EDUCATION/LICENSING
COMMITTEE MEETING

AGENDA

Ontario Airport Hotel and Convention Center
700 North Haven Avenue
Ontario, CA 91764
1-909-980-0400

October 1, 2013

Tuesday, October 1, 2013 09:00 am – 12:00 noon

7.0 REVIEW AND APPROVE MINUTES:
   ➢ August 7, 2013

7.1 RATIFY MINOR CURRICULUM REVISION
   7.1.1 Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program
   7.1.2 Cerritos College Associate Degree Nursing Program
   7.1.3 Chabot College Associate Degree Nursing Program
   7.1.4 Golden West College Associate Degree Nursing Program

   Acknowledge Receipt of Program Progress Report:
   7.1.5 American University of Health Sciences Baccalaureate Degree Nursing Program
   7.1.6 Azusa Pacific University Baccalaureate Degree Nursing Program
   7.1.7 East Los Angeles College Associate Degree Nursing Program
   7.1.8 Merritt College Associate Degree Nursing Program
   7.1.9 Shepherd University Associate Degree Nursing Program

7.2 CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM
   7.2.1 California State University, San Bernardino, Baccalaureate Degree Nursing Program (San
       Bernardino and Palm Desert campuses)
   7.2.2 University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program
   7.2.3 West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
   7.2.4 West Coast University, Orange County, Baccalaureate Degree Nursing Program
   7.2.5 College of the Siskiyous Associate Degree Nursing Program
   7.2.6 Copper Mountain College Associate Degree Nursing Program
   7.2.7 Saddleback College Associate Degree Nursing Program
   7.2.8 San Joaquin Valley College Associate Degree Nursing Program

7.3 CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM
   7.3.1 United States University Nurse Practitioner Program
7.4 UNITED STATES UNIVERSITY ENTRY LEVEL MASTER’S DEGREE AND ACCELERATED BACCALAUREATE DEGREE NURSING PROGRAMS PROGRESS REPORT

7.5 ITT TECHNICAL INSTITUTE RANCHO CORDOVA, BRECKINRIDGE SCHOOL OF NURSING ASSOCIATE DEGREE NURSING PROGRAM PROGRESS REPORT

7.6 MAJOR CURRICULUM REVISION
   7.6.1 San Diego State University Baccalaureate Degree Nursing Program
   7.6.2 Simpson University Baccalaureate Degree Nursing Program
   7.6.3 West Coast University Baccalaureate Degree Nursing Program (Inland Empire, Los Angeles and Orange County campuses)
   7.6.4 CNI College Associate Degree Nursing Program
   7.6.5 Imperial Valley College Associate Degree Nursing Program
   7.6.6 Palomar College Associate Degree Nursing Program
   7.6.7 San Joaquin Valley College Associate Degree Nursing Program

7.7 LICENSING EXAMINATION PASS RATE STANDARD (EDP-I-29 REV 8/13, 09/11; APPROVED 2/09)

7.8 BRN 2012-13 ANNUAL SCHOOL SURVEY

7.9 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

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Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.

The public will be provided an opportunity to comment on each agenda item at the time it is discussed; however, the committee may limit the time allowed to each speaker.
Michael Jackson called the meeting to order at 09:05 AM. Committee members introduced themselves.

7.0 REVIEW AND ACCEPT MINUTES
The May 8, 2013 Education/Licensing Committee (ELC) draft meeting minutes were presented.
ACTION: Accept the Minutes of May 8, 2013 as presented.
M/S/C: Trande Phillips/Raymond Mallel
Public input: None

7.1 RATIFY MINOR CURRICULUM REVISION
7.1.1 California Baptist University Baccalaureate Degree and Entry Level Master’s Degree Nursing Programs
7.1.2 California State University, Chico, Baccalaureate Degree Nursing Program
7.1.3 California State University, Fresno, Entry Level Master’s Degree Nursing Program
7.1.4 California State University, Stanislaus, Baccalaureate Degree Nursing Program
7.1.5 Mount St. Mary’s College Baccalaureate Degree Nursing Program
7.1.6 United States University Accelerated Baccalaureate Degree and Entry Level Master’s Degree Nursing Programs
7.1.7 University of California, Irvine, Baccalaureate Degree Nursing Program
7.1.8 University of San Francisco Baccalaureate Degree Nursing Program
7.1.9 College of the Desert Associate Degree Nursing Program
7.1.10 College of the Sequoias Associate Degree Nursing Program
7.1.11 Moorpark College Associate Degree Nursing Program
7.1.12 Mount San Antonio College Associate Degree Nursing Program
7.1.13 Ohlone College Associate Degree Nursing Program
7.1.14 Sacramento City College Associate Degree Nursing Program
7.1.15 Santa Rosa Junior College Associate Degree Nursing Program
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7.1.16 Solano Community College Associate Degree Nursing Program
7.1.17 Unitek College Associate Degree (LVN to RN) Nursing Program
7.1.18 Ventura College Associate Degree Nursing Program
7.1.19 Victor Valley College Associate Degree Nursing Program
7.2.20 Yuba College Associate Degree Nursing Program
7.1.21 University of San Diego Hahn School of Nursing Nurse Practitioner Program
7.1.22 University of San Francisco Nurse Practitioner Program

Acknowledged Receipt of Program Progress Report:
7.1.23 Azusa Pacific University Baccalaureate Degree Nursing Program
7.1.24 California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert campuses)

Leslie A. Moody, NEC, presented this report.

ACTION: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report as presented.
M/S/C: Michael Jackson/Trande Phillips
Public input: None

7.2 CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM
7.2.1 Biola University Baccalaureate Degree Nursing Program.

Dr. Susan Elliott, Director and Professor, Department of Nursing represented the program.
Leslie A. Moody, NEC presented this report. Susan Elliott, PhD, RNC, APRN, BC, has been the program director since May 2008, and Anne Gewe, PhD, RN, has been the assistant director since August 2005. This private Christian university was founded in 1908 and has offered the five-year generic baccalaureate degree nursing program since 1966. Graduates exit with a major in nursing and a minor in biblical studies. The program held NLNAC accreditation until 2007 when CCNE accreditation was obtained, and in 2012 was granted ten-year accreditation by CCNE. Students spend their first two years at the university completing liberal arts, humanities, science and biblical studies courses, which is referred to as the “pre-clinical” phase of the nursing major, and then apply for admission into the “clinical” nursing program. Students accepted into the clinical nursing program spend three years completing nursing courses and other degree required courses. Prior to 2009, thirty students were admitted annually; beginning fall 2009, forty students are admitted every fall semester. Total enrollment at the time of visit was approximately 143 students enrolled in years 1-2 as pre-nursing majors and 115 students enrolled in the clinical nursing curriculum for years 3-5.

A regularly scheduled continuing approval visit was conducted on April 24-25, 2013 by Nursing Education Consultants Leslie A. Moody and Laura Shainian. The program was found to be conducted in compliance with BRN rules and regulations. There were no findings of noncompliance and no recommendations were written.

Program faculty are thorough in planning, executing and applying total program evaluation. The Individual Development and Educational Assessment (IDEA) tool has been implemented to support evaluation data analysis and application. Program evaluation activities include such detail as review of course assignments with comparison to the program frameworks and accreditation standards, and evaluation of all degree required courses for contribution to the development of the nursing student. One curriculum goal for the 2012-13 academic year is modification of the curriculum and instructional approaches to enhance learning opportunities in the area of inter-professional collaboration. Faculty recently adjusted instruction for student practice of skills in response to related feedback from employers of program graduates. Changes included increased scope of skills and increased practice time for students.
supported by the new Skills Lab Coordinator position, increased skills/sim physical space and purchase of additional sim equipment. Additional open skills lab time is being scheduled in response to student input. The recent addition of a full-time Skills Lab Coordinator/Advisor faculty position has also strengthened the program’s student advising and support. Nursing Education Consultants met with all levels of students in meetings both on-campus and in the clinical facility settings, and students consistently expressed a high level of satisfaction with the program. The students cited the faculty’s wholistic approach to support of the student, rich clinical experiences, and meaningful learning assignments as exceptional features of this program. NCLEX-RN pass rate has consistently exceeded the minimum performance threshold of 75% for the past five years: 2007-8  90.48%; 2008-9  87.18%; 2009-10 83.33%; 2010-11  88.89%; 2011-12  91.89%.

Future planned improvements include creation of a new physical space that will be specifically constructed to support the extensive use of technology in classrooms and labs, and will also house students of other healthcare discipline programs to facilitate collaborative inter-professional learning opportunities. Faculty will also be reviewing, strengthening and updating specific curriculum elements including student and faculty evaluation tools, standardized testing tools, and conceptual framework. Program challenges include recent experience of diminishing preceptorship opportunities due to increasing impaction of clinical facilities. Quality of clinical experiences is additionally sometimes challenged by clinical facility restrictions on student functions in regards to such activities as documenting in the electronic record, accessing automated medication dispensing devices, administration of medications to some types of patients, use of glucometers. Faculty are working with clinical partners to explore the areas of concern and attempt to develop mutually acceptable and beneficial solutions, and when necessary to meet learning objectives alternate clinical sites are utilized. The director and faculty have implemented creative solutions for limited lab space so that instruction continues to be delivered effectively. Two rooms previously utilized for storage have been converted into simulation rooms, one for obstetrics/women’s health/newborn, utilizing a hi-fidelity birthing mannequin and infant mannequins, and the other for adult med/surg utilizing a hi-fidelity simulation mannequin. Simulation is used as an instructional adjunct but only in a very limited amount for clinical experience as authentic live patient clinical experience is preferred.

The program is looking forward to occupying a larger space in the future as the university hopes to have a new health and science building completed in approximately five years. University administrators recognized that additional space would be needed before program expansion could be considered and are considering a plan to expand enrollment when additional space becomes available with construction of the new health and science building.

Michael Jackson requested staff recommendation. NEC recommended continuing approval. ACTION: Continue Approval of Biola University Baccalaureate Degree Nursing Program. M/S/C: Michael Jackson/Trande Phillips

Public input: None

7.2.2 Concordia University, Irvine, Baccalaureate Degree Nursing Program.

Mary E. Hobus, PhD, RN, Director of Nursing and Associate Professor represented the program. Mary E. Hobus, PhD, RN, has been the program director since 2008 and Terry Cottle, MSN, CNS, RN, was assigned as the assistant program director in 2008. Concordia University, Irvine, is part of a national ten-campus university system, seven of which offer nursing programs. The Irvine campus is the only California campus offering a prelicensure RN program. The university is WASC accredited and the program holds current CCNE accreditation. This three-semester accelerated BSN program admits second-degree students who have been previously awarded a non-nursing baccalaureate degree. The program is designed to be completed in twelve months, although students are allowed up to two years to
complete. The program received BRN approval in November 2007 and admitted the first cohort of 29 students in fall 2008. The program admits forty students for each May and August, with selection made from pool of applicants usually numbering 170-200. Total enrollment at the time of visit was 76 students.

A scheduled continuing approval visit was conducted on May 21-22, 2013, by Nursing Education Consultants Leslie A. Moody and Laura Shainian. The program was found to be in noncompliance with Section 1425 and related Sections 1425(1)(d), 1424(h) related to faculty qualifications and approval, and Section 1426.1(b)(3)(D) related to preceptorship, and recommendation was written related to Section 1424(d) regarding skills/simulation lab space. The program has corrected areas of noncompliance and implemented an acceptable plan to address the recommendation.

Significant improvements since original program opening have included achieving CCNE accreditation, incorporation of QSEN competencies into the curriculum, strengthening program evaluation with use of electronic tools resulting in improvements to methods of evaluating student clinical performance, and relocation of the nursing department into a new building which provided additional space. Open skills lab hours have been increased from 45 hours to 135 hours per semester. Donor contributions have supported the cost of enhanced skills lab equipment. Improvements planned for the near future include developing a major curriculum revision proposal that may include lengthening the program by adding one semester to the program to accommodate proposed additional course requirements. The nursing department is working to evolve to a School of Nursing with addition of nursing education programs and potential future expansion of enrollment for the prelicensure program. The university has submitted a grant application and is identifying other sources for funding to build a new Science and Nursing/Health Care facility which will provide additional space required for expansion, particularly addressing the need for expanded skills/simulation lab space.

A high level of satisfaction and pride in their program is expressed by students, citing expert faculty, rich clinical learning experiences and the basis of faith for the program’s philosophy as important program strengths. Students participate in the program’s CNSA chapter and provide a campus-wide annual health fair as one of the organizational activities.

The program has an experienced and cohesive faculty, with evidence of consistent overall program involvement and responsibility. Faculty express commitment to the program and appreciation for program leadership by the director and assistant director, and continuing strong program support from the university administration. Although they feel they are currently delivering instruction effectively with existing resources, faculty would like to expand the use of simulation and are assisting the program director with exploration of opportunities to expand physical space. Faculty now plan to begin work on a major curriculum review and revision. Strong opinions were voiced by faculty regarding their plan to maintain high expectations of students and ensure a high level of rigor for all program required courses. NCLEX-RN outcomes are consistently above minimum required performance threshold: 2009-10 85.42%; 2010-11 92.45%; 2011-12 97.96%; 2012-13 1st 3 quarters 96.97%.

Michael Jackson requested staff recommendation. NEC recommended continuing approval.
ACTION: Continue Approval of Concordia University, Irvine, Baccalaureate Degree Nursing Program.
M/S/C: Michael Jackson/Trande Phillips
Public Input: None.

7.2.3 ITT Technical Institute Rancho Cordova, Breckinridge School of Nursing Associate Degree Nursing Program.
Ms. Patricia Widman, MSN, RN, Assistant Director; Dr. Samson Yigezu, former Program Director and current ITT Technical Institute VP of the BSNHS and National Nursing Dean; Mr. Jeff Ortega, ITT Technical Institute Rancho Cordova Campus Director, represented the program.

Katie Daugherty, NEC presented this report. Ms. Patricia Widman, MSN, RN is the program Assistant Director (AD) and is representing the school today in the absence of an approved Program Director. Accompanying Ms. Widman is Dr. Samson Yigezu, formerly the program’s third Program Director. Dr. Yigezu resigned his program director position on July 15, 2013 to move into the national role as the VP of the BSNHS and National Nursing Dean position. Dr. Yigezu is relocating to Carmel Indiana in August 2013 and will work at the company’s national headquarters, ITT Educational Services, Inc. Dr. Yigezu will be the organization’s fourth national nursing chair since the CA RN program was approved in May/June 2011. At that time, the program was granted initial approval with no areas of non-compliance and no recommendations identified.

ITT Technical Institute Rancho Cordova (ITTRC) is one school in a network of private for profit educational institutions owned by ITT Educational Services, Inc. (ITT/ESI). ITT ESI has 140 accredited campuses in 40 states serving approximately 80,000 students. The first nursing programs were established by ITTESI in 2007. In May/June 2011, ITTESI reported having 22 nursing programs in 15 states. NCLEX RN pass rate data provided at that time (3/14/11) indicated there were a total of 117 first times test takers take the NCLEX RN exam with an aggregated NCLEX RN pass rate at 81% across all ITT programs. As of 7/24/ 2013, ITT ESI reports 18 programs have graduates and the aggregated pass rate reported by ITT ESI is 71% for a group of 700 first time test takers. California requires programs maintain an annual NCLEX RN pass rate of 75% or higher. California’s current 12 months rate (July 1, 2012-June 30, 2013) is 87.9%. Nationally, the first time candidate pass rate for this same period is 87.0%

The Rancho Cordova campus is ITT/ESI’s only nursing program in California. The ITTRC campus currently has approximately 531 students enrolled in both day and evening classes. ITTRC is accredited by the national accrediting agency, Accrediting Council for Independent Schools and Colleges (ACICS). ITT Rancho Cordova is also approved by the California Bureau for Private Postsecondary Education (BPPE). ITTRC offers no other health related or other nursing programs. The Rancho Cordova associate degree nursing program is a year round nine quarters program. Like all the other ITT ESI nursing programs, the ITTRC nursing program of study/curriculum is based on a national nursing education curriculum. In each state the national curriculum has been modified to meet BON nursing education regulations and requirements.

ITTRC’s nursing program was Board approved to admit up to 30 students every other quarter from the first program cohort forward. This means currently ITTRC is approved to admit students in the March and September quarters. The program enrolled its first cohort (now 22/ of 30) students in March 2012, a second cohort (28 students) in September 2012 and a third cohort of (30 students) in March 2013. Total program enrollment is 80 students. To date, program has been in operation for 6 quarters (16 months with enrolled students). During the six quarters of operation the ITT/ESI company has had four national nursing chairs, the ITTRC campus has had three Campus Directors, and the ITTRC nursing program has had three Program Directors (PDs) and three program Assistant Directors (ADs).

Today’s agenda item and written reports have been trigged by the program’s loss of two major clinical affiliations during the Spring 2013 quarter and the continuing instability in program leadership the last 6-7 months. The attached report of findings and written consultant approval report identified seven areas of non-compliances and the six recommendations. In brief, there are four major areas of significant concern being presented this morning as described below.
Program loss of two vital program clinical affiliations in Spring 2013

The program’s own actions and inactions during the last 6-7 months have resulted in the cancellation of two major crucial clinical affiliation written agreements (Sutter Health-8 facilities) and (Dignity Health-4 facilities). The most immediate result of these losses resulted in a six weeks delay in securing alternate clinical placements for Cohort #1 Adult Health II students. The AH II clinical placements were to start in Dignity facilities the week of June 17, 2013. The program spent the first six weeks of the quarter looking for an alternate site and found a site half way through the quarter. The Cohort #1 students will be placed at small acute care facility, Oak Valley Hospital, about 2 hours from Sacramento. The initial program director and NEC had visited Oak Valley Hospital as part of initial program approval two years ago. Cohort #1 students will be able to complete the required 90-94 hours of “in hospital required clinical experiences” by the end of the summer term ending September 7, 2013. An NEC site visit is planned in late August to verify the site actually provided students adequate clinical experiences to meet AH II course objectives. At present, the one program has one long term care/acute rehab facility in place. Currently all three groups of Cohort #2 students are placed in this facility. When a clinical site visit was conducted on 7/16/13 to the LTC/Acute Rehab facility for Clinical Concepts II, several issues of concern were identified and discussed with program leadership. These included the appropriateness and structure of RN level student clinical assignments and faculty supervision of students. The program leadership has taken additional action to strengthen the RN level learning activities for program students in this setting by adding a second clinical faculty member to work with students on RN role competencies in the context of the course objectives.

Fall 2013 Clinical Placement still pending and No Current OB, PEDS, and Advanced Medical Surgical Clinical Placements Secured to replace lost clinical affiliations

For the fall 2013 quarter beginning September 9, 2013, the program will need a total of 12 sections of clinical placements to provide clinical instruction for the three program cohorts. Thereafter, a total of 12 sections every quarter through June 2014 when Cohort #1 students will complete the program.

For fall 2013, Cohort #1 students will need three sections of Psych/Mental Health placements (Sierra Vista) and three sections of Gerontology placements. The program is still finalizing arrangements with these agencies since Sierra Vista was not previously approved and the possible Gero placements are still pending since these have not been used to date. Cohort #2 will need an additional set of three sections of clinical placements for Adult Health I (Oak Valley-TBD) and Cohort #3 (will need 3 sections of Clinical Concepts I (Fundamentals-TBD-LTC/acute Rehab).

For winter 2013 Quarter beginning December 9, 2013 Cohort #1 will need OB and PEDS placements (a total of six sections of placements) by December 9, 2013. No comparable sites have been secured to date. Cohort #2 will need three sections for Adult Health II (TBD) and Cohort #3 will need three sections for Clinical Concepts II (TBD).

For the spring 2014 Quarter, starting March 17, 2014, Cohort #1 students will need three sections of Complex Care, Advanced Medical Surgical placements for the final capstone nursing course in the program. These course placements will need to be comparable to those that would have been readily available at Sutter and Dignity facilities, had the program not lost those affiliations. No comparable sites have been secured as yet. Cohort # 2 students will need three sections of Psych and three sections of Gero placements(TBD). Cohort #3 will need three sections of Adult Health I placements(TBD).

Of equal concern regarding clinical placements, since start up in March 2012, program leadership did not secure or “have ready to go” any back up clinical sites. Doing so has been discussed on several occasions in the past without program action being taken.
Program Instability/Lack of Stable Program Director

It has been seven months since PD#1 left the program. No “more permanent” PD has been hired. The plan as of December 2012 was to hire a “replacement PD within 2-3 months; no one is in place as of 7/24/13.
Since program inception there have been three different Program Directors:
- PD#1 S. Noonan, MSN (from 3/10-12/1/12)
- PD#2 Dr. D Scherlin (from 12/4/12-4/21/13)
- PD#3 Dr. S. Yigezu (from 4/21/13-7/15/13); and also as AD#2 12/4/12-4/21/13

There have also been three program Assistant Directors and a fourth is planned:
- AD #1 B. Scott, MSN (1/13/12-9/14/12)
- AD #2 Dr. Yigezu (12/12/12-4/21/13)
- AD #3 P. Widman, MSN (2/19/13-present)
- AD #4 C. Balevre, MSN, coming from out of state and needing a CA license before BRN approval can be granted.

The outcome of all these changes shows those in the PD role (PDs # 2 & #3), and ADs #2 & #3 have not been able to demonstrate adequate program stabilization and effective management/administration of the program over the last since 6-7 months. The absence of regular day to day physical presence on campus, and in the community, has resulted in continued program instability. The lack of ongoing program stability has also impacted student learning opportunities and faculty morale.

Lack of Timely BRN Notification: Please refer to the Report of Findings for further elaboration on the three instances within last 6-7 months.

Summary of ITTRC’s Program Response and Plan of Action is included as an attachment.
- Included is Campus Director Mr. Ortega’s July 19, 2013 letter and plan of action concerning appointment of a program director, securing needed faculty, and finding necessary clinical placements for current and future quarters.
- The July 19, 2013 letter also includes ITTRC’S voluntarily suspension of program enrollment for the September 2013 and December 2013 academic quarters. (Please note since program inception the established enrollment pattern was a March and September cycle)
- Campus Director Mr. Ortega has also written letters (7/25/13) to both Sutter Health and Dignity Health in the absence of Program Director at ITTRC. The letters request the opportunity to meet and discuss any problems that led to termination of the clinical agreements; as attached.
- During the conclusion of the visit, Campus Director Ortega also verbally committed to implement the initially approved staffing plan as quickly as possible and has obtained necessary authorization to “expedite” actions that meet the program resource needs. This includes a program director, faculty hiring, purchase of need simulation equipment, etc.
- The program’s AD, Ms. Widman, has also provided a series of documents reflecting the program’s efforts to address the main areas of non-compliance. Sierra Vista Psych and Oak Valley Hospital Adult Health II placement information is included.

Additional print materials not previously available in the agenda packet were distributed to ELC members to provide updated information regarding the program’s plan for clinical facilities and a summary of noncompliance corrective measures implemented to date.

Issues concerning clinical placement and reasons for loss of clinical placements were reviewed. Students of Cohort 2, currently in the nursing fundamentals course, are completing required clinical hours at the long-term care/acute rehabilitation facility. Cohort 1 students are planned to
complete their clinical rotations for Adult health Nursing II at Oak Valley which is approximately a two-hour drive from Sacramento. Board approval for the Oak Valley clinical facility is pending. When asked whether provisions such as lodging had been provided by the program for students required to travel an unusual distance, program representative responded that the program has not yet made any arrangements but would ensure that the alternative clinical placements would not have a negative financial impact on students. Louise Bailey reminded that theory and clinical components of a course must be provided concurrently. Trande Phillips asked how newly assigned faculty will be assessed for competence to which the program representative responded that some faculty currently employed have been commended by other clinical facilities. Michael Jackson asked why there had been multiple program directors in a short period of time and lack of a current program director, to which program representative responded that there is one candidate under current consideration. Ms. Daugherty reported she has clarified that the Board expects the program director to be present on campus for administration of the program. There was discussion regarding actions to be taken by the BRN. Erin Niemela noted the very poor performance of this program and that the process for removing approval would need to be initiated to protect as much as possible against disruption of the students’ education process. Ms. Minato, SNEC, recommended that the program be required to secure all clinical placements for remaining program courses. She also clarified regarding program director qualification requirements and that the program cannot operate without a qualified director in place. Ms. Daugherty informed that Ms. Widman, currently the program assistant director, does not meet program director qualifications and would not have the required experience until February 2014. Ms. Minato suggested the Board require a written plan of correction to be sent to Ms. Daugherty for review and evaluation. Erin Niemela clarified that the Board does not just want a corrective plan, the report must provide evidence that the problems have been resolved. Michael Jackson asked whether there was another person present representing the program to which a male audience member responded affirmative, that he was the school’s legal counsel. There was additional discussion regarding appropriate Board actions.

**ACTION:** Education/Licensing Committee recommendations are as follows:
- Place the program on Warning Status With Intent to Withdraw Approval pursuant to BPC 2788 and CCR 1423.
- Suspend new student enrollment indefinitely.
- Inform all existing students and any prospective students that the program is placed on Warning Status With Intent to Withdraw Approval.
- Submit a progress report prior to each scheduled Education/Licensing Committee meeting. The progress report prepared for presentation at the October 2013 ELC meeting must demonstrate actions bringing program into compliance with all regulations.
- Program representative will be present at all Education/Licensing Committee and Board meetings when program information is presented.
- The NEC to continue monitoring the program as needed.

**M/S/C:** Michael Jackson/Erin Niemela

**Public Input:** None

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### 7.2.4 Merced College Associate Degree Nursing Program.

Ms. Kitty Cazares, MSN, RN, Program Director, represented the program. Katie Daugherty, NEC presented this report. Ms. Kitty Cazares, MSN, RN has served as the Program Director (PD) since 2009. Ms. Gloria Provencio, MSN, RN is the program’s Assistant Director (AD) since 2008. Merced College is located in the central valley of California adjacent to Modesto and Fresno community colleges and CSU Stanislaus and CSU Fresno. Merced College has a second full service campus in Los Banos on Hwy 152. Prior to 1995, the program was an LVN to RN advanced placement
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associate degree nursing program. In Fall 1995, a full two year Associate Degree Nursing program was implemented.

Total program enrollment is typically 100-110 students per term. Thirty students are admitted twice a year. For the past five years, the program’s annual attrition has averaged about 22%. To reduce attrition, improve student success and on time program completions, the multi-criterion selection formula for program admission and a grant funded nursing/student success coordinator are now in place. To date, program has seen slight improvement in first and second semester retention rates as a result of these two interventions. The NCLEX-RN first time candidate pass rate 1/1/12-12/12/12 was 88.46% and from 7/1/12-3/31/13, 91.67%. The program enjoys an excellent reputation and tremendous support from the clinical agencies used by the program.

A continuing approval visit was made by K.Daugherty, NEC May 9-10, and 13, 2013. One area of non-compliance, CCR 1424 Program Administration and Organization and three areas of recommendations, CCR 1424 Program Administration/Total Program Evaluation, CCR 1420/1425.1 Faculty/Content Experts, and CCR 1426 Curriculum were made. Following the May visit, PD Cazares, AD Provencio, the Area Dean and the college’s senior administrative team, particularly the college President, worked rapidly to correct the area of non-compliance and address the recommendations as described in the written program response. The program has provided sufficient evidence of correcting the area of non-compliance and appropriate action planning related to the recommendations.

Michael Jackson requested staff recommendation. NEC recommended continuing approval.

ACTION: Continue Approval of Merced College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Raymond Mallel

Public Input: None

7.2.5 Mount St. Mary’s College Baccalaureate Degree Nursing Program.

Wendy Taylor, M.S.N., Ph.D., Program Director represented the program.

Shelley Ward, NEC, presented this report. A continuing approval visit was conducted at the Mount St. Mary’s College Baccalaureate Degree Nursing Program by Shelley Ward, NEC, Carol Mackay, NEC and Laura Shainian, NEC, on March 21 and 22, 2013. The program was found to be in non-compliance with the CCR Section 1430 – Previous Education Credit. Three recommendations were rendered in the areas of CCR Section 1424 (c) - Organization; CCR Section 1424 (d) – Resources and CCR Section 1429(b) – LVN (30) semester/ (45) Quarter Unit Option. The program submitted a progress report responding to the area of non-compliance and to the recommendations.

Mount St. Mary’s College offers a Catholic liberal arts education that includes undergraduate and graduate programs and fields of study. It was founded by the Sisters of St. Joseph of Carondelet in 1925. The College has two distinct campus locations. The Chalon campus is described as the “home to the College’s traditional baccalaureate degree programs.” The Doheny campus was established in 1962, from the conversion of Victorian residences, and is located approximately 22 miles away from the Chalon campus. The program is noted historically as offering the first bachelor degree in nursing program in California. In addition, the former chairperson of the department of nursing, Sister Callista Roy developed the Roy Adaptation Model, which is used as the basis of the existing program curriculum. This model is used throughout the U.S. and abroad. The MSMC department of nursing offers ADN, BSN, and MSN programs. Additional options are LVN to RN/BSN, RN to BSN and ADN to MSN. The BSN program curriculum options include the traditional (TBSN) generic (four years total), and an accelerated BSN (ABSN) option that is one year in duration for candidates who possess a prior bachelor’s degree. The TBSN curriculum option students are located on the Chalon campus, and the ABSN curriculum option students are now located on the Doheny campus; which is also the site for the ADN program students.
There have been several leadership changes for the college and the BSN program. Dr. Ann McElaney-Johnson became the college president in July 2011. The Dean of the Department of Nursing (2008- August 2010), reassigned the BRN appointed program director responsibility to Dr. Tumbarello in September 2009. Dr. Wendy Taylor was appointed as the BRN program director in May 2012. Dr. Diane Vines was appointed as the BRN assistant program director in August 2012. The College recognizes institutional titles for Dr. Taylor as the Director of the ABSN Program and Dr. Vines as the Director of the TBSN program. The Dean of Nursing position remained vacant after 2010 as the college determined if the position was to continue. Recruitment efforts were reinitiated in the fall of 2012 to replace the Dean of Nursing position. The college intends to reestablish the Dean of Nursing position as the BSN program BRN program director.

The admission counselors representing the nursing programs are assigned to provide information and support to either the ABSN or to TBSN prospective students. They expressed a lack of awareness of certain aspects of CCR regulations specific to students receiving credit for prior nursing coursework, and the LVN (30) unit option, or the process that the college/program designates. The faculty has been making changes such as a revision in admission criteria for TBSN students, incorporating Kaplan integrated testing, and completion of a major curriculum revision. Simulation experiences are being incorporated into student instructional activities as the faculty continues to develop a framework, and as additional resources are allocated. The College is in the process of converting space on the Doheny campus to provide for simulation laboratory space planned for completion within the next year. Additional skills lab support personnel and student support resources were provided at both campus locations in recent years.

Annual NCLEX Pass Rates For First Time Candidates: 2012-2013 (through March 2013) - 85.59%; 2011-2012- 86.21%; 2010-2011- 76.54%; 2009-2010- 85.71%; 2008-2009- 84.76%.

The program director and Shelley Ward clarified that the recently approved major curriculum revision would not be fully implemented until 2014 and the success of the revision would continue to be evaluated. Michael Jackson asked whether the program is now fully compliant which was confirmed by Shelley Ward. Michael Jackson requested recommendation. NEC recommended continuing approval.

ACTION: Continue Approval of Mount St. Mary’s Baccalaureate Degree Nursing Program.
M/S/C: Michael Jackson/Erin Niemela
Public Input: None

7.2.6 University of California, San Francisco, Entry Level Master’s Degree Nursing Program.
Judith Martin-Holland, Ph.D., M.P.A., RN, FNP, Associate Dean represented the program.
Kay Weinkam, NEC, presented this report. Judith Martin-Holland, Ph.D., M.P.A., RN, FNP is Associate Dean for Academic Programs and Director of the MEPN Program. Linda Sawyer, Ph.D., RN, CNS is an Associate Clinical Professor and Assistant Director of the Program. Nursing Education Consultant Kay Weinkam conducted a regularly scheduled continuing approval visit to the UCSF Master’s Entry Program (MEPN) in Nursing on April 23, 24, and 25, 2013. One area of non-compliance was noted related to CCR Section 1427(c) Clinical Facilities. No recommendations were made. The program has submitted its response to the area of noncompliance, and updated the Committee on its progress at the August meeting.

The Board approved the MEPN program in March 1991. The program admits students once a year in June. Students then complete the prelicensure nursing education in May of the following year. Those seeking admission to the MEPN program have already earned a baccalaureate degree in another major.
They complete prerequisite courses in communication and sciences prior to entry into the program. They select a nursing specialty or track in the graduate program prior to enrollment in MEPN, and are admitted as graduate students at UCSF for academic and registration purposes. The first year of graduate study is considered preparation for the generalist role; the second and third years are directed to specialty preparation and the completion of the master’s degree requirements. Overall, approximately three hundred and fifty students are enrolled in the master’s nursing programs. Students present diverse academic, employment, and life experiences, which have added to the richness of classroom and clinical participation.

The School of Nursing is located in a dedicated seven-story building that contains lecture halls, administrative and academic offices, a café, and, on the seventh floor, a skills lab, bioinstrumentation lab, family lab, research labs, and computer resources. This being a city campus, the Kanbar Simulation Center, additional computer labs, library collections, and databases are located across Parnassus Avenue in the Paul and Lydia Kalmanovitz Library and the Center for Knowledge Management.

The minor curriculum change was approved in 2012, and faculty members are continuing review of the program and curriculum. The program revised program outcomes in December 2012. One of the challenges facing the program is the decrease in student admissions from 79 in 2011 to 64 in 2012; it’s expected the cohort for the 2013-2014 academic year will be between 64-70 students. There has been a reduction in the master’s degree nursing specialty tracks due to financial pressures that stem from changes in how the federal government funds nursing education as well as the increase in students’ professional education fees caused by California state financial difficulties without a corresponding increase in financial aid. These, in turn, affect admissions because students need to be admitted to a specialty track as well as the MEPN program. For the academic years 2007-2012, the NCLEX pass rates range from 92-95%, with an average of 94%. The pass rate for 2011-2012 is 95%.

A printed updated clinical facility report was distributed to the ELC members to demonstrate progress with compliance regarding clinical facility agreements. Michael Jackson asked about the difference between NCLEX outcome data in the Agenda Item Summary versus the consultant’s visit report to which Ms. Weinkam clarified that the updated numbers in the Agenda Item Summary were correct. In response to a question regarding why there was no clinical affiliation agreement indicated for the UCSF Medical Center, the program director clarified that no agreement is required since it is part of the same university system as the program. Michael Jackson requested staff recommendation. Miyo Minato, SNEC, recommended that the program be awarded continuing approval with requirement of a progress report submitted to the program’s NEC to confirm completion of obtaining updated clinical facility agreements.

ACTION: Continue Approval of University of California, San Francisco, Entry Level Master’s Degree Nursing Program. Submit progress report to NEC.

M/S/C: Michael Jackson/Raymond Mallel

Public Input: None

7.2.7 Los Angeles County College of Nursing and Allied Health Associate Degree Nursing Program.
Barbara Collier M.Ed., RN, Dean, School of Nursing, and Maria Caballero, BSN, RN, Dean, Administrative and Student Services represented the program.
Shelley Ward, NEC, presented this report. Barbara Collier M.Ed., RN, Dean, School of Nursing is the program director. A continuing approval visit was conducted at the Los Angeles County College of Nursing and Allied Health Associate Degree Nursing Program by Shelley Ward, NEC, and Laura Shainian, NEC, April 8-10, 2013. The program was found to be in compliance with the Board’s rules, regulations and policies. Two recommendations were rendered in the areas of CCR Section 1424 (b) (1) - Program...
 Evaluation; CCR Section 1424 (d) – Resources. The program submitted a progress report responding to the recommendations.

The Los Angeles County College of Nursing and Allied Health is a public community college owned by the County of Los Angeles (LAC), and operated by the LAC Department of Health Services (DHS). The college is located on the grounds of the Los Angeles County + University of Southern California Medical Center. All A.D.N. program student clinical rotations occur at LAC DHS facilities. The School of Nursing was founded in 1895, structured as a hospital-based education program. The college was granted initial accreditation status by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges in 1995, and thereby authorized to grant associate degrees. The A.D.N. program is the only degree granting program offered by the College at this time. In 1998, the School of Nursing and the Nursing Education and Consulting Services division of the LAC+USC Medical Center merged to become the Los Angeles County College of Nursing and Allied Health. Surveys of program graduates indicated that over 90% are employed in Los Angeles County healthcare facilities, and 40% work for the DHS.

Student attrition rates have been a focal point of the program’s systematic plan for program evaluation. 2005-2006 - 8.3%; 2006-2007 -12.6%; 2007-2008 – 26.3%; 2008-2009 – 21.7%; 2009-2010 - 26.9%; 2010-2011 - 29.9; 2011-2012 - 28.7%; 2012-2013 - 14.2%. The faculty supported by the college Research Director analyzed determinates contributing to the findings. Evaluation plan analysis describes the increase in the rates in 2007 to coincide with the initiation of the Workforce Program. The workforce (WF) program included RN and LVN student cohorts. Students enrolled in the WF Program work a mandatory 32/hours/week and attend school on days off. Other primary factors influencing attrition patterns include student work-life challenges and course test construction issues. The faculty instituted a variety of strategies including but not limited to, adoption of the TEAS V entrance examination, initiating individual student remediation plans, tutoring, counseling, faculty development initiatives specific to testing and other program policy changes.

All faculty and staff positions at the college are full-time. The majority of the faculty is prepared at a Master’s or higher degree level. After 2009 faculty that retired or resigned were not replaced due to economic/budgetary constraints. Student admission target was reduced to 50/semester (2011) to maintain sufficient faculty to student ratios, and some faculty remediated to expand the nursing areas they were BRN qualified to teach in. One of the vacated positions supported student tutoring services. The program was recently able to hire new full-time faculty positions. A grant supporting student tutoring services that was terminating in the summer of 2013 is extended through October 2013. The faculty have developed a plan to provide tutoring services on a rotational basis.

NCLEX-RN examination test score outcomes have been exemplary for many years. Students acknowledged that both the reputation of the program and NCLEX examination outcomes as important factors that influenced their decision to apply to the program. NCLEX Pass Rates First Time Candidates: 2005-2006 – 83.96%; 2006-2007 – 94.38%; 2007-2008 – 91.11%; 2008-2009 – 95.83%; 2009-2010- 97.67%; 2010-2011- 95.79%; 2011-2012 – 97.12%; 2012-2013 ( through March 2013) – 98.53%.

The program director was asked how she maintains such a high NCLEX pass rate to which the program director responded: the program is an independent community college supported by the County and all faculty are full time; faculty “own” the program, are supported with frequent continuing education and are committed to the program; the program doesn’t have to compete for clinicals as most are done in the County facility; students are required to perform well in order to progress through courses. Michael Jackson requested staff recommendation. NEC recommended continuing approval.
7.2.8 Shasta College Associate Degree Nursing Program.

Terrie Snow, MSN, CPNP, RN, Program Director; Linda Thomas, RN, MSN, Assistant Director; Kathy Royce, MN, RN, Dean of Health Sciences represented the program.

Katie Daugherty, NEC, presented this report. In mid-June 2013, former Health Sciences Dean/Program Director, Ms. Spratt retired. At that time, the college re-structured the division by splitting the combined Dean/Program Director position into two separate positions. One a 12 months Dean level administrative position and the other a 10 months faculty/Program Director position. Ms. Terrie Snow, MSN, CPNP, RN was approved as Program Director effective July 16, 2013. Ms. Snow is a very knowledgeable associate degree nursing educator. She began teaching at Shasta College in 1980 and served as an Assistant Director (AD) from (1985-86). Ms. Snow will serve as the Program Director for one year. During that time the college plans to evaluate the new division structure including the adequacy of the assigned time for the Program Director and Assistant Director. In June 2013, Ms. Kathy Royce, MN, RN was appointed to the Dean of Health Sciences position. Ms. Royce has background and experience in various nursing administrative capacities but none teaching or administering/managing a pre or post-licensure RN program.

Shasta College graduated its first Associate Degree Nursing class in June 1968 and provides program access to residents in Shasta, Tehama and Trinity counties of Northern California. In 2007, the Nursing, Allied Health and University programs moved from the main college campus to the downtown Redding campus. These programs are housed in a 45,000 square feet building with state of the art classrooms and skills/simulation labs supporting instruction. Annual program enrollment is typically about 116-127 students distributed over the four semesters nursing major. Annual retention rates for on time program completions is ~80%. The program has maintained a very stable number and core of full time faculty with an exemplary commitment to educational excellence. The program enjoys an outstanding/stellar reputation in the communities it serves. During the last three years, annual NCLEX-RN pass rates (July 1-June 30) have been 83.6, 90.7, and 87.9% respectively. For the first three quarters of AY July 1, 2012-March 2013, the pass rate is 95.3%.

A continuing approval visit was made by Daugherty, NEC on April 9-11, 2013. One area of non-compliance, CCR 1424 Program Administration/Organization and four areas of recommendations, CCR 1424 Program Administration/Evaluation Plan, 1420/1425.1 Faculty, 1426 Curriculum and 1428 Student Participation. These are described in visit report documents. Former Dean/Program Director, Ms. Spratt submitted the college’s June 2013 written response to the visit findings prior to retiring. A Response Addendum prepared by Ms. Snow in collaboration with Ms. Royce was submitted on July 17, 2013 and reflects the college’s most recent progress in addressing the visit findings. Collectively, the two sets of documents provide sufficient evidence of program compliance at this time.

Ms. Daugherty clarified that Ms. Snow will serve as program director for one year with 70% release time. Michael Jackson requested staff recommendation. NEC recommended continuing approval.

ACTION: Continue Approval of Shasta College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Trande Phillips
Public Input: None

7.2.9 West Hills College Lemoore Associate Degree Nursing Program.
Charles Freeman, MSN, RN, Program Director, and Cynthia Dolata, MSN, RN, Assistant Director represented the program.

Kelly McHan, NEC, presented this report. Charles Freeman, M.S.N., RN, has served as director of the RN program since April, 2008. Ms. Cynthia Dolata, MSN, RN, serves as assistant director. A continuing approval visit was conducted February 26-28, 2013 by Kelly McHan, NEC. The program was found in compliance with regulation and BRN guidelines. Two recommendations was made: CCR 1424(b)(1) with reference to 1424(d) Written Total Program Evaluation Plan, and CCR 1426(d) Concurrency of Theory and Clinical Practice.

West Hills College Lemoore is one of two colleges operating within the West Hills Community College District in the San Joaquin Valley. As Director of Health Careers for the Community College District, Mr. Freeman also has oversight of the district’s Psychiatric Technician, Emergency Medical Technician, EKG Technician, Medical Terminology, Medical Assistant, Nursing Assistant, and Sterile Processing Technician programs. Initial BRN approval for the ADN nursing program was granted February, 2008 with the first graduates completing the program in 2010. The college enrolls 24 new students into the generic option each fall which are then joined by twelve LVN to RN advanced placement students in the third semester of the program. As of spring, 2013, the program is offering a Licensed Psychiatric Technician to Registered Nurse (LPT to RN) option with 17 students who joined the generic cohort in the second semester of the program.

Program strengths include an experienced faculty dedicated to individual student learning excellence as well as robust integration of simulated patient encounters throughout the curriculum. The program enjoys strong clinical partnerships with local hospitals and care facilities, including five acute care hospitals, four prisons and a 500 bed psychiatric facility. Adequate housing for the expanding program is a current challenge, specifically for administration, faculty and storage needs. The college plans construction of a new Health Careers building which will provide critically needed faculty offices as well as additional classroom and storage spaces. Attrition in the generic ADN cohort has ranged from 12.5% to 19 % over academic years 2010-2012. NCLEX pass rate: 2009-2010 100%; 2010-2011 87.76%; 2011-2012 91.18%; 2012-13 1st three quarters 100%.

Michael Jackson requested staff recommendation. NEC recommended continuing approval.

ACTION: Continue Approval of West Hills College Lemoore Associate Degree Nursing Program.

M/S/C: Michael Jackson/Erin Niemela

Public Input: None

7.2.10 Yuba College Associate Degree Nursing Program.

Sally Rustrom, MSN, RN, Program Director, and Roxanne Snyder, DNP, RN, Assistant Director represented the program.

Katie Daugherty, NEC, presented this report. Ms. Sally Rustrom, MSN, RN has most recently served as the Program Director since December 2012. Dr. Roxanne Snyder is the program Assistant Director (AD). Ms. Rudstrom has served as Program Director twice in the last five years when the program was without a Director. She remains a full time tenured faculty member by the college. During the past 5 years, there have also been a number of key district leadership changes including the Chancellor, the College President and the VP of Academic & Student Services. Presently there is an Interim College President and an Acting VP of Academic & Student Services. Ms. Rudstrom reports directly to the VP of Academic & Student Services. Ms. Rudstrom continues to serve in the PD position through AY Fall 2013- Spring 2014. In June 2014, she plans to retire unless a suitable replacement is not hired.

Yuba College is located in the Marysville-Yuba area about 30-40 miles from Sacramento. Yuba College AD program was initially approved as an LVN to RN Advanced Placement RN degree program in 1982 and as a
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four semester generic AD program in 1992. Total program enrollment is typically 120 students each term. Thirty students are admitted twice a year. Most recent attrition rates are ~ 9% annually. This rate is down from previous rates ranging from 11-28% annually. Program adoption of the CCCC’s increased cut score from 70-80% and the increase in course passing grade to 75% are the two major factors contributing to this improvement. The program has also been successful in expanding the clinical placements in a number of acute care clinical facilities in the larger Sacramento region. Students and faculty report these changes have enhanced student learning. All clinical agencies visited reported very favorable comments about faculty competence, instructional effectiveness, and student clinical performance. From 2009-2012, the annual (July 1-June 30) NCLEX-RN first time candidate pass rate has consistently ranged from 90-97%. From 7/1/12-3/31/13 the pass rate was 94.29%.

A continuing approval visit was made by K. Daugherty, NEC April 23-25, 2013. One area of non-compliance, CCR 1424 Program Administration/Total Program Evaluation/Resources and three areas of recommendations CCR 1424 Program Administration, CCR 1420/1425.1 Faculty/Content Experts, and CCR 1426 Curriculum/Faculty were made as described in the attached visit reports. The program submitted an appropriate written response and sufficient evidence correcting the area of non-compliance and addressing the recommendations.

Michael Jackson requested staff recommendation. NEC recommended continuing approval.
ACTION: Continue Approval of Yuba College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Raymond Mallel
Public Input: None

7.3 MAJOR CURRICULUM REVISION
7.3.6 National University Baccalaureate Degree Nursing Program.
Mary Kracun, PhD, RN, Department of Nursing Interim Chair, and Julie Johnson, PhD, RN, FAAN, Director of Nursing, represented the program.

Leslie A. Moody, NEC, presented this report. Mary D Kracun, PhD, RN, Department of Nursing Interim Chair, has served as the interim program director since the previous program director Dr. Mary McHugh left in January 2013. The university has successfully recruited a new program director, Dr. Julie Johnson, who assumed that role effective July 1, 2013. The program’s curriculum was originally developed in September 2004 with only minor revisions since that time. An in-depth review revealed that revision was needed to bring the curriculum design and content current with the most up-to-date and effective standards of nursing practice and education as promoted by the AACN, CCNE, QSEN, and other industry recognized guidelines of excellence, as well as ensure ongoing BRN regulatory compliance. Program data and input from faculty and students indicated a need to strengthen math, science and medical/surgical nursing knowledge/skills. Although the program’s NCLEX outcomes have been above minimum acceptable threshold, the program desires improvement for this performance indicator. Program leadership, faculty (both part and full-time) and student representatives worked under the guidance of an expert curriculum consultant for the past two years to perform an exhaustive curriculum review, starting with revision of the basic program curriculum frameworks and then working through each individual course content. This work resulted in a proposal for major curriculum revision which is summarized below and was explained in detail in additional documents. Summary of revisions:

- The following courses are added to meet new university degree requirements and/or increase students’ foundational preparation: Advanced Composition; Human Lifecycle Development; Health Informatics; additional math requirement to be fulfilled with either College Algebra I and II, or College Algebra and Trigonometry; Ethics; Public Health Nutrition.
- Cross Cultural Communication and Spanish For The Work Place are replaced with the course Cultural Diversity which contains essential elements of the other two courses.
• Core nursing content courses were revised with updates to content and sequencing which include:
decrease in units allotted to pediatrics, childbearing family and psych/mental health courses;
increase in units for medical/surgical; increase units, content and sequencing for
pharmacology/pathophysiology; addition of separate courses (theory and clinical) for gerontology;
replaced nursing leadership/management/research/theory
courses with new courses designed to address current concepts; integration of QSEN concepts into
the nursing foundations course; place Professional Issues in Nursing at the beginning of the
program; move psych/social nursing earlier in the program sequence.
• Community health nursing courses were reworked resulting in updated content and reduced units
for both theory and clinical.
• Updated statements of mission, vision, philosophy, organizing concepts and program learning
outcomes.

The revisions resulted in an increase of 31.5 nursing theory units and 4.5 nursing clinical units, increase
of 4.5 units in communication and increase of 6 units in the sciences, with the total units for licensure
increasing from 106.5 to 153. Other adjustments to the curriculum created an overall net increase of 4.5
to 6 quarter units, with the total units for graduation increasing from 180 units to 184.5-186 quarter units
(variability related to choice of math courses). All units are quarter units. The proposed curriculum
revision strengthens the total nursing program curriculum without significantly increasing the total units
for graduation. BRN curriculum forms EDP-P-05 Total Curriculum Plan and EDP-P-06 Required
Curriculum: Content Required For Licensure were submitted that map the proposed revision and reflect
curriculum that meets BRN regulatory requirements.

Michael Jackson requested staff recommendation. NEC recommended approval of the revision.
ACTION: Approve Major Curriculum Revision for National University Baccalaureate Degree
Nursing Program.
M/S/C: Michael Jackson/Erin Niemela
Public Input: None

7.4 GUIDELINES FOR ALTERNATE/SECONDARY PROGRAM LOCATIONS
CCR 1432.(b)(3) requires existing approved prelicensure programs obtain board authorization prior to
adding a new campus or location. “Guidelines for Alternate/Secondary Program Locations” (see
attached) was previously named “Guidelines for Extended Campus Programs.” The BRN Nursing
Education Consultant group revised the guidelines to provide an updated and more thorough explanation
of the requirements and approval process for offering a currently approved prelicensure program at an
alternate/secondary location. As with the previous version, this document will be placed in the Director’s
Handbook that is provided to all program directors and content will be reviewed with the program
directors at the Annual BRN Update.
There was no discussion regarding this item.
ACTION: Place on Board agenda for information and distribute to programs.
Public Input: None.

7.5 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA
There were no public comments.

Meeting adjourned at 1155.
BOARD OF REGISTERED NURSING EDUCATION/LICENSING COMMITTEE MINUTES

DATE: May 8, 2013
TIME: 0900-1200
LOCATION: Hilton Los Angeles Airport Hotel
5711 West Century Blvd.
Los Angeles, CA 90045

PRESENT: Michael Jackson, MSN, RN, Chair
Trande Phillips, RN
Raymond Mallel

STAFF PRESENT: Louise Bailey, Executive Officer; Rose Ramos, Administrative Assistant;
Stacy Berumen, AEO; Carol Stanford, Diversion SSM 1; Beth Scott, Deputy Chief; Kathy Hodge,
Deputy Chief; Julie Campbell-Warnock, Research Program Specialist; Miyo Minato, SNEC; Katie
Daugherty, NEC; Laura Shainian, NEC; Leslie A. Moody, NEC; Janette Wackerly, SNEC; Geri Nibbs,
NEC; Carol Mackay, NEC; Jeanette Dong, Board Member.

Michael Jackson called the meeting to order at 09:15 AM. Committee members introduced
themselves.

7.0 REVIEW AND ACCEPT MINUTES
The March 6, 2013 Education/Licensing Committee (ELC) draft meeting minutes were presented.
ACTION: Accept the Minutes of March 6, 2013 as presented.
M/S/C: Raymond Mallel/Trande Phillips
Public input: None

7.1 RATIFY MINOR CURRICULUM REVISION
7.1.1 California State University, Chico, Baccalaureate Degree Nursing Program
7.1.2 California State University, Fresno, Baccalaureate Degree Nursing Program
7.1.3 California State University, Sacramento/California State University, Stanislaus
Collaborative Accelerated Baccalaureate Degree Nursing Program Option
7.1.4 College of the Desert Associate Degree Nursing Program
7.1.5 Fresno City College Associate Degree Nursing Program
7.1.6 Imperial Valley College Associate Degree Nursing Program
7.1.7 Mendocino College Associate Degree Nursing Program
7.1.8 Mount San Antonio College Associate Degree Nursing Program
7.1.9 Mt. San Jacinto College, MVC, Associate Degree Nursing Program
7.1.10 Santa Monica College Associate Degree Nursing Program
7.1.11 West Hills College, Lemoore, Associate Degree Nursing Program

Acknowledged Receipt of Program Progress Report:
7.1.12 Humboldt State University Baccalaureate Degree Nursing Program
7.1.13 California State University, Dominguez Hills, Entry Level Master’s Degree Nursing Program
7.1.14 College of the Siskiyou LVN to RN Associate Degree Nursing Program
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7.1.15 El Camino College Associate Degree Nursing Program
Leslie A. Moody, NEC, presented this report.

ACTION: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report as presented.
M/S/C: Raymond Malle/Trande Phillips
Public input: None

7.2 CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM
7.2.1 The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program.
Dr. Diane Stuenkel, Professor and Assistant Program Director, represented the program.
Janette Wackerly, SNEC, presented this report. Dr. Jayne Cohen, PhD, RN, WHNP-BC is the program director and chair of the nursing department. A regularly scheduled continuing approval visit was conducted on February 13-15, 2013 by Janette Wackerly MBA, RN, SNEC. The nursing program was found to be in compliance with the Board’s rules and regulations.

The Valley Foundation School of Nursing at CSU San Jose’s commitment to educational rigor, scholarship, professional role development, and student success is apparent at every level within the school of nursing. The school of nursing enjoys a culturally and ethnically diverse student body and nursing students are engaged in all aspects of the education processes. Especially important to the education processes are the nursing students being fully engaged in clinical simulation each semester and also being engaged in direct patient practice with outstanding clinical sites. The SON faculty is an exceptional group with excellence in academic and clinical backgrounds. In addition, faculty have many years of teaching experience in undergraduate nursing education.

In fall 2010 the school of nursing began their successful implementation of major curriculum changes. Those changes incorporated the California Nursing Practice Act, American Association of Colleges of Nursing Baccalaureate Essentials, Quality and Safety Education for Nurses Standards, a White paper from the California Institute of Nursing and Health Care on Redesigning Nursing Education, and input from their Community of Interest. The Curriculum Committee, content experts, and faculty worked diligently to conduct a systematic review and revision of the curriculum.

At the time of the February approval visit there was sufficient evidence the program had improved the annual NCLEX-RN pass rates considerably from 75% to over 90%.

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The Valley Foundation School of Nursing faculty members are proud of the increased NCLEX-RN pass rate of their graduates and have set a goal of achieving a 100% pass rate.

Raymond Mallel asked about specific measures implemented to improve NCLEX performance. Dr. Stuenkel reported remedies included implementation of a Retention Coordinator position, utilization of the ATI comprehensive package, and early identification of at-risk students with development of a remediation plan. Michael Jackson asked about faculty retention. Dr. Stuenkel reported a high rate of success with faculty retention.

ACTION: Continue Approval of The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program.
M/S/C: Michael Jackson/Trande Phillips

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May 8, 2013
Public input: None

7.2.2 College of the Desert Associate Degree Nursing Program.
Mr. Wayne Boyer, Director of Nursing and Allied Health represented the program.
Leslie A. Moody, NEC, presented this report. Mr. Wayne Boyer, Director of Nursing and Allied Health, has been the program director since July 2011. Two long-term faculty, Ms. Irene Larsen and Ms. Margaret Rose, share the assistant director role. Nursing Education Consultants Leslie A. Moody and Laura Shainian with Supervising Nursing Education Consultant Miyo Minato conducted a regularly scheduled continuing approval visit to this program on February 27-28, 2013. There were no areas of noncompliance identified. Two recommendations were written regarding 1424(d) Resources, in regard to filling full time faculty vacancies and continuing funding for program support positions that are currently grant funded.

The nursing program was established in 1962. Currently the program admits 30 generic students each spring and fall semester. Grant funding obtained in 2010 supports the cost of providing the LVN-RN transition course which leads to additional admission of up to 20 VN-RN students each year. The nursing program receives strong support from the community which passed a bond measure that provided funding for renovation of existing classrooms and new construction of nursing education facilities, and from the college foundation that has consistently provided funding to meet essential program needs for items such as simulation instructional equipment and skills lab faculty.

This program has been challenged with turnover in the program director position (three directors in the past six years) and a decrease in full-time faculty with additional full-time faculty planning to retire in the near future. The faculty, director and dean have recognized the need for succession planning, a component of which will be professional development of faculty who may be interested in future program leadership. Efforts by the faculty have included implementation of an orientation process for new faculty that includes mentoring for the initial period has been implemented and hosting MSN student interns from area colleges to experience prelicensure nursing education in hopes of encouraging an interest in becoming faculty in the future. The need to maintain full-time faculty levels adequate to conduct, evaluate and revise the program was discussed with Dr. Joel Kinnamon, Superintendent/President and Dr. Leslie Young, Dean, who expressed recognition of the importance of this issue.

BRN Annual School Report data reflects attrition ranging from 19.3% - 31.6% across the past five years with academic reasons cited as the most frequent cause. Annual NCLEX-RN outcomes for the past ten years have been consistently well above the minimum performance threshold, ranging between 82% and 92%, but the first quarter results for the 2012-13 measurement year were lower than usual at 76% (19 passed/25 taken). Grant funding currently provides a nursing student success counselor who applies a case management approach to providing support services. Students identified this resource as significantly contributing to their success. Faculty are beginning an intensive curriculum review to identify areas that need improvement and structure a major curriculum revision proposal.
Administrative/clerical support for the program is currently provided by a full-time program assistant but the position is grant funded only through 2014. This information was reviewed with Dr. Young and Dr. Kinnamon who both expressed commitment to supporting the resources required including faculty time for curriculum review, and searching for alternative funding sources to continue the success counselor, program assistant and skills lab coordinator positions if the current funds are discontinued.

The faculty group is cohesive and seasoned. Two of the faculty recently developed the College of the Desert Elderly Care and Aged Relevancy Endeavor (CODE CARE) that incorporates the ACES unfolding cases and were honored with an NLN award for this work.

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When the regional clinical placement consortium processes did not meet the needs of this more remote area’s clinical partners, the program joined with the two other local college prelicensure RN program directors to form a collaborative for coordinating scheduling of students’ clinical rotations. This has resulted in a streamlined and effective process that ensures all three programs have adequate placements and strengthened existing positive relationships with the clinical facilities.

The quality and consistency of data collection for program evaluation had deteriorated somewhat, partially due to multiple changes in program leadership and reductions in faculty. This has been corrected during the past year with implementation of electronic survey tools and updating of processes to ensure regular data collection and analysis.

Students did not relate any significant concerns regarding the program, and generally expressed satisfaction with the quality of the curriculum, faculty and clinical experiences. First year student identified that it would be helpful to have increased focus for reference information as they sometimes found information conflicting between multiple texts. This feedback was shared with faculty.

**Raymond Maller asked whether the program maintains a wait list for unselected applicants. Mr. Boyer reported that the program does not maintain a wait list and that the number of program applicants always exceeds available seats.**

**ACTION:** Continue Approval of College of the Desert Associate Degree Nursing Program.

**M/S/C:** Michael Jackson/Trande Phillips

**Public Input:** None.

### 7.2.3 Imperial Valley College Associate Degree Nursing Program.

**Ms. Justina Aguirre,** Dean of Health and Sciences and previous Director of Nursing, and Dr. Susan Carreon, current Director of Nursing, represented the program.

Leslie A. Moody, NEC, presented this report. Ms. Justina Aguirre, Dean of Health and Sciences and Director of Nursing was appointed program director on 06/4/2009 following BRN approval and served in this role until 01/02/2013 when Dr. Susan Carreon was appointed to fill the program director role. Mr. Richard Fitzsimmons, RN, MSN, FNP is the assistant director of the program. The registered nursing program was established in 1971 within the WASC accredited Imperial Valley College (IVC) which is part of the California Community College system. The college is located in a rural agrarian region, in the town of Imperial, near the U.S.-Mexico border and serves a largely Hispanic population. Strong relationships exist between the college and nursing program leadership and the local and regional stakeholders, including clinical partners. The registered nursing program is one of the two most popular programs of study offered by the college and during this approval visit several persons shared stories of their multi-generational nurse family members who had graduated from this program. The popularity of the program has required the college to plan for increasing the number of science course sections offered to accommodate the large number of students wanting to take prerequisite courses in preparation for admission to the nursing program. Program enrollment targets are regularly reviewed and adjusted in consideration of input from advisory committee members particularly regarding employment opportunities, college budget and grant funding, and consideration of faculty ability to meet student needs. A large number of the program’s graduates are employed by area healthcare partners. The program currently admits 24 students each semester in Fall and Spring, with total enrollment of 93 students at the time of visit.

A scheduled continuing approval visit was conducted January 29-30, 2013 by Nursing Education Consultants (NECs) Leslie Moody, Carol Mackay and Gloria Middleton. The program was found to be in compliance with BRN regulations. Recommendations were written for CCR sections 1424(b)(1) Total Program Evaluation, 1424(d) Resources, 1425.1(b) Faculty Responsibilities and 1426 Required Curriculum.
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Past substandard NCLEX outcomes for the 2007-08 and 2008-09 years triggered retention of an expert consultant to assist in evaluation of the program. Faculty implemented recommended improvements including revision of the minimum pre-requisite GPA other admission selection criteria, revision of grading rubrics and application of Assessment Technologies Institute (ATI) testing as an academic performance measurement tool. NCLEX outcomes improved: 2007-08 66.07%; 2008-09 61.33%; 2009-10 88.16%; 2010-11 80.30%; 2011-12 95%. Subsequently a downward trend in retention (2007-08 95.1%; 08-09 82%; 09-10 63.3%; 10-11 69.4%) and upward trend in attrition (2007-08 4.9%; 08-09 0%; 09-10 18.3%; 10-11 20.4%) has been experienced. Additional resources have been applied to provide individual student support and tutoring. Some of this is grant funded but the college leadership has expressed commitment to funding these services in other ways if grant funds become unavailable. The program was using data collected via multiple methodologies to track attrition/retention which resulted in difficulty assessing the issue, but the program has now revised their data collection approach and will closely monitor these indicators to identify concerns and develop solutions.

Minor curriculum revisions were implemented in 2009 and 2010 in response to evaluation data collected from students, faculty, advisory committee members and other stakeholders. Program leadership and faculty have identified the need for a comprehensive curriculum review to ensure currency of course content including contemporary standards such as QSEN competencies, ensure linkage and progression of learning across the curriculum, expand the application of simulation as an instructional tool, sustain positive program outcomes and support student success. College administrators plan to provide resources such as additional faculty time to support this activity. Additionally, program leadership and faculty are actively working with San Diego State University (SDSU) to identify and implement curriculum revision that will create a seamless articulation/transition for IVC program graduates into the SDSU RN-BSN program and also allow co-enrollment while students are still in the ADN program.

Discussion with faculty revealed a well-developed and cohesive faculty group that provides consistent and coordinated instruction across the curriculum and between theory and clinical components of courses. Faculty and students identified some concern regarding crowded space in the program’s two primary classrooms. Dr. Victor Jaime, IVC Superintendent/President, and Ms. Kathy Berry, CIO-VP Academic Service, advised that work is actively underway, applying consultant resources to review space and architecture, to complete the process of redesigning the classroom spaces to remove structural obstacles and provide storage elsewhere for mobile items that can be removed. Faculty recognized the need to update their plan for orientation of new faculty and will be completing that in anticipation of new faculty soon to be hired. There are currently three full-time faculty vacancies with anticipated retirement of two to three faculty within the next few years. Dr. Jaime advised that budget considerations have delayed filling of these vacancies but that processes will now be initiated to address filling of these vacancies.

NECs met with first and second year students who expressed overall satisfaction with the program and great pride in being associated with this nursing program. Students praised their faculty for the quality of instruction and clinical experiences.

This program is found to be in overall compliance and committed to ongoing improvement that will maintain and improve upon the current program quality.

Raymond Mallel asked about the number of program applicants not accepted for each admission cycle and Dr. Carreon reported the program usually has space for approximately half of the applicants. Michael Jackson noted that there are only two major healthcare facilities in the remote area where the college is located so clinical learning experiences are limited.

ACTION: Continue Approval of Imperial Valley College Associate Degree Nursing Program.
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M/S/C: Michael Jackson/Trande Phillips
Public Input: None

7.3 CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM
7.3.1 United States University Nurse Practitioner Program
Ms. Blanca Cardenas, MSN, FNP, Program Director, represented the program.
Leslie A. Moody, NEC presented this report. Blanca Cardenas, MSN, FNP, has been teaching in the USU Nurse Practitioner (FNP) program and serving as part-time coordinator since April 2011, and was appointed program director in September 2012. Ms Cardenas continues to concurrently serve as teaching faculty for nine of the fourteen program courses. The program has had multiple directors since initial approval.

The program was initially approved in February 2010 and twenty two graduates have completed the program since that time. There are currently thirty-two students enrolled in this program that prepares graduates for practice as a Family Nurse Practitioner. Students are admitted either to complete the USU Entry Level Master’s Degree program or as an optional track of the USU MSN program. Thirteen of the currently enrolled students are generic MSN/FNP students and nineteen are ELM/FNP students. Graduates of the program are not currently able to take the national certification examination due to lack of required nursing body accreditation (ie CCNE) which limits their practice even with achieving BRN certification. The program cannot apply at this time for CCNE accreditation due to the status of the ELM-NP program (Warning Status per BRN since 6/2011) but plans to pursue CCNE accreditation when the status of the ELM-NP program is normalized.

A regularly scheduled continuing approval visit was conducted February 7-8, 2013 by Nursing Education Consultants Carol Mackay, Leslie Moody and Laura Shainian, and Miyo Minato, Supervising Nursing Education Consultant. Areas of noncompliance were identified related to CCR Sections 1484(c) Faculty and 1484(d) Curriculum involving multiple areas. Four recommendations were written related to CCR Section 1484(a)(2) Philosophy, 1484(b)(6) Administration, 1484(c)(2) Director and 1484(d)(11) Clinical Placement.

At the time of the visit, there were only two faculty members teaching the program courses, with no faculty retained who possessed specific expertise and qualifications to teach the pediatrics and women’s health content. Ms. Cardenas teaches nine of the fourteen program courses, reviews all course syllabi for content and currency, and makes all arrangements for student clinical placements in addition to being the full-time program director. She is a very experienced nurse practitioner, but has been in the role of program director for a short time and has not received expert mentorship to this role. The scope of Ms. Cardenas’ work is too broad, and there are inadequate faculty numbers to effectively deliver and review the curriculum. Deficiencies are identified in the curriculum design and delivery (ie philosophy, faculty collaboration for curriculum development, course syllabi, sequencing of content such as standardized procedures), program activity documentation (ie student clinical logs, preceptor records, student clinical clearance), and program evaluation which will require additional resources to adequately correct.
Program students are preceptored only by physicians, which does not provide adequate opportunity for them to learn the nurse practitioner role.

This fairly new program has the strong commitment to improvement by the current director and the university leadership. Physician clinical preceptors and clinical sites provide strong learning experiences for the students. BRN staff recommendation is to defer continuing approval for this program to allow time for correction of the areas of noncompliance and recommendation.
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Ms. Cardenas updated that there are a total of nine full-time and part-time faculty now employed by the program. Raymond Mallet asked about the program’s graduate success rate on the national certification examination. Ms. Cardenas reported that graduates are not eligible at this time to take the national examination as the program is not eligible for the requisite national accreditation due to the warning status of the USU Entry Level Master’s Degree program.

ACTION: Defer approval of United States University Nurse Practitioner Program. Nursing Education Consultant will perform a follow-up visit to the program with a visit report and a program progress report to be presented at the October Education/Licensing Committee meeting.

M/S/C: Michael Jackson/Trande Phillips

Public Input: None.

7.4 UNITED STATES UNIVERSITY ENTRY LEVEL MASTER’S DEGREE NURSING PROGRAM PROGRESS REPORT

Ms. Pilar DelaCruz-Reyes, past Program Director and Ms. Debora Erick, new Program Director represented the program.

Leslie A. Moody, NEC presented this report. USU submitted a required progress report to address NCLEX-RN outcomes for the final program cohort which completed prelicensure coursework in fall 2012. NCLEX performance was the last remaining unresolved area of program noncompliance from the 11/30-12/1/2011 continuing approval visit findings. The BRN licensing examination pass rate standard requires nursing programs to maintain a minimum pass rate of seventy-five percent for first time licensing examination candidates (CCR 1431). Annual prelicensure nursing program NCLEX-RN outcomes for the USU ELM program to date per official BRN reports are:

<table>
<thead>
<tr>
<th>United States University</th>
<th>JUL-SEP</th>
<th>OCT-DEC</th>
<th>JAN-MAR</th>
<th>APR-JUN</th>
<th>ANNUAL RATE</th>
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<tr>
<td></td>
<td>TAKEN</td>
<td>PASSED</td>
<td>TAKEN</td>
<td>PASSED</td>
<td>TAKEN</td>
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<tr>
<td>2009-2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>7</td>
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<tr>
<td>2012-2013</td>
<td>18</td>
<td>9</td>
<td>36</td>
<td>23</td>
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</table>

BRN data for the JAN-MAR third quarter, which will include results for many of the USU Cohort 7 students, will not be available until late April. Data for the Cohort 7 students, collected by the program director based on student report and BRN website online licensing information, reflects that as of April 4, 2013, eight students have passed NCLEX, four have failed and six have not yet taken the exam.

The program has previously reported many measures implemented to improve NCLEX outcomes which have included faculty development, expanded use of simulation, use of NCLEX exam style for course exam questions and incentives to encourage students to take NCLEX within 90 days of prelicensure course completion. Additional measures to be implemented for the new cohort (admission May 2013) include selection of a new vendor for course content support and NCLEX prep materials, regular content review sessions beginning early in the program and increased student tutoring services.

In response to the identified need for expert review and strengthening of the curriculum, the program has retained Dr. Colette York, a curriculum consultant, to conduct an in-depth review of the entire ELM program curriculum. She will provide recommendations for revision as well as guide the faculty in their curriculum review activities. It is anticipated that Dr. York’s review and recommendations will be completed by mid-June 2013, and the program will subsequently submit recommended revisions for BRN review and approval.
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The program additionally provided information regarding faculty and clinical placement resources for delivery of the program to a new cohort of twenty students planned for admission in May 2013 as approved by the Board at the February 2013 meeting. This information has been reviewed and found to reflect adequate resources to deliver the program in compliance with BRN regulations.

Ms. Erick was introduced as the newly hired program director and reported she has experience in improving nursing program curriculum and NCLEX pass rates, and hopes to apply her knowledge to bring improvement to the USU ELM program. Education/Licensing Committee members expressed concern about the substandard NCLEX outcomes that have persisted from the first through the last graduated cohort, despite multiple reported program improvements, and the implications regarding the quality of both classroom and clinical education received by program students and the possible detriment to public safety. Michael Jackson noted that a long period of time had been allowed by the Board for the program to demonstrate improvement. Ms. DelaCruz-Reyes agreed that multiple factors must be evaluated and stated that many improvements had been implemented including addition of full-time faculty. The program now has two full-time and twenty part-time faculty. Ms. DelaCruz-Reyes provided an updated report that indicated expert curriculum review is on track to be completed by the end of June 2013, additional new instructional methodologies and tools are being utilized including increase of simulation, consistent use of computerized testing to acclimatize students to this testing modality, and more intense methods for early detection of at-risk students and intervention. Ms. Erick advised that a new cohort of twenty students have been admitted and that all were advised of the program’s current status and the program’s history of substandard NCLEX performance by its students. Ms. Louise Bailey, Executive Officer, advised that a teach-out plan would be developed for existing students if the program’s approval status is withdrawn. Nursing Education Consultants recommended that the program: conduct a detailed assessment of past students characteristics to provide insight regarding students’ probability of success/failure and provide direction for student admission selection and support; evaluate whether current admission criteria and screening lead to appropriate student selection for admission; evaluate whether the program should be offered over a longer period of time to allow more effective learning. Mr. Tim Cole, USU President, reported that the university has a strong commitment to provide all resources necessary to support and improve the program, and confirmed that the prelicensure nursing program would continue to receive full support and resources even if additional admissions continue to be prohibited.

ACTION: Continue program on Warning Status With Intent to Withdraw Approval. Continue ban on additional prelicensure program admissions. The program is required to submit a progress report that provides substantial evidence to support a prediction of NCLEX success for students of the newly admitted Cohort 8, for presentation at the October Education/Licensing Committee meeting.

M/S/C: Michael Jackson/Raymond Mallel
Public Input: None.

7.5 MAJOR CURRICULUM REVISION

7.5.1 American University of Health Sciences Baccalaureate Degree Nursing Program.

Dr. Anita Braloek, Dean of SON, Dr. Kynna Wright, Chief Academic Officer/Provost, and Dr. Joyce Neuman Giger, President, represented the program.

Miyo Minato, SNEC, presented this report. Dr. Anita Braloek, PhD, RN, CNM, is Dean of SON and has been in this position since July 31, 2011. The program submitted a major curriculum revision proposal to be implemented Fall 2013. The curriculum revision is being made to strengthen their medical-surgical (MS) nursing content. The proposed change increases MS theory and clinical courses from two to three quarters, increasing clinical units in the current MS by one unit from four to five units, and adding a new,
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third Advanced MS course (10 units: theory 5 units; clinical units 5 units). The total MS content has been reviewed, redistributed, and re-sequenced in the three courses, increasing in complexity.

Additionally, this change offers a MS course in the 11th quarter providing students with the needed clinical direct care experience allowing students to practice the entry level RN roles in a preceptorship just prior to completion of the program. By adding this third Medical-Surgical course, the program believes that the students will be better prepared for the new RN-NCLEX and to practice in the rigorous work environment. This change augments clinical hours from 240 hours to 450 hours during the three courses. The addition of hours increases the amount of direct patient care that the students give in an acute care setting. The added units to the prelicensure content were shifted from the Case Management course, a degree requirement. The content for case management is given broad attention through its threading across a wider array of courses.

The BRN curriculum forms, EDP-P-06 and EDP-P-05 (Attachments 4 and 5), meet BRN requirements. Units are quarter units. There are no changes to Communication and Science Units. Nursing Units increased from Total Units from 77 to 89 units: Theory Units increased from 45 to 50 units; Clinical Units increased from 32 to 39 units. The Program’s Content Required for licensure is 144 units, an increase of 12 units. Degree requirements were decreased by 12 units, 57 to 45 units.

Michael Jackson asked about the NCLEX pass rate and Dr. Bralock informed that the pass rate was 74% for the 2011-12 period and in the current quarter six students have taken and passed the exam. Dr. Bralock informed that the program’s plan for improving NCLEX outcomes includes use of a Med/Surg consultant to provide students with review in the areas of Med/Surg and Psych/Mental Health at completion of the program, offering students ATI and Kaplan NCLEX review seminars, and additional clinical hours added in Med/Surg at the end of the program.

Additionally the program has evaluated admission GPA to determine relevance to program outcome success, and faculty identify students early in a term to determine what support resources may be helpful including remediation, tutoring and increased skills lab practice. Michael Jackson asked about the program’s use of simulation. Dr. Bralock reports that simulation use is currently limited with existing low-fidelity equipment and case studies but plans are in place to improve the quality and increase utilization of simulation as an instructional tool.

ACTION: Approve Major Curriculum Revision for American University of Health Sciences Baccalaureate Degree Nursing Program.
M/S/C: Raymond Mallel/Trande Phillips
Public Input: None

7.5.2 California State University, Sacramento, Baccalaureate Degree Nursing Program.
Dr.Carolyn Goetz, Chair-CSUS School of Nursing and Dr. Tanya Altmann, Associate Director SON, represented the program.
Katie Daugherty, NEC, presented this report. Dr.Carolyn Goetz is Chair of the CSUS School of Nursing and has been the program director since August 2010. The generic BSN degree program has an annual enrollment of 300 plus students with annual retention rates of 97% the last several years. The January-December 2012 NCLEX-RN pass rate is 98.43%. CSU Sacramento is accredited by CCNE through 2019.

The proposed major curriculum change is designed to address CSU Chancellor’s Office Executive Order 1084 requiring 120 semester units for baccalaureate degree requirements. The program will continue to be sequenced as eight 16 units per term semesters with the last four of the eight terms in the nursing major. Proposed revisions effective Fall 2013:
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- Total degree units reduced from a range of 125-133 to a range of 120-128 units. Please see the bottom of the first page of the CRL forms for details related to the unit range.
- Total CRL course units reduced from 83 to 76 units by reducing the total nursing units from 48 to 41 units.
- Nursing theory units decreased from 25 to 18 units by combining previous stand-alone courses N15, 16, and 18 into a single nursing course, re-numbered and re-titled, as N113, Professional Communication, Assessment and Skills and counting newly numbered N111, Professional Nursing as other degree units instead of CRL units.
- Total nursing clinical units remain the same at 23 units.
- Former N12 re-numbered as N112 without any unit or title changes; The former stand-alone courses, N117 Gero and N14 Pharm, eliminated and content absorbed into the newly re-numbered courses N112 and N113.
- N136 and 139 courses re-titled Nursing Laboratory for the Childbearing Family with no change in content or units.
- Other degree requirements change from a range of 42-50 units to 44-52 units by increasing the GE required from 26 to 27 units, combining the previous 6 units of the two former N150 Research and N169 Reasoning Development courses into a new 3 units single course, N120. Additionally, the newly re-numbered N111, Professional Nursing course, will now be counted as an “other degree course” requirement.
- For the LVN 30 unit option, the Theoretical Foundations of Leadership course will be re-numbered as N133 with no other changes.

ACTION: Approve Major Curriculum Revision for California State University, Sacramento, Baccalaureate Degree Nursing Program.
M/S/C: Michael Jackson/Raymond Mallel
Public Input: None.

7.5.3 United States University Entry Level Master’s Degree Nursing Program.
Ms. Pilar DeLaCruz-Reyes, past Program Director and Ms. Deborah Erick, new Program Director represented the program.
Leslie A. Moody, NEC, presented this report. The USU ELM program was originally designed so that students would spend the first 18 months of program completing prelicensure coursework, achieve Registered Nurse licensure and then continue for the next 24 months to complete MSN/ Family Nurse Practitioner coursework. Terminal program outcomes were RN licensure, MSN degree and FNP certification eligibility. Since program opening admissions have totaled 178, of which 22 have completed the entire program including the MSN/FNP portion and another 10 have returned to the university to complete their MSN in a different track (education or nursing administration). The majority (146/178) of the students exited following completion of prelicensure coursework and achieving RN licensure. Students most often cite the financial need for gainful employment and the desire to launch their nursing career as reasons for early exit from the program. Findings of noncompliance resulting from the 2011 continuing approval visit included the program’s failure to deliver the program as approved related to the high rate of early exit experienced. Program leadership attempted multiple measures to ensure students fully completed the entire ELM program, but a large number of students felt this was either not possible or desirable and ultimately the program could not force students to continue in the program. The university currently confers a Baccalaureate of Science Degree in Nursing upon students who have completed the prelicensure courses (including community health) and have achieved RN licensure.

USU is requesting approval to add an Accelerated Baccalaureate of Science in Nursing (ABSN) option to the existing ELM program. The Community Health Nursing course currently contains required PHN didactic content, and will be revised to add an additional one unit (45 hours) to the current one unit (45 hours) of
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clinical so that the course will fully meet BRN requirements for Public Health Nurse certification. This
revision would be effective for ELM option students as well. All other prerequisite and prelicensure nursing
coursework as currently exists for the ELM program would be the same for the ABSN option. Students
enrolled in the program can select whether they are working toward BSN or MSN/FNP as their terminal
program goal.
Michael Jackson asked whether the university would charge any additional student fees related to this
revision. Program representatives informed that there would be no additional fees related to the
revision. Ms. Moody clarified that the increase in clinical units for the Community Health Nursing
course would increase the charge for that course.
ACTION: Approve Major Curriculum Revision for United States University Entry Level Master’s
Degree Nursing Program.
M/S/C: Michael Jackson/Raymond Mallel
Public Input: None.

7.6 2011-2012 POST LICENSURE PROGRAM REPORT
Julie Campbell-Warnock, BRN Research Program Specialist, presented this report. In 2004-2005, as part
of the pre-licensure nursing program survey, the BRN also invited programs to provide data on their post-
licensure programs. The 2011-2012 Post-Licensure Nursing Program Report presents analysis of the
current year data in comparison with data from previous years of the survey. Since post-licensure nursing
programs offer a wide range of degrees, this report is presented in program sections, including RN to BSN
Programs, Master’s Degree Programs and Doctoral Programs. Data items addressed in each program
section include the number of nursing programs, enrollments, graduations, and student census data.
Faculty census data is included in a separate section as it is collected by school, not by degree program.
Report results presented by Ms. Campbell-Warnock included the following:
• In 2011-2012 the number of schools continued to increase, there were 45 reporting data for (many
  schools have more than one type of programs): RN to BSN (have increased 27% since 2004-2005);
  Masters (have increased 50% since 2004-2005); Doctoral (doubles since 2004-2005)
• Private programs have increased slightly more than public programs but the number of students in
  private programs has significantly increased.
• Since 2004-2005, new student enrollments for all program types have increased but for RN to BSN
  and Master’s degree programs this has leveled off the past couple of years but has continued to
  increase for doctoral programs. Student completions continue to see increases.
• RN to BSN and Doctoral programs accepted and enrolled all qualified applications for the first time.
• For RN to BSN programs, online and distance education modes was most often reported as an
  approach to increase program access, followed by flexibility in course scheduling. Partial funding by
  the work setting saw a decrease in the past couple of years but courses being provided in work settings
  continue to increase.
• Nurse Practitioners continue to be the largest share of graduates from Master’s degree programs with
  family being the most frequently reported specialty (Over 67%) followed by adult, pediatric and acute
  care. Other than NP’s, areas that have seen the largest increases are Clinical Nurse Leader,
  Ambulatory Care and Nursing Administration. Nursing Education has seen a decline in students.
• Most schools (82%) share faculty between post- and pre-licensure programs. An almost 5% vacancy
  rate is found statewide for post-licensure faculty.
Raymond Mallel asked whether anyone was monitoring the quality of post-licensure nursing
education programs. Ms. Campbell-Warnock clarified that the BRN does not monitor post-
licensure programs. Raymond Mallel asked how the current data compares with previous years.
Ms. Campbell-Warnock reported there is a slight decrease in RN-BSN & MSN enrollments which
may be related to a decrease in RN prelicensure program enrollments, but that overall there is a
significant increase in post-licensure program enrollment since 2007. Ms. Louise Bailey, Executive
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Officer, reported that data suggests the nursing shortage will continue to exist at least through 2020 and that California continues in 47th place when compared with other states to measure Registered Nurses per capita by state in the United States.
ACTION: Place on Board agenda.
Public input: None

7.7 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA
Public input: Gwendolyn MacDonald introduced herself as a former Indiana State University (ISU)/CSU Sonoma student and stated she was appointed as spokesperson for The College Network and a large group of nursing students. Ms. MacDonald briefly reviewed the history and student concerns regarding the ISU/CSU Sonoma program partnership. Ms. MacDonald presented copies of a letter she had received from The College Network. The letter advised that ISU LVN-BSN student admissions have resumed in the Los Angeles area and clinical experiences in California could be conducted in federal facilities. Ms. MacDonald asked for BRN verification of this information and for clarification regarding whether there had been a revision of BRN regulations to cause a change in status of the ISU nursing program relative to conducting classes in California. Ms. MacDonald also sought clarification regarding whether ISU nursing program graduates are eligible to apply for California registered nurse licensure. Ms. Louise Bailey, Executive Officer, advised that there had been no change regarding BRN authority or position in regards to this matter, and provided the following clarification: the BRN does not approve out-of-state nursing programs; the BRN previously approved an MOU between CSU Sonoma and ISU which the California State Chancellor’s Office later ordered to be allowed to expire on its contractual expiration date; the BRN has no authority over nursing or nursing education activities conducted on federal land; ISU nursing program graduates are welcome to apply for California licensure and those applications will be processed in the same manner as all out-of-state licensure applications. Ms. Bailey added that one requirement of licensure eligibility is that the applicant’s education program meets California standards, including concurrent theory and clinical coursework for core nursing content, which was an area previously found deficient in the ISU program delivery. Ms. MacDonald stated that the ISU nursing students had previously been considered California students, and asked who would now approve the program. Ms. Bailey clarified that the ISU students were never enrolled in a California nursing program and advised that students should direct their questions regarding the ISU program to that organization’s representatives as the BRN has no jurisdiction over programs outside of California.

Meeting adjourned at 1145.

Submitted by:

Accepted by:

Leslie A. Moody, MSN, MAEd, RN
Nursing Education Consultant
ELC Liaison

Michael Jackson, MSN, RN
Chairperson
AGENDA ITEM: 7.1
DATE: October 1, 2013

ACTION REQUESTED: Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND:
According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

• Curriculum changes
• Work Study programs
• Preceptor programs
• Public Health Nurse (PHN) certificate programs
• Progress reports that are not related to continuing approval
• Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:
7.1.1 Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program
7.1.2 Cerritos College Associate Degree Nursing Program
7.1.3 Chabot College Associate Degree Nursing Program
7.1.4 Golden West College Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:
7.1.5 American University of Health Sciences Baccalaureate Degree Nursing Program
7.1.6 Azusa Pacific University Baccalaureate Degree Nursing Program
7.1.7 East Los Angeles College Associate Degree Nursing Program
7.1.8 Merritt College Associate Degree Nursing Program
7.1.9 Shepherd University Associate Degree Nursing Program

NEXT STEP: Place on Board Agenda.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant, (760) 369-3170
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<tr>
<th>SCHOOL NAME</th>
<th>APPROVED BY NEC</th>
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<th>SUMMARY OF CHANGES</th>
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<tbody>
<tr>
<td>Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>09/13/13</td>
<td>HNU indicates the program is currently at full enrollment capacity for this degree option (N=169) and will not be accepting any new student enrollment in Spring 2014. This action is designed to ensure enrolled students are provided the highest quality program of study and sufficient program resources are consistently available to support existing enrollment. Prospective program applicants have been informed the program is at full capacity.</td>
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<tr>
<td>Cerritos College Associate Degree Nursing Program</td>
<td>L. Shainian</td>
<td>09/04/2013</td>
<td>Effective Fall 2013, NRSG 47, Nursing Skills Lab Practice, a one unit course offered 1st, 2nd, 3rd, and 4th semesters, will be changed in title only to reflect that the course is not “repeated”, and that content is leveled and there is progression of nursing skills from beginning to advanced. The title change replaces NRSG 47 Nursing Skills Lab Practice, with four separate courses: NRSG 57LA Beginning Nursing Skills Lab(1st semester); NRSG 57LB Intermediate Nursing Skills Lab(2nd semester); NRSG 57LC Advanced Intermediate Nursing Skills Lab(3rd semester); and NRSG 57LD Advanced Nursing Skills Lab(4th semester). Also, the following corrections are being made in course titles that appear on the EDP-P-06: NRSG 220 Medical-Surgical Nursing 3 (corrected from NRSG 220 Medical-Surgical 2); NRSG 232 Medical-Surgical Nursing 4 (corrected from NRSG 232 Medical-Surgical 3); NRSG 240 Medical-Surgical Nursing 5 (corrected from NRSG 240 Medical-Surgical 4). This change does not affect program content, leveling, courses, course content, objectives, or units. CRL/TCP forms updated to reflect all changes.</td>
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<tr>
<td>Chabot College Associate Degree Nursing Program</td>
<td>K. Daugherty</td>
<td>08/12/2013</td>
<td>Effective Fall 2013, move the existing pathophysiology course N 88/88L(3 units) into the core nursing major instead of counting as part of the total science units. Accept A&amp;P and Microbiology courses with a unit range of 4-5 units. The program has added a program vision statement supporting pursuit of BSN degree completion and added more specific course by course objectives related to use of evidenced based practice and QSEN principles. CRL/TCP forms updated to correct previous calculation error(s) and N88/88L changes; total nursing units now 47.5 instead of 43.5; nursing theory 26.5, clinical units total 21; science units now 18-21 units instead of 24 units; total CRL is 71.5-74.5 units instead of 76.5 units; changes in college other degree course requirements</td>
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## MINOR CURRICULUM REVISIONS

### Education/Licensing Committee

**DATE:** October 1, 2013

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<tr>
<td>Golden West College</td>
<td>L. Shainian</td>
<td>09/06/2013</td>
<td>Effective Spring 2014, Communication G110 Public Speaking (three units), will become the only accepted Communications course to fulfill the verbal and group communication requirement of content for licensure. English G110 Critical Thinking (four units), will replace Humanities (three units) – this will result in an increase of one unit. Math G160 Statistics (four units) will replace Math G30 (four units) – no change in units. Numbering of courses college-wide now includes the letter “G” to designate Goldenwest College – part of a three college system. Nursing Units remain unchanged as 40.5: Theory Units 20.5, Clinical Units 20; Other Degree Requirements: 11u (changed) – Bio G200(3u); Critical Thinking(4u); MathG160(4u); Total Units for Graduation changed from 75.5 to 76.5.</td>
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now accommodate variable units(0-5) for math proficiency testing 0 or intermediate algebra 5 U) and Sociology 1 is now acceptable to meet American Cultures degree requirements. Other degree requirements now 10-15 units instead of 17 units and total units for graduation 81.5-89.5 instead of 93.5 units.
# MINOR CURRICULUM REVISIONS

## Education/Licensing Committee

### DATE: October 1, 2013

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<th>SCHOOL NAME</th>
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<th>PROGRESS REPORT</th>
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<tr>
<td>American University of Health Sciences Baccalaureate Degree Nursing Program</td>
<td>M. Minato</td>
<td>08/29/2013</td>
<td>The program submitted a progress report responding to the 2012-2013 NCLEX Annual Pass rate of 50% (18/36 passed) and previous low annual rates. The NECs conducted a regularly scheduled continuing approval visit in February 2012 but due to the Board’s sunset status, the Board reviewed and took action at the February 2013 Board meeting, to “Defer action to continue approval.” During the time since the 2012 visit, the program has submitted a plan for corrective actions, which included revising admission standards and a major curriculum revision. The Board approved this major curriculum change in June 2013, with the implementation date of fall 2013. Although changes had been implemented as outlined in their report from 2012 Plan, the NCLEX pass rate did not show improvement. This last progress report submitted August 28, 2013 provided a detailed analysis of student profiles, data, and plan based on their evaluation. The school has identified that comprehension of English language is one major concern for their students. 88.9% of students who failed from the 2012-2013 Annual Rate, were of Asian ethnicity and English was a second language. The school’s plan is to work with improving their comprehension, interpretation, and deciphering of questions, in addition to their testing strategies. Their anecdotal data of graduates from April to August 2013 has 8 of 12 students passing NCLEX (66.67%) showing a positive trend from changes the program has taken. The assigned NEC is working closely with the director, and the program is due to return to ELC for review of their deferred status in March 2014.</td>
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<tr>
<td>Azusa Pacific University Baccalaureate Degree Nursing Program</td>
<td>B. Caraway</td>
<td>08/14/2013</td>
<td>The NEC made a site visit to Azusa Pacific University School of Nursing- Inland Empire Regional Center. The new site meets the Board rules and regulations. APU recently acquired a new larger building, roughly 55,000 square feet, to house the Inland Empire Regional Center. The building is three stories, with the first floor serving as secure underground parking. The educational facilities which include the classroom spaces, the Simulation, Skills, and health assessment laboratory are on the second and third floors. The facility offers one large classroom that holds</td>
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<td>approximately 150-300 individuals, 13 individual nursing faculty offices, 12 cubicle work stations for staff, adjunct faculty offices, and 3 conference rooms. A total of 22 classrooms, all equipped with state-of-art equipment. The School of Nursing will offer the Entry Level Masters program, RN to BSN and Masters of Science in Nursing program at this facility. Khaled Alomari, Asst. Director and ELM Coordinator and Karen French, Asst. Director and MSN Coordinator will have oversight and coordination for the nursing operations at this location. Currently three staff members support the nursing programs at this site with several more positions in the budget. The school plans to use this location starting August 28, 2013.</td>
</tr>
<tr>
<td>East Los Angeles College Associate Degree Nursing Program</td>
<td>S. Ward</td>
<td>08/30/2013</td>
<td>The program submitted a progress report addressing two areas of non-compliance from an unscheduled BRN visit conducted in 2012; CCR Section 1425-Faculty Qualifications and CCR Section 1426.1- Preceptorship. The program is scheduled a routine continuing approval visit on October 7-8, 2013.</td>
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<tr>
<td>Merritt College Associate Degree Nursing Program</td>
<td>K. Weinkam</td>
<td>09/15/2013</td>
<td>The Board deferred action on granting continued approval to the program at its Jun 2013 Board meeting. The program submitted one progress report on July 31st with another September 13th that provided additional information and clarification. The Progress Reports relate to continued noncompliance with CCR Sections 1424(c) Administration, 1424(d) Resources, and 1427(c) Clinical Facilities. 1. The College has developed job descriptions for the positions of director and assistant director. These are expected to be adopted by the end of the fall 2013 semester. 2. The College has hired within the past month a Vice President of Instruction and an Interim Vice President of Student Services. The Director and the VP of Instruction have met to discuss the program’s approval status in detail. 3. A weekly appointment has been established for the Director and Division Dean to meet to continue to focus on actions needed to achieve compliance with the Regulations and maintain/strengthen the nursing program. 4. Biannual meetings with the Dean and the Director of Business Services are planned to implement and strengthen the resources required for the ADN program. 5. The President had requested</td>
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justifications for hiring two full-time faculty members and the reclassification of the Senior Clerical Assistant to a Program Specialist at a 1.0 FTE in January. The President has now again requested justification for these personnel changes. The one for faculty will be integrated into the faculty prioritization process, which includes the Faculty Senate. The recommendations will be forwarded to the President for spring recruitment and fall 2014 hiring. 6. The budget for 2013-2014 has been increased to $1,003,637 which is a 0.78% increase from that of the 2012-2013 academic year. 7. Prep work for the Internet, security, and phones is being done with expected completion of moving the modular units occurring by the end of September. 8. Instructors and staff have received keys to the nursing office and other campus rooms as appropriate. 9. Information provided re clinical facility agreements and status of which agreements have yet to be signed requires further clarification. A progress report which addresses continued progress/compliance related to the three areas of noncompliance is requested for the January 2014 ELC meeting.

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<tr>
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</thead>
</table>
| Shepherd University          | M.Minato        | 09/13/2013    | The program submitted a detailed progress report on Sept. 12, 2013, including analyses of their evaluation of the data, actions the program has taken since the initial report of the pass rate, and plans for improvement to address the continued low NCLEX Pass rate below 75% for the second year. The 2012-2013 pass rate is 60.61% (66 taken, 40 passed) and 2011-2012, their first pass rate for their initial cohort was 72.73% (55 taken and 40 passed). The NEC has been working closely with the director and the faculty of the school. The program’s first progress report included changes to their admission criteria, the use of exit exams to measure students’ achievements, and using other standardized measurements throughout their curriculum. The current progress report showed analyses of data for contributing factors to identify reasons for the continued unsuccessful NCLEX Exam performance. One of the data that stands out is their enrollment pattern that admitted the LVN to RN group for the first four
cohorts because there were more students from this group ready for enrollment. The NCLEX performance shows LVN to RN group only. The generic student admission started in Spr 2013. The students have completed the curriculum but have not yet taken the NCLEX Exam at this point.

The program is scheduled for a comprehensive program review during the continuing approval visit on Feb. 26-27, 2014. There will be a report of findings from this visit made at the ELC on May 2014.
AGENDA ITEM: 7.2.1
DATE: October 1, 2013

ACTION REQUESTED: Continuing Approval California State University San Bernardino Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert campuses)

REQUESTED BY: Badrieh Caraway, RN, MS, MEd
Nursing Education Consultant

BACKGROUND: Dr. Taha Asma is the Director of the School of Nursing and assumed responsibility as Director of the Baccalaureate Degree Nursing Program in May 2, 2013, following the November 19-21, 2012, BRN visit. She has 100% release time for administrative activities, overseeing both San Bernardino and Palm Desert campuses.
On November 19-21-2012, Badrieh Caraway and Carol Mackay, NECs, conducted the Baccalaureate Degree Nursing Program’s continuing approval visit. There were eleven areas of non-compliance identified. Section 1424(e) Director, Assistant Director release time; 1424 (C) Leadership; 1424(d) Resources; 2424 (g) faculty responsibility ;1424 (h) Adequate faculty ; 1424(a) Program Philosophy & Objectives; 1426(a) Curriculum revisions; 1426.1 preceptorship; 1427 (c) Clinical facility approval; 1428 Student Participation; and 1430 Previous Education Credit.
The program submitted two separate reports in response to the visit findings. The first report responding to the findings was submitted on February 7, 2013. The report addressed corrective actions taken by the school for all areas of non-compliance. The report from February 7, 2013 showed significant progress in all areas cited during the visit. The report included a timeline for corrective actions to be completed for full compliance by fall 2013. The ELC meeting of March 6, 2013, recommended to defer action to continue approval giving time to show compliance in all areas, and at the June 12, 2013 Board meeting, ELC recommendation was approved.
The program submitted a progress report dated July 2, 2013 which addresses all of the areas of noncompliance. The attached program report and additional supportive documents submitted have been reviewed with the outcome being a finding that the program is now in compliance with all Board laws and regulations.
The Nursing Program has steadily increased its licensure passing rate so that the average over the past five academic years is 86%.

NEXT STEP: Place on Board Agenda.

FISCAL IMPLICATIONS, IF ANY: None.

PERSON(S) TO CONTACT: Badrieh Caraway, MS, Med, RN
(909) 599-8720
E-mail: Badrieh.Caraway@dca.ca.gov
7-2-2013

Badrieh Caraway, Ms. MED, RN
Nursing Education Consultant
Board of Registered Nursing
1747 N. Market Blvd, Suite 150
Sacramento, CA 95834-1924

Subject: Response to November 19-21-2013, Continuing Approval Visit findings, areas of non-compliance.

Dear Ms. Caraway:

This is a response to the BRN report from the on-site evaluation Continuing Approval visit conducted on November 19-21, 2012 to CSU San Bernardino. The program responses to the Report of Findings or the identified areas of non-compliances are as follows:

Compliance concern 1. Section 1: Program director/ Assistant Director (CCR section 1424 (e)).

Program Response:

Leadership and program administration assignment was changed immediately after the visit to reflect 100% coverage to both campuses.

Dr. Jean Nix appointed two assistant program directors (Asma Taha & Claudia Davis) in January 2013 to San Bernardino Campus. Dr. Ora Robinson was assigned as a full time assistant program director to Palm Desert Campus in January 2013 till April 2013. In April 2013 and due to faculty shortage in psychiatric mental health nursing, Dr. Robinson and Dr. Green were assigned to provide 50% administrative duties each while teaching 50%. In May 2013, Dr. Jean Nix stepped down from her current position and Dr. Taha was appointed as the new program director.

As a new director, Dr. Taha will be responsible for restructuring the administrative team for the new academic year. Mrs. Kathyrne Tiras and Nancy Wolf have been identified as the new Assistant Program Directors beside Dr. Roger Green.
Currently the administrative structure is:

<table>
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<tr>
<th>Position</th>
<th>Name</th>
<th>Approval Date</th>
<th>Campus</th>
<th>Release Time</th>
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</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Asma Taha, RN, PhD</td>
<td>5/2/2013</td>
<td>San Bernardino &amp; Palm Desert</td>
<td>100%</td>
</tr>
<tr>
<td>Assistant Program</td>
<td>Roger Green, RN, DNP</td>
<td>4/5/2013</td>
<td>Palm Desert</td>
<td>50%</td>
</tr>
<tr>
<td>Director</td>
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<tr>
<td>Assistant Program</td>
<td>Nancy Wolf, RN, MSN</td>
<td>6/17/2013</td>
<td>Palm Desert</td>
<td>50%</td>
</tr>
<tr>
<td>Director</td>
<td></td>
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<tr>
<td>Assistant Program</td>
<td>Kathyrne Tiras, RN, MSN</td>
<td>6/17/2013</td>
<td>San Bernardino</td>
<td>30%</td>
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<tr>
<td>Director</td>
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Job descriptions for both Director and Assistant directors have been reviewed by the NEC and revised to be in compliance with BRN requirements and University policies.

**Compliance Concern 2. Section 3: Sufficiency of Resources (CCR 1424(d)).**

**Program Response:**

A new classroom was added on January 5, 2013 to the current SB campus physical space of the nursing department that accommodates fifty (50) students per classroom session. Students and faculty feedback from two quarters who utilized the new classroom are positive (location, space and comfortable)

**Faculty development for simulation:** Several faculties training sessions have been organized. Three sessions were completed in spring 2013. Three sessions are scheduled for September.

A half-time simulation lab coordinator was hired for Palm Desert Campus in January 2013. Faculty has been using the lab regularly as a result of the coordinator availability. Nancy have included the local hospitals when planning simulation days and incorporated interdisciplinary collaboration with volunteer doctors and staff. San Bernardino Simulation/Skill Lab was staffed with a half-time lecturer to meet the students’ and faculty simulation and skills remediation needs. All documents were reviewed by NEC.
Compliance Concern 3. Section 3: (CCR 1424 (g)) Lack of clinical and lead faculty communication and regular meetings to address students’ issues; differences exist between different clinical sections in same class.

Program Response:

Lead faculty responsibilities were outlined in a new policy that was approved and distributed to all nursing faculty. Sub-committees for speciality areas (medical surgical, pediatrics & Obstetrics, and psychiatric & community health nursing) were started in May 2013. The sub committees will meet once a quarter and will report to the curriculum and/or performance improvement committees. Recommendations of these committees will be integrated into department appropriate policies and procedures annually.

Compliance concern 4. Section 3: (CCR 1424(h)) & (CCR 1426 (d)). Lack of BRN approval in geriatrics for faculty who are teaching medical surgical and psychiatric mental health courses.

Program Response: A geriatric remediation plan was developed and implemented over the last 5 months. Twenty-nine faculty members were remediated as per the BRN requirement and approved by the BRN consultant. Effective January 2013, faculty members who are only board approved in specialty areas were assigned to classes.

Faculty records (A P-10 form) are updated to reflect current continuous education credits and teaching assignments for Anna Wilson, Claudia Davis, Cheryl Di Pretoro & Kathyrne Tiras. The NEXC have reviewed all P 10 forms of the above-identified faculties in June 2013.

Compliance Concern 5. Section 5: Curriculum (CCR 1424 (a)). There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Program objectives do not serve as a basis for curriculum structure nor do they reflect the standards of competency performance of a RN section 1443.5.Multiple curriculum revision without BRN approval.

Program Response: The Total Curriculum Plan (EDP_P_05) and The Required curriculum Content Required for Licensure (EDP-P-06) forms were updated, reviewed and approved by Badrieh Caraway, NEC during November 2012 visit. A nursing curriculum consultant has been identified, Rebecca Otten, RN, PhD who is a California State University Fullerton faculty member. The revised curriculum will include current professional standards, the quality & safety competencies, interdisciplinary collaboration competencies, content expert faculty input as well as students’ feedback. The Anticipated completion for submission to BRN for approval February 2014. The approved curriculum will be submitted to the university curriculum committee for approval. The revised curriculum will be implemented in September 2014.

Compliance Concern 6. Section 1426.1 Preceptorship: students did not have direct patient care experience in the end of the program. One student was precepted in the education department
Program Response:

Preceptorship guidelines were revised and implemented in Spring 2013. Students are assigned to direct patient care area. Revisions were updated on the Department Website as well as the preceptor handbook. These documents have been reviewed by the NEC.

Compliance Concern 7. Section 1427 (c) Program shall maintain written agreements with clinical facilities. Students were assigned to a clinical facility without BRN approval.

Program Response:

All contracts were reviewed and BRN approval obtained for all facilities used in the Winter and Spring 2013 quarters. Post the BRN visit; students were and will be only assigned to approve facilities for the specialty areas. All contracts were updated and required documents were reviewed by the NEC.

Compliance Concern 8. Section 1430. The program has no advanced placement option for the LVN students, no credits awarded for previous education/experiences and students are repeating the fundamental nursing course.

Program Response:

The Department of Nursing has developed a policy regarding admission and placement of LVNs. B. Caraway, NEC reviewed the LVN- BSN, 30 unit option policy on June 26th 2013, and provided resources, feedback to ensure program compliance with the BRN rules and regulations. This policy will be included in the 2013-2014 students’ handbook and the University catalog in fall 2014. This policy will be implemented in Fall 2013 cohort.

Thank you and please let us know if you have any questions.

Sincerely,

Asma Taha, RN, PhD, Chief Nurse Administrator & Program Director
AGENDA ITEM: 7.2.2
DATE: October 1, 2013

ACTION REQUESTED: Continuing Approval for University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program.

REQUESTED BY: Janette Wackerly, MBA, RN
Supervising Nursing Education Consultant

BACKGROUND: Karan Ippolito EdD, MSN, FNP, RN
Director of the LVN-BSN Nursing Program

The Board, at its September 27, 2012 meeting, placed University of Phoenix on “deferred action to continue approval” to give the program time to sustain RN-NCLEX at or above the 75% standard pass rate and to hire a sufficient number of full time faculty to implement the prelicensure nursing curriculum for the LVN to BSN program.

The University of Phoenix LVN to BSN program is now in compliance with first time candidate NCLEX pass rate for 2011-2012 and 2012-2013 and has hired faculty, including content experts, sufficient to implement the curriculum.

The University of Phoenix LVN to BSN NCLEX Pass Rate for First Time Candidates 2011-2012’s pass rate is 75.61% and 2012-2013’s pass rate is 80.39%.

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<td></td>
<td># Taken n/a</td>
<td>% Pass n/a</td>
<td># Taken n/a</td>
<td>% Pass n/a</td>
<td># Taken 5</td>
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The University of Phoenix LVN to BSN Program has hired faculty, including content experts, into full time positions for Medical-Surgical; Geriatrics; Mental Health/Psych; Pediatrics; and Maternal Child. Other faculty hired include: one medical-surgical faculty and seven clinical faculty, for a total of 8 part-time associate faculty.

On August 29, 2013, Nursing Education Consultants, Janette Wackerly, RN and Kelly McHan,
RN, made a site visit to the Modesto campus to meet with the director and discuss the “Summary of Activities Report June 2012 to August 2013”. The summary report includes activities/responses to CCR 1424 Administration and Organization of the nursing program; CCR1424(b)(1) Total Program Evaluation; CCR1425 Faculty Qualifications and changes including content expert, and first time NCLEX candidates pass rate improvements; and CCR 1424(b)(4) Sufficient Resources including faculty and administrative assistant/support, simulation technician, student success coordinator and clinical coordinator. Two enrollment counselors and two academic counselors serve the LVN-BSN program.

Janette Wackerly, RN, SNEC, has provided consistent support to the UOP LVN–BSN program through telephone appointments with the director and an in-person visit to the Modesto campus on March 19, 2013.

NEXT ACTION: Place on Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Janette Wackerly, MBA, RN
Supervising Nursing Education Consultant
(916) 574-7686
September 12, 2013

Janette Wackerly, RN, SNEC
Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244

Dear Ms. Wackerly,

The purpose of this letter is to request Continuing Approval for the University of Phoenix, Sacramento Valley Campus LVN-BSN Program. This letter will review the two areas of non-compliance noted at the August 2012 Education and Licensing Committee Meeting. In September 2012, the Program was placed on “Deferred Status” as recommended by the Education and License Committee (ELC) in August 2012.

SECTION 1424(d). Sufficient Resources

SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program’s objectives.

In August 2012, the ELC determined an insufficient number of full-time faculty members and content expert faculty to serve the students. Since August 2012, the Program acquired four full-time faculty and content experts qualified in the clinical areas of:

- Medical-surgical - Anita Chowdhary
- Psychiatric Mental Health - Sherri Perez-Velasco
- Geriatric – Gloria Lewis
- Pediatric – Maria Libano

Associate faculty member Jennifer Millar is the content expert for obstetrical nursing.

SECTION 1431. The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

The University of Phoenix reports first time licensing examination pass rates of 80.39% for the past four (4) quarters.

University of Phoenix acknowledges that the LVN-BSN learner that enters this program needs a comprehensive support system to be successful. The Program administers a multi-pronged approach to address areas identified as key to student success. For example, enrollment requirements were modified for all students enrolling after October 1, 2013 to include ATI’s TEAS V Assessment with Benchmark Scores. The Program continues to provide access to the ATI Virtual NCLEX-RN® preparation program at no cost to the student. The Program pairs an individual from ATI with the student to prepare the student for the NCLEX-RN®. The Program provides students with the following additional services:

- Student risk assessment
- Grades and predictor scores tracked and analyzed
- Individual and group tutoring by faculty
- Small group workshops
- Specific remediation required for students who fail the final comprehensive predictor exam
- No cost - comprehensive NCLEX-RN® live review by ATI
- Classroom visits by program staff
NCLEX-RN® scores have steadily risen with the exception of this last quarter. The total pass rate of the 51 students who tested in the past four quarters is **80.39%**.

Probable reasons for the decline of 2013 Quarter 2 include the following:

1. Of the seven who failed, two had graduated 20 months and 11 months prior to taking the exam. Research shows that the longer a graduate waits before testing the greater the likelihood of not passing.
2. Of the seven who failed, no one completed the Virtual ATI and received a “green light” indicating they were ready to test; only one attended the live review that was offered.

**Conclusion**

Given that University of Phoenix LVN-BSN Program has placed multiple measures and programs in place to support student success and the program has resolved the two areas of non-compliance with sufficient faculty and an NCLEX-RN® pass rate of 80.39%, the University requests that “Continuing Approval” be granted at this time.

Sincerely,

*Karen Ippolito*

Karen O. Ippolito, EdD, RN, FNP
Director, LVN-BSN Program

*Angie Strawn*

Angie Strawn RN, MSN
Associate Dean, Chief Nurse Administrator
College of Health Sciences and Nursing, Division of Nursing

*Meredith Curley*

Meredith Curley, EdD
Interim Dean, College of Health Sciences and Nursing
ACTION REQUESTED:

7.2.3 Continue Approval of West Coast University (WCU), Los Angeles, Baccalaureate Degree Nursing Program

7.2.4 Continue Approval of West Coast University (WCU), Orange County, Baccalaureate Degree Nursing Program

REQUESTED BY:  Miyo Minato, MN, RN
                Supervising Nursing Education Consultant

BACKGROUND:
Dr. Rosanne Silberling, EdD, MN, RN is the Campus Dean of Nursing and the Program Director at WCU-LA since January 2011.
Chiarina Piazza, PhD(c), MEd, RN is the Campus Dean of Nursing and the Program Director at WCU-OC since January 2012.
Dr. Robyn Nelson, PhD, RN is the Executive Dean, College of Nursing, West Coast University.

The two campuses initially obtained approval as LVN to RN ADN Program, WCU-LA in 2005 and WCU-OC in 2007. On April 18, 2008 Board meeting, West Coast University submitted and received a separate initial approval for WCU-LA BSN Program and WCU-OC BSN Program. When the two schools received their approval for the BSN Program, the LVN-ADN Program transitioned and became the LVN to BSN Option at each campus, and in April 2012, the ADN Program was phased out. There is a third West Coast University campus, WCU-Inland Empire, in Ontario, California, that received a separate Board approval on September 19, 2008.

The Board’s approval of the two campuses took into consideration that while these nursing programs are part of the same corporate organization (West Coast University) and share a common curriculum, policies, evaluation plan etc., they are two independent nursing schools with different nursing administrative teams and faculty, and the Board rules and regulations are applied to each nursing program separately.

Each campus relocated to a new building as the programs grew:

- The WCU-LA Campus is currently in a new building in North Hollywood since Fall 2009. The program has a current enrollment of 358 students in the general education courses and 816 students in core nursing courses.

- The WCU-OC Campus maintains the main campus on Manchester Avenue in Anaheim but has relocated the core nursing courses to a building in La Palma Avenue (Fall 2010), which includes a state-of-the art nursing simulation center. The current enrollment for this campus is 352 students in general education courses and 919 students in core nursing courses.

Since the initial Board approval, West Coast University has obtained WASC accreditation for the university and CCNE Accreditation for the College of Nursing. The WCU’s Website lists WCU-LA campus as the main campus and WCU-OC and WCU-IE as branch campuses.
The first Continuing Approval Visits to both campuses were conducted in May 2013. NEC Reports and the Report of Findings for each program are attached to this agenda item summary.

- WCU-OC was visited on May 16-17, 2013 by Carol Mackay, NEC, and Miyo Minato, SNEC;
- WCU-LA was visited on May 22-23, 2013 by Carol Mackay, Shelley Ward, NECs, and Miyo Minato, SNEC.

Significant changes that occurred in the two nursing programs and curricular changes at WCU-OC and WCU LA were the same since the program shared the same curriculum. The faculty group that made changes to the program collectively through the joint faculty meetings consisted of representatives from the three campuses. These changes made were:

1. Received regional accreditation in November 2011 from the Western Association of Schools and Colleges (WASC)
2. Phased out ADN program (April 2012).
3. Changed administrative status to a College of Nursing with three California campuses: Los Angeles (North Hollywood), Ontario, and Orange County.
4. Hired Campus Dean of Nursing and Associate Dean of Nursing as part of the continued matrix structure with college leadership guiding and supporting campus leadership.
5. Major curriculum revision change was submitted and approved in 2012. In addition to changes in the program’s conceptual framework and re-sequencing of course content, revisions of program learning outcomes were made to better align with The Essentials of Baccalaureate Education for Professional Nursing Practice and University Institutional Learning Outcomes.

The findings from the review of the nursing programs at each campus were similar. Specifically the findings for the two nursing programs are as follows:

**West Coast University-Orange County BSN Program** was found in non-compliance in four areas: Section 1424(c) Administration and Organization of the Nursing Program; Section 1424(h) Faculty; Section 1426(c)(1) Curriculum; and Section 1430 Previous Credit; and four recommendations were given: Section 1424(g) Faculty; Section 1425.1(b) Faculty Orientation; Section 1426(g)(2) Clinical Hours; and Section 1428 Student Participation.

**West Coast University-Los Angeles BSN Program** was found in non-compliance in the same four areas: Section 1424(c) Administration and Organization of the Nursing Program; Section 1424(h) Faculty; Section 1426(c)(1) Curriculum; and Section 1430 Previous Credit; and three recommendations were given: Section 1424(d) Resources, Student spaces and academic advisement; Section 1426(g)(2) Clinical Hours; and Section 1428 Student Participation.

The nursing program consists of 120 semester units (15 wk/semester) that covers 8 semesters (180 weeks). The program runs year round. Each semester is delivered in two 10 week terms and students are admitted each term. There are 5 terms each year. The program generally admits 20 LVN-BSN cohort and 80 – 100 generic students each term.

Campus resources, administrative support, and number of clinical agencies are adequate to support the number of students enrolled. In addition to the full complement of student services, such as admissions, financial aid, library and computer lab on both campuses, there are state of the art Simulation Labs and Skills Lab staffed by Simulation Coordinator and lab staff. Support resource staff includes RN Clinical Manager of Clinical Relations and Clinical Manager to
facilitate clinical placement. Meetings with students supported the findings observed, except for request to have additional areas available for group conference spaces by the students at WCU-LA.

The self-study reports described an organizational structure that supported a core faculty organization, University Learning Community that consisted of members from the three separate campuses. The group representatives met regularly, disseminated information, and made decisions collectively for the three campuses. This system maintained the uniform curriculum, policies and procedures consistent throughout the three campuses. However, faculty members at the individual campuses were unable to describe how faculty members functioned to implement the curriculum as a separate independent nursing school, which was the Board’s approved program. The faculty organizations at both campuses were functioning as part of the College of Nursing at West Coast University, but the organizational structure specific to WCU-LA and WCU-OC nursing programs was not clear on being an independently operated school.

The NECs met with the Nursing Administration and the WCU Administration about the concerns and how the schools have evolved from the originally approved independent program to functioning as one organization with separate branch campuses. Another area discussed with the administration was the enrollment cycle and the student enrollment.

The West Coast University submitted a progress report responding to the Continuing Approval Report on August 20, 2013, addressing the areas of non-compliance and recommendations. Both WCU-OC and WCU-LA have corrected the non-compliances except for the one related to Administration and Organization [Section 1424(c)]. This non-compliance is being addressed as a major curriculum revision to request a substantive change to the West Coast University organization to make the necessary changes to unify the three campuses into a primary campus and two branch campuses, reflecting the current operation of the College of Nursing. Pending Board’s approval of this proposal, the WCU BSN program will be in compliance with the Board rules and regulations if permitted to make the changes.

NCLEX Pass Rate:

**West Coast University, Los Angeles BSN**

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<tr>
<th></th>
<th>JUL-SEP</th>
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<th>OCT-DEC</th>
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<th>APR-JUN</th>
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<th>ANNUAL RATE</th>
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<tbody>
<tr>
<td>2011-2012</td>
<td>Taken</td>
<td>Passed</td>
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<td>Percent</td>
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<tr>
<td>6</td>
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<td>100.00%</td>
<td>1</td>
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<td>25</td>
<td>23</td>
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<tr>
<td>2012-2015</td>
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<td>Percent</td>
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<td>Passed</td>
<td>Percent</td>
<td>Taken</td>
<td>Passed</td>
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<tr>
<td>75</td>
<td>60</td>
<td>80.00%</td>
<td>90</td>
<td>67</td>
<td>74.44%</td>
<td>65</td>
<td>56</td>
<td>86.15%</td>
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**West Coast University, Orange County BSN**

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<th>JAN-MAR</th>
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<th>APR-JUN</th>
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<th>ANNUAL RATE</th>
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<tr>
<td>2011-2012</td>
<td>Taken</td>
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<td>Percent</td>
<td>Taken</td>
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<tr>
<td>42</td>
<td>39</td>
<td>92.66%</td>
<td>44</td>
<td>30</td>
<td>68.18%</td>
<td>49</td>
<td>44</td>
<td>89.80%</td>
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<td>2012-2013</td>
<td>Taken</td>
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<td>Taken</td>
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<tr>
<td>83</td>
<td>58</td>
<td>85.00%</td>
<td>76</td>
<td>67</td>
<td>88.16%</td>
<td>35</td>
<td>24</td>
<td>68.57%</td>
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</table>

**Recommendation:**
7.2.3 Continue Approval of West Coast University Baccalaureate Degree Nursing Program, Los Angeles Campus pending Board approval of major curriculum change to unify three West Coast University campuses into one College of Nursing (primary campus and two branch campuses).

7.2.4 Continue Approval of West Coast University Baccalaureate Degree Nursing Program, Orange County Campus pending Board approval of major curriculum change to unify three West Coast University campuses into one College of Nursing (primary campus and two branch campuses).

**NEXT STEPS:** Place on the Board Agenda.

**FISCAL IMPACT, IF ANY:** None.

**PERSON TO CONTACT:** Miyo Minato, MN, RN
Supervising Nursing Education
miyo.minato@dca.ca.gov
(323) 890-9950
NON-COMPLIANCES:

SECTION 1424 (c) Administration and Organization of the Nursing Program
There shall be an organizational chart which identifies the relationships, lines of authority and
channels of communication within the program, between the program and other administrative
segments of the institution with which it is affiliated, and between the program, the institution and
clinical agencies.

Nursing program is not being implemented as approved by the BRN. The school is
operating as one institution (West Coast University) consisting of three BRN-approved
nursing programs. (West Coast University-Los Angeles is the designated main campus and is one
of the three nursing programs)

SECTION 1424(h) Faculty
The faculty shall be adequate in type and number to develop and implement the program
approved by the board, and shall include at least one qualified instructor in each of the areas of
nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty
members whose teaching responsibilities include subject matter directly related to the practice of
nursing shall be clinically competent in the areas to which they are assigned.

Faculty assigned to medical-surgical and geriatric integrated course is not all approved in
geriatrics.

SECTION 1426(c)(1) Curriculum
Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which
eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18)
semester or twenty-seven (27) quarter units will be in clinical practice.

Clinical experiences for the Integration of Professional Practice (NUR 221L) included
content not appropriate for prelicensure content – ACLS.

SECTION 1430 Previous Credit
An approved nursing program shall have a process for a student to obtain credit for previous education or
for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other
methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

Existing policy does not allow future students to transfer or challenge any core nursing
courses and Pathophysiology.
RECOMMENDATIONS:

SECTION 1424(d) Resources
The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program’s objectives.

- Increase available spaces for student study groups to use.
- Establish a mechanism for academic advisement.

SECTION 1426(g)(2) Clinical Hours
Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

Review and revise clinical hours spent in the skills/simulation lab experiences for the beginning courses, i.e., Fundamentals and Intro to Medical-Surgical Nursing.

SECTION 1428 Student Participation
Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students.

Broaden student representation in the faculty meetings that reflects participation by the entire student body.
CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

PROGRAM NAME: West Coast University – Los Angeles

DATES OF VISIT: May 22 – 23, 2013

APPROVAL CRITERIA

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SECTION 1: PROGRAM DIRECTOR / ASSISTANT

DIRECTOR

SECTION 1425(a) The director of the program shall meet the following minimum qualifications:

- (1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
- (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);
- (3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and
- (4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or
- (5) Equivalent experience and/or education as determined by the board.

Dr. Rosie Silberling, EdD, MN, RN meets the requirement for Director. She was appointed as Dean of Nursing and approved as Director in January 2011.

Dr. Silberling was the Dean of Nursing at Mount St. Mary's College in Los Angeles, 2008-2010

Taught at MSMC in LA from 2008-2010.

Staff RN at Kaiser Permanente 1986 - 2008

Belinda Bickley, MSN, RN, is the Associate Dean of Nursing, Asst. Director and meets the requirements. MSN, 1996, CSULA;


Dean and Assoc. Dean each have 100% release time to administer the nursing program.
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<thead>
<tr>
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**Dean of SON/Director:** Reports to Campus Executive Director; works closely with the Assistant Director.

**Director** is responsible for the BSN, LVN-BSN, RN-BSN, and MSN programs. Director participates in the Learning Community Council for the three campuses. The Director works with the Research Department that reviews the aggregate data for the program.

**Assoc. Dean** assumes the functions of the director when the director is absent.

**SECTION 1:** APPROVAL CRITERIA

<table>
<thead>
<tr>
<th><strong>SECTION 1424(f)</strong></th>
<th><strong>The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.</strong></th>
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**SECTION 2:** TOTAL PROGRAM EVALUATION

**SECTION 1424(b)(1)** The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

1. The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

<table>
<thead>
<tr>
<th><strong>Compliance</strong></th>
<th><strong>Non-Compliance</strong></th>
<th>**Catalog and Handbooks (Student and Faculty) outline policies and procedures. **Catalog and Student Handbook are available online.</th>
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<tr>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>The program follows the Total Program Evaluation Plan and Learning Outcomes Review Plan for the College of Nursing and the Associated Action Plan shows how the program is using the data and making changes based on the data. The Institutional Research Dept recently adopted a software that allows interface of various systems that are used for data collection and hope to have real time tracking of outcome measures. Data reviewed include applicant and enrollment data, student feedback and satisfaction, graduate data, NCLEX, attrition/retention. The program’s overall attrition rate is low, less than 5%</strong></td>
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**CONSULTANT APPROVAL REPORT FOR:** WEST COAST UNIVERSITY LOS ANGELES (S. WARD, M. MINATO & C. MACKAY, NEC)

DATES OF VISIT: MAY 22 – 23, 2013
### APPROVAL CRITERIA

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#### SECTION 1424(b) (2)
The program shall have a procedure for resolving student grievances.

#### SECTION 1424 (c)
There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

Catalog and the handbook identify the grievance procedures for handling student grievances.

An organizational chart of College of Nursing shows a structure that has a Main campus (WCU-LA) and two branch campuses (WCU-OC and WCU-Inland Empire).

The WCU (institution) has WASC and CCNE accreditation with LA campus identified as the main campus.

Discussions in the self-study on the organization and operational structure, there is one university (a main campus) that has two branch campuses (WCU-OC and WCU-IE), with each campus offering a pre-licensure and post-licensure nursing programs. The BRN approved each WCU campus as a separate, independent campus, with respective organizational structure to operate separately. Discussions with administration and faculty confirmed that the three campuses work collectively as one institution. Faculty and organizational decisions being made by the main organization and implemented at the three sites. The faculty group participates in the overall West Coast University’s Inter-campus Nursing Curriculum Committee for WCU College of Nursing to develop the curriculum, policies, and procedures. (Refer to Section 1424(g) Faculty responsibilities)

**NONCOMPLIANCE**: Section 1424(c) Organizational Structure:

Nursing program is not being implemented as approved by the BRN. The school is operating as one institution (West Coast University) consisting of three BRN-approved nursing programs. (West Coast University-Los Angeles is the designated main campus and is one of the three nursing programs)
## SECTION 3: SUFFICIENCY OF RESOURCES

### SECTION 1424(d)

The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

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The new building in North Hollywood, completed in 2009, is a 49,000 sq. ft. two story building. It consists of 9 classrooms, 2 nursing skills labs and separate simulation center, 2 science labs, 2 student study rooms, 2 student lounges, and other resources.

The Campus IT support staff maintains all IT equipment on campus. The classrooms integrate advanced technology throughout.

The program plans to start the use of ParScore, a system to evaluate effectiveness of test questions. Long-term goal is to develop the test bank of faculty-written questions. The university uses eCollege for course management system.

ATI is used to measure student achievement and curriculum implementation. It is also used to assist with remediation for students.

Library is open five days a week - M-Th (8 am – 9 pm) and F (8 am – 5 pm). Electronic resources include: LexisNexis, EBSCO, and LIRN, which allow faculty and student on 24/7 basis the subscribed full-text and e-books. Library space is small for the number of students enrolled and has a limited space for students to do individual studying. There is a plan to expand the library in the very near future as this was identified as a resource need previously. Although there are student lounge areas available, students expressed a need for additional space that allows small group conference/study area where they can meet.

Skills Lab (2 rooms, each has 6 beds), task trainers, and low fidelity manikins to be used for a group 24 students. Supply kit is purchased by students. Open lab hours were scheduled starting in 2011 and hours are posted; additional use of the lab is available by appointments. Skills Lab Coordinator started in 2012, helps faculty with set up and assists faculty.
**SECTION 1424(d) (Continued)**
The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

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</table>
| X          |                | Simulation center with 7 simulation labs – 4 adult sims, 1 for Psych and Public Health, 1 for Maternal/Newborn, and 1 pediatrics. Units resemble hospital setting. Simulation activities have been incorporated into each course. Faculty run the simulation with assistance from Sim Center Manager, who oversees activities and Sim IT staff. There is also Sim Specialist who maintains supplies. Open Sim Center time (10-20 hours/wk) started in 2012. Clinical Manager oversees scheduling and does evaluation of clinical rotation. Added RN Manager of Clinical Relations to nurture relationships with agencies, and to identify employment opportunities. This position is critical to maintaining smooth running clinical placements. Academic Support: In 2011 added Student Success Coordinator added for early ID of high-risk students. ATI Comprehensive package – (Practice Assessment, and live-ATI NCLEX review sessions) has been added. Peer Assisted Learning (PAL) a faculty advisor assigned to facilitate peer tutoring program, which is very successful. Student Services: Admission and Financial Aid services are available to new students and meet student needs. Once the students are admitted, there is no assigned advisor available for continued academic advisement. Students seek advisement from Admissions staff as needed. WCU Honor Society is being established on campus (Aug 2013 Sigma Theta Tau International chapter). Study Abroad Program (started 2010) provides students opportunities to participate in global health care activities, supported through the school scholarship. **RECOMMENDATIONS: 1424(d) Resources**
- Increase available spaces for student study groups to use.
- Establish a mechanism for academic advisement.
### SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS

#### SECTION 1425
All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

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<tr>
<td>X</td>
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<td>Theory class: 1:50; Clinical 1:10; Skills Lab 1:20 2hr/week of prep-time is provided to PT faculty.</td>
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<td>Total # Prelicensure Program Faculty: 46, excluding the Director and Assistant Director; FT is 17 and PT is 29 for this term.</td>
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#### SECTION 1424(g)
Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

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Faculty members are urged to take collective ownership of course and curricular improvements. The university has separate Learning Communities (LC) for each of the major subject areas. Each LC consists of lead faculty from all WCU campuses who are selected by the campus deans. LC meets at the end of the term, and as needed to discuss faculty feedback. Because the three campuses share a common curriculum, this structure provides to maintain consistency among the campuses.

Although lead faculty stated that there is communication during each term with the clinical faculty, it appeared that the course group met at the end of the 10 week term. WCU-LA operates using a committee structure within the campus. The committees are: Resource Committee, Best Practices Committee, ATI Champions. Committees meet regularly and present proposals to the university committee for any changes.
<table>
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<tr>
<th>APPROVAL CRITERIA</th>
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<tr>
<td><strong>SECTIOAN 1424(h)</strong> The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.</td>
<td><strong>COMMENTS</strong></td>
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<td></td>
<td><strong>NUR 211L Medical Surgical Nursing and Older Adults Practicum has both Med-Surg and Geriatric contents. Most faculty assigned to this course were approved in Med-Surg and Geriatrics but some were only approved in Med-Surg. NONCOMPLIANCE: Faculty assigned to medical-surgical and geriatric integrated course is not all approved in geriatrics.</strong></td>
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<td><strong>X</strong></td>
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<tr>
<td><strong>SECTION 1424(j)</strong> The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.</td>
<td><strong>X</strong></td>
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<td>Instructors 27;</td>
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<td><strong>SECTION 1425(c)</strong> An instructor shall meet the following minimum qualifications:</td>
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<tr>
<td>(1) The education requirements set forth in subsection (a) (1).</td>
<td><strong>X</strong></td>
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<tr>
<td>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</td>
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<tr>
<td>(A) One (1) year’s continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</td>
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<tr>
<td>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and</td>
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<tr>
<td>(3) Completion of at least one (1) year’s experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</td>
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<tr>
<td><strong>SECTION 1425(d)</strong> An assistant instructor shall meet the following minimum qualifications:</td>
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<tr>
<td>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</td>
<td><strong>X</strong></td>
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<td></td>
<td>Asst. Instructors 19;</td>
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</table>
## APPROVAL CRITERIA

| (3) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:  
(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or  
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency. |
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### SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.

### Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

1. A master's degree in the designated nursing area; or
2. A master's degree that is not in the designated nursing area and shall:
   (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
   (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

### Section 5: CURRICULUM

### SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.

### Section 5: CURRICULUM

Beliefs on health, nursing, person, environment, faculty and education, and student are defined. Curriculum incorporates the AACN's *Essentials of Baccalaureate Education for Professional Nursing Practice.*
## APPROVAL CRITERIA

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Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

**SECTION 1425.1(a)** Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

**SECTION 1425.1(b)** Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

**SECTION 1425.1(d)** Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

**SECTION 1426(a)** The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

**SECTION 1426(b)** The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2775, and to meet minimum competency standards of a registered nurse.

**SECTION 1426(c)** The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

- New faculty are required to attend new hire orientation meetings for the university policies and procedures and the required orientation plan is outlined. Associate Dean meets with new hires and provide detailed orientation of the Nursing Program and works closely with the lead faculty for course orientation.

- The conceptual framework for the program uses the nursing process, critical thinking, AACN’s Essentials. Curricular strands for the curriculum include: Nursing Process; Research; Therapeutic Care; Teaching/Learning; Communications; and Role Development.

- The program’s semester is 15 weeks. However, the semester covers two 10-week rotations (20 weeks). Curriculum for licensure is 90 units. Degree requirement 30; Graduation total = 120 units.
## APPROVAL CRITERIA

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<td>X</td>
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<td>Nursing 53 units: Theory 35; Clinical 18 NUR 221L Integration of Nursing Practice, last clinical course, included non-prelicensure clinical content. <strong>NONCOMPLIANCE:</strong> Clinical experiences for the Integration of Professional Practice included content not appropriate for prelicensure content – ACLS.</td>
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<td>X</td>
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<td>Communications: 9 units – Speech 142; ENG 140; ENG 340</td>
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<td>Sciences: 28 units – ANAT 260; PHYS 261; MICRO 140; Chem 210; ANAT 270 (Pathophys); HUM 470 (cult-pluralism); PSY 260; PSY 290 (Lifespan psy)</td>
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### SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

### SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.

1. Nursing process;
2. Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;
3. Physical, behavioral and social aspects of human development from birth through all age levels;
4. The knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
5. Communication skills including principles of oral, written and group communications;
### APPROVAL CRITERIA

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#### SECTION 1426.1 PRECEPTORSHIP

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:

1. Identification of criteria used for preceptor selection;
2. Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;
3. Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:
   A. An active, clear license issued by the board; and
   B. Clinically competent and meet the minimum qualifications specified in section 1425 (e);
   C. Employed by the health care agency for a minimum of one (1) year; and
   D. Completed a preceptor orientation program prior to serving as a preceptor;
   E. A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.

NUR 221L has a portion of the course as preceptorship. Course meets requirements listed in this section.
SECTION 1426.1 PRECEPTORSHIP (Con’t)

(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
   (A) The frequency and method of faculty/preceptor/student contact;
   (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
       (1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
       (2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
   (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
   (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;

(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.

(7) Plan for ongoing evaluation regarding the continued use of preceptors.

(c) Faculty/student ratio for preceptorship shall be based on the following criteria:
   (1) Student/preceptor needs;
   (2) Faculty’s ability to effectively supervise;
   (3) Students’ assigned nursing area; and
   (4) Agency/facility requirements.

SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

1 theory unit = 15 hours;
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<td>(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</td>
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**SECTION 6: CLINICAL FACILITIES**

SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.

SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.

SECTION 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

| X | Two clinical sites visited: St. Vincent's Medical Center, Los Angeles, and Children's Hospital of Los Angeles. |

Two clinical sites visited: St. Vincent's Medical Center, Los Angeles, and Children's Hospital of Los Angeles.
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<td>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program’s written objectives;</td>
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<td>(2) Provision for orientation of faculty and students;</td>
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<td>(3) A specification of the responsibilities and authority of the facility’s staff as related to the program and to the educational experience of the students;</td>
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<td>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;</td>
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<td>(5) Provisions for continuing communication between the facility and the program; and</td>
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<td>(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</td>
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<td>SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.</td>
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<td>SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:</td>
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<td>Ratio of faculty to student in the clinical area is 1:10</td>
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<td>1) Acuity of patient needs;</td>
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<td>2) Objectives of the learning experience;</td>
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<td>3) Class level of the students;</td>
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<td>4) Geographic placement of students;</td>
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<td>5) Teaching methods; and</td>
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<td>6) Requirements established by the clinical agency.</td>
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<td>SECTION 1426(f) The program shall have tools to evaluate a student’s academic progress, performance, and clinical learning experiences that are directly related to course objectives.</td>
<td>x</td>
<td>Evaluation tools; and Grading Rubrics are included in the syllabi.</td>
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### SECTION 7: STUDENT PARTICIPATION

**SECTION 1428** Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:

1. Philosophy and objectives;
2. Learning experience; and
3. Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.

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**COMMENTS**

Process is in place for providing feedback for courses and clinical experiences by students. Program uses the California Student Nurses Association (CSNA) representatives as a way to provide opportunities for student participation in school committees. Although students attend faculty meetings (CSNA reps), there is no systematic structure in place for all students to have the opportunity to participate consistently.

**RECOMMENDATION:**
Broaden student representation in the faculty meetings that reflects participation by the entire student body.

### SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS

**SECTION 1429(a)** An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

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**SECTION 1429(b)** The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

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SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may be fulfill the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.

The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

SECTION 9: PREVIOUS EDUCATION CREDIT
SECTION 1430 An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

Transfer credits are considered and given when the review meets WCU’s criteria for transfer for GE credits. All of the core-prelicensure nursing courses must be taken in-residence and taken in succession. Students may submit a Petition for Exception to this policy when a student may have completed nursing courses at another institution. A maximum of 12 units of credits can be earned through challenge examination.

NONCOMPLIANCE:
Existing policy does not allow future students to transfer or challenge any core nursing courses and Pathophysiology.
### SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD

**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.

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**Comments:** First graduating cohort took NCLEX Exam in July-Sept 2011 Quarter, pass rate of 92.86% (39 of 42 passed). Annual rate for 2011-2012 was 87.01% (154 of 177 passed); First two quarters for 2012-2013 is 87.07% (101/116 passed).
NON-COMPLIANCES:

SECTION 1424 (c) Administration and Organization of the Nursing Program
There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

Nursing program is not being implemented as approved by the BRN. The school is operating as one institution (West Coast University) consisting of three BRN-approved nursing programs. (West Coast University-Los Angeles is the designated main campus and is one of the three nursing programs)

SECTION 1424(h) Faculty
The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

Faculty assigned to medical-surgical and geriatric integrated course is not all approved in geriatrics.

SECTION 1426(c)(1) Curriculum
Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

Clinical experiences for the Integration of Professional Practice (NUR 221L) included content not appropriate for prelicensure content – ACLS and teaching experience in simulation activity to lower level student group.

SECTION 1430 Previous Credit
An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

Existing policy does not allow future students to transfer or challenge any core nursing courses and Pathophysiology.
RECOMMENDATIONS:

**SECTION 1424(g) Faculty**
Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

Clarify and write organizational structure used by the faculty (WCU-OC) for conducting its work to implement the curriculum, including the role of the content expert.

**SECTION 1425.1(b) Faculty Orientation**
Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

Formalize the orientation plan to the College of Nursing for new faculty.

**SECTION 1426(g)(2) Clinical Hours**
Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

Review and revise clinical hours spent in the skills/simulation lab experiences for the beginning courses, i.e., Fundamentals and Intro to Medical-Surgical Nursing.

**SECTION 1428 Student Participation**
Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students.

Broaden student representation in the faculty meetings that reflects participation by the entire student body.


**CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW**

**PROGRAM NAME:** West Coast University – Orange County

**DATES OF VISIT:** May 16 – 17, 2013

**APPROVAL CRITERIA**

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<th>SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR</th>
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<td><strong>SECTION 1425(a)</strong> The director of the program shall meet the following minimum qualifications:</td>
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<td>(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</td>
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<td>(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);</td>
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<td>(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and</td>
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<td>(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or</td>
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<td>(5) Equivalent experience and/or education as determined by the board.</td>
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| SECTION 1425(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above or such experience as the board determines to be equivalent. | X |
| | Carol Metoyer is the Associate Dean of Nursing, Asst. Director and meets the requirements. MSN, 2010, Gonzaga University; Teaching in nursing programs 2009 to 2011. 1979-89 RN, Daniel Freeman Hospital |

| SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program. | X |
| | Dean and Assoc. Dean each have 100% release time to administer the nursing program. |
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<td>Dean of SON/Director: Reports to Campus Executive Director; works closely with the Assistant Director.</td>
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<td>Assistant Director handles the daily operations of the prelicensure nursing program. Director is responsible for the BSN, LVN-BSN, RN-BSN programs. Director participates in the Learning Community Council for the three campuses. The Director works with the Research Department that reviews the aggregate data for the program. Director meets weekly with the Assistant Director, Clinical Placement Manager weekly to plan and address program concerns.</td>
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#### SECTION 1424(f)

The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.

| X |

#### SECTION 2: TOTAL PROGRAM EVALUATION

**SECTION 1424(b)(1)** The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

| X |

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

| X |

The program follows the Total Program Evaluation Plan and Learning Outcomes Review Plan for the College of Nursing and the Associated Action Plan shows how the program is using the data and making changes based on the data. The Institutional Research Dept recently adopted a software that allows interface of various systems that are used for data collection and hope to have real time tracking of outcome measures. Data reviewed include applicant and enrollment data, student feedback and satisfaction, graduate data, NCLEX, attrition/retention. The program's overall attrition rate about 5%.
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**NONCOMPLIANCE**: Section 1424(c) Organizational Structure: Nursing program is not being implemented as approved by the BRN. The school is operating as one institution (West Coast University) consisting of three BRN-approved nursing programs. (West Coast University-Los Angeles is the designated main campus and is one of the three nursing programs)
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<td><strong>SECTION 3: SUFFICIENCY OF RESOURCES</strong></td>
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<td><strong>SECTION 1424(d)</strong> The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.</td>
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| Campus consists of a 4-story building at Manchester Avenue in Anaheim and a second building in La Palma, also in Anaheim, added in November 2010. The learning site at La Palma houses the nursing program and the nursing skills and simulation labs, as well as other learning resources, including library resources, classroom spaces, computer labs. The Campus IT support staff maintains all IT equipment on campus.

The program plans to start the use of ParScore, a system to evaluate effectiveness of test questions. Long-term goal is to develop the test bank of faculty-written questions.

The university uses eCollege for course management system.

ATI is used to measure student achievement and curriculum implementation. It is also used to assist with remediation for students.

Library is open five days a week- M-Th (8 am – 9 pm) and F (8 am – 5 pm). Electronic resources include: LexisNexis, EBSCO, and LIRN, which allow faculty and student on 24/7 basis the subscribed full-text and e-books.

Skills Lab (2 rooms, each has 6 beds), task trainers, and low fidelity manikins to be used for a group 24 students.

Supply kit is purchased by students. Open lab hours were scheduled starting in 2011 and hours are posted; additional use of the lab is available by appointments.

Skills Lab Coordinator started in 2012, helps faculty with set up and assists faculty.

Simulation center with 4 simulation labs – 3 adult sims and 1 pediatrics. Simulation activities have been incorporated into each course.

Faculty run the simulation with assistance from Sim Center Manager, who oversees activities and Sim IT staff.

There is also Sim Specialist who maintains supplies. Open Sim Center time started in 2012, 10-20 hours/wk |
### APPROVAL CRITERIA

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<tbody>
<tr>
<td></td>
<td></td>
<td>Clinical Manager (hired in 2009) oversees scheduling. Now does evaluation of clinical rotation. Added RN Manager of Clinical Relations (2012) was added to nurture relationships with agencies, and to identify employment opportunities. This position is critical to maintaining smooth running clinical placements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Academic Support 2011 Added Student Success Coordinator added. Early ID of high-risk students. ATI Comprehensive package – (Practice Assessment, and live-ATI NCLEX review sessions, Peer Assisted Learning (PAL), faculty advisor assigned.</td>
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<td>WCU Honor Society Sigma Theta Tau International chapter will be establish in Aug 2013.</td>
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<td></td>
<td>Study Abroad Program (2010) provides students opportunities to participate in global health care activities, supported through the school scholarship.</td>
</tr>
</tbody>
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### SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS

**SECTION 1425** All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, “Faculty Qualifications and Changes Explanation of CCR 1425. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

- Faculty to Student ratio are:
  - Theory class: 1:50; Clinical 1:10; Skills Lab 1:20;
  - PT Faculty is provided with 2hr/week of prep-time;
  - Total # Prelicensure Program Faculty: 60, excluding the Director and Assistant Director;
  - FT is 15 and PT is 45;
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<tbody>
<tr>
<td>SECTION 1424(g)</td>
<td>X</td>
<td></td>
<td>Faculty members are urged to take collective ownership of course and curricular improvements. The university has separate Learning Communities (LC) for each of the major subject areas for the university. Each LC consists of lead faculty from all WCU campuses who are selected by the campus deans. LC meets at the end of the term (10 wks), and as needed to discuss faculty feedback. Because the three campuses share a common curriculum, this structure provides to maintain consistency among the campuses. Although lead faculty stated that there is communication during each term with the clinical faculty, it appeared that the course group met at the end of the 10 week term. It was evident that communications occurred during the term, but faculty members did not have an organized manner in which all course faculty participated to plan and implement the course/curriculum.</td>
</tr>
<tr>
<td>SECTION 1424(h)</td>
<td>X</td>
<td></td>
<td>NUR 211L Medical Surgical Nursing and Older Adults Practicum has both Med-Surg and Geriatric contents. Most faculty assigned to this course were approved in Med-Surg and Geriatrics but some were only approved in Med-Surg.</td>
</tr>
<tr>
<td>SECTION 1424(j)</td>
<td>X</td>
<td></td>
<td>Faculty assigned to medical-surgical and geriatric integrated course is not all approved in geriatrics.</td>
</tr>
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<td>APPROVAL CRITERIA</td>
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<tr>
<td><strong>SECTION 1425(c)</strong> An instructor shall meet the following minimum qualifications:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The education requirements set forth in subsection (a) (1).</td>
<td>X</td>
<td>Instructors 25;</td>
<td></td>
</tr>
<tr>
<td>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</td>
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<tr>
<td>(A) One (1) year’s continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</td>
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<tr>
<td>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and</td>
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<tr>
<td>(3) Completion of at least one (1) year’s experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</td>
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<tr>
<td><strong>SECTION 1425(d)</strong> An assistant instructor shall meet the following minimum qualifications:</td>
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<tr>
<td>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</td>
<td>X</td>
<td>Asst. Instructors 35;</td>
<td></td>
</tr>
<tr>
<td>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:</td>
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<tr>
<td>(A) One (1) year’s continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designated nursing area; or</td>
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<tr>
<td>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</td>
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<tr>
<td><strong>SECTION 1425(e)</strong> A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.</td>
<td>NA</td>
<td>No CTAs.</td>
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<td><strong>COMMENTS</strong></td>
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</table>
| Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:  
(1) A master’s degree in the designated nursing area; or  
(2) A master’s degree that is not in the designated nursing area and shall:  
(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and  
(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years. | X | Content Experts are designated. [Refer to Recommendation on Section 1424(g)]  
MS: Alatras, Manal; Montoya, Esther; Norris, John; Rojas, Cheryl (need form);  
OB: Fernan, Cecelia  
Peds: Floro, Joy  
Psych: Smith, Janet  
Geri: McKinney, Maribeth (I-MS, G, PMH) |

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<tr>
<th>Section 5: CURRICULUM</th>
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| **SECTION 1424(a)** There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.  
Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines. | X | Beliefs on health, nursing, person, environment, faculty and education, and student are defined. Curriculum incorporates the AACN’s *Essentials of Baccalaureate Education for Professional Nursing Practice.* |

| **SECTION 1425.1(a)** Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content. | X | [Refer to Recommendation on Section 1424(g)] |
## APPROVAL CRITERIA

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<tr>
<td>X</td>
<td></td>
<td>New faculty members are required to attend new hire orientation meetings for the university policies and procedures and the required orientation plan is outlined. Specific orientation related to the College of Nursing and to the course is being done per course group, including pairing the new faculty with a mentor. <strong>RECOMMENDATION:</strong> Formalize the orientation plan to College of Nursing for new faculty.</td>
</tr>
</tbody>
</table>

### SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

**X**

**COMMENTS**

### SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

### SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

**X**

**COMMENTS**

### SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2775, and to meet minimum competency standards of a registered nurse.

**X**

**COMMENTS**

### SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

1. **Art and science of nursing**, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

2. **Communication skills**, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.

**X**

**COMMENTS**

**NONCOMPLIANCE:** Clinical experiences for the Integration of Professional Practice (NUR 221L) included content not appropriate for prelicensure content – ACLS and teaching experience in simulation activity to lower level student group.

**X**

**COMMENTS**

- Communications: 9 units – Speech 142; ENG 140; ENG 340
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<tr>
<td>(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</td>
<td>X</td>
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</table>

**SECTION 1426(d)** Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

<table>
<thead>
<tr>
<th>SECTION 1426(e)</th>
<th>The following shall be integrated throughout the entire nursing curriculum.</th>
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<tbody>
<tr>
<td>(1) nursing process;</td>
<td>(1) nursing process;</td>
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<tr>
<td>(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;</td>
<td>(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;</td>
</tr>
<tr>
<td>(3) physical, behavioral and social aspects of human development from birth through all age levels;</td>
<td>(3) physical, behavioral and social aspects of human development from birth through all age levels;</td>
</tr>
<tr>
<td>(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</td>
<td>(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</td>
</tr>
<tr>
<td>(5) communication skills including principles of oral, written and group communications;</td>
<td>(5) communication skills including principles of oral, written and group communications;</td>
</tr>
<tr>
<td>(6) natural sciences including human anatomy, physiology and microbiology; and</td>
<td>(6) natural sciences including human anatomy, physiology and microbiology; and</td>
</tr>
<tr>
<td>(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</td>
<td>(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</td>
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</table>
### SECTION 1426.1 PRECEPTORSHIP

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:

1. Identification of criteria used for preceptor selection;
2. Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;
3. Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:
   (A) An active, clear license issued by the board; and
   (B) Clinically competent and meet the minimum qualifications specified in section 1425 (e);
   (C) Employed by the health care agency for a minimum of one (1) year; and
   (D) Completed a preceptor orientation program prior to serving as a preceptor;
   (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor’s days off.

4. Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
   (A) The frequency and method of faculty/preceptor/student contact;
   (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
   (1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
   (2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

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<tr>
<td>NA</td>
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<td>Preceptorship is not used.</td>
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## APPROVAL CRITERIA

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(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:

(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;

(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;

(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.

(7) Plan for ongoing evaluation regarding the continued use of preceptors.

(c) Faculty/student ratio for preceptorship shall be based on the following criteria:

1. Student/preceptor needs;
2. Faculty’s ability to effectively supervise;
3. Students’ assigned nursing area; and
4. Agency/facility requirements.

### SECTION 1426(g)

The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

1. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
2. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

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1 theory unit = 15 hours;

1 clinical unit = 45 hours;

The Fundamentals course (10 wks) and the Intro to Med-Surg course (10 wks) include heavy use of skills lab/simulation experience.

**RECOMMENDATION:**

Review and revise clinical hours spent in the skills/simulation lab experiences for the beginning courses, i.e., Fundamentals and Intro to Medical-Surgical Nursing.
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<tr>
<td><strong>SECTION 6: CLINICAL FACILITIES</strong></td>
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<tr>
<td><strong>SECTION 1425.1(c)</strong> The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.</td>
<td>Compliance: X</td>
</tr>
<tr>
<td><strong>SECTION 1424(i)</strong> When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.</td>
<td>Compliance: NA</td>
</tr>
<tr>
<td><strong>SECTION 1427(a)</strong> A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.</td>
<td>Compliance: X</td>
</tr>
<tr>
<td><strong>SECTION 1427(b)</strong> A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.</td>
<td>Compliance: X</td>
</tr>
<tr>
<td><strong>SECTION 1427(c)</strong> Each such program shall maintain written agreements with such facilities and such agreements shall include the following:</td>
<td>Compliance: X</td>
</tr>
<tr>
<td>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;</td>
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<tr>
<td>(2) Provision for orientation of faculty and students;</td>
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<tr>
<td>(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;</td>
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<tr>
<td>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;</td>
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<tr>
<td>(5) Provisions for continuing communication between the facility and the program; and</td>
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<td>APPROVAL CRITERIA</td>
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<tr>
<td>(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</td>
<td>X</td>
</tr>
<tr>
<td>SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.</td>
<td>X</td>
</tr>
<tr>
<td>SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: 1) Acuity of patient needs; 2) Objectives of the learning experience; 3) Class level of the students; 4) Geographic placement of students; 5) Teaching methods; and 6) Requirements established by the clinical agency.</td>
<td>X</td>
</tr>
<tr>
<td>SECTION 1426(f) The program shall have tools to evaluate a student’s academic progress, performance, and clinical learning experiences that are directly related to course objectives.</td>
<td>X</td>
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<td>SECTION 7: STUDENT PARTICIPATION</td>
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</table>
| SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities. | X          |                | Process is in place for providing feedback for courses and clinical experiences by students. Program uses the California Student Nurses Association (CSNA) representatives as a way to provide opportunities for student participation in school committees. Although students attend faculty meetings, there is no systematic structure is in place for all students to have the opportunity to participate consistently. **RECOMMENDATION:** Broaden student representation in the faculty meetings that reflects participation by the entire student body.
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS

SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

**SECTION 9: PREVIOUS EDUCATION CREDIT**

**SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

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<td></td>
<td>X</td>
<td>Transfer credits are considered and given when the review meets WCU’s criteria for transfer for GE credits. All of the core-prelicensure nursing courses must be taken in-residence and taken in succession. Students may submit a Petition for Exception to this policy when a student may have completed nursing courses at another institution. A maximum of 12 units of credits can be earned through challenge examination.</td>
</tr>
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</table>

**NONCOMPLIANCE:**
Existing policy does not allow future students to transfer or challenge any core nursing courses and Pathophysiology.

**SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD**

**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.

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<tr>
<td></td>
<td>X</td>
<td>First graduating cohort took NCLEX Exam in July-Sept 2011 Quarter, pass rate of 92.86% (39 of 42 passed). Annual rate for 2011-2012 was 87.01% (154 of 177 passed); First two quarters for 2012-2013 is 87.07% (101/116 passed).</td>
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</tbody>
</table>

First graduating cohort took NCLEX Exam in July-Sept 2011 Quarter, pass rate of 92.86% (39 of 42 passed). Annual rate for 2011-2012 was 87.01% (154 of 177 passed); First two quarters for 2012-2013 is 87.07% (101/116 passed).
TO: Miyo Minato, MS, RN, Nursing Education Consultant
FROM: Chiarina Piazza, PhD (c), MEd, RN, Campus Dean, Orange County Campus
Rosie Silberling, EdD, MN, RN, Campus Dean, Los Angeles Campus
DATE: August 21, 2013
RE: Evidence of Compliance Following Continuing Approval Visits for Los Angeles and Orange County Baccalaureate Degree Nursing Program

========================================================================

Following the BRN’s May 16-17, 2013 visit to the Orange County campus and the May 22-23, 2013 visit to the Los Angeles campus of the West Coast University Baccalaureate Degree Nursing Program, the nursing education consultants, Miyo Minato and Carol McKay, found both campus programs in non-compliance with four (4) provisions of Title 16, California Code of Regulations. This response addresses both campuses as the areas of non-compliance were the same. In each case, the programmatic response is presented using the following sequence:

1. The regulation section
2. Statement of regulation
3. Area of non-compliance, and
4. Program response with evidence of compliance

A. Organizational Structure of Program

1. Regulation Section -- SECTION 1424 (c) Administration and Organization of the Nursing Program
2. Statement of Regulation -- There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.
3. Area of Non-compliance -- Nursing program is not being implemented as approved by the BRN. The school is operating as one institution (West Coast University) consisting of three BRN-approved nursing programs. (West Coast University-Los Angeles is the designated main campus and is one of the three nursing programs).
4. Program Response with evidence of compliance -- West Coast University has submitted a request to the BRN to combine the three campuses into one institution (i.e. a main campus and two branch campuses). Los Angeles, as the main campus, and Orange County and the Inland Empire (Ontario) as branch campuses. By doing so, the Nursing program at WCU would be administered in a manner consistent with the way in which the University was regionally accredited. Specifically, while the University has several campuses, it is regionally accredited as a singular institution.
B. Appropriate Faculty Qualifications

1. Regulation Section -- SECTION 1424(h) Faculty

2. Statement of Regulation -- The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

3. Area of Non-compliance -- Faculty assigned to medical-surgical and geriatric integrated course is not all approved in geriatrics.

4. Program response with evidence of compliance -- The following faculty have been assigned to teach NURS 211L Medical Surgical Nursing: Promoting Wellness in Older Adults Practicum for the August 2013 term:

   - Orange County Campus – Manal Alatrash, Thi Tran, May Manning, Jade Kay, Afsaneh Helali, Maribeth McKinney, Nadine Brown-Farr
   - Los Angeles Campus - Terry Palma, Saba Jamalpanah, Shake Ovasapyan, Armine Telliyian, Victor Ogaldez, Llewy Rimular, Lelia Esmail

Faculty who were previously assigned to the course are in the process of completing a remediation program developed by Dr. Cheryl Osborne, Professor of Nursing and Gerontology, at California State University Sacramento. Nursing Education Consultant Shelley Ward approved the geriatric remediation plan on June 18, 2013. Faculty currently in the remediation process are: Lisa Behrend, Juan Caluya, Mari Chumpitaz, Jennifer Cook, Jinhee Nguyen, Nasreen Rahman, and Amanda Roza. Approvals will be submitted to NEC Ward upon completion and before assignment in NURS 211L.

The remediation plan includes the following:

1. Faculty member completes five, 4 hour gerontology/geriatric education Modules (20 CEU) by August 30, 2013 (credit verified by gerontology consultant).
2. Faculty submits Geriatric Clinical Remediation Checklist form by August 30, 2013 (to WCU Campus Dean).
3. Letter of verification that remediation plan has been completed, signed by WCU Dean, geriatric content specialist, and clinical facility staff person submitted to BRN.

C. Curriculum

1. Regulation Section -- SECTION 1426(c)(1) Curriculum

2. Statement of Regulation -- Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

3. Area of non-compliance -- Clinical experiences for the Integration of Professional Practice (NUR 221L) included content not appropriate for pre-licensure content – ACLS and teaching experience in simulation activity to lower level student group.
4. **Program response with evidence of compliance** -- ACLS has been removed from NURS 221L Integration of Nursing Practice as evidenced by the course syllabus for the August 2013 term which is attached. Simulation scenarios focus on recognition of cardiac arrest and interventions appropriate to pre-licensure content and Basic Cardiac Life Support competencies (see simulation rubric also attached).

D. **Transfer Credit and Challenge Credit**

1. **Regulation Section -- SECTION 1430 Previous Credit**
2. **Statement of Regulation --** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.
3. **Area of non-compliance --** Existing policy does not allow future students to transfer or challenge any core nursing courses and Pathophysiology.
4. **Program response with evidence of compliance --** The policy has been revised as follows:

   **BSN Transfer Credit Evaluation** BSN applicants requesting transfer credit evaluation must provide official transcripts no later than the first day of the first semester in which the student commences their education at West Coast University. General education, pre-requisites, and core nursing coursework taken from a national or regionally accredited institution will be considered and evaluated for transfer credit. All general education, pre-requisite, and core nursing coursework must have been taken at an appropriately accredited institution. For nursing credits to be considered for transfer credit under any circumstances there can be only one year between the end of the last nursing course taken at a previous institution and the beginning of the first course at West Coast University. The student must be listed in good standing with the prior institution. Science courses must be taken within the last five years to be accepted for transfer credit.

The RN Student Handbook, pages 44-46, posted to the West Coast University website at http://westcoastuniversity.edu/student-affairs/student-services/student-handbook.html and the website Catalog Addendum which is also posted to the university website at http://westcoastuniversity.edu/uploads/Undergrad_Nursing_Applicant_Info_Addendum.pdf reflect clearly the opportunity for prospective students to have prior equivalent coursework in nursing and pathophysiology considered for transfer. The new SMART Catalog will be posted by August 26, 2013, the beginning of the new term, and includes the language included in the current Catalog addendum.

The current university Catalog also has included the following policy for challenging a course http://westcoastuniversity.edu/admissions/catalog.html:
Challenge Credit

The University allows students to “challenge” a course in some programs of study for which they have earned prior credit for but for which credit was not transferred upon matriculation. The challenge credit option is not available for core courses in the Dental Hygiene program. To challenge a course in this manner may be especially relevant for students whose prior academic experience with a particular course or subject area exceeds the University’s recency requirements. To challenge a course, a student must submit a Challenge Exam Application Form to the Director of Student Services at the campus they are attending.

1. Students will only be allowed to take a challenge examination if they meet the general and program-specific criteria. If the request to challenge a course is approved, and the student passes the appropriate examination, credits earned for classes challenged will be valid for 12 months from the time the exam is taken. Once a student matriculates, the course requirement is removed from the student’s program of study and posted to the transcript, becoming a permanent part of the student’s academic record. If the challenge examination is not successfully passed, the course requirement will remain in the student’s program of study.

2. The student must declare which courses he/she would like to challenge and must gain approval from the program’s academic administration. Each program has its own unique requirements and deadlines for submitting a challenge examination application. For further information pertaining to each program’s challenge exam requirements, see the program-specific information elsewhere in the catalog.

3. Students may not apply for a challenge exam for courses in which they are currently enrolled or have previously taken at West Coast University. A course may be challenged only one time. Each program has established its own passing grade requirements for challenge exams, and no more than twelve (12) semester credits may be earned through challenge examinations.

4. Credits earned through challenge examinations do not count towards the in-residence requirements or towards a student’s cumulative grade point average (CGPA). In addition, a student’s financial aid may be affected if challenge credit is received; therefore students considering challenging a course should consult with their campus Financial Aid Officer on the impact of doing so.

5. A non-refundable fee of $100 will be charged per exam ($500 for all nursing clinical course challenge exams). The fee must be paid prior to the exam and is not included as part of the student’s financial aid package.

6. The University’s decision on a student’s eligibility to take a specific challenge exam is final and may not be appealed. If a student achieves credit by successfully challenging a course and passing the challenge exam, no guarantee is made that the student will advance his or her degree completion date. Degree acceleration will be based on space availability.
**Nursing Challenge Exam Additional Requirements**

Additional Nursing-specific requirements include the following:

1. Students must be accepted into the Nursing program in order to challenge a nursing course.
2. Students may not challenge a nursing course where there is evidence that a similar nursing course has been taken in the past for which the grade received was below a C.
3. Students who want to attempt a challenge examination for a clinical course must first: 1) transfer in credit for the related theory course or 2) pass the theory course challenge exam prior to attempting the clinical challenge examination.
4. Students must satisfactorily meet all prerequisites of any courses prior to taking the challenge examination.
5. Students who attempt and did not pass a lower level nursing course with a clinical component may not challenge a higher level nursing course with a clinical component.
6. Challenge examinations for pre-licensure courses include HESI, ATI or other similar standardized computer examinations. The grade necessary to pass is outlined in the associated course syllabus.
   a. Students should acquaint themselves with the syllabus requirements for any course they wish to challenge.
   b. Nursing students must complete any NURS designated challenge examinations within the first two terms of entering the first nursing (core) course.
   c. Students must first successfully pass the challenged course prior to being allowed to enroll in a course that has this course as a pre/co-requisite.
   d. Students who are unable to successfully challenge the requested course by the start date of that course, must enroll in the course.
   e. Students who wish to challenge a course must submit their application at least 4 weeks prior to the time when they would like to take the exam.
7. Additional information may be required prior to scheduling a challenge examination for clinical courses, such as immunization status, health records, background check, drug screening, fire and BLS cards (i.e., clinical packet information).
While the four areas identified previously reflected those that were noted as out-of-compliance, the following recommendations for program improvement were also offered during the site visits:

**Two recommendations for the Orange County Campus:**

1. **Regulation Section -- SECTION 1424(g) Faculty**
2. **Statement of Regulation --** Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
3. **Area of recommendation --** Clarify and write organizational structure used by the faculty (WCU-OC) for conducting its work to implement the curriculum, including the role of the content expert.
4. **Program response with evidence of compliance --** This recommendation is being addressed through the request for unification of the WCU campuses as one main campus (LA) with two branch campuses (Inland Empire and Orange County). The current University Faculty Handbook and RN Faculty Handbook speak to the responsibility of all full time faculty to implement the curriculum through the Learning Community and Curriculum Committee structure. Faculty Feedback Forms are completed each term by course faculty, submitted for review by the campus Assistant Directors and Learning Community, and recommendations submitted to the Nursing Curriculum Committee. All full time faculty vote on major curriculum changes through Survey Monkey.

1. **Regulation Section -- SECTION 1425.1(b) Faculty Orientation**
2. **Statement of Regulation --** Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.
3. **Area of recommendation --** Formalize the orientation plan to the College of Nursing for new faculty.
4. **Program response with evidence of compliance --** All new faculty hired to any one of the WCU campuses complete an extensive university orientation which includes all University-wide policies and requirements. In addition, each campus dean provides a campus/program-specific orientation as outlined in the University’s *Deans and Chairs Guide*, pages 16-22. The content of that orientation covers the following:

   - Planning for the start of the new faculty member.
   - Planning for the orientation of the new faculty member.
   - Planning for the first 90 days of the new faculty member’s employment.
   - Executing the plans identified above.

**Two Recommendations for the Los Angeles Campus**

1. **Regulation Section -- SECTION 1424(d) Resources**
2. **Statement of Regulation --** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.
3. **Area of recommendation --** Increase available spaces for student study groups to use.
4. Program response with evidence of compliance -- WCU has just opened a new facility at 590 N. Vermont, Los Angeles, about 10 miles from the North Hollywood campus. The Occupational Therapy, Physical Therapy, and Pharmacy programs will be located in this facility. Space previously occupied by these programs will be reviewed for possible use as student study space. The Vermont campus also has potential study space for students who may live near that campus. There will be library resources available for student use at Vermont.

1. Regulation Section -- SECTION 1424(d) Resources
2. Statement of Regulation -- The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.
3. Area of recommendation -- Establish a mechanism for academic advisement.
4. Program response with evidence of compliance -- Beginning with the August 2013 term, up to five (5) full time faculty on each campus will have their workload assignment adjusted to include 5 hours weekly to meet with students needing advising and guidance to address areas that are impacting academic success.

Two Recommendations for Both Campuses

1. Regulation Section -- SECTION 1428 Student Participation
2. Statement of Regulation -- Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students.
3. Area of recommendation -- Broaden student representation in the faculty meetings that reflects participation by the entire student body.
4. Program response with evidence of compliance -- All WCU students are members of the California Nursing Student Association (CNSA). The CNSA is the vehicle for communication with the core nursing students. Requests for participation are channeled through the CNSA. Each campus has a CNSA team and a full time faculty member serves as an advisor. This faculty member communicates program information between the students and the campus faculty. Regular requests have been made for regular student representation. The meeting times often conflict with class or work schedules. All full time faculty attend the governance meetings, however, adjuncts may be teaching during these meeting times. Beginning with the August 2013 term, WCU will have a student email system (.edu) which will facilitate communication with students and enhance the notification to students of opportunities for participation on program committees, e.g. monthly campus-based faculty meetings, College-wide Curriculum Committee, and the annual Learning Outcomes Review.

1. Regulation Section -- SECTION 1426(g)(2) Clinical Hours
2. Statement of Regulation -- Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.
3. Area of recommendation -- Review and revise clinical hours spent in the skills/simulation lab experiences for the beginning courses, i.e., Fundamentals and Intro to Medical-Surgical Nursing.
4. Program response with evidence of compliance -- Effective with the August 2013 term, NURS 101L Fundamentals of Nursing Skills Lab (2 credits of lab) will include 50 hours of campus-based skills and 40 hours of clinical in a skilled nursing or long term care area. The
revised schedule from the syllabus for NURS 101L is attached as evidence of the change. NURS 121L Introduction to Medical Surgical Nursing Practicum (3 credits Clinical) will include a minimum of 101 hours (75% of course hours) in direct patient care activities and no more than 34 hours (25% of course hours) in on-campus skills. The revised schedule from the syllabus for NURS 121L is attached as evidence.

West Coast University College of Nursing believes all areas of non-compliance and recommendations have been addressed and evidence provided to support continuing approval of the pre-licensure programs offered on the Los Angeles and Orange County Campuses.

We are prepared to respond to any additional requests for information or feedback.
AGENDA ITEM: 7.2.5  
DATE: October 1, 2013

ACTION REQUESTED: Continue Approval College of the Siskiyous (COS) LVN to RN Advanced Placement Associate Degree Nursing Program

REQUESTED BY: Katie Daugherty, MN, RN

BACKGROUND: Ms. Janis Laiacona, MSN, RN is the full time (75% RN, 20%VN, 5%CNA) program director; she has served in this capacity since January 2, 2013. Cora Brownell is now serving as the program’s Assistant Director (50% assigned time). Ms. Donna Duell, MSN, RN, former program director, is performing select assistant director functions and facilitating curriculum revision activities as a curriculum consultant under Ms. Laiacona’s supervision. Of note, there has been some organizational restructuring at the college in the last academic year and for a temporary period Ms. Laiacona is now reporting to the Vice President of Student Learning but will eventually report to the Dean of Career and Technical Education as described on the attached organizational chart.

COS has two campuses; the main campus is in Weed CA about 70 miles from Redding and the Yreka campus about 30-35 miles from the Weed campus and 40-50 miles from Oregon. The program admits up to 30 eligible applicants annually. Program retention is currently about 93%. In 2011-12, the program’s NCLEX pass rate was 100% for the 22 of 25 for the first time candidates taking the exam. In the most recent academic year (July 1, 2012-June 30, 2013), the annual pass rate was 88.46% with 23 of 26 graduates passing on first attempt.

As originally approved in April 2007, the program was to be staffed with three full time tenure track faculty (FTTT) plus a full time program director, a half time assistant director and 2-4 part time faculty as needed. The November 1-3, 2011 continuing approval visit findings and evidence demonstrated the college/program had not maintained the required FTTT program staffing when replacements were needed and this resulted in insufficient resources, lack of appropriate levels of program planning, implementation and evaluation and only minimal revision and refinement of the curriculum as described in the attached November 2011 report of findings.

The November 2011 COS continuing approval visit findings were presented for committee and board action after the Board of Registered Nursing was officially re-constituted and re-authorized to perform all Board functions once again. In November 2012, the Board made the decision to defer action to continue approval of the program since the program was unable to provide sufficient evidence of correction of the area of non-compliance (CCR 1424 Program Administration and Faculty Resources etc.) and given reported changes in college leadership including the college President and an expected budget gap (estimated to be approximately $600,000 in AY 2012-2013). Faculty staffing for Fall 2012 and Spring 2013 was provided with a combination of existing full time, temporary full time faculty and part time faculty but short of the needed 3 FTEs (2.3-2.7 FTEs) for the academic year.
By January 2013, the college’s VP of Student Learning (Dr. Frost) and eventually appointed interim College President provided a written memorandum to Ms. Laiacona, the PD, confirming the college’s commitment and intent to hire the two needed full time tenure track (FTTT) faculty for the program for academic year Fall 2013- Spring 2014. By March 15, 2013, the two FTTT positions were funded and posted by HR and reported as part of the program’s March 22, 2013 satisfactory progress report addressing the one area of non-compliance and recommendations. Ongoing monitoring of the program’s progress relative to the area of non-compliance and recommendations has continued to present. In August 2013, one full tenure track position was filled (Ms. Laiacona’s former FTTT faculty position). The second needed FTTT is not filled yet, but remains fully funded and recruitment of qualified candidates is underway. COS continues to seek a qualified faculty to fill the second FTTT position in the Fall 2013 and has also provided a confirmed alternate faculty plan to maintain adequate faculty resources. This includes teaching assignments using a combination of stable, experienced, FTTT and part time faculty (FTE=3.1/3.4) for AY 2013-2014. The program also has the required content experts in place. Thus, the program has implemented appropriate actions to correct the area of non-compliance, moved forward with minor and major curriculum revisions plans based on program evaluation activities, and has satisfactorily addressed the recommendations as described in the attached program’s final progress report.

NEXT STEPS: Place on Board Agenda
FISCAL IMPACT, IF ANY: None
PERSON TO CONTACT: Katie Daugherty, NEC
(916) 574-7685
Report of Findings
College of the Siskiyou
Advanced Placement LVN to RN Associate Degree Nursing Program
Continuing Approval Visit: November 1-3, 2011

Non Compliance(s):
CCR 1424 (c) Program Administration/Sufficient Program Director/Assistant Director Time
Insufficient time for the program director/assistant director to administer/manage all aspects of the program and ensure compliance with the regulations evidenced by:
- The current program director has only 50% release time and there are a number of program areas not in compliance with regulations including the program director having requisite knowledge of college/program fiscal planning processes, sufficient time to perform needed total program evaluation plan review/action planning, time to monitor/evaluate individual faculty performance associated more consistent implementation of the curriculum, time to facilitate/manage needed refinement of curriculum (both theory and clinical aspects) based on review of evaluative feedback, ongoing faculty analyses, and program outcomes per CCR 1424 (g).
- As initially approved in 2006/07, the program was to have 3 full time faculty members and other part time faculty in place as needed per CCR 1424 (h). Currently there are two relatively new full time faculty in place without a specific action plan for recruiting/retaining the third full time faculty member to meet CCR 1424 (g) and (h). Additionally, there has been considerable turnover in both full and part time faculty and this has impacted consistency in the implementation and revision/refinement of the curriculum over the past five years.
- There is a lack of evidence (including record keeping/file retrieval) to demonstrate sufficient review and monitoring processes in the five specialty areas by the program’s designated content experts per CCR 1420(f) and use of other evaluative data to demonstrate ongoing program development.
- Faculty approvals/resignations (2 approvals, 6 resignations) and one clinical site change was not submitted in a timely manner per CCR 1425 and 1427 (a-b).
- CRL/TCF form revisions/updates not submitted in a timely manner and prior to implementation of changes per CCR 1426 (a). This included the addition of a half a unit of simulation in four nursing courses, changes in terminal program objectives/outcomes a few years ago, and this term, implementation of changes in other degree requirements and course numbering changes.
- Graduate survey response rates have been poor and employer evaluative data has not been formally collected to date; evidence of action planning/changes following review of available data is also lacking.
- Evidence of requisite written non-faculty responsibilities on file in the nursing department is lacking per CCR 1420 (m) and 1424 (i).
- Written recommendations made as part of the 2006 initial program approval and the May 2008 interim visit have not been adequately accomplished and are essentially re-iterated as part of the 2011 continuing approval self study.

Recommendations:
CCR 1420 (c, h) and 1424, 1424 (b) (1), (2) (c, k) Program Administration
- Develop a written long range plan to ensure the program director is administering/managing all aspects of the program as defined in CCR 1420 (h) and there is sufficient time available for both the program director and assistant director.
- Refine director and assistant director job descriptions and organizational charts to reflect changes in institutional leadership as needed. Ensure communication mechanisms between the Yreka and Weed campuses are effective and provide for timely submission of changes pertinent to the regulations. Improve requisite compliance documentation and ensure adequate file record keeping/retrieval systems are in place and maintained.
- Provide sufficient resources/technology support to facilitate ongoing faculty communication and needed faculty development activities in relation to curriculum revision, test construction/course testing, clinical evaluation/documentation and ongoing total program evaluation as described in the total program evaluation plan.
- Ensure appropriate program complaint and grievance tracking systems are maintained within the program.

CCR 1425 Faculty and 1426 Curriculum
- Continue to improve faculty planning, consistency in the implementation and evaluation of the curriculum including plans to:
  - Further refine course syllabi, more specifically level theory and clinical content/outcomes, grading etc;
  - Refine N2 Transition course instruction/evaluation methods to achieve greater instructional effectiveness;
  - Develop additional RN role leadership experiences for students using existing sites as discussed during the visit;
  - Develop a preceptorship experience in the capstone nursing course as discussed;
  - Refine curriculum and ATI implementation to ensure the 2010-11 NCLEX pass rate decrease is addressed;
  - Continue to integrate simulation activities across the curriculum consistent with the Simulation Guidelines as described in the program directors’ handbook.
- Revise the tools used to evaluate clinical performance/student progression and ensure consistent use by all full and part time faculty across the curriculum.

CCR 1428 Student Participation
- Explore other methods beyond course evaluations to ensure active student participation in the program as defined in 1428, as identified in the self study and as discussed during the visit to meet student needs in a timely manner.
College of the Siskiyous
Associate Degree Nursing Program
Progress Report
September 11, 2013

AREA OF NON-COMPLIANCE:
CCR 1424 (e) Program Administration/Sufficient Program
Director/Assistant Director Time.

• On September 3, 2013, Janis Laiacena was named Director of the Nursing
Program and has a 12 month assignment with time allocated at 75% LVN-RN
Step-Up Program (30hrs/wk), 20% VN Program Director (8hrs/wk), and 5%
Certified Nursing Assistant Program (2 hrs/wk). Currently, there are 28 LVN-
RN Step Up students and 48 Vocational Nursing students. A nursing assistant
course is offered annually during the late spring and summer and an IV
certification course is offered twice in a three year period.

• Mrs. Laiacena continues to be a member of the college Program Review
Committee and is coordinating implementation of the Curricunet program review
process for the nursing program. Mrs. Laiacena is a member of the college
Deans and Directors and Administrator groups which meet monthly.

• As a component of implementation of shared governance, the college’s
organizational structure has been modified (Chart A). The nursing program is
temporarily included in the category “Academic Management” identified
with a *. The Nursing Program Director reports to the Vice President of Student
Learning, Greg South, PhD. However, a Dean of Career and Technical Education
(identified on the organizational chart as “Dean, CTE”) is slated to be hired by
early October and, once the Dean is in place, the Nursing Program Director will
report to that individual.

• Cora Brownell was approved as Assistant Director 8/5/13 with time allocated at
50% (20hrs/week). Ms. Brownell will coordinate clinical activities in Redding
beginning with fall orientation activities for students, supervise student activities
in Siskiyou County, and participate in all administration activities of the nursing
program. Ms. Brownell will attend, with Mrs. Laiacena, state Nursing Program

• Donna Duell and Joan Bestor are other Assistant Directors of the program. While
no longer performing specific Assistant Director duties, they are available if
needed for the 2013-14 academic year and will be mobilized.

• The Director and Assistant Director(s) will be responsible to maintain close
relationships with the clinical sites. Cora Brownell, in her role as Assistant
Director, will make frequent visits to the agencies where non-faculty monitor
students to ensure that students are meeting the objectives and are provided with
adequate supervision in the clinical site. Mrs. Laiacena will communicate with
and visit clinical sites in Redding at least twice per semester.

• Other areas of deficiency including record keeping and file retrieval, timely
faculty approvals and resignations, and submission of documents and notifications
prior to implementation have been addressed and corrected. Modifications in
electronic filing systems have been implemented to aid in location of documents. Additional file cabinets have been purchased and are dedicated to ADN document storage.

CCR 1424 (b) Faculty shall be adequate in type and number to develop and implement the program approved by the board and shall include at least one qualified instructor in each of the areas of nursing required by 1426. (d)

- The initial approval in 2006 (7) indicated the program was to have 3 full time faculty members and other part time faculty members as needed.
- At the time of the BRN visit, there were two full time faculty members and 2 part time members in addition to the Simulation Lab/Skill Lab instructor.
- In January, 2013 the former Vice President of Student Learning and now interim President/Superintendent for academic year 2013-14 (Dr. Frost) generated a memorandum, previously provided to the BRN, confirming the college’s commitment to the nursing program and intention to hire 2 additional fulltime faculty; one to fill the position vacated by Mrs. Laiacona and a third full time position. In his new role, Dr. Frost continues to affirm the college commitment to hire a third full time instructor.
- Cora Brownell has been (and continues as) a fulltime tenure track faculty member since August, 2011.
- On March 15, the human resources department posted two positions. There were two applicants for the positions. One applicant, Mr. Brian Busk, was hired and started as a full time tenure track instructor beginning August, 2013. Mr. Busk was a full time instructor on an interim basis during the spring, 2013 semester and was the lead instructor for the Transition course during the summer, 2013.
- The third full time tenure track position was not filled but remains posted with an updated review date of September 30, 2013
- If the third position is not filled by start of spring 2014, Renee Wilson, MSN, NP, will teach the theory portion of NURS 1541 Advanced Maternal Child Nursing which Ms. Wilson taught in Spring, 2013.
- Three additional part time faculty provide instruction. Tricia Bravo, Simulation Lab Assistant Instructor, will continue in her role, Heidi Hauptmann has been hired as an adjunct faculty member for medical surgical clinical instruction, and Pam Remley, a longtime assistant instructor will again teach the clinical portion of NURS 1541, Advanced Maternal Child Nursing, if a fulltime tenure track instructor is not identified.
- Mary Ewert, a long time part time clinical instructor, will remain as a substitute for academic year 2013-14 and plans to return as a clinical instructor 2014-15.
- A schedule for academic year 2013-14 has been developed and integrates the new full time tenure track positions. An alternate schedule reflects coverage of teaching by existing core adjunct faculty if a third fulltime tenure track instructor is not identified. (Addendum A) The schedule also reflects what will be implemented during the 2014-15 academic year.
• The Geriatric and Mental Health content expert remains Cora Brownell. Jane Shelby, MSN will continue as content expert in Maternal /Child specialty areas until a full time tenure track instructor is qualified to fill the role. Janis Lliacona is the Medical Surgical content expert. Brian Busk is compiling documents to show qualification as content expert in Medical Surgical specialty to replace Mrs. Liacona.

• Guidelines related to content expert responsibilities were presented and discussed during the May, 2013 faculty meeting. Suggestions for change were made and revisions will be discussed during the fall with adoption planned later in the fall. 1420(f)

• The Post Graduate survey was revised December, 2012 and sent out to twenty six 2012 graduates in February, 2013. There have been 8 responses. All are employed and all report that they were well prepared or very well prepared to work as an RN. The survey was re-sent to 2012 graduates March 20, 2013. There were 2 additional responses. Those respondents mirrored earlier feedback.

• The post graduate employer survey was updated December, 2012 and reflects QSEN competencies and domains. Of the 14 surveys sent, 4 have been returned to date. Follow up activities included sending reminders and making calls to the facilities. Unfortunately, additional activities did not elicit further information. Alternative strategies for improved response will be discussed in early semester faculty meetings.

• Data generated by surveys will be utilized as part of curriculum revisions.

• A handbook for nonfaculty who supervise students was developed and has been distributed to facility staff. The Director, Assistant Director, or Instructor has visited each site at least twice each semester to evaluate and provide additional information as needed.

CCR 1426 Required Curriculum

• In May, 2013 the College of the Siskiyous Curriculum Committee approved a one unit increase for NURS 1542, Advanced Medical Surgical Nursing, currently 6.5 units. The approval for increase to 7.5 units has also been approved by the Chancellor’s office. The program is in process of completing documents for BRN approval of the minor curriculum change. Implementation will not occur until BRN provides notice of approval. Key content areas will be expanded and additional updates made to reflect evidence based and best nursing practices. Total units for the spring semester will be 12 if the change is approved by the board. Twelve units constitutes a full load for students and enables qualified students to receive full financial aid packages.

• Major curriculum revision discussions and planning began in spring, 2012 and will continue during the 2013-14 academic year. Fulltime faculty are required to attend curriculum meetings. Part time faculty are encouraged and paid to attend meetings.

• During the February, 2012 workshop, drafts of the philosophy statement, conceptual framework, and program outcomes were developed and threads
identified. These components have been discussed further in faculty meetings and there is agreement about final draft documents.

- During subsequent curriculum meetings, the course content and objectives for NURS 1031, Psychiatric/Community Health Nursing and the Program Outcomes were discussed, refined, and revised.
- During Fall, 2013 NURS 1032, Intermediate Medical Surgical Nursing and NURS 1542, Advanced Medical Surgical Nursing objectives, outcomes, and content will be reviewed, refined, revised, and leveled.
- A new Medical Surgical book, Medical Surgical Nursing, Assessment and Management of Clinical Problems: 8th Ed by Lewis, Dirkson, et al., was selected. There is consensus among students and faculty who participated in review of the newly chosen book. The new textbook presents information in a more concise and clear manner and more closely aligns with course content.
- A draft preliminary proposal for major curriculum revision, in process, will be submitted to the BRN education consultant for review by May, 2014 to ensure compliance with regulations. Anticipated submission to the college Curriculum Committee is Fall, 2014. Curriculum revision will include revision of the philosophy, updating of the conceptual framework, and consolidation of threads. Updating of course content for currency and alignment with evidence and best practices and NCLEX test plan and revision, refinement, and leveling of theory, clinical, and simulation objectives are planned. Once changes are approved by the Curriculum Committee and the Chancellor’s office, the major curriculum revision will be formally submitted to the BRN for approval. Implementation is planned for academic year 2015-16.

- Once Curriculum meetings are underway, students will be invited to attend. Elected student representatives will be invited to attend faculty meetings. The director will meet with all students twice each semester and on an as needed basis. Students complete evaluation tools at the conclusion of each course.
- Evaluation tools for courses, the program, and faculty were revised in Spring, 2013. Evaluation results have been reviewed with individual faculty across the program and are being discussed in faculty meetings. Action items, in response to findings, are being explored.
- ATI proctored test results for 2013 will be reviewed and analyzed during Fall, 2013 faculty meetings. Results of the analysis will be part of the curriculum revision decisions, teaching strategies and focus.
- On August 14, 2013, an all day faculty meeting/workshop was held. Utilization of Scantron in item analysis was presented. Handbooks and orientation materials were distributed and reviewed. Goals for the academic year were established and include utilization of test blueprints. Student issues related to NCLEX results were discussed as well as any significant correlating information. Action items were explored. In particular, strategies for early identification of students at risk were discussed and identified and will be an agenda item for faculty meetings.
- Ongoing faculty development is encouraged and funds are earmarked through 2014-15. In the past six months, one faculty member completed the Hartford
Institute for Geriatric Nursing 30 contact hour online program and another completed remediation activities for approval as a pediatric instructor. Other faculty are hoping to complete the NCSBN 30 contact hour online test construction program during the fall.

- Under the direction of the Nursing Program Director, Mrs. Duell, the Nursing Consultant, will continue to assess faculty teaching techniques in both theory and clinical through at least December, 2013. During the week of March 18, 2013 she visited all faculty at clinical sites and during theory classes to determine areas where education should take place. Based on findings to date, recommendations were made for additional educational offerings and faculty activities including use of Scantron, enhanced test construction, and consistency in clinical evaluation. Recommendations were distributed and discussed with faculty during the August 14, 2013 meeting in the context of improved student outcomes.

- NCLEX Results indicated a pass rate of 88.46% for July 1, 2012 to June 30, 2013. Twenty six applicants took the test; on first attempt 23 passed. Attrition rate for 2012-13 was 7%. One student who withdrew has enrolled for 2013-14.

RECOMMENDATIONS:

- Faculty meeting agendas and discussions routinely address components of the program annual plan.
- Director and Assistant Director job descriptions and organization charts were changed to reflect organizational leadership. Mrs. Laiacona attends weekly meetings on the Weed Campus. The Vice Presidents of Instruction and Operations, Dr South and Mr Thomason, hold weekly meetings with all available faculty and staff on the Yreka site.
- There is ongoing faculty development activity as previously noted.
- Complaint and grievance tracking systems have been established in the nursing office.
- Curriculum revision and updates are occurring as previously noted.
- RN leadership opportunities have been developed at local sites and implemented after approval by the NEC. Feedback from students and sites is positive.
- The need for preceptorships has been discussed at regional clinical planning sessions. Exploration of opportunities will be ongoing.
- ATI has been discussed in faculty meetings and changes made to increase student utilization across the curriculum. A faculty member coordinates, in collaboration with theory instructors, all scheduling to ensure utilization at appropriate times during the year. Student remediation activities are required.
- Simulation activities occur weekly, integrate theory and clinical objectives, and include current and best clinical practices such as utilization of bed side reports, required demonstration of national patient safety goals compliance, and delegation and prioritization strategies.
• Clinical evaluation tools were evaluated and revised during the 2012-13 academic year and are utilized by all full and part time faculty across the curriculum.

Respectfully Submitted by:
Janis Laiacona, MSN, RN
College of the Siskiyous
Interim Nursing Program Director

Attachments:
• Chart A-College of the Siskiyous Organizational Chart
• Addendum A-Instructional Schedule for academic years 2013-14 and 2014-15
College of the Siskiyous

Chart A

CEO/President

Exec Vice President/ Administration

Asst. Dean, CTE

Asst. Dean, RHS/Yreka

Asst. Dean, Student Success

Dean, CTE

Dean, RHS/Yreka

Academic Management & TDA

Athletic/ Kinesthetics

Director

Director IT

Director Student Life

Director Foundation

Director Planning, Assessment & Research

Director Human Resources

Director Instructional Services

Director Fiscal Services/ Controller

Director Maint, Operations & Transportation
### Nursing Class Schedule by Semester

**Administration Beginning August 2013**

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Position</th>
<th>Hours/Week</th>
<th>Load</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laiacona</td>
<td>Director 75% (+25% LVN Director)</td>
<td>30 hr/wk</td>
<td>11.25</td>
<td>0.75</td>
</tr>
<tr>
<td>Brownell</td>
<td>AD 50%</td>
<td>18 hr/wk</td>
<td>7.5</td>
<td>0.50</td>
</tr>
<tr>
<td>Duell</td>
<td>AD</td>
<td>As needed</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Joan Bestor</td>
<td>AD/Redding</td>
<td>As needed</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>11.25</td>
<td>0.75</td>
</tr>
</tbody>
</table>

### Summer Transition (6 Weeks) 2013 and 2014

**LVN-RN Step-Up Role Transition, NURS 1021, 3 units**

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Course</th>
<th>Hours</th>
<th>Load</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Busk</td>
<td>Theory (36 hrs)</td>
<td>6.3</td>
<td>0.42</td>
<td></td>
</tr>
<tr>
<td>Butler, Harmse, Busk</td>
<td>Sim/Skills (54 hrs x 3 instructors)</td>
<td>6.3</td>
<td>0.42</td>
<td></td>
</tr>
<tr>
<td>Additional Clinical Faculty-Bravo</td>
<td></td>
<td>5</td>
<td>0.33</td>
<td></td>
</tr>
<tr>
<td><strong>Total for Course</strong></td>
<td></td>
<td>13.5</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td><strong>Total for Semester</strong></td>
<td></td>
<td>13.5</td>
<td>0.88</td>
<td></td>
</tr>
</tbody>
</table>

### Fall Semester 2013 and 14

**Community Mental Health Nursing, NURS 1031, 5.5 units**

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Course</th>
<th>Hours/sem</th>
<th>Load</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brownell</td>
<td>Theory Mental Health &amp; Geriatric Nursing</td>
<td>3</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>Brownell</td>
<td>SimLab</td>
<td>3</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>Brownell</td>
<td>Clinical</td>
<td>2.4</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Bravo</td>
<td>SimLab</td>
<td>3.5</td>
<td>0.23</td>
<td></td>
</tr>
<tr>
<td><strong>Total for Course</strong></td>
<td></td>
<td>11</td>
<td>.73</td>
<td></td>
</tr>
</tbody>
</table>

**Intermediate Medical Surgical Nursing, NURS 1032, 6.5 units**

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Course</th>
<th>Hours/sem</th>
<th>Load</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Busk</td>
<td>Theory Med/Surg</td>
<td>3</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>Busk</td>
<td>Sim Lab</td>
<td>2.1</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>Busk</td>
<td>Clinical</td>
<td>9.9</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td>New F/T (Hauptman adjunct)</td>
<td>Clinical</td>
<td>9.9</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td>Bravo</td>
<td>Sim Lab</td>
<td>4.2</td>
<td>2.80</td>
<td></td>
</tr>
<tr>
<td><strong>Total for Course</strong></td>
<td></td>
<td>29.1</td>
<td>1.94</td>
<td></td>
</tr>
<tr>
<td><strong>Total for Semester</strong></td>
<td></td>
<td>2.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Summer and Fall</strong></td>
<td></td>
<td>3.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Description</td>
<td>Theory</td>
<td>Hours/semester</td>
<td>Credits</td>
<td>Total Credits</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------</td>
<td>----------------</td>
<td>---------</td>
<td>---------------</td>
</tr>
<tr>
<td>Spring Semester 2014 Advanced Maternal Child Nursing, NURS 1541 4.5 units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New F/T (Wilson if no one hired)</td>
<td>Theory Adv Mat/Child</td>
<td>36 hr/sem</td>
<td>2</td>
<td>0.13</td>
</tr>
<tr>
<td>New F/T (Wilson if full time not identified)</td>
<td>Sim Lab</td>
<td>54 hr/sem</td>
<td>2.1</td>
<td>0.14</td>
</tr>
<tr>
<td>New F/T (Remley if full time not identified)</td>
<td>Clinical</td>
<td>255 hr/sem</td>
<td>9.9</td>
<td>0.66</td>
</tr>
<tr>
<td>Bravo</td>
<td>Sim Lab</td>
<td>90 hr/sem</td>
<td>3.5</td>
<td>0.23</td>
</tr>
<tr>
<td><strong>Total for Course</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>17.5</strong></td>
</tr>
<tr>
<td>Advanced Medical Surgical Nursing, NURS 1542 6.5 Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Busk</td>
<td>Theory Adv Med/Surg</td>
<td>54 hr/sem</td>
<td>3</td>
<td>0.20</td>
</tr>
<tr>
<td>Busk</td>
<td>Sim Lab</td>
<td>54 hr/sem</td>
<td>2.1</td>
<td>0.14</td>
</tr>
<tr>
<td>Busk</td>
<td>Clinical</td>
<td>255 hr/sem</td>
<td>9.9</td>
<td>0.66</td>
</tr>
<tr>
<td>New F/T</td>
<td>Clinical</td>
<td>255 hr/sem</td>
<td>9.9</td>
<td>0.66</td>
</tr>
<tr>
<td>Bravo</td>
<td>Sim Lab</td>
<td>104 hr/sem</td>
<td>4.2</td>
<td>0.28</td>
</tr>
<tr>
<td><strong>Total for Course</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>25.1</strong></td>
</tr>
<tr>
<td><strong>Total for Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.1</strong></td>
</tr>
</tbody>
</table>
AGENDA ITEM:  7.2.6  
DATE:  October 1, 2013

ACTION REQUESTED:  Continue Approval for Copper Mountain College (CMC) 
Associate Degree Nursing Program

REQUESTED BY:  Leslie A. Moody, Nursing Education Consultant

BACKGROUND:  Ms. Christi Blauwkamp, MSN, was appointed interim program 
director in January 2012 and then program director in June 2012.  Ms. Leann Matlin, MSN, is the 
assistant program director.

A regularly scheduled continuing approval visit was conducted on April 3-4, 2013, by Leslie A. 
Moody, Nursing Education Consultant, and Miyo Minato, Supervising Nursing Education 
Consultant.  The program was found to be in compliance with BRN regulations.  There were two 
recommendations written pertaining to Section 1424(b)(1)  Total Program Evaluation and Section 
1426(f)  Clinical Evaluation Tools.  A corrective plan of action has been submitted that identifies 
measures that will be taken to improve both of these items.

CMC is a small rural WASC accredited single-college district.  As the only local college offering 
predicensure RN education, this two-year ADN program is a key resource for meeting RN staffing 
needs of the area’s acute, long-term and outpatient healthcare facilities.  The local healthcare 
district which includes an acute hospital, subacute, SNF, behavioral health, home health and other 
services is a primary partner with the program, providing a large portion of the clinical placements 
for CMC students and currently developing an RN new graduate internship program for Summer 
2013 implementation.  The nursing program director also participates in a collaborative with the two 
nearest colleges (approximately 50 miles distant) that also offer predicensure programs (one ADN 
and one BSN) to coordinate clinical placements opportunities at other regional medical facilities for 
additional clinical placements opportunities, and to ensure that the program’s curriculum provides 
seamless transition for program graduates’ entry into the CSU RN-BSN program.

BRN approval for the predicensure program was granted in February 2005 and the program 
admitted the first cohort in August 2005.  Twenty-four generic students are admitted every Fall 
semester and up to eight advanced placement students, usually VN-RN, are admitted every Spring 
semester.  Total program enrollment at the time of visit was forty-four students, twenty-four first 
year and twenty-one second year who will graduate in May 2013.

NECs met with Dr. Wei Zhou, VP of Academic Services, who identified the primary goal for the 
program is continuing to ensure program quality to produce the best quality nurses.  There are no 
plans for change to enrollment numbers or pattern in the near future.  The program currently has 
one full-time faculty vacancy and two full-time faculty positions supported by grant funds.
Challenges to faculty recruitment include the remoteness of location and salaries that are below those of nursing service positions. These obstacles are being overcome by college administration’s active support of faculty development in a “grow your own” approach for existing faculty who are working to obtain advanced degrees and expanded expertise. The college also supports faculty by paying both full-time faculty and part-time faculty for attendance at monthly faculty meetings and an additional ten hours of faculty inservice each semester. The hiring process for a new full-time faculty is currently in the final stage of offer to the selected candidate to fill a vacancy, and Dr. Zhou also confirmed that alternative college funding would be utilized for ongoing support of the two full-time faculty positions currently financed by grant funds, thus ensuring a minimum ongoing total full-time program faculty of at least five full-time instructional faculty. Other program resources are adequate to support program delivery and student learning needs, and include newly updated student computers, contemporary full age range hi and mid-fidelity simulation mannequins, a recently expanded skills lab space and recently expanded and well-equipped college library.

Full-time and part-time faculty attended a meeting with NECs where they expressed strong commitment to program and student success. The faculty plan to begin a major curriculum review/revision under the guidance of a well-known expert, and this project will be supported by grant funds.

Meetings were held with first and second year students, who all expressed general satisfaction with program, citing open access to and support from faculty and program director as strengths. Although first year students found the Assessment Technologies Institute (ATI) learning assignments to be very useful, second year students expressed that ATI materials are not always well connected to other assigned reading and instructional activities. This input was shared with faculty. Acute care hospital, subacute and long-term care clinical facilities were visited. Second semester students were observed in the clinical setting at an adult respiratory subacute unit where they were actively involved in learning activities consistent with their current nursing course objectives.

NCLEX-RN outcomes have been consistently above minimum required threshold:
2007-08 75.76%; 2008-09 84.21%; 2009-10 75.86%; 2010-11 80.00%; 2011-12 90.48%.

This program is being conducted in accordance with BRN regulations, and is meeting the expectations of students and the community.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd Nursing Education Consultant (760) 369-3170
REPORT OF FINDINGS
COPPER MOUNTAIN COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
CONTINUING APPROVAL VISIT
April 3-4, 2013

NON-COMPLIANCE: None.

RECOMMENDATIONS:

SECTION 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

Refine the total program evaluation plan to ensure a systematic process that includes evaluation of success following implementation of interventions.

SECTION 1426(f) The program shall have tools to evaluate a student’s academic progress, performance, and clinical learning experiences that are directly related to course objectives.

Refine content and format of clinical evaluation tools to more closely align with clinical objectives as presented in course syllabi.
## APPROVAL CRITERIA

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Non-Compliance</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

### SECTION 1: PROGRAM DIRECTOR / ASSISTANT

**DIRECTOR**

**SECTION 1425(a)** The director of the program shall meet the following minimum qualifications:

1. A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
2. One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);
3. Two (2) year's experience teaching in pre- or post-licensure nursing programs; and
4. One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or
5. Equivalent experience and/or education as determined by the board.

Christi Blauwkamp was appointed program director 06/02/2012 following receipt of BRN approval and prior to that served as assistant director and full-time faculty. MSN 2009 Walden University, Baltimore, Maryland

Assistant program director Copper Mountain College 8/2010-6/2012.

Full-time faculty Copper Mountain College 11/2009-6/2012.


**SECTION 1425(b)** The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above or such experience as the board determines to be equivalent.

LeAnn Matlin, RN, MSN, is the assistant director and was BRN approved prior to her appointment in April 2012.

**SECTION 1424(e)** The director and the assistant director shall dedicate sufficient time for the administration of the program.

The director position is 100% release time for administrative duties and the assistant director position is 33.34% release time to assist the director.
<table>
<thead>
<tr>
<th>APPROVAL CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION 1424(f)</strong> The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director’s duties in the director’s absence.</td>
</tr>
<tr>
<td>Compliance</td>
</tr>
<tr>
<td>COMMENTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SECTION 2: TOTAL PROGRAM EVALUATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION 1424(b)</strong> The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.</td>
</tr>
<tr>
<td>Compliance</td>
</tr>
<tr>
<td>COMMENTS</td>
</tr>
</tbody>
</table>

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

| Compliance | X |
| COMMENTS | The program has a written plan for evaluation of the total program and regular meetings are held to evaluate data and develop solutions where indicated. Annual advisory meetings are held that include attendance by community partners as well as other stakeholders, and written surveys are distributed to evaluate the performance of graduates in meeting community needs. The cycle of monitoring improvement does not consistently include evaluation of success following implementation of interventions. **Recommendation:** Refine the total program evaluation plan to ensure a systematic process that includes evaluation of success following implementation of interventions. |

**SECTION 1424(b)** (2) The program shall have a procedure for resolving student grievances.

| Compliance | X |
| COMMENTS | The Student Nurse Handbook and the Faculty Handbook contain policies that describe the process for departmental management of complaints as well as the college's formal process for filing a grievance. |

| **SECTION 1424 (c)** There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies. |
| Compliance | X |
| COMMENTS | An organizational chart depicts relationships and lines of authority within the nursing program and in relationship to the overall college administrative structure. |
## SECTION 3: SUFFICIENCY OF RESOURCES

### SECTION 1424(d)
The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Non-Compliance</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty: The program currently has five full-time faculty (3 Instructor; 2 Assistant Instructor) positions filled, one of which is the program director who does not take a regular teaching assignment and one that is 30% release time to serve as assistant program director. There is one additional FT faculty position recently vacated that is in process of being filled and the program is awaiting response having made an offer to the selected candidate. If this candidate does not accept the full-time position, the program will resume the recruitment/hiring process to fill the vacancy as expeditiously as possible. Two of the full-time faculty positions are currently grant funded. Dr. Wei Zhou, VP of Academic Affairs assured that alternative funding will support continuance of these positions in the event grant funds become unavailable. The program has nine part-time faculty (3 Instructor, 4 Assistant Instructor, 2 CTA). There are qualified instructor level approved faculty for all five content areas, with full-time faculty for M/S, G and P/MH, and part-time faculty for O and C. One full-time faculty will complete a master's degree in Summer 2013 and be reclassified as instructor and a second full-time faculty assistant instructor will be reclassified as Instructor at the end of the Spring term as teaching experience is acquired, which will result in all full-time faculty approved at instructor level with master's degree.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library: Adequate resources are available in the physical library as well as online which students can access from remote locations. Library staff provide orientation and inservice to students regarding utilization of library services such as accessing medical databases, writing and research assistance. The librarian collaborates with nursing faculty to identify necessary resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff: One full-time program assistant provides administrative support for the program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Services: Grant funds support a Tutoring/Faculty Advisor program for early</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
identification of at-risk students and intervention including referral to other resources. The college Student Success Center provides 1:1 peer tutoring and support for math and English skills. The college student services office provides an admission counselor with expertise specific to nursing, and also provides student support for financial aid, veteran’s services, students with disabilities and other needs. Technical support is provided to the department and students by the college’s Information Services Department. Grant funds provide NCLEX-RN review program for students.

Physical Space: Additional lab space has recently been added and the existing lab remodeled with addition of computers and other equipment to improve simulation of the hospital environment. The program director and faculty have offices located near the dedicated nursing classroom and skills labs. Classroom space is adequate.

Skills/Sim Lab: A full-time faculty member serves as the Nursing Resource Lab Coordinator and also has a teaching assignment. This position is given 20% release time for administrative and maintenance duties related to skills lab. There are two skills/sim labs that are appropriately equipped and supplied.

Equipment/Technology: The program recently purchased new laptop computers, and added a streaming video library and electronic healthcare record software for each student.
### SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS

#### SECTION 1425
All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, “Faculty Qualifications and Changes Explanation of CCR 1425. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Non-Compliance</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>BRN signed approvals are on file for the program director, assistant director and faculty. Changes in faculty are routinely reported timely by the program with relevant documents submitted as required.</td>
</tr>
</tbody>
</table>

#### SECTION 1424(g)
Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Non-Compliance</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>Faculty attend regular meetings to review data and form action plans regarding policy/procedure, curriculum, program review, faculty hiring/recruitment, student admissions and other issues. Full-time faculty are required to attend. Part-time faculty are strongly encouraged to attend and grant funds are used to compensate them for their attendance which has increased participation. Minutes of all meetings are maintained.</td>
</tr>
</tbody>
</table>

#### SECTION 1424(h)
The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

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<tr>
<td>X</td>
<td></td>
<td>The program has adequate BRN faculty with more than one faculty approved for each content area. Evidence was reviewed to confirm that faculty have maintained current competence in their content specialty.</td>
</tr>
</tbody>
</table>
### SECTION 1424(j)

The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

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<tr>
<td>X</td>
<td></td>
<td>Supervisorial authority is described in job descriptions and by policy, and depicted in the organizational chart. The program director has authority to appoint the assistant director and participates in the process of faculty recruitment and hiring, with final decision-making authority over faculty assignments for nursing courses. The program director is a member of all program faculty evaluation committees, and is conferred responsibility for yearly fiscal planning of program resources, development of program policy/procedure, and planning, implementation and evaluation of all aspects of the program. Course lead instructors coordinate instructional activities with assistant instructors and clinical teaching assistants.</td>
</tr>
</tbody>
</table>

### SECTION 1425(c)

An instructor shall meet the following minimum qualifications:

1. The education requirements set forth in subsection (a) (1).
2. Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:
   
   A. One (1) year’s continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
   
   B. One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and

3. Completion of at least one (1) year’s experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

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<tr>
<td>X</td>
<td></td>
<td>All instructor level faculty meet qualifications requirements and are BRN approved.</td>
</tr>
</tbody>
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### SECTION 1425(d)

An assistant instructor shall meet the following minimum qualifications:

1. A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

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<tr>
<td>X</td>
<td></td>
<td>All assistant instructor level faculty meet qualifications requirements and are BRN approved.</td>
</tr>
</tbody>
</table>
(3) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:
(A) One (1) year’s continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.

X All CTA level faculty meet qualifications requirements and are BRN approved.

Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:
(1) A master’s degree in the designated nursing area; or
(2) A master’s degree that is not in the designated nursing area and shall:
(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

X Content experts are identified for Med/Surg, Geriatrics, Pediatrics and Mental Health/Psych. The faculty that has served for several years as the obstetrics content expert is resigning this semester. Obstetrics is only offered in the Fall semester. A plan is in place for an existing faculty member to be reclassified as instructor and also be designated as content expert for obstetrics when she completes her Master’s Degree in Summer 2013. In the interim period Ms. Kathleen Hudgins a BRN approved faculty qualified as content expert has been retained. Content experts are the lead faculty for their designated area, and responsible for guiding curriculum decisions and remediation of faculty as needed.

Content experts:
Med/Surg: Christi Blauwkamp, Dawn Page, Carol Scobie
Pediatrics: Carol Scobie
Mental Health/Psych: LeAnn Matlin, Patricia Ryan
Geriatrics: Dawn Page, Carol Scobie
Obstetrics: Kathleen Hudgins
Program documentation evidences current knowledge and competency of these designated content experts.
### Section 5: CURRICULUM

#### SECTION 1424(a)  
There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.

Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

#### SECTION 1425.1(a)  
Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

#### SECTION 1425.1(b)  
Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

#### SECTION 1425.1(d)  
Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

#### SECTION 1426(a)  
The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

#### SECTION 1426(b)  
The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2775, and to meet minimum competency standards of a registered nurse.

#### SECTION 1426(c)  
The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

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<tr>
<th>Course Area</th>
<th>Minimum Units</th>
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<tbody>
<tr>
<td>Nursing</td>
<td>37 (18.5 theory; 18.5 clinical)</td>
</tr>
<tr>
<td>Communication</td>
<td>6</td>
</tr>
<tr>
<td>Science</td>
<td>23</td>
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</table>

#### Comments

- The philosophy, conceptual framework/unifying theme, course and program and objectives and outcomes are presented in writing in the Student Nurse Handbook, the Faculty Handbook. Program and course learning Objectives and outcome expectations are presented in each individual course syllabus. The philosophy includes the required elements. The framework for the program applies the Neuman Systems Model, the nursing process and the NLN Roles of Practice, which are reflected in the learning objectives, evaluation tools and program outcome statements.

- Orientation of new faculty is addressed in the program’s Faculty Handbook and includes general college and nursing department orientation, and classroom and clinical orientation. Required orientation modules to be completed include the QSEN.

- Documentation of recent experience and continuing education provide evidence of faculty competence.

- Minor curriculum revisions were approved and implemented in 9/2009, 5/2009 and 9/2012. The program is delivered in adherence with the BRN approved curriculum.

- See 1424(a). The program additionally utilizes tools such as the NCSBN test plan and program specific Mountain Measurement NCLEX reports to guide review and updating of course content.

- Nursing: 37 (18.5 theory; 18.5 clinical)  
  Communication: 6  
  Science: 23  
  Total Units For Licensure: 66  
  Other Degree Requirements: 9-10
(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.

(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

Each nursing course has a clinical component that is conducted concurrently with the theory portion of the course. A passing grade for both components of the course must be achieved to achieve an overall passing grade – failure of either component requires repeat of both components of the course. All required functional dimensions and content are reflected in the course outcomes, learning objectives and content as presented in course syllabi.
### APPROVAL CRITERIA

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<tr>
<td>X</td>
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<td>All threads are evident in the curriculum components as presented in the program philosophy and course syllabi.</td>
</tr>
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</table>

#### SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.

1. Nursing process;
2. Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;
3. Physical, behavioral and social aspects of human development from birth through all age levels;
4. The knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
5. Communication skills including principles of oral, written and group communications;
6. Natural sciences including human anatomy, physiology and microbiology; and
7. Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.
## SECTION 1426.1 PRECEPTORSHIP

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:

1. Identification of criteria used for preceptor selection;
2. Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;
3. Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:
   A. An active, clear license issued by the board; and
   B. Clinically competent and meet the minimum qualifications specified in section 1425 (e);
   C. Employed by the health care agency for a minimum of one (1) year; and
   D. Completed a preceptor orientation program prior to serving as a preceptor;
   E. A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.
4. Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
   A. The frequency and method of faculty/preceptor/student contact;
   B. Availability of faculty and preceptor to the student during his or her preceptorship experience;
      1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
      2. Faculty is available to the preceptor and student

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The fourth semester terminal program course is preceptored and was BRN approved as part of the original program curriculum. Program policies and procedures for the preceptored experience are presented in the RN Program Preceptorship Handbook. Preceptor qualifications are verified prior to assignment and the program maintains files of that documentation as well as for all aspects of the preceptorship.
During the entire time the student is involved in the preceptorship learning activity.

(6) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;
(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.
(7) Plan for ongoing evaluation regarding the continued use of preceptors.
(c) Faculty/student ratio for preceptorship shall be based on the following criteria:
(1) Student/preceptor needs;
(2) Faculty’s ability to effectively supervise;
(3) Students’ assigned nursing area; and
(4) Agency/facility requirements.

SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
(6) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

SECTION 6: CLINICAL FACILITIES

The program curriculum is mapped using semester units and in accordance with the required formula.
### APPROVAL CRITERIA

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**SECTION 1425.1(c)** The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.  
- X

**SECTION 1424(i)** When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.  
- X  
  Preceptors paired with students for the terminal program course are non-faculty. The program conducts appropriate screening and maintains documentation on file. See section 1426.1.  

**SECTION 1427(a)** A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.  
- X  
  BRN signed approvals are on file for all clinical facilities utilized by the program.  

**SECTION 1427(b)** A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.  
- X  
  Learning objectives are provided in writing to the clinical facilities prior to the beginning of each rotation.  

**SECTION 1427(c)** Each such program shall maintain written agreements with such facilities and such agreements shall include the following:  
- X  
  The program’s agreement template contains all required elements. Fully executed current agreements are on file for all clinical facilities utilized by the program.  

1. Assurance of the availability and appropriateness of the learning environment in relation to the program’s written objectives;  
2. Provision for orientation of faculty and students;  
3. A specification of the responsibilities and authority of the facility’s staff as related to the program and to the educational experience of the students;  
4. Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;  
5. Provisions for continuing communication between the facility and the program; and  
6. A description of the responsibilities of faculty assigned to the facility utilized by the program.
<table>
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<tr>
<th>Approval Criteria</th>
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<th>Non-Compliance</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>SECTION 1427(d)</strong> In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.</td>
<td>X</td>
<td></td>
<td>This program participates in a collaborative with the other two area college RN programs to coordinate clinical rotation schedules in regional clinical facilities used mutually by all of the programs.</td>
</tr>
<tr>
<td><strong>SECTION 1424(k)</strong> The student/teacher ratio in the clinical setting shall be based on the following criteria:</td>
<td>X</td>
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<tr>
<td>1) Acuity of patient needs;</td>
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<td>2) Objectives of the learning experience;</td>
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<td>3) Class level of the students;</td>
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<tr>
<td>4) Geographic placement of students;</td>
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<tr>
<td>5) Teaching methods; and</td>
<td></td>
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<tr>
<td>6) Requirements established by the clinical agency.</td>
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<td></td>
<td>There are evaluation tools and grading methodologies described in each course syllabus. The terminology for performance categories and wording of evaluation parameters is sometimes inconsistent between the objective/outcome statements in the syllabus and the performance criteria on the clinical evaluation tools. <strong>Recommendation:</strong> Refine content and format of clinical evaluation tools to more closely align with clinical objectives as presented in course syllabi.</td>
</tr>
<tr>
<td><strong>SECTION 1426(f)</strong> The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.</td>
<td>X</td>
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<tr>
<td><strong>SECTION 7: STUDENT PARTICIPATION</strong></td>
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<td>Each admitted cohort elects a class council. Student representatives attend faculty meetings and a faculty member attends all student council meetings, where curriculum, program and other concerns are discussed. Students complete anonymous surveys upon completion of each course and the program, and this data is reviewed to determine the need for program revisions.</td>
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<td><strong>SECTION 1428</strong> Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</td>
<td>X</td>
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<tr>
<td>(a) Philosophy and objectives;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Learning experience; and</td>
<td></td>
<td></td>
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<td>(c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.</td>
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### SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS

#### SECTION 1429(a)
An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

The VN 30 unit Option curriculum plan is presented in the BRN approved program curriculum document EDP-P-06. One student completed the program under this option - there are no currently enrolled VN 30 Unit Option students.

#### SECTION 1429(b)
The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

The college counselor and the program director provide appropriate objective counseling for this option. Print materials are available to prospective students on the college website and in print.

#### SECTION 1429(c)
The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may be fulfill the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.

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EDP-S-08 CONSULTANT APPROVAL REPORT FOR: COPER MOUNTAIN COLLEGE ASSOCIATE DEGREE NURSING PROGRAM
REV. 9/12 DATES OF VISIT: APRIL 3-4, 2013 LESLIE A. MOODY, NEC; MIYO MINATO, SNEC

6.11 PAGE 15 of 15
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

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<td>X</td>
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<td>Content is evident in nursing course syllabi.</td>
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### SECTION 9: PREVIOUS EDUCATION CREDIT

**SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

Processes are described in the college catalogue which is available in print and online at the college’s website, in the Student Nurse Handbook and in the program’s Faculty Handbook.

### SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD

**SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.

NCLEX-RN outcomes have been consistently above required minimum threshold.

- 2007-08 75.76% (25 passed/ 33 taken)
- 2008-09 84.21% (16/19)
- 2009-10 75.86% (22/29)
- 2010-11 80.00% (28/35)
- 2011-12 90.48% (19/21)
- 2012-13 1st two quarters 80% (20/25)
May 28, 2013

Leslie Moody, RN, MSN, MAEd  
Miyo Minato, MN, RN  
California Board of Registered Nursing  
1747 N. Market Blvd., Suite 150  
Sacramento, CA 95834

Subject: Progress Report and Recommendations from the April 3/4, 2013, BRN Site Visit

Dear Ms. Moody and Ms. Minato:

Following are responses to the Progress Report and Recommendations from the April, 2013, Continuing Approval Visit:

**Recommendation #1 Section 1424(b)(1) TPE**  
Refine the total program evaluation plan to ensure a systematic process that includes evaluation of success following implementation of interventions

Plan of Action:  
The faculty will be convening on August 12, 2013 to discuss, write and implement a schedule to ensure that interventions implemented as a result of the Total Program Evaluation (TPE) be reevaluated on a systematic and progressive schedule. This process will follow items and times which are identified in the Program’s TPE Schedule. Addressing the need for reevaluation of proposed recommendations and those implemented will follow the same procedure, thus “closing the loop” in evaluating the TPE of the Registered Nursing Program at Copper Mountain College.

**Recommendation #2 Section 1426(f)**  
Refine content and format of clinical evaluation tools to more closely align with clinical objectives as presented in course syllabi.

Plan of Action:
The RN Program has elected to commence with a major curriculum review and revision and has retained the services of Donna Ignatavicius as the Program's consultant. The clinical evaluation tools will be rewritten during this process. The Program and the faculty are committed to complete this process for implementation in Fall 2014. It should also be noted that as of May 1, 2013, Christi Blauwkamp, Director of the RN Program, has initiated the process of establishing a direct line of communication after being selected to be a member of the Curriculum and CTRAC Committees at CMC. This will give the Program an added advantage of ensuring that required documents and items meet specific deadlines.

**Progress Report: identifying the need for an additional full-time faculty.** Carol Scobie RN, MSN, has accepted a full-time tenure track position with the Program. The College received
signed documentation on April 11, 2013. This fills the vacancy due to a faculty resignation in January, 2013, and, thus, meets the required number of full-time faculty per BRN requirements.

I trust this information adequately addresses the recommendations from the April, 2013, Continuing Approval Visit. Please feel free to contact me in the event you require any additional information.

Sincerely,

Christi Blauwkamp RN MSN

Christi Blauwkamp RN MSN
Director/Coordinator
Registered Nursing Program
Copper Mountain College
760-366-3791 ext. 0299
cblauwkamp@cmccd.edu
AGENDA ITEM: 7.2.7  
DATE: October 1, 2013

ACTION REQUESTED: Continue Approval for Saddleback College Associate Degree Nursing Program

REQUESTED BY: Carol Mackay, Nursing Education Consultant

BACKGROUND: Ms. Tamera Rice, MSN, RN, CNE has been Director of Nursing, Assistant Dean in the Division of Health Sciences and Human Services since 9/10/2001. The two Assistant Directors are: Jennifer Forouzesh, MSN, RN, FNP, and Diane Pestolesi, MSN, RN, CCRN, CNE.

A regularly scheduled continuing approval visit was conducted on April 3-4, 2013 by Carol Mackay, Nursing Education Consultant. The program was found to be in compliance with BRN regulations. There were two recommendations written pertaining to Section 1424(d) staff resources and Section 1424(g) course syllabi. A corrective plan of action has been submitted that describes the actions that will be taken to correct both of these items.

In January 2005, the nursing program moved from portable housing to a new Health Science building. Nursing faculty, staff offices, classroom space and the skills, simulation and computer labs are all housed in this state-of-the-art building.

Saddleback College admits 60 nursing students each semester. The faculty is adequate in number and type to implement a quality nursing program. There are 16 full-time and ten part-time faculty. Since the BRN Interim Visit in 2009, there have been eight full-time faculty retirements and one full-time faculty resignation. Eight full-time faculty have been hired in the past three years. There is a formal orientation to the nursing program for both full-time and part-time faculty.

Saddleback College (SC) Nursing Program is fortunate to have sufficient resources to achieve program objectives. Saddleback College and the Southern California Community College District, unlike most community college districts across the state, are funded by what is referred to as “Basic Aid”. This funding source is derived from property tax revenue. Although budgetary constraints at the State of California level have been significant for most community colleges, basic aid apportionment has made the impact at SC less severe.

Saddleback College also benefits from an extremely dedicated nursing program director that is tirelessly committed to student, faculty and program success. Since 2004, approximately $5,000,000 in grants and scholarships have been acquired to augment the program budget and support student success.

The SC nursing program has outstanding support from the division, college and district
administration to replace faculty when they retire, and to solicit grant funds to support student and program success.

Another major strength of the program is the nursing faculty. They are knowledgeable regarding current standards of both nursing practice and nursing education. They respond to both student input and the changes in health care by continually updating and revising the curriculum. Future faculty plans include writing a summary of the nursing program’s curriculum model with a definition of nursing process.

The SC nursing program has an outstanding reputation in the local health care community and program graduates are in demand by local health care employers.

NCLEX-RN outcomes are consistently well above the minimum required threshold:
2008-2009 – 95.58% (n-113)
2009-2010 – 99.07% (n-107)
2010-2011 – 94.29% (n-105)
2011-2012 – 93.55% (n-124)
2012-2013 (through December 2012)- 100% (n-29)

The Saddleback College Nursing Program is being conducted in accordance with the BRN regulations, and the staff recommendation is continued approval.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Carol Mackay, MN, RN
Nursing Education Consultant
(760) 583-7844
REPORT OF FINDINGS

Saddleback College
Associate Degree Nursing Program
April 3&4, 2013

NONCOMPLIANCE

None

RECOMMENDATIONS

SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to implement the program’s objectives.

Establish sustainable, institutional funding for the simulation technician position to insure ongoing student instruction supporting patient safety.

Section 1424(g) Faculty members shall have the primary responsibility for developing policies and procedure, planning, organizing, implementing and evaluating all aspects of the program.

Streamline material in course syllabi and on Blackboard to essential content necessary for student success in the course.

Establish a template for course syllabi across the curriculum.
## SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR

**SECTION 1425(a)** The director of the program shall meet the following minimum qualifications:

1. A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
2. One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);
3. Two (2) year's experience teaching in pre- or post-licensure nursing programs; and
4. One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or
5. Equivalent experience and/or education as determined by the board.

**SECTION 1425(b)** The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above or such experience as the board determines to be equivalent.

**SECTION 1424(e)** The director and the assistant director shall dedicate sufficient time for the administration of the program.

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<td>X</td>
<td></td>
<td>Ms. Tamera Rice, MSN, RN, CNE has been Director of Nursing, Assistant Dean, Health Sciences, Human Services since 9/10/2001.</td>
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<td>X</td>
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<td>The two Assistant Directors are: Jennifer Forouzesh, MSN, RN, FNP appointed 6/1999; and, Diane Pestolesi, MSN, RN, CCRN, CNE appointed 9/28/2006.</td>
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<td>X</td>
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<td>The director/ associate dean position is a 100% administrative position. Both Assistant Directors have full time teaching responsibilities. They receive a stipend for their assistant director responsibilities (100 hours shared per semester).</td>
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### APPROVAL CRITERIA

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<tbody>
<tr>
<td>SECTION 1424(f)</td>
<td>X</td>
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<td>Both of the assistant directors are knowledgeable regarding the director's role. Each has at one time served as director or interim director of the program.</td>
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### SECTION 2: TOTAL PROGRAM EVALUATION

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<td>SECTION 1424(b)(1)</td>
<td>X</td>
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<td>Written policies and procedures are available in the ADN Student Handbook and the general college catalogue.</td>
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<td>A comprehensive evaluation plan is in place for ongoing program improvement. A new multi-criteria admission process was implemented in 2011. From 2009-2010 to 2011-2012, program attrition decreased from 18% to 6.5%.</td>
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<td>Since the 2009 Interim Visit, the nursing program has had two student grievances; one grade and one instructional grievance. Both were denied.</td>
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<td>The program's organizational charts reflect all BRN requirements.</td>
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(1) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.

SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.
SECTION 3: SUFFICIENCY OF RESOURCES

SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

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Faculty: 16 full-time and ten part-time. Since the Interim Visit in 2009, there have been eight FT faculty retirements and one FT faculty resignation. Eight FT faculty have been hired in the past three years.

Library: In addition to the full library services available on the campus and the 24/7 electronic library access, a small library of current nursing texts is available in the nursing building.

Staff and Support Services: One FT senior administrative assistant, one administrative assistant, and two PT administrative assistants who are shared with other programs.

Case Manager for Fostering Student Success: From 2005-2010 a Fostering Student Success Grant was in place to identify, counsel, and mentor at-risk students. Currently, a grant supports a PT case manager position for 100 hours per semester, and several faculty volunteer approximately 40 hours each semester for advising.

Physical Space: In January 2005, the nursing program moved into a state-of-the-art Health Sciences building which houses the faculty offices, the skills and simulation labs, and classroom space.

Equipment and Technology: Learning resources and technology are continually updated and improved to achieve the program objectives. There are two Skills Labs: one of these equips 11 work stations and two 18-person conference tables; the other primarily houses maternal child simulation materials. In 2010 a High-Fidelity Simulation Lab was designated. This space was remodeled in 2012.

Recommendation: Establish sustainable, institutional funding for the simulation technician position to insure ongoing student instruction supporting patient safety.
### SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS

**SECTION 1425** All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, “Faculty Qualifications and Changes Explanation of CCR 1425. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

- **Compliance**
- **Non-Compliance**

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<td>X</td>
<td>Approval forms are on file for all faculty, director, and assistant directors.</td>
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**SECTION 1424(g)** Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

- **Compliance**
- **Non-Compliance**

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<td>X</td>
<td>Faculty has primary responsibility for developing, reviewing and revising all dimensions of the program. The faculty uses the following committee structure for conducting its work: Nursing Curriculum; Emergency Cardiovascular Education; Enrollment Management; Nursing Resource; policy; and, CSNA Committees.</td>
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**Recommendation:** Streamline material in course syllabi and on Blackboard to essential content necessary for student success in the course. Establish a template for course syllabi across the curriculum.

**SECTION 1424(h)** The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

- **Compliance**
- **Non-Compliance**

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<td>X</td>
<td>Faculty are adequate in number and type – 16 full-time faculty and 10 part-time faculty – representing approval and competence in all of the five content areas.</td>
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APPROVAL CRITERIA

SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

SECTION 1425(c) An instructor shall meet the following minimum qualifications:

1. The education requirements set forth in subsection (a) (1).
2. Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:
   A. One (1) year’s continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
   B. One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and
3. Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:

1. A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

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<td>The assistant directors (AD) function under the direction of the director, as described in their job descriptions. A lead instructor is designated for each nursing course who is responsible for coordinating the activities of the teaching team.</td>
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<tr>
<td>X</td>
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<td>BRN approved instructors meet requirements.</td>
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<tr>
<td>X</td>
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<td>BRN approved assistant instructors meet requirements.</td>
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</table>
(3) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:

(A) One (1) year’s continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or

(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.

X

Clinical Teaching Assistants are not used in the program.

Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

(1) A master’s degree in the designated nursing area; or

(2) A master’s degree that is not in the designated nursing area and shall:

(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and

(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

X

The content expert duties include developing, reviewing and revising course content for the designated content area. A qualified content expert is assigned for each of the five content areas:

MS: Diane Pestolesi
O: Lorretta Niccola
P: Michelle Wolff
P/MH: Barbara Huggins
G: Margaret Huang

Section 5: CURRICULUM

SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.

X

The program has a written philosophy and program objectives that addresses all required elements.
Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

**SECTION 1425.1(a)** Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

-x- Lead instructors and clinical faculty meet regularly to ensure coordination of instruction.

**SECTION 1425.1(b)** Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

**SECTION 1425.1(d)** Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

**SECTION 1426(a)** The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

**SECTION 1426(b)** The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2775, and to meet minimum competency standards of a registered nurse.

-x- The curriculum is BRN approved and revisions have been submitted for approval prior to implementation as required.

**SECTION 1426(c)** The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

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(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

At the center of the Saddleback College Curriculum Model is Quality Centered Patient Care. The major concepts that frame the curriculum are: Nursing Process, Communication Skills, Safe Environment and Professional Role. The faculty plan to develop a written summary of its curriculum model including its definition of nursing process.

-x- Nursing: 40u (20.25 theory; 19.75 clinical)
Communication: 7u
Sciences: 16u
Total Units for Licensure: 63u
Total Units for Graduation: 73u
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.

(1) nursing process;
(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;
(3) physical, behavioral and social aspects of human development from birth through all age levels;
(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
(5) communication skills including principles of oral, written and group communications;
(6) natural sciences including human anatomy, physiology and microbiology;
and
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

The ADN curriculum does not include a separate Sociology course. Sociological concepts are integrated into the nursing courses.
SECTION 1426.1 PRECEPTORSHIP

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:

   (1) Identification of criteria used for preceptor selection;
   (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;
   (3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:
      (A) An active, clear license issued by the board; and
      (B) Clinically competent and meet the minimum qualifications specified in section 1425(e);
      (C) Employed by the health care agency for a minimum of one (1) year; and
      (D) Completed a preceptor orientation program prior to serving as a preceptor;
      (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.
   (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
      (A) The frequency and method of faculty/preceptor/student contact;
      (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
         (1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
         (2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

N 176 Advanced Nursing in the last semester includes a preceptorship component.

The Preceptor policies are described in the Preceptor Handbook.

The program verifies the status of the preceptor's license using the BRN web site.

Preceptors attend a preceptor workshop, or are oriented by clinical faculty.
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;
(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.
(7) Plan for ongoing evaluation regarding the continued use of preceptors.
(c) Faculty/student ratio for preceptorship shall be based on the following criteria:
   (1) Student/preceptor needs;
   (2) Faculty’s ability to effectively supervise;
   (3) Students’ assigned nursing area; and
   (4) Agency/facility requirements.

SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

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The curriculum is based on a 16.6 week semester. Clinical courses are implemented on a compressed calendar schedule.
Contact hours for theory and clinical instruction are in accord with the BRN formulas.
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<th>SECTION 6: CLINICAL FACILITIES</th>
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<td>SECTION 1425.1(c)</td>
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<td>SECTION 1424(i)</td>
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<td>SECTION 1427(a)</td>
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<td>SECTION 1427(c)</td>
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<td>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program’s written objectives;</td>
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<td>(2) Provision for orientation of faculty and students;</td>
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<td>(3) A specification of the responsibilities and authority of the facility’s staff as related to the program and to the educational experience of the students;</td>
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<td>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;</td>
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<td>(5) Provisions for continuing communication between the facility and the program; and</td>
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<td>All clinical facilities used by the program are BRN approved. A site visit was conducted to Mission Medical Center Hospital to meet with students in N 172 (MS) and N 174 (OB).</td>
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<td>Written learning objectives and other course material are available for staff on the nursing units where SC students are assigned.</td>
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<td>All elements are reflected in the written generic Clinical Affiliation Agreement and its Addendum.</td>
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SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30)
SEMESTER AND FORTY-FIVE (45) QUARTER UNITS

SECTION 1429(a) An applicant who is licensed in California as
a vocational nurse is eligible to apply for licensure as a
registered nurse if such applicant has successfully completed
the courses prescribed below and meets all the other
requirements set forth in Section 2736 of the Code. Such
applicant shall submit evidence to the board, including a
transcript of successful completion of the requirements set forth
in subsection (c) and of successful completion or challenge of
courses in physiology and microbiology comparable to such
courses required for licensure as a registered nurse.

There have been no 30-Unit Option students in the past
ten years. (SC admits 10 non-30 Unit Option LVN to
ADN students yearly.)

SECTION 1429(b) The school shall offer objective counseling
of this option and evaluate each licensed vocational nurse
applicant for admission to its registered nursing program on an
individual basis. A school's determination of the prerequisite
courses required of a licensed vocational nurse applicant shall
be based on an analysis of each applicant's academic
deficiencies, irrespective of the time such courses were taken.

LVNs applying to the nursing program are instructed to
make an appointment with the counselor in Counseling
Services to review college transcripts. The nursing
program offers LVN to RN guidance sessions three times
per semester.

SECTION 1429(c) The additional education required of
licensed vocational nurse applicants shall not exceed a
maximum of thirty (30) semester or forty-five (45) quarter units.
Courses required for vocational nurse licensure do not fulfill the
additional education requirement. However, other courses
comparable to those required for licensure as a registered
nurse, as specified in section 1426, may be fulfill the additional
education requirement.

The 30-Unit Option includes all required elements.

Nursing courses shall be taken in an approved nursing program
and shall be beyond courses equivalent to the first year of
professional nursing courses. The nursing content shall include
nursing intervention in acute, preventive, remedial, supportive,
rehabilitative and teaching aspects of nursing. Theory and
courses with concurrent clinical practice shall include advanced
medical-surgical, mental health, psychiatric nursing and geriatric
nursing.
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<td>The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.</td>
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<td><strong>SECTION 9: PREVIOUS EDUCATION CREDIT</strong></td>
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<td><strong>SECTION 1430</strong> An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.</td>
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<td><strong>SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD</strong></td>
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<td><strong>SECTION 1431</strong> The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.</td>
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<td>(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</td>
<td>X</td>
</tr>
<tr>
<td>(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.</td>
<td>N/A</td>
</tr>
<tr>
<td>(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

NCLEX Pass Rates First Time Candidates:
- 2008-2009 – 95.58% (n-113)
- 2009-2010 – 99.07% (n-107)
- 2010-2011 – 94.29% (n-105)
- 2011-2012 – 93.55% (n-124)
- 2012-2013 (through December 2012) – 100% (n-29)
BRN REPORT OF FINDINGS

Saddleback College
Associate Degree Nursing Program
August 14, 2013

RECOMMENDATIONS

1. SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to implement the program’s objectives.

   Establish sustainable, institutional funding for the simulation technician position to insure ongoing student instruction supporting patient safety.

   Action taken to address the recommendation, including time frame
   Fall 2012 a resource request was submitted for the hiring and institutionalization of the Health Science Sr. Laboratory full-time position. All college requested positions were sent to Vice Presidents from Instruction, Student Services and Administrative Services for review and ranking. Each branch then submitted their consolidated list of requests to the College Resource Committee (CRC). This BRN recommendation came on May 2, 2013 after the resource process began yet before the process was complete. The full time Sr. Laboratory Technician position will be included as part of the positions to be hired during the 2013-14 academic year.

   Rationale
   The current Annual Planning Prioritization & Resource Allocation Process includes guidelines for Prioritization (all levels) which includes:
   1. Health and Safety Issues will rise to the top
   2. Legal Mandates
   3. Directly related to the strategic plan
   4. Quantifiable/Evidence Based urgency
      a. Ramification if request not funded
      b. Availability of alternatives to meet the need
      c. Solutions previously attempted
   5. Opportunities to combine requests and/or share resources
   6. Sustainable support
   7. Impact/Numbers served

   The recommendation from the Board of Registered Nursing meets the guidelines for hiring this position.

2. Section 1424(g) Faculty members shall have the primary responsibility for developing policies and procedure, planning, organizing, implementing and evaluating all aspects of the program.
Streamline material in course syllabi and on Blackboard to essential content necessary for student success in the course.

Establish a template for course syllabi across the curriculum.

Actions to address recommendations

Syllabi: During the May 2013 Faculty meeting plans for managing these recommendations were discussed. Templates for the syllabi were discussed and one from the associate faculty resources was distributed. Faculty will work within their course teams to develop a syllabus following the template. This would be a team effort to develop and the standardized format would benefit the students.

Blackboard: The blackboard sites would be identical except in content. Tabs would be standardized and only essential references and information would be included. Students will be able to navigate sites from course to course

Time Frame
The templates for the syllabi will be completed by April 2014 and implemented in fall 2014. All redundant information would be removed.

This recommendation will be completed by May 30, 2014.

Respectfully Submitted,

Tamera Rice
Tamera Rice MSN, RN, CNE
Assistant Dean Health Sciences & Human Services
Nursing Program Director
Saddleback College
trice@saddleback.edu
ACTION REQUESTED: Continue approval of San Joaquin Valley College Associate Degree Nursing Program

REQUESTED BY: Kelly McHan, MPH, RN
Nursing Education Consultant

BACKGROUND: San Joaquin Valley College Associate Degree Nursing Program (SJVC) comes before the ELC for consideration of its approval status and for consideration of a major curriculum revision.

- Continuing approval was deferred by the Board on September 27, 2012 following two consecutive years with a substandard NCLEX pass rate (below 75% for first time test-takers). Currently, the program has sustained a substandard NCLEX pass rate for three consecutive years.

- In an effort to enhance student learning and improve outcomes, the program has submitted a proposal for a major curricular revision for its LVN to RN option. The curriculum revision is a separate agenda item. Please see Agenda Item 7.5 for the major curriculum revision proposal packet.

Janine Spencer, Ed.D., RN, has served as the program director since February 2008. Kathryn DeFede, M.S.N, RN, and Barbara Lund, M.S.N., RN, are assistant directors.

San Joaquin Valley College is a proprietary school accredited by the Accrediting Commission of Community and Junior Colleges/Western Association of Schools and Colleges. The executive office is located in Visalia and there are twelve campuses throughout California. The registered nursing program is located solely on the Visalia campus.

The college received initial Board approval for an accelerated LVN to RN program in December 2005. The program is accelerated in that there are not traditional academic breaks. Course hours are offered over twenty-week terms; the academic load for each term is equal to a 15-week semester. After completion of prerequisite courses, LVN to RN enrollees can complete the program in two terms.

In June 2008 the Board granted approval for the program to add a generic associate degree (ADN) option. The curriculum for the generic program is an adaption of the California Community College Chancellor’s Office ADN Curriculum Model. Some components of the original LVN to RN program were retained, including the scheduling of twenty-week terms. Eligible students can complete the generic ADN program in four twenty-week terms.

Deferred Approval Status
A regularly scheduled continuing approval visit was conducted on October 25 & 26, 2011, by Kelly McHan and Kay Weinkam, Nursing Education Consultants. At the time of the visit the NCLEX pass rate for the previous academic year was 53.95%. Please see the attached NCLEX report showing SJVC’s NCLEX pass rates for each year since the first LVN to RN graduates
completed the program in 2007. Findings included six areas of non-compliance: CCR 1431 NCEX-RN Pass Rate; CCR 1425 with reference to 1420(d), 1424(d) and 1424(h) Prior Approval of Faculty; CCR 1424(h) with reference to 1420(f) and 1425(f) Content Experts; CCR 1424 (1) Total Program Evaluation Plan; CCR 1427(a)(c)(d) Clinical Facilities; and CCR 1426.1(b)(1) and (2) with reference to 1424(d) Preceptorship. Three recommendations were made.

Four of the six areas of non-compliance were rapidly resolved with administrative oversight and correction of the items. The fifth item, the Total Program Evaluation Plan, required substantial corrective action, including an interim visit by this NEC conducted January 2012. With the program’s submission, in April 2012, of a comprehensive Total Program Evaluation Plan, the substandard NCLEX pass rate remained the sole regulatory non-compliance.

The November 2011 continuing approval visit was reported to the ELC on August 29, 2012. Board action at the September 27, 2012 Board meeting was “Defer Continuing Approval of San Joaquin Valley College Associate Degree Nursing Program.”

The program continued its NCLEX improvement action plan and submitted a progress report in November 2012. A follow-up interim visit to review the program’s implementation of the action plan was conducted in January 2013 by this NEC. Five recommendations related to CCR 1424 and 1426 were made and the NEC’s written progress report of the program’s actions for improvement was submitted to the ELC on March 6, 2013.

Substandard NCLEX Pass Rate
San Joaquin Valley College has sustained a substandard NCLEX pass rate for the past three consecutive academic years; 2010-2011, 2011-2012, and 2012-2013. The table below lists the pass rates for SJVC nursing program candidates along with the aggregate California and National rates for the same academic years.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Nationwide % Pass</th>
<th>California % Pass</th>
<th>SJVC % Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011</td>
<td>87.73</td>
<td>87.64</td>
<td>53.95</td>
</tr>
<tr>
<td>2011/2012</td>
<td>88.92</td>
<td>88.99</td>
<td>60.29</td>
</tr>
<tr>
<td>2012/2013</td>
<td>87.03</td>
<td>87.96</td>
<td>67.53</td>
</tr>
</tbody>
</table>

Factors Contributing to Poor Student Performance
Following commencement of the generic ADN program in 2008, SJVC continued to enroll eligible LVNs into exclusively LVN to RN cohorts. The program enrolls one generic ADN cohort each spring and one LVN cohort each winter with 36 students in each cohort.

In an effort to address the continuing substandard NCLEX pass rate, the program engaged in data collection and analysis of student performance, including input from faculty and students. The program’s internal data reveals that the NCLEX pass rate of LVN to RN graduates has adversely affected the school’s overall NCLEX pass rate, as illustrated in the table below.
NCLEX Pass Rate by Program Option Type

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>LVN to RN Option % Pass</th>
<th>Generic RN Option % Pass</th>
<th>All SJVC Graduates % Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1 – June 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/2011</td>
<td>54.28</td>
<td>53.85</td>
<td>53.95</td>
</tr>
<tr>
<td>2011/2012</td>
<td>52.5</td>
<td>79.3</td>
<td>60.29</td>
</tr>
<tr>
<td>2012/2013</td>
<td>61.8</td>
<td>79.41</td>
<td>67.53</td>
</tr>
</tbody>
</table>

The most recent graduates are a LVN to RN cohort and a generic RN cohort that graduated in November 2012. Sixty-eight of the seventy-one graduates sat for the NCLEX between November 2012 and June 2013. While the aggregate NCLEX pass rate for these graduates is 70.59%, the program has supplied its internal data showing that the pass rate for the generic RN option graduates is 79.3%.

The school submitted a progress report, received by the BRN 09-06-2013, showing the program’s analysis of factors contributing to the performance of LVN to RN option students throughout the program. The report, including changes the program has made since January 2012 to improve the overall program, is summarized below.

- Lack of foundational nursing theoretical concepts in LVN enrollees.
  - Student exam score data indicates that students in the LVN to RN “bridge” course do not possess basic nursing concepts at the level of corresponding generic RN students. During the NEC’s visit, program faculty also stated that as a group, students in LVN to RN option cohorts are deficient in basic Medical-Surgical knowledge and clinical skills. In order to ensure that future enrollees enter the program with the necessary foundational theoretical nursing concepts, the program changed the preadmission screening tool from the ATI Test of Essential Academic Skills to the ATI LVN Step Assessment; this preadmission screen assesses student comprehension and mastery of basic principles including adult medical surgical nursing, nursing care of children, management, fundamentals, pharmacology, nutrition, mental health, maternal newborn nursing, priority setting, and the nursing process.

- Admission policies
  - The minimum average GPA required for all prerequisites was raised from 2.0 to 2.5 in January 2013. The program does not require a minimum average GPA for prerequisite science courses and there is no policy limiting the number of repeats of prerequisite courses.
  - The program had not developed an admission policy related to the enrollment of LVNs who had challenged the VN board without completing a VN program. The progress report indicates that LVN students who challenged the VN board have consistently been unsuccessful in passing the NCLEX-RN. The college now has an admission policy requiring LVN applicants who cannot provide transcripts from a VN program to reach a score of 66.4 on the preadmission ATI LVN Step Assessment. In addition, these applicants must also achieve a score of 75% on a comprehensive exam taken from the first year curriculum of the generic RN option.
• Curriculum delivery
  o While class and clinical hours are identical between the two groups, curriculum delivery for LVN to RN students was designed to accommodate working students. For generic RN students, courses and clinical experiences are delivered over three week days. Classes for LVN to RN option students are delivered over two days of the week. LVN to RN option students attend all theory courses on Fridays, while these same courses are divided between two days of the week for generic RN option students.

• Grading Policy and Standards
  o The course grading standard required students to achieve 74% of total course points in order to pass courses and progress to the next term. Extra credit, written assignments, and quizzes, along with completion of ATI modules and remediation were factored into the course points. Effective January 2013, the grading policy was revised to require a minimum average score of 75% on exams. Points achieved from additional assignments are now added only after the student has achieved 75% average on course examinations.

• Student Employment and Residence Distance from the Campus
  o The RN program has identified that student employment while attending an accelerated nursing program is a contributing factor to poor student performance. The college’s Student Entrance Survey of the December 2011 LVN to RN option graduates showed that 23% of students planned to work 21-30 hours per week, while 45% planned to work more than 31 hours per week. The same survey for November 2012 graduates showed that 20% planned to work 21-30 hours per week and 33% planned to work 31 or more hours per week.
  o The program has also identified that the average commute for LVN to RN students is twice as far as the commute for generic RN students, with the 2011 and 2012 graduating LVN to RN cohorts commuting an average of 121-126 miles each way to attend the program. In contrast, the average commute for generic RN students is 58-68 miles each way.

In addition to the above specified changes already made, the program has reviewed and replaced various textbooks to support a more focused approach to clinical reasoning, improved student remediation methodologies, and provided faculty development resources.

The program has committed to provide significant resources for students who have not yet passed NCLEX. These include an open invitation for graduates to attend course lectures and skills labs, inviting graduates to attend upcoming Kaplan NCLEX reviews that are mandated for students, one-on-one tutoring with the director or a faculty member, use of campus resources in local areas, assistance with activation/reactivation of Virtual ATI or Kaplan NCLEX preparation programs, and financial reimbursement for completing the Virtual ATI NCLEX preparation program and waiting for the “green light” before taking NCLEX.

Currently enrolled generic RN option students include a group of 33 level two students expected to graduate in November 2013 and a group of 28 level one students expected to graduate in November 2014. One LVN to RN option cohort of 25 students is currently enrolled and will graduate in December 2013.
The school’s plans for upcoming enrollments include a LVN to RN option cohort in January 2013 with an expected graduation in November 2013, and a generic RN option cohort in April 2013 with an expected graduation in November 2014.

NEXT STEPS: Place on the Board Agenda.

FISCAL IMPACT, IF ANY: None.

PERSON TO CONTACT: Kelly McHan, MPH, RN  
Nursing Education Consultant  
(916) 574-7719
# NCLEX PASS RATES
## FIRST TIME CANDIDATES
### 2006-2014

San Joaquin Valley College

<table>
<thead>
<tr>
<th></th>
<th>JUL-SEP</th>
<th>OCT-DEC</th>
<th>JAN-MAR</th>
<th>APR-JUN</th>
<th>ANNUAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taken</td>
<td>Passed</td>
<td>Percent</td>
<td>Taken</td>
<td>Passed</td>
<td>Percent</td>
</tr>
<tr>
<td>2006-2007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2007-2008</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>12</td>
<td>85.71%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>83.33%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>24</td>
<td>21</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>17</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>50.00%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2012-2013</td>
<td>5</td>
<td>2</td>
<td>20</td>
<td>15</td>
<td>75.00%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

Thursday, September 12, 2013
Source: NCSBN G1-G6 Reports

G:\NEC\ACCESS\NCLEX Information.mdb
Sept. 6, 2013

Board of Registered Nursing
Educational Licensing Committee
P.O. Box 944210
Sacramento, CA 94244-2100

Educational Licensing Committee:

I am writing this letter to assure the Board of Registered Nursing that San Joaquin Valley College (SJVC) acknowledges the seriousness of its current situation regarding the sub-standard NCLEX pass rate and is making every effort to correct the factors that are contributing to this situation.

The Registered Nursing program at SJVC includes one cohort of generic RN students and one cohort of LVN-RN students. The NCLEX pass rate is a blending of these two distinct groups. After receiving information regarding the substandard pass rate, for 2010-2011, the program immediately conducted an extensive investigation of the possible causes. Unfortunately, by the time we became aware of the situation Cohort 6 LVN–RN and Cohort 2 Generic RN were within 5 months of graduation. This diminished the opportunity for results of new changes to be fully realized for these two groups.

While the pass rate did not improve for LVN-RN Cohort 6 (52.5%), during the 2011-2012 rating period it significantly improved for the generic RN Cohort 2 (79.3%). It has become apparent that the LVN-RN students are at much greater risk for failing the NCLEX.

The results from the 2012-2013 NCLEX Report have verified that the generic RN students in Cohort 3 achieved a first time-pass rate of 79.4. All of the 34 generic RN applicants that graduated in November of 2012 have tested.

The current report for 2012-2013, indicates that once again the LVN-RN graduates have been substandard in their NCLEX attempt. There were 37 graduates in the LVN-RN Cohort 7. During the rating period from 2012-2013, 34 have tested and 13 have failed for an overall first time passing rate of 61.8.

In 2012-2013 the combined pass rate for the LVN-RN and Generic RN cohorts that graduated in November 2012 with a total of 68 students is 70.59. Although, we can demonstrate improvement we realize that we have not achieved the required outcome at this point.

Determining cause and effect for the substandard pass rate for LVN-RN graduates has proven to be a highly complex undertaking. SJVC has enlisted the support of Dr. Karin Roberts, an ATI Curriculum Consultant. Dr. Roberts conducted a 2-day visit in March 2013 and submitted a detailed analysis and recommendations for improvement. The report has been provided to Kelly McHan, our nursing consultant.
Based on Dr. Roberts's recommendations and a thorough analysis of data, the program has submitted a major curriculum revision exclusively for the LVN-RN program.

The major contributing factors to the poor performance of the LVN -RN graduates are:

1. Admission Issues:

   a) The LVN-RN students lack the foundational theoretical knowledge equivalent to the generic RN students. Additionally, they are weak in the application of Pathophysiology. This was validated with the administration of the ATI Fundamentals Exam to LVN-RN Cohort 7 (Graduated Nov. 12). The results revealed that only 8 students out of 37 achieved the desired level 2 benchmark. In reviewing pre-admission testing options, the ATI LPN STEP exam has been selected to replace the TEAS (Test of Essential Academic Skills). The STEP is designed specifically to measure the foundational knowledge of the LVN-RN candidate. The program administered this exam to LVN-RN Cohort 8. This will provide a benchmark for assessing future cohorts on admission. The LPN STEP will be administered to LVN-RN Cohort 9 as a pre-admission screen for foundational knowledge. The program will identify a benchmark score after results from several cohorts can be reviewed and analyzed to correlate with NCLEX success and success in the program.

   b) Challenge LVNs

   An additional concern for the program has been the admission of applicants who did not complete an LVN program and achieved licensure through challenging the LVN exam. LVN-RN students that have challenged the LVN boards have consistently been unsuccessful in passing the NCLEX. During the admissions process for Cohort 8 it was revealed that 10 of the 65 qualified applicants had not attended an LVN program. In reviewing current admission practices there is a need to clarify the policy regarding LVN's who challenged the LVN Board. In order to determine the competency of these applicants the following admissions requirements for LVN-RN applicants that have attained their LVN Licensure through the challenge process will be established:

   Applicants who cannot provide transcripts from an LVN program are required to:
   1. Achieve a benchmark of 66.4 on the ATI STEP Exam (Consultant recommendation)
   2. Achieve a score of 75% on the Final Exam for Terms 1 & 2 of the current RN program (100 point exam which includes a study guide)

2. Learning Environment: The practice of teaching theory and skills lab on one day and providing one day for a 12-hour clinical has been determined to be a contributing factor to the sub-standard NCLEX pass rate. Students and faculty have difficulty maintaining engagement and promoting a positive
learning atmosphere. The manner of academic delivery for the LVN-RN program will be changed to include one additional day of instruction. Clinicals will be reduced to 8 or 10 hours in duration.

3. **Excessive Work:** The program was originally designed to support the working LVN through a bridge program to attain their Registered Nursing status. Unfortunately, the nature of the 2-day per week schedule has allowed the students to work excessively. Any future LVN-RN cohorts will be delivered with a 3-day per week schedule. This will provide a more balanced teaching and learning environment.

4. **Excessive Travel:** Students have been admitted who chose to travel from great distances. The average miles traveled for LVN-RN students ranges from 121-126 miles each way. The average for the generic RN cohorts ranges from 58-68 miles each way. Adding an additional day to the program will discourage this practice.

5. **Academic Rigor:** It has been determined through review of student files that lack of rigor has contributed significantly to the sub-standard pass rate. Students who have failed the NCLEX were found to have marginally passed nursing courses. It has been noted they have passed courses based on homework and assignments while consistently failing exams and quizzes. This has verified the lack of content mastery in these individuals. The current practice of requiring students to pass courses with a 75% on exams and quizzes has resulted in a smaller cohort that is stronger academically.

6. **English as a Second Language:** Entrance and Exit Surveys have indicated that the student population within the nursing program ranges from 30-40% English as a second language. This has been addressed with the implementation of the ATI Achieve Program which provides faculty and students with recommendations and options for supporting students that are language challenged. Additionally, the program has provided faculty with information and educational support related to promoting success with this student population.

As we have implemented changes, we are optimistic with the indicators that we have observed regarding the improved ATI testing scores. Evidence of improvement has included stronger student performance on the Fundamentals and Maternal-Newborn assessments. In addition, the current LVN-RN Cohort 8 has completed 6 of the required ATI proctored assessments. On these 6, they have demonstrated significant improvement over the last two LVN-RN cohorts. They have scored above the national average on two of the assessment, Leadership and Pediatrics.

Faculty development activities have focused on increasing assessment skills, increased awareness of student resources, and a broader depth of knowledge relative to the current NCLEX test plan.

**Supporting Student Success:** The college provides students with a wide range of resources that support NCLEX success. These include a complete ATI program of assessment and remediation and a mandatory 4-day Kaplan review, scheduled toward the end of the program to promote test taking strategies.

Although it is our goal that graduates pass the NCLEX on the first attempt, we do continue to reach out to all graduates until they successfully pass the NCLEX. This practice is consistent with the mission and philosophy of the college. Over the entire course of the program 298 students have graduated.
Currently, 241 have attained status as Registered Nurses. This results in a program-wide pass rate of 82.53%

Our efforts to support our graduates and promote their success have included:

1. The program director contacts students who have not been successful in passing the NCLEX. They are encouraged to utilize the resources that are provided to prepare to retake the exam. This includes Kaplan and ATI NCLEX preparation programs.
2. Graduates are extended open invitations to attend lectures or skills lab.
3. Graduates are made aware of upcoming Kaplan reviews and invited to attend.
4. Graduates are strongly encouraged to fully participate in the Virtual ATI that has been provided.
5. If assistance with reactivation of Virtual ATI or Kaplan has been requested, we facilitated this for them.
6. Graduates are provided one-on-one tutoring with faculty/director
7. Graduates are provided the use of campus resources in local areas

In conclusion, SJVC is prepared to take whatever measures are necessary to promote and sustain the success of our graduates in passing the NCLEX. We continue to work with Kelly McHan, MPH, RN, our nursing consultant, to implement changes and identify and correct deficiencies.

The nursing program has the full support of campus administration and corporate leadership to provide an academically sound, high quality education to our students that will ensure their ability to successfully pass the NCLEX.

Respectfully,

Janine A. Spencer

Janine A. Spencer, RN, Ed.D
Registered Nursing Program Director
San Joaquin Valley College
Visalia Campus
### TABLE C1 - NCLEX Results

#### Pass Rates by Student Cohorts

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Graduation Date</th>
<th>First-Time Pass Rate</th>
<th>Current Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVN-RN Cohort 1</td>
<td>10/14/2007</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>LVN-RN Cohort 2</td>
<td>8/29/2008</td>
<td>61.76%</td>
<td>100%</td>
</tr>
<tr>
<td>LVN-RN Cohort 3</td>
<td>7/12/2009</td>
<td>88.46%</td>
<td>100%</td>
</tr>
<tr>
<td>LVN-RN Cohort 4</td>
<td>5/9/2010</td>
<td>51.35%</td>
<td>84.21%</td>
</tr>
<tr>
<td>LVN-RN Cohort 5</td>
<td>12/17/2010</td>
<td>60.71%</td>
<td>78.57%</td>
</tr>
<tr>
<td>LVN-RN Cohort 6</td>
<td>12/23/2011</td>
<td>52.5%</td>
<td>80.00%</td>
</tr>
<tr>
<td>LVN-RN Cohort 7</td>
<td>11/9/2012</td>
<td>61.76%</td>
<td>61.76%</td>
</tr>
<tr>
<td>RN/LVN-RN Cohort 1</td>
<td>3/13/2011</td>
<td>48.5%</td>
<td>72.72%</td>
</tr>
<tr>
<td>RN Cohort 2</td>
<td>1/12/2012</td>
<td>79.31%</td>
<td>93.33%</td>
</tr>
<tr>
<td>RN Cohort 3</td>
<td>11/8/2012</td>
<td>79.41%</td>
<td>79.41%</td>
</tr>
</tbody>
</table>

#### Program-wide Pass Rate

- Total RNs: 241
- Pending: 51
- Not Tested: 6
- Total Grads: 298
- Program-wide Pass Rate: 82.53%
<table>
<thead>
<tr>
<th>TABLE D1 - ATI TESTING SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RN Fundamentals</strong></td>
</tr>
<tr>
<td>LVN-RN Cohort 7 (2010)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
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<tr>
<td><strong>Nutrition</strong></td>
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<tr>
<td>LVN-RN Cohort 7 (2007)</td>
</tr>
<tr>
<td>LVN-RN Cohort 8 (2010)</td>
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<tr>
<td><strong>Maternal Newborn</strong></td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2010)</td>
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<tr>
<td>LVN-RN Cohort 7 (2010)</td>
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<tr>
<td>LVN-RN Cohort 8 (2010)</td>
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<tr>
<td><strong>Nursing Care of Children</strong></td>
</tr>
<tr>
<td>LVN-RN Cohort 6 (2007)</td>
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<tr>
<td>LVN-RN Cohort 7 (2010)</td>
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<tr>
<td>LVN-RN Cohort 8 (2010)</td>
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<tr>
<td><strong>Mental Health</strong></td>
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<td>LVN-RN Cohort 6 (2010)</td>
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Janine Spencer  
8400 West Mineral King  
Visalia, CA 93291

Dear Dr. Spencer,

I want to commend your school on their improvement in ATI Content Mastery Assessment scores. These scores reflect favorably on the consultation visit made at your school last spring and the comprehensive remediation plan you have developed and implemented. I have attached a document that provides the reliability and validity scores of these tests. Of particular note is the relationship between these assessments and students’ scores on the Comprehensive Predictor Assessment. Each of ATI’s Content Mastery Series assessments significantly predicts students’ later performance on the Comprehensive Predictor (a measure of NCLEX preparedness). Subsequently, the upward trend your students are demonstrating is an indicator of their expected score on the Comprehensive Predictor as well as the NCLEX.

Once again, I want to commend you and your faculty and students on the hard work being done and assessment scores that are reflective of academic improvement. Thank you for sharing this information with me.

Sincerely,

[Signature]

Karin K Roberts, PhD, RN, CNE
Manager Nursing Education and Curriculum Assessment Technologies Institute  
11161 Overbrook Rd  
Leawood, KS 66211
ACTION REQUESTED: Continue Approval of United States University Nurse Practitioner Program

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Debora Erick, MSN, PHN, CNE, RN is Dean of the School of Nursing and Afsaneh Helali, NP is the new interim director of the NP program. A regularly scheduled continuing approval visit for evaluation of the United States University Nurse Practitioner Program was conducted on February 7-8, 2013. Areas of noncompliance were identified related to multiple elements of CCR sections 1484(c) and 1484(d), and recommendations were written related to CCR sections 1484(a)(2), 1484(b)(6), 1484(c)(2) and 1484(d)(11). The program subsequently submitted a progress report with plan of action to correct all findings. The findings of this visit and the program’s progress report were presented to the BRN Education Licensing Committee on May 8, 2013 and to the full BRN Board on June 12, 2013, at which time the program was placed on deferred approval status pending full implementation of the corrective action plan and completion of a BRN staff visit to the program to confirm implementation of the plan.

A USU NP program follow-up visit was conducted July 11-12, 2013. Meetings were held with university and program leadership, faculty and students, and documents related to the program’s action plan were reviewed. Full implementation of the program’s corrective plan of action was confirmed.

All reported measures to correct areas of noncompliance have been completed. Additional nurse practitioner faculty have been hired to teach pediatrics and women’s health, and a pharmacist has been employed to teach the advanced pharmacology course. The program director’s involvement in classroom instruction is now only as a guest speaker or to cover an unexpected absence due to assigned faculty emergency and has been less than two hours per week, which allows the director adequate time for administration of the program. Additional nurse practitioner preceptors have been retained and additional clinical sites that employ nurse practitioners have been added to increase nurse practitioner preceptored clinical experiences for program students. A preceptor handbook has been developed with new procedures implemented and a clinical coordinator assigned to ensure that preceptored clinical rotations are delivered in compliance with BRN regulations. Course faculty have been directly involved in review and revision of each course syllabus with guidance from the program director and input from an outside expert consultant retained to provide curriculum review. Corrections to curriculum and instruction have been made to ensure compliance with calculation of contact hours to credit units, define skills lab time and experiences, ensure clinical skills preparation for students prior to live patient clinical rotations, and include leveled instruction regarding standardized procedures and furnishing across the curriculum beginning with the first program.
Most corrective measures have been completed in response to recommendations, with ongoing work in the area of curriculum evaluation and revision. The clinical coordinator position has been defined and an existing experienced faculty member has assumed that role. The program director has established communication with a colleague program director to receive mentoring as needed. Program evaluation data is now being consistently collected and analyzed, and is discussed by program faculty at regular meetings where solutions are developed for identified areas of concern. A new online program evaluation tool was implemented in July to replace paper/pencil evaluation tools. An expert consultant has been retained to guide the director and faculty in curriculum review and has provided a detailed report suggesting program curriculum revision that will include expansion of the program’s philosophy statement. The major curriculum review will be completed by the end of this year and the resulting proposed revision will then be submitted for BRN approval. NEC recommends that the program continue to utilize the expert consultant as the work of the program’s curriculum revision proposal progresses.

**NEXT STEPS:**
Place on Board agenda.

**FISCAL IMPACT, IF ANY:**
None.

**PERSON(S) TO CONTACT:**
Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
(760) 369-3170
Leslie A. Moody, RN, MSN, MAEd  
Nursing Education Consultant  
California Board of Registered Nursing  
August 27, 2013

Dear Leslie,

This letter is an update to the positive changes continuing to take place in the United States University Nursing Programs.

- The Advanced Pharmacology course was taught this summer by Dr. Michael Sommer, who is an accomplished Pharm D. The Turning Technologies Audience Response clicker system was utilized within the course and the students had positive feedback regarding this learning technology.

- In response to student concerns regarding “boring classes”, we have begun an educator peer/mentoring program entitled Critical Friends in which each faculty member will observe another faculty members classroom providing assessment and support to include activities that meet the needs of different learners. A copy of our Critical Friends criteria and rubrics are attached.

- Blanca Loeb has resigned to return to clinical practice. Her last day with us is Sept 13. An Interim Director of the MSN-FNP program has been hired and is being oriented to her new position. Afsaneh Helali is a board certified nurse practitioner who is a highly qualified instructor with years of nursing education experience. Afsaneh first joined USU as an adjunct faculty member prior to accepting the interim position.

- Previously there were two exams and a signature assignment per course within the MSN-FNP program. We have revised that policy adapting a daily quiz or exam experience in addition to the signature assignment which we believe will better prepare our students for the national board certification exam.

- As previously mentioned in the ABSN report, our application for CCNE accreditation has been accepted and our on-site evaluation visit is set for Sept 8-10, 2014. While we continue writing the self-study we look forward to the opportunity it provides for quality improvement and evaluation of our nursing programs.
We respectfully ask for the removal of the deferred status and a re-assignment of approved status for our MSN-FNP Program.

Regards,

Debora Erick MSN, PHN, CNE, RN
Dean College of Nursing
United States University
Dear Leslie,

I wanted to let you know what we have been working on since our last meeting. We have taken into consideration all of the recommendations made by the Education Committee of the BRN and we are happy to report the following:

- We have obtained the Mountain Measurement reports, compiled the statistics and applied that data to our curriculum, finding our students to be lacking in knowledge of Physiology.
  - We have increased the rigor of our Physiology focus starting with our Fundamentals course with the addition of NLN-ACES case studies, Kaplan curriculum integration, and NCLEX type exam questions.
- We have followed through on the recommendation for curriculum review/revision and cited deficiencies by utilizing the expertise of Dr. Colette York (Dr. Mary Wickman was not available) for our ELM Program and Dr. Rosemary Goodyear for our FNP Program.
- We are sending the Director of our FNP Program to San Francisco for the Barkerly & Associates Nurse Practitioner Certification Review and Clinical Update to provide the training necessary to incorporate nurse practitioner national certification examination content into our FNP curriculum.
- By the end of June, we will have a contract in place for electronic tracking of our nurse practitioner student clinical hours with Project Nurse.
- The University has committed to sending a nursing faculty member to the NLN Summit each year.
- We have obtained qualified nurse practitioner preceptors for our FNP students.
- We visited Imperial Valley College, which has similar student demographics:
  - We found they have effective use of simulation opportunities for their students
    - We are including more simulation experiences within our curriculum
    - We have initiated discussion for a collaborative simulation opportunity between experienced staff nurses at Sharp Chula Vista, Paradise Valley and an experienced respiratory therapist from Navy Balboa.
We found they offer exemplary student support throughout their program specifically prior to admission in the form of TEAS tutoring, within the program in the form of Skills Lab tutoring, and during NCLEX preparation at the end of their program.

- We have not previously provided TEAS tutoring but are discussing this as an option for our ELM program in the future.
- At the beginning of this school session, we began incorporating biweekly tutoring for at risk ELM students provided by full time faculty.
- In the future, the Kaplan NCLEX preparation program will be mandatory instead of voluntary for our students.

- We are finalizing a plan to utilize only full time faculty to facilitate our core nursing courses.
- We have reviewed California Board of Registered Nursing licenses status for all of the graduates from our ELM program and found there are no USU graduates with encumbered California nursing license.
- We have applied for CCNE accreditation of our nursing programs.

Our goal is the continued growth and improvement of our nursing programs.

Thank you,
Debi

Debi Erick, MSN, PHN, RN, CNE
Dean, College of Nursing
United States University
To: California Board of Registered Nursing  
1747 North Market Boulevard, Suite 150  
Sacramento, CA. 95834

From: United States University  
830 Bay Boulevard  
Chula Vista, CA. 91911

Re: Response to site visit in February 2013

United States University is presenting the actions we took as a university to address all areas on non-compliance after our BRN on-site visit in February 7\textsuperscript{th} & 8\textsuperscript{th} of 2013 to our MSN/FNP program. The Board of registered Nursing found two areas of non-compliance, these being: 1. CCR Section 1484 (c) - in faculty and 2. CCR section 1484 (d) - in curriculum. Please see the following pages with the description of our actions.

Respectfully,

Blanca Cardenas, FNP, MSN, RN, PHN  
Dean - MSN/FNP program
Non-compliance:

CCR Section 1484(c): Faculty
There shall be an adequate number of qualified faculty develop and implement the program and to achieve the stated objectives.

Findings:
- In Spring 2013, two NP faculty members were teaching all of the FNP specialty courses. Ms. Cardenas, Program Director, teaches nine of the fourteen FNP courses.
- There are no FNP faculty with expertise in pediatrics or women’s health to teach this content.
- All preceptors assisting clinical faculty in instruction are physicians.

Action:
- Maria Ramira, DNP, APRN, FNP-BC, CEN has accepted full time position as assistant instructor
- We have hired additional NPs as adjunct faculty
  - Onyegbule, Patience, DNP, FNP
    - Will be teaching throughout common, acute, and chronic illnesses to cover pediatrics and woman’s health, which is her specialty area
    - Dr. Onyegbule will start on May 10th 2013
Leners, Colleen, DNP, FNP

- Will be teaching advance physical assessment and advance pathophysiology
- Dr. Leners will start on Sep. 07th 2013

Larry Harker, Pharm.D. and Scott Webber Pharm. D.

- Are going through the interview process to be hired to teach advanced pharmacology

- Blanca Cardenas is handling the administrative aspect of the program and is only teaching certain topics within the courses and covering for any time the instructors need assistance with either a portions of their course or a day when they cannot come in to teach.

- Three perspective NPs to be preceptors for our students
  - Vicky Lebron, FNP practicing in family practice for over 30 yrs
  - Jaime Bimstein FNP practicing in pediatrics for over a year and is a former pediatric MD from Mexico
  - Reina Abeyta FNP practicing in family medicine for over 10 years

CCR Section 1484(d): Curriculum

- Section 1484(d)(1): The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.
  Finding: Multiple curriculum deficiencies identified related to structure, content and technological support for clinical instruction.

Action: A handbook for clinical instructor/preceptors has been developed. The handbook provides explicit instructions for structure, content and technological support for clinicals. This allows the student, the instructor and
the preceptor to better understand what is required from each party and guide them throughout the process.

- **Section 1484(d)(4):** Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty

  **Finding:** Individual course faculty revise their syllabi and then the program director reviews all course syllabi.

**Action:**

Blanca Cardenas:

- Is discussing and revising every syllabus with each faculty member on a one on one basis.

- Having faculty meeting being held every third Friday of each month.

- Will then forward the revised syllabus to Linda Hill, who is the executive assistance/MSO at UC Irvine in the nursing department, and has agreed to review it and give us feedback and guidance.

- The syllabi will also be reviewed by Dr. Goodyear who is will be the university curriculum consultant for the FNP program.

- **Section 1484(d)(8)(A),(B):** The course of instruction shall be calculated according to the following formula:

  **Finding:** FNP student contact hours for credit units do not comply with the BRN formulas. Skills lab content is taught in theory courses

**Action:**

- The delivery format is being revised for each course that requires skills lab hours.
  - We will have a separate course designated for the skills lab, this will separate time from didactics and skills lab.
- Ie: FNP 553 – Advance Health & Physical Assessment; we will now also have FNP 533L – for Advance Health & Physical Assessment skills labs. There will be a total of 10 skill lab hours per course.

- This new curriculum is expected to be delivered by the next time this class is offered, which is in September 2013

- **Section 1484(d)(9): Supervised clinical practice shall consist of two phases**
  Finding: No systematic plan is in place for teaching and supervising practice of diagnostic and treatment procedures prior to clinical application.

  **Action:**

  The following plan has been implemented:

  - The instructor will meet with the student and the preceptor at least twice per semester at the clinical site to review objectives, goals, expectations, improvements, strengths and weaknesses, etc...

  - The student will bring a copy of the course objectives to the preceptor. These objectives are to be posted at the clinical site where the student and the preceptor can refer back to as needed.

  - There will be an hour per week when the student will meet with the instructor in the skills labs in preparation for clinicals. This will allow time for question/answers, practice, and review any skills the student needs assistance with to enhance learning.

- **CCR Section 1484(d)(12)(P): The curriculum shall include, but is not limited to: Legal implications of advanced practice.**
  Finding: Instruction in standardized procedure and furnishing number content occurs only in the last program theory course.
Action:

- All courses, including advanced pharmacology, are being revised, the course will now address ethical and legal issues, as well as review of the new California furnishing license bill.

- The information will be taught from the beginning course, FNP 511, and will be included in all courses of the program.

- Classes have been revised to implement standardized procedures from the first class and will be re-enforced throughout the program.

- The student will not only be exposed to standardized procedures, but will be know how to create their own professional standardized procedure by the end of the program.

Recommendations:

CCR Section 1484 (a)(2): Philosophy
Expand the description of the FNP role and the meaning of primary health care in the program philosophy.

Action: United States University has secured a contract with Dr. Rosemary Goodyear, who will serve as content expert, she will review the entire MSN/FNP curriculum. Dr. Goodyear is a FNP with extensive experience in curriculum development.

CCR Section 1484 (b)(6): Administration
Systematically collect, analyze and apply data for the total FNP program evaluation.

Action:

- Data will be discussed at regular faculty meetings and faculty will develop solutions for identified areas of concern.
USU in conjunction with the informatics technology department of learning schools is working on an online evaluation tool.

Student, faculty and preceptor evaluations through the schools New Generation Learning (NGL) program will be available.

We are currently doing these evaluations in pencil and paper. We expect to have this tool up and ready by Summer II (July semester)

The evaluation tool will be placed in the university’s internal computer program, NGL will be available for students, faculty and will be given to preceptors.

CCR Section 1484(c)(2): Director
Provide the program director with assistance from an experienced MSN/NP educator familiar with BRN regulations for program development.

Action:

- Linda Hill, an FNP, who is the Executive Assistance/MSO at UC Irvine’s Nursing Department has agreed to be a mentor for Blanca Cardenas, Dean of MSN/FNP Graduate Nursing Department

- Dr. Goodyear, also an FNP, will be working with Blanca Cardenas revising the entire curriculum as needed

CCR Section 1484(d)(11): Arranging clinical instruction
Consider assigning a clinical placement coordinator to manage student clinical placements

Action: Dr. Maria Ramira who is our new full time assistant professor, in conjunction with Blanca Cardenas, dean of FNP program and Patricia Paden who is a full time faculty administrative assistance, will be working on coordinating clinical placements for the FNP students. This coordination will take effect on May 11th 2013.
Non-compliance:

CCR Section 1484(c): Faculty
There shall be an adequate number of qualified faculty develop and implement the program and to achieve the stated objectives.

Findings:
- In Spring 2013, two NP faculty members were teaching all of the FNP specialty courses. Ms. Cardenas, Program Director, teaches nine of the fourteen FNP courses.
- There are no FNP faculty with expertise in pediatrics or women’s health to teach this content.
- All preceptors assisting clinical faculty in instruction are physicians.

CCR Section 1484(d): Curriculum
- Section 1484(d)(1): The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.
  Finding: Multiple curriculum deficiencies identified related to structure, content and technological support for clinical instruction.
- Section 1484(d)(4): Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty
  Finding: Individual course faculty revise their syllabi and then the program director reviews all course syllabi.
- Section 1484(d)(8)(A),(B): The course of instruction shall be calculated according to the following formula:
  Finding: FNP student contact hours for credit units do not comply with the BRN formulas. Skills lab content is taught in theory courses
- Section 1484(d)(9): Supervised clinical practice shall consist of two phases
  Finding: No systematic plan is in place for teaching and supervising practice of diagnostic and treatment procedures prior to clinical application.
- CCR Section 1484(d)(12)(P): The curriculum shall include, but is not limited to: Legal implications of advanced practice.
  Finding: Instruction in standardized procedure and furnishing number content occurs only in the last program theory course.

Recommendations:

CCR Section 1484(a)(2): Philosophy
Expand the description of the FNP role and the meaning of primary health care in the program philosophy.

CCR Section 1484(b)(6): Administration
Systematically collect, analyze and apply data for the total FNP program evaluation.

CCR Section 1484(c)(2): Director
Provide the program director with assistance from an experienced MSN/NP educator familiar with BRN regulations for program development.

CCR Section 1484(d)(11): Arranging clinical instruction
Consider assigning a clinical placement coordinator to manage student clinical placements.
AGENDA ITEM: 7.4
DATE: October 1, 2013

ACTION REQUESTED: United States University Accelerated Baccalaureate Degree (ABSN) and Entry Level Master’s Degree (ELM) Nursing Programs Progress Report

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Debora Erick, MSN, RN, Dean, College of Nursing, is the USU ELM and ABSN program director. Steven Litteral, MSN, RN is full-time faculty and the assistant program director.

In June 2011 the Board placed the USU prelicensure program on warning status with intent to remove approval and prohibited additional program enrollment due to areas of noncompliance. A continuing approval visit was conducted 11/30-12/01/2011 with findings of noncompliance and the warning status with ban on enrollment was continued. The program implemented multiple improvements and in September 2012 evidence was provided that the program was in compliance with all regulations except CCR 1431 which requires a minimum 75% pass rate for NCLEX-RN exam by first-time test taker program graduates. NCLEX-RN outcomes to date are: 2009-2010 62.50% (8 taken); 2010-11 71.43% (28 taken); 2011-12 68.97% (58 taken); 2012-13 56.58% (76 taken). The total number of test-takers to date is 170 of the approximately 177 total prelicensure program completers to date as reported by the program (cohorts 1-7).

In February 2013 the Board evaluated the program and authorized admission of one cohort of twenty students to enter the program in May 2013. This eighth program cohort has now completed the first two program courses (Nursing Fundamentals and Pharmacology), and began the third course (Nursing Care of Adults and Older Adults) on September 3, 2013. Cohort 8 will complete the program on September 26, 2014. At the May 2013 meeting of the Education/Licensing Committee (ELC) the program requested permission for admission of additional students. A decision was deferred and the program was directed to present a progress report at the October 2013 ELC meeting to provide evidence of the existing cohort’s probability of successful program completion and passing NCLEX-RN examination.

To ensure the success of Cohort 8 students and additional future students, multiple measures have been implemented that address faculty expertise, instructional methodologies, program progression, remediation of students, bridging knowledge across content and course progression, and other process changes. The process, instruction and program delivery revisions have been data-driven and informed by multiple stakeholders. These measures are explained in more detail in the attached progress report which also includes evidence of adequate resources, including faculty and clinical placements, to present the curriculum as approved for two concurrent cohorts of 20 students.

The program is requesting status of continue approval and permission to admit an additional cohort of twenty (20) students in January 2014.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
(760) 369-3170
Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
California Board of Registered Nursing
September 12, 2013

Dear Leslie,

United States University (USU) is pleased to inform the Board of Registered Nursing (BRN) of the positive changes continuing to take place within the Accelerated Bachelors of Science in Nursing/Entry Level Masters (ABSN/ELM) Nursing Programs. The institution continues to address the areas of concern in leadership and curriculum previously identified by the BRN. The University now approaches each challenge in an academic and fully compliant manner. United States University requests to be removed from probation and allowed to admit additional ABSN/ELM cohorts.

- **Faculty**

  To improve the quality and consistency of the prelicensure program, USU has committed to having only full-time nursing faculty teach core nursing courses.

  Full-time faculty members teach all five content areas. The following full-time faculty members are the content experts for the areas listed below:

  - Steven Litteral is the content expert in Med-Surg and Pediatrics.
  - Emeline Yabet is the content expert in OB.
  - Monica Munn is the content expert in Psych-Mental Health.
  - Debi Erick is the content expert in Geriatrics.

  Each full-time faculty member teaches both theory and clinical courses in the same content area, providing consistency between theory and clinical experiences for students. The institution has two faculty members that hold PhDs, one in Nursing and one in Education, including curriculum development. Two more of the full-time faculty members are on track to graduate with PhDs in Nursing by December 2014. Additionally, Dean Erick has held the designation of Certified Nurse Educator (CNE) for several years. The institution recognizes the value of this certification and will invest in all full-time nursing faculty to become CNE certified by fall 2015. USU also continues to have a rich collaborative team of qualified adjunct faculty to assist in clinical and skills lab instruction as needed.

  USU has made a commitment to assist the nursing faculty in keeping current in their areas of specialty by providing professional development opportunities. University representatives attended the 2013 NCLEX Conference in Chicago. Nursing faculty members also plan to attend the National League of Nursing (NLN) Summit in Washington DC, the Commission of Collegiate Nurse Educators (CCNE) Fall Conference in Washington DC, the Association of California Nurse
Leaders (ACNL) Nursing Role in the Wellness of our Communities Cruise, and the Deans and Directors Update in Palm Springs in October 2013. After participating in professional development opportunities, faculty members are required to present updates and important information at the next nursing faculty meeting and/or university wide Faculty Senate meeting.

**Student Assessment and Improvement Plans**

The University has assessed student education outcomes through a variety of methods and created curricular activities to address objectives.

A pilot study with Turning Point Technologies Audience Response Clickers was utilized in the Pharmacology course. During class presentations, slides with questions related to content were interspersed, student responses were polled, and the statistics collected. This data identify gaps in student knowledge that were then addressed immediately. Each student was assigned a response card, the electronic data collected was used to identify at risk students who then received individual remediation in their area of knowledge deficit. Since this has been a successful innovation, faculty are continuing this instruction method throughout all core nursing courses.

Students are encouraged to be active participants in their education. One such activity is the 3Ks assignment which is used at least once in each course. The following is an example of 3Ks utilized in Pharmacology:

- Upon entrance into the classroom, the students were asked to identify in writing what they knew about antibiotics prior to the pre-class reading assignment.
- Next, students were asked to write down what they learned from the pre-class reading assignment.
- They then were asked to write down what questions they had and what they wanted to learn about antibiotics during the class session.
- The papers were collected and the instructor presented the answers to those questions during the remainder of the classroom presentation.

This activity assists the individual student in identifying concepts that need clarification and promotes the development of self-evaluation techniques.

Throughout all course exams, faculty members utilize questions at the application and analysis levels which are working to improve the critical thinking abilities of prelicensure students. Immediately after every quiz and exam, professors review the correct answers and the rationale, helping students improve content knowledge and test taking abilities. Areas that are identified as more difficult are then retested during the next assessment opportunity. In this manner, the student level of expertise in nursing content is improving. Kaplan predictor data supports the prospect of future NCLEX success for these students.
The University encouraged the student nursing body to form a Student Nurse Association (SNA) in July 2013. SNA elected officers and their selected student representatives attend nursing faculty meetings to voice concerns, provide input to policy, suggest curricular improvements, and enhance learning experiences. SNA representatives expressed that some students felt anxiety regarding clinical skills prior to the clinical experience. As a result of feedback provided through this process, faculty has implemented a pre-clinical Simulation/Skills Lab component which includes high and low fidelity simulation. Additionally, in the lab setting, previously learned clinical skills are reviewed, instruction is given on advanced clinical skills, and students participate in return demonstration to ensure competency before entering a clinical setting. The Advancing Care Excellence for Seniors (ACES) unfolding cases resource from the National League for Nursing are also incorporated into these pre-clinical experiences. Course evaluation data collected from students at the end of each course is now utilized to enhance program learning outcomes.

In speaking to previous graduates and stakeholders in the nursing community, faculty discovered many new graduates feel unprepared for working nights in new licensure roles. To address this concern, a night rotation experience is now incorporated in the Nursing Care of the Adult and Older Adult (NUR320L) course. All students will have congruent robust clinical experiences because all students will be on the same clinical unit rotating between weekday, weekend and night shifts throughout the clinical course so they can experience the hospital environment during different shifts. This will better prepare our graduates for career success. A full-time faculty member is assigned to the role of clinical placement coordinator to manage student clinical placements in line with BRN requirements and course objectives.

- **Curriculum and NCLEX preparation**

USU has followed BRN recommendations for curriculum review/revision by utilizing the expertise of Dr. Colette York. Additionally, we have hired Dr. Monica Munn who holds a PhD in Curriculum Instruction to ensure continued compliance in this area.

Permission from the BRN was granted for a minor curriculum change to place Nursing Care of the Critically Ill Adult and Older Adult (NUR 340/NUR 340L) at the end of the ABSN/ELM program. Community Health Nursing (NUR 462/ NUR 462L) is now the fourth class in the linear curriculum sequence. This request was based on the research of Uyehara, Magnussen, Itano, and Zhang (2007) who found placing the last medical-surgical course in a prelicensure nursing program at the end of the curriculum made a significant difference in the NCLEX-RN pass rate.

The University’s application for CCNE accreditation was accepted and the on-site evaluation visit is set for September 8-10, 2014. The team is preparing a self-study document while aligning curriculum with CCNE standards.

Based on BRN recommendation, USU representatives visited Imperial Valley College (IVC), which has a similar student demographic with a successful NCLEX pass rate. It was discovered that IVC effectively uses simulation opportunities and offers exemplary student support throughout their program. As a result of this collaboration, USU will continue to provide
Skills Lab tutoring and NCLEX preparation throughout the prelicensure program. If allowed to admit an additional cohort, we will also implement TEAS tutoring.

Utilizing the Mountain Measurement Reports, the Dean compiled the statistics and applied the data to the curriculum. Based on this research, it was determined that graduates were lacking knowledge of Physiology. To address this knowledge gap, the nursing faculty has increased the rigor of the Physiology focus throughout the entire nursing program. This focus begins with the addition of ACES case studies in the Foundations of Professional Nursing (NUR 310) course, the integration of Kaplan curriculum throughout the program and NCLEX type exam questions. Currently within each class session of each course, students have either a quiz or an exam which assists them in developing critical thinking skills that are then applied in the clinical setting.

Previous students who scored below the national standard on the ATI NCLEX predictor, did in fact fail the NCLEX exam. As a result, Kaplan Focused Review and Integrated Exams have been implemented throughout each course in the program to identify and address areas of concern. In NUR 310, a weakness in dosage calculation was identified. Additional instruction and practice addressing this weakness was provided. The current educational strategies are effective as evidenced by the Kaplan Integrated Exam given at the end of the Pharmacology course. The cohort consistently scored higher than the national norm on all dosage calculation questions. The cohort average was 84.2 percent when the National Norm is 52.3 percent.

In reviewing the data from unsuccessful first time NCLEX-RN attempts from previous cohorts, the Dean found that graduates who did not pass NCLEX were more apt to have failed a course within their nursing program. Previously, there was not a formal remediation plan in place. To address this issue, the College of Nursing developed a formal remediation/re-admittance policy. Currently, if a student fails a course he/she is given an individual remediation plan designed to assist in the reduction of knowledge deficit. The student must complete this remediation, pass the previous course final exam, and successfully complete a skills competency assessment before re-entry.

Academic rigor and accountability are being upheld by the nursing faculty and the institution as a whole. USU is providing remediation courses, open Skills Lab opportunities, individual tutoring, and 24/7 Pearson tutoring to assist students in meeting the challenges of nursing curriculum. However, if students fail to meet the requirements of becoming a safe and competent nurse, these students are not allowed to register for the next course, and are dismissed from the program.

One student enrolled in the prelicensure program during Summer Session I 2013 did not achieve acceptable performance in Foundations of Professional Nursing Clinical Applications (NUR 310L). This student failed the dosage calculation exam and was unable to continue in the program. Another student in Pharmacology (NUR 330) failed the Kaplan Integrated Pharmacology Exam and the final exam, making him/her ineligible to continue to the next course. Currently, two students who minimally passed the grading standard for NUR 330 were required to sign an academic contract and are on academic probation. Within the academic contract, these students must complete Pharmacology remediation, open Skills Lab sessions,
individual tutoring, and maintain an academic record above the passing standard to continue in the program. While United States University strives to support all students, the institution understands that it must maintain academic rigor to ensure NCLEX-RN established passing standards and safe best practice nursing standards for the healthcare needs for the people of California.

To assist the previous prelicensure graduates that did not pass the NCLEX on their first or subsequent attempts, the University is providing opportunities to return to nursing didactic courses and audit free of charge. In Summer Session I, there was one participant auditing. In Summer Session II, there were four students, and in our current Fall Session I, we have five former students auditing. In addition, free individual tutoring and access to Kaplan resources for NCLEX preparation are provided. Previous graduates also have free access to the Pearson Testing Center at USU where mock NCLEX exams are given to assist in NCLEX predictor success. The first individual who completed this NCLEX preparation passed NCLEX-RN on his subsequent attempt. As the current nursing administration and faculty gain the trust of former students, USU is confident that this opportunity will be a benefit to former students who were unsuccessful or have not yet attempted the NCLEX-RN.

- **Admissions Standards**

To ensure admission criteria is consistently adhered to for the nursing program, a new Admissions Committee will be formed consisting of the Dean, Assistant Dean, two full-time faculty members, and a member of the administrative team. The admissions requirements are as follows:

- **Nursing Application**
- Transcript w/ bachelor's degree conferment from an accredited US college or university, or possess the equivalent of a US Bachelor’s degree as documented by an authorized foreign credentialing service.
- GPA 2.75 (last 60 semester or 90 quarter credits of the Bachelor's degree and a “C+” or better in all admission prerequisite courses). Science prerequisite courses must have been completed within the last 7 years.
- Purpose Statement (between 750 – 1000 typed words). Including the following:
  - Career goals and how the Nursing Program relates to these goals
  - Description of health-related experiences
  - Plans for managing the academic load of an accelerated program
  - Special skills and attributes possessed and how they contribute to a career in nursing (second language, leadership, community involvement, etc.)
- **Letter of Professional Recommendation** attesting to character and potential success in the program
- **Test of Essential Academic Skills V (TEAS V).** TEAS V Exam score must be 78% or higher and must be taken within the last year or less to qualify. The TEAS exam may only be taken three (3) times in one (1) year.
- **Successful Interview with Admissions Committee**
- **Social Security Number** as required by BRN to take the NCLEX exam
- **Professional liability insurance**
- **Personal health insurance**
- CPR certification for Healthcare providers by the American Heart Association (AHA)
- Meet the health clearance requirements of the University and assigned clinical agencies
  - Physical exam
  - Immunization Documentation
  - Clear criminal background check and drug screen
- Prerequisite Requirements Completion Audit (46 credits)
  - BHS 362 Research Statistics
  - BIO 150 General Biology
  - BIO 150 General Biology Lab
  - BIO 252 Human Physiology
  - BIO 252L Human Physiology Lab
  - BIO 251 Microbiology 3
  - BIO 251L Microbiology Lab
  - BIO 261 Anatomy
  - BIO 261L Anatomy Lab
  - CIS 201 Foundations of Information Literacy
  - COM 104 Speech
  - ENG 130 English Composition and Reading
  - PHI 342 Critical Thinking
  - PHI 380 Ethics in Healthcare
  - PSY 101 Introduction to Psychology
  - SOC 305 Critical Perspectives in Society
  - SOC 101 Introduction to Sociology

United States University respectfully asks for the removal of the warning status attached to our ABSN/ELM program and the opportunity to admit another cohort of 20 students in January, 2014. The University will provide an information session for prelicensure applicants explaining the admissions criteria, academic rigor of the program, and will offer TEAS tutoring. The Admissions Committee will adhere to the admissions and screening criteria previously discussed. The College of Nursing will also be able to offer the re-entry process to students that previously failed out of the prelicensure program if they remain interested in a career in nursing and prove themselves proficient in the re-entry process. United States University is grateful for the opportunity to conduct this through self-evaluation and quality improvement process of the prelicensure nursing program. The University appreciates the consistent guidance and support from the Board of Registered Nursing throughout this endeavor.

 Regards,

Debora Erick MSN, PHN, CNE, RN
Dean College of Nursing
United States University
## United States University - ABSN-ELM prelicensure nursing program cohort/resource map

### Cohort 8

<table>
<thead>
<tr>
<th>Week</th>
<th>Courses</th>
<th>Faculty</th>
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</thead>
<tbody>
<tr>
<td>May 6-June 30</td>
<td>NUR310/310L FndProfNsg (MS, G) NUR330 Pharm NUR320/320L NsgAd/OlderAd (MS, G) NUR462/462 L ComHlthNsng (MS, G)</td>
<td>Th.Fac: D.Erick (FT) Th.Fac: S.Litterall (FT) Th.Fac: M.Munn (FT) Th.Fac: E.Yabut (FT)</td>
</tr>
<tr>
<td>Jul 3-Aug 22</td>
<td>NUR350/350L WomHlthNsng (0) NUR360/360L ChildHlth (C) NUR400/400L MntHlth (P/MH) NUR460/460L Nsg Ldrship</td>
<td>Th.Fac: E.Yabut (FT) Th.Fac: S.Litteral (FT)</td>
</tr>
<tr>
<td>Sept 3-Oct 22</td>
<td>NUR340/340L NsgCritIllAd/Old erAd (MS, G)</td>
<td>Th.Fac: S.Litteral (FT)</td>
</tr>
<tr>
<td>Jan 6-Feb 24</td>
<td>NUR350/350L WomHlthNsng (0) NUR360/360L ChildHlth (C) NUR400/400L MntHlth (P/MH) NUR460/460L Nsg Ldrship</td>
<td>Th.Fac: E.Yabut (FT) Th.Fac: S.Litteral (FT)</td>
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<tr>
<td>Mar 3-Apr 27</td>
<td>NUR340/340L NsgCritIllAd/Old erAd (MS, G)</td>
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<tr>
<td>Jun 30-Aug 22</td>
<td>NUR350/350L WomHlthNsng (0) NUR360/360L ChildHlth (C) NUR400/400L MntHlth (P/MH) NUR460/460L Nsg Ldrship</td>
<td>Th.Fac: E.Yabut (FT) Th.Fac: S.Litteral (FT)</td>
</tr>
<tr>
<td>Sept 2-Oct 22</td>
<td>NUR340/340L NsgCritIllAd/Old erAd (MS, G)</td>
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### Proposed Cohort 9 -Start Jan 6 2014

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<td>Th.Fac: S.Litteral (FT)</td>
</tr>
<tr>
<td>Th.Fac: M.Munn (FT); 10st; GHSNF</td>
<td>Th.Fac: New Faculty (FT); 6st; SDCPH</td>
<td>Cl.Fac: T.Wright (PT); 6st; NNMCSD</td>
</tr>
<tr>
<td>No Clinicals</td>
<td>Cl.Fac: E.Yabut (FT); 7st; PVH</td>
<td>Proposes: 2 six-hour open skills lab days</td>
</tr>
<tr>
<td>Cl.Fac: E.Yabut (FT); 7st; SDCPH</td>
<td>Cl.Fac: E.Yabut (FT); 7st; SDCPH</td>
<td>= add 2 six-hour open skills lab days</td>
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<td>Cl.Fac: D.Erick (FT); 10st; NMCSD</td>
<td>Cl.Fac: E.Martin (PT); 10st; NMCSD</td>
<td>= add FT faculty</td>
</tr>
<tr>
<td>Cl.Fac: M.Munn (FT); 10st; NNMCSD</td>
<td>Cl.Fac: E.Yabut (FT); 7st; SCV</td>
<td>PVH = Paradise Valley Hospital</td>
</tr>
<tr>
<td>Cl.Fac: S.Litteral (FT); 7st; PVH</td>
<td>Cl.Fac: E.Yabut (FT); 7st; SCV</td>
<td>GHSNF=Granite Hills SNF</td>
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<tr>
<td>Cl.Fac: M.Munn (FT); 10st; PVH</td>
<td>Cl.Fac: E.Yabut (FT); 7st; SCV</td>
<td>NMCSD=Naval Medical Center SD</td>
</tr>
<tr>
<td>Cl.Fac: M.Munn (FT); 10st; SCV</td>
<td>Cl.Fac: E.Yabut (FT); 7st; SCV</td>
<td>SDCPH=San Diego County Psychiatric Hospital</td>
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<tr>
<td>Cl.Fac: M.Munn (FT); 10st; SCV</td>
<td>Cl.Fac: E.Yabut (FT); 7st; SCV</td>
<td>SCV=Sharp Chula Vista</td>
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### Proposed Cohort 10-Start October 2014

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<td>Cl.Fac: S.Litteral (FT); 10st; SDCPH</td>
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<td>Cl.Fac: New Faculty (FT); 6st; PVH</td>
<td>Cl.Fac: S.Litteral (FT); 10st; SDCPH</td>
<td>Cl.Fac: S.Litteral (FT); 10st; SDCPH</td>
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**KEY:**
- **= add 2 six-hour open skills lab days**
- **= add FT faculty**

PVH = Paradise Valley Hospital
GHSNF=Granite Hills SNF
NMCSD=Naval Medical Center SD
SDCPH=San Diego County Psychiatric Hospital
SCV=Sharp Chula Vista
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<td>NUR400/400L MntHlth (P/MH)</td>
<td>NUR460/460L Nsg Ldrship</td>
<td>NUR340/340L NsgCritIllAd/OlderAd (MS, G)</td>
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<td>Th.Fac: E.Yabut (FT)</td>
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<tr>
<td>NUR330 Pharm</td>
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<td>NUR462/462 L ComHlthNsng (MS, G)</td>
<td>NUR350/350L WomHlthNsng (0)</td>
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<tr>
<td>No Clinicals</td>
<td>Cl.Fac: S.Litteral (FT); 7st; PVH</td>
<td>Cl.Fac: New Faculty (FT) ; 10st; SDCPH</td>
<td>Cl.Fac: E.Yabut (FT); 10st; NMCS</td>
<td>Cl.Fac: E.Yabut (FT); 7st; NMCS</td>
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AGENDA ITEM: 7.5
DATE: October 1, 2013

ACTION REQUESTED: ITT Technical Institute Rancho Cordova (ITTRC) Breckinridge School of Nursing and Health Science (BSNHS) Associate Degree Nursing Program Progress Report (PPR)

REQUESTED BY: Katie Daugherty, MN, RN, NEC

BACKGROUND: Dr. Mercy Popoola, MSN, PhD, RN was approved as Program Director (PD) on 8/12/13. Ms. Patricia Widman, MSN, RN has served as the program’s Assistant Director (AD) since February 2013.

Initial program approval was granted as specified in attached Board action letter, June 15, 2011. At the time of initial program approval, no areas of non-compliance and no recommendations were identified. The program enrolled the first cohort in March 2012, the second cohort in September 2012 and third cohort in March 2013. Total program enrollment is 71 students: Cohort #1 (19), Cohort #2 (22), and Cohort #3 (30) students.

In July 2013, a continuing approval visit was triggered by the loss of two essential clinical affiliations (Sutter Health and Dignity Health). These two clinical affiliations were required to be in place for implementation of the program curriculum as initially approved because these affiliations provided sufficient clinical practice learning experiences in three main specialty areas: OB, PEDS, and Advanced Medical Surgical Nursing. The Spring 2013 loss of these two clinical partners delayed Adult Nursing II (AN II) course completion for Cohort #1 (Qtr.6) students in the Summer 2013 quarter of the nine quarters program of study. The loss of these two vital affiliations resulted in the immediate lack of OB, PEDS and Advanced Medical Surgical clinical placements with no appropriate “back up clinical facilities” secured by August 7, 2013. The lack of ANII clinical placements and OB, PEDS, and Advanced Medical Surgical placements meant the program no longer had adequate clinical placement sites required for Cohort #1 student progression. As of 8/7/13, ITTRC had only one clinical site secured; this site was used in Summer 2013 for Cohort #2 students to complete Clinical Concepts II coursework so this cohort could progress to Qtr.5 in Fall 2013 for Adult Nursing I (AN I) course completion.

Detailed findings of the July 2013 continuing approval visit are described in the Education Licensing Committee (ELC) 8/7/13 meeting materials and the September 11, 2013 Board meeting reports. The July 2013 continuing approval visit findings included seven areas of non-compliance(s) and six areas of recommendations as documented in the detailed consultant report of visit findings and the separate summary Report of Findings report. The summary Report of Findings is attached.
On September 11, 2013 the Board placed the program on Warning Status with Intent to Withdraw Program Approval in addition to requiring other specified actions as delineated in the September 11, 2013 formal Board action letter being sent to the program following the 9/11/13 Board meeting. The September 2013 Board actions included suspension of program enrollment indefinitely and requires the program submit evidence of full compliance in each of the areas of non-compliance by December 1, 2013. The program’s written progress report (PPR) to be submitted by December 1, 2013 will be presented at the January 2014 ELC meeting and the February 2014 Board meeting with program representatives to be in attendance.

ITTRC has submitted the first written Program Progress Report (PPR). ITTRC’s written PPR documents (pgs. 1-10; Attachments1-9 and Cohort#1, 2, and 3 Fall 2013 course schedules) will be presented at the October 2013 ELC and November 2013 Board meetings. These PPR documents describe the program’s actions and progress as of 9/19/13 in correcting the seven areas of non-compliances as well as actions taken or in progress to address the six recommendations.

**ITTRC’s Current Clinical Sites as of 9/19/13**
The ITTRC 9/19/13 PPR provides written evidence showing the program has secured the necessary clinical placements to implement the Fall 2013 course of instruction and clinical practice/learning experiences for all three cohorts of program students. (Please refer to attached Cohort #1, 2, and 3 schedules provided).

ITTRC’s written PPR, Attachments and Fall 2013 quarter schedules show the following clinical sites are to be used from September 16-December 6, 2013:
- Delta Rehab (contract already in place-Cohort #1 Gero course clinicals (G1,2 groups);
- Doctors Medical Center San Pablo (new contract/facility-Cohort #1 Adult Nursing II (ANII) (G1,2); Cohort #2 Adult Nursing I (ANI) (G1,2,3 groups);
- Sacramento Post-Acute Care (new contract/facility-Cohort#1 ANII (G1,2 groups), Cohort #2 ANI (G1,2, 3 groups).
- Sierra Vista Psych (new contract/facility-Cohort#1 Psych/MH (SV-P/MH) (G1,2 groups);
- Western Slopes Health Center Placerville (WS used since 5/13; Cohort #3 Clinical Concepts I (CCI) (G1,2, 3 groups).

**Potential Back up/Alternative Clinical Site**
- Oak Valley in Oakdale (2 hrs. distance from Sacramento). A clinical contract is in place, however, no specific student placement dates for Fall 2013 or in the future have been confirmed as yet. Per the ITTRC PPR pgs.2-3, this site will be used an alternate site (only periodically) because of the distance from the ITTRC campus. The Director and the NEC plan to visit the site prior to December 1, 2013. The current Director has not visited the site yet and it has been about two years since the NEC visited the site. The site evaluation will be done using the updated clinical verification facility information provided by ITTRC.
**Doctors Medical Center (DMC) Placements Secured**

On 9/11/13, Dr. Popoola provided a signed clinical agreement for DMC; she obtained the signed contract on 9/10/13. DMC in San Pablo will provide ITTRC clinical placements starting September 16, 2013 - June 2014. DMC is approved to provide needed Capstone Advanced Medical Surgical course clinical placements as well as CCI,II, AN I, II clinical rotations. Refer to ITTRC Program Progress Report (PPR) pgs. 2-3, 7, Attachment 2 and Cohort#1, and 2 Fall 2013 schedules as attached.

**Sutter Health Clinical Placements 9/19/13 Verbal Commitment**

Beginning January 2014 Sutter Health has verbally agreed to provide clinical placements (including PEDS and OB) as needed for the currently enrolled 71 students from January 2014 through December 2015. Refer to ITTRC PPR pgs. 3 & 7 for details.

**Status Dignity Health Potential Clinical Placements**

Please refer to ITTRC PPR pg.3. ITTRC and Dignity Health meeting occurred 9/3/13; as of 9/19/13 no definitive placement commitment secured. ITTRC’s initial request was for OB and PEDS placements for the Winter 2013 quarter (December 9-mid March 2014) to place Cohort #1 (19) students.

**Cohort #1 Adult Nursing II (AN II) Course Completion**

The attached Cohort #1 schedule shows the specific plan for completion of AN II concurrent theory and clinical hours from 9/16/13-10/19/13. All AN II hours will be completed before Cohort #1 students take the Psych and Gero courses. The required Fall 2013 nursing Psych and Gero courses (with concurrent theory and clinical hours) will be taken in a 7 weeks compressed instructional format per the attached schedule. The Fall quarter ends 12/6/13.

**NEC Comments:** Henceforth, the program is expected to maintain adequate faculty and clinical placements for the on time completion of all courses each quarter. This applies to all program cohorts with no additional exceptions or accommodations.

**A lack of adequate Clinical Placements for OB, PEDS, and Advanced M/S is potentially resolved as of 9/19/13**

As of 9/19/13 the Director reports the program has now secured sufficient clinical placements to adequately implement the course of instruction for Fall 2013, and based on the 9/19/13 Sutter Health verbal commitment, for the period from January 2014 through December 2015. Sutter Health’s verbal commitment applies to the current 71 enrolled students. Refer to ITTRC PPR pgs.3 and 7. Director states details are to be provided in November 2013.

**Summary of ITTRC PPR in each area of Non-Compliance**

**CCR 1420 (c.), (h) PD/AD Insufficient/Ineffective coordination, direction … per the July 7/13 BRN reports**

- Refer to ITTRC PPR pgs.1-10, Attachments 1-9, and Cohort #1, 2, 3 Fall 2013 schedules for detailed specifics in relation to the corrective action taken and in progress.
- Dr. Popoola, the PD/Chair as of 8/12/13, has 100% (40 hrs./wk) assigned administrative time.
• AD Widman will have a minimum of 20% (5 hrs./wk) assigned administrative time each quarter. The amount of assigned time will vary from quarter to quarter. Dr. Popoola reports for the past 6-8 months, Ms. Widman’s assigned time has been well above 20%. According to ITTRC Attachment 9, effective 9/16/13, AD Widman is assigned 50% administrative time for the Fall 2013 quarter. She is also identified as one of two “back up” faculty. The Director has assigned two “back up” MSN instructors to cover theory and clinical hours when needed and according to the faculty members BRN approvals.

• Beginning 9/4/13, weekly leadership meetings have been established with the Program Director, Assistant Director, ITTRC campus leadership, and ITT Education Services, Inc. -ITT/ESI Inc. representatives BSNHS national nursing chair, Dr. Yigezu, and BSNHS President.

• The program provided current students a letter of notification regarding the program’s changed BRN approval status (Attachment 4). ITTRC has also provided inquiring prospective students including new and transferring students, the required notification information via email, phone and in person contacts.

**NEC Comments**
Dr. Popoola has worked diligently during the last 5 weeks to address the lack of clinical placements. Continuing changes in clinical site and faculty availability, as well as student scheduling challenges, have necessitated multiple changes in the Fall 2013 schedule that was finalized on 9/19/13 as attached. The Director’s program planning, decision making and prioritization activities have resulted in successful acquisition of the necessary Fall 2013 clinical placements for all three cohorts. She has also secured a verbal commitment from Sutter Health, (9/19/13) to provide needed placements for the 71 current program students beginning in January 2014 until December 2015 including OB and Peds clinical placements.

**CCR 1424(h) and 1426 (a) Lack of Timely BRN notification of program and curriculum changes per the 7/13 BRN visit reports.**

• Refer to ITTRC Program Progress Report (PPR) pg.2 for corrective action taken and corrective action in progress.

• Dr. Popoola’s communication has been timely from 8/12/13-9/19/13 via a variety of communication methods.

• Program Director reports two full time instructor level “back up” faculty were assigned to cover unexpected faculty replacement needs for Fall 2013; one of the “back up” instructors covered an unexpected emergency situation arising on 9/16/13.

• Faculty remediation plans have been initiated by the Program Director so existing faculty achieve reclassification and are able to teach in multiple specialty areas as needed each quarter. At least one part time adjunct assistant instructor will complete needed M/S remediation by mid-October 2013. This faculty member will then be able to teach both Peds and M/S clinical course components as assigned.

**NEC Comments**
Identification of a sufficient number of competent faculty and “back up” faculty to cover unexpected faculty staffing changes is very appropriate, and reflects prudent program planning and management of faculty resources. This degree of program planning must be a routine part of ongoing program resource planning by the Director and fully supported by the organization every quarter. Establishing and maintaining adequate type and number of faculty to cover all 5 specialty areas each quarter is essential moving forward to ensure instruction occurs as
scheduled, coursework is completed on time, program instructional stability is sustained, and
quality instruction is delivered on a consistent basis even when unexpected program changes or
emergencies arise. Additionally, ITTRC and program leadership is expected to adhere to and
comply with the requirements (per CCR 1432) as stated in the attached June 15, 2011 initial
program approval Board Action letter without exception when unexpected program changes
occur. Failure to notify the NEC when program changes that impact on the course of instruction
occur in a timely manner will place the program in non-compliance immediately in the future.

The Program Director may also need to increase the number of “back up” instructors available
for each quarter moving forward; planning should include doing clinical site orientation of “back
up” faculty prior to need.

**CCR 1424 (e) and (f) Inadequate and Insufficient Program Director(PD)/Assistant
Director (AD) time in Administration/Management of Clinical Affiliations per the 7/13
BRN visit reports**

- Refer to Program Progress Report (PPR) pgs.2-3, Attachments 2-5 and the Cohort #1, 2,
  3 Fall 2013 schedules for corrective action in progress.
- The Director reports the PD/AD will maintain adequate faculty supervision each quarter
  and as needed. Actions will include doing regular clinical site visits to observe faculty
  and student performance. The Director states immediate follow up related to faculty or
  student issues will occur as needed, and has already occurred based on the Director’s
  initial formative data collection in late August and early September 2013 and initial
  meetings with Dignity Health and Sutter Health.

**NEC Comments**

During the last 5 weeks (8/12/13-9/19/13), Dr. Popoola has spent significant amounts of time
(30% per PPR) securing adequate clinical placements for the Fall 2013 quarter and future
quarters of program instruction. For the DMC clinical placements, The Director took the
leadership role (facility supported role) in orienting ITTRC clinical faculty to DMC since she
was already familiar with the clinical site because she had supervised student clinical placements
as a faculty member teaching in another pre-licensure program in the past. The Director’s
working knowledge of the DMC clinical site is expected to strengthen both student and faculty
orientation outcomes since DMC is a new placement for ITTRC.

**CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:**

- Refer to ITTRC PPR pg.4 for corrective actions in progress.
- PD/AD and faculty will begin work to implement the existing Total Program Evaluation
  Plan in October 2013.
- Initial formative program evaluation has been done by PD in late August/early
  September; formal analysis and report to NEC to follow (date TBD).
- A Program Advisory Board (PAB) has been established; the first meeting will occur
  10/18/13.
- HESI testing processes and results reviewed; testing schedule; analysis, reporting and
  student remediation follow up activities underway.
- PD/AD to work closely with faculty to ensure course evaluation data collected, analyzed
  and timely action taken.
NEC Comments
Total program evaluation activities are crucial moving forward to identify and address needed program improvements in a timely manner. It is essential thorough course evaluation activities are consistently done since quarter to quarter course evaluations in the past were not done consistently for all courses and each faculty member teaching in the course. NEC plans to discuss results of Summer 2013 course of instruction evaluation results/action planning with PD in the next several weeks along with PAB outcomes achieved.

CCR 1420(e) and (k), 1424 (d), and (h) Program Administration: Budget and Faculty Resources per the 7/13 BRN visit reports
- Refer to ITTRC Program Progress Report (PPR) pgs.5, 8, Attachment 9 and Fall 2013 schedules for corrective actions taken and in progress.
- New 5 year program budget to be in place by December 1, 2013.
- Required faculty content experts identified (PPR pg.8); scheduled reviews to be determined.
- Current faculty number and type: 5 FT (and 2 potential); 4 PT/adjunct (with 2 potential) plus the FT Program Director, Dr. Popoola. PD is now approved as an instructor in OB and M/S.

NEC Comments
Given the program’s leadership and faculty stability issues to date, having an adequate type and number of faculty in place each quarter is essential and a critical success factor for the program to gain and sustain program stability moving forward now and in the future. Dr. Popoola, as program director is expected to maintain 100% administrative assigned time without responsibilities for a teaching load. This will ensure Dr. Popoola has sufficient time to manage and administer all aspects of the program on a consistent and timely basis.

During August –September 9/19/13, faculty turnovers included five changes: 1 FT AI, 2 PT MSN instructors, plus 2 other expected new FT MSN and 1 CYA hires, that have not been hired. The faculty changes in just the last few weeks, exemplify the reasons the 2011 ITT/ESI and ITTRC leadership established the program faculty staffing plan as reflected in the initial program approval documents when approved in June 2011. As approved in June 2011, the program was to have a total of 8-9 FT instructor level MSN faculty (including the PD) and PT as needed by Qtr.6 (Summer 2013). Please note this is also the total number of FT that should be in place to support enrollment for three cohorts of students. Had the program admitted a Cohort #4 group in September 2013, the program was to have hired additional full time faculty (9-10 FT by Qtr.7) along with PT as needed.

As noted in the July 2013 consultant visit report, the program’s faculty staffing plan as initially approved was deliberately established by the ITTRC and ITT/ESI representatives so adequate type and number of faculty are consistently available to implement the course of instruction and provide requisite administrative and instructional program stability. The initial faculty staffing plan was also purposefully developed by ITTRC and ITT/ESI leadership in 2011 to ensure unexpected teaching assignment changes arising due to personal faculty emergencies, illnesses, etc. could be addressed immediately with competent faculty, familiar with the curriculum and expected learning outcomes. During the initial program approval site visit in 2011, it was clear,
ITTRC representatives including the ITTRC campus director, the campus dean, the nursing program director and the ITT/ESI (National Nursing Chair# clearly recognized and understood the actual daily challenges associated nursing faculty recruitment, retention and the real world difficulties associated with finding adequate competent faculty replacements on short notice.

**CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports**

- Refer to ITTRC Program Progress Report (PPR) pg.6 and Attachment 5; corrective action in progress, this includes:
- Revised faculty orientation for Sutter per Attachment 5 materials and sample draft clinical orientation packet submitted separately.
- PD /AD establishing ongoing (midterm and before end of term observational visits) to monitoring clinical faculty during clinical rotations; written observations using program form will be done for every time faculty are observed. The faculty member will be given a copy of the observations findings that include expected follow up plans.
- PD establishing an ongoing faculty remediation/development plan for all current and new faculty. Two in-services (Nursing process to promote and teach critical thinking) will be done; one in November 2013 and a second (critical thinking /QSEN in-service) in Jan/Feb 2014.
- Dr. Popoola reports faculty competency skills validation for current and new faculty will be done. According to the PD any time there is a question with faculty clinical practice, an ITTRC faculty development/remediation plan will be implemented immediately.

**NEC Comments**

ITTRC has specific faculty development/remediation processes and forms for competency validation purposes in place as outlined in the faculty handbook. The Director reports she plans to refine existing processes and validation activities as needed, and will integrate those required by each of the program’s clinical sites as needed. ITTRC’s competency validation activities are distinct and different from the BRN faculty remediation requirements for BRN faculty reclassification approvals. The NEC will review all competency validation and written mid-term observations completed for Summer 2013, Fall 2013 mid-term and going forward as needed.

**CCR 1427 (a) Clinical Facilities: No OB, Peds, and Advanced Medical Surgical Placements secured to replace lost clinical affiliations with Sutter Health and Dignity Health per the 7/13 BRN visit reports**

- Refer to ITTRC PPR pgs. 2, 3, 7 Attachments 2 and 3, and this agenda item summary describing corrective action taken and in progress.
- PD and AD have taken steps to be re-invited to participate in the community clinical consortium. PD and or the AD will attend all these meetings going forward.

**NEC Comments**

No invitation for participation secured as yet. This item/outcome to be monitored as needed.

**ITTRC Program Progress Report (PPR) evidence related to the Areas of Recommendations per the 7/13 BRN visit reports:** For further details regarding ITTRC’s corrective action related to the six areas of recommendations, please refer to ITTRC’s (PPR) pgs.7-10 and supporting documents. It is also noted the program has submitted required evidence related to signed clinical contracts, a proposed sample/draft clinical orientation clinical package, remediation plans for faculty to be reclassified in another of the 5 specialty areas beyond existing
BRN faculty approvals, and the form the PD used in August and September 2013 to collect an initial set of formative program data.

**NEC Summary Comments relative to the submitted ITTRC Program Progress Report:**

- Accept ITTRC’s first progress report for the (October, 2013 ELC/November 2013 Board meetings) as adequate. Recognize ITTRC has made progress during the last three months (from July 17, 2013 - September 19, 2013) in addressing the seven areas of non-compliances and six areas of recommendations.

- A total of 5 clinical sites for student placements have been secured (as of 9/19/13). All five sites are being used in the Fall 2013 quarter. The five clinical sites include 1 acute care facility (DMC), 1 post-acute care facility (vent/trach/neuro), 1 psych/mental health site, and 2 SNF/ Rehab facilities. One potential “back up” facility has also been identified. In Summer 2013, ITTRC had only one skilled nursing/acute rehab site in place when the program lost the Dignity Health and Sutter Health clinical contracts in Spring 2013 because of the program’s ineffective and inadequate management of these two crucial clinical affiliations.

- Cohort #1 AN II coursework will be completed by 10/19/13. Necessary clinical sites in place for all three cohorts. Submitted clinical schedules reflect concurrent theory and clinical in all courses, the correct number of course hours and appropriate faculty assignments.

- New ITTRC program director (as of 8/12/13) Dr. Popoola, as Program Director and program manager/administrator, has demonstrated appropriate, effective, and timely program planning (particularly Fall 2013 term), decision making, communication, implementation, and evaluation actions during the first five weeks in her role as PD/Chair.

- More detailed information/evidence is needed in relation to Sutter Health’s verbal clinical placement commitment to provide ITTRC necessary clinical placements for the 71 current program students from January 2014 through December 2015. Evidence is to include signed written agreement/updated, updated clinical site verification information, and as applicable updated clinical site approval forms, plus the requisite Winter 2013 clinical placement schedules showing sufficient clinical placements for OB and PEDS are confirmed.

- At this time, it is necessary and appropriate to maintain all of the specified September 11, 2013 Board actions until ITTRC has achieved full compliance and demonstrates a consistent pattern of continued compliance and program stability. This includes timely BRN notice and communication by the Director, adequate evidence of program stability related to the management and administration of all aspects of the program, retention of a competent effective program director, and the acquisition and ongoing maintenance of adequate type and number of faculty as well as sufficient and appropriate clinical placements to support the course of instruction.
NEXT STEPS: Place on Board Agenda
FISCAL IMPACT, IF ANY: None
PERSON TO CONTACT: Katie Daugherty, MN, NEC
                        916 574-7685
June 15, 2011

Ms. Seaneen Noonan, MSN, RN
Program Chair
ITT Technical Institute
10863 Gold Center Drive
Rancho Cordova, CA 95670

Dear Ms. Noonan:

The Board of Registered Nursing, at its June 15, 2011 meeting in Ontario, California voted the following action:

“To grant initial approval for ITT Technical Institute Rancho Cordova Associate Degree Nursing Program as described in the self-study submitted to the Board.”

Please be advised that any changes made to the approved proposal of the nursing program, i.e., enrollment, start date, location etc., require notification to the Board and Board approval as appropriate.

A site visit will be conducted in August 2011 to verify the planned physical space renovations are complete prior to the start of instruction in September 2011. Additionally, as part of the initial program approval at least two site visits will be conducted: (1) Site visit one year following the start of the program and (2) Site visit prior to the completion of first cohort of students. If further information is needed please do not hesitate to contact Katie Daugherty, NEC, at (916) 574-7685.

Sincerely,

BOARD OF REGISTERED NURSING

Miyo Minato, MN, RN
Nursing Education Consultant

cc: Katie Daugherty
Non Compliance(s): 

CCR 1420 (c), (h) Program Director (PD), Assistant Director (AD): 
Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec 2012-July 2013).

CCR 1424 (h) and 1426 (a) A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination.

CCR 1424 (e), (f) Inadequate and insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program’s two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program’s course of instruction as initially approved. No comparable clinical affiliations have been secured.

CCR 1424 b(1) Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculty. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

CCR 1420 (e) and (k), 1424(d) and (h) Program Administration: Budget and Faculty Resources Inadequate Type and Number: The program’s initially approved budget and staffing plan has not been adequately implemented. There have been frequent delays in acquiring needed program resources including faculty, a replacement PD and simulation equipment. Site visit requests for the current program budget info not available during or immediately after the visit. There continues to be a lack of adequate type and number of qualified faculty to support instruction, most urgent is identification of a psych/mental health content expert for 12/9/13 course start.
CCR 1425.1(d) Clinically Competent Faculty:
On 7/16/13, the site visit NEC observed one instance of inadequate faculty supervision of a student's oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessments prior to administration. NEC follow up with the faculty member and AD Widman occurred immediately.

CCR 1427 (a) Clinical Facilities: No OB, PEDS and Advanced Med.Surg clinical placements secured to replace the lost Sutter Health and Dignity Health clinical affiliations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced M/S placements are needed by 3/17/14.

Recommendation(s):
CCR 1424 (b) (1) Written Policies and Procedures: Develop a program specific student re-admission/re-entry policy congruent with the campus policy as discussed 11/16/12.

CCR 1424 (f): AD Functions/ Knowledge: ADs need to become more familiar with BRN Director Handbook information including faculty and clinical facility approval processes, forms and submission requirements.

CCR 1424 (b) (2) Program Grievances: Develop a program level written method to track, trend and report grievance information/outcomes/actions.

CCR 1420 (f), and 1425 (f) Content Experts: Develop a written plan/schedule for completion of the five specialty areas content expert reviews, no later than Qtr. 9, so following one full program curriculum cycle, written reviews, recommendations, documentation, and action planning are completed in accord with program's written content expert review policy and program committee processes.

CCR 1425.1 (a) Faculty Responsibility: Provide a collaborative/supportive environment for the total program faculty to make timely changes in the curriculum including course testing/assessments. Address the faculty/student perception of a "disconnect between the syllabi and course testing/assessments. Ensure congruence with the KSAs reflected on the 2013 NCLEX RN Test Plan and current clinical practice.

CCR 1420 (k) and 1427 (b) Clinical Facilities Use to Meet Program Objectives: Ensure the learning experiences planned for students by the faculty meet the objectives; and the required course of instruction includes the basic standards of competent performance, RN level critical thinking/clinical reasoning, and role performance activities.
September 19, 2013

Ms. Katie Daugherty, MN, RN
Nursing Education Consultant
California Board of Registered Nursing
P. O. Box. 944210
Sacramento, CA 94244

Dear Ms. Daugherty and the BRN,

My name is Dr. Mercy Popoola and I accepted the position as program director for the Breckinridge School of Nursing and Health Sciences (BSNHS) in Rancho Cordova August 12, 2013. Based on my current assessment, the recent documents that have been submitted, the timeline of events, and for the sake of the students that are innocent in this entire process, I continue to ask the BRN to re-consider the current warning status decision and to “defer action to continue approval” to give the program time to correct the cited non-compliances. We appreciate the BRN giving additional time to December for the BSNHS to comply. This will allow BSNHS additional time to take necessary actions for compliance and will not impede the public interest.

As you are aware, BSNHS has made substantive progress since August 7, 2013 as evidenced by the many email and phone communications. For the October BRN meeting, I am submitting the following documents:

- Attachment 1: Progress Report
- Attachment 2: Clinical Facility Verification Form for Doctors Medical Center
- Attachment 3: Facility Verification Form for Sacramento Post-Acute
- Attachment 4: Notice letter to students about program status with the BRN
- Attachment 5: Sutter Health Action Plan
- Attachment 6: ITT Technical Institute Student Affairs Customer [Grievance] Policy Complaints SA 11.0
- Attachment 7: Breckinridge School of Nursing Grievance Tracking Form.
- Attachment 8: Breckinridge School of Nursing Grievance Tracking Tool
- Attachment 9: Faculty BRN Approvals

Thank you and I hope you can consider some of our recent substantive progress in the last three weeks before making your decision.

Sincerely,

[Signature]

Dr. Mercy Popoola
Nursing Program Chair
Breckinridge School of Nursing
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
ITT Technical Institute, Rancho Cordova
Breckinridge School of Nursing & Health Sciences
Associate Degree Nursing Program
September 19, 2013

Non-Compliance(s):

CCR 1420 (c), (h) Program Director (PD), Assistant Director (AD):
Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec 2012-July 2013).

Response: Corrective action taken. Nursing Program Chair (PD), Dr. Mercy Popoola, was hired August 12, 2013. Dr. Popoola resides in the Sacramento area, her office is on campus and she dedicates 100% of her time to program administration.

The PD has taken the leadership role in coordinating and directing the implementation and management of all program activities since her appointment. A copy of the BRN Director’s Handbook has been provided to faculty, AD, Dean, and campus Director with specific reference to Sections 6 and 8. Faculty and program leadership are expected to take the time to refer regularly to the regulations via the resourceful handbook for information and education about nursing and the BRN process.

Additionally, effective September 4, 2013, a weekly meeting is now in place for ITT Technical Institute leadership and Breckinridge School of Nursing and Health Sciences (BSNHS) management at the local and national level (PD, Dean, campus Director, Regulatory Affairs Manager, President BSNHS, Vice President and National Dean BSNHS and any others invited, when applicable).

The Assistant Program Chair (AD) will devote administrative time as required by the BRN. This allows the AD adequate time to support the PD in the management of program activities. The AD can devote additional time to administration as needed.

Evidence: Director Approval Form and Short Bio:
Dr. Popoola’s career as a holistic nurse has spanned over 29 years of nursing and nursing education in the United States and abroad. Her early preparation in nursing was as a diploma nurse. She later obtained a BSN, MSN (education and acute critical care focus), and her Ph.D. at the University of Colorado Health Science Center, Denver CO. Her most recent accomplishments are in the publication of two books (Holistic and Complementary Therapies with Western Schools); publication of over 10 peer reviewed journals; and in the development of nursing program curriculum at the undergraduate and graduate levels. Dr. Popoola’s professional experiences include teaching in undergraduate and graduate nursing programs and serving as program chair and director for undergraduate and graduate nursing programs.
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
ITT Technical Institute, Rancho Cordova
Brekinridge School of Nursing & Health Sciences
Associate Degree Nursing Program
September 19, 2013

CCR 1424 (h) and 1426 (a) A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination.

Response: Corrective action taken. All changes in the program will be reported to the BRN and NEC within 48 hours and faculty changes will be reported within 30 days. Going forward, we will have two back-up faculty members to cover unexpected vacancies and medical emergencies. For fall 2013, the back-up members are Annemarie Marchi and Patricia Widman who have partial teaching work role. As of September 16, 2013 the program was faced with a sudden medical emergency and was able to take some immediate steps to address any gap immediately.

Evidence: The new PD has been in constant and weekly communication (phone calls, emails and site visits) with the NEC since August 12, 2013. Some recent program notifications include the following:
1. Submitted make-up clinical and Fall Schedule for Cohort 1, 2, 3
2. Revised Faculty BRN Approvals forms
3. New Clinical Sites Contacts Form and:
   - Attachment 2: Clinical Facility Verification Form for Doctors Medical Center
   - Attachment 3: Clinical Facility Verification Form for Sacramento Post-Acute
4. Attachment 4: Notice letter to students about program status with the BRN.
5. Fall faculty schedule or assignments.
6. Ongoing email communications.
7. Update on program evaluation.

CCR 1424 (e), (f) Inadequate and insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program’s two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program’s course of instruction as initially approved. No comparable clinical affiliations have been secured.

Response: Corrective action is in progress. It is estimated that the PD will spend 30% of her time acquiring and maintaining clinical sites. BSNHS is requesting up to December 2013 for full compliance in regaining the two major clinical sites (Dignity and Sutter) or to secure equivalent alternative clinical sites. We have had promising discussions with Sutter Health and Dignity. Dignity has agreed to get back to us about our request to allow maternal and child rotation at their facility and we have an appointment to meet with Sutter Health on September 19, 2013 at 10 AM.
A detailed corrective action plan developed by the PD has been provided to Sutter Health with a newly developed clinical package for student and faculty orientation. This corrective action plan will be used with our other clinical partners in the future and by the December 2013 quarter, all clinical instructors will be required to read and sign the document. A copy of the signed document will be kept in the PD’s office.

The AD is spending 20% of her time acquiring and maintaining clinical sites. We also are taking a holistic approach to work on securing clinical sites in the following ways:

1. Providing time to the PD, AD and two faculty members to seek new and appropriate clinical sites
2. Exploring alternative clinical sites for OB in the community (Doulas and Midwives)
3. Use of some simulation if approved by our NEC
4. Locating community sites for Peds-day care centers and churches. (If the BSNHS has to use community sites, we will develop a non-faculty instruction sheet for participants to comply with Section 1424(i) of the BRN regulations.)
5. Continuing our discussion with Dignity and Sutter Health

New clinical sites that have been secured include these:

1. Doctors Medical Center: Contract in place and we are starting clinical rotation at this hospital effective September 23, 2013 beginning with orientation.
2. Oak Valley: Contract in place but because of the distance this site will be maintained as an alternative and for periodic use only. PD plans to visit this facility with the NEC as soon as it can be arranged and prior to December 2013.
3. Sierra Vista: Contract in place and orientation set to begin in October 2013. We had to cancel the initial orientation date to ensure that the students in Cohort I complete their Adult Nursing 11 make up from last quarter.
4. Sacramento Post-Acute: Contract in place and Cohort 1 students’ orientation was September 16, 2013. They are currently in clinical to complete Adult Nursing II. Cohort 2 orientation is scheduled for Friday September 20, 2013.
5. Sutter Health: We now have verbal committed to begin OB and Peds rotation starting January 2014. Details will be provided to the BRN at the November meeting.

Evidence: Submitted contract with Doctors Medical Center, submitted appointment email to meet with Sutter Health, submitted updated clinical approval forms, submitted email follow up about the recent visit by PD and Campus Director to Dignity, submitted e-mail about Oak Valley site status, and submitted updated clinical contracts.

Attachment 5: Detailed corrective action plan for Sutter Health. At our September 19, 2013 meeting with Sutter Health, we have been told verbally that they will support clinical placement for our current 71 students up to December 2015.
CCR 1424 b(1) Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculty. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

Response: Corrective action in progress. Going forward the existing plan already in place will be implemented and the AD has been assigned to work with faculty members to actively begin this process starting October 1, 2013. Evaluation data will be analyzed and appropriate action will be taken to improve students’ learning outcomes.

Since September 3, 2013, the PD has been aggressive in locating program advisory board (PAB) members in the community. As of today, we now have nine (including the PD) very committed PAB members. We are planning the first PAB meeting to take place October 18th 2013 and a list of the members with their correct qualifications will be provided for the November 2013 BRN meeting.

Also, the PD has included a time for students to complete the required HESI Exam on the class schedule for this September 2013 quarter. In November, the results of the HESI exam for Cohort 1 and previous pharmacology and fundamentals results will be analyzed and corrective action for student remediation implemented. The process will be set in place for every quarter going forward.

Formative evaluations of the program were conducted on August 27, 2013 and September 4, 2013, and we are currently analyzing the data to share with the board. However, based on the formative evaluation, PD has had one-on-one verbal discussions with faculty concerning the issues. Also, effective September 16, 2013, we have started to work on our December 2013 clinical assignments and will have the schedule ready for students before October 28, 2013. Going forward, the program will ensure that all clinical assignments are in place and ready two months prior to any rotation.

Evidence: Email list of Program Advisory Board Members to NEC. Submitted BSNHS approved systematic evaluation plan. Submitted September 9, the 2013 follow-up e-mail to NEC regarding summer courses and clinical evaluations. Submitted Fall quarter class and clinical schedules with concrete HESI dates.
Attachment 1: Progress Report  
Response to California Board of Registered Nursing Report of Findings  
ITT Technical Institute, Rancho Cordova  
Breckinridge School of Nursing & Health Sciences  
Associate Degree Nursing Program  
September 19, 2013  

**CCR 1420 (e) and (k), 1424(d) and (h) Program Administration: Budget and Faculty Resources Inadequate Type and Number:** The program's initially approved budget and staffing plan has not been adequately implemented. There have been frequent delays in acquiring needed program resources including faculty, a replacement PD and simulation equipment. Site visit requests for the current program budget info not available during or immediately after the visit. There continues to be a lack of adequate type and number of qualified faculty to support instruction, most urgent is identification of a psych/mental health content expert for 12/9/13 course start.

**Response:** Corrective action in progress. The PD and the campus Director are currently reviewing the approved budget and will have a new five-year budget in place by December 1, 2013. The update to the initial budget will show a detailed five-year budget to the BRN and will also reflect the current number of students in the program. It is the goal of the program to hire competent, adequate, well qualified, and experienced faculty members to exceed the need of the program at all times. A commitment from a psych/mental health expert has been submitted and approved by the BRN. She will be ready to start as soon as Cohort 1 completes the incomplete for Adult Nursing II. The PD has been approved as a content expert in OB and we are in the process of hiring four faculty members.

- **Current student population:** 71 (Attrition due to transfer of students to another campus—program, the fear of the current state of the program, financial reasons, personal reasons, family issues, and lack of academic progression).

- **Current Full-Time Faculty:** 5 with two additional potential faculty members under consideration (One OB).

- **Current Part-Time Faculty:** 4 with two additional potential Adjunct faculty members under consideration (one Peds, and one OB – Med Surg)

- **Current Total of Faculty:** 9 (5FT and 4 PT) plus PD with Faculty approval and Content Expertise in OB and M/S.

Recruitment efforts and interviews continue to acquire qualified and dedicated faculty members.

**Evidence:** Submitted Faculty Approval forms for Psych- Mental health and OB content experts.
Attachment 1: Progress Report  
Response to California Board of Registered Nursing Report of Findings  
ITT Technical Institute, Rancho Cordova  
Brekinridge School of Nursing & Health Sciences  
Associate Degree Nursing Program  
September 19, 2013

CCR 1425.1(d) Clinically Competent Faculty:
On 7/16/13, the site visit NEC observed one instance of inadequate faculty supervision of a student’s oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessments prior to administration. NEC follow up with the faculty member and AD Widman occurred immediately.

Response: Corrective action in progress. Steps are in place to provide an ongoing remediation plan for faculty via in-service, mentoring, and professional continuing education activities. We will use Dr. Patricia Benner’s Novice to Expert: Expert in Clinical Excellence theory as a model for faculty clinical orientation and remediation. The first in-service will focus on the use of the nursing process to promote and teach critical thinking. It will be presented in November, 2013 using the new clinical expectation package already submitted to the NEC as a draft document at this time.

The PD has had a one-on-one talk with the above faculty member and she is working on her remediation plans. As stated previously, effective in the December 2013 quarter, all faculty members will review and sign the corrective action plans for the clinical facility developed currently for Sutter Health.

We currently have a remediation plan in place for three faculty members.

Another critical thinking and a QSEN in-service will be conducted in January or February 2014 for all faculty members. This will help transition our new clinical faculty into expectations of teaching at an RN level program using the NCLEX test plan.

Orientation will be provided to faculty and students prior to beginning any clinical rotation. PD and AD will have an ongoing schedule (before midterm and before the last week of clinical) to monitor and supervise faculty members during any clinical rotations. A detailed clinical nursing instructor observation sheet will be developed every time and provided to the instructor with implemented follow-up plans.

Faculty competency skills will be implemented and validated for current and new instructors, and at any time there is a question with faculty clinical practice, a remediation plan will be implemented immediately.

Evidence: Submitted faculty remediation plans
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
ITT Technical Institute, Rancho Cordova
Breckinridge School of Nursing & Health Sciences
Associate Degree Nursing Program
September 19, 2013

CCR 1427 (a) Clinical Facilities: No OB, PEDS and Advanced Med.Surg clinical placements secured to replace the lost Sutter Health and Dignity Health clinical affiliations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced M/S placements are needed by 3/17/14.

Response: It was unfortunate that we lost Sutter Health and Dignity Health. However, we are taking active steps to re-gain these important clinical sites. The PD has had promising discussions with both organizations. We have an appointment to meet with Sutter Health on September 19, 2013 and the PD and campus Director met with Dignity on September 3, 2013 with a promising outcome.

We have new clinical sites and securing additional, appropriate clinical sites remain our top priority over the next 90 days. We are requesting an extension until December 2013 to demonstrate full compliance in this area.

PD and AD have taken steps to be re-invited and to participate in the community clinical consortium. Corrective action is in process but not finalized since the PD is waiting for a return call from the organizer. PD will also follow up on this item during the meeting with Sutter Health on September 19, 2013. As soon as we are re-invited, PD and/or AD will attend all upcoming community clinical consortium meetings going forward.

Evidence: Submitted signed contract with Doctors Hospital, Oak Valley, Sierra Vista and Sacramento Post-Acute and submitted emails communication with Sutter and Dignity Health. We now have Doctors Medical Center for Advanced M/S placement and have been slotted at the hospital schedule for the 2014 quarter. We also have Sacramento Post-Acute for Advanced M/S placement and Oak Valley will be used in emergency due to distance.

Again based on our meeting with Sutter Health on September 19, 2013, we now have a verbal commitment that Sutter will work with the school to ensure that the 71 current students complete all of their clinical rotations (OB and Ped included) effective January 2014 until graduation.

Recommendation(s):
CCR 1424 (b) (1) Written Policies and Procedures: Develop a program specific student re-admission/re-entry policy congruent with the campus policy as discussed 11/13.

Response: Corrective action in progress. We will have a new re-admission/re-entry policy developed for the program. It has been drafted and is in the review process. It will be finalized and presented to the BRN by December 1, 2013.
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
ITT Technical Institute, Rancho Cordova
Breckinridge School of Nursing & Health Sciences
Associate Degree Nursing Program
September 19, 2013

CCR 1424 (f): AD Functions/Knowledge: ADs need to become more familiar with BRN Director Handbook information including faculty and clinical facility approval processes, forms and submission requirements.

Response: Corrective action in progress. AD has been given time to review the BRN Director’s Handbook to familiarize herself with approval processes, forms, and submission requirements.

CCR 1424 (b) (2) Program Grievances: Develop a program level written method to track, trend and report grievance information/outcomes/actions.

Response: Corrective action taken. Effective September 16, 2013, student grievance documents showing proper steps of actions taken will be kept in a binder in the PD’s office. To augment our current ITT Technical Institute policy for addressing and reporting all complaints (grievances), the PD has developed an additional nursing program level formal grievance tracking form for the BSNHS Rancho Cordova campus. The forms will serve as a tracking, reporting, and trending tool. It has been reviewed and accepted by faculty members and submitted to the campus Dean and campus Director for approval. Copies of this document and of the ITT Technical Institute student affairs complaints policy for addressing all complaints can be located in the PD’s office and student affairs binder. In the future, a copy will be included in the Nursing Student Handbook. These forms will serve as the program-level procedure for resolving students’ grievances. The next and final step is to use the current ITT Technical Institute student complaint summary form and procedure.

Attachment 7 and 8: Breckinridge School of Nursing Grievance Tracking Form and Tracking Tool. Faculty minutes.

CCR 1420 (f), and 1425 (f) Content Experts: Develop a written plan/schedule for completion of the five specialty areas content expert reviews, no later than Qtr. 9, so following one full program curriculum cycle, written reviews, recommendations, documentation, and action planning are completed in accord with program’s written content expert review policy and program committee processes.

Response: Corrective action in progress. At this time, five content experts have been identified. Because some of the content experts are new, mentors will be available for remediation and steps are in place to continue to locate back up and more experienced content experts in all areas. We have finalized steps with our psych content expert effective September 17, 2013.

During our November faculty in-service, faculty members will be expected to complete selected clinical competencies.
Effective October, 2013 we are establishing a system via the curriculum committee to effectively review all courses during and at the end of every quarter. In addition, the PD has reviewed some of the courses with our NEC for selection of clinical sites and this step will be followed in the assignment of faculty going forward. We are also currently reviewing all of the skills levels and check off sheets for all our students beginning with Cohort 1 for accuracy.

The result of our analysis will be used for student and faculty remediation. Raw data, analysis results, and a corrective action plan (for Adult Nursing II specifically) will be provided on December 1, 2013.

AD and other approved med/surg content experts in the program have started the process of reviewing the med/surg content (didactic and clinical) in the curriculum. A full report will be provided in December 2013, with raw data and an action plan.

Evidence: Attachment 9: Faculty BRN Approvals forms.

**CCR 1425.1 (a) Faculty Responsibility:** Provide a collaborative/supportive environment for the total program faculty to make timely changes in the curriculum including course testing/assessments. Address the faculty/student perception of a “disconnect between the syllabi and course testing/assessments. Ensure congruence with the KSAs reflected on the 2013 NCLEX RN Test Plan and current clinical practice.

**Response:** Corrective action in progress. Faculty meetings are now held weekly to review faculty responsibilities for in-service and program review. Going forward, faculty participation in the curriculum, APG committee, and program evaluation committee are mandatory and will be conducted two times a month. A full report of the outcome will be provided in December 2013.

Going forward, PD and AD will monitor the accuracy and timeliness of the HESI data with the syllabus at the end of every quarter. The present results will be reviewed, analyzed, and submitted with raw data in December 2013.

**CCR 1420 (k) and 1427 (b) Clinical Facilities Use to Meet Program Objectives:**
Ensure the learning experiences planned for students by the faculty meet the objectives, and the required course of instruction includes the basic standards of competent performance, RN level critical thinking/clinical reasoning, and role performance activities.

**Response:** Corrective action in progress. The PD is currently developing a clinical orientation handbook for faculty and students that will be presented to the BRN in December 2013. As indicated previously faculty in-service on critical thinking will ensure that any learning
Attachment 1: Progress Report
Response to California Board of Registered Nursing Report of Findings
ITT Technical Institute, Rancho Cordova
Breckinridge School of Nursing & Health Sciences
Associate Degree Nursing Program
September 19, 2013

experience planned for students in the clinical facilities are presented in a methodical manner and that they are course and program objective driven.

Evidence: Submitted sample (draft) clinical orientation clinical package.
Initial approval is granted by NEC. Program Director is responsible after initial approval for determining all criteria found in CCR 1427 have been met.

1. NAME OF NURSING PROGRAM:
   Breckinridge School of Nursing @ ITT-TECH, Rancho Cordova CA

2. LIST COURSE(S) FOR WHICH CLINICAL SITE IS USED

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU1320 &amp; NU 1420 Clinical Nursing Concepts/Techniques I and II</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
</tr>
<tr>
<td>NU2530 Adult Nursing I</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
</tr>
<tr>
<td>NU2630 Adult Nursing II</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
</tr>
<tr>
<td>NU 2999 Nursing Capstone</td>
<td>MS, GI Lab, Cath. Lab, Day Surg, Cancer Center, Tele, ICU, ER, HD</td>
</tr>
</tbody>
</table>

3. NAME OF CLINICAL SITE:
   Doctors Medical Center

4. ADDRESS OF CLINICAL SITE:
   2000 Vale Road, San Pablo CA, 94806

   PHONE NUMBER:
   510 -970-5924

5. NAME & TITLE OF PROGRAM'S LIAISON TO CLINICAL SITE:
   Dr. Mercy Popoola or Patricia Widman

   PHONE NUMBER:
   916-851-3900

6. NAME & TITLE OF CLINICAL SITE'S LIAISON TO PROGRAM:
   Leslie McGee, RNC

   PHONE NUMBER:
   510 -970-5622

I attest that all of the criteria and guidelines for the selection of a clinical facility (California Code of Regulations, Section 1427) have been met.

PROGRAM DIRECTOR'S SIGNATURE:
Mercy Popoola, RN PhD, Chair

DATE:
09/11/2013
**PROGRAM CLINICAL FACILITY VERIFICATION FORM**

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breckinridge School of Nursing @ ITT Tech, Rancho Cordova, CA</td>
<td>Dr. Mercy Popoola</td>
<td>916-851-3900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
<th>Name of Director of Nursing/Designee:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors Medical Center</td>
<td>Bobbie Ellerston and Leslie McGee</td>
<td>510-970-5924 or 510 970 -5000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of health care facility (Acute, OPD, SNF, etc.)</th>
<th>Average Daily Census for the agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Surg., GI Lab, Cath. Lab, Day Surg., Cancer Center, Tele., ICU, ER, HD</td>
<td>60 (up to 189)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Med-Surg</th>
<th>Tele</th>
<th>ICU</th>
<th>ER</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>4th and 3rd Fl</td>
<td>X</td>
<td>With Peds.</td>
<td>X for HD, GI Cath Lab, Day Surg, CA Center,</td>
</tr>
</tbody>
</table>

| Average daily census for each area | 15-28 | 35-50 | 16 | 18-24 | 3-6 |

| Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately). RNs Info Only | 6 | 9 (3rd and 4th floor combined) | 7 | 6 and Up | 3 |

| Number of students placed in the unit at any one time. | 4 | 4 (Both) | 2 | 3 | 2 |

| Identify shifts and days available for placement of students in the program | AM/PM M, T, Th, S | AM/PM M, T, Th, Sat | AM/PM M, T, Th, S | AM/PM M, T, Th |

Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominican University</td>
<td>RN</td>
<td>17</td>
<td>PM</td>
<td>Varies</td>
<td>All</td>
</tr>
<tr>
<td>Los Medanos</td>
<td>LVN</td>
<td>8</td>
<td>AM</td>
<td>Varies</td>
<td>Med – Surg</td>
</tr>
<tr>
<td>Contra Costa and Unitek</td>
<td>RN</td>
<td>Varies</td>
<td>AM</td>
<td>Varies</td>
<td>All</td>
</tr>
</tbody>
</table>

Checklist for starting in a new clinical facility:
- Provide clinical objectives, faculty responsibilities, faculty and student orientation plan to clinical facility.
- Signed contract on file, prior to starting.
- Develop a plan for continued communication between school and facility, i.e., instructor/facility staff meeting, agency/faculty/student meeting each semester, annual faculty/facility staff meeting, Dean/Director conferences each semester.

Note: Revised CCR section 1427(d) states "In selecting a new clinical facility for student placement, the new program shall take into consideration the impact of a new group of students on registered nurse students in other prelicensure programs currently utilizing the facility, if any."

Mercy Popoola RN PhD, Program Chair
Signature of Program Director/Designee

Date: 09/12/2013

EDP-P-14 Rev 07/09
Initial approval is granted by NEC. Program Director is responsible after initial approval for determining all criteria found in CCR 1427 have been met.

1. NAME OF NURSING PROGRAM:
   Breckinridge School of Nursing @ ITT-TECH

2. LIST COURSE(S) FOR WHICH CLINICAL SITE IS USED
<table>
<thead>
<tr>
<th>COURSE</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU1420C Clinical Nursing Concepts/Techniques II</td>
<td>Post-Sub-Acute with Vents, Trachs, IVs, etc.</td>
</tr>
<tr>
<td>NU2530 and NU 2630 Adult Nursing I and II Respectively</td>
<td>Post-Sub—Acute with Vents, Trachs, IV, etc.</td>
</tr>
<tr>
<td>NU2747 Gerontology Nursing</td>
<td>Post-Sub—Acute with Vents, Trachs, IV, etc.</td>
</tr>
</tbody>
</table>

3. NAME OF CLINICAL SITE:
   Sacramento Post-Acute Care

4. ADDRESS OF CLINICAL SITE:
   5255 Hemlock St.
   Sacramento, CA 95841

5. NAME & TITLE OF PROGRAM'S LIAISON TO CLINICAL SITE:
   Dr. Mercy Popoola or Patricia Widman
   PHONE NUMBER: 916-851-3900

6. NAME & TITLE OF CLINICAL SITE'S LIAISON TO PROGRAM:
   Wagner Tuleu, DON
   PHONE NUMBER: 916-331-4590

I attest that all of the criteria and guidelines for the selection of a clinical facility (California Code of Regulations, Section 1427) have been met.

PROGRAM DIRECTOR'S SIGNATURE: Mercy Popoola, RN PhD, Chair
DATE: 09/9/2013
PROGRAM CLINICAL FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee: Dr. Mercy Popoola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breckinridge School of Nursing @ ITT Tech</td>
<td>Telephone Number: 916-851-3900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
<th>Name of Director of Nursing/Designee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento Post-Acute Care</td>
<td>Wagner Tuleu, DON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of health care facility (Acute, OPD, SNF, etc.)</th>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Acute Care/Sub Acute</td>
<td>Subacute</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average daily census for each area</th>
<th>Subacute</th>
<th>Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Information for AM Shift Only.</td>
</tr>
<tr>
<td>RN 4-5</td>
</tr>
<tr>
<td>LVN 2-3</td>
</tr>
<tr>
<td>CAN 5</td>
</tr>
<tr>
<td>RN 1-2</td>
</tr>
<tr>
<td>LVN 2-3</td>
</tr>
<tr>
<td>CAN 4-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of students placed in the unit at any one time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify shifts and days available for placement of students in the program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility:

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checklist for starting in a new clinical facility:

☐ Provide clinical objectives, faculty responsibilities, faculty and student orientation plan to clinical facility.
☐ Signed contract on file, prior to starting
☐ Develop a plan for continued communication between school and facility, i.e., instructor/facility staff meeting, agency/faculty/student meeting each semester, annual faculty/facility staff meeting, Dean/Director conferences each semester.

Note: Revised CCR section 1427(d) states "In selecting a new clinical facility for student placement, the new program shall take into consideration the impact of a new group of students on registered nurse students in other prelicensure programs currently utilizing the facility, if any."

Mercy Popoola, RN, PhD, Program Chair
09/09/2013
Signature of Program Director/Designee
Date
NOTICE TO STUDENTS OF
ITT TECHNICAL INSTITUTE BRECKINRIDGE SCHOOL OF NURSING AND
HEALTH SCIENCES ASSOCIATE SCIENCE IN NURSING PROGRAM

---

Email Subject Line: Notice to Students

On August 7, 2013, the Breckenridge School of Nursing and Health Sciences (BSNHS) at ITT Technical Institute Rancho Cordova ("ITT Tech Rancho Cordova") was informed of the decision made by the California Board of Registered Nursing ("Nursing Board") to change the current status of BSNHS at ITT Tech Rancho Cordova's Associate of Science degree program in Nursing ("Program") from initial approval status to warning status with intent to remove Board approval. Enrollment will be stopped for the next several quarters and we are working to address the Nursing Board's concerns.

The BSNHS at ITT Tech Rancho Cordova is taking all necessary steps to rectify these issues so that the program can return to its initial approval status over the coming months and we remain confident that we will be able to meet your educational needs.

By signing below, I, __________________________ (print), acknowledge receipt of notice concerning change in Program status as issued by the Nursing Board to ITT Tech Rancho Cordova.

Signature: __________________________ Date: __________________________

No later than August 30, 2013, please return a signed copy of this notice to the Campus Director, at the ITT Tech Rancho Cordova campus.
Corrective Action Plan for Sutter Health Partnership

Date: September 15, 2013

From: Breckinridge School of Nursing and Health Sciences

To: Sutter Health

Purpose: To develop a concrete process to ensure adequate preparation of instructors prior to student experience at the facility and to ensure compliance with facility policies and procedures.

Detailed Action Plan: The following actions will precede any clinical rotation:

1. **Orientation**: Instructors must complete facility orientation and tour prior to student orientation. The clinical instructor will:
   a. Ensure that students are oriented to the clinical environment before providing any patient care.
   b. Orient and provide a copy of the syllabus to the unit manager or designee and nurses.
   c. Provide the unit with his or her contact information

2. **Safety**: All errors will be reported promptly to the facility.
   a. The clinical instructors and students agree to follow all hospital and/or facility policies, procedures, protocols, standards, guidelines, dress code, and regulations at all times.
   b. The clinical instructor or the school will submit specific clinical goals, learning objectives and applicable syllabus and orientation documents prior to the clinical rotation.
   c. Clinical Instructors and students will not share any access or privacy information.
   d. Instructors and students are not allowed to use their cell phones, pagers, iPods, PDA or other personal electronic devices on the nursing unit. Cell phones can be used only in emergencies.

3. **Expectations**: 
   a. Students will be directly observed by the Clinical Instructor or Licensed Registered Nurse with every medication administration, attempt to start an IV, and when the student is performing a procedure, skill or task for the first time.
   b. Students are not allowed to:
      i. Have Pyxis access
ii. Hang blood and blood products although they may observe.
iii. Administer chemotherapy or biotherapy agents without a RN or the instructor’s presence.
iv. Accept telephone orders or transcribe a physician order

4. **Communication:** A copy of the course objectives will be submitted to Sutter Health with the clinical orientation package for students. This package will contain the contact information of the Program Director. However, here is the contact information for other key personnel in Breckinridge School of Nursing and Health Sciences. Please do not hesitate to reach out to them in this partnership if you are unable to reach the Program Director at any time. You can reach anyone of us via the campus operator at 919-851-3900. Dr. Popoola’s cell phone number is 415-425-4266.
   a. Jeff Ortega: Campus Director
   b. Brett Stamer: Campus Dean
   c. Dr. Mercy Popoola: Nursing Program Director
   d. Patricia (Trish) Widman: Assistant Program Director
   e. JoAnn Lytle: Nursing Program Coordinator and Clinical Liaison

5. **Timeline:** Apart from this coming December 2013 quarter:
   a. All clinical requests will be made three months prior to the beginning of every quarter.
   b. The Clinical Liaison or the Program Director will contact the Nurse Educator at the Sutter system to arrange for orientation one month prior to the start of the rotation.
   c. A week prior to orientation the clinical instructor and the school will provide the facility with the list of students and a clinical syllabus/package
   d. The school should be able to provide any requested documentation to the hospital within 36 hours.

6. **Documentation:** Clinical Instructor or RN will co-sign all student documentation and also co-sign the MAR, computer documentation, or any other form the student uses.
   a. The school is responsible for submitting all required documentation prior to any clinical rotation. The Clinical Liaison will ensure that all documents are ready one month prior to any clinical rotation or communicate appropriately with the facility and the program director.
   b. Major list of Clinical Rotation Required Documentation:
      i. Health
      ii. Vaccination
      iii. Immunization
      iv. Waiver for Hep
      v. Flu Shots
      vi. Clear of Criminal Background.
      vii. Current BLS for Health Care Providers
      viii. Health Stream Compliance module for Clinical if required
      ix. Complete the Mandatory Reporting of Abuse and neglect form
x. Complete confidential Agreement

7. **Competencies**: Skills validation will be mandatory for every faculty effective October, 2013. If required, the clinical instructor will provide the unit with a skills validation sheet so that the staff will be aware of what skills the student is capable of performing as well as skills the student needs to learn.

8. **Ongoing Visitation and Monitoring**: The Nursing Program Director and Assistant Program Director will visit every new faculty member before mid-term and before the end of the clinical rotation. Action plan will be developed as needed for timely correction.

9. Active participation in Health Community Forum: The Nursing Program Director or the Assistant Program Director will attend all community forums.

10. **Parking**: The clinical instructors and students agree to park only in assigned hospital and/or facility parking area.

**Attachment**: Developed Clinical Orientation package for students

Respectfully Submitted

**Mercy**

Dr. Mercy Popoola RN, MSN, PhD
Department Chair
Breckinridge School of Nursing and Health Sciences
@ ITT Technical Institute
10863 Gold Center Drive, Rancho Cordova, CA 95670
Phone: 916-851-3900 Fax: 916-851-9225
mpopoola@itt-tech.edu

**Faculty Signature Required**

By signing this form, I verify that I have read all the above and can produce the required documentation upon request.

Print Name: __________________________ Signature_________________ Date______
INTENT OR PURPOSE

To ensure that all complaints regarding programs or services provided by the Company are promptly acknowledged, thoroughly reviewed, objectively evaluated and resolved within a reasonable period of time and in an appropriate manner.

SCOPE

All ITT Educational Services, Inc., operations and employees, including Headquarters, ITT Technical Institutes, subsidiaries, etc. (hereinafter “Company” or “ITT/ESI”).

RESPONSIBILITY

The Senior Vice President and Chief Compliance Officer (“SVP/CCO”), supported by the Compliance Department, will ensure that all customer complaints are handled appropriately.

POLICY

The Company encourages students to communicate their inquiries and concerns fully and frankly to members of the school faculty and administration, and anticipates that such matters can generally be resolved informally. If such informal resolution is unsuccessful, the Company has a formal framework within which to afford full consideration to customer concerns regarding any aspect of the programs, facilities or other services offered by or associated with the Company (“Customer Complaints”).

1. Customer Complaints. Customers are encouraged to communicate their concerns to the college Director, ITT/ESI Headquarters, the state regulatory agency or the appropriate accrediting commission in accordance with the applicable Student Complaint/Grievance Procedure applicable to that specific ITT Technical Institute. If an individual other than a student is communicating a complaint on behalf of the student, the Company will follow the requirements of the Family Educational Rights and Privacy Act of 1974, as amended, with respect to the involved student’s educational records and information contained therein.

2. Student Complaint/Grievance Procedure Awareness. Each ITT Technical Institute must ensure that:

   a. The Student Complaint/Grievance Procedure is clearly communicated to all customers;

   b. The Student Complaint/Grievance Procedure is prominently posted in the school;

Approved: 6/12/12
Replaces Policy Dated: 5/27/09
Effective Date: 6/12/12
Canceled:
Next Review Date: 6/1/14
c. Students are given a copy of the Student Complaint/Grievance Procedure via the Student Handbook which has been incorporated into Smart Forms, at orientation, and, in any event, no later than the first day of class;

 d. Students acknowledge, in writing, receipt of a copy of the Student Complaint/Grievance Procedure; and

 e. A copy of the written acknowledgment is placed and/or retained in the student’s permanent file.

3. **Complaint Received at College.** Upon receipt of a complaint, the college Director will promptly acknowledge receipt of the complaint, conduct a thorough review of the concerns, and provide an oral or written response to the student. The college Director’s response will address the specific complaint and indicate what, if any, corrective action has been proposed or accomplished. Within three (3) school days of the discussion, the college Director will prepare a written summary of the discussion and forward a copy to the Compliance Department.

4. **Complaint Received at Headquarters.** Complaints received by employees at ITT/ESI Headquarters must be sent to the Compliance Department immediately upon receipt. The Compliance Department will collaborate with the appropriate college Director and the Operations Department, if necessary, to acknowledge, review and respond to the complaint.

5. **Recordkeeping.** The college Director and the Compliance Department will maintain a file of all complaints handled pursuant to this policy at their respective locations, including copies of any written complaint, the written response, or the summary of any informal conference.

6. **Executive Management Approval.** The following types of settlements must be approved by the Chief Executive Officer before they are presented as a solution to the complainant:

   a. Any proposed settlement recommending the refund of an amount larger than a full-time student’s quarterly tuition;

   b. Any proposed settlement involving more than one student; and
c. Any proposed settlement involving an attorney or legal aid assistant, a representative of the media, or any other representative of the complainant, except a parent, spouse or significant other.

d. Any proposed settlement involving a federal, state or local regulatory body or agency, including, states' attorneys general, veterans organizations, etc.

7. **Human Resource/Employment Issues.** This policy does **NOT** apply to charges or complaints involving equal opportunity compliance, employee salaries, working conditions, pensions or union activities, which must be immediately brought to the attention of the ITT/ESI Human Resources Department.

**KEY DEFINITION(S)**

**Customer Complaint.** Any oral or written expression of dissatisfaction by any future, current or former student, or any outside agency on behalf of any future, current or former student, with any aspect of the programs or services provided by the Company, or any action, lack of action or alleged misrepresentation by any ITT/ESI employee or representative. Complaints may be submitted on the Student Complaint Summary form (Exhibit A), or via any other method of communication. Examples of customer complaints include, but are not limited to:

- Allegations of misrepresentation by an employee;
- Allegations of improper conduct by an employee (or student, if such conduct is reported by another student);
- Allegations of improper classroom delivery of the curriculum, or improper equipment or facilities; and
- Allegations involving a student's financial aid, refunds or payment delinquencies.

**EXHIBITS**

Exhibit A – Student Complaint Summary form
REFERENCES

Related Policies

AA 9.0 Family Educational Rights and Privacy Act of 1974, As Amended

Related Materials

ITT/ESI Student Complaint and Comment Administrative Manual
Student Handbook
STUDENT COMPLAINT SUMMARY

Location __________________________________________

To: ITT Educational Services, Inc.
   13000 North Meridian Street
   Carmel, IN  46032-1404
   800/388-3368

From: Name ______________________________________
       Address _____________________________________
       Phone ____________________________
       HOME ( ) WORK ( )
       Program _______ Class # _______

Issue: (Attach copy of letter if available)

Action Requested:

Administrative use only:

Received By: Instructor _____ Director _____ DOF _____ Dean _____ DOR _____ DOCS _____
           ITT/ESI _____ Satisfaction Survey _____ Other ________________________________
           Received from Student _______ Parent _______ Other ________________________

Date Received _______________ Date Acknowledged __________ Date Closed _______________

Status:

Resolution:

Rev. 05/05
Breckinridge School of Nursing and Health Sciences
ITT Technical Institute, Rancho Cordova
Attachment7
Grievance Tracking Form and Report – Sept 2013

Please complete the following:

1. Date: ______ Name of person completing the grievance: ____________________________

2. Nature of Grievance or Description of the issues:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Person(s) involved with the grievance:
   ____________________________________________________________________________
   ____________________________________________________________________________

Signature: ___________________________ Date: ________________________

                                                                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4. Interview and findings:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Summary of the issue or grievance with supporting document if any:
   ____________________________________________________________________________
   ____________________________________________________________________________

6. Grievance Solution: __________________________

7. Follow up plan, by who, and to whom (N/A if not applicable):
   __________________________

Signature: ___________________________ Date ________________________

For tracking only: Type of Grievance _________ Document in the Grievance Tracking tool.
<table>
<thead>
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<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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- **Number # Grievance**: 2
- **Type of Grievance**: Grading and progression
- **Action Taken**: See leers
- **Outcome**: See leers
- **Referred to HQ**: N/A at this time

---

**Breckinridge School of Nursing**

**Year: 2013**
### Faculty BRN Approvals
9/16/2013 – Attachment 9

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Employment Status</th>
<th>Content Expert</th>
<th>Classification</th>
<th>MS</th>
<th>OB</th>
<th>CH</th>
<th>MH</th>
<th>G</th>
<th>Degree's</th>
<th>Teaching Assignments</th>
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<td>Marchi, Anna Marie</td>
<td>Full-Time</td>
<td>Medical/Surgical</td>
<td>Instructor</td>
<td>X</td>
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<td>MSN Education</td>
<td>Didactic/Clinical for Clinical Nursing Concepts/Tech 1 &amp; 2</td>
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<td>Warth, Sara</td>
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<td>MSN Education</td>
<td>Didactic/Clinical for Clinical Nsg Concept/Tech 1 &amp; 2, Adult Nursing 1 &amp; 2, Pharm, &amp; Nsg Cap</td>
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<tr>
<td>Widman, Patricia</td>
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<td>Geron Ped. Asst. Chair Instructor</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>MSN Leadership Education</td>
<td>50% - Administration 50% - Teaching in Various Areas: Peds, Nursing Roles &amp; Capstone.</td>
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<td><strong>Assistant Instructors</strong></td>
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<td></td>
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<tr>
<td>Ricafort, Jordana</td>
<td>Full-Time</td>
<td>Asst. Instructor</td>
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<td>BSN Nursing</td>
<td>Clinical for Clinical Nursing Concepts 1 &amp; 2, Adult Nursing 1 &amp; 2, Geron Nursing.</td>
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<tr>
<td><strong>Adjunct Instructors</strong></td>
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<tr>
<td>Heinze, Sakre</td>
<td>Adjunct</td>
<td>OB - Working on CEUs</td>
<td>Instructor</td>
<td>X</td>
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<td></td>
<td>MSN - Maternity Education</td>
<td>Didactic and Clinical for Maternal Child Nursing and Remediate for Adult Nursing 1</td>
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<td>Dodson, Teresa</td>
<td>Adjunct</td>
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<td></td>
<td>BSN - Nursing</td>
<td>Clinical for Mental Health Nsg; Geron, and various Med-Surg</td>
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<td>MH - Will Complete CEU Oct.</td>
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<td>Didactic and Clinical Mental Health (MH) Nursing</td>
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<td>XR</td>
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<td>BSN, Nursing</td>
<td>Clinical Peds and Remediation for Adult Nsg 1 &amp; 2</td>
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<td>Stark, Sue</td>
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<td>Mental Health</td>
<td>Instructor</td>
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<td>XR</td>
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<td>Med-Surg</td>
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<td>MSN #</td>
<td>In the hiring process - Adult Nsg 1&amp;2</td>
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</table>
## Cohort 1 Fall 2013
### Class & Clinical Schedule

Completion of Adult Nursing II Make-up, MH, & Gerontology  
Dates: Sept 16 - Dec 6  
7th Qter - Effective: 9/19/13

Required Clinical & Theory Hours: Adult Nursing II (96/5H), Mental Health (60/30H) & Gerontology (60/25H).

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td>Facs Initial</td>
<td>SW 7-5:30</td>
<td></td>
<td>JR 7-5:30</td>
<td>SW/PW</td>
<td>TD 7-5:30</td>
<td>SW 7-5:30</td>
<td></td>
</tr>
<tr>
<td><strong>SEP</strong> Wk 1</td>
<td>O - Sac - All = 7H</td>
<td>Group 2 Sac = 10H</td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 2</td>
<td>O - Doc - All = 9H Skills Check off</td>
<td>Group 2 Sac = 10H</td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 3</td>
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<td>Group 2 Sac = 10H</td>
<td>HESI EXAM</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OCT</strong> Wk 4</td>
<td>Group 1 Doc = 10H</td>
<td>Group 2 Sac = 10H</td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
<td>Group 2 Doc = 10H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 5</td>
<td>Holiday Or GP 1=10H or Tuesday</td>
<td>Group 2 Sac = 10H</td>
<td>Class: 10-1100</td>
<td>Group 1 Sac = 10H</td>
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**First 5 Weeks is Adult Nursing II and then Change to Mental Health and Gerontology**

<table>
<thead>
<tr>
<th>Weeks</th>
<th>PW/AM</th>
<th>TD (PM)</th>
<th>GH</th>
<th>JR</th>
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<th>TD</th>
<th>SS 7-5:30</th>
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<tr>
<td>Wk 6</td>
<td>Gero Class 08-1300</td>
<td>O - SV = 10H-ALL</td>
<td>MH/Class 17-2200</td>
<td>O - DR = 10H ALL</td>
<td>Group 1 DR = 10H</td>
<td>Sunday Option</td>
<td>Group 2 SV = 10H</td>
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<tr>
<td>Wk 7</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>instead of</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td><strong>NOV</strong> Wk 8</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>Tues/Thur PM</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td>Wk 9</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>at SV</td>
<td>Group 2 SV = 10H</td>
</tr>
<tr>
<td>Wk 10</td>
<td>Gero Class 08-1300</td>
<td>Group 1 SV = 10H</td>
<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td>Group 1 DR = 10H</td>
<td>Group 2 SV = 10H</td>
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<tr>
<td>Wk 11</td>
<td>Holiday</td>
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<tr>
<td><strong>DEC</strong> Wk 12</td>
<td>HESI (MH &amp; Gero)</td>
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<td>MH/Class 17-2200</td>
<td>Group 2 DR = 10H</td>
<td></td>
<td>*subject to change</td>
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</table>

Note: H = Hours, O = Orientation, Sac = Sacramento Post Acute, Doc = Doctors Medical Center, SV = Sierra Vista, DR = Delta Rehab
### Cohort 2 Fall 2013
#### Class & Clinical Schedule

**Adult Nursing I Dates: Sept 16 - Dec 6  3rd Quarter  Effective: 9/19/13**

Required Clinical & Theory Hours: 120 Clinical H and 40 Theory H

<table>
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<th>Weeks</th>
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<th>Friday</th>
<th>Saturday</th>
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<td>Class 4H</td>
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<td>Group 3 Sac = 12H</td>
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<tr>
<td>Wk 3</td>
<td>Group 1 Sac = 10H</td>
<td>Class 4H</td>
<td>Group2 Sac = 12H</td>
<td></td>
<td>Group 3 Sac = 12H</td>
<td></td>
</tr>
<tr>
<td>OCT Wk 4</td>
<td>Group 1 Sac = 10H</td>
<td>Class 4H</td>
<td>Group2 Sac = 12H</td>
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<td>Group 3 Sac = 12H</td>
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<tr>
<td>Wk 5</td>
<td>Holiday</td>
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<td>Group2 Sac = 12H</td>
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Simulation will be focused on reproductive content/scenarios and other contents not available at clinical sites

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<th>Faces Initial</th>
<th>ZF and JR</th>
<th>AM</th>
<th>ED</th>
<th>PW</th>
<th>TD</th>
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<td>Class 4H</td>
<td>Group2 Sac = 10H</td>
<td></td>
<td>O Group3 Doc = 10H</td>
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<td>Wk 7</td>
<td>Group1&amp;2 Doc = 10H</td>
<td>Class 4H + 2H Sim</td>
<td>Group1 Sac = 10H</td>
<td></td>
<td>Group 3 Doc = 10H</td>
</tr>
<tr>
<td>NOV Wk 8</td>
<td>Group1&amp;2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group1 Sac = 10H</td>
<td></td>
<td>Group 3 Doc = 10H</td>
</tr>
<tr>
<td>Wk 9</td>
<td>Group1&amp;2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group1 Sac = 10H</td>
<td></td>
<td>Group 3 Doc = 10H</td>
</tr>
<tr>
<td>Wk 10</td>
<td>Group1&amp;2 Doc = 10H</td>
<td>Class 4H</td>
<td>Group1 Sac = 10H</td>
<td></td>
<td>Group 3 Doc = 10H</td>
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<tr>
<td>Wk 11</td>
<td>Holiday</td>
<td>Holiday</td>
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<td>Submit Skills Sheet-ALL</td>
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</table>

Note: H = Hours, O = Orientation, Sac = Sacramento Post Acute, Doc = Doctors Medical Center #Guest Speakers for OB related contents

Sim = Simulation
### Cohort 3 Fall 2013
#### Class & Clinical Schedule

**Clinical Nursing Concepts & Techniques I**  
Dates: Sept 16 - Dec 6  
3rd Quarter  
Effective: 9/19/13

Required Clinical & Theory Hours: 60 Clinical H and 40 Theory H

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<td>Class 0900-1300</td>
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<td>Group 3 Lab</td>
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<tr>
<td>Wk 3</td>
<td>Group 1 Lab</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCT Wk 4</td>
<td>Group 1 Lab</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
<td>Group 3 Lab</td>
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<tr>
<td>Wk 5</td>
<td>Holiday</td>
<td>Class 0900-1300</td>
<td>Group 2 Lab</td>
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<td>Wk 7</td>
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<td>Class 0900-1300</td>
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<td>Group 3 DR = 6H</td>
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<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
</tr>
<tr>
<td>Wk 9</td>
<td></td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
</tr>
<tr>
<td>Wk 10</td>
<td></td>
<td>Class 0900-1300</td>
<td>Group 2 WS = 6H</td>
<td>Group 3 DR = 6H</td>
</tr>
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<td>Wk 11</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
<td>Holiday</td>
</tr>
<tr>
<td>DEC Wk 12</td>
<td>HESI</td>
<td>Submit skills sheet ALL</td>
<td></td>
<td>*Subject to change</td>
</tr>
</tbody>
</table>

Note: H = Hour, O = Orientation, WS = Western Slope
BOARD OF REGISTERED NURSING  
Education/Licensing Committee  
Agenda Item Summary

AGENDA ITEM: 7.6.1  
DATE: October 1, 2013

ACTION REQUESTED: Approve major curriculum revision for San Diego State University School of Nursing

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Philip A. Greiner, DNSc, RN, Director, School of Nursing and Professor, is the program director and Marjorie Peck PhD, RN, NEA-BC, Associate Director, is the assistant director.

The goals of program leadership and faculty for revisions of the curriculum included meeting the chancellor’s requirement that the program can be completed within 120 units and four years of study, ensure that the curriculum is consistent with current industry expectations in regard to healthcare environment and technology, eliminate redundancy in nursing course content, and sequence courses and course content for maximum effectiveness. To achieve these goals, the following revision elements are proposed:

- eliminate Biology 100 as a prerequisite to the required nursing prerequisite science courses.
- re-sequence N416 Psychiatric/Mental Health Nursing course from the final program year to the Spring semester of year two.
- redistribute geriatric content and learning objectives from a single course (N410 Gerontological Nursing) into several courses (NURS202 Client Assessment, N206 Nursing Fundamentals, N300 Nursing Acute and Chronic, Adult and Gero I, N400 Nursing Acute and Chronic, Adult and Gero II) where contextually appropriate. Deleting course N410 resulted in a decrease of 3 units (2 units theory, 1 unit lab) but did not require increased course units where content was added because of condensing content and learning objectives. The program recognizes that this redistribution of geriatric content will require additional faculty to be approved in the geriatric content area and have established a plan to ensure compliance.
- add a series of three 1-unit (theory) Professional Formation courses, one each to be offered in years 2, 3 and 4 of the program, resulting in addition of 3 units.
- reduce NURS 202 Assessment from 4 units (2 units theory, 2 units lab) to 3 units (1.5 units theory, 1.5 units lab) by eliminating redundant content.
- eliminate NURS 397 which awarded 3 units of credit for skills lab practice.
- reduce N304 Pharmacology for Nurses from 3 units to 2 units by eliminating redundant content.
- replace NURS 200 Informatics for Nurses (1 unit theory) with NURS 219 Information Management in Professional Relationships (2 units theory) to update with current content.
- eliminate NURS 302 Nurse Client Relationships (3 units theory) with essential content addressed in other courses (NURS 221, 321, 421, 206, 300 and COMM 321).
- eliminate NURS 458 Leadership 5 units (3 units theory, 2 units lab) with essential content addressed in other courses (NURS 221, 321, 421) for the BSN generic students (course NURS 458 retained for VN 30 Unit Option students).
- eliminate NURS 358 Basic EKG (1 unit theory) as most content was post-licensure level. Appropriate prelicensure content is addressed in NURS 300 and 400.

More detailed information regarding the revision proposal is included in the attached documents.

Students participated in the process of revision development. The revisions will benefit students through improved pacing, sequencing and condensing of course content, ensuring currency and relevancy of curriculum content, and minimizing time required to complete the program which can reduce cost and time required for program completion. The proposed revised curriculum meets BRN requirements and the program has submitted revised forms Required Curriculum: Content Required For Licensure (EDP-P-06) and Total Curriculum Plan (EDP-P-05) as required.

NEC recommendation is for approval of this major curriculum revision.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd Nursing Education Consultant (760) 369-3170
Dear Leslie,

San Diego State University (SDSU), School of Nursing is submitting documents in request of a major curriculum revision for the pre-licensure Baccalaureate in Nursing Program.

SDSU, along with Schools of Nursing in all California State Universities, needed to revise its curriculum to be accomplishable by students within 120 units and 4 years of study. While that was the trigger for our work on the curriculum, we also knew that there were areas in the curriculum that required revision due to changes in the healthcare environment and technology. To this end, the faculty worked through the 2012/13 academic year to make the modifications you see here. We also worked with the College of Sciences in both Biology and Chemistry. We eliminated Biology 100 (General Biology) as a prerequisite to the biology courses to be taken for nursing. In response, the Biology department requested the sequencing that we developed in the MAPS/recommended course sequencing for students. We worked with the Chemistry department to further refine the CHEM 102 (Introduction to General, Organic, and Biologic Chemistry-5 units) course to bring in more clinical examples to be sure that the information required in order to understand concepts such as fluid & electrolyte balance, acid/base balance, and pharmacology interactions would be covered. Faculty worked with the Communication department to further develop their Introduction to Healthcare Communication course. This is a course students may choose as an elective.

In this revision SDSU School of Nursing went from 133 required units, actually 138 when students took the CHEM 100 and 130 series (plus 2 units) instead of CHEM 102, and when they took 3 units of N397 (Preparation for Clinical Practice) an elective course that most students took, to 120 units. In making our revisions, the School of Nursing faculty used information from colleagues in other Baccalaureate programs in the United States, literature in both nursing and higher education and the following documents: the IOM/RWJ report Future of Nursing, Leading Change Advancing Health (2010), the Carnegie Foundation (Benner, P. 2010) report on Educating Nurses, A Call for Radical Transformation, the AACN Essentials of Baccalaureate Education for Professional Practice (2008), Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults: A Supplement to The Essentials of Nursing...
Baccalaureate Education for Professional Nursing Practice (2010), and the California Board of Registered Nursing Requirements for Pre-licensure programs to guide the curriculum development.

Students will benefit from the new curriculum in a number of ways. First, students will be able to complete the program in four years, sit for NCLEX and go to work. This will reduce students’ debt and facilitate earlier earning potential. This is a major issue for students and their parents in our region. Next, we have updated the curriculum to better match the current drivers in health care. The Professional Formation Courses are focused on current nursing and health care issues as noted in the IOM/RWJ report Future of Nursing, Leading Change Advancing Health (2010) and in the Carnegie Foundation (Benner, P. 2010) report on Educating Nurses, A Call for Radical Transformation. The changes that led to the deletion of Nursing Informatics (N 200) and the addition of Information Management in Professional Relationships (N219) will provide students with an opportunity to understand the increasingly complex nature of information management in health care as it relates to patients and professionals, direct care, research, and the ethical dilemmas they will face. Another advantage for our students is that we deliberately moved the Psychiatric Mental Health Nursing course (N416) earlier in the curriculum. The rationale for this placement is that there are many more mental and behavioral health issues in populations across clinical settings and we need to facilitate a greater understanding of the role of mental health early in the nursing program. Last, while students may not perceive this as an advantage initially, the reduction in duplication and the requirement that students retain information from prior course work in order to do well in the next courses will establish a pattern of scholarship that will serve them well in both work and school settings.

Students participated on both the undergraduate curriculum committee and in the School of Nursing faculty meetings. Dr. Greiner, Director of the School of Nursing, met with the students in CSNA (California Student Nurse Association) to discuss the proposed changes as we were working on them.

Across the program, we reduced two courses by one unit each, we eliminated 6 Nursing courses. See Table 1 for a list of course changes. We developed 4 new courses (3 are a series of 1 unit courses on Professional Formation that build on one another over the course of the curriculum, the fourth is Information Management in Professional Relationships). We reduced units for NURS304 (Pharmacology for Nurses) from 3 to 2 units by reducing duplication and by including some of the pharmacy information in clinical courses. Obstetrics, Psychiatric Nursing and Pediatric Nursing include discussion of some treatment specific medications. We reduced the units in NURS 202 (Client Assessment) from 4 to 3 units because we found that we were repeating course work from Anatomy and Physiology. We modified most of the major courses in order to update content and eliminate overlap. We eliminated Psychology 351 (Psychology of Personality). Philosophy 330 (Medical Ethics) replaces Psych 351 as an upper division GE course. Ethics and the multiple issues now seen in health care present a more compelling need for our students. Psych of the Personality did not consistently provide them with tools that enabled them to work better with patients and the community. We eliminated N458 and 458L (Nursing Management and Leadership-theory 3 units, lab 2 units) for the pre-licensure students. As structured it did not provide the knowledge or experience we were wanting for the students. The content related to leading in the profession is now in NURS 221, 321, and 421 (Professional Formation A, B, & C). The clinical work in N458, having students be with leaders/managers of
work areas has become increasingly dysfunctional as nurse leaders’ time is spent in budget and management meetings, and in personnel counseling, none of which are open to the pre-licensure students who are not prepared to be there.

We have retained NURS 458 and 458L and NURS 312 (Concepts in Professional Nursing-3units) for the RN to BS program and for the 30 unit LVN option. These students have worked in the clinical setting and are often coming back to school in part so they can continue career development including leadership. We are separating our pre-licensure and RN to BS students because they are in such different career development phases. NURS458/458L and NURS 312 will work well with the RN- BS student and we have a large enough cohort of RN-BS students to offer the courses. The LVN taking the 30 unit option will be able to fit into the course as well. We include the LVN 30 unit option in this group as they, too, generally have experience in practice and may be ready to address issues differently than the generic RN student.

We eliminated the stand-alone Geriatric Nursing course and have distributed the geriatric content across several courses. We find that the issues related to older and frail older adults need to be taught and discussed over multiple courses from assessment and fundamentals through the care of adults in multiple settings. You will note in Table 2 that the major content coverage for geriatric nursing is now predominantly in NURS 206 Fundamentals of Nursing Practice, NURS 300 Nursing care of the Acutely and Chronically Ill Adult and Gerontologic Patient I and NURS 400 Nursing care of the Acutely and Chronically Ill Adult and Gerontologic Patient II. That said, there are many other courses in which care of the older adult has and will continue to be discussed, such as NURS 416 Psychiatric Mental Health Nursing, NURS 415 Community Health, and the content now in the new Professional Formation courses (NURS221, 321, 421). I noted those courses and the related objectives in Table 2. While the intent is to keep the bulk of gerontology in the first three courses identified, the patient population we serve is aging and we see gerontology issues and needs in all aspects of care and course work.

As we discussed on the phone, 21 of our faculty are certified to teach geriatric nursing by the BRN. As new faculty begin working with us or as faculty who have not been working with the older adult population undertake geriatric content, we will require GNEC course work and the mentoring you and I discussed. You requested that we make that information available to you/the BRN and we will. One of our goals over this next school year is to get all faculty who teach any geriatric content through the GNEC modules.

We eliminated 3units of NURS397 (Preparation for Clinical Practice), this is a 1 unit course that can be repeated. This is a course that students took up to 3 times during their academic work here. This course was an elective that did not apply to the bachelor’s degree. Students continue to have the option to receive additional practice in the skills lab. It is no longer a course. This is the description of that course from the 2013/14 catalog. I believe it was not in the plan submitted to the BRN because it was an elective, however most students took it.

NURS 397. Preparation for Clinical Practice (1) Cr/NC
Two hours per week of supervised practice.
Prerequisite: Admission to the School of Nursing.
Supervised practice of nursing skills and techniques. Course is elective for students. Credit earned in this course not applicable to bachelor's degree.
A unique feature of the new curriculum, of which we are very proud is the NURS 221, 321, 421 (Professional Formation A, B, &C) series of three, one unit courses taught in years 2, 3 and 4. This course sequence is developed to facilitate increasing understanding of the issues in nursing practice, leadership, ethics, and health care policy that are important to the development of expertise in nursing practice regardless of setting. The step-wise placement of the courses is in recognition that this is a formative process that must continue throughout the curriculum. (Benner, 2010)

The new NURS 219 (Information Management in Professional Relationships) course is a 2 unit course that addresses issues related to the development and use of electronic health information. See Table 3 for a comparison of Objectives from NURS 200 (Nursing Informatics, old course) and NURS 219 (Information Management in Professional Relationships, new course). Management of health care information in patient records and organizational systems will be used for medical-legal documentation; to design education for patients; families and care providers; for research; and for quality reviews and evidence based practice development. In order to manage information appropriately and with clear understanding of privacy (eg.HIPAA, proprietary information) issues and human rights, we deleted the old course (NURS200) and designed the new one (NURS219).

The following attachments are presented to support and clarify our curriculum change request:

1. Table 1 is a listing of course changes with the new curriculum. It includes eliminated, new, and reduced unit courses.
2. Table 2 is a listing of the current NURS 410 (Geriatric Nursing) objectives on the left and a list of courses and objectives for those courses that relate in particular to geriatric nursing, on the right.
3. Table 3 is a listing with the NURS 200 (old course- Nursing Informatics) objectives on the left and NURS 219 (new course- Information Management in Professional Relationships) on the right.
4. A course sequencing map for use in advising students is also attached. The attached map is for students entering as freshman. Transfer students course sequence will depend on what courses they have already completed.
5. Form EDP-P-05 – Total Curriculum Plan
6. Form EDP-P-06 – Required Curriculum

Thank you for your time in reviewing the documents I sent and for your assistance in moving through this process. Please let me know if there are further questions or issues.

Marjorie Peck PhD, RN, NEA-BC
Associate Director
SDSU School of Nursing
5500 Campanile Drive
San Diego, CA 92182-4158
Table 1
SDSU School of Nursing Changes in the curriculum

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses eliminated</td>
<td>NURS 200 – Nursing Informatics – replaced by NURS 219</td>
</tr>
<tr>
<td></td>
<td>Nursing courses eliminated are:</td>
</tr>
<tr>
<td></td>
<td>NURS 302 – Nurse Client Relationships (3 units) – the content from this is now covered in</td>
</tr>
<tr>
<td></td>
<td>NURS 221, 321, and 421, in NURS 206 and 300 as well as in COMM 321 (communication in Health Care) which is a recommended elective.</td>
</tr>
<tr>
<td></td>
<td>NURS 358 – EKG (1 units). When nurses begin working in service settings/units that monitor patients’ hearts and expect Nurses to read ECGs, they teach them. Anatomy, physiology, and pathophysiology cover the cardiovascular system. Cardiovascular illness is covered in NURS 300 and 400 (Nursing Care of the Acutely and Chronically Ill Adult and Gerontologic Patient 1 and 2).</td>
</tr>
<tr>
<td></td>
<td>NURS 410 – Gerontology (3 units) – see Table 2</td>
</tr>
<tr>
<td></td>
<td>Because many of the patients cared for throughout the students’ experiences will be older adults, often with complex, multi system issues, appropriate interventions will be in the context of age, complexity of illness, functional status, and environment.</td>
</tr>
<tr>
<td></td>
<td>NURS 397 – Preparation for clinical practice – was a 1 unit elective course repeated 3 times. Basically, this was work in the skills lab that the students completed. Students will still have the option to work in the skills lab to support and facilitate learning, it is not an appropriate unit bearing course.</td>
</tr>
<tr>
<td></td>
<td>NURS 458/458L- Nursing Management and Leadership (3/2 units) in Nursing has been eliminated from the generic pre-licensure program. As structured it was not functional. The content related to Leading in the profession is now in NURS 221,321, and 421. The clinical work having students be with leaders/managers of work areas has become increasingly dysfunctional as nurse leaders’ time is spent in budget and management meetings, in personnel counseling, neither of which are open to the pre licensure students who are not prepared to be there. These courses remain for the RN to BS students and as part of the 30 unit LVN option.</td>
</tr>
<tr>
<td>Change in number of units in the program</td>
<td>Units were eliminated. We were able to move from as many as 138 (133 required units plus an additional 2 units if students took CHEM 100 and 130 instead of 102 and if they took 3 units of elective course N397) to 120 units for the complete program because we found duplication of content in a number of courses. Anatomy and Physiology are taught to students in their Biology courses, there is no need to repeat that information in Nursing courses. Managing the geriatric/older adult patient is better taught in the context of care in the settings these patients are in. Our students have clinical experiences in long term care (NURS 206/Fundamentals), in Acute Care (NURS 300 and 400 Nursing care of the Acutely and Chronically Ill Adult and Gerontologic patient 1 and 2)</td>
</tr>
</tbody>
</table>
| **New Nursing Courses** | Syllabi Attached  
NURS 221 Professional Formation A, (1 unit)  
NURS 321 Professional Formation B, (1 unit)  
NURS 421 Professional Formation C (1 unit)  
NURS 219 – Information Management in Professional Relationships (2 units) |
| Courses with unit reductions:  
NURS 304 – Clinical Pharmacology in Nursing  
NURS 202 – Client Assessment | 1. Pharmacology (NURS 304) was moved from 4 to 3 units. The pharmaceutical course focuses on classes of drugs rather than specific. The speed of change in the pharmaceutical industry dictates that we educate students in overall classes, and actions. We will be emphasizing the need to use resources (technology in particular) to identify the specific actions of specific drugs as they come onto the patient care scene and are prescribed. The products used in Mental Health care will be taught by the Pharmacy faculty in the Psychiatric/Mental Health Nursing course. Specific content is not articulated in the objectives (syllabus attached). Psychiatric-Mental Health Nursing (NURS 416), Pediatric Nursing (NURS 356), and Maternal Infant Health Nursing (NURS 354) already cover medications and dosages specific to those areas of care. NURS 304 syllabus attached  
2. Client Assessment (N 202) was reduced from 4 to 3 units. We found that the course was duplicating enough of what was being taught in Anatomy, Physiology and Pathophysiology to enable us to delete 1 unit. No course objectives needed to be deleted. |
REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE

Submit in DUPLICATE.  8-21-13

Program Name: San Diego State University School Of Nursing

Type of Program: ☐Entry Level Master ☐XX Baccalaureate ☐Associate

Requesting new Curriculum Approval: XX Major ☐Minor

Date of Implementation: Fall 2014

Academic System: XX Semester 15 weeks/semester
☐Quarter  ___________ weeks/quarter

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Units</th>
<th>Quarter Units</th>
<th>Current BRN-Approved Curriculum</th>
<th>Proposed Curriculum Revision</th>
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<tbody>
<tr>
<td>Nursing Theory</td>
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<td>27</td>
<td>33.5</td>
<td>35</td>
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<tr>
<td>Nursing Clinical</td>
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<td>27</td>
<td>22.5</td>
<td>20</td>
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<td>Communication</td>
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<td>9</td>
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<td>9</td>
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<td>Science Units</td>
<td>16</td>
<td>24</td>
<td>24</td>
<td>26</td>
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<td>TOTAL UNITS FOR LICENSURE</td>
<td>58</td>
<td>87</td>
<td>86</td>
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<td>Other Degree Requirements</td>
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<td>47</td>
<td>30</td>
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<td>TOTAL UNITS FOR GRADUATION</td>
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<td>133</td>
<td>120</td>
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List the course number(s) and titles(s) in which content may be found for the following required content areas:

<table>
<thead>
<tr>
<th>REQUIRED CONTENT</th>
<th>Course Number</th>
<th>Course Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; chemical Dependency</td>
<td>N416</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>N206</td>
<td>Fundamentals of Nursing</td>
</tr>
<tr>
<td>Human Sexuality</td>
<td>N354</td>
<td>Nursing Care of the Childbearing Family</td>
</tr>
<tr>
<td>Client Abuse</td>
<td>N300, N354, N356, N415</td>
<td>Nursing Care of the Acutely Ill Adult &amp; Gerontologic Patient I, Nursing Care of the Childbearing Family, Pediatric Nursing, Community Health Nursing</td>
</tr>
<tr>
<td>Cultural Diversity</td>
<td>Throughout the curriculum</td>
<td>Throughout the curriculum. There is now an International Experience requirement of all Nursing students with the specific goals of increased awareness of cross-cultural issues, global health, economic, political, cultural, and social issues.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Across the curriculum</td>
<td>Across the curriculum, in Clinical Nursing courses as well as in the science courses</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>N304</td>
<td>Clinical Pharmacology in Nursing</td>
</tr>
</tbody>
</table>
### Legal Aspects
- N219, N221, N321, N421, N307

Information Management in Professional Relationships, Professional Formation A, B, C, Research and Evidence Based Practice

This is also discussed in clinical courses

### Social/Ethical Aspects
- N219, N221, N321, N421, N307

Information Management in Professional Relationships, Professional Formation A, B, C, Research and Evidence Based Practice

### Management/Leadership
- N221, N321, N421

Professional Formation A, B, C

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Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

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<th>REQUIRED CONTENT</th>
<th>Course Number</th>
<th>Course Title</th>
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<td><strong>NURSING</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Medical-Surgical</td>
<td>N202, N206, N208, N300, N400,</td>
<td>Client Assessment (1.5 units lecture/1.5 units clinical units), Fundamentals of Nursing Practice (3/2), Pathophysiology (3), Nursing Care of the Acutely and Chronically Ill Adult and Gerontologic Patient I (3/5), Nursing Care of the Acutely and Chronically Ill Adult and Gerontologic Patient II (3.5/2.5)</td>
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<td>Obstetrical</td>
<td>N354</td>
<td>Nursing Care of the Childbearing Family (2.5/2.5)</td>
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<tr>
<td>Pediatric</td>
<td>N356</td>
<td>Pediatric Nursing (2.5/2.5)</td>
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</tr>
<tr>
<td>Psych/Mental Health</td>
<td>N416</td>
<td>Psychiatric Mental Health Nursing (3/2)</td>
<td>5</td>
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<tr>
<td>Geriatrics</td>
<td>N206, N300, N400</td>
<td>Fundamentals of Nursing Practice (3/2), Nursing Care of the Acutely and Chronically Ill Adult and Gerontologic Patient I (3/5), Nursing Care of the Acutely and Chronically Ill Adult and Gerontologic Patient II (3.5/2.5). Care of the elderly patient is included throughout the nursing curriculum. Much of the content is not focused in the three courses listed.</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>N307</td>
<td>Research and Evidence Based practice (3)</td>
<td>3</td>
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<tr>
<td></td>
<td>N221, N321, N421</td>
<td>Professional Formation A, B, &amp; C (1 unit each)</td>
<td>3</td>
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<tr>
<td></td>
<td>N415</td>
<td>Community Health Nursing (3/2)</td>
<td>5</td>
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<td></td>
<td>N219</td>
<td>Information Management in Professional Relationships</td>
<td>2</td>
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<tr>
<td></td>
<td>N304</td>
<td>Clinical Pharmacology in Nursing Practice</td>
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<td><strong>BASIC SCIENCES</strong></td>
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<tr>
<td>Anatomy</td>
<td>BIO 212</td>
<td>Human Anatomy (2 units lecture, 2 units/6 hours lab)</td>
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<tr>
<td>Physiology</td>
<td>BIO 261</td>
<td>Human Physiology (3 units lecture/1 unit lab)</td>
<td>4</td>
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<tr>
<td>Microbiology</td>
<td>BIO 211 &amp; 211L</td>
<td>Fundamentals of Microbiology (2) and Fundamentals of Microbiology Lab(2)</td>
<td>4</td>
</tr>
<tr>
<td>Societal/Cultural Pattern</td>
<td>SOC 101</td>
<td>Introductory Sociology (3), plus students are required to take an upper division GE course that is approved in the University as a course that educates for and encourages cultural diversity. There are multiple courses in the University that meet this requirement</td>
<td>3</td>
</tr>
</tbody>
</table>

EDP-P-06 (Rev. 08/10)  4.4.2
<table>
<thead>
<tr>
<th>Psychology</th>
<th>PSY 101, PSY 230</th>
<th>Introductory Psychology (3), Developmental Psychology (3)</th>
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<tbody>
<tr>
<td></td>
<td>CHEM 102</td>
<td>Introduction to General, Organic and Biological Chemistry</td>
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**COMMUNICATION**

<table>
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<th>Group</th>
<th>COMM 103</th>
<th>Oral Communication (3)</th>
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<tbody>
<tr>
<td>Verbal</td>
<td>COMM 103</td>
<td>Oral Communication (3)</td>
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<tr>
<td>Written</td>
<td>RWS 100, N219</td>
<td>Rhetoric of Written Argument (3)</td>
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<tr>
<td></td>
<td>RWS 200</td>
<td>Intermediate Composition</td>
<td>3</td>
</tr>
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</table>

* TOTAL UNITS 90

* The “TOTAL UNITS” should match “TOTAL UNITS FOR LICENSURE” on page 1.

**LVN 30 UNIT OPTION**

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TOTAL UNITS 30

Signature Program Director/Designee:
Marjorie Peck PhD, RN
Associate Director, SDSU School of Nursing
Date:
9/03/2013

EDP-P-06 (Rev. 08/10)
4.4.3
# TOTAL CURRICULUM PLAN

Submit in duplicate

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Name of Program: San Diego State University School of Nursing

Date Submitted: 09-04-2013

Type of Program:  
- [ ] Entry Level Master’s  
- [ ] Baccalaureate  
- [ ] Associate Degree

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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# TOTAL CURRICULUM PLAN

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Type of Program:
- [ ] Entry Level Master’s
- [X] Baccalaureate
- [ ] Associate Degree

For BRN Office Use Only
- [ ] Approved
- [ ] Not Approved

By: ____________________________

Date: __________________________

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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Total: 187.5 + 142.5 = 329.5 Hrs

EDP-P-05 (Rev. 08/10) 4.3
ACTION REQUESTED: Approve major curriculum revision for Simpson University (SU) Baccalaureate Degree Nursing Program

REQUESTED BY: Katie Daugherty, MN, RN

BACKGROUND: Jan Dinkel, MSN, RN, has served as the Dean and generic BSN degree Program Director since initial program approval in June 2010. Accompanying Ms. Dinkel is program Assistant Director, Kristie Stephens, MSN, RN.

An initial program approval visit was conducted January 6 and February 16-18, 2010 by K. Daugherty, NEC. No areas of non-compliance were identified. Two areas of recommendations, CCR 1424 Program Administration/Resources and CCR 1426 Curriculum, were made. Required routine interim visits have been made since program start up with no areas of non-compliance identified.

Simpson University is a 92 acres campus located in Redding California approximately 75 miles away from the next closest BSN program in Chico. SU is a private not for profit Christian university offering biblical, liberal arts and professional studies programs. Simpson offers 26 undergraduate majors, four graduate majors, and an adult degree completion program called ASPIRE in the SU Continuing Studies Division that includes the RN to BSN degree option. SU typically has an institutional enrollment of slightly under 1,100 full time students. SU is a WASC Senior College and University accredited institution. The program officially started in Fall 2010, students took the first courses in the nursing major in Spring 2011 and graduated the first cohort of 20 students in May 2013. Total program enrollment is 62 students. The program intends to admit a new cohort of up to 30 students in Spring 2014. Program Cohort #1 graduated 20 of the original 26 students in May 2013; only two of the six from Cohort #1 left the program due to academic reasons; the other four students dropped out of the program deciding not to pursue a nursing degree or for other personal reasons.

Between July 1, 2012-June 30, 2013 the program had a total of 17 of the 20 graduates take the NCLEX RN exam as first time test takers. Twelve (12) of the seventeen (17) passed the NCLEX exam on first attempt resulting in a pass rate of 70.59 %. One of the 17 re-took the test and passed on second attempt. Results for the remaining three graduates from Cohort #1 are pending. Program leadership and faculty have taken immediate action to assess the factors contributing to the initial pass rate results for the 17 Cohort #1 graduates per the current BRN NCLEX monitoring guidelines. The program has developed a set of actions to improve pass rate success for existing program students beginning immediately and for Cohort #4 students entering the program in Spring 2014. Actions include a more detailed faculty orientation to the curriculum, closer monitoring of instructional effectiveness, improved standardization of course grading, very detailed test item review and test item analysis in all courses. Additionally, program faculty
are working closely with a nursing education consultant from ATI to enhance student and faculty use of ATI materials across the curriculum as described in the attached NCLEX Action Plan report. Faculty are also slated to attend Level I and II NCSBN Test Construction courses. All of these actions are geared to strengthen instruction and testing immediately and moving forward. Additionally, the program anticipates implementation of the proposed curriculum changes as attached for Cohort #4 to be admitted in Spring 2014. The major curriculum changes are designed to definitively improve all program learning outcomes including annual NCLEX pass rates. In summary the following curriculum changes are proposed for implementation starting in Spring 2014:

- Change course numbers, course titles, units per the attached Curriculum Change matrix;
- Add 1 unit of theory in the first Nursing Foundations course, N2310, and 1 unit to the nursing Health Assessment course, N2320, clinical component. This is designed to strengthen theory/clinical reasoning application in first term;
- Add new nursing theory Evidenced Based Practice course, N3340, (2u) in second term;
- Integrate existing gerontology clinical content into the Nursing Foundations, N2310, and the Health Assessment, N2320, clinical components since Care of the Older Adult, N2340, will now be taken concurrently with N2310 and N2320;
- Add one unit of theory content to Mental Health course, N3330, now 3 instead of 2 units of theory with no change in clinical units;
- Split OB and Peds into two separate courses, N3360-OB and N3370-Peds; add .5 units of theory to each course with no changes in clinical units or content in either courses;
- Add 1 unit of clinical to the N3380 Health Promotion course moved from fourth to third semester; move N4330 Nursing Research from third to fourth term;
- Eliminate the old N3240 Transcultural Nursing, N3280 Professional Issues, and N4210, Adult Nursing III, courses absorbing content and units in the new courses in the nursing major;
- Add 1 unit of theory and decrease 1 unit of clinical to the Leadership/Management course, now numbered N4340; add N4350W, the new Nursing Capstone course with 2 units of nursing theory and 3 units of clinical. This course is designed to increase students mastery of shift work and management of a typical RN patient care load;
- Replace the old N4250W (3 units) with the N4360, Preparation for Professional Practice course, as described in the attached Curriculum Change documents.

**NEXT STEPS:**
Place on Board Agenda

**FISCAL IMPACT, IF ANY:**
None

**PERSON TO CONTACT:**
Katie Daugherty, NEC
(916) 574-7685
July 22, 2013

Katie Daugherty, NEC
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA  95834

Hello Katie:

Enclosed you will find the materials assembled for our proposed curriculum change as developed by the faculty after our conference call with you.

Materials include:
- Current and Proposed Curriculum plan
- School of Nursing Curriculum plan/sequence by semester for the program
  (Including both current and proposed)
- Current/Proposed Rational Worksheet
- Course descriptions for proposed curriculum
- Revised Content for Licensure BRN form EDP-P-06
- Revised Total Curriculum Plan BRN form EDP-P-05

The work copy showing the current/proposed and rationale for the change (our work copy) is a separate document that will accompany these materials. Additionally, we will be bringing the course syllabi for the first semester of the proposed change and all of the Med-Surg courses for your review.

We look forward to meeting with you in order to clarify and or edit any changes that you deem necessary.

There is no change in the total nursing units as approved for content for licensure, only a re-arrangement. There will be no additional clinical placements needed and the current clinical facilities will meet the objectives intended for the curriculum.

The changes were made due to student ATI scores, student feedback, and faculty assessment and evaluation following the first cohort cycle completion through the program. We believe that there will be an improved clarification of the simple to complex paradigm and academic rigor for the nursing program. Additionally, the proposed curriculum has resulted in a total curriculum plan that demonstrates a successful workload for students in meeting the University requirements for completion of the degree.

We look forward to acquiring approval for the proposed curriculum and hope, with that approval, to begin the implementation for the Spring of 2014.

Thank you for your guidance and support as we move forward with our curriculum change.

Sincerely,

[Signature]

Janis Linkel, M.S.N.
Dean, School of Nursing

Enclosures
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<td>2</td>
<td>NURS 2310 Foundations of Nursing</td>
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<td>2</td>
<td>Title, course number, unit description and unit change with the design to immediately apply critical reasoning, nursing process and pharmacology. There is no change in the philosophy, conceptual framework or terminal objectives. Added unit of theory is to enhance and establish a strong theoretical foundation allowing the student to understand how the professional RN approaches every patient. A systems approach utilizing a simple to complex methodology to theory will begin with Foundations of Nursing and Professional Seminar and will continue throughout the curriculum. Ninety hours of clinical application will occur this semester applying nursing skills learned in Health Assessment and Nursing Skills. Students will begin clinical application of theory the fourth week (proposed curriculum) of the semester instead of the seventh week (current curriculum) complimenting skills validation when concurrently taken with Health Assessment and Nursing Skills. Also, instituted seminar component to discuss a broader application of professional role behaviors (1of 4). Professional Seminar topics for Foundations include: 1) Perceptions of Nursing &amp; Nursing Today; 2) Historical Influences on Nursing; 3) Accountability in Legal Issues; 4) Accountability in Ethical Issues and 5) Accountability in Client Advocacy. Changes made based on 1st cohort ATI and NCLEX scores.</td>
</tr>
<tr>
<td>NURS 2220 Nursing Health Assessment</td>
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<td>1</td>
<td>NURS 2320 Health Assessment and Nursing skills</td>
<td>1</td>
<td>2</td>
<td>Title, course number, course description and unit change. Added unit of clinical to enhance skills competence validation and application of skills in Foundations of Nursing and Professional Seminar clinical setting placing greater emphasis on RN professional role. All skills application will now be covered in Health Assessment and Nursing Skills instead of Foundations of Nursing. Health Assessment occurs across the lifespan including the older adult.</td>
</tr>
<tr>
<td>NURS 2230 Nursing Pathophysiology</td>
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<td>NURS 2330 Pathophysiology for Nurses</td>
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<td>-</td>
<td>Title, course number and course description change. Minor leveling of content using a system approach to pathophysiology.</td>
</tr>
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## Curriculum Change

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>NURS 2240</td>
<td>Nursing Care of the Older Adult</td>
<td>2 credits, 1 unit change. Minor changes to level content. Moved one clinical unit into Health Assessment and Nursing Skills taken concurrently. Concurrent gero clinical content for NURS 2340 is integrated into NURS 2310 Foundations of Nursing and NURS 2320 Nursing Health Assessment and Nursing Skills clinical course components.</td>
</tr>
<tr>
<td>NURS 3210</td>
<td>Nursing Care of the Adult 1</td>
<td>3 credits, 2 units change. Course number and course description change. Continued system approach moving through all systems (cardiac, respiratory, renal, immune, endocrine, liver, GI, neurological, neuromuscular, musculoskeletal) simple to complex or acute to chronic to critically ill. Layering greater complexity, deliberate duplication of systems and redundancies allowing multiple opportunities to understand content and increased clinical reasoning. Changes made based on 1st cohort ATI and NCLEX scores.</td>
</tr>
<tr>
<td>NURS 3230</td>
<td>Nursing Pharmacology</td>
<td>3 credits, - unit change. Title, course number and course description change. Integration of pharmacology at a higher level utilizing a systems approach. Clinical application will occur Nursing Care of the Adult 1. Pharmacology content also integrated throughout curriculum. Changes made based on 1st cohort ATI scores, 2nd cohort ATI scores and 1st cohort NCLEX scores.</td>
</tr>
<tr>
<td>NURS 3260</td>
<td>Mental Health Nursing Care</td>
<td>2 credits, 2 units change. Title, course number, course description and unit change. Moved to second semester from third semester to enhance and demonstrate therapeutic communication skills/concepts earlier. Professional Seminar topics include: 1) Ethical Issues from a Christian World View; 2) Legal Issues; 3) Faith and Healing; 4) Incivility and 5) Christian Bioethics. Changes made based on 1st cohort ATI scores, 2nd cohort ATI scores and 1st cohort NCLEX scores.</td>
</tr>
<tr>
<td>NURS 3340</td>
<td>Evidence Based Practice and Informatics for Nurses</td>
<td>2 credits, - unit change. New course to incorporate evidence based practice and informatics into the curriculum. The course offers a prelude to nursing research offered later in the curriculum. Course focus is the application of evidence based practice, application related to direct patient care, RN role performance, informatics and computerized charting. Students will have the opportunity to write a scholarly paper based on evidence.</td>
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## Curriculum Change

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<th>NURS 3240 Transcultural Nursing</th>
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Course deleted. Cultural content is covered throughout the curriculum.

<table>
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<th>NURS 3220 Maternal/Child Nursing Care</th>
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<td>NURS 3360 Nursing Care of Maternal and Newborn</td>
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<tr>
<td>NURS 3370 Nursing Care of Children and Adolescents</td>
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</table>

Course number and course description change. Continued system approach moving through all systems (cardiac, respiratory, renal, immune, cancer, endocrine, liver, GI, neurological, Neuro) simple to complex or acute to chronic or critically ill. Layering greater complexity, deliberate duplication of systems and redundancies allowing multiple opportunities to understand content and increased clinical reasoning. Focus is chronic illness and teaching application. Changes made based on 1st cohort ATI and NCLEX scores.

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<tr>
<th>NURS 4200 Nursing Health Promotion</th>
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<td>NURS 3380 Health Promotion</td>
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</table>

Title, course number, course description and unit change. Added 0.5 unit of theory and resequence to third semester from second to allow mastery of content and be taught concurrent with Nursing Care of Children and Adolescents. Students needed more medical-surgical content before exploring complications of pregnancy. Changes based on student feedback.

<table>
<thead>
<tr>
<th>NURS 3280 Professional Issues in Nursing</th>
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This course was deleted and the content was absorbed within all the course of the nursing major.

<table>
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lv 8/20/2013
## Curriculum Change

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<td>and Management in Nursing</td>
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<tr>
<td><strong>NURS 4310 Nursing</strong></td>
<td><strong>NURS 4340 Leadership</strong></td>
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<tr>
<td>Care of the Critically III</td>
<td>and Management in Nursing</td>
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<td><strong>NURS 4320 Community</strong></td>
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<td>and Public Health Nursing</td>
<td>Research and Professional Seminar</td>
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<td><strong>NURS 4220 Community</strong></td>
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<td>and Public Health Nursing</td>
<td>Capstone and Professional Seminar</td>
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<td><strong>NURS 4250W Senior</strong></td>
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This course was deleted and the contest was redistributed in all other medical-surgical course.

Title, course number and course description change. The course focus is advanced medical-surgical with emphasize on complex acute and care of the critically ill adult. Minor content leveling to include burns. Resequencing to fourth semester from fifth allowing students in the final fifth semester to care for multiple patients and experience 12 hours shifts.

Title, course number and course description change. Updating BRN education requirements forms to reflect new course numbers.

Title, course number and course description change. Resequencing to fourth semester from third from adding Evidence Based Practice and Informatics for Nurses course in the second semester. Professional Seminar topics include: 1) Nursing Research Historical Perspectives, 2) Development in Current Nursing Practice, 3) Nursing Scope of Practice, 4) Silver Tsunami, and 5) Root Cause Analysis/Process.

Title, course number, course description and unit change. Two units of clinical application and three units of theory application will occur. Minor leveling of content to include collective bargaining. Changes made based on clinical placement agencies.

New course. Used units redistributed from Nursing Care of the Adult III. Faculty assigned clinical experience for student to experience shift work before graduating. Student to buddy with bedside RN. Student will complete 135 hours including eleven (11) 12 hours shifts. Allows student to experience professional work setting and patient load.

Title, course number, course description and unit change. Changes made to facilitate transition into practice. Replaced the clinical component (project) into Leadership & Management in Nursing course. Students will complete a portfolio instead of a project. Comprehensive proctored NCLEX style testing will occur. Changes were made based on student feedback and 1st cohort NCELX scores.
REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE

Submit in DUPLICATE.

Program Name: Simpson University – School of Nursing

Type of Program: ☑ Entry Level  ☑ Master ☑ Baccalaureate ☑ Associate

Requesting new Curriculum Approval: ☑ Major ☑ Minor

Date of Implementation: January 7, 2014 Proposed Change

Academic System: ☑ Semester 15 weeks/semester

☑ Quarter 15 weeks/quarter

For Board Use Only

Approved by:

Date:

☐ BRN Copy ☐ Program Copy

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

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<tr>
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<th>Proposed Curriculum Revision</th>
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<td>Nursing</td>
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<td>54</td>
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<td>(27)</td>
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<td>Communication Units</td>
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<td>Science Units</td>
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<td>TOTAL UNITS FOR LICENSURE</td>
<td>58</td>
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Other Degree Requirements (See other degree listing)

TOTAL UNITS FOR GRADUATION

35

126

No change

No change in total units

List the course number(s) and title(s) in which content may be found for the following required content areas:

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<th>REQUIRED CONTENT</th>
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<td>Alcohol &amp; chemical Dependency</td>
<td>NURS 3320, NURS 3330, NURS 3360, NURS 3370, NURS 4320, NURS 3380</td>
<td>Pharmacology for Nurses, Nursing Care for Mental Health and Professional Seminar, Nursing Care of Maternal and Newborn, Nursing Care of Children and Adolescents, Nursing Care for the Community &amp; Public Health, Health Promotion</td>
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<td>Personal Hygiene</td>
<td>NURS 2310, NURS 2340</td>
<td>Foundations of Nursing and Professional Seminar, Nursing Care of the Older Adult</td>
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EDP-P-06 (Rev. 08/10)
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<td>NURS 3370</td>
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<td>Client Abuse</td>
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Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

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EDP-P-06 (Rev. 08/10)
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**TOTAL UNITS** 28

Signature Program Director/Designee: ____________________________
Date: ____________________________

**Other Degree Requirements**

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**Total Units** 35

*New prerequisite other degree requirements*
# TOTAL CURRICULUM PLAN

**Name of Program:** Simpson University  
**Type of Program:** Baccalaureate  
**Date Submitted:** August 2013

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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State of California  
Department of Consumer Affairs  
Board of Registered Nursing  
EDP-P-05 (Rev. 08/10)
# TOTAL CURRICULUM PLAN

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**State of California**
**TOTAL CURRICULUM PLAN**

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EDP-P-05 (Rev. 08/10)  4.3
# TOTAL CURRICULUM PLAN

Submit in duplicate

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<th>August 2013</th>
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For BRN Office Use Only  
By: ____________________  
Date: ____________________

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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EDP-P-05 (Rev. 08/10)  
4.3
Course Descriptions

NURS 2310
Foundations of Nursing and Professional Seminar (5, Spring) The course focus is introductory concepts crucial to the professional nursing role. Emphasis is placed upon the theoretical basis for the art and science of nursing. In the clinical environment the nursing process is utilized to provide care to clients in the healthcare setting. The Professional Seminar content will address the historical, legal, ethical, and social aspect of nursing; patient safety and advocacy from a Christian Worldview. Additional course fee. (Prerequisite: Admission into School of Nursing)

NURS 2320
Health Assessment and Nursing Skills (3, Spring) The course focus is on basic nursing skills, a systematic approach to assess history, physical, mental status examination, and documentation of the findings for clients. Emphasis will be placed on distinguishing normal from abnormal and on various stages of wellness, health and disease. Principles of communication, cultural sensitivity and spirituality will be reviewed and utilized throughout this course. Application of skills represents the basis of health assessment and nursing care. Additional course fee. (Prerequisite: Admission into School of Nursing)

NURS 2330
Pathophysiology for Nurses (3, Spring) The course focus is the study of cellular biology as it relates to bodily function. Learning will progress from basic cellular performance, mechanics of self-defense and abnormal cellular proliferation to the application of these processes on body systems and the diseases that develop with abnormal cellular function. (Prerequisite: Admission into School of Nursing)

NURS 2340
Nursing Care of the Older Adult (2, Spring) The course focus is the theoretical approach to the healthcare principles involved in the assessment, planning, implementation and evaluation of the nursing process for the older adult with various health problems across the continuum of care. (Prerequisite: Admission into School of Nursing)

NURS 3310
Nursing Care of the Adult I (5, Fall) The course focus is on the theoretical and clinical application of healthcare principles involved in the assessment, planning and implementation of the nursing process appropriate for adults with various health problems in the acute care setting. Emphasis is placed on developing skills in problem-solving, clinical judgment, critical thinking allowing students to function as a beginning member of the interdisciplinary healthcare team for a variety of patient situations. Additional course fee. (Prerequisites: Foundations of Nursing and Professional Seminar, Health Assessment and Nursing Skills, Pathophysiology for Nurses, Nursing Care of the Older Adult)

NURS 3320
Pharmacology for Nurses (3, Fall) The course focus is knowledge for safe and effective use of pharmacological interventions for client systems. Concepts of pharmacodynamics, pharmacotherapeutics, pharmacokinetics, prevention, health maintenance, and return to homeostasis using pharmacological agents will be addressed. Pharmacology principles will be applied to selected client systems. (Prerequisites: Foundations of Nursing and Professional Seminar, Health Assessment and Nursing Skills, Pathophysiology for Nurses, Nursing Care of the Older Adult)

NURS 3330
Nursing Care for Mental Health and Professional Seminar (5, Fall) The course focus is the delivery of community mental health nursing in a variety of settings. Guidance is given in assessing stressors and developing primary, secondary, and tertiary interventions within populations at risk for psychosocial stress and illness utilizing the nursing process. The Professional Seminar content will address the historical, legal, ethical, and social aspects of nursing; patient safety and advocacy from a Christian Worldview. (Prerequisites: Foundations of Nursing and Professional Seminar, Health Assessment and Nursing Skills, Pathophysiology for Nurses, Nursing Care of the Older Adult)

NURS 3340
Evidence Based Practice and Informatics for Nurses (2, Fall) The course focus is on the knowledge and attitudes needed to provide safe and effective care to patients. Students will explore scientific principles related to nursing interventions to safely and effectively implement interventions. Knowledge, skills, and attitudes based on QSEN competencies, including patient-centered care, use of evidence based guidelines, quality improvement, safety and informatics will be incorporated. (Prerequisites: Foundations of Nursing and Professional Seminar, Health Assessment and Nursing Skills, Pathophysiology for Nurses, Nursing Care of the Older Adult)

NURS 3350
Nursing Care of the Adult II (5, Spring) The course focus is theories underlying principles involved in planning and implementation of nursing intervention appropriate for adults with various complex health problems. Emphasis is placed on developing skills in problem-solving and clinical reasoning allowing students to function in a variety of patient situations in an acute inpatient setting. Students will assess, analyze, plan, implement, and evaluate the nursing care of adult patient. Comprehensive nursing care for a patient with a wide range of disorders is addressed including the need for patient teaching and continuity of care as the patient returns to the community. Additional course fee. (Prerequisites: Foundations of Nursing and Professional Seminar, Health Assessment and Nursing Skills, Pathophysiology for Nursing, Nursing Care of the Older Adult, Nursing Care of the Adult I, Pharmacology for Nurses, Evidence Based Practice and Informatics for Nurses)
NURS 3360  
Nursing Care of Maternal and Newborn (3, Spring) The course focus is theoretical and clinical concepts of care for childbearing patients and infants. Utilizing the nursing process, develop culturally competent nursing practices for the promotion of wellness and management of common health issues and concerns as they relate to women during normal pregnancy, the intrapartum and postpartum periods. The clinical environment includes the Maternity Clinic, labor and delivery, postpartum / couplet care, newborn intensive care unit (NICU). Emphasis is placed on recognizing and practicing nursing care that supports the physiologic processes associated with childbearing. Additional course fee. (Prerequisites: Nursing Care of the Adult I, Pharmacology for Nurses, Nursing Care for Mental Health and Professional Seminar, Evidence Based Practice and Informatics for Nurses)

NURS 3370  
Nursing Care of Children and Adolescents (3, Spring) The course focus is on the theoretical and clinical concepts of care of the children and adolescents utilizing the nursing process. Utilizing the nursing process, develop culturally competent nursing practices utilizing developmental needs for the promotion of wellness and management of common healthcare issues and concerns as they relate to children and adolescents. The student will use the nursing process to provide comprehensive care to children in diverse settings across the care continuum with a focus on family-centered care. Patient safety issues that put children at greater risk will be emphasized. The clinical environment includes the care of the pediatric patient in the healthcare setting. (Prerequisites: Nursing Care of the Adult I, Pharmacology for Nurses, Nursing Care for Mental Health and Professional Seminar, Evidence Based Practice and Informatics for Nurses)

NURS 3380  
Health Promotion (3, Spring) The course focus is on preparing the student to promote optimal wellness to clients and families throughout the lifespan. It examines the impact of common lifespan stressors on students, clients, and family systems. Principles of health promotion and protection, including theories of behavior change, motivation and health education, are applied. The relationship between lifestyle, health and wellness is explored. In the clinical environment students will participate in a teaching plan. (Prerequisites: Nursing Care of the Adult I, Pharmacology for Nurses, Nursing Care for Mental Health and Professional Seminar, Evidence Based Practice and Informatics for Nurses)

NURS 4310  
Nursing Care of the Critically Ill Adult (5, Fall) The course focus is on critical care nursing concepts. Emphasis is placed on refining skills in problem-solving and clinical reasoning in order to function successfully in the critical care and emergency room environments. Complex evidence-based nursing care for patients in crisis situations will be addressed including ethical and end of life issues. Additional course fee. (Prerequisites: Nursing Care of the Adult II, Nursing Care of Maternal and Newborn, Nursing Care of Children and Adolescents, Health Promotion)

NURS 4320  
Nursing Care for the Community and Public Health (5, Fall) The course explores dimensions of the health for individuals, communities, and populations. Emphasis is placed on the context of the community for health promotion, disease prevention, and risk reduction for individuals and families. Using the nursing process and a Christian Worldview, students will assess, plan, implement, and evaluate care of clients and families in the home, hospice and other community settings. It will examine epidemiological principles and evidence-based nursing interventions. In the clinical environment students will work in a variety of community based settings. Focus will include and health event investigation, case finding, and outreach, health screening and referrals/interventions, community health education, and collaboration and coalition building for community health advocacy. (Prerequisites: Nursing Care of the Adult II, Nursing Care of Maternal and Newborn, Nursing Care of Children and Adolescents, Health Promotion)

NURS 4330  
Nursing Research and Professional Seminar (3, Fall) The course focus is scientific nursing rationale for the utilization of research in evidence-based practice. Emphasis is placed on introduction to quantitative, qualitative, and outcomes research methodologies through reading research literature, critiquing published studies, and summarizing research evidence to promote change in practice. The course explores legal and ethical issues in relation to nursing research. The professional seminar content will address the historical, legal, ethical and social aspects of nursing; patient safety and advocacy from a Christian worldview. (Prerequisites: Nursing Care of the Adult II, Nursing Care of Maternal and Newborn, Nursing Care of Children and Adolescents, Health Promotion)

NURS 4340  
Leadership and Management in Nursing (5, Spring) The course focus is principles of nursing leadership and management in the delivery of healthcare. A historical overview of leadership and management theories assists the student in understanding legal and ethical implications of the role of the professional nurse in regard to patient care, delegation, staffing, budgeting, communication and quality improvement. In the clinical environment students will work in partnership with nurse leaders to apply concepts of leadership and management in the practice setting. (Prerequisites: Nursing Care of the Critically Ill Adult, Nursing Care for the Community and Public Health, Nursing Research and Professional Seminar)

NURS 4350W  
Nursing Capstone and Professional Seminar (5, Spring) The course is designed to expand the student’s learning in a specified area related to nursing practice. The student will gain an overview of knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare system within which they work. Content will synthesize knowledge from previous courses. Professional Seminar content will address the historical, legal, ethical and social aspects of nursing; patient safety and advocacy from a Christian worldview. The clinical environment includes a variety of healthcare settings. Additional course fee. (Prerequisites: Nursing Care of the Critically Ill Adult, Nursing Care for the Community and Public Health, Nursing Research and Professional Seminar)

NURS 4360  
Preparation for Professional Practice (3, Spring) The course assists students as they approach the completion of the nursing major and transition into the role of professional nurse. The course includes formal comprehensive exams in preparation for NCLEX-RN. The student will examine entry level employment opportunities. (Prerequisites: Nursing Care of the Critically Ill Adult, Nursing Care for the Community and Public Health, Nursing Research and Professional Seminar)
August 23, 2013

Katie Daugherty, NEC
Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Katie:

In response to your letter of August 12, 2013, please be advised that the faculty and I are working diligently on the Action Plan that is attached. We feel confident that we have taken the necessary steps to ensure success on NCLEX for our students in the future. We appreciate your support and guidance as we have agonized over the first time test takers’ performance and developed our Action Plan.

Attached with the Action Plan you will find the raw data including:

- ATI Group Performance Profile for the RN Comprehensive Predictor 2010 Form C,
  Longitudinal Report-Probability of Passing NCLEX, and Outcome Evaluation of Proctored tests;
- School of Nursing ATI results for Classes 2013, 2014, and 2015 to date;
- School of Nursing Grading History results (Pre-requisites and Nursing) for the Class of 2013.

We plan to attend the October 1st Education/Licensing Committee Meeting to respond to any questions that may arise.

Please let me know if there is anything further needed and thank you again for all of your assistance—much appreciated.

Sincerely,

Jan Dinkel, M.S.N.
Dean, School of Nursing

attachments
Analysis/Summary of Action Plan

The School of Nursing did NOT expect the first time test takers to have such a high failure rate on the NCLEX. We were shocked and surprised at the five out of seventeen students failing initially in the quarter. Subsequently, we have completed a comprehensive assessment and evaluation of this class from their admission to the program, progress through the program, ATI scores throughout the program using practice and proctored ATI tests and the correlation to the NCLEX scores. We have further assessed the role of the Director and faculty in monitoring aspects of the program and the resources needed for improvement.

We have been able to identify some factors that may have led to this outcome, such as:

- Small number taking the NCLEX within the quarter identified
- Four of the five students failing initially, are English as a Second Language students who may not have had sufficient resources although did have accommodations during the program
- There was a definite under-utilization of ATI Practice Tests completed by the students and not enough understanding of ATI products for faculty
- There was inconsistent grading throughout the program with new inexperienced faculty
- Teacher developed tests needed scrutiny
- Med-Surg curriculum needed to be layered more definitively for improved student comprehension

The analysis conducted included a review of the Admission process which was determined not to have been a factor in this outcome. We feel the admission criteria is strong and followed consistently. We did however, look at pre-requisite grades, particularly in Science in order to identify any correlation with the grades achieved in the program. We found some of the Science grades were inconsistent with the grades in the nursing curriculum however; the number was so small, we didn’t feel we could draw definite conclusions. The faculty will be following this data for future classes in order to identify or/not any trends and that we will be meeting with the Science faculty on campus to share our findings.

The ATI testing gave us the most concrete data as we could definitely see where our students were lacking in content retention. This gave cause to better utilize the ATI products for both students and faculty. A live in-service will be held for faculty on August 27th with the nursing
education consultant, Patti Becker. A student in-service will be held September 3rd with Amanda Springer. Faculty will monitor more closely the progress through ATI practice and proctored tests. Additionally the ATI policy will be updated for the Student Handbook and course grading will include points for ATI test utilization.

Additional assistance will be given to faculty for an assessment/correlation of the program course curriculum with the use of ATI products. Faculty have committed to attending Faculty Development workshops for improvement of teacher made tests, and curriculum implementation in January 2014 by Elsevier. Additionally, faculty has agreed to participate in the NCSBN Level 1 and 2 educational workshops for test development. PAR Score has been purchased for faculty to be using immediately this Fall for improved item analysis data on student performance.

The Student Success Center and faculty have met to determine earlier referral for students whom English is a Second Language for the assessment of language acquisition problems versus academic retention issues. Students will be monitored more closely and early identification of potential curriculum deficiencies with remediation plans initiated.

Faculty load has been reduced with adjunct faculty for increased time for full-time faculty to refine content, testing, and course syllabi. New faculty will be mentored for all aspects of the program by faculty and Director.

There will be more direct monitoring by the Director and faculty for curriculum, tests, ATI results, student assessments throughout the program.

The Action Plan developed will be implemented immediately with the return of students to the Fall semester in September. Faculty has agreed to meet weekly to review content, testing and student activities in order to have a clear and consistent understanding of student progress, retention, and early assessment of student problems. We plan to continue ATI Practice and Proctored testing as well as the RN Predictor Exam at the end of the program. We will monitor the progress of students throughout each course of the program. The next cohorts have an increased number of students and with the implementation of the Action Plan, we expect future NCLEX results to have a satisfactory rating.
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<th>Implementation Date</th>
<th>Expected Outcomes</th>
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| Analysis of first cohort course grades, prerequisite course grades in Science (transfer and in house students) and TEAS scores | Friday, July 26, 2013 | -Agree to keep TEAS scores at 78 for entrance  
-Discrepancies in grades from Science prerequisites and Nursing will be addressed at Science/Nursing faculty meeting Fall 2013  
-Continue to evaluate admission criteria |
| Administration & Faculty completed: Analysis of ATI Data  
- Group performance profile for the RN comprehensive predictor 2010 Form C, Longitudinal Report – Probability of passing NCLEX and outcome evaluation of proctored tests  
- Conference call with ATI Nurse Educator and ATI staff with faculty | Week of 7/22/13 – 8/2/13 | Evaluate current ATI status of first cohort performance on NCLEX compared to program course grades, ATI policy and utilization of ATI products  
-Improved assessment of ATI tools data  
-In-service for faculty on August 27, 2013, Re: Alignment of ATI tools to current curriculum  
-In-service for students on September 3, 2013 to improve ATI utilization and outcomes  
-Patti Becker, ATI representative, assessing ATI tools with current curriculum |
| Faculty Analysis of teacher developed exams | Immediately for Fall 2013 | -ATI will assist faculty with custom assessment builder on August 27 in-service and will continue to work with faculty in the Fall 2013 semester  
-Implementation of ParScore will assist with test reliability and validity for teacher developed exams  
-All teacher developed exams and analysis will be turned into administration for review |
<p>| Assessment of course tests in program standardized grading | Immediately for Fall 2013 | Policy change to improve the consistency of grading and standardization in each course for 40% cumulative final and 40% exams, 3% ATI with 20% other activities |
| Purchase of ParScore and ParTest software | Immediately for Fall 2013 | Ordered in August for improved exam analysis on teacher developed exams |
| Review and monitor teacher made exams/grades at regular monthly faculty meetings | Immediately for Fall 2013 | Faculty will present teacher developed exams for faculty review |
| Explore and attend exam writing workshops | Level 1 &amp; 2 attendance NCSBN workshop and Elsevier January 14, 2014 workshop | To improve teacher developed exam questions |
| Review course scheduling structure | Immediately | 3 hour Med-Surg, OB, Pharmacology classes re-scheduled for two 1½ hour classes per week to improve content retention |
| Continue with major curriculum change with BRN | On-going | Pending BRN approval, implement with Spring 14 |</p>
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<td>Orientation for new/adjunct faculty</td>
<td>August 2013</td>
<td>Director and faculty to spend one day in a special orientation for all new/adjunct faculty to ensure everyone understands and follows policies</td>
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<td>Student study groups for each course</td>
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<td>Student lead course content review for students to assist with simulation of information and application. Arrangements made with Academic Student Success Center for paid tutoring for nursing students</td>
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<td>Review evaluation of graduate employee surveys</td>
<td>Immediately</td>
<td>Looking for trends and any deficiencies identified by grads and/or employers</td>
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<td>Adoption of ATI capstone product in current nursing capstone course</td>
<td>Spring 2014</td>
<td>ATI product used in the last semester of the program to assist students with NCLEX preparation</td>
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<td>Faculty load reduction with more adjunct clinical faculty</td>
<td>Fall 2013</td>
<td>Increase time for full-time faculty to refine content, testing and course syllabi development</td>
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<td>ESL consultation for assessment of acquisition of language or content retention</td>
<td>Immediate beginning Fall 2013</td>
<td>Improvement in test taking - Tutor for both acquisition of language and retention</td>
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<td>Referral to Academic Success Center earlier in program</td>
<td>Immediately Fall 2013</td>
<td>-Earlier assessment and intervention for student success</td>
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AGENDA ITEM: 7.6.3  
DATE: October 1, 2013

**ACTION REQUESTED:** Approve major curriculum revision for West Coast University (WCU) Baccalaureate Degree Nursing Program (Los Angeles, Orange County, and Inland Empire).

**REQUESTED BY:** Miyo Minato, MN, RN  
Nursing Education Consultant

**BACKGROUND:** Dr. Robyn Nelson, PhD, RN, is the Dean of College of Nursing, West Coast University.

The Board received a major curriculum request from WCU, as a corrective action to address the non-compliance with Section 1424(c) Organizational Structure that was identified at the May 2013 Continuing Approval visits to the Los Angeles and Orange County campuses. The continuing approval visit to Inland Empire campus is scheduled for Fall 2014. The NEC’s finding was that the campus programs were approved to operate independently as separate institutions; however, West Coast University (WCU) campuses were actually operating as one institution consisting of (amongst other programs) three BRN-approved nursing programs. To ensure compliance with BRN regulations, WCU is requesting approval of a major curriculum revision to reorganize the administrative structure for unification of the three Board approved nursing programs to function as a single program.

WCU has approval by the Western Association of Schools and Colleges (WASC) for regional accreditation for the university, the Commission on Collegiate Nursing Education (CCNE) for professional nursing program accreditation, US Department of Education for Title IV Student Financial Aid administration, IPEDS reporting, and for all other federal regulatory purposes with the Los Angeles (LA) campus identified as the main campus and Orange County (OC) and Inland Empire (IE) as two branch campuses.

Findings by the NECs throughout the visit supported the organizational structure of one university. There is a main faculty group consisting of representatives of the three campuses that made final decisions and communicated information to the individual campus’ learning community groups (faculty). Any changes to the nursing program could be initiated by the learning community groups, but the final decision is made at the university faculty organization, and changes were implemented consistently at three sites. There is one shared curriculum, the same policies and procedures, and decisions are made jointly by the members of three campuses.

To remedy the noncompliance, WCU is requesting permission from the BRN to be approved as one university instead of the currently approved independent nursing programs. This proposal would reflect the current organizational and operational structure as one university with a primary campus and two branch campuses, each campus offering pre-licensure and post-licensure nursing programs and be consistent with all other accreditation and institutional
approvals at WCU. The proposal that details the re-organization and the organizational chart are attached to the agenda item summary.

**Recommendation:** Approve the request to reorganize as West Coast University, Baccalaureate Degree Nursing Program, Los Angeles Campus (Main Campus), with two branch campuses at Orange County and Inland Empire (Ontario). NEC to schedule a site visit to Inland Empire (Ontario) campus to review the program during 2013-2014 academic year to better align their program review with the other two campuses and provide a progress report of the visit to the Board.

**NEXT STEPS:** Place on Board agenda.

**FISCAL IMACT, IF ANY:** None.

**PERSON TO CONTACT:** Miyo Minato, SNEC
Miyo.Minato@dca.ca.gov
(323) 890-9950
Substantive Change Request

**Action Requested**

Per California Code of Regulations 1432, West Coast University is requesting approval of a substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program (1432.8). West Coast University proposes a change to combine the three campuses—Los Angeles, Orange County, and Inland Empire—into one institution (i.e. a main campus and two branch campuses).

**Requested by**

Robyn Nelson, PhD, RN
Dean College of Nursing
West Coast University

**Background**

This is a corrective action to address identified non-compliance with Section 1424(c) Organizational Structure following the May 2013 Continuing Approval visits to the Los Angeles and Orange County campuses. The visiting team expressed that the campus programs had been approved to operate independently; however, West Coast University (WCU) is actually operating as one institution consisting of (amongst other programs) three BRN-approved nursing programs. WCU has approval by the Western Association of Schools and Colleges (WASC) for regional accreditation, the Commission on Collegiate Nursing Education (CCNE) for professional accreditation, US Department of Education for Title IV Student Financial Aid administration, IPEDS reporting, and for all other federal regulatory purposes with the Los Angeles (LA) campus identified as the main campus and Orange County (OC) and Inland Empire (IE) as two branch campuses. In other words, WCU is requesting permission from the BRN to operate in a manner consistent with all other accreditation and institutional approvals.

This proposal would reflect the current organization and operational structure as one university with one main campus and two branch campuses, each campus offering pre-licensure and post-licensure nursing programs. The change to one main campus with two branch campuses is being required by the Board of Registered Nursing. The proposal represents the organizational and operational practices of WCU. The proposed change meets California Code of Regulations 1424.

**Administration and Organization of the Nursing Program** as stated below:

(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.
The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

Changes to Organizational Structure

The University operates in a “matrixed” organizational structure. This organization structure served its purpose well during the pursuit of regional accreditation through the Western Association of Schools and Colleges (WASC), as WASC’s intention was to accredit the University as a whole (as opposed to independent campuses).

In practice this means that at the campus level, there is an academic leader for each degree program and an Executive Director who lead the campus in the fulfillment of identified goals. Each campus is staffed with leaders who provide oversight at the functional level and offer input to University Administration pertaining to how each function can perform more effectively. The functional positions include a campus based registrar, business office, student services, admissions, academic librarian, and career services. “University Administration” includes the same roles that function to provide centralized support for campus operations and examine performance across campuses, e.g. a university President, Provost, Registrar, Librarian, IT, IR, Admissions, etc.

In the case of the College of Nursing, the person responsible for the university-level of administration has been the Dean of the College of Nursing, and this role will be identified as the Program Director. The Dean/Program Director of the College of Nursing reports to the Provost and is part of the University administration team. The Program Director will be primarily responsible for:

- The quality of the curriculum for all Nursing programs, regardless of location or degree level.
- Managing relationships with key external stakeholders, including specific Nursing accrediting agencies and state boards.
- Leading the Assistant Directors of Nursing (campus-based) in improving student learning outcomes, including board exam results.
- Monitoring the Nursing Curriculum Committee process and recommendations.
- Representing the Nursing programs to University leadership.
- Communicating and meeting with students at all locations on a regular basis to address concerns and issues.
- Leading the process for program review and student learning outcome assessment.
- Ensuring consistency of programs, courses, syllabi and textbooks across all locations.
- New program development within the College of Nursing.
- Recruitment and selection of quality faculty, sufficient in number.

The Dean/Program Director of the College is supported by an Associate Dean, who focuses on improving faculty teaching effectiveness; maintaining and improving the quality, reliability and validity of student assessment methods; ensures consistent implementation of College policies,
procedures and the master course syllabus template(s) across multiple campus locations; collaborates with the College Dean/Program Director and campus nursing leadership (Program Assistant Directors, academic and administrative associate deans) in identifying, designing, developing, successfully launching, evaluating and revising nursing programs and tracks, and program policies and procedures; assists campus nursing leadership in ensuring and monitoring compliance with specific Board of Registered Nursing (BRN) requirements, regional and national accreditation/licensing requirements; and works with all campuses to ensure consistency, quality and compliance with all applicable internal and external regulations.

The College of Nursing also has two Assistant Deans, one for pre-licensure programs who in collaboration with the Dean/Program Director and Associate Dean focuses on pre-licensure curriculum consistency and effectiveness; participates in the design, development, and accreditation activities of the pre-licensure nursing program curriculum; plans strategies, and provides leadership and support related to the implementation of the pre-licensure nursing curriculum; facilitates the Learning Community process within the pre-licensure program; determines and communicates measurable implementation goals and objectives; evaluates the effectiveness of the curriculum using NCLEX data and other measures of success that are in alignment with University and College of Nursing undergraduate program goals; and recommends revisions to the curriculum, implementation strategies, and/or resources to meet goals. and one for post-licensure programs who focuses on post-licensure (RN-BSN, MSN) curriculum consistency and effectiveness; participates in the design, development, and accreditation activities; plans strategies, and provides leadership and support related to the implementation of the post-licensure and graduate nursing curriculum and successfully launching new programs; evaluates the effectiveness of the curriculum using learning outcome data and other measures of success; and recommends revisions to the curriculum, implementation strategies, and/or resources to meet goals.

Each campus location will have an Assistant Director (currently the campus deans of nursing) based full time at the campus. The Assistant Director on each campus, in consultation and collaboration with the Program Director, is responsible for:

- Planning, coordinating, developing and implementing the campus schedule of classes in a timely manner
- Recruiting, orienting, developing, managing, assessing, evaluating, and as necessary, terminating the faculty.
- Implementing protocols that have been collaboratively developed pertaining to program quality and consistency (syllabi, textbooks), assessment (program reviews), curriculum improvements (curricular meetings and “Learning Communities” which are intended to bring faculty who teach similar courses at different campuses together on an end-of-term basis) and faculty development.
- Ensuring a consistent review of NCLEX outcomes with intention to always improve them.
- Resolving student issues and concerns on a daily basis.
- Participating in campus information and orientation sessions.
- Contributing to the planning and implementation of commencement exercises.
- Plan and implement the semi-annual campus Program Advisory Committee meetings.
- Developing the term/semester schedule of classes.
Each Assistant Director is supported by two campus associate deans—

- one for **academics** who assists with providing leadership in managing and implementing a comprehensive registered nurse program to assure compliance with programmatic accreditation and/or licensure, internal consistency, and outcomes that meet workplace and placement expectations; participates in budget preparation and fiscal administration, curriculum development, quality control and coordination, determination of teaching assignments, recruitment, hiring, orientation, supervision, development and evaluation of faculty; provides professional leadership and support for teaching faculty; serves as a mentor and facilitator for faculty assigned; and enables an environment which fosters creativity, responsiveness, and self-responsibility; focuses extensively on ensuring implementation of the academic program that leads to outstanding student learning outcomes, including board exam passage rates that meet or exceed institutional goals;
- and one for **administration** who assists with budget preparation and fiscal administration with focus on budget and finance, personnel, information technology, and physical and other program resources.

The Assistant Directors will report to the College Dean Program Director for all curriculum matters and to the respective Executive Director at each campus for operational matters. The College Dean/Program Director in collaboration with campus-based Assistant Directors is responsible for the recruitment of the best possible faculty and associates to fulfill the University’s mission. A staffing plan (inclusive of adjunct faculty) is created on an annual basis to ensure appropriate coverage of tasks and teaching assignments. The staffing plan must be sufficient to enhance the likelihood of student success, while meeting the budget requirements of the program and campus.

The model is consistently applied at all campuses. The hiring of faculty is an academic decision and therefore is made by the Program Director and Assistant Directors, and the campus Executive Director is invited to meet the candidate before an offer is extended in order for him or her to become acquainted and provide input and feedback into the process. West Coast University has a centralized Human Resources Department, which processes faculty applications and assignments by campus location. There would be no change in this process. New faculty orientation is comprised of a two phase approach:

- University level – is conducted at University Administration and focuses on university-wide policies and procedures, and
- Campus-specific level, which focuses on the specific elements of the job as well as orients the faculty member to the campus community.

Faculty may be shared across campuses as needs arise and faculty agree.

The organizational change will centralize the responsibility for the nursing curriculum with the College Dean/Program Director, facilitate communication with the BRN and the Education Consultant for the West Coast University campuses, and increase program efficiency and effectiveness in meeting BRN regulations. There will no change in how clinical agency
agreements are handled as each campus location will continue to use a Manager for Clinical Education to ensure appropriate and adequate clinical placements for students. Information on the website or at the main campus for West Coast University will direct students to the campus of their choice, and the admission process will be unchanged. There will be no change in the BSN curriculum as a result of this organizational change.

As indicated in the Continuing Approval Self-Studies and verified during the Continuing Approval Visits, the communication and governance structure is and will continue to be as follows:

- Twice Annually: “All-Faculty” Meetings (April and August) bringing faculty from all campuses together for a face-to-face meeting with the university President, Provost and Director of the Nursing Program (College Dean)
- Monthly: Curriculum Committee Meetings with four (4) faculty representatives from all campuses, chaired by an elected faculty member. Director (College Dean) ex-officio
- Monthly: Campus-based Faculty Meetings with campus-based Assistant Director; Director attends on a rotating basis
- Every 10 Weeks: Learning Community Meetings comprised of all faculty teaching the same courses across campuses. Assistant Directors ex-officio.
- Every Other Week: Nursing Leadership Council Meetings comprised of the Director (College Dean) and Assistant Director (Campus Nursing Leadership)

The Continuing Approval Self-Studies and related visit confirmed that WCU has strong budgetary support, state of the art facilities, sufficient academically qualified faculty to offer the curriculum, and appropriate and sufficient clinical affiliation agreements to achieve the program learning outcomes.

In summary, we believe this request for substantive change meets the intentions of the BRN site visitors in that it further clarifies the structures required to promote consistency of quality across all WCU campuses with respect to the academic nursing programs (see attached Organizational Chart for the College of Nursing). Most notably, this petition would enable consistency of organizational practice between the Nursing programs and institutional accreditation and related approvals, all of which identify West Coast University as “one” university, operating in several geographic locations.
Matrix Organization Structure: West Coast University utilizes a matrixed organizational structure whereby curricular and academic concerns are brought directly to the College Dean; while operational/administrative issues are resolved through Campus Executive Directors.
AGENDA ITEM: 7.6.4
DATE: October 1, 2013

ACTION REQUESTED: Approve major curriculum revision for CNI (Career Networks Institute) College Associate Degree Nursing Program.

REQUESTED BY: Miyo Minato, MN, RN
Supervising Nursing Education Consultant

BACKGROUND: Sandy Carter, MN, RN, has been the Program Director since March 2011. CNI College is a private for-profit institution in Orange, CA. It is accredited by theAccrediting Bureau of Health Education Schools (ABHES) and has degree granting from the Bureau of Private Postsecondary Education. The Board granted initial approval of CNI College on November 28, 2012. At the meeting in November, the Board action included initial approval of CNI College ADN Program, limiting admission to 24 students, two times per year instead of admission quarterly as proposed in the school’s report. The Board’s concerns related to adequacy of available clinical placements for the number of students being admitted. The Board instructed the school to return to ELC in one year for consideration to increase enrollment. This proposed major curriculum revision is to seek approval for increased enrollment.

CNI College submitted a request to increase enrollment with supporting documents (attached) that show that the school has adequate resources, including additional clinical sites for the required nursing areas to support the increased enrollment and provide educational experiences necessary to meet program objectives. M. Minato, SNEC, made a site visit to CNI on June 19, 2013 to review completed physical facility, including the Skills and Simulation Labs, classrooms, and learning resource room, and on August 21, 2013, M. Minato met with 48 students, two cohorts admitted in January and July. The first cohort is just starting in the nursing courses. Students reported that admission process was smooth and were pleased with their progress in the program. The simulation lab is set for the faculty to utilize high-fidelity and mid-fidelity patient simulators to enhance the students’ clinical experience and learning.

Attachment 2 is a diagram showing the admitted cohorts and the clinical placement needs for the students during their educational period, taking into consideration admission every quarter, starting in Winter Quarter, January 2014. The maximum number of clinical agencies needed occurs when Cohort 6 enters Quarter 5. This projection shows the following types of sites are needed for cohort size of 24 admitted each quarter: 8 sites for Med-Surg, 2 sites each for OB and Peds, 2 sites for Psych-MH, and 2 sites for geriatrics.

The program has continued to add to the initial list of clinical agencies since November 2012. The current list showed that the CNI College has secured a total of twenty-four (24) clinical sites including 16 medical-surgical, 6 geriatric, 4 obstetric, 6 pediatric, and 5 psychiatric/mental health clinical sites. The director expressed that the selection of sites reflect the school’s curriculum, which incorporates community health care experiences that emphasizes health promotions for individuals and families through the lifespan. Additionally there are 10 agencies the school is waiting to finalize the contract. The pending clinical sites include 5 medical-surgical, 1 geriatric, 1 obstetric, 4 pediatric and 1 psychiatric/mental health clinical placements. When all contracts
are completed, there will be 34 sites. (See attachment 3). Clinical verification forms for these agencies verifying placement were provided by CNI.

The specialty sites that CNI College secured for their students include:
Pediatrics: 6 sites – Acute (2); Subacute care (2); Community-based (1); Primary care office (1);
Obstetrics: 4 sites – Acute (4);
Psych-MH: 5 sites – Acute (2); Outpatient (1); Community-based (1).

The program’s curriculum and rotation schedule were developed to maximize the use of clinical placement and to handle admissions every quarter. The number of clinical sites secured by the program is sufficient to provide clinical placements for the increased number of enrollments the program is seeking.

Recommendation: Approve the increase in enrollment of 24 students admitted every quarter (4 times per year). Increased enrollment to start with January 2014 admission. Total number of admission per year is 96 students. NEC will continue to monitor the new program per initial program approval protocol and as needed.

NEXT STEPS: Place on the Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON TO CONTACT: Miyo Minato, SNEC
Miyo.Minato@dca.ca.gov
(323) 890-9950
August 26, 2013

Miyo Minato, MN, RN
Supervising Nurse Education Consultant
Board of Registered Nursing
612 Marek Drive
Montebello, CA 90640

Dear Ms. Minato:

CNI College’s Associate Degree Nursing (ADN) Program was approved by the California Board of Registered Nursing on November 28th 2012. The initial approval letter indicated ‘Re-evaluate in one year and return to ELC for any consideration to increase enrollment’. Therefore, CNI College is requesting Board approval to increase enrollment to our ADN Program by admitting twenty-four (24) students each quarter.

CNI College has adequate resources to handle the additional enrollment to the ADN Program. To accommodate our increased admissions, we anticipate a total of thirty-four (34) clinical sites providing 21 medical-surgical, 7 geriatric, 5 obstetric, 10 pediatric and 6 psychiatric/mental health clinical sites. CNI College has secured twenty-four (24) clinical sites including 16 medical-surgical, 6 geriatric, 4 obstetric, 6 pediatric, and 5 psychiatric/mental health clinical sites. We also have ten (10) pending clinical sites, including 5 medical-surgical, 1 geriatric, 1 obstetric, 4 pediatric and 1 psychiatric/mental health clinical placements. Please see attached list of current and pending CNI College ADN Program Clinical Sites. In addition, CNI nursing faculty will utilize CNI College’s high-fidelity and mid-fidelity patient simulators to enhance the students’ clinical experience and competence.

CNI College has increased the ADN Program staffing to accommodate the additional admissions. To date, we have submitted and received fifteen (15) Board approved faculty. The College continues to actively recruit nursing faculty, submit faculty approvals to the Board and hire Board approved nursing faculty.

Currently CNI College has more than three hundred and twenty-five (325) student applicants to meet the requested increased enrollment and continues to receive 400-500 inquires per month.

We appreciate your consideration of this request and thank you for your continued guidance and support.

Sincerely,

Sandy Carter, MN, RN
Sandy Carter, MN, RN
Director, Associate Degree Nursing Program

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Orange, CA 92868
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<td>Kindred Hospital, Westminster</td>
<td>Medical-Surgical</td>
<td>Acute care</td>
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<td>14</td>
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<td>17</td>
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<td>18</td>
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<td>24</td>
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* New Clinical Sites Since 11/28/2012 Approval

### Clinical Areas Summary

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<th>Clinical Experience</th>
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<td>Regents Pointe</td>
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<td>10</td>
<td>St. Gregory the Great School</td>
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### Clinical Areas

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<thead>
<tr>
<th>Clinical Areas</th>
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<tr>
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<td>Geriatrics</td>
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<td>Medical Surgical</td>
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<td>Obstetrics</td>
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<td>Pediatrics</td>
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<td>Psych Mental Health</td>
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AGENDA ITEM: 7.6.5
DATE: October 1, 2013

ACTION REQUESTED: Approve major curriculum revision for Imperial Valley College Associate Degree Nursing Program.

REQUESTED BY: Laura Shainian, Nursing Education Consultant

BACKGROUND: Susan Carreon, RN, MN, PhD, is the Director of Nursing & Allied Health at the Imperial Valley College Associate Degree Nursing Program. The program submitted a major curriculum revision proposal to be implemented Fall 2014. The revision is being made to ensure currency, cohesiveness and efficiency of the curriculum.

IVC faculty adopted QSEN (Quality and Safety Education for Nurses) competencies as the basis for their curriculum since these competencies have been supported by multiple nursing organizations as a basis for curricular reform.


The program philosophy, organizing framework, and program outcomes & competencies were revised based on QSEN. QSEN threads and the nursing process are woven into all course outlines, syllabi, teaching plans and leveled evaluation tools for cohesiveness and consistency across the curriculum.

Courses were realigned without a change in content:

- All theory courses that had a clinical component are now combined into a single course to support better coordination rather than being two separate courses.
- Separate Skills courses in each semester are now integrated into all courses that have a clinical component (decrease of 3 units). Open Learning Lab to augment independent skills practice.
- Use of Simulation is being increased to augment clinical experiences obtained at local hospitals.
- Nursing Fundamentals and Lab/Clinical no longer two courses with integrated geriatrics, but one course. (decrease of 2.5 units from 8.5 to 6 units)
- Pediatrics and Gerontology taught as separate courses – no longer integrated to ease the burden of faculty having to be current in multiple content areas.
- Obstetrics taught as separate course not split with Med-Surg.
- Pharmacology no longer two courses but one course in first semester plus integrated into all courses except Nursing Trends. (decrease of 1.5 units from 3 units)
- 4th-semester clinical Preceptorship is being added as part of the leadership experience to improve transition from student to staff nurse and give the student a more realistic “Staff Nurse” Experience.
The details of the curriculum changes are outlined in the attached documents: 1-Major Curriculum Revision Letter, 2-Curriculum Changes, 3-Content Alignment, and 4-Program Philosophy & Concepts.

BRN Forms EDP-P-06 and EDP-P-05 (Attachments 4 & 5) meet BRN requirements. Units are semester units - (18 weeks compressed to 16 weeks). There are no changes to Communication and Science Units. Nursing Units decreased from Total Units of 45.5 to 38.5 units: Theory Units decreased from 24 to 20 units; Clinical Units decreased from 21.5 to 18.5 units. Program Content Required for licensure is 63.5 units, a decrease of 7 units. Degree requirements decreased by 1 unit, from 13 to 12 units. This revision not only strengthens the program but also moves it closer to the proposed Transfer Model Curriculum for community college ADN to CSU BSN programs, as well as ACEN (Accreditation Commission for Education in Nursing) accreditation standards.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Laura Shainian, RN, MSN Nursing Education Consultant (310) 371-8481
September 3, 2013

Laura Shainian, MSN, RN
Nursing Education Consultant
Board of Registered Nursing
1747 N Market Blvd. Suite 150
Sacramento, CA 95834

Dear Laura,

We are proposing BRN approval of a curriculum revision that we hope to implement starting in fall, 2014. Our responses to the BRN Guidelines for Curriculum Revision (EDP-R-09) are as follows:

1.) Indicate whether the curriculum revision is a major or minor one:
   This is a major revision since it includes substantive changes as it includes a change in conceptual framework, changes in course and program structure, philosophy, units and objectives.

2.) Describe the proposed change:
   A summary of the proposed changes is as follows:

- **QSEN Competencies:** The Organizing framework for the proposed new curriculum is based on the QSEN (Quality and Safety Education for Nurses) competencies which originated from a major 2003 Institute of Medicine Report, *Health Professions Education: A Bridge to Quality.* These competencies have since been supported by multiple major nursing organizations as a basis for curricular reform in nursing.

- **Decreased Units:** We have reduced our nursing units from 45.5 to 38.5, our Total Units for Licensure from 70.5 to 63.5 and our Total Units for Graduation from 83.5 to 75.5. This was done to be more in line with the currently proposed Transfer Model Curriculum for community college ADN to CSU BSN as well as to minimize student cost and time needed to complete the AND.

- **Curriculum more cohesive and consistent:** The faculty worked as a team to develop the entire curriculum. The QSEN competencies are threaded throughout each course, including clinical and theory objectives and detailed learning activities. All course outlines, course syllabi, and specific course teaching plans are organized based upon the QSEN competencies in consistent formats from course to course. Each nursing course includes:
  a. Course Outline of Record
  b. Course Syllabus
  c. Teaching Plan for each course, including objectives, learning activities and student learning outcomes for both theory and clinical.
  d. A clinical evaluation tool that is leveled for either first or second year and specific to each course that has a clinical component.

- **Pediatrics (NURS 218) and Gerontology (NURS108) as separate courses:** Gerontology will be at the end of the first semester. The faculty believed that it was important to learn this
content early in the program since the majority of their patients are aging. Pediatrics will be in the last half of third semester, where clinical experience will include work in clinics, emergency room/in-patient pediatrics and up to 25% simulation for acute/critical care pediatric experience.

- **Clinical Preceptorship in 4th Semester:** A clinical preceptorship rotation will be part of the leadership clinical experience in 4th semester (along with critical care). The Clinical Preceptorship Orientation Handbook includes qualifications, roles and responsibilities of Preceptor, Faculty and Student.
- **Nursing skills and Simulations are integrated as part of the clinical component of each nursing course with a lab component.** Students will make use of the Nursing Learning Lab on campus to review and practice skills prior to official check-off with their instructor.

3) **State the reason for the change:**

A recommendation from our recent January 2013 BRN Approval visit was to work on curriculum review and revision to ensure current content and effective sequencing. We also wanted to bring our curriculum more in line with a proposed California Community College-CSU Transfer Model Curriculum (70 total units for transfer) and ACEN standards.

4) **Describe how the change will improve the education of students in relation to CCR Section 1426:**

We believe our proposed changes meet all BRN required curriculum regulations and the new curriculum is more current, more cohesive and more efficient for students.

5) **If applicable, give the course(s) title, number, and description.**

See EDP-P-05 and EDP-P-06

6.) **If Applicable, describe the how the proposed change will affect clinical facilities**

We will be using more clinics and community agencies for gerontology and pediatrics. No other impact on clinical facilities.

Sincerely,

Susan Carreon, RN, MN, PhD  
Director of Nursing & Allied Health  
760-355-6347 / susan.carreon@imperial.edu
<table>
<thead>
<tr>
<th>Change Area</th>
<th>Current Curriculum</th>
<th>Proposed New Curriculum</th>
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<tbody>
<tr>
<td><strong>Units:</strong></td>
<td></td>
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<tr>
<td>Nursing Theory</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Nursing Clinical</td>
<td>21.5</td>
<td>18.5</td>
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<tr>
<td>Total Nursing</td>
<td>45.5</td>
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<tr>
<td>Content required for Licensure</td>
<td>70.5</td>
<td>63.5</td>
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<tr>
<td>IVC ADN Total Units for Graduation</td>
<td>83.5</td>
<td>75.5</td>
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<tr>
<td><strong>Philosophy/ Conceptual Framework</strong></td>
<td>Eclectic based upon body systems and nursing process</td>
<td>Based upon QSEN competencies and nursing process that are also reflected in program outcomes and are leveled for first year and second year of the nursing program. QSEN competencies are the threads that drive the curricular content in each nursing course.</td>
</tr>
<tr>
<td><strong>Program Pre-requisites</strong></td>
<td>Includes NURS100- Med. Math-1 unit</td>
<td>NURS 100 as elective and content integrated into NURS107</td>
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<tr>
<td><strong>Clinical and Theory content</strong></td>
<td>1st semester and psych as separate courses 2nd, 3rd and 4th semesters combined</td>
<td>Combined into single course with theory and concurrent clinical components. Students must pass both theory and clinical components to pass the course</td>
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<tr>
<td><strong>Nursing Skills</strong></td>
<td>Separate courses in each semester</td>
<td>Integrated in all courses that have a clinical component</td>
</tr>
<tr>
<td><strong>Simulations</strong></td>
<td>Integrated in all courses with a clinical component</td>
<td>Same but with more planned integration</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td>Integrated into all Med-Surg courses</td>
<td>Separate course in Third semester- clinical experience in hospital peds/ER, community clinics, simulation for high risk</td>
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</table>
**Gerontology**  
Integrated into all Med-Surg courses  
Separate 6 week course at end of first semester. Clinical experience in community and long-term care agencies

**Pharmacology**  
2-1.5 unit separate courses in first and second semesters  
1.5 unit course plus integrated content in all nursing courses except NURS229 (Trends)

**Obstetrics**  
Taught as ½ of NURS 125 in second semester  
Separate 8 week course

**Preceptorship**  
No organized preceptorship experience  
Organized preceptorship experience with Orientation Handbook, training for preceptors and responsibilities defined for preceptor, faculty, student

**Clinical Evaluation Tool**  
Varied for each clinical course with minimal consistency and little obvious leveling of expectations  
Consistent expectations that reflect course content and are leveled for first level and second level of nursing program
<table>
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<tr>
<th>Current Curriculum</th>
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<td><strong>Pre-requisites/GE Courses:</strong></td>
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<td>Anatomy I (4 units); Physiology I (4 units)</td>
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<td>Microbiology I (5 units); Socio I (3 units); Psych (3 units)</td>
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<tr>
<td>Communication units: 6 units</td>
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<td>English 101: 3 units</td>
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<tr>
<td>Speech: 101: 3 units</td>
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<td>N100 Med Math (1 unit)</td>
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<td>Nursing: 45.5 units – Theory=24; Clinical=21.5</td>
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<td><strong>Semester 1:</strong></td>
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<td>N 112 Fundamentals Lab/Clinical 4 Units</td>
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<td>N 111 Skills I (1.5 units)</td>
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<td>N 113 Pharm I (1.5 unit)</td>
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<td><strong>Semester 2:</strong></td>
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<td>N 121 –Skills II (1 units)</td>
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<td>N 123 Pharm II (1.5 units)</td>
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<td><strong>Summer</strong></td>
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<td>N 224 Psych (2 units)</td>
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<td>N 225 Psych Clinical (1 Unit)</td>
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<td><strong>Semester 3:</strong></td>
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<td>N 211 Skills III-1 unit</td>
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<td><strong>Semester 4:</strong></td>
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<td>N 221 Skills IV</td>
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<td>N 241 NSG Process &amp; Application (Peds &amp; Geri integrated) 8.5 units</td>
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<td>N 230 Trends (1 unit)</td>
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Skills integrated into all courses with clinical
Pediatrics and Obstetrics separate courses.
Gerontology separate course.
Pharmacology separate course plus integrated in all
nursing courses except Trends.
Preceptorship added to Med-SurgIII.

Prepared by L. Shainian 8/23/13
Imperial Valley College-ADN

Program Philosophy

Mission

The mission of Imperial Valley College is to foster excellence in education that challenges students of every background to develop their intellect, character, and abilities; to assist students in achieving their educational and career goals; and to be responsive to the greater community.

IMPERIAL VALLEY COLLEGE: NURSING PROGRAM MISSION

The Imperial Valley Nursing Program supports the Mission of Imperial Valley College and provides excellence in education to a diverse student population in an effort to meet the healthcare needs of our community members by engaging in professional nursing practice.

IMPERIAL VALLEY COLLEGE: NURSING PROGRAM VISION

The Imperial Valley College Nursing Program is committed to advancing the art and science of nursing by empowering graduates to value scholarship, lifelong learning, and leadership in a dynamic healthcare environment.

IMPERIAL VALLEY COLLEGE: NURSING PROGRAM VALUES

Commitment to Student Success: The nursing program espouses a student-centered approach to interactive learning. The faculty supports knowledge acquisition through incorporating evidence-based nursing research and practice. Student success is supported through self-regulated learning and reinforced by faculty guidance. The faculty promotes learning by fostering the application of scientific knowledge through use of the nursing process which results in sound clinical judgment and critical thinking. We value a learning environment in which nursing faculty, staff, and students find enrichment in their work and achievements.

Respect for Collegiality: We value the contributions of all students, faculty members, college, and community partners as we strive for collegial dialogue and collaborative decision-making.

Appreciation of Diversity: We promote inclusiveness, openness, and respect for differing viewpoints. A culture of diversity embraces acceptance and respect. Diversity involves understanding ourselves and others, moving beyond simple tolerance and celebrating the value of each individual.

Dedication to Integrity: Integrity and honesty in action and word are promoted, expected, and practiced.

Commitment to Caring: We support a culture of caring, based on mutual respect, embraced by faculty and students and reflected in the community served. The faculty serves as one of many support systems available for students in their pursuit of academic achievement.
Commitment to Accountability: We are accountable to our profession, college, students, and community for vigilantly maintaining the highest standards of instruction and nursing practice to meet student learning outcomes.

Imperial Valley College: Nursing Philosophy

The Imperial Valley College nursing faculty believes that community college students vary widely with respect to their ethic and cultural background, life experiences, learning styles and maturity. The college setting provides that opportunity for students and faculty to participate in cultural, intellectual, and social activities, which foster the continued self-growth of the individual. The Associate Degree Program believes in self-growth, including ongoing self-assessment and evaluation.

We believe that there are philosophical values critical to and inherent in nursing and nursing education that should be the foundation on which educational experiences are structured. We believe that technological and social advances in the healthcare field create the ongoing need for adapting nursing and nursing education to meet the changing needs of society. We provide learning experiences in settings, which assist the student to adapt to changing healthcare needs. We believe that man/client is a participant in care, having biological, psychological, socio-cultural and spiritual dimensions, who continually interacts with his/her internal and external environment. Environment, both internal and external, refers to all of the conditions, circumstances, and influences surrounding and affecting the behavior and development of people. The internal environment relates to interpersonal factors such as personality, mental capacity, and genetic make-up. The external environment includes all forces outside the individual.

Registered nurses are members of the health care team and as such, care for diverse individuals and families across the lifespan in a variety of inpatient and community-based settings by providing culturally sensitive, individualized, patient centered care. The nursing process serves as the decision-making tool that guides nurses as they access, diagnose, plan, implement and evaluate nursing care.

We believe that health is a dynamic state in which an individual adapts to his/her internal and external environments so that there is a state of physical, emotional, intellectual, social and spiritual well-being. Illness is an abnormal process in which any aspect of an individual’s functioning is diminished or impaired as compared with his previous of health. The health-illness continuum measures the individual’s relative level of health, ranging from high-level wellness to illness or death. Registered nurses recognize that interdisciplinary collaboration among health care professionals is critical to delivering safe, quality client care. Ongoing quality improvement activities are performed in concert with other members of the health care team. Application of evidence based practice, skills of informatics, and client care technology is essential to the delivery of quality care while ensuring safety.
The major roles of the Registered Nurse include provider of nursing care, coordinator of client care, and member of the nursing profession. As providers of care registered nurses promote wellness, identify current and emerging client problems, and function as advocates for individuals, families, and selected groups. In addition, registered nurses manage client care using clinical judgment, incorporating the nursing process and caring as essential tools. As coordinators of care, registered nurses communicate, collaborate, and provide leadership within the interdisciplinary health care team to promote and maintain client health and ensure continuity of care. They provide client education to achieve positive clinical outcomes and empower clients to make and maintain healthy lifestyle choices.

We believe that nursing education is an active process of imparting knowledge and assisting in the facilitation of student learning. The nursing faculty utilizes a systematic problem-solving approach that builds on previously learned knowledge from related disciplines. We believe that teaching is an ongoing process and an interaction between the instructor and the student. The faculty selects strategies, organizes content, arranges experiences, and facilitates learning, taking into consideration cultural factors, ethnic background, and individual learning styles of students.

Learning is the process by which one gains new insight, understanding, and ability through reinforcement, practice and experience. We believe that learning occurs on a continuum where the curriculum is organized from simple to complex. We believe that adult students perceive learning experiences as meaningful when instruction is directed toward pertinent, applicable goals. Effective learning is measured by identifiable changes in the individual.

Professional values guide interactions with individuals, families, and the health care team. Registered nurses demonstrate professional conduct by exhibiting accountability for their actions, practicing within their scope of practice, and assuming legal responsibility for the care they provide. Registered nurses uphold their commitment to the public by adhering to an established code of ethics, which provides a context for making judgment and offers guidelines for maintaining professionalism.
Curriculum Organizing Framework, Concepts and Definitions

The ADN curriculum utilizes the QSEN competencies as the organizing framework. The six competencies serve as the organizing threads for each nursing course. The curriculum increases in complexity from first level to second level in the nursing program and these levels are reflected in the course theory and clinical objectives, the clinical evaluation tools and the student learning outcomes.

**Patient centered care:**
The provision of caring and compassionate, culturally sensitive care that is based on a patient's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Patients are defined as individuals, families and community. The **nursing process** is the methodology used for providing patient care. It includes assessment, nursing diagnosis, planning, implementation and evaluation.

**Interdisciplinary collaboration:**
The delivery of patient care, in partnership with multidisciplinary members of the health care team to achieve continuity of care and positive patient outcomes.

**Evidence based practice:**
The use of current knowledge from research and other credible sources, upon which clinical judgment and patient care are based.

**Quality improvement:**
The study of care related and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of patients.

**Safety:**
The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for patients, self, and others.

**Informatics:**
The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.

**Patient education:**
The provision of health-related education to patients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.

**Professionalism:**
The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice.

**Leadership:**
The process by which nurses use a set of skills that directs and influences others in the provision of individualized, safe, quality patient care. Leadership activities include delegation and supervision.
## Program Concepts and Outcomes by Level

<table>
<thead>
<tr>
<th>Concept</th>
<th>Level 1 Outcome</th>
<th>Level 2 Outcome</th>
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<tr>
<td>Patient centered care</td>
<td>Utilize the Nursing Process in the practice of nursing that is patient centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of patients.</td>
<td>Apply the nursing process to integrate nursing that is patient centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of patients.</td>
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<tr>
<td>Interdisciplinary collaboration</td>
<td>Collaborate as a member of the health care team to promote continuity of patient care.</td>
<td>Collaborate with members of the interdisciplinary health care team to promote continuity of patient care.</td>
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<tr>
<td>Evidence based practice</td>
<td>Use current evidence from scientific and other credible sources as a basis for applying the nursing process in nursing practice and clinical judgment.</td>
<td>Integrate current research and nursing process into clinical practice.</td>
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<tr>
<td>Quality improvement</td>
<td>Promote quality improvement by participating in the implementation of care-related plans to improve health care services.</td>
<td>Promote quality improvement by participating in the development and implementation of organizational and care related plans for improving health care services</td>
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<tr>
<td>Safety</td>
<td>Provide a safe environment for patients, self and others.</td>
<td>Provide a safe environment for patients, self, and other.</td>
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<tr>
<td>Informatics</td>
<td>Use information technology in the provision of patient care.</td>
<td>Integrate information technology resources into the provision of patient care.</td>
</tr>
<tr>
<td>Patient education</td>
<td>Provide health-related education to restore health and promote optimal wellness.</td>
<td>Utilize multiple resources to provide health-related education to restore health and promote optimal wellness.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Practice nursing in a professional, ethical, and legal manner.</td>
<td>Integrate professional, ethical, and legal concepts into nursing practice.</td>
</tr>
<tr>
<td>Leadership</td>
<td>Identify skills for the provision of safe, quality patient care.</td>
<td>Use leadership skills in the management of safe quality patient care.</td>
</tr>
</tbody>
</table>
REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE

Submit in DUPLICATE.

Program Name:
Imperial Valley College ADRN Program

For Board Use Only
Approved
by:________________________, NEC
Date:_________________________

Type of Program:
☐Entry Level Master  ☐Baccalaureate  ☒Associate

Requesting new Curriculum Approval:  ☐Major  ☐Minor

Date of Implementation: Fall 2014

Academic System:  ☒Semester  16 weeks/semester
☐Quarter  ___________ weeks/quarter

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

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<th></th>
<th>Semester Units</th>
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List the course number(s) and titles(s) in which content may be found for the following required content areas:

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<th>Course Titles</th>
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<td>Alcohol &amp; chemical</td>
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<td>Psychiatric Nursing, Pharmacology</td>
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<tr>
<td>Dependency</td>
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<td>Human Sexuality</td>
<td>NURS108,128,219</td>
<td>Gerontology, Childbearing Family, Psychiatric Nursing</td>
</tr>
<tr>
<td>Client Abuse</td>
<td>NURS108,128,218,219</td>
<td>Gerontology, Childbearing Family, Childrearing Family, Psychiatric Nursing</td>
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Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

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<td>Physiology</td>
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<td>Human Anatomy &amp; Physiology II [4u] or Human Physiology [4u]</td>
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* The “TOTAL UNITS” should match “TOTAL UNITS FOR LICENSURE” on page 1.
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<td>Management/Leadership</td>
<td>NURS 227,229,204*</td>
<td>Med-Surg III/Preceptor, Trends, Transition to AS Degree Nursing (*NURS 204—existing course)</td>
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Signature Program Director/Designee: Susan Carreon
Date: 9/1/2013
**TOTAL CURRICULUM PLAN**

Submit in duplicate

Name of Program: 
**Imperial Valley College ADN Program**

Type of Program:
- [ ] Entry Level Master’s
- [ ] Baccalaureate
- [x] Associate Degree

Date Submitted: 08/05/2013

For BRN Office Use Only
- [ ] Approved
- [ ] Not Approved

By: ____________________
Date: ____________________

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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EDP-P-05 (Rev. 08/10)  4.3
## TOTAL CURRICULUM PLAN

Submit in duplicate

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List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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EDP-P-05 (Rev. 08/10)
AGENDA ITEM:  7.6.6
DATE:  October 1, 2013

ACTION REQUESTED:  Approve major curriculum revision for Palomar College Associate Degree Nursing Program

REQUESTED BY:  Leslie A. Moody, Nursing Education Consultant

BACKGROUND:  Judith G. Eckhart, DNSc, RN, Chairperson Nursing Education, is the program director. Students of this well-established program can select to pursue either an Associate of Arts (77 units required for graduation; transfer degree) or an Associate of Science in Nursing (71 units required for graduation) degree.

Program leadership, faculty and students worked together to produce a major curriculum revision proposal comprised of the following elements:

- Eliminate BIO102 science prerequisite.
- Revision of philosophy and curriculum frameworks, including course learning objectives and outcomes, to incorporate the concepts, standards and elements of QSEN (Quality and Safety Education for Nurses) competencies.

The revision does not alter previously approved units required for licensure (nursing, communication, science) but will decrease the total units required for graduation relative to the elimination of the BIO102 prerequisite. Details of the revision are presented in the attached documents. Additional documentation was provided by the program and reviewed by the NEC for evaluation of the revision.

This revision will benefit students by decreasing required units which reduces cost and time burdens for program completion, and by ensuring broadly accepted current best practice quality and safety standards are included in the curriculum. Upon receiving Board approval, the program will then seek ACEN (program’s accrediting agent) approval and implementation will follow.

NEC recommendation is for approval of this major curriculum revision.

NEXT STEPS:  Place on Board agenda.

FISCAL IMPACT, IF ANY:  None.

PERSON(S) TO CONTACT:  Leslie A. Moody, RN, MSN, MAEd Nursing Education Consultant
(760) 369-3170
September 5, 2013

Leslie Moody, NEC, MaED, MSN, BSN, RN
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244

Dear Leslie,

Here is a proposal a major curriculum change for Palomar College’s A.D.N. Program. We are asking for approval on two items, a reduction in the number of units needing for a degree in Nursing and the incorporation of the QSEN concepts in the Nursing curriculum. The Nursing faculty have been working on these changes for just over a year and we are now ready to submit them for approval.

The first change involves the science courses required at Palomar College. The Science department has a biology pre-req course, BIO 102, that students have been required to take if they are going to complete Anatomy, Physiology, and Microbiology at Palomar College. The Science department decided to increase BIO 102 from 3 to 4 units, however, at the same time, they made it possible for students to take the 3 science courses (Anatomy, Physiology, and Microbiology) at Palomar College without taking BIO 102. Students will need to take the 3 science courses in a specific order but since the students will not need to take the biology pre-req course, this reduces the total units required for Palomar’s Nursing program. Our Associate in Science in Nursing degree will now be offered for 71 units and our Associate in Arts in Nursing degree will be offered for 77 units.

In the BRN Total Curriculum Plan, the biology pre-req has never been included since it is not needed for licensure. However, those units are included in the College Catalog since ACEN has always felt pre-req units needed to be reflected in the catalog if students taking the science courses at Palomar had to take that course. Now, with this new option, those units can be removed from the Catalog as being required for Nursing. An updated BRN Total Curriculum Plan is being submitted since a unit change will appear in our Catalog. The reduction in units will benefit our students since Palomar College will now be able offer the Associate of Science (AS) for 71 units and the Associate of Arts (AA) degrees for 77 units.
The second part of this proposal was made by the Nursing faculty with input from Nursing students. Students attend the Nursing Curriculum Meetings so they were included in this process. After extensive work and group discussions, we finalized revisions to our philosophy and to each of our courses based on the inclusion of QSEN concepts in our curriculum.

This proposal has many items that are included as attachments. They are:

1. For a reduction in the units
   a. Attachment A: the newly proposed curriculum plan
   b. Attachment B: the Spring 2013 College Catalog showing the units in Nursing
   c. Attachment C: the proposed College Catalog wording for units in Nursing (changes in yellow highlighting)
   d. Attachment D: the Fall 2013 College Catalog for Zoology courses showing the pre-req options for Anatomy (ZOO 200) and Physiology (ZOO 203) (courses & changes highlighted in yellow)
   e. Attachment E: the Fall 2013 College Catalog for Microbiology courses showing the pre-req options for Microbiology (MIC 200) (course and change highlighted in yellow)

2. For the addition of the QSEN concepts in the curriculum
   a. Attachment F: copy of the proposed mission statement, philosophy and program competencies reflecting changes faculty want to make (changes are bolded)
   b. Attachment G: legend used in each current syllabus showing threads that are already incorporated in each Nursing course and proposed legend that will be added for QSEN concepts
   c. Attachment H: unit objectives for each of the Nursing courses showing how the QSEN concepts will be identified (the changes are bolded) - courses include:
      i. N103 - Nursing Foundation I
      ii. N110 - LVN-RN Transition
      iii. N117 - Nursing I
      iv. N118 - Nursing II
      v. N203 - Nursing Foundation II
      vi. N217 - Nursing III
      vii. N218 - Nursing IV
In terms of a timeline, the reduction in the science units took effect for the College this fall, August 2013. However, the Nursing program will not be making changes to our total units or showing the QSEN integration in the content until both BRN and ACEN have given them approvals. After the BRN agrees to these changes, Palomar College will then submit the proposal to ACEN for their approval. Then, after both accrediting agencies have given their approval, the program will make these changes in the number of units we have for the A.D.N. program and incorporate the QSEN concepts into the curriculum.

Thank you very much for your time and consideration of this proposal on these two items. If there are any questions or any additional items are needed, please let me know.

Sincerely,

Judith G. Eckhart, DNSe, RN
Chairperson Nursing Education
Palomar College
760-744-1150, ext. 2583
jeckhart@palomar.edu
Attachment F:

Proposed Mission Statement, Philosophy, and Program Competencies
Mission of the Associate Degree Nursing Program

The Nursing Education Department at Palomar College offers a quality program of study to individuals from varied backgrounds leading to an associate degree in nursing. The program provides theoretical and clinical learning experiences in nursing, incorporates knowledge from related disciplines, and adapts to the ever-changing world. The philosophy and program competencies serve as the basis for the structure of the curriculum. The goal of the program is to prepare a competent entry-level nurse to provide quality care in diverse health care settings. On completion of the program, the graduate will be prepared to take the National Council Licensing Examination for Registered Nursing (NCLEX-RN).

Philosophy

Nature of Humanity

Individuals are holistic in nature. They are unique biopsychosocial, cultural, and spiritual beings who possess dignity, worth, and the right to self-determination. Individuals operate within a unique framework based on inherent factors, values, cultural heritage, ethnic background, and personal life experiences. Each person has the ability to seek personal meaning for their lives, manage their own care, adapt to change, and strive to meet their optimal level of functioning. These fundamental concepts provide the foundation for nursing activities, the environment, and the health-illness continuum.

Nursing

Nursing is the diagnosis and treatment of human responses to actual or potential health problems. Nursing is a dynamic, evolving discipline that involves application of knowledge from the arts and sciences as well as technical skills. The practice of nursing provides an essential service to clients across the lifespan, families, and individuals within a variety of community settings. Evidence-based nursing interventions are directed toward disease prevention, wellness promotion, health maintenance, and restoration of health, or the creation of an environment supportive of a dignified death.

Nurses function in a variety of health care settings as teachers, communicators, coordinators, and decision makers. Nurses serve as advocates, collaborators, and leaders working toward the provision of appropriate resources and availability of complete basic health care for all individuals. Through nurse-client collaboration, caring, and empathy, the health needs of individuals from diverse cultural backgrounds and lifestyles are addressed in order to promote optimal levels of functioning.

In an ever-changing health care system, nurses make complex decisions, adapt to new situations, utilize technology, and continually update knowledge and skills. Nursing process and critical thinking are the basis for the nurse's application and use of knowledge and experience in making ethical clinical decisions. The ethics of nursing contributes to moral choices based on legal and ethical principles.
- Nursing Skills
- Client Teaching and Learning
- Managing Client Care
- Legal and Ethical Aspects of Nursing Practice
- Accountability within the Student Role

The curriculum also reflects all competencies identified in the Quality and Safety Education for Nursing (QSEN) standards. Throughout the program students learn the knowledge, skills, and attitudes (KSAs) incorporated in the QSEN competencies. Each course identifies the appropriate QSEN concepts as threads using the definitions provided by the QSEN Institute (QSEN Institute. 2009. Pre-licensure KSAs/QSEN, retrieved from http://qsen.org):

- **Patient Centered Care (PCC):** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.
- **Teamwork and Collaboration (T/C):** Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
- **Evidence-Based Practice (EBP):** Integrate best current evidence with clinical expertise and patient/family preference and values for delivery of optimal health care.
- **Quality Improvement (QI):** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
- **Safety (S):** Minimizes risk of harm to patient and providers through both system effectiveness and individual performance.
- **Informatics (I):** Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

In the first semester, students are introduced to the concepts of functional health patterns, nursing process, critical thinking, nursing skills, delegation, resource and time management, and therapeutic communication. The students provide care for stable adult clients with expected or predictable outcomes. Clinical experiences are provided in long-term health care, community, and acute care settings.

In the second semester, content builds on the foundation of the first semester with continued application of the nursing process and critical thinking in caring for the childbearing family, pediatric, and medical surgical clients. Theoretical content related to growth and development, child abuse, and human sexuality is included. Concepts are expanded to include the recognition of changes in clients with predictable outcomes and the utilization of evidence based interventions. Students work collaboratively with the interdisciplinary team to manage and coordinate care for a group of clients. Students utilize critical thinking when exploring historical, political, educational, legal, ethical, and bioethical issues that impact nursing practice. Managerial concepts focusing on decision making, resource and time management, delegation, and supervision are further developed. Multiple community agencies and acute care settings are used for clinical experiences.
Program Competencies

By the end of the program, the student will be able to:

- Apply theoretical concepts and the nursing process in the care of clients.
- Utilize evidence based nursing practice and critical thinking skills when developing a plan of care for a group of clients across the life span.
- Provide safe, effective care with appropriate resource utilization in health care settings for clients from diverse cultural backgrounds and lifestyles across the health-illness continuum.
- Utilize effective communication when providing client-centered care using oral, written, and electronic formats.
- Demonstrate a collaborative approach involving the client, family, and the interdisciplinary team when managing client care.
- Serve as clients’ advocate by initiating appropriate interventions to facilitate client decisions and actions regarding health care.
- Serve as a teacher, role model, and facilitator to client, families, and the interdisciplinary team.
- Practice professional responsibility and accountability for nursing practice within ethical and legal standards.
Attachment G:

Legend used in each current Nursing syllabus showing how threads are already incorporated into each Nursing Course and Proposed legend that would be used for QSEN concepts
Legend used in each current Nursing syllabus

Integrated Concepts
In accordance with the program's philosophy, objectives, and conceptual framework, several concepts are integrated throughout the program. Where appropriate, unit objectives have been coded to assist the learner in identifying integrated concepts.

AC = Accountability
CO = Communication
CT = Client Teaching
HP = Health Promotion
LE = Legal and Ethical
NU = Nutrition
PH = Pharmacology

Proposed legend that would be added to each Nursing syllabus for QSEN concepts

Definitions of the Quality and Safety Education for Nursing (QSEN) standards are included in the Nursing program philosophy. The faculty support these standards and the competencies are presented in the curriculum using the following designations:

PCC = Patient Centered Care
T/C = Teamwork and Collaboration
EBP = Evidence-Based Practice
QI = Quality Improvement
S = Safety
I = Informatics
REQUIRED CURRICULUM: CONTENT REQUIRED FOR LICENSURE

EDP-P-06 (Rev. 09/03)

Program Name: Palomar College

Type of Program:
- ☐ Entry Level Master
- ☐ Baccalaureate
- ☑ Associate

Requesting new Curriculum Approval: ☐ Major
- ☑ Minor

Date of Implementation: August 2014

Academic System: ☑ Semester 16 weeks/semester
- ☐ Quarter 16 weeks/quarter

REQUIRED FOR LICENSURE AS STATED IN SECTION 1426

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Current Other Degree Requirements (Humanities = 3; Math = 0-4; AS degree has no AH&I; AA degree has 6 units AH&I; *only VN-RN advanced placement students an additional 2 unit transition course not included in the total numbers on this page)

- 6-16
- 3-15

TOTAL UNITS FOR GRADUATION

- 74-80
- AS Nursing 71 (53 if VN-RN)
- AA Nursing 77 (59 if VN-RN)

List the course number(s) and titles(s) in which content may be found for the following required content areas:

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<td>Nursing II &amp; Nursing III</td>
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<td>Nursing Foundations I &amp; Nursing III</td>
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4.4.1
Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

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* TOTAL UNITS 64

* The “TOTAL UNITS” should match “TOTAL UNITS FOR LICENSURE” on page 1.

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**LVN 30 UNIT OPTION**
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Signature Program Director/Designee:  
Judith G. Eckhart, DNSc, BRN  
Date:  
September 5, 2013
Name of Program: Palomar College

Date Submitted: September 5, 2013

Type of Program:

- Entry Level Master’s
- Baccalaureate
- Associate Degree

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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* (note: this course is additional for VN-RN students only)

Total

12-18 | 12-17 | 6-11 | 0-1 | 21-24 | 96-176 | 336-384
**TOTAL CURRICULUM PLAN**

Name of Program: Palomar College  
Type of Program:  
- [ ] Entry Level Master’s  
- [ ] Baccalaureate  
- [X] Associate Degree

Date Submitted: September 5, 2013

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4.3
## TOTAL CURRICULUM PLAN

Name of Program: Palomar College  
Date Submitted: September 5, 2013

Type of Program:       
- [ ] Entry Level Master’s  
- [ ] Baccalaureate  
- [x] Associate Degree

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AGENDA ITEM:  7.6.7
DATE:  October 1, 2013

ACTION REQUESTED:  Approve major curriculum revision for San Joaquin Valley College Associate Degree Nursing Program, LVN to RN Advanced Placement Option.

REQUESTED BY:  Kelly McHan, Nursing Education Consultant

BACKGROUND:  Janine Spencer, Ed.D., RN, has served as the program director since February, 2008. Kathryn DeFede, M.S.N., RN, and Barbara Lund, M.S.N., RN, are assistant directors.

The curriculum for San Joaquin Valley College LVN to RN program was originally approved by the Board in December 2005 at the time of initial program approval. The curriculum was designed to complement and build on the existing knowledge base of the LVN; National League for Nursing Core Competencies provided the theoretical framework for RN level content. Subsequent curriculum revisions were minor and included changing course names and numbers to align with new courses added to the program for the generic RN program option. Early terminal student performance as measured by NCLEX results demonstrated the program’s initial success. However, subsequent NCLEX results fell below the BRN threshold for program performance. Please see the attached NCLEX report showing SJVC’s NCLEX pass rate for each year since the first graduates completed the program in 2007. The program’s substandard NCLEX pass rates for academic years 2010/2011 – 2012/13 is the driving force for this curriculum revision proposal.

Actions taken by the program since January 2012 to strengthen the existing curriculum are listed in ELC Agenda Item 7.2 for San Joaquin Valley College LVN to RN Associate Degree Nursing Program and were addressed as part of that report. In addition to the efforts already taken to address the substandard NCLEX pass rate, the program engaged the services of Dr. Karin Roberts, a curriculum consultant from Assessment Technologies, Inc. (ATI) for curriculum review and mapping processes. The report from Dr. Roberts, along with the program’s data review and input from faculty and students revealed that multiple revisions are needed to bring program policies, curriculum content, and curriculum delivery into alignment with current accepted standards of nursing education, other industry recognized guidelines, and ongoing BRN regulatory compliance, including CCR 1443.5 Standards of Competent Performance for registered nurses. The faculty worked together to develop revisions in program policies and curriculum components in order to meet the specific educational needs of the LVN to RN student population. The program’s major curriculum revision proposal is summarized below and explained in detail in the attached documents submitted by the program.
Summary of revisions:

- Add a Program Learning Outcome addressing student competence with electronic media as used in providing safe, effective patient care; feedback from faculty indicates that the LVN to RN student population may be less familiar with using electronic media than their generic RN counterparts;

- Modify the number of credits granted for previous VN education by removing the one unit granted for theory and applying that unit to credit granted for clinical experience acquired in the VN program. This change reflects the program’s conclusion that LVN enrollees enter the program deficient in fundamental registered nursing theoretical concepts. Total units granted for previous VN education remain unchanged at 6 units.

- Modify curriculum delivery by adding one day per week for theory courses; this change will allow students in an accelerated program to receive complex information in discrete packages and provide necessary time for students to absorb, synthesize and apply critical RN concepts and clinical reasoning.

- Course revisions as follows:
  - Replace RN 29 Role Transition, the “LVN bridge course” with a new course, RN 29 Basic Medical-Surgical Nursing Concepts, a foundational medical/surgical nursing course that will emphasize fundamental registered nursing theory, pathophysiology, and critical thinking. Units remain unchanged with 3 theory units and 1 clinical unit;
  - Increase RN 31 Intermediate Medical/Surgical Nursing theory units from 2 units to 3 units; clinical units will remain the same at 3 units, for a total of 6 units;
  - Replace RN 33 Pediatric Nursing (2 theory units and 2 clinical units) with RN 34 Maternal/Child Nursing (5 units; 3 theory units and 2 clinical units); this change will provide RN level theory and clinical units for both OB and pediatric content.
  - Increase RN 40 Mental Health Nursing from 2 theory units to 3 theory units and clinical units from 1.5 units to 2 clinical units;
  - Reduce RN 41 Advanced Medical/Surgical Nursing clinical units from 4.5 units to 3 units; this change will eliminate the precepted clinical experience, thus providing a more rigorously supervised advanced M/S clinical experience.
  - Eliminate the RN 32 Leadership course by integrating the ethics content throughout the curriculum and adding the remaining content to the existing RN 42 Leadership course;
  - Increase RN 42 Leadership units from 2 units to 3 units; this change will add a greater culminating focus on critical thinking as well as add other content from RN 32 Leadership as referenced above;
  - Replace the co-requisite Ethics course, required by the college for graduation, with a humanities elective that students have the option to complete prior to enrollment in the program;
  - Reduce required units for the prerequisite physiology course from 5 units to 4 units. This change is in response to the program’s finding that many applicants complete a 4-unit physiology course at other schools prior to applying to San Joaquin Valley College.

The proposed curriculum revision strengthens the total LVN to RN option nursing program curriculum. The changes result in an increase of one nursing theory unit and a decrease of one
science prerequisite unit. Overall units for licensure and graduation remain unchanged with 61 semester units required for licensure and 71 units required for graduation. The attached BRN curriculum forms EDP-P-05 Total Curriculum Plan and EDP-P-06 Required Curriculum: Content Required For Licensure outline the curriculum changes, meet regulation and have been accepted by the NEC.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Kelly McHan, MPH, RN Nursing Education Consultant (916) 574-7719
San Joaquin Valley College Registered Nursing Program

Proposed Curriculum Revision

LVN – RN

The purpose of this proposed curriculum change is to address specific issues that are contributing to a substandard NCLEX passing rate in the LVN-RN Program at San Joaquin Valley College.

After evaluating data and reviewing the recommendation from the ATI consultant, Dr. Karin Roberts, the faculty and Program Director have proposed the following curriculum revisions.

Program Learning Outcomes

1. Assist individuals from diverse backgrounds to achieve optimal health utilizing the knowledge gained from biological, social, and nursing sciences.
2. Formulate a comprehensive plan of care that minimizes risk and optimizes safety using the nursing process.
3. Integrate the role of professional nurse into clinical practice.
4. Apply psychological, social, and cultural knowledge to nursing practice.
5. Use inter- and intra-professional communication and collaboration skills to deliver evidence-based, patient-centered care.
6. Assume the role of advocate to improved health care delivery by communicating and acting according to the expressed needs of the individual.
7. Interpret data and apply evidence to support clinical judgment.
8. Develop and implement patient education based on identified need and in collaboration with the patient.
9. Utilize a variety of resources, including electronic media and medical technology to provide safe, quality care of the patient and family.
10. Provide leadership, manage resources, delegate and supervise members of the healthcare team.

Revision: An additional outcome was added (9).
Rationale: The current health care environment requires competency with various types of technical and electronic resources.
Admissions Criteria Changes:  GPA, Preadmission Testing & Challenge LVN Policy

a) Revision: The change reflects an increase in the GPA on pre-requisites from 2.0 to 2.5

Rationale: The decision to raise the required GPA to 2.5 is based on a survey of other programs and a review of the literature which includes Linda Caputi’s (respected nursing educator) statement regarding GPA. “Nursing schools should consider a minimum of 2.5 for an entry GPA” Source (Linda Caputi, Teaching Nursing: The Art and Science, Volume 4, 2008).

b) Revision: The Preadmission testing to change from administering the TEAS (Test of Essential Academic Skills) to administering the ATI LPN STEP

Rationale: The faculty have identified that the LVN-RN students are not as competent as the generic RN students as they enter the second half of the program. The LVN-RN students do not have the foundational theoretical conceptualization equivalent to the generic RN students. Additionally, they are weak in the application of Pathophysiology. This was validated with the administration of the ATI Fundamentals Exam to LVN-RN Cohort 7 (Graduated Nov. 12). The results revealed that only 8 students out of 37 achieved the desired level 2 benchmark. The group overall performed poorly in Major Content Areas and the Nursing Process. In reviewing pre-testing options, the ATI LPN STEP exam is designed specifically to measure the foundational knowledge of the LVN-RN candidate. The program administered this exam to LVN-RN Cohort 8. This will provide a benchmark for assessing future cohorts on admission. The LPN STEP will be administered to LVN-RN Cohort 9 as a Preadmission Screen for foundational knowledge. The program will identify a benchmark score after results from several cohorts can be reviewed and analyzed.

c) Revision: In reviewing current admission practices there is a need to clarify our position regarding LVN’s who have not attended an LVN program and have challenged the LVN Board. In order to determine the competency of these applicants the following admission requirements for LVN-RN applicants who have not completed an LVN program and have attained their LVN Licensure through the challenge process will be established:

Applicants who cannot provide transcripts from an LVN program are required to:

1. Achieve a benchmark of 66.4 on the ATI STEP Exam (consultant recommendation).

2. Achieve a score of 75% on the Final Exam for Terms 1 & 2 of the current RN program (100 point exam which includes a study guide).

Rationale: LVN-RN students who have not attended an LVN program and have challenged the LVN boards have consistently been unsuccessful in passing the NCLEX. This policy will provide a method of assessing their competency level prior to admission.
Learning Environment:

Revision The manner of academic delivery for the LVN-RN program will be changed to include one additional day of instruction.

Rationale: The practice of teaching theory and skills lab on one day and providing one day for a 12 hour clinical has been determined to be a contributing factor to the sub-standard NCLEX pass rate. The LVN-RN students are working excessively and traveling great distances to attend the program, specifically due to its 2-day per week schedule. The generic RN program has been delivered over a 3-day per week schedule and this has been a more effective teaching practice.

Specific Course Revisions:

1. General Education 1: Physiology
   Revision: The required units for Physiology have been reduced from 5 units to 4 units.
   
   Rationale: The majority of the applicants are submitting transcripts which reflect 4 units of Physiology. The community colleges have reduced the physiology courses to 4 units. The Physiology course must include a lab.

General Education 2: Humanities

Revision: The required ethics co-requisite has been eliminated and replaced with a humanities elective that students can transfer into the program from their previous course work.

Rationale: Eliminating the Ethics course requirement will have a positive effect on the students because it is very difficult for them to take this course during the nursing program. The majority of applicants have taken a course that will satisfy the general education requirement for humanities.

2. RN 29 Basic Medical-Surgical Nursing Concepts (Syllabus Attached)

Revision: This course was formerly taught as a “Role Transition” course. The content was heavily focused on nursing process and role transition. The proposed change reflects a stronger emphasis on foundational preparation for Medical-Surgical Nursing. In addition to the enhanced rigor of the course content, the clinical portion of the course includes a competency assessment to prepare the students for the acute setting.

Rationale: In reviewing past performance data on the ATI Fundamentals and individual student information, it was determined that the LVN-RN students are poorly prepared in terms of foundational knowledge relative to Basic Medical-Surgical Nursing. The NCLEX Program Reports indicate that this is an area of weakness in the candidates who fail the NCLEX-RN. The passing
performance is 50% and the program candidates are achieving 51% which indicates marginal performance in this area.

3. **RN 31 Intermediate Medical-Surgical Nursing**

**Revision:** This course has been taught as 2 theory units and 3 clinical units. The proposed change would add one unit of theory to this course and maintain the 3 clinical units.

**Rationale:** The recommendation of the ATI consultant is to increase theoretical foundation. Also, the students’ performance on the Medical-Surgical ATI assessments was sub-standard for LVN-RN Cohorts 6 & 7. The faculty confirm that they are not able to cover the required course content for Intermediate Medical-Surgical Nursing theory in 2 units per term. The additional unit of theory will provide increased teaching/learning opportunities to enhance critical thinking. In reviewing the curriculum analysis which was performed on the ATI Medical-Surgical Proctored Exams from LVN-RN Cohorts 6 and 7 it was determined that the areas of weakness included, GI, GU, Cardiac and Cancer. The additional unit of theory will allow for enhanced teaching focus on these areas.

4. **RN 34 Maternal Child Nursing (Syllabus attached)**

**Revision:** This proposed change would create a course that would offer a combination of Obstetrics and Pediatrics. This course would consist of 3 units of theory and 2 units of clinical.

**Rationale:** The current program does provide a Pediatrics course which consists of 2 units of theory and 2 units of clinical. The students are provided an “OB Review”. The consultant and the faculty felt adding an OB course to the curriculum would better prepare the students for practice. It was also noted that in surveying the LVN candidates regarding their previous academic experience it was determined that OB was a course that was frequently very limited in terms of its clinical opportunities within the LVN program curriculum.

5. **RN 40 Mental Health**

**Revision:** The proposed change would add 1 unit to theory and .5 unit to clinical to the Mental Health Course.

**Rationale:** The ATI assessments and the NCLEX Program Reports have consistently identified Psychosocial Integrity as the weakest content area for the LVN-RN students. The candidates who fail the NCLEX are not achieving the required passing score of 51%. Current data from the NCSBN report indicates that SJVC candidates who fail the NCLEX-RN are achieving a score of 48%, which is sub-standard. In addition to this the LVN-RN students have consistently scored below the national average on the proctored ATI Mental Health Assessments. The additional units allocated for theory and clinical will provide enhanced ability to focus on therapeutic communication, psychotropic medications, and support critical thinking teaching modalities.
6. **RN 41 Advanced Medical-Surgical Nursing**

   **Revision:** Reducing the clinical from 4.5 units to 3 units (1.5) reduction. This reflects an elimination of 72 hours which included a precepted clinical experience.

   **Rationale:** This reduction in units eliminated the precepted clinical experience. This assignment was lacking in structure. The faculty had very little control of the teaching/learning environment and it was determined that a more rigorously focused clinical experience would be of benefit to the students.

7. **RN 32 Leadership**

   **Revision:** Eliminate the RN 32 course and integrate Ethics into the curriculum

   **Rationale:** This 2 unit course contained Ethics content that could be integrated throughout the curriculum. The consultant and the faculty felt that this course could be eliminated and one of the units could be added to the RN 42 Leadership Course.

8. **RN 42 Leadership (Syllabus attached)**

   **Revision:** The proposed change would increase the units from 2 to 3 in this course.

   **Rationale:** The faculty and the consultant felt that it was difficult to teach a 2 unit course and address the entire content required to cover the Leadership topic.
**TOTAL CURRICULUM PLAN**

Name of School: San Joaquin Valley College

ADN Program - LVN to RN Advanced Placement Option

**Type of Program:**  [ ] Entry Level Master  [ ] Baccalaureate  [ ] Associate Degree

**Revision:**  [ ] Major  [ ] Minor  **Effective Date:**  1/1/2014

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

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<th><strong>C</strong></th>
<th><strong>P</strong></th>
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**Number of weeks per semester / quarter**

**Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank

Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears.
**TOTAL CURRICULUM PLAN**

EDP-P-05a (Rev. 07/01)

Submit in duplicate

Name of School: San Joaquin Valley College  
ADN Program - LVN to RN Advanced Placement Option

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<th>O</th>
<th>C</th>
<th>P</th>
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<th>Lecture Units</th>
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<th>Lab Units</th>
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<th>G</th>
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<th>Lecture Units</th>
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<th>Lab Units</th>
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* Number of weeks per semester / quarter  
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank  
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

Ruth Ann Terry, MPH, RN  
Executive Officer  
(916) 322-3350  
(626) 575-7080
Submit in DUPLICATE.

Program Name: San Joaquin Valley College Program Requirements for LVN to RN Advanced Placement

Type of Program: □ Entry Level Master  □ Baccalaureate  ☑ Associate

Requesting new Curriculum Approval: ☑ Major  □ Minor

Date of Implementation: January 2014

Academic System: ☑ Semester

15 week academic semester over a 20 week term

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

<table>
<thead>
<tr>
<th>Semester Units</th>
<th>Quarter Units</th>
<th>Current BRN-Approved Curriculum</th>
<th>Proposed Curriculum Revision</th>
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<td>Nursing</td>
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<tr>
<td>Theory</td>
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<td>(27)</td>
<td>18 (includes 1 units for LVN)</td>
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<tr>
<td>Clinical</td>
<td>(18)</td>
<td>(27)</td>
<td>18 (includes 5 units for LVN)</td>
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<td>Communication Units</td>
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<td>Science Units</td>
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<td>TOTAL UNITS FOR LICENSURE</td>
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Other Degree Requirements: Humanities 3, Chemistry 4, Algebra 3

TOTAL UNITS FOR GRADUATION 71

List the course number(s) and titles(s) in which content may be found for the following required content areas:

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<tr>
<th>REQUIRED CONTENT</th>
<th>Course Number</th>
<th>Course Titles</th>
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<tr>
<td>Alcohol &amp; chemical</td>
<td>RN 40, RN31</td>
<td>Mental Health Nursing, Intermediate Medical Surgical Nursing</td>
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<td>Dependency</td>
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<td>Personal Hygiene</td>
<td>RN 29</td>
<td>Basic Medical-Surgical Concepts</td>
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<tr>
<td>Human Sexuality</td>
<td>RN 29, RN 31</td>
<td>Basic Medical-Surgical Concepts and Intermediate Medical Surgical Nursing</td>
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<td>Client Abuse</td>
<td>RN 34, RN 30</td>
<td>Maternal/Child Nursing, Gerontology/Community Health Nursing</td>
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<tr>
<td>Cultural Diversity</td>
<td>RN 42 and Integrated</td>
<td>Leadership, Integrated</td>
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<td>Nutrition</td>
<td>RN 29 and Integrated</td>
<td>Basic Medical-Surgical Concepts, Integrated</td>
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<tr>
<td>Pharmacology</td>
<td>RN 29, RN 31, RN 41, and Integrated</td>
<td>Basic Medical-Surgical Concepts, Intermediate Medical Surgical Nursing, Advanced Medical Surgical Nursing, Integrated</td>
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<tr>
<td>Legal Aspects</td>
<td>RN 29, RN 42, and Integrated</td>
<td>Basic Medical-Surgical Concepts, Leadership, Integrated</td>
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<td>Social/Ethical Aspects</td>
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<td>Basic Medical-Surgical Concepts, Leadership, Integrated</td>
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<tr>
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<td>Leadership, Integrated</td>
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EDP-P-06 (Rev. 08/10)
Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

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<td>Medical-Surgical</td>
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<td>Intermediate Medical Surgical Nursing, Advanced Medical Surgical Nursing</td>
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<tr>
<td>Pediatric</td>
<td>RN 34/34L</td>
<td>Maternal/Child Nursing</td>
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<td>Psych/Mental Health</td>
<td>RN 40/40L</td>
<td>Mental Health Nursing</td>
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<tr>
<td>Geriatrics</td>
<td>RN 30/30L, RN 31/31L, RN 41/41L</td>
<td>Gerontology/Community Health Nursing, Intermediate Medical Surgical Nursing, Advanced Medical Surgical Nursing</td>
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<td>Leadership/Management</td>
<td>RN 29, RN 42 and Integrated</td>
<td>Basic Medical-Surgical Concepts, Leadership, and Integrated</td>
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<td>Pharmacology</td>
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<td>Basic Medical-Surgical Concepts, Intermediate Medical Surgical Nursing, Advanced Medical Surgical Nursing, and Integrated</td>
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* TOTAL UNITS 61

* The “TOTAL UNITS” should match “TOTAL UNITS FOR LICENSURE” on page 1.
### LVN 30 UNIT OPTION

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<td>Intermediate Medical-Surgical</td>
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<tr>
<td>Advanced Medical-Surgical</td>
<td>RN 41/41L</td>
<td>Advanced Medical Surgical Nursing, Theory and Clinical</td>
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</tr>
<tr>
<td>Psych/Mental Health</td>
<td>RN 40/40L</td>
<td>Mental Health Psychiatric Nursing, Theory and Clinical</td>
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<td>Geriatrics</td>
<td>RN 30/30L</td>
<td>Gerontology/Community Health Nursing, Theory and Clinical</td>
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<td><strong>BASIC SCIENCES</strong></td>
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<td>Physiology</td>
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<td>Microbiology</td>
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Signature Program Director/Designee:  
Janine A. Spencer, RN, EdD  
Date:  
September 3, 2013
AGENDA ITEM: 7.7
DATE: October 1, 2013

ACTION REQUESTED: Licensing Examination Pass Rate Standard (EDP-I-29 rev. 8/13, 09/11; approved 2/09)

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: CCR 1431 establishes 75% as the minimum acceptable annual NCLEX-RN pass rate for first time test-taker graduates of a program, and identifies actions to be taken when a program’s graduates do not meet this performance threshold. BRN procedure EDP-I-29 Licensing Examination Pass Rate Standard provides an explanation of the procedure followed per CCR 1431. This procedure, created in 2009, was recently reviewed by the BRN Nursing Education Consultant group and revised to ensure clarity and consistency with current regulation. As with the previous version, this procedure will be placed in the Director’s Handbook that is provided to all prelicensure program directors and content will be reviewed with the program directors at the Annual BRN Update.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd Nursing Education Consultant (760) 369-3170
LICENSING EXAMINATION PASS RATE STANDARD

Procedure for Management of Prelicensure Nursing Program
Substandard NCLEX-RN Performance

Regulatory Authority:
CCR section 1431. Licensing Examination Pass Rate Standard
“The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.”

Procedure:
NCLEX-RN licensing examination statistics are distributed to programs on a quarterly basis. The Nursing Education Consultant (NEC) reviews the statistics and makes recommendations as needed after the end of each academic year (July 1 – June 30), which is the period used when assessing compliance with CCR Section 1431. The following steps will be taken when a program’s performance fails to meet the minimum requirement of passing for 75% of first time test-takers completing the NCLEX-RN exam in an academic year.

1. First academic year of substandard performance:
The NEC will send written notice to the program director advising of the program’s noncompliance with CCR Section 1431 Licensing Examination Pass Rate Standard and that the program shall:
   a. conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate, and
   b. submit to the program’s assigned NEC a written report that includes the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
The NEC will:

a. report to Education Licensing Committee (ELC) in the Minor Curriculum Revision-Progress Report section regarding the noncompliance and progress report submitted by the program, and

b. continue to monitor the program’s implementation of the corrective plan including the program’s NCLEX-RN outcomes, and

c. if a continuing approval visit occurs during this period, document first-year noncompliance with CCR Section 1431 and actions taken to improve outcomes in the consultant’s visit report.

2. Second consecutive academic year of substandard performance the NEC will:

a. notify the program director and the college administrator, in writing, of noncompliance with CCR Section 1431 for a second consecutive year, and

b. within six months, schedule a board approval visit that will include meeting with the program director, school administrator, and program faculty, and other activities necessary to determine whether an effective corrective action plan is being implemented, and

c. present a written report of findings to the ELC as a continuing approval agenda item with program representation required at that meeting. If the program is scheduled for a continuing approval visit during this period, evaluation of the program’s actions will be done as part of the scheduled visit, and second-year noncompliance with CCR Section 1431 along with actions taken to improve will be documented in the consultant’s visit report. Program representatives will be required to attend the ELC meeting when the findings are presented. The ELC will review the report and make recommendations regarding the program’s status at the next Board meeting.

If there is evidence the program cannot correct substandard performance, ELC recommendation and action of the Board may include placing the program on warning status with intent to revoke the program’s approval or revocation of the program’s approval pursuant to section 2788 of the Business and Professions code, and/or other actions deemed necessary.
AGENDA ITEM: 7.8
DATE: October 2, 2013

ACTION REQUESTED: BRN 2012-2013 Annual School Survey

REQUESTED BY: Julie Campbell-Warnock
Research Program Specialist

BACKGROUND:
The BRN 2012-2013 Annual School Survey is available online for nursing programs to complete. The BRN requests nursing programs to complete the survey as soon as possible so data can be compiled and reported in a timely manner. The deadline for submitting responses is November 15, 2013. The time period for the data being collected is from August 1, 2012 to July 31, 2013 and the survey census date is October 15, 2013.

All nursing program directors in California should have received e-mail notification of the survey on October 1, 2013. In order for schools to obtain access to the survey in a timely manner, they are asked to notify the Board of any program director email address changes as soon as possible, or if email notification regarding the survey is not received.

The survey collects data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. While much of the content remains similar, revisions are made in order to collect more accurate data or to obtain information on current issues. The UCSF research center completes the data collection and reporting on behalf of the BRN. Reports compiled from data collected from previous surveys can be found on the BRN Web site at http://rn.ca.gov/forms/pubs.shtml.

Assistance for survey respondents is available from the BRN’s Nursing Education Consultants and research specialist for content and from UCSF staff for technical issues. The Board anticipates that a draft statewide report will be available for the January/February 2014 Education Licensing Committee meeting and regional reports in March/April 2014. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas.

NEXT STEPS: Collect data and prepare reports.

FISCAL IMPACT, IF ANY: None

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