to identify and keep track of skills that they have performed throughout the day and it is also helpful for the clinical instructor so that both can use during the formal midterm and final clinical evaluation process.

All students use the Research College of Nursing Labor & Delivery Report (Hand-off) sheet and the Mother-Baby Care Report (Hand-off) Form to gather information during clinical on assigned patient and to help with communication and inquiry and reasoning ILOs. This helps to meet the Teamwork and Collaboration and Patient-Centered Care QSEN competencies. Daily clinical preps are not used like it is used in the other semester, but this Hand-Off sheet is used as a mini-prep on their specific patient. If the student is not prepared and does not know his/her patient/s when giving SBAR report to the clinical instructor then an “Early Alert” process for student Success form may be initiated to more clearly structure the expectations of success for the student.

All students must include an EBP nursing research article during one submission of their clinical record using APA citations. This helps meet the Evidence-Based Practice (EBP) QSEN competency.

Recommendations for F18/S19

📋 Clinical Record:

- Continue with the use of Clinical Record rubric
- Continue with the use of assignment submission through Canvas of Clinical Record, Clinical Prep and Weekly Anecdotal Notes
- Continue with the use of self-created demo videos and with the skills check off on week #1
- Use the word “data analysis” with students in the clinical setting as they are giving me SBAR report to see if this helps improve their understanding of what is expected in the data analysis section of the clinical record.
- Continue using the Research College of Nursing Labor & Delivery Report (Hand-off) sheet and the Mother-Baby Care Report (Hand-off) form. Make the following changes on this form:
 - Change EBL to QBL/EBL
 - Incorporate area to prompt students to look for VS frequency
- Need to incorporate an IV station for the second group as these students appear to struggle with the transitioning of the content learned in N002A into N002B as demonstrated by their simulation performance (see simulation recommendations for details).

Simulation



In every 8 weeks semester, the students participate in a 4 hour simulated clinical experience in which they care for 3 different patients in three different areas of patient care: antepartum, intrapartum and postpartum. Each scenario allows for 2-3 active learners, one of which is the primary RN and the other 2-3 students as the resource RN. One student is always in the role of the family member so that they can also learn to empathize with the family member and patient in a similar situation in the future. The remaining students are in the debriefing room during the scenario watching real time and learning as active observers. The scenario ends when the participants meet the simulation outcomes that have been predetermined for each scenario. Each scenario allows for a new group of participants to rotate to being active participants through random selection and taking into consideration what role they played in the simulation experience of the prior semesters. Students have access to all of the resources they would in the clinical setting such as the MD, charge RN, Pharmacy, Lab, radiology, central supply. What they do not have access to is the clinical instructor or someone telling them what to do next, so this experience forces them to apply independently the knowledge that they have learned and work on their team work and prioritization. This simulation experience is not punitive and is used as a learning experience by all participants.

The clinical instructor participates in the simulation experience as the off-going RN giving end of shift report, as the content expert during debriefing and as the evaluator of the scenarios (not the student performance). For this academic year the evaluation tool used was based on the QSEN KSAs and was used to determine if the simulation scenario allowed for students to meet each benchmark in either the scenario and/or the debriefing portion of the simulation. All of the KSAs were then further mapped to the Program Learning Outcomes (PLOs) and the Institution Learning Outcomes (ILOs). The data collected indicates the following for each simulation scenario:

- ☐ Patient-Centered Care: Fall17 (100%) / Spring18 (100%)
- ☐ Teamwork and Collaboration: Fall17 (100%) / Spring18 (100%)
- ☐ Evidence Based Practice: Fall17 (100%) / Spring18 (100%)
- ☐ Quality Improvement: Fall17 (100%) / Spring18 (100%)
- ☐ Safety: Fall17 (100%) / Spring18 (100%)
- ☐ Informatics: Fall17 (100%) / Spring18 (100%)

Themes that came out during clinical instructor comments of areas for improvement:

- ☐ Confusion/lack of independent critical thinking from one team member derailed the ability for the team to meet the simulation objectives in a timely manner
- ☐ Assessment/s not performed by primary RN before calling MD
- ☐ MD called without knowing what standing orders were available for the participants to implement
- ☐ Struggled with delegation and prioritization
- ☐ Pt not scanned before medication administration



- ❑ Participants not familiar/comfortable with their ability to hang an IV and program the IV pump
- ❑ Participants struggling with difference between maintenance dose vs piggyback vs bolus
- ❑ HIPPA violation by RN to a nosy radiology secretary

Each student had a Simulation Reflection Journal assignment after their simulation experience where they were to identify two elements that they learned in the simulation experience into their own practice. See N002B Simulation Journal Themes for the results collated for the academic year.

Recommendations for F18/S19

- ❑ Incorporate into the week #1 skills checkoff for the students that have rotated through N002A and learned the IV skill:
 - Have an IV bag primed and ready to set up on the IV pump. Student will need to demonstrate that they are able to insert the IV tubing into the pump and program the IV to infuse at 125 ml/hr or any other scenario selected by the clinical instructor for a maintenance rate. Each student will get a maximum of 5 minutes to do this and if they cannot, then they should have a Skills Lab Remediation form created and submitted to the clinical instructor before midterm evaluation. The clinical instructor should attempt to create an opportunity to allow the student to use this skill in the clinical setting if possible with instructor supervision.
- ❑ Continue with the use of the doppler and external fetal heart rate monitors in the N131 Skills Lab

**Appendix B: Faculty Report****Professional Development Activities for Nursing Faculty EVC September 2018**

Faculty		Date completed	Title of Course	# of CEUs	A connection is made between the accomplishments and at least one of the following: student success, equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies.
Maureen Adamski		6/28/2016	Med/Surg Certification Prep Course	13	Innovative teaching strategies
		7/12/2016	Med/Surg Competency Day 2016	6	Student success
		11/4/2016	Selecting Concepts & Exemplars	5.5	Student success
					Teaching/learning strategies
		11/4/2016	Designing a Conceptual learning environment	5.5	Student success
					Teaching /learning strategies
		1/5/17&1/6/17	2017 Calif Dreamin neuro/infectious	11	Student success
		4/12 & 4/13/2017	NCLEX for Nurse Educators	11	Student success
					SLO Assessments
		6/26/2017	Geriatric Online course	19.5	Teaching /learning strategies
		1/20/2018	Pathophysiology: Clinical Application at the bedside	6	Teaching/learning strategies
		4/6/2018	28 th Annual Med/Surg Conference	6	Student success
		6/27/2018	Med Surg Competency	7	Student success



			Day 2018/SCVMC		
		9/21/2016	Introduction to Canvas	3 units @ Fresno Pacific University =	Distance Ed
			@One course	45 CEUs	
		2/7/2017	Intro to online teaching	3units @FPU=45	Distance Ed
			@One course	CEUs	
		9/7/2017	Assessment in Digital Learning	3units=45 CEUs FPU	Distance Ed
					SLO Assessments
Patricia Braun		6/28- 29/2018	Bay Area Nurses' Communicatio n Conference	10	Innovative teaching/learning strategies
		4/5-8/18	Society of Pediatric Nurses Annual Conference	15	Student success.
					Innovative teaching/learning strategies
		9/27/2017	Annual Pediatric Competency Day at VMC	7	Student success
		4/6-9/2017	Society of Pediatric Nurses Annual Conference	16.8	Student success.
					Innovative teaching/learning strategies
		1/5/2017	Barbara Bancroft: New in infectious diseases, Neuro for the not so neuro- minded	11	Student success
Karen Cheung		7/13/2018	SoN Geriatric Proficiency Program (3 part series	36.1	Innovative teaching/learning strategies. On-line class structured as AJN articles focused on assessment tools for geriatric patients with follow up exams



		8/4/2018	ERAS: What you need to know for enhanced recovery after surgery	2	Innovative teaching/learning strategies. To become familiar with the latest surgical procedures at the clinical sites
		6/27-28/2018	Human patient Simulation- 2.0	13	Teaching and learning strategies: To learn techniques and scenarios to take on larger role with simulation
		1/4-5/2018	Diabetes, it's complicated and Interpretation of lab tests	11	Innovative teaching and learning Keeping up to date on diabetes information
		1/8-9/2018	Beginning Simulation Educator Workshop1.0	11	Teaching and learning strategies: To learn techniques and scenarios to take on larger role with simulation
		1/10-11/2018	Innovations in Health Occupation's Education	10	Student success- Conference focused on students success and teaching techniques
Susana Machado		6/16/2018	WB1827 Postterm Pregnancy	5 CEUs	This NCC class focusing on defining and identifying risks for postterm pregnancy allowed me to obtain current evidence based information so that the course that I'm teaching could be updated to reflect evidence based practice and in turn improve student success both in completing the course through success in clinical and theory but also to improve student success in passing the State Board Exam to become a Registered Nurse.
		6/7/18-6/9/18	Antepartum and Intrapartum Management 2018	18 CEUs	This UCSF conference focusing on antepartum and intrapartum management allowed me to obtain current evidence based information so that the course that I'm teaching could be updated to reflect evidence based practice and in turn improve student success both in completing the course through success in clinical and theory but



					also to improve student success in passing the State Board Exam to become a Registered Nurse.
		5/3/2018	Captioning Videos (WCCV)	Certificate of completion	This online course gave me the needed information to start captioning videos that I have recorded to share with students. This directly addresses student equity through accessibility and is directly correlated to 508 compliancy and it potentially improves student success.
Garry Johnson		Jun-17	On line teaching	Certificate of	Focused on teaching and learning and developing on line courses
			conference	completion	
		5/2017, 5/2018	Men in Nursing	Presenter	Focused on student success
			conference		
		May-17	Career and		Focused on student success
			Technical Education		
			Pathways		
		2018	American Medical/	Certification renewal -Focused on teaching and learning	
			Surgical Nursing Assoc		
Poonam Khare		Augst 2016	Nursing clinical Faculty	6 Units	Innovative teaching/ learning strategies
					SLO assessment
		May-17	American Geriatric Society Conference	28Units	Students Success, Innovative teaching/ learning strategies,
Nancy Lin		1/25/2018	Medication Induced Blood Dyscrasias: Etiology and Disease Types	4	student success



		1/25/2018	Medication Induced Blood Dyscrasias: Diagnosis, Treatment, and Prevention	4	student success
		2/5/2018	Intravenous Therapy: Crystalloid and Colloid Solutions	2	student success
		2/5/2018	Parenteral Nutrition: A Basic Overview	2	innovative teaching / learning strategies.
		1/10/2018	Blood Transfusions: An Overview	3	SLO assessment
		1/30/2018	Intravenous Medications	4.5	student success
		1/15/2018	Congestive Heart Failure: Classifications and Diagnosis	3	SLO assessment
		1/12/2018	Congestive Heart Failure Acute and Palliative Care Treatment	3	SLO assessment
		1/23/2018	Cardiac Pharmacology	5	SLO assessment, innovative teaching / learning strategies.
		1/10/2018	Aortic Aneurysms: Types and Management Approaches	5.5	SLO assessment, innovative teaching / learning strategies.
		1/9/2018	Arrhythmias in Children, Part 1: Diagnosis and Treatment	4.5	SLO assessment, innovative teaching / learning strategies.
		1/9/2018	Arrhythmias in Children, Part	4	SLO assessment, innovative teaching / learning strategies.



			2: Pharmacology		
		1/29/2018	Gastrointestinal Motility Disorders	7	SLO assessment, innovative teaching / learning strategies.
		1/15/2018	Cancer and Lymphatics, Part I	5.5	SLO assessment, innovative teaching / learning strategies.
		1/16/2018	Cancer and Lymphatics, Part II	5.5	SLO assessment, innovative teaching / learning strategies.
		1/11/2018	Breast Cancer: Targeted Therapies	4.5	SLO assessment, innovative teaching / learning strategies.
		1/8/2018	Abdominal Pain Part 1	4	SLO assessment, innovative teaching / learning strategies.
		1/8/2018	Abdominal Pain Part 2	4	SLO assessment, innovative teaching / learning strategies.
		1/12/2018	Abdominal Pain Part 3	4	SLO assessment, innovative teaching / learning strategies.
		1/11/2018	Cardiac Conditions, Interventions and Rehabilitation	4	SLO assessment, innovative teaching / learning strategies.
		1/16/2018	Living Environments and Health Issues of the Elderly: Aging and Long Term Care Part 1	3	SLO assessment
		1/23/2018	Memory Loss, Health Issues and End of Life care: Aging and Long Term Care Part 2	3	SLO assessment



		2/22/2018	Deep Vein Thrombosis: Prevention and Prognosis	1.5	student success
Barbara Tisdale		1/5/2017	Neuro for the not-so-neuro minded		Will help me to ensure student success in the clinical setting as well as introducing me to new teaching/learning strategies in this area.
				5.5	
		1/6/2017	Infectious Disease update		
				5.5	Will help ensure student success in the clinical setting.
		2/20/2017	Identifying Alcoholism in the Hospitalized Patient		
				1	Will help ensure student success in the clinical setting.
		5/17-1/18	Contemporary Forum 2017 Psychiatric Nurse Conference (recorded)		
				38	Will help me to ensure student success in the clinical setting as well as introducing me to new teaching/learning strategies in this area.
		9/10/2017	Geriatrics: The Complete Course for Quality Care of Your Elderly Patients		
				19.5	Will help ensure student success in the clinical setting.
		4/6/2018	28 th Annual Medical-Surgical		



			Nursing Conference		
				6	Will help ensure student success in the clinical setting.
		7/11/2018	Psychopharmacology in Plain English		Will help me to ensure student success in the clinical setting as well as introducing me to new teaching/learning strategies in this area.
				6	
Column1	Column2	Column3	Column4	Column5	Column6
Sue Wetzel		5/22/2017	Gerontological Nursing	30 CEUs	SLO assessment and innovative teaching / learning strategies.
				Homestead School Inc.	This assist in keeping current to Gerontological issues with in nursing care as this is a thread in our curriculum and I am the content expert.
		Summer 17	Psych 001	3 college unit(45 CEU)	equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Taking this online class myself assisted in my professional growth and all areas noted above
		Summer 17	SL 1A	3 college units(45 CEU)	student success, equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Learning about this undeserved population in health care and how to communicate with them more effective apply to all areas.
			Intro to American Sign Language		
		6/15/2017	Pain Management in the Elderly	2 CEU	SLO assessment and innovative teaching / learning strategies.
				PESI	This assist in keeping current to Gerontological issues with in nursing care as this is a thread in our curriculum and I am the content expert.



		12/8/2017	Trends in Managing Diabetes	1CEU	SLO assessment and innovative teaching / learning strategies.
				AMSN	This information will further my expertise to help students clinical and in the simulations scenarios that I facilitate with med surg. Also help with the N131B skills lab I teach.
		4/12-13/17	NCLEX Camp for Nurse Educators	11 CEU	equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Taking this course assisted in my professional growth and all areas noted above across the curriculum.
				contra Costa College	
		1/29/2017	Guidelines for the R education of Cardiovascular Disease in Women	1.4 CEU	SLO assessment and innovative teaching / learning strategies.
				AWHONN	This information will further my expertise to help students clinical and in the simulations scenarios that I facilitate with med surg. Also help with the N131B skills lab I teach.
		1/29/2017	Maintaining Professional Boundaries in Nursing Education	1 CEU	equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Taking this online class myself assisted in my professional growth and all areas noted above
				ATI	
		1/7/2017	Scrambling the Active Learning Class room: Achieving Balance between	1 CEU	equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Taking this online class myself assisted in my professional growth and all areas noted above



			Lecture and Flipping		
				ATI	
		11/18/2017	Multidisciplinary Assault crisis Training EMTALA	7 CEU	SLO assessment and innovative teaching / learning strategies.
				VMC	As a mental health nursing professor in theory and clinical- this information has further developed my knowledge and skill to deal with a patient in crisis.
		7/14/2016	Medical Surgical Competency Day	6 CEU	SLO assessment and innovative teaching / learning strategies.
				VMC	As a medical surgical nursing professor in theory and clinical- this information has further developed my knowledge and skills
		Summer 16	EDIT 022	3 college units(45 CEU)	student success, equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies.; This course assist with all aspect of implementation of course on CANVAS
			CMS to develop online course		
		Summer 16	HED 011	3 college units(45 CEU)	equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Taking this online class myself assisted in my professional growth and all areas noted above
			Dynamic Health concepts		



		Spring 16	SL 1B	3 college units(45 CEU)	student success, equity, distance education, SLO assessment, guided pathways, innovative teaching / learning strategies. Learning about this undeserved population in health care and how to communicate with them more effective apply to all areas.
			Intermed American sign language		
		7/25-26/16	Advanced Simulation Debriefing course	12 CEU	SLO assessment and innovative teaching / learning strategies.
				Rural Northern Ca clinical sim center	This course provides valuable information on applying the pedagogy of applying simulation to the nursing education. Specifically with Advance debriefing skills, scenario building and technology used. This information has developed my professional standards in simulation and continues to inspire me to stay a certified simulation specialists
		7/28/2016	CHSE Review course	6 CEU	SLO assessment and innovative teaching / learning strategies.
				Rural Northern Ca clinical sim center	This course provides valuable information on applying the pedagogy of applying simulation to the nursing education. Specifically with Advance debriefing skills, scenario building and technology used. This information has developed my professional standards in simulation and continues to inspire me to stay a certified simulation specialists
		July 16-17/16	ACLS	12 CEU	SLO assessment and innovative teaching / learning strategies.
				Heart share Training	This supports the nursing course didactic and theory of the advanced medical surgical information I need to stay current in
		[1]	Submitted by S. Wetzel 8/2/18		

