Michael Jackson called the meeting to order at 09:05 AM. Committee members introduced themselves.

7.0 REVIEW AND ACCEPT MINUTES
The August 7, 2013 Education/Licensing Committee (ELC) draft meeting minutes were presented.

ACTION: Accept the Minutes of May 8, 2013 as presented.

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

Acknowledgment 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

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 California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses).

Dr. Taha Asma, Director of the School of Nursing and Dr. Dwight Sweeney, Chair-Nursing Department represented the department.

Badrieh Caraway, NEC presented this report. 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; 1424 (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, showed significant progress in all areas cited during the visit and included a timeline for corrective actions to be completed for full compliance by fall 2013. At the ELC meeting of March 6, 2013, the committee recommended to defer action to continue approval giving the program time to show compliance in all areas, and at the June 12, 2013 Board meeting the ELC recommendation was approved. The program submitted a progress report dated July 2, 2013 which addressed all areas of noncompliance. The 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.

Michael Jackson asked whether the program representatives had any comments. Dr. Taha reported that, based on the consultant report, the program has corrected all identified areas of noncompliance and have established a program of monitoring to ensure continuing compliance. Dr. Sweeney assured the program would maintain ongoing compliance.

ACTION: Continue Approval of California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses).

Public input: None.

7.2.2 University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program.

Karan Ippolito EdD, MSN, FNP, RN, Director of the LVN-BSN Nursing Program represented the program.

Kay Weinkam, NEC presented this report. 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, to implement the curriculum. The University of Phoenix LVN to BSN NCLEX Pass Rate for First Time Candidates 2011-2012 pass rate is 75.61% and 2012-2013 pass rate is 80.39%. 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
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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.

Michael Jackson requested staff recommendation and Kay Weinkam recommended continuing approval.

**ACTION:** Continue Approval of University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program.

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

**Public input:** None.

7.2.3 and 7.2.4 West Coast University (WCU), Los Angeles, Baccalaureate Degree Nursing Program and West Coast University (WCU), Orange County, Baccalaureate Degree Nursing Programs.

Dr. Rosanne Silberling, EdD, MN, RN, Campus Dean of Nursing and Program Director at WCU-LA; Chiarina Piazza, PhD(c), MEd, RN, Campus Dean of Nursing and Program Director at WCU-OC; Dr. Robyn Nelson, PhD, RN, Executive Dean, College of Nursing, West Coast University, represented the program.

Miyo Minato, SNEC presented this report. The two campuses initially obtained approval as LVN to RN ADN Program, WCU-LA in 2005 and WCU-OC in 2007. At the April 18, 2008 Board meeting, West Coast University 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 on file. 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 a 20 student 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 a Simulation Coordinator and lab staff. Support resource staff includes an 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 as approved by the Board. 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 clearly an independently operated school. The NECs met with the Nursing Administration and the WCU Administration to discuss the concerns and how the schools have evolved from the originally approved independent program to functioning as one organization with
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separate branch campuses. Another area discussed with the administration was the enrollment cycle and the student enrollment.

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 addressed with a proposed major curriculum revision to make a substantive change to the West Coast University organization unifying 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 for BSN graduates of the WCU-LA and WCU-OC programs has been above 75% for years 2011-12 and 2012-13.

Raymond Mallel asked how the three separate programs came to be operated as one organization. Dr. Robyn Nelson reported that initially the programs were operated separately but over time with adjustments made in response to WASC and CCNE accrediting bodies’ requirements and recommendations, the three programs began to be conducted as a single entity. The program was reminded that the BRN must be notified of program changes. Miyo Minato clarified that the program’s remaining area of noncompliance would be resolved with approval of the Major Curriculum Revision requested by WCU in this same meeting agenda, and recommended continuing approval if the Major Curriculum Revision is approved. Ms. Minato also explained that consolidation into a single program would eliminate the need for a separate Continuing Approval Visit to the WCU Inland Empire program as is currently scheduled for Spring 2015. She will conduct an interim visit to ensure compliance on that campus since that location was not included in the visits described in this report. The Committee reviewed the proposal for the Major Curriculum Revision and voted approval thus bringing WCU into compliance regarding Section 1424(c).

ACTION: Continue Approval of West Coast University, Los Angeles, Baccalaureate Degree Nursing Program and West Coast University, Orange County, Baccalaureate Degree Nursing Program.
M/S/C: Michael Jackson/Raymond Mallel
Public input: None

7.2.5 College of the Siskiyous Associate Degree Nursing Program.
The program director was unable to attend the meeting.

Katie Daugherty, NEC presented this report. 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 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. 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 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 November 2011 report of findings.

The November 2011 COS continuing approval visit findings were presented for committee and board action in November 2012, and 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.), 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, Dr. Frost, the college’s VP of Student Learning 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.

Michael Jackson asked whether the program should be placed on deferred status until the program director would be able to appear. Katie Daugherty received communication from the program director that she would be unable to appear on this day but would ensure she attends the November Board meeting if the ELC required. Raymond Mallel asked about the college’s budget deficit and Ms. Daugherty advised that she did not know the details of the budget concerns but that she has a written communication from the vice-president of the college assuring that adequate funding will be available to the nursing programs to meet the identified faculty and other needs. Erin Niemela noted that there were significant areas of noncompliance but defers to the NEC’s assessment that the program is now in full compliance.

ACTION: Continue Approval of College of the Siskiyous Associate Degree Nursing Program.
M/S/C: Michael Jackson/Erin Niemela
Public input: None
**7.2.6 Copper Mountain College Associate Degree Nursing Program.**

Ms. Christi Blauwkamp, MSN, RN, Program Director and Ms. Chris Gotoski, Program Assistant represented the program.

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 taken to improve both of these items.

CMC is a small rural WASC accredited single-college district. As the only local college offering prelicensure 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 prelicensure 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 prelicensure 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 the 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.

ACTION: Continue Approval of Copper Mountain College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Trande Phillips

Public input: None

7.2.7 Saddleback College Associate Degree Nursing Program.
Ms. Tamera Rice, MSN, RN, CNE, Director of Nursing and Assistant Dean - Division of Health Sciences and Human Services; Jennifer Forouzesh, MSN, RN, FNP, Assistant Program Director; and Diane Pestolesi, MSN, RN, CCRN, CNE, Assistant Program Director represented the program. Carol Mackay, NEC presented this report. 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 has 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.

Michael Jackson asked whether the program had any additional comments. Ms. Rice offered that her program motto is “stay accredited every day” and that her program leadership team and faculty had been together for thirteen years which strengthens the program.

ACTION: Continue Approval of Saddleback College Associate Degree Nursing Program.

M/S/C: Michael Jackson/Erin Niemela

Public input: None.

7.2.8 San Joaquin Valley College Associate Degree Nursing Program.

Dr. Janine Spencer, Ed.D., RN, Program Director and Mr. Don Rice, Campus President represented the program.

Kay Weinkam, NEC presented this report. San Joaquin Valley College Associate Degree Nursing Program (SJVC) was presented for consideration of its approval status with a request for consideration of a major curriculum revision on this same agenda. 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 DeFedede, 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 no 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 NLCEX 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>July 1 – June 30</td>
<td>87.73</td>
<td>87.64</td>
<td>53.95</td>
</tr>
<tr>
<td>2010/2011</td>
<td>88.92</td>
<td>88.99</td>
<td>60.29</td>
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<tr>
<td>2012/2013</td>
<td>87.03</td>
<td>87.96</td>
<td>67.53</td>
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</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
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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>
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<tr>
<td>2011/2012</td>
<td>52.5</td>
<td>79.3</td>
<td>60.29</td>
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<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: 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: 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: 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. 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 2014 with an expected graduation in November 2014, and a generic RN option cohort in April 2014 with an expected graduation in November 2015.

Michael Jackson asked for comment from program representatives. Dr. Spencer reported the program has utilized a paid consultant to assist with curriculum review/revision; some students are working too many hours, as much as 20 hours/week; some students are driving as far as 200 miles for some courses; and that VN-RN cohorts have experienced as much as 30% attrition. Dr. Spencer updated that the current eight VN-RN students are meeting or exceeding the ATI testing standard for performance on content assessment tests. Erin Niemela asked about program changes that caused the drop in 2010-11 year NCLEX-RN outcomes. Dr. Spencer explained it was due to multiple factors including change in academic rigor of course content and sequencing of prerequisites, many of the VN-RN students have no prior acute care experience as they are largely employed in correctional institutions and long-term care facilities, and students’ perception that they could continue with employment as the program schedule was only two days per week. Raymond Mallel asked how these issues are being addressed. Dr. Spencer informed that the
schedule has changed to three days per week and students must demonstrate content mastery for program progression. Trande Phillips noted that generic student NCLEX-RN examination outcomes, although above minimum required performance threshold, also indicated a need for improvement and Dr. Spencer agreed.

**ACTION:** Education/Licensing Committee made the following recommendations for the San Joaquin Valley College Associate Degree Nursing Program:

- Place program on Warning Status With Intent to Withdraw Program Approval.
- Allow program admission of planned LVN-RN cohort in January 2014 but no further enrollment of LVN-RN students until NCLEX-RN results of LVN-RN cohort graduating December 2013 are available and found to be at or above the minimum pass rate of 75%.
- The Nursing Education Consultant will continue to monitor the program as needed.

**M/S/C:** Michael Jackson/Raymond Mallel

**Public input:** None.

### 7.3 CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

#### 7.3.1 United States University Nurse Practitioner Program

Ms. Debora Erick, MSN, PHN, CNE, RN, Dean of the School of Nursing; Ms. Afsaneh Helali, NP, Interim NP Program Director; and Mr. Timothy Cole, MBA, President/Chief Executive Officer represented the program.

Leslie Moody, NEC presented this report. 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 course.
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.

**ACTION:** Continue Approval of United States University Nurse Practitioner Program.

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

**Public input:** None

### 7.4 UNITED STATES UNIVERSITY ENTRY LEVEL MASTER’S DEGREE AND ACCELERATED BACCALAUREATE DEGREE NURSING PROGRAMS PROGRESS REPORT

Ms. Debora Erick, MSN, RN, Dean, College of Nursing and Mr. Timothy Cole, MBA, CEO/President United States University represented the program.

Leslie Moody, NEC presented this report. 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 were explained in more detail in the attached progress report.
which also included evidence of adequate resources, including faculty and clinical placements, to present the curriculum as approved for two concurrent cohorts of 20 students. The program requested status of continue approval and permission to admit an additional cohort of twenty (20) students in January 2014. Ms. Erick added that any students who have failed out of the current cohort 8 group will not have a re-entry opportunity unless another cohort enrollment is planned, and that delay of 18 months when cohort 8 NCLEX-RN results will be available could negatively impact their opportunity for success. Michael Jackson advised that consistency on the part of the Board requires continuance of current actions in place which include Warning Status and prohibition of additional enrollments.

ACTION: Continue Warning Status with no additional program enrollment until NCLEX-RN examination outcomes of the Cohort 8 students are known, which will occur approximately April 2015.

M/S/C: Michael Jackson/Trande Phillips

Public input: None.

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

Dr. Mercy Popoola, MSN, PhD, RN represented the program.

Katie Daugherty, NEC presented this report. 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 which were required to be in place for implementation of the curriculum as initially approved because these affiliations provided sufficient clinical practice learning experiences in three main specialty areas: OB, PEDS, and Advanced Med/Surg. 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) August 7, 2013 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. On September 11, 2013 the Board placed the program on Warning Status with Intent to Withdraw Program Approval, 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, a report of which 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). 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. ITTRC’s written PPR, Attachments and Fall 2013 quarter schedules identify the clinical sites to be used from September 16-December 6, 2013. A potential alternative clinical site is 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 as 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. Additional clinical sites planned for future use were reviewed. Ms. Daugherthy clarified that the program is expected to maintain adequate faculty and clinical placements for the on time completion of all courses each quarter for all program cohorts with no additional exceptions or accommodations.

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: 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’s assessment was that 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: Dr. Popoola’s communication has been timely from 8/12/13-9/19/13 via a variety of communication methods. The 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...
ELC meeting minutes  
October 1, 2013

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: 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: 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: 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 that 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 daily challenges associated nursing faculty recruitment, retention and 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: Revised faculty orientation for Sutter. 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 midterm 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: 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: 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.

Ms. Daugherty provided the following summary comments relative to the submitted ITTRC Program Progress Report: The NEC accepts 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 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.

Raymond Mallel expressed concern regarding student travel to the distant Oak Valley facility to which Dr. Popoola clarified that this facility would only be used as a backup alternative, and that students would be going to Doctors’ Hospital which is 70 miles away. Michael Jackson asked whether the program planned to subsidize students’ travel expense. Dr. Popoola responded that clinical placements are difficult to secure. Michael Jackson expressed concern about students travelling 160 miles per day when added to the hours of the clinical rotation day. Dr. Popoola reports the ITT president will be visiting in November so this topic can be addressed at that time and that she is “still fighting” to get approval for student transportation funds. Dr. Popoola additionally explained that the agreement with Sutter continues in progress and she is “99% sure” that an agreement will be reached for clinical rotations in all content areas. Sutter, which is within 20 miles of the school, would then be the primary facility for clinical placement with Doctors’ Hospital as a backup. Erin Niemela recognized Dr. Popoola’s work of the past five weeks to move the program toward compliance, and suggested that the program support the students’ cost of transportation to distant clinical facilities, be required to secure the Sutter agreement and provide a timeline for full compliance.

ACTION: Continue previous actions of the Board from the September 11, 2013 meeting:
Place the program on Warning Status With Intent to Withdraw Approval pursuant to B&P Code 2788 and CCR 1423.

Suspend new student enrollment indefinitely.

Require the program to inform all existing students and any prospective students that the program is placed on Warning Status With Intent to Withdraw approval.

Program to provide a progress report to the Board office by December 1, 2013 reflecting full compliance with BRN regulations to be presented at the January 2014 Education/Licensing Committee meeting.

Program Representative to be present at all Education/Licensing Committee and Board meetings when program information is presented.

Nursing Education Consultant to continue monitoring the program as needed.

Failure to achieve full compliance with all of the deficiencies noted above by December 1, 2013 may result in Board action to initiate withdrawal of program approval.

Per CCR 1432 the school will notify the Board within ten days of, among other things, any changes in fiscal condition that will or may potentially affect adversely affect applicants or students enrolled in the nursing program, or substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.

M/S/C: Michael Jackson/Raymond Mallel

Public input: None.

7.6 APPROVE MAJOR CURRICULUM REVISION

7.6.1 San Diego State University Baccalaureate Degree Nursing Program.

Philip A. Greiner, DNSc, RN, Director, School of Nursing and Professor, and Marjorie Peck PhD, RN, NEA-BC, Associate Director represented the program.

Leslie Moody, NEC presented this report. The goals of program leadership and faculty for revisions of the curriculum included: meet 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; 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. Detailed information regarding the revision proposal was provided for NEC review. Students participated in the process of revision development. The revisions
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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.

ACTION: Approve Major Curriculum Revision for San Diego State University Baccalaureate
Degree Nursing Program.
M/S/C: Michael Jackson/Trande Phillips
Public input: None.

7.6.2 Simpson University Baccalaureate Degree Nursing Program.
Jan Dinkel, MSN, RN, Dean and generic BSN degree Program Director, and Ms. Kristie Stephens,
MSN, RN Assistant Director represented the program.
Katie Daugherty, NEC presented this report. The program anticipates implementation of the proposed
curriculum changes 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 provided 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 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
andN2320; 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.

ACTION: Approve Major Curriculum Revision for Simpson University Baccalaureate Degree
Nursing Program.
M/S/C: Michael Jackson/Erin Niemela
Public input: None.

7.6.3 West Coast University Baccalaureate Degree Nursing Programs (Inland Empire, Los
Angeles and Orange County).
Dr. Robyn Nelson, PhD, RN, Dean of College of Nursing represented the program.
Miyo Minato, SNEC presented this report. 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 requested permission from the BRN to be approved as one program instead of three independent nursing programs. This proposal would reflect the current organizational and operational structure as one program 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 detailed the re-organization and the organizational chart was reviewed.

Approval is requested for reorganization recognizing West Coast University, Baccalaureate Degree Nursing Program, Los Angeles Campus (Main Campus), with two branch campuses at Orange County and Inland Empire (Ontario). The NEC will 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.

Michael Jackson admonished the program for not notifying the Board prior to changing the program’s operational structure and the program director assured the program will work closely with the assigned NEC in the future to ensure no recurrence.

ACTION: Approve Major Curriculum Revision for West Coast University Baccalaureate Degree Nursing Program (Inland Empire, Los Angeles and Orange County campuses).

M/S/C: Michael Jackson/Trande Phillips

Public input: None.

7.6.4 CNI College Associate Degree Nursing Program.

Ms. Sandy Carter, MN, RN, Program Director; Mr. Jim Buffington, CEO/President; and Mrs. Colleen Buffington, Vice-President represented the program.

Miyo Minato, SNEC presented this report. 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 the Accrediting Bureau of Health Education Schools (ABHES) and has degree granting authority 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 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.

A chart was provided showing the admitted cohorts and the clinical placement needs for the students during their educational period, taking into consideration admission of additional students 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. 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.

This request is for approval to increase enrollment of 24 students admitted every quarter (4 times per year), beginning January 2014. 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.

**Michael Jackson noted the close proximity of most of the program’s clinical sites which is a benefit to students.**

**ACTION:** Approve Major Curriculum Revision for CNI College Associate Degree Nursing Program.

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

**Public input:** None.

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

Dr. Susan Carreon, RN, MN, PhD, Director of Nursing & Allied Health, and Ms. Tina Aguirre, Instructional Dean of Health & Sciences represented the program.

Laura Shainian, NEC presented this report. 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 will 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: Patient-centered care, Interdisciplinary Collaboration, Evidence-based practice, Quality Improvement, Safety, Informatics. Plus Patient Education, Professionalism, Leadership. 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.

Revised BRN curriculum forms EDP-P-06 and EDP-P-05 were submitted and 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. Other 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.

Michael Jackson noted that this program is collaborating with San Diego State University to facilitate the program graduates’ ADN-BSN academic pathway.

ACTION: Approve Major Curriculum Revision for Imperial Valley College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Raymond Mallel

Public input: None.

7.6.6 Palomar College Associate Degree Nursing Program.

Dr. Judith G. Eckhart, DNSc, RN, Chairperson Nursing Education, Program Director represented the program.

Leslie Moody, NEC presented this report. 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 were provided in additional documents which were reviewed by the NEC. This revision will benefit students by decreasing required units which reduces cost and time burdens for program completion, and by ensuring widely accepted current best practice quality and safety standards are included in the curriculum. Upon receiving Board approval, the program will seek ACEN (program’s accrediting agent) approval and implementation will follow.

ACTION: Approve Major Curriculum Revision for Palomar College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Erin Niemela
Public input: None.

7.6.7 San Joaquin Valley College Associate Degree Nursing Program.
Dr. Janine Spencer, EdD, RN, Program Director and Mr. Don Wright, Campus President represented the program.
Kay Weinkam, NEC presented this report. Janine Spencer, Ed.D., RN, has served as the program director since February, 2008. Kathryn DeFede, MSN, RN, and Barbara Lund, MSN, RN, are assistant directors. The curriculum for San Joaquin Valley College LVN to RN option 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. The program’s substandard NCLEX pass rates for academic years 2010/2011 – 2012/13 are the driving force for this curriculum revision proposal.

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 was explained in detail in additional 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 to 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; increase RN 31 Intermediate Medical/Surgical Nursing theory units from 2 units to 3 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) to 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 to 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 to 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 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. 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.

ACTION: Approve Major Curriculum Revision for San Joaquin Valley College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Trande Phillips
Public input: None

7.7 LICENSING EXAMINATION PASS RATE STANDARD (EDP-I-29 REV 8/13, 09/11; APPROVED 2/09)
Leslie Moody, NEC presented this report as an informational item. 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.
Public input: None

7.8 BRN 2012-13 ANNUAL SCHOOL SURVEY
Julie Campbell-Warnock, Research Program Specialist for the BRN presented this report as an informational item. 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 have been sent an e-mail notification of the survey on October 1, 2013. In order for schools to obtain access to the
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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. It is anticipated 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.

Public input: None

7.9   PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

There were no public comments.

Meeting adjourned at 1233.

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

Accepted by: Michael Jackson, MSN, RN
Chairperson