STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
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EDUCATION/LICENSING COMMITTEE MEETING

AGENDA

Embassy Suites Anaheim – South
11767 Harbor Blvd.
Garden Grove, CA 92840
(714) 539-3300

January 11, 2017

Wednesday, January 11, 2017 - 09:00 am

7.0 Call To Order/Roll Call/Establishment of a Quorum/Approval of Minutes
7.0.1 Vote on Whether to Approve Minutes of October 6, 2016

7.1 Vote on Whether to Recommend Ratification of Minor Curriculum Revision
7.1.1 American University of Health Sciences Baccalaureate Degree Nursing Program
7.1.2 California Baptist University Baccalaureate and Entry Level Master's Degree Nursing Program
7.1.3 University of California, Los Angeles Baccalaureate Degree Nursing Program
7.1.4 San Francisco State University Entry Level Master's Degree Nursing Program
7.1.5 College of Marin Associate Degree Nursing Program
7.1.6 Copper Mountain College Associate Degree Nursing Program
7.1.7 Golden West College Associate Degree Nursing Program
7.1.8 Mira Costa College Associate Degree Nursing Program
7.1.9 Monterey Penninsula College Associate Degree Nursing Program
7.1.10 Ohlone College Associate Degree Nursing Program
7.1.11 Sacramento City College Associate Degree Nursing Program
7.1.12 Saddleback College Associate Degree Nursing Program
7.1.13 Weimar Institute Associate Degree Nursing Program
7.1.14 United States University Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:
7.1.15 University Of Phoenix, Modesto LVN to Baccalaureate Degree Nursing Program
7.1.16 San Francisco State University Entry Level Master's Degree Nursing Program
7.1.17 University of San Francisco Entry Level Master's Degree Nursing Program
7.1.18 American Career College Associate Degree Nursing Program
7.1.19 Brightwood College Associate Degree Nursing Program
7.1.20 City College of San Francisco Associate Degree Nursing Program
7.1.21 East Los Angeles College Associate Degree Nursing Program
7.1.22 Ohlone College Associate Degree Nursing Program

7.2 Vote on Whether to Recommend Continuation of Approval of Prelicensure Nursing Program

7.2.1 California Baptist University Baccalaureate and Entry Level Master's Degree Nursing Program
7.2.2 University of California, Los Angeles Baccalaureate and Entry Level Master's Degree Nursing Program
7.2.3 Glendale Community College Associate Degree Nursing Program
7.2.4 Golden West College Associate Degree Nursing Program
7.2.5 Los Angeles Pierce College Associate Degree Nursing Program
7.2.6 Los Angeles Trade-Tech College Associate Degree Nursing Program
7.2.7 Napa Valley College Associate Degree Nursing Program
7.2.8 San Diego City College Associate Degree Nursing Program
7.2.9 Victor Valley College Associate Degree Nursing Program

7.3 Vote on Whether to Recommend Continuation of Approval of Advanced Practice Nursing Program

7.3.1 University of California, Los Angeles Nurse Practitioner Program

7.4 Vote on Whether to Recommend Approval of Major Curriculum Revision

7.4.1 University of San Francisco, Sacramento Baccalaureate Degree Nursing Program (enrollment increase)
7.4.2 Napa Valley College Associate Degree Nursing Program (curriculum)

7.5 Vote on Whether to Recommend Extension of Initial Program Approval Application Deadline for Career Care Institute Associate Degree Nursing Program

7.6 Vote on Whether to Recommend Approval of Revision to Previously Approved Enrollment Pattern for University of San Francisco, Orange Entry Level Master's Degree Nursing Program

7.7 2015-2016 Annual School Survey Reports (Draft)

7.8 Public Comment For Items Not On The Agenda

7.9 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.
The public will be provided an opportunity to comment on each agenda item at the time it is discussed; however, the committee may limit the time allowed to each speaker.

BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE MINUTES

DRAFT

DATE: October 6, 2016

TIME: 0900

LOCATION: DoubleTree by Hilton
2233 Ventura Street
Fresno, CA 93721

PRESENT: Michael Jackson, MSN, RN, Chairperson
Pilar De La Cruz-Reyes, MSN, RN
Elizabeth Woods, MSN, FNP, RN
Trande Phillips, RN

STAFF PRESENT: Stacy Berumen, AEO; Miyo Minato, SNEC; Janette Wackerly, SNEC; Carol Velas, NEC; Laura Shainian, NEC; Badrieh Caraway, NEC; Katie Daugherty, NEC; Susan Engle, NEC; Shelley Ward, NEC; Leslie A. Moody, NEC.

7.0 CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF A QUORUM

Michael Jackson called the meeting to order at 0900 am and a quorum was established with Trande Phillips and Elizabeth Woods substituting for absent members Donna Gerber and Ramond Mallel.

7.0.1 VOTE ON WHETHER TO APPROVE MINUTES

- **August 11, 2016**

ACTION: The minutes of the August 11, 2016 meeting were approved as presented.

Motion: Pilar De La Cruz-Reyes		**Second: Michael Jackson**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.1 VOTE ON WHETHER TO RECOMMEND RATIFICATION OF MINOR CURRICULUM REVISION

7.1.1 California State University, Fullerton Baccalaureate Degree Nursing Program
7.1.2 Charles R. Drew University of Medicine and Science, Mervyn M. Dymally School of Nursing Entry Level Master's Degree Nursing Program
7.1.3 Loma Linda University Baccalaureate Degree Nursing Program
7.1.4 Mount Saint Mary's University, Los Angeles Baccalaureate Degree Nursing Program
7.1.5 Simpson University Baccalaureate Degree Nursing Program
7.1.6 The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
7.1.7 University of California, Davis Betty Irene Moore School of Nursing Entry Level Master's Degree Nursing Program
7.1.8 University of California, San Francisco Entry Level Master's Degree Nursing Program
7.1.9 University of San Francisco Baccalaureate Degree Nursing Program
7.1.10 University of San Francisco Entry Level Master's Degree Nursing Program
7.1.11 Carrington College LVN to RN Associate Degree Nursing Program

7.1.12 College of the Canyons Associate Degree Nursing Program
7.1.13 Evergreen Valley College Associate Degree Nursing Program
7.1.14 Los Angeles Harbor College Associate Degree Nursing Program
7.1.15 Mendocino College Associate Degree Nursing Program
7.1.16 Modesto Junior College Associate Degree Nursing Program
7.1.17 Monterey Peninsula College Associate Degree Nursing Program
7.1.18 Porterville College Associate Degree Nursing Program
7.1.19 San Joaquin Delta College Associate Degree Nursing Program
7.1.20 West Hills College Lemoore Associate Degree Nursing Program
7.1.21 University of San Francisco Nurse Practitioner Program
7.1.22 University of California, Los Angeles Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

7.1.23 Charles R. Drew University of Medicine and Science, Mervyn M. Dymally School of Nursing Entry Level Master's Degree Nursing Program
7.1.24 Napa Valley College Associate Degree Nursing Program

ACTION: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report as presented.

Motion: Michael Jackson		**Second: Elizabeth Woods**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.2 VOTE ON WHETHER TO RECOMMEND CONTINUATION OF APPROVAL OF PRELICENSURE NURSING PROGRAM

7.2.1 California State University, East Bay Baccalaureate Degree Nursing Program.

Dr. Lynn Van Hofwegen, Chair of Nursing & Health Sciences Department represented this program.

Susan C. Engle, NEC presented this report. A regularly scheduled continuing approval visit was conducted March 1-3, 2016 by Nursing Education Consultants Susan Engle and Shelley Ward. There were no findings of noncompliance. Recommendations were made in three areas: 1424. Administration and Organization of the Nursing Program, 1426.1. Preceptorship, and 1427. Clinical Facilities. The program submitted a progress report that addressed the recommendations. Graduates of the program have the requisite knowledge and skills to pursue graduate study in nursing. California State University East Bay Department of Nursing and Health Sciences collaborates with several Associate Degree Nursing programs to offer an ADN to BSN program.

ACTION: Continue approval of California State University, East Bay Baccalaureate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.2.2 Dominican University of California Baccalaureate Degree Nursing Program.

Dr. Andrea Renwanz Boyle, Chair/Professor represented the program.

Susan C. Engle, NEC presented this report. Dominican University of California Baccalaureate Degree Nursing Program was found to be in first-year non-compliance with CCR 1431 Licensing Examination Pass Rate Standard for 2013-2014 during the regularly scheduled continuing approval visit conducted April 13-15, 2015. The Board placed the program on deferred action to continue approval with progress report required and return to Education Licensing Committee in August 2016. Prior to conducting the regularly scheduled continuing approval visit, the program was notified of non-compliance with CCR

1431. The program conducted a comprehensive program assessment and identified variables contributing to the substandard pass rate. The program's progress report with plan for increasing the pass rate was acknowledged at the March 5, 2015 ELC meeting. The program was found to be in non-compliance with CCR 1431for the second consecutive year, at the end of 2014/2015. A board approval visit was conducted on March 30, 2016 and it was determined that the program was effectively implementing the corrective action plan. The 2015-2016 NCLEX pass rate is 83.95%. The corrective plan includes a trigger that is immediately implemented if pass rates fall below 85%.

Dr. Boyle provided additional details regarding identification of factors contributing to low NCLEX-RN outcomes, and assurance of ongoing monitoring to sustain improvement.

ACTION: Continue approval of Dominican University of California Baccalaureate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.2.3 Mount Saint Mary's University (MSMU), Los Angeles Baccalaureate Degree Nursing Program.

Dr. Mary Ann McCarthy, TBSN Program Director, Ms. Mary Sloper, ABSN Program Director Accelerated BSN Program, Dr. Leah Fitzgerald, Dean of Nursing, and Dr. Robert Perrins, Provost/ Academic Vice President represented the program.

Miyo Minato, SNEC presented this report. On February 22nd, 2016 Loretta Chouinard, Nursing Education Consultant and Miyo Minato, Supervising Nursing Education Consultant conducted an approval visit at Mount Saint Mary's University Los Angeles Chalon and Doheny campuses Baccalaureate Degree Nursing Program. This visit was done subsequent to the school's first-time pass rate below seventy five percent (75%) for two (2) consecutive academic years. In addition to the non-compliance related to section 1431 Licensing Examination Pass Rate Standard, a second non-compliance for section 1424 (h) Program Administration and Faculty Qualifications with a related section 1424(d) Sufficiency of Resources was identified. One recommendation for 1424(b)(1) Total Program Evaluation was given. The Board reviewed the report of MSMU-BSN Program at the ELC meeting on May 12, 2016 and recommended to defer action and wait for availability of the full year 2015-16 NCLEX pass rate results before determining whether to continue approval of the program. The Board approved the ELC recommendation on June 16, 2016. BRN results from 2011-2016 five year results show a significant improved annual rate last academic year, 2015-2016 to 74.70% (124 passed/166) from 60.56% (86 passed/142). The corrected pass rate for MSMU-BSN program is 75.16%. MSMU-BSN's progress report received in September addressed areas of noncompliance and recommendation and shows continued effort by the program to implement the corrective action plan reported at the May 2016 ELC, and shows administration's commitment. Continued implementation of the action plan and systematic review of program evaluation plan must continue to sustain the improvement that it has demonstrated between the last two academic years. At this time, the program is in compliance with the Board rules and regulations.

Committee member asked about the number of full-time faculty. Dr. McCarthy described levels of full and part-time faculty. Ms. De La Cruz-Reyes asked about use of simulation and Dr. McCarthy informed that simulation is used for approximately 10% of instruction and that each class uses some simulation. Ms. Phillips asked how the school will sustain the improvement to pass rates and Dr. McCarthy explained that she is working with the college's Institutional Research (IR) department to develop an intense plan for sustaining compliant pass rates. Ms. Minato added that past small faculty number which resulted in lack of faculty time for total program evaluation and contributed to program performance issues. Hiring of three new faculty resolved this problem. Dr.

McCarthy elaborated that IR will be involved in the evaluation process and increased faculty will allow more time for attention to total program evaluation. Ms. Woods asked about ongoing support for graduates who were unsuccessful with NCLEX-RN exam and Dr. McCarthy explained the system for follow-up and resources available.
ACTION: Continue approval of Mount Saint Mary's University, Los Angeles Baccalaureate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.2.4 University of Phoenix at Modesto Baccalaureate Degree Nursing Program.
Ms. Jennifer Millar, Director/Program Manager, and Ms. Debra Pence, Campus Chair represented the program.
Susan C. Engle, NEC presented this report. University of Phoenix (UOP) Licensed Vocational Nurse to Bachelor of Science in Nursing (LVN to BSN) Program was found to be in first-year non-compliance with CCR 1431 Licensing Examination Pass Rate Standard for 2013-2014 (68.18%). The program submitted a progress report which identified findings that contributed to the NCLEX pass rate for first time testers to be below 75%. In a letter dated September 17, 2015, Ms. Evans and UOP leadership were notified that the program was in non-compliance with CCR 1431 for the second consecutive year (2014-2015 56.67%). On February 16, 2016, Janette Wackerly, Supervising Nursing Education Consultant and Susan Engle, Nursing Education Consultant conducted a continuing approval visit. The program directors, UOP leadership representatives and the NECs have worked closely to identify gaps. In the progress report for the October 6, 2016 ELC meeting, the program identified five areas that contributed to the substandard NCLEX pass rate. The LVN to BSN UOP program annual pass rate for first time testers has improved and is 76.47% (n=34) for the 2015-16 year. The next continuing approval visit is scheduled for Spring 2017.
Ms. Phillips asked how the program will sustain compliant pass rates. Ms. Millar explained there is a multilevel approach planned which includes monthly faculty development workshops, instruction in quiz and test writing to increase rigor, and faculty mentor assigned to each student. Ms. Phillips asked if faculty mentoring will continue and Ms. Millar assured it would. Ms. Woods asked if evaluation is performed to determine whether graduates who fail NCLEX had experienced difficulty throughout the program. Ms. Millar confirmed that evaluation is performed and the problem identified is usually one of test-taking, and that not all students actively seek assistance which prompted the new approach of assigning a faculty mentor to each student and requiring regular contact. In response to identification of this deficit, the faculty is teaching test-taking strategies. Ms. De La Cruz-Reyes asked whether the program utilized peer mentors and Ms. Millar informed the program was not utilizing peer mentors at this time. Ms. De La Cruz-Reyes asked about faculty number and Ms. Millar provided that information.
ACTION: Continue approval of University of Phoenix at Modesto Baccalaureate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.2.5 Fresno City College Associate Degree Nursing Program.
Ms. Stephanie R. Robinson, Program Director and Ms. Pam Vogel, Assistant Director represented the program.

Shelley Ward, NEC presented this report. The program has been in defer action to continue approval status per Board action on February 5, 2015, related to non-compliance with CCR Section 1431 Licensing Examination Pass Rate Standard. NCLEX- RN examination pass rates for first time candidates were below 75% in academic years 2013-14 (65.82%), and 2014-15 (67.30%). Progress reports to address the findings were submitted by the program as requested by the Nursing Education Consultant, and were previously provided to the ELC Committee. An interim visit to the nursing program was conducted on 10/27/15. The 9/1/16 progress report identifies strategies that faculty implemented that are considered to have improved the annual pass rate for academic year 2015-16, now at 76.02% for first-time candidates, above the 75% requirement.

Ms. Robinson identified the sub cohort of LVN students who were having difficulty with passing the NCLEX. Strategies for the corrective plan concentrated on this sub cohort specifically with other general actions implemented including Multi-Criteria Screening process approved by the California Chancellor's office. The committee asked if there were enough clinical placements for specialty areas as this is a common problem across the state. Ms. Robinson shared that students are in acute care settings the majority of the time with the exception of the first semester students who are in long term care settings.

ACTION: Continue approval of Fresno City College Associate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.2.6 San Joaquin Delta College Associate Degree Nursing Program.

Ms. Lisa Lucchesi, Program Director and Ms. Julie Kay, former Program Director represented the program.

Katie Daugherty, NEC presented this report. A continuing approval visit was conducted by Katie Daugherty, NEC and Janette Wackerly, Supervising NEC on May 9-11, 2016. Since the last continuing approval visit the program has established and maintained sufficient resources including physical space, faculty, technology/support services and clinical placements for the existing enrollment pattern and potential program expansion as additional grant funding opportunities become available. One area of non-compliance was identified related to CCR 1425 and 1425.1 Faculty and geriatric faculty approval. Two recommendations related to 1424 (d) Administration/Resources and CCR 1426 (d) Curriculum were made. Following the visit, SJDC took immediate action and has provided sufficient evidence correcting the area of non-compliance and addressing correction of the recommendation.

The committee asked how the program was successful in getting all faculty remediated in geriatrics. Ms. Lucchesi admitted there was oversight providing paperwork for the approval of faculty and some slipped through the cracks, though all appropriate faculty are now Geri approved.

ACTION: Continue approval of San Joaquin Delta College Associate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.3 VOTE ON WHETHER TO RECOMMEND APPROVAL OF MAJOR CURRICULUM REVISION

7.3.1 Azusa Pacific University (APU) Baccalaureate Degree Nursing Program (curriculum, enrollment increase).

Dr. Renee Pozza, Associate Dean/Director and Dr. Grace Moorfield, Chair Undergraduate Program represented the school.

Badrieh Caraway, NEC presented this report. The program is requesting approval for increased enrollment in the Two Plus Two option and in the LVN to BSN option. Background and history of the program's admission/enrollment patterns for the current traditional BSN students, the RN-BSN students, the High Desert Regional Center (HDRC) Two Plus Two students and the Inland Empire Regional Campus (IERC) LVN-BSN students was presented. The program would like to increase enrollment of the HDRC Two Plus Two program by 10 students three times per year so that enrollment will be 30 students admitted each Fall, Spring, and Summer, and LVN-BSN program (currently enrolling 20 students each Fall, Spring and Summer at the Monrovia campus) to also admit a cohort of 20 students at the Inland Empire Regional Campus. [I am going to have to clarify this with Badrieh as it seems to say two different things in the AIS regarding the change in enrollment for this LVN-BSN option] The increase in enrollment will not impact the existing students. Classrooms, lab space and equipment have been expanded to accommodate the increased enrollment.

The program also requested approval of curriculum revisions proposed in response to undergraduate level faculty and student feedback, recommendations from the School of Nursing Curriculum Committee, the APU General Education Committee and the Office of the Provost. The anticipated implementation date is Spring 2017. Revisions to curriculum include: reduction of 18 units of general education requirements for graduation resulting in reduction of total units for graduation from 134-140 units to 120-128 units (the range of total units to graduate is varied for each program due to differences in general education requirements between the programs); corrected course content designations to more accurately reflect actual content; identified common threads and made modification to incorporate them in appropriately designated courses per content; change of some course names and numbers.
Ms. De La Cruz-Reyes asked whether the program had adequate clinical sites without displacing students in other programs. Dr. Pozza identified that Desert Valley and St. Mary's have already committed to taking the additional students. Mr. Jackson asked if someone was present in the audience from Victor Valley College or other potentially affected programs who would like to make a public comment. There was no response from the audience. A committee member asked how much simulation was included in the curriculum and if there is a Simulation Coordinator. Dr. Pozza answered 8-10% and that all courses had some simulation. Currently there is a Simulation Technician and Skills Coordinator shared between the two locations. With the increase, there will be a dedicated Simulation coordinator at each location. The committee asked how long clinical shifts were and how far students have to travel to get to their clinical sites. Dr. Pozza informed that: clinical shifts vary from 6-12 hours; students may have to travel some distance and accept the need for travel to clinical sites. APU has taken into consideration the time students need to rest and be ready for classes when creating course and clinical schedules. Mr. Jackson expressed that potentially affected nursing programs schools in the area should have an opportunity to give input regarding the proposed enrollment increase. Badrieh Caraway advised there are few BSN programs in this area.
ACTION: Enrollment Increase: The Committee deferred consideration of the enrollment increase proposal to hearing by the full Board at the November 10, 2106 meeting. Badrieh Caraway, NEC is directed to work with APU to obtain statements from potentially affected nursing programs within the area of APU program campuses where enrollment increase is planned.
Curriculum Revision: Approve major curriculum revision for Azusa Pacific University (APU) Baccalaureate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.3.2 Azusa Pacific University (APU) Entry Level Master's (ELM) Degree Nursing Program (curriculum).

Dr. Renee Pozza, Associate Dean/Director represented the program.

Badrieh Caraway, NEC presented this report. The APU nursing program submitted a major curriculum revision to the Entry Level Masters (ELM) program with request for re-designation of six courses currently counted as part of the required content for the Medical-Surgical and Geriatric courses to "Other nursing requirements." Course re-designation will assist the program with identification of the core didactic and clinical components for Medical-Surgical and Geriatric courses, and appropriate allocation /assignment of the faculty and other resources. The anticipated implementation date is September 15, 2016.

ACTION: Approve major curriculum revision for Azusa Pacific University Entry Level Master's Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.3.3 American River College Associate Degree Nursing Program (curriculum).

Ms. Vicky Maryatt, Director of Nursing and Dr. Debra Aucoin, Lead Faculty represented the program.

Susan C. Engle, NEC presented this report. Dr. Aucoin-Ratcliff worked with faculty, students, curriculum committee, community partners, and the program director on this major curriculum revision proposal. The decision for this major curriculum revision proposal was based on the Institute of Medicine recommendations, faculty agreement that curriculum revision has been needed for decades, recommendations in the 2004 & 2012 Continuing Approval Visit Reports, and student evaluations expressing dissatisfaction with the structure of courses particularly in the second semester. The conceptual framework will change from Orem's Self-Care Model to a Concept Based Approach with Quality Safety Education for Nurses (QSEN) pre-licensure competencies are threaded through the program. The rationale for changing the conceptual framework is to better prepare nurses. The proposed curriculum will improve the education of students by preparing them to engage in deep and critical thinking rather than by content heavy memorization of diagnoses and interventions. The proposed curriculum has four primary nursing courses, six nursing concepts, and three healthcare concepts to direct the curriculum. Concepts will be applied across the program and aligned with student learning outcomes. The proposed curriculum will affect clinical facilities currently utilized for the second semester maternal-child/pediatrics where the focus will be on wellness; the clinical experiences will take place in clinics and agencies in the community that focus primarily on wellness. The acute maternal/pediatrics experiences will occur in the fourth semester and will utilize existing facilities. The philosophy, course descriptions, course objectives, and learning outcomes for the program have been updated to reflect the proposed curricular changes. Speech 331 (group discussion) has been deleted due to non-transferability to BSN programs. Implementation will begin Spring 2017 with the first semester nursing course, with total revision implemented in all four semesters by Fall 2018. The American River College Curriculum Review Committee has approved the proposed course descriptions and overall learning outcomes.

The committee commended the Program Director and Lead faculty for focusing on the future and new roles being identified.

ACTION: Approve major curriculum revision for American River College Associate Degree Nursing Program.

Motion: Michael Jackson	**Second: Pilar De La Cruz-Reyes**

MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.3.4 College of the Siskiyous (COS) LVN to RN Associate Degree Nursing Program (curriculum) Ms. Cora Brownell, MSN, RN, Program Director represented this program.
Katie Daughtery, NEC presented this report. Revisions refine leveling of content and performance expectations across the curriculum and address the related curriculum recommendation that was part of the program's last continuing approval visit findings. Changes will increase student understanding of RN level functions/standards of competent performance, roles, regulations/scope of practice, critical thinking, and improve clinical application of theory in clinical practice. Following Board approval, the revised curriculum will be implemented with the class starting in Fall 2017. COS has provided sufficient detailed evidence to support this major curriculum change.
The committee commended the Program Director on using words like divergent and diverse when revising their curriculum. Ms. De La Cruz-Reyes requested explanation of rational for increase in theory units and decrease in clinical units. Ms. Brownell informed that mental health and maternal/child theory courses needed more time for the material to be taught and were increased by 0.5 units reassigned from each course's clinical units.
ACTION: Approve major curriculum revision for College of the Siskiyous LVN to RN Associate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.3.5 San Joaquin Delta College (SJDC) Associate Degree Nursing Program (enrollment increase) Ms. Lisa Lucchesi, Program Director represented the program.
Katie Daugherty, NEC presented this report. Background and history of enrollment patterns was presented. SJDC's nursing program is requesting approval for increased program enrollment for a grant funded one time two semesters duration (Spring 2017 and Fall 2017) to admit ~23 but no more than 30 LVN to RN students. The grant is a collaborative effort of the Community College Chancellor's Office, the SJDC Career and Technical Education and Nursing divisions and SEIU Local 1000 Unit 20 representing LVN employees working at three correctional facilities in the SJDC district, including the Mule Creek Prison-Ione, Dual Vocational Institution in Tracy, and the California Health Care Facility (CHCF) facility in Stockton. Faculty will use the same academic and clinical performance standards to evaluate grant funded third and fourth semester students as all other program students. Total nursing program enrollment with the grant funded students is expected to be ~187 for Spring and Fall 2017 semesters. Clinical coursework and placements for the grant funded program students will be at facilities currently in use by the program without displacing other program's students. Ms. Lucchesi reports she has verified this fact individually with all the clinical agencies since there is not a clinical regional planning group in existence. The program has provided sufficient evidence of adequate planning, preparation and allocation of required resources to support additional enrollment of up to 30 LVN to RN advanced placement students one time only in each of Spring 2017 and Fall 2017.
Ms. De La Cruz-Reyes asked if faculty will be increased to accommodate the increase in students, and if the increase in students in the clinical settings would displace other students. Ms. Lucchesi responded that two additional clinical faculty will be hired, and verified she has received confirmation from clinical sites that this increase would not impact other programs. Ms. Phillips asked if the LVNs would receive the same clinical experience as other students including OB and

Peds. Ms. Lucchesi stated that the students would complete an LVN bridge course for OB/Peds and complete the same clinical courses as other students.
ACTION: Approve additional enrollment of thirty (30) students in Spring 2017 and Fall 2017 semesters for San Joaquin Delta College Associate Degree Nursing Program.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: Elizabeth Dietz commended the state for this grant funding and voiced concern about continuation after grant funding is exhausted. Valerie Fisher of the Health Workforce Initiative explained that she has assisted the correctional facilities and SEIU to develop this grant, and more of these grant opportunities are planned for the future.

7.4 VOTE ON WHETHER TO RECOMMEND CHANGING WARNING STATUS

7.4.1 Shepherd University Associate Degree Nursing Program.

Ms. Misun Sprina Jeon, ADN Program Director, Dr. Karen Kim, Chair/Faculty and Sue Albert, Nursing Consultant represented the program.

Miyo Minato, SNEC, presented this report. Background and historical information was reviewed.
At the March 10, 2016 ELC/April 14, 2016 Board meetings, action was taken to Continue Warning Status with the program to return to ELC in October 2016 when complete 2015-16 year NCLEX-RN data would be available. The 2015-2016 annual pass rate, though improved from the previous year of 29.69%, is 65.79% (25passed/36). SU submitted the final progress report on Sept. 12, 2016 and reported that the cohort groups after 2014 show improved pass rate. The previous two progress reports to the Board showed actions taken by SU to improve the graduate outcome. Multiple actions were implemented and small incremental improvements were observed in the last two years. Specific problem area that the program identified and addressed at the beginning was that low NCLEX results related to admission of primarily LVN advanced placement cohort, including a larger than the usual number of 30-Unit Option (non-degree) students. These students completed only courses in the second year of the curriculum. As one of the corrective actions, SU's enrollment pattern that was inconsistent with the approved pattern was corrected, and SU changed admission and progression standards, increasing admission GPA and TEAS and course repeats. The program has not had openings for 30 Unit-Option track since 2013. Another possible problem area identified was the large population of English-as-second-language students. However, SU's data did not support this assumption as being a problem since this group of students performed better on NCLEX than the native English group. The Action Plan included retaining Sue Albert, MSN, RN as a consultant, who has many years of experience as Nursing Director/Dean at College of the Canyons ADN Program, to work with faculty to strengthen their teaching skills and to revise their curriculum. The program's support services have been systematized, additional resources, such as standardized tests and Kaplan test reviews, were added. The program evaluation plan is being used systematically to review data and make changes as needed. SU has been working diligently to make changes, and faculty are observing significant improvements. However, improvements are in very small increments. Despite their efforts, the overall effect on the program's pass rate continues to show substandard first-time pass rate. The program has corrected all areas of noncompliance identified at the time of the 2014 visit, except for Section 1431, Licensing Pass Rate Standard. Their data have the passing rate for the three cohort groups for the 2015-2016 academic year as 76.67%. Despite the overall pass rate of 65.79% for the current academic year, faculty at SU are encouraged with the three cohort graduates having achieved a 76.67%, recognizing it as significant improvement.

The committee asked several questions in regards to stability of staff, current attrition rates, strategies to get students to take NCLEX after graduation, and admission practices. Ms. Jeon addressed all questions by explaining that initially many LVN students were admitted and most took the 30 unit option. Initially the program did not have a strong core staff but since 2012-2013 they have 6 full-time faculty who are assigned to students as mentors and they have strengthened tutoring for all students. The current attrition rate of 45% is of concern to the program and various corrective strategies have been implemented including making the TEAS exam mandatory and using higher scores than the national average for admission of students. Ms. Albert added that there was an increased loss of students immediately following implementation of the new strengthened curriculum but student support measures have now been implemented to decrease attrition. Ms. Jeon expressed her frustration at the inability to understand or pinpoint the reason for students waiting longer than 3 months to take the NCLEX. The committee asked about international students. Ms. Jeon informed that approximately 5% of the student body is international and that those students express they want to stay in the U.S.A. following program completion. Ms. Woods asked about program entrance requirements and Ms. Jeon explained the criteria. Ms. De La Cruz-Reyes asked about enrollment/admission levels and pattern and Ms. Jeon informed that although past approved enrollment was of thirty-three (33) students twice per year, admissions had been reduced to fifteen (15) twice per year both to improve outcomes and due to difficulty attracting applicants related to the program's warning status. Ms. Jeon requested that the Committee recommend removal of warning status but the Committee informed this is not possible due to the program's continued substandard performance related to NCLEX-RN outcomes. The Committee asked about total cost of the program and Ms. Jeon replied $65,000.00
ACTION: Continue Warning Status for Shepherd University Associate Degree Nursing Program with program to return to Education/Licensing Committee in October 2017. Program is to submit quarterly progress reports (January 2017, April 2017, July 2017, September 2017) and the NEC is to make at least one site visit to program in Spring 2017.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.4.2 Charles R. Drew University of Medicine and Science, Mervyn M. Dymally School of Nursing Entry Level Master's Degree Nursing Program.

Dr. Margaret Avila, Program Director and Dr. Steve Michael, Provost represented the program.
Laura Shainian, NEC presented this report. The program is being presented subsequent to the Board June 16, 2016 decision to issue Warning Status with Intent to Close CDU ELM Nursing Program and to require the program return to the October 2016 ELC for further consideration. The Warning Status was issued as a result of the program's continued non-compliance with required NCLEX pass rate, which originates from its June 15-16, 2015 regularly scheduled continuing approval visit. Findings for the visit were two areas of non-compliance – one area was corrected; the non-compliance for CCR 1431 NCLEX Pass Rate continues. At the June 16 Board meeting, the reported annual NCLEX pass rate was 53.33% (three quarters). Since that time, one graduate has tested during the fourth quarter (April-June) which resulted in: 1 taken / 0 passed – for a final Annual Pass Rate of 45.95% for the 2015-16 academic year. The next quarterly results (July-Sept) will become available in November. ELC Recommendations approved by the Board at the June meeting included a one-time enrollment of 20 students for Fall 2016 admission & that additional enrollment would require approval by the Board, and that the program would provide monthly progress reports to the NEC. Monthly progress reports for June – September described implementation of the program's restructured plan for assessing student performance in the program,

remediating as needed, and testing for readiness before taking the NCLEX. This included NCLEX reviews provided by a newly hired consultant for 5th semester students completing the prelicensure portion of the curriculum, and HESI Exit Exam testing to ensure readiness. As a result of these measures, the program reported strong assessment test scores for Cohorts 9 and 10 that indicate a 95.0% to 98.32% probability of passing the NCLEX. Cohort 9 graduated 27 students on August 31 – the program reported three students have taken and passed the NCLEX. Cohort 10 students are currently in the 6th semester and will be provided with additional NCLEX review sessions & testing (HESI CAT) before taking the NCLEX and graduating on December 31. There are a total of 109 students in the program: 31 students in Cohort 10 (6th semester), 31 students in Cohort 11 (4th semester), 18 students in Cohort 12 (3rd semester), 20 students in Cohort 13 (first semester), plus 1 student from Cohort 7, and 8 students from Cohort 9. Other activities/improvement measures reported by the program include a review of faculty profiles relative to teaching assignments & content experts, and the hire of a Simulation Specialist to oversee simulation and work with the program's simulation technician. Faculty orientation now consists of a more structured mentorship for new faculty as well as for adjunct clinical instructors, and a new 12-week Faculty Professional Development Workshop Series has been instituted to assist with enhancing teaching practices. An updated faculty roster shows 17 faculty: 11 Fulltime/ 6 Part-time, which represents a loss of 4 faculty (2FT/2PT) and a gain of 3 faculty (1FT/2PT) since April 2016. The faculty ratio at the June 2015 CAV was 15 full-time and 3 part-time. While the program is closely maintaining its total number of faculty, the turnover continues to present some problems as reported by students during an NEC visit to the program on September 21-22, 2016. Students in Cohorts 10, 11 & 12 reported clinical groups not starting on time due to faculty or facility issues, which was similarly identified by students in Fall/Spring 2015-16. The program has been working to recruit and stabilize its core faculty, and is currently reviewing 2 prospective candidates for faculty approval. Total Program Evaluation is occurring as evidenced by student survey data (i.e. course, faculty, clinical, skills lab) from Spring 2016 which garnered satisfactory ratings in all areas. A newly formed Program Evaluation Committee plans to meet every other month and at the end of each academic year, and the Total Program Evaluation Plan is being updated. Over the past summer, the curriculum was mapped to BRN requirements and the NCLEX-RN test plan to ensure content and identify areas for improvement. A revised clinical evaluation tool is being piloted and there are plans for submission of a major curriculum revision proposal to be implemented Fall 2017. Students voiced appreciation of the changes being made in the program – NEC shared their feedback with the program director. Student representatives for each cohort have begun to attend faculty meetings; they will also be invited to the appropriate committee meetings where specific issues/concerns can be addressed for a response.

Ms. De La Cruz-Reyes asked why four faculty left the program and what kind of tutoring is available for the students getting ready to take the NCLEX. Dr. Avila explained that faculty left the program by choice, one for return to school and another for an illness. Dr. Avila also explained that the contract with HESI is exhausted and the school has hired a consultant to teach an eight week/eight hours a week interactive review for their students.

ACTION: Continue Warning Status with quarterly progress reports to NEC, and program to return to ELC in March 2017. The program may enroll one additional cohort of 20 students for Spring 2017 admission.

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.5 VOTE ON WHETHER TO RECOMMEND ACCEPTING PROGRAM CLOSURE
Progress Report for Holy Names University LVN to BSN Baccalaureate Degree Nursing Program.

Dr. Edith Jenkins-Weinrub, Program Director and Dr. Beth Martin, Vice-President of Academics and Instruction represented the program.

Katie Daugherty, NEC, presented this report. Background information and history was presented. In October 2015 HNU was presented at the ELC with a progress report on its deferred action status due to its multiple years of low annual (July 1-June 30) NCLEX pass rates below the required 75%. From January 2014 to the present HNU voluntarily suspended enrollment into this degree option to correct the low NCLEX pass rates. When HNU did not achieve the required annual rate by the October 2015 ELC meeting, HNU requested Board approval to "teach out" this degree option. In October 2015, HNU reported it planned to submit a major curriculum change proposal in Fall 2016 replacing the LVN-BSN degree program with its own small (16 admits/yr.) generic BSN degree program beginning in Fall 2017. However, because of a variety of institutional factors and changes including recent August changes in senior administrative staff including the HNU President and several of the Vice President level staff, HNU is requesting Board approval for the following actions at this time: Complete the LVN to BSN "teach out" in December 2016 as planned; Obtain approval for official closure of the LVN to BSN degree program effective with the graduation of the 6 remaining students in December 2016; Opt out of submission of a major curriculum change for a generic BSN degree program in Fall 2016; instead HNU is voluntarily electing to pursue potential/future approval of a generic BSN degree option by completing and submitting all the requirements as specified in the Board's written instructions outlined in board document EDP-I-10 entitled: INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW PRELICENSURE REGISTERED NURSING PROGRAM (effective 10/21/10).

Ms. Woods asked if the program knew why graduates didn't take the NCLEX soon after program completion. Dr. Jenkins-Weinrub stated that students report a variety of reasons including wanting a vacation and the inability to pay debts owed the university (1-2% of students) which prevents release of transcripts.

ACTION: Accept the Holy Names University LVN to BSN Baccalaureate Degree Nursing Program teach out plan with program official closure to occur effective December 2016 when final cohort graduates. The school may submit a future proposal for program re-opening in accordance with Board policy. If the letter of intent to open the program is received within five years from the date of the last graduating class, the request will be considered a Major Curriculum Revision (Guidelines For Closure And/Or Re-0pening Of A Board-Approved Nursing Program EDP-I-10 Rev 9/11).

-Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

7.6 VOTE ON WHETHER TO ACKNOWLEDGE UNITED STATES UNIVERSITY ENTRY LEVEL MASTER'S DEGREE NURSING PROGRAM COMPLIANCE WITH SECTION 1431 AND ACCEPT NOTICE OF PROGRAM CLOSURE

Dr. Renee P. McLeod, Dean /Professor represented the program.

Leslie A. Moody, NEC, present this report. Background information and history was presented. The program is an ELM program with ABSN option. The program returned to ELC for review at the August 2015 meeting at which time it was decided there was insufficient data regarding graduates' NCLEX-RN performance to grant continuing approval and the program was directed to return when more data was available for final Cohorts 8 (graduated Fall 2014) and 9 (graduated Fall 2015). Current NCLEX-RN results of Cohort 8 graduates are: 15 taken with 12 passed for a cohort success rate of 80%; Cohort 9 graduates: 17 taken with 13 passed for a cohort success rate of 76.5%. Outcomes for both cohorts exceed the required minimum performance threshold of 75% NCLEX-RN first time test-taker pass rate. This

success places the program into compliance in the area of NCLEX outcomes which was the one remaining area of noncompliance. All student cohorts have now completed the program. At this time, the school does not plan to admit additional program cohorts and will suspend enrollment indefinitely. USU will continue to operate as an accredited university offering multiple academic programs including the BRN-approved Nurse Practitioner Program. Past prelicensure nursing student files will continue to be maintained in secure files with transcripts available to students per university policy and practices under the stewardship of Ms. Jennifer Strobel, Registrar. Request is currently that the Board acknowledge the program's successful resolution of the remaining area of noncompliance in regards to CCR 1431 NCLEX-RN pass rate, allowing the program to close in good standing. In accordance with Board policy "Guidelines For Closure And/Or Re-0pening Of A Board-Approved Nursing Program (EDP-I-10 Rev 9/11)" the program would have the opportunity to request approval to re-open the program as a Major Curriculum Revision process, if the letter of intent is received within five years from the date of the last graduating class (October 2015). This process would require the program to submit a complete self-study with a continuing approval visit conducted to verify adequate program resources and systems to support successful program delivery.

ACTION: Acknowledge that United State University Entry Level Master's Program is in compliance with requirements of CCR 1431 and accept Notice of Program Closure in good standing. The school may submit a future proposal for program re-opening in accordance with Board policy. If the letter of intent to open the program is received within five years from the date of the last graduating class, the request will be considered a Major Curriculum Revision (Guidelines For Closure And/Or Re-0pening Of A Board-Approved Nursing Program EDP-I-10 Rev 9/11).

Motion: Michael Jackson		**Second: Pilar De La Cruz-Reyes**	
MJ: Aye	**PDLCR: Aye**	**EW: Aye**	**TP: Aye**

Public Input: None.

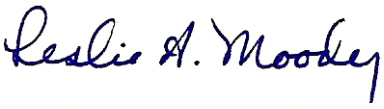
7.7 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Public Input: None.

7.8 ADJOURNMENT

The meeting was adjourned at 11:50am.

Submitted by:



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

Accepted by:

Michael Jackson, MSN, RN
Chairperson

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: January 11, 2017

ACTION REQUESTED: Vote On Whether To Recommend Ratification Of Minor Curriculum Revision and Acknowledge Receipt Of Program Progress Report

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

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

Minor Curriculum revisions include the following categories:

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

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

7.1.1 American University of Health Sciences Baccalaureate Degree Nursing Program
7.1.2 California Baptist University Baccalaureate and Entry Level Master's Degree Nursing Program
7.1.3 University of California, Los Angeles Baccalaureate Degree Nursing Program
7.1.4 San Francisco State University Entry Level Master's Degree Nursing Program
7.1.5 College of Marin Associate Degree Nursing Program
7.1.6 Copper Mountain College Associate Degree Nursing Program
7.1.7 Golden West College Associate Degree Nursing Program
7.1.8 Mira Costa College Associate Degree Nursing Program
7.1.9 Monterey Penninsula College Associate Degree Nursing Program
7.1.10 Ohlone College Associate Degree Nursing Program
7.1.11 Sacramento City College Associate Degree Nursing Program
7.1.12 Saddleback College Associate Degree Nursing Program
7.1.13 Weimar Institute Associate Degree Nursing Program
7.1.14 United States University Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

7.1.15 University Of Phoenix, Modesto LVN to Baccalaureate Degree Nursing Program
7.1.16 San Francisco State University Entry Level Master's Degree Nursing Program
7.1.17 University of San Francisco Entry Level Master's Degree Nursing Program
7.1.18 American Career College Associate Degree Nursing Program
7.1.19 Brightwood College Associate Degree Nursing Program
7.1.20 City College of San Francisco Associate Degree Nursing Program
7.1.21 East Los Angeles College Associate Degree Nursing Program
7.1.22 Ohlone College Associate Degree Nursing Program

NEXT STEP: Place on Board Agenda.
PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
American University of Health Sciences Baccalaureate Degree Nursing Program	L. Moody	11/18/2016	Prerequisite/general education courses re-sequenced and correction to science course lab hours on Total Curriculum Plan document. No change to nursing courses, course units, program units.
California Baptist University Baccalaureate and Entry Level Master's Degree Nursing Programs	L.Shainian	09/09/2016	BSN: New numbering for: Communications/Informatics in Nursing Practice from NUR365 to NUR301; Abnormal Psych for Nurses from PSY346 to PSY345; Pharmacology & Nutrition from NUR275 to NUR320; Oral Communications from SP113 to COM113. History & Art/Music no longer required as part of general education requirements. NUR440 Adult Health II increased from 3 to 4 units for more time to cover same content. 4th semester NUR471 Christian Leadership Practicum decreased from 3 to 2 units as students are able to meet clinical objectives in 90 hrs instead of 135 hrs (students are also completing a Capstone practicum this semester for 135 hours). 30-unit option NUR498 Capstone increased from 2 to 3 units to align with NUR499 Capstone course in baccalaureate program and NUR471 decreased from 3 to 2 units per above. NUR430 Transcultural Nursing moved to Other Degree Requirements – much of course content taught in NUR225 Anthropology & NUR215 Fundamentals. Overall BSN nursing units decreased by three from 63 to 60 units; Other degree requirements decreased by three from 29 to 26 units.
		12/12/16	ELM minor curriculum revision includes the re-naming of some ELM core courses to shorten name length, and the re-sequencing of some ELM core courses for better flow, student success and outcomes. Two courses were added – NUR 561 Biostats & Epidemiology; NUR 562 Health Policy & Bioethics – to meet requirements of AACN MSN Essentials. Research I increased from 2 to 3 units; Advanced Assessment increased from 3 to 4 units. Nursing Units 57 (34Theory/23Clinical); Communication Units 9; Science Units 28; Total Units for Licensure 94; Other Degree Requirements: 38 units; Total Units for Graduation: 132. Curriculum forms (EDP-P-05a/EDP-P-06)

MINOR CURRICULUM REVISIONS
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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			updated to reflect curriculum revision.
University of California, Los Angeles Baccalaureate Degree Nursing Program	C. Velas	10/17/2016	BSN course N162D-Critical Care and N169-Role Transition were added to BSN LVN 45 unit Option which increases the units from 33units to 42units. Correction made to MECN Program to add LVN 45 unit Option. All MECN LVN option courses match BSN curriculum with different course numbers and units totaling 42 units.
San Francisco State University Entry Level Master's Degree Nursing Program	S. Ward	12/23/2016	The program began offering an accelerated option for the currently BRN approved Entry Level Master of Science in Nursing curriculum in Spring 2016. Courses, course sequence and units are the same as the non-accelerated option. The difference is that the students continue classes over the summer with an adjustment in the hours/week and number of weeks to complete in two years full-time.
College of Marin Associate Degree Nursing Program	C. Velas	12/08/2016	Addition of NE95: Success in the Registered Nursing Program is being changed from a program advisable course to a program requirement taken the week prior to starting the prelicensure program. Previous course NE90: Introduction to Nursing Education is being changed from a prerequisite course to an advisable course. Corrections made to EDP-P-06 for nursing units, Other Degree Requirements, and Total Units for Graduation.
Copper Mountain College Associate Degree Nursing Program	Linda Sperling	11/01/2016	Program submitted revised EDP-P-05 form to reflect that the program went from an 18 week semester with content delivered in 16 weeks. The units remain the same.
Golden West College Associate Degree Nursing Program	Linda Sperling	11/01/2016	Program made a change in NURS G140 – Health & Illness II course, which includes Medical Surgical and Obstetrics. Change includes a decrease in Medical Surgical portion from 11 weeks to 9 weeks and Obstetrics from 9 weeks to 7 weeks.
Mira Costa College Associate Degree Nursing Program	W. Boyer	12/16/2016	Revision of course objectives to better incorporate new and updated contemporary nursing trends (IOM report, QSEN competencies). The proposed curriculum changes will not alter the program's philosophy or

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			conceptual framework, but will better incorporate current nursing trends. Add an additional 0.5 unit to Nursing 280 – Transition from LVN to RN to the theory component to better integrate student understanding of RN level functions/standards of competent performance, roles, regulations/scope of practice, critical thinking, and improve clinical application of theory in clinical practice in the content areas.
Monterey Penninsula College Associate Degree Nursing Program	S. Ward	12/14/2016	Adding two additional course options to the first semester of the program to in part address SB 466 requirements, and for consistency with the college's course attendance structure. NURS 55 Applied Foundations of Nursing a (3) unit theory/clinical course and NURS 54 Accelerated Nursing I a (5.5) unit theory / clinical course.
Ohlone College Associate Degree Nursing Program	S. Engle	11/21/2016	Speech and Communication Studies (SPCH) Dept. courses are taught in the Communication (COMM) Studies department. Call letters and course number change SPCH 101to COMM 111 Introduction to Public Speaking 3 units SPCH 103 to COMM 113 Interpersonal Communication 3 units; no other changes were made to these classes. Either COMM 111 or COMM 113 will satisfy the Communications requirements. EDP-P-05a, EDP-P-06 updated.
Sacramento City College Associate Degree Nursing Program	K. Daugherty	10/17/2016	The concept of caring has been integrated throughout the program philosophy, conceptual framework and program threads for some years. The philosophy, conceptual framework schematic and student handbook materials have been revised to reflect the concept of caring as a separate and distinct category/thread to further emphasize the value of the caring relationship in the delivery of patient care and the program philosophy has added a stand-alone paragraph describing caring. This change is also consistent with and a reflection of the most recent 2016 NCLEX RN Test Plan stand-alone item and the current philosophies of the clinical agencies used by the program. There are no changes in terminal or course objectives or units, and the caring content is already embedded throughout the curriculum. These changes will be effective Spring 2017.
Saddleback College Associate Degree Nursing Program	B. Caraway	12/07/2016	The program has made minor revisions in its curriculum. In order to comply with the updated "refined" rules for calculating units set forth by the California

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			Community College Chancellor's Office to meet the Carnegie unit requirements, and the ACCJC Eligibility Requirements for accepting credit earned by students. The minor changes to the units associated with the following nursing courses are as follows: The total units in N170 - Fundamental theory course were decreased by 0.25 units because course content is now well integrated throughout the program. The N172-Medical-Surgical, clinical units were decreased by 0.25 to allow for better utilization of available clinical sites. The N160- Pharmacology course has been increased by 0.5 units to increase the transferability of the Pharmacology course to BSN programs, and to allow for increased depth and breadth of instruction. Program units and degree units remain the same. The anticipated date of implementation of the new curriculum will be Fall 2017.
Weimar Institute Associate Degree Nursing Program	K. Daugherty	11/28/16	Corrected TCP/CRL forms reflecting correct course numbering for RELB 271 not 217 and replacing Math 121 with Math 122 or equivalent to better meet program student dose calculation and statistics learning needs.
United States University Nurse Practitioner Program	L. Moody	10/17/2016	FNP theory courses will be offered in a hybrid format that utilizes a combination of online instruction and on-campus seminars which will include skills instruction, practice and assessment. Moving to a 100% online hybrid delivery allows USU to bring the students in for 2 – 3 day blocks of time for skills training, work with standardized patients and simulation training. This will accommodate students who live and work outside the local area. There will be no change in the curriculum content or sequencing. Supervising faculty will utilize technology to evaluate clinical sites and preceptors, and to observe student performance at clinical rotations at distant sites. The program has made appropriate notifications to CCNE and WASC-WSCUC.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
University Of Phoenix, Modesto LVN to Baccalaureate Degree Nursing Program	S. Engle	12/12/2016	Change College Mathematics 208 and 209 to Math 217 and Math 218 Statistics. Change NSCI 280 and 281 A& P to Bio 290 and 291 A & P. Updated EDP-P-05a to reflect changes and include lab hours in addition to theory hours for A & P.
San Francisco State University Entry Level Master's Degree Nursing Program	S. Ward	10/14/2016	The program submitted a program assessment report dated 10/13/16 to address NCLEX pass rate for first time test takers at 63.64% (July 2015-June 2016). The pass rate was at 88.24% in July 2016- Sept. 2016.
University of San Francisco Entry Level Master's Degree Nursing Program	S. Ward	09/15/2016	Conducted an interim visit to the alternate campus in Orange, CA. The purpose of the visit was to review the campus resources after completion of renovation, and to speak to students and faculty. This campus offers the Entry Level Master's Degree- Clinical Nurse Leader Option.
American Career College Associate Degree Nursing Program	L. Shainian	10/28/2016	Interim visit on October 26, 2016. Follow-up visit from April 27, 2016 (one-year post initial program approval) scheduled before graduation of first cohort of 27 graduates (admitted 33) on November 15, 2016. Cohort 2 (grad April 2017) & 3 (grad Fall 2017) in progress. Cohort 4 (33 students) began Sept 2016. Currently 26 faculty: 5FT/21PT. Overall program retention at 95.45%. Program transitioning from HESI to ATI. Students expressed overall satisfaction with program.
Brightwood College Associate Degree Nursing Program	L. Moody	10/17/2016	The BRN notified the program by letter August 2016 that NCLEX-RN exam outcomes for 2015-16 were below required threshold of 75% pass for first time test takers (CCR 1431). October 2016 the program submitted an acceptable problem analysis and plan for improvement.
City College of San Francisco Associate Degree Nursing Program	S. Ward	11/10/2016	The program submitted a program assessment report dated 9/23/16 to address NCLEX pass rate for first time test takers at 74.14% (July 2015-June 2016). The pass rate was at 96.77% in July 2016- Sept. 2016.
East Los Angeles College Associate Degree Nursing Program	L. Shainian	10/03/2016	Quarterly Progress Report (July – Sept) for ELAC provided outline of total program evaluation measures being implemented in the program to address all program areas including corrective actions for NCLEX non-compliance. April – June NCLEX results 63.13% (19 taken/12 passed) for a final Annual NCLEX

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			Pass Rate of 64.71% for 2015-16 academic year. July-Sept 2016-17 quarterly results due in November. Program enrollment has been decreased from 48 to 20 students twice annually (January/June) per BRN Board Action at September Board meeting. The final semester of the new curriculum is currently being taught (Fall 2016) – December graduates will take NCLEX in Spring 2017. The program is scheduled to return to the March ELC for a Progress Report.
Ohlone College Associate Degree Nursing Program	S. Engle	10/17/2016	The program conducted a comprehensive program assessment and identified variables contributing to the substandard pass rate. The program submitted a written report that detailed the findings of the assessment and a plan for increasing the pass rate including specific immediate and long-term corrective measures to be taken, resources, and timeframe.

BOARD OF REGISTERED NURSING
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AGENDA ITEM: 7.2.1
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for California Baptist University Baccalaureate and Entry-Level Master's Degree Nursing Program.

REQUESTED BY: Laura Shainian, Nursing Education Consultant

BACKGROUND: Susan Drummond, PhD, MSN, RNP is the Program Director. A regularly scheduled continuing approval visit was conducted on November 7-8, 2016, by Laura Shainian, NEC, and Dr. Carol Velas, NEC. The program was found to be in compliance with all BRN rules and regulations. Two recommendations were given: CCR 1426(a) Curriculum, and CCR 1426(f) Clinical Facilities.

California Baptist University was founded in 1950 and is located in Riverside. The BSN program began in Fall 2006, and the ELM option began in May 2008. There are 514 students currently enrolled in the program: 471 generic BSN and 43 ELM. In addition to the prelicensure program, the CBU School of Nursing (CBU-SON) offers an RN-BSN program (started 2006), an MSN program (2011) and a DNP program (2015). CBU-SON has accreditation by the Commission on Collegiate Education (CCNE) for the BSN program thru 2023, and for the MSN program thru 2018. An initial accreditation visit by CCNE for the DNP program is scheduled for Fall 2017.

Since the last continuing approval visit in 2011, the program has expanded into 7600+ square feet of space. The expansion – completed in 2014 – included the renovation of a two-story building to house nursing administrative offices, faculty and staff offices, classrooms, a skills laboratory and a state-of-the-art simulation center. During this time, the program was approved for an increase in BSN admission from 120 to 160 students per year (80 Fall/80 Spring), and an increase in ELM admission from 20 to 40 students once a year. As a result of this growth, the number of faculty teaching in the CBU-SON has increased from 40 to 82 faculty members (24 fulltime/58 part-time), who receive institutional support for faculty development, research & scholarly activities, and 75% tuition reimbursement for enrollment in a doctoral program.

Total program evaluation is occurring, and faculty are making changes based on analysis of data. The program's curriculum has had three minor revisions – one in 2013 (BSN and ELM), and two in 2016 (BSN; ELM) – and faculty are planning to revise the clinical evaluation tool. The use of, and quality of simulation and interprofessional education has increased with the new simulation center. The center can replicate a variety of settings (i.e. home/hospital/community) with its floor-to-ceiling screens, environmental controls & props, and an actor's studio (wardrobe/makeup) utilized by the university's theatre department to prepare standardized patients for scenarios. CBU-SON is seeking provisional accreditation for the simulation center

which is led by Dr. Dayna Herrera, current chair of the California Simulation Alliance, and assistant director Sarah Pearce who has certification in Standardized Patient Education.

During the continuing approval visit, students reported a rich learning environment. They praised the faculty for their responsiveness to student's feedback, and voiced no problems with clinical experiences. A Dean's Forum is held each semester where students can discuss all matters and concerns.

NCLEX pass rates for both BSN and ELM graduates continue to surpass the minimum standard of 75%. The community – including CNO's of key agencies – seeks out and holds CBU graduates in high regard for their unique combination of competence, confidence and compassion.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Laura Shainian, MSN, RN
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REPORT OF FINDINGS

CALIFORNIA BAPTIST UNIVERSITY BACCALAUREATE AND ENTRY-LEVEL MASTER'S DEGREE NURSING PROGRAM

CONTINUING APPROVAL VISIT
November 7 – 8, 2016

NON-COMPLIANCE: None.

RECOMMENDATIONS:

SECTION 1426(a) CURRICULUM - The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.
Consider review & revision of ELMSN curriculum to reflect BRN-approved curriculum (2006).

SECTION 1426(f) CLINICAL FACILITIES - The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.
Consider review & revision of clinical evaluation tool for each clinical course to demonstrate simple to complex progression, specificity of content for each course, and reflection of clinical course objectives.

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PROGRAM NAME: California Baptist University

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.	X		Susan Drummond, PhD, MSN, RNP, has been the program director for the BSN & prelicensure Entry Level Masters of Science in Nursing (ELMSN) since April 2012, having previously served as Assistant Director since 2009, meets all qualifications and was BRN approved prior to being assigned this position.
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Juliann Perdue, DNP, FNP, has been the assistant program director since October 2015, meets all qualifications and was BRN approved prior to being assigned this position.
1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The program director has a 12-month contract with 75% release time for administration of the program and 25% teaching duties. The assistant director also has a 12-month contract with 75% release time to assist the program director and 25% teaching duties. Programs offered at CBU include BSN (2006), ELMSN

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			(2008), RN-BSN (2006), MSN (2011), and DNP (2015).
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		The assistant director has been working with the program as faculty since 2006 and in the assistant director role since 2015. Authority to act in the director's absence is stated in the job description.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Policies and procedures are presented in writing and are available to students in the nursing student handbook, and the college catalogue which is available online at the university's website.
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		Total program evaluation is conducted in accordance with a well-developed written plan. The plan and design are regularly evaluated. Evidence is provided that data is continually collected, analyzed and utilized to develop revisions to the program and instruction. Documentation provides evidence of responsiveness to data collected and analyzed. An online survey tool is sent twice yearly to employers to evaluate CBU graduates. Although the program experiences a low return rate to the post-graduation survey, community partners provide feedback about CBU nursing graduates via participation at joint advisory committees, and nursing leaders & staff offer positive feedback about how CBU nursing graduates are the number one choice for their institution.
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		Grievance procedure is presented in the nursing student handbook and in the college catalogue which is available in print and online at the website. A Grievance Committee serves in an advisory

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			capacity to the Dean of the School of Nursing (SON), and includes student members who are selected by their peers. The program has had no grievances filed in the period since the last BRN visit.
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The organizational chart reflects that relationships within the nursing department meet requirements, and depicts relationships between the program and university administration. The program director reports to the Dean of the School of Nursing (SON) and submits resource requests to that administrator.
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Policies and procedures are presented in the college catalogue which is available in print and online at the university's website.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two	X		NCLEX Pass Rates for previous 5 years: **BSN** 2011-12 90.91% 2012-13 78.87% 2013-14 72.37% 2014-15 83.85% 2015-16 81.34% (Overall pass rate 81.09% - 455 Taken/369 Passed) **MSN** 2011-12 100% 2012-13 84.21%

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(2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.			2013-14 86.36% 2014-15 80.65% 2015-16 74.29% (Overall pass rate 82.78% - 122 Taken/101 Passed) **2015-16 combined (BSN/ELMSN) NCLEX pass rate 81.45% (577 Taken/470 Passed**
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X X X X X X X X X		
SECTION 3: SUFFICIENCY OF RESOURCES 1424(d) The program shall have sufficient resources, including faculty,	X		Since October 2011, student enrollment has increased in BSN program from 100/year (60Fall/40Sp) to 120/year in Fall 2011 (60Fall/60Sp), and to 160/year in Fall 2013(80Fall/80Spring). Student enrollment in the ELM program has increased from

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library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.			20/year to 30/year in 2012/2013, and 40/year in 2013/2014. **On-Campus Resources:** Academic Resource Center, Academic Success Center (tutoring and workshops), Counseling Center, Office of Spiritual Life, Student Services, Disability and Veterans Services, Graduate Services, Financial Aide, Bookstore, Annie Gabriel Library (print/non-print/electronic/interlibrary loan resources and databases can be accessed on & off campus), computer laboratories (three large open use with over 100 stations), 4 computer classrooms, two 25-unit mobile laptop carts, full-time coordinator in Information Technology (IT) department, smart classrooms, study rooms throughout campus, wireless internet, telephone service, copy machines . Eating areas, eateries (i.e. Subway, Bakers, Wanda's Coffee House, Chick-fil-a), Alumni Dining Commons cafeteria, increased parking space, 24-hr campus security, state-of-the art physical fitness center near SON, game rooms, volleyball court, Olympic-size pool. **Staff** – FT administrative assistant for Dean; administrative secretary supports Program Director (Associate Dean) and Lead Coordinator of Undergraduate program – all have offices located in the "Deans Suite" in the new Annex building located on the corner of Adams and Magnolia. FT data technician/data analyst; receptionist; two program specialists (application advisement); graduate secretary assists Lead Coordinator for graduate programs; clinical affiliations assistant (works with Director of clinical affiliations/health analyst). **Physical Space** – 28,334 square feet of space for the nursing program. Executive offices located in new Annex building; executive conference room in new Annex; major renovation of an apartment building was completed in Fall 2014 to accommodate

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			faculty and staff offices, classroom, 3 conference rooms for student or faculty meetings equipped with built-in computers, LCD projectors and touch screens, telepresence, DVD players, microphones, video recording and internet connection or wireless access, and skills laboratory for all nursing programs. Lambeth House has administrative offices of SON for director/assistant director of admissions, data technician/analyst and program specialists. New student lounge area with vending machines. Prayer garden with secluded patio and waterfall fountain where students can spend time in prayer and reflection. Classroom space for SON available on campus and in the new LRC. **Faculty** – There are a total of 82 faculty: 24 FT (21 Instructors/3 Assistant Instructors) and 58 PT (4 Instructors/54 Assistant Instructors. There are no CTAs. All have offices in the Lambeth House or new Annex building. Each office is equipped with workstation including desktop or laptop computer, access to a printer room, and phone. Adjunct faculty members have a shared office space in the Annex Building. Faculty are provided with sabbatical leave and release time; tuition reimbursement for doctoral education; and professional travel funds for faculty development activities. **Learning Resource Center (LRC)** – Two-story building with 7600+ sq. feet of space that was expanded and renovated in 2014 to provide classroom space. 3 flex classrooms with built-in computers, LCD projectors, touch screens, telepresence, DVD players, microphones, video recording equipment, I-clickers for student feedback, internet connection with wireless access for students – the 3 flex classrooms also have 6 individual computer stations including large flat screen for instructor and group mode teaching, for group or class work, and an iPad to control each

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			station for group or class learning, and a computer cart containing 40 laptop computers for testing and student use during class. Faculty office space, 4 skills laboratories, 1 computer laboratory (with 40 laptop computers that fold into a desk and are used for testing), a state-of-the art Simulation Center (CBU seeking accreditation of center), simulation studio, storage rooms, and new student lounge areas with tables, chairs, outlets for computers, food and beverage vending machines, microwaves, and coffee makers. The LRC has an administrative faculty director, a technical director, and an Assistant Director with Master's degree in education and experience in theatre. **Skills Laboratories** – Each skills laboratory contains vital sim manikins for skills practice in fundamentals, physical assessment and adult health 1 & 2; video recording with playback for debrief or classroom teaching; 28 Hill-Rom hospital beds and vertical and horizontal headwalls with functioning suction and air; bedside computer charting; 6 exam tables for advanced practice including touch screen monitors for teaching and demonstration, and lab tables for procedure practice. Students are provided nursing tote bag containing fundamental skills supplies. **Simulation Center** – High fidelity suite houses 4 patient bays, each containing various high fidelity simulation manikins, an integrated video recording system, and physiological monitoring; multiple high fidelity simulation manikins of different age ranges and ethnicities, telephone answering system that extends into each bay and room. One-way window in debriefing room and control room; central supply room; plans are for a simulated medication room and computerized medication delivery system. Simulated clinic with 7 exam rooms and a waiting room complete with video recording system and a debriefing room – housed

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			within the simulated clinic is an actor's studio (bathroom with shower, makeup stations, costume closet, and private entrance) where standardized patients from the theatre department can prepare for simulations. **Simulation Studio** – Studio containing ceiling-to-floor screens on 3 of 4 walls, theatre lighting grid, surround sound system, smell machine, smoke and fog machine, temperature control, and doors that open to the outside to allow a car or ambulance to enter in the expanded portion of the simulation studio. **Technology** – The university supports the use of Blackboard, an online learning management system. **Other**: Office of University Advancement supports SON via fundraising and assisting in grant writing. Monies include a $600,000 grant from HRSA awarded in 2012 (now in its final year) for student scholarships; $250,000 awarded in 2014 from Fletcher Jones Foundation for equipment purchases; $20,000 awarded in 2015 from Stamps Foundation for simulation equipment; $20,000 awarded each year from Canyon Institute for nursing student scholarships in addition to other private scholarships; Women of Vision financial donations and prayer support.
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all	X		Signed BRN approvals are on file for the director, assistant director and all faculty. The program submits change notices as required. The program director tracks licensure of all faculty.

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changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:			
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		Faculty meet regularly as a group for general program business. Nursing committees meet regularly and all faculty participate in Program Review at the end of each semester. Shared governance allows faculty to participate in policy making, curriculum development and implementation, and evaluation of all aspects of the program. The theory of human becoming by Dr. Rosemarie Rizzo Parse, BRN regulations, the AACN Essentials of Baccalaureate Nursing Education and other guiding publications are used to evaluate the curriculum in detail which includes assessment of course assignments.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		There are a total of 82 faculty teaching in the Prelicensure BSN/ELMSN program: 24 full-time and 58 part-time (including the program director): 25 are Instructor approved 57 Assistant Instructor 0 Clinical Teaching Assistants 30 MSN (1 MBA/1 Master's Divinity) 1 MSN/CNS 40 BSN

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			5 DNP (1PNP/1FNP) 4 PhD (1 CNS) 2 EdD All content areas have at least one full-time instructor level faculty and all faculty maintain current competency through clinical practice or instruction, and continuing education.
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		Compliant relationships of authority and communication are depicted in the organizational chart and articulated in job descriptions.
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		BRN approvals with evidence of meeting all qualifications requirements are on file for all instructor faculty.
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;	X		BRN approvals with evidence of meeting all qualifications requirements are on file for all assistant instructor faculty.

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(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.			
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	NA		The program does not currently utilize clinical teaching assistants.
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing	X		Content Experts are identified for each of the five content areas: Medical-Surgical: Debbie Coleman Obstetrics: Susan Jetton Pediatrics: Jan Flournoy Mental Health/Psych: Denise Glenore-Green Geriatrics: Dinah Herrick Evidence demonstrates content experts are qualified by current experience and education per requirements. The content expert role is established by program policy to guide curriculum content and facilitate remediation as needed.

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area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.			
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X		The CBU-SON curriculum is built on the philosophy and conceptual framework of a Biblical worldview integrated with a nursing theory. The curriculum is grounded in the theory of human becoming, developed by Dr. Rosemarie Rizzo Parse and is based on the three conceptual framework elements of meaning, rhythmicity, and transcendence. These elements are translated into nursing practice arenas of person, community, environment, and health. The conceptual framework concepts underpin all nursing program outcomes and course objectives, the clinical evaluation tool, and written assignments. Included are core concepts of NCLEX-RN, the AACN Essentials of Baccalaureate Nursing Education, QSEN, and IPEC competencies integrated throughout the curriculum.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Regular faculty and committee meetings are held to discuss and make decisions regarding the program, and minutes are kept of these meetings. The undergraduate curriculum committee meets at least twice a semester. Program review is done each semester. FT and PT faculty meet throughout the semester for program improvement. Part-time faculty are invited and encouraged to attend weekly faculty meetings. Minutes of the faculty meetings are available for faculty who cannot attend the meetings.
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and	X		There is a structured orientation process for new faculty that consists of a new one-year orientation.

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evaluation.			
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Faculty maintain clinical competence through active clinical practice and/or instruction. Program documents support current clinical competence for all faculty.
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		The program has consistently sought BRN approval prior to implementation of curriculum revisions. Some different modifications noted in ELMSN curriculum. **RECOMMENDATION:** Consider review & revision of ELMSN curriculum to reflect BRN-approved curriculum (2006).
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The program philosophy explains the beliefs regarding the Nature of the Individual, Health, Nursing, Nursing in Society, and Nursing Education. Philosophy concepts are Person, Community, Environment, health and humanuniverse. From the nursing theoretical perspective of the human becoming school of thought (Parse, 1981, 1998), the nurse is guided in practice by the following unifying concepts of the conceptual framework: Meaning, Rhythmicity, Transcendence, and the conceptual themes of communication-collaboration, researching, teaching-learning, change-persistence, critical thinking-problem-solving, leading-following, and mentor-mentee. Program objectives and outcomes address multiple dimensions of nursing competency to be achieved including application of the nursing process. Curriculum threads are identified, mapped across the curriculum and frame course content. There is consistency between the frameworks and specific course content.

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1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		The BRN approved curriculum for the BSN program is presented in semester units (15 week semesters) and meets requirements: Nursing: 63 units (40 theory; 23 clinical) Communication: 12 units Science: 31 units Total Units for Licensure: 106 Other Degree Requirements: 29 Total Units For Graduation: 135 The BRN approved curriculum for the ELMSN program is presented in semester units (15 week semesters) and meets requirements: Nursing: 57 units (34 theory; 23 clinical) Communication: 9 units Science: 28 units Total Units for Licensure: 94 Other Degree Requirements: 7 Total Units For Graduation: 101
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and	X		There is a theory course with a concurrent clinical course for the five content areas and required content is found within the learning objectives for these courses.

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management.			
1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All required elements are found in courses across the program curriculum.
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies	X		The Senior Capstone Practicum utilizes preceptors for the clinical experiences. The program has policies and documentation to meet all requirements for preceptorship. A qualified faculty is always assigned to oversee and coordinate the preceptored experiences.

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FOR CONTINUING APPROVAL REVIEW

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PROGRAM NAME: California Baptist University

DATE OF VISIT: November 7 – 8, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
of the preceptorship and preceptor, student, and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the	X		All criteria are considered when making course cohort faculty assignments.

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following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements			
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The program is mapped in semester units following the prescribed formula for units/instructional hours.
SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		See section 1426.1 Preceptorship.
1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by	X		The program has obtained approval for all clinical training sites.

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the board.			
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		Visited clinical sites had student learning objectives and daily assignment clearly posted on each unit where students were assigned, and students and facility staff were aware of the learning objectives.
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		The template utilized for clinical facility agreements contains all required elements.
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		CBU works cooperatively with other schools to allow all to share clinical opportunities. The program participates in the Inland Empire consortium.
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs;	X		The BRN criteria for establishing student:teacher ratio is referenced in the program's written policy where the maximum student:teacher

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(2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.			ratio is 10:1 except for those specialty areas that may dictate less students.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		There is one tool (same) that is utilized for evaluation of student achievement in each clinical course . **RECOMMENDATION:** Consider review & revision of clinical evaluation tool for each clinical course to demonstrate simple to complex progression, specificity of content for each course, and reflection of clinical course objectives.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		Students report they have ample and meaningful opportunities for participation in program delivery, policy and curriculum review. Students elect representatives to participate on faculty committees (i.e.curriculum; nursing resources) and in meetings. Students have a recognized vote for decision-making in the committees. Students evaluate courses, clinical facilities (including practicum), simulation, resources and program each semester, and that input is evaluated and acted upon. A Dean's Forum which is held each semester provides another opportunity to receive student input/feedback, in addition to, the Student Organization Nurses Association (SONA). There is a student suggestion box, and also focus groups at the end of the program for graduating seniors.
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse			This option is presented in the BRN approved program curriculum. To date, the program has not had any students apply for admission

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is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		under this option.
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	X		Prospective students inquiring about this option are referred to the nursing department and are provided complete and objective information verbally and in print.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.	X		
Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric	X X		

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

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California Baptist University
College of Nursing
Riverside, California

12/14/16 Response by the faculty to

REPORT OF FINDINGS

CALIFORNIA BAPTIST UNIVERSITY BACCALAUREATE AND
ENTRY-LEVEL MASTER'S DEGREE NURSING PROGRAM
CONTINUING APPROVAL VISIT

November 7 – 8, 2016

NON-COMPLIANCE: None.

RECOMMENDATIONS:

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

Consider review & revision of ELMSN curriculum to reflect BRN-approved curriculum (2006).

CBU College of Nursing faculty and staff appreciates the opportunity and feedback from the consultants during their visit for continuing approval. The ELMSN curriculum minor revision was completed and a major curriculum revision will be considered and completed by the program director and faculty.

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

Consider review & revision of clinical evaluation tool for each clinical course to demonstrate simple to complex progression, specificity of content for each course, and reflection of clinical course objectives.

The clinical evaluation tool is based in the theoretical foundation of the College of Nursing (Parse's theory of humanbecoming) and is used throughout the program. Faculty agreed to review and revise the clinical evaluation tool and level the tool throughout the program. The revised tools will be submitted to Laura Shainian, NEC.

Thank-you for the opportunity to participate in this continuing approval visit.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.2
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for University of California, Los Angeles Baccalaureate and Entry Level Master's Degree Nursing Program

REQUESTED BY: Carol A. Velas, Nursing Education Consultant

BACKGROUND: Lynn Doering, PhD, RN, FAAN is the Associate Dean for Academic and Student Affairs and the Program Director for the Bachelor of Science and Master's Entry Clinical Nursing prelicensure programs. She is supported by two Assistant Directors, Carol Pavlish PhD, MSN, RN and Barbara Demman MSN, RN.

A regularly scheduled continuing approval visit was conducted on October 26-28, 2016 by Nursing Education Consultants Carol Velas, Leslie Moody, and Carol MacKay. The program was found to be in compliance with all rules and regulations of the Board of Registered Nursing. One recommendation was given in California Code of Regulations 1426-Required Curriculum. The recommendation is detailed in the Report of Findings and the Consultant's Report.

UCLA offers two prelicensure options, the traditional BSN and the Master's Entry Clinical Nursing or MECN program. 50 BSN students are admitted as freshman annually, taking prerequisites the first two years and nursing curriculum the second two years for a total of four years. There are 70 MECN students admitted annually who already hold a Bachelor's degree. The MECN program is two years in length. Currently, the total enrollment in the prelicensure options is 326 with 187 BSN students and 139 MECN students. The programs share the same prelicensure curriculum featuring a public health model (primary, secondary, and tertiary) along with the integration of the Nursing Process, QSEN prelicensure competencies, and the CCNE Bachelor's and Master's Essentials.

Resources for UCLA nursing students are currently adequate with the use of the David Geffen Learning Resources Center where students practice nursing skills in one of several skills labs and simulation in the state-of-the-art simulation center. With the completion of the new School of Medicine, space is expected to open up in the existing building for the nursing programs.

There is a systematic total program evaluation in place including data collection, analysis, discussion, and decision making through several faculty and committee meetings. Quarterly online evaluations are available for students including faculty, theory, clinical evaluations and an alumni survey about the preparation of the program for entry level practice. The faculty completes evaluations of clinical sites for meeting course objectives. Clinical affiliates communicate any problems through faculty and an end of course evaluation. The BSN and

MECN programs met their program benchmarks for attrition, retention, and program completion since the last approval visit.

NCLEX pass rates for the BSN program have met the BRN regulation with the exception of 2013 through 2015. At that time the program developed an action plan analyzing current practice and implementing both short term plans that included incorporating Kaplan exams into the course grade, weekly NCLEX review questions, and a two-week NCLEX prep course for graduates. Long term plans included reviewing prelicensure coursework for rigor, integrating Kaplan earlier in the curriculum (Fundamentals), integration of NCLEX questions in each exam for all courses, closely monitoring NCLEX pass rates and the annual review of Mountain Measures. In 2015-2016, the pass rates came into compliance with the regulation. The MECN program has had pass rates above the required 75% since the last approval visit.

Year	BSN		MECN	
2011-2012	46/42	91.30%	45/40	88.89%
2012-2013	56/52	92.86%	61/57	93.44%
2013-2014	60/39	**65%**	60/54	90.00%
2014-2015	51/38	**74.51%**	83/61	77.11%
2015-2016	58/49	84.48%	84/75	89.29%

Meetings with students in both programs resulted in accolades for the faculty and administration and meetings with the faculty demonstrated commitment to the students and program. Students from both the BSN and MECN program are hired by UCLA and other Los Angeles hospitals with six students recently being hired into ICU.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Carol A. Velas EdD, MSN, RN
Nursing Education Consultant

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS
UNIVERSITY OF CALIFORNIA, LOS ANGELES
BACCALAURETE AND ENTRY LEVEL MASTER'S CLINICAL NURSE DEGREE PROGRAMS
Visit Dates: OCTOBER 26-28, 2016

NON-COMPLIANCE: None

RECOMMENDATIONS:

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

Consider the review and revision of the medical/surgical and geriatric series of courses to ensure there is a leveling of simple to complex concepts and content with concurrent clinical practicums.

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FOR CONTINUING APPROVAL REVIEW

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PROGRAM NAME: **University of California, Los Angeles**
Bachelor of Science in Nursing and Master's Entry Clinical Nurse (MECN) Programs

DATE OF VISIT: October 26-28, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.	X		Lynn Doering, RN, PhD, FAAN is the Associate Dean for Academic and Student Affairs and the Program Director for the Bachelor of Science and Master's Entry Clinical Nursing (MECN) prelicensure programs. Dr. Doering has been the Program Director since July, 2016. Prior to her appointment, Dr. Sally Maliski was in this position and Dr. Doering was the Assistant Director. Dr. Doering has 50% release time to administer these programs and 50% teaching commitment which can be moderated depending on workload needs. She is supported by two Assistant Directors who also have 50% release time. Dr. Doering also has oversight of the APRN and PhD graduate degree programs where there is a Program Director for each program who has 50% release time. Dr. Doering has a Master's of Science in Nursing and a Doctorate in Philosophy from the University of California, Los Angeles. She currently teaches in the Adult Gerontology Nurse Practitioner Program and has previous direct patient care in critical care.
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Carol Pavlish has her Masters of Science in Nursing and Doctorate of Philosophy from the University of Minnesota. Barbara Demman has her Masters of Science in Nursing from University of California, Los Angeles.
1424(e) The director and the assistant director shall dedicate sufficient	X		Program Director and Assistant Directors meet at least weekly and as needed to discuss the administration of both prelicensure programs.

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DATE OF VISIT: October 26-28, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
time for the administration of the program.			
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		Carol Pavlish, RN, PhD meets the requirements for board approval of Assistant Director and was appointed on 11-06-2015. Dr. Pavlish has 50% release time to support the administration of the prelicensure programs. Barbara Demman, RN, MSN meets the requirements for board approval of Assistant Director and was appointed on 07-14-2016. She has 50% release time to support the administration of the prelicensure programs.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Program policy and procedures are written and include the philosophy and mission, program, and course learning outcomes for the Bachelors of Science Degree and Master's Entry Clinical Nurse Programs and are found in the UCLA SON Student Handbook, college catalog, and at http://www.nursing.ucla.edu/ with links to both the Baccalaureate and Master's Entry Clinical Nurse websites.
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		UCLA has a comprehensive, systematic evaluation process in place that combines internal data collection and analysis from the Evaluation of Instruction Program (EIP) performed by the Office of the Associate Dean for Academic & Student Affairs and externally from Educational Benchmark Institute (EBI)/SkyFactor. Results of both survey processes are discussed at different levels of faculty meetings and subcommittees and changes are implemented where needed. Student surveys are completed quarterly and include classroom, clinical, faculty, and administration from current, exiting, and alumni students and employers.
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		Student grievance process is on page 38 of the Student Handbook and in the UCLA catalog online.

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Bachelor of Science in Nursing and Master's Entry Clinical Nurse (MECN) Programs

DATE OF VISIT: October 26-28, 2016

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1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		UCLA SON has a department specific organizational chart that depicts the level of authority and lines of communication between Dr. Doering, Associate Dean for Academic and Student Affairs and the Program Director for the Bachelor of Science and Master's Entry Clinical Nursing (MECN) prelicensure program, her two Assistant Directors, Faculty, and Clinical Affiliates.
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Policy appears in print (pg. 31) of the Student Handbook and on the SON website.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.	X		NCLEX pass rates for the BSN track fell below 75% from 2013-2015 for the BSN program. The UCLA SON analyzed factors that contributed to the low pass scores and found Kaplan exams were not mandatory and students were not completing them, students who did poorly in pathophysiology, pharmacology, psych/mental health, critical care, leadership and role integration, and public health also did poorly on the NCLEX, students were not taking the NCLEX prep course, and Mountain Measure scores declined from 2012 to 2013. Immediate actions included incorporating the Kaplan exams into each course as 10% of the course grade, weekly NCLEX style questions in each course, and a two-week NCLEX prep for all graduates. Long term actions include the annual review of Mountain Measures, review of the prelicensure curriculum for rigor, integration of Kaplan testing earlier in the curriculum (Fundamentals), integration of NCLEX questions into each exam in all

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Bachelor of Science in Nursing and Master's Entry Clinical Nurse (MECN) Programs

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.			courses, and closer monitoring of the pass rates. NCLEX pass rates for the MECN track also fell significantly during the 2014-2015 year, however remained above 75%. Year / BSN / MECN 2011-2012: 46/42 91.30% / 45/40 88.89% 2012-2013: 56/52 92.86% / 61/57 93.44% 2013-2014: 60/39 **65%** / 60/54 90.00% 2014-2015: 51/38 **74.51%** / 83/61 77.11% 2015-2016: 58/49 84.48% / 84/75 89.29%
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution	X		Programmatic changes to the BSN and MECN prelicensure tracks are brought to the attention of the BRN in a timely manner.

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Bachelor of Science in Nursing and Master's Entry Clinical Nurse (MECN) Programs

DATE OF VISIT: October 26-28, 2016

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of higher education with which it is affiliated.			
SECTION 3: SUFFICIENCY OF RESOURCES (d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	X		Resources since the last approval visit have changed and have the potential to positively impact the nursing program. **Budget:** The operating budget for the School of Nursing (SON) is $23.5 million with 40% of funding coming from the State of California General Fund. The majority of the budget comes from other resources including contracts/gifts/endowments and tuition. It is reported that the state funds and endowments are stable each year and there is an anticipated increase for the coming year. **Physical building:** Physical space has not changed since the last approval visit and both the Program Director and Dean acknowledge that the space is not optimal. The new School of Medicine building will open soon and provide space for the nursing program in the current building. The Vice Chancellor for Health Sciences and the Health Sciences Deans (Medicine, Nursing, Dentistry, Public Health) are envisioning a new approach to the relationship among the Health Sciences schools. This includes allocation of space, which would involve pooling and sharing of space, rather than "ownership" of classrooms and labs by single schools. This would maximize efficiency and promote collaboration. SON is housed in the Doris and Louis Factor Building and occupies six floors with 31,000 sq. ft. There are 80 faculty/administrative offices (desk, chair, computer, telephone), 16 classrooms, one auditorium (172 seats), and over 10,000 sq. of science wet lab and behavioral research space. The SON is supported by five full-time staff responsible for maintenance and integrity of all SON computer systems. Since the last approval visit, the University has revised and expanded the teaching platform to include the Common Collaborative Learning Environment (CCLE). There is onsite and online technical support for CCLE. **Administrative support:** The Program Support Cluster includes four administrative staff and one supervisor. Approximately 50% time is

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			devoted to direct support of the prelicensure programs. In addition, there is a 3-member administrative team that provides direct support to all faculty. **Skills/Simulation lab:** Simulation has increased in the prelicensure program. The Skill/Sim lab has two full-time simulation technicians, two full-time teaching assistants, and a simulation trained faculty as Director. The lab has 1500 sq.ft. with11 hospital beds separated with privacy curtains, equipment and lab supplies for skill practice and competency testing. With funds recently approved by the UCLA Chancellor new simulation mannequins, equipment, and supplies will be purchased in the near future. The skills/simulation lab is used by all nursing programs (prelicensure and graduate programs including the APRN programs) and at times the space is limiting. Additional space for APRNs consist of shared space within the adjacent David Geffen School of Medicine at UCLA. This space offers individual exam rooms, three full size simulation/control rooms set up for ICU, ER, and OR simulations. There are two classrooms that have capacity for 45 and 50 students respectively. **UCLA library resources:** on ground and online library resources (CINAHL Plus, OVID, PubMed, Web of Science, Psych INFO) are available for nursing students including the assistance of librarians. **Student support services:** a full complement of student services (Financial Aid, Learning Resource Center, Counseling and Psychological Services, UCLA Arthur Ashe Health Center, Center for Accessible Education (CEA), Ombuds services, and Information and Technologies) are available. The Remediation Specialist is a full-time lecturer in the Prelicensure Program whose remediation time is factored into her teaching load.
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS:	X		The Program Director, Assistant Directors, and all faculty are approved by the BRN.

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DATE OF VISIT: October 26-28, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:			
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		UCLA SON faculty abide by bylaws that govern their participation in committees responsible for the evaluation process. According to these bylaws, all full-time faculty meet at least quarterly. Several committee's and subcommittee's allow participation of faculty in decision-making regarding the administration of the prelicensure programs.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		**Faculty:** 40 Faculty (excluding Program Director) Full-time=17, Part-time=23 Instructors=23, Assistant Instructors=17, CTAs=0

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FOR CONTINUING APPROVAL REVIEW

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PROGRAM NAME: **University of California, Los Angeles**
Bachelor of Science in Nursing and Master's Entry Clinical Nurse (MECN) Programs

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		SON organizational chart demonstrates levels of authority and lines of communication between Program Director and Assistant Director. Lead instructors have supervision over assistant instructors who meet regularly using a variety of platforms (face to face, email, phone calls, and texts).
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		All Instructors have BRN approval.
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:	X		All Assistant Instructor has BRN approval.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.			
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	NA		NA
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing	X		Qualified content experts are full-time and represented for Medical/Surgical, Obstetrics, Pediatrics, Psych/MH, and Geriatrics. Medical/Surgical: Barbara Demman and Mary Ann Shinnick Obstetrics: Anita Bralock Pediatrics: Eufemia Jacob Psych/MH: Huibrie Pieters Geriatrics: Barbara Demman

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area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.			
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X		UCLA SON's philosophy addresses **nursing** (clinical practice, education, research, consultation, leadership, management and service to the profession at the local and global communities), **the clients of nursing** (complex individuals with biological, behavioral, emotional, psychosocial, cultural and spiritual dimensions who exist in relationship to others in their family and communities), and **nursing student** (active learners who bring unique gender, cultural and ethnic life experiences to the professional practice of nursing and its advancement as a discipline). The mission focuses on education, research and practice.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		UCLA SON Bylaws provide faculty with shared governance including participation in the planning, implementation, and evaluation of the curriculum and operation of the program. The Faculty Executive Committee (FEC) oversees all programmatic changes with input from the Curriculum Committee and Student Advisory Committee. Faculty meet at least quarterly to discuss program topics, student evaluations of the program and clinical issues as well as other general agenda items. Summer faculty retreats occur annually and are a regular venue for program evaluation.
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		New faculty orientation is individualized with central components. All faculty attend on-boarding through Human Resources. SON specific new faculty orientation consists of meeting with the Program Director and other Lead faculty to review general UCLA and SON information and the specifics of the teaching role. The New Faculty Handbook including program specific policies are reviewed during this session.

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1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Clinically competent and BRN approved faculty have clinical supervision of UCLA's nursing students.
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		There has not been a major curriculum revision since the last continuing approval visit. Minor curriculum revisions were approved in 2013 and 2015. In 2013, geriatric content was moved from an earlier M/S course to a later M/S course in the sequence of nursing courses. In 2015 the clinical component of the critical care nursing course was removed and the course was moved out of the nursing required curriculum to the "other requirement" section of the curriculum.
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The unifying theme of the UCLA SON is a nursing practice model that originates in Public Health (primary, secondary, and tertiary) and serves as the SON curriculum model with the integration of the Nursing Process, CCNE Bachelors and Masters Essentials, and the Quality and Education in Nursing prelicensure competencies. A systems perspective is reinforced in leadership courses. Kaplan supplemental instruction and examination is also integrated into the undergraduate and graduate prelicensure programs. Clinical evaluation tools currently being used are not leveled for the progression of student and content and are not specific to the specialty areas of OB, Peds, and Psych/mental health. UCLA recognizes the clinical evaluation forms used need updating and are currently working to gain approvals through different levels of department and college committees.
1426(c) The curriculum shall consist of not less than fifty-eight (58)	X		The curriculum is based on the quarter system with 10 weeks of instruction.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.			**Baccalaureate Prelicensure Program:** Content for Licensure: 119 quarter units Other Degree requirements: 77quarter units Graduation: 196 quarter units **Total Nursing units-81 quarter units** Total Theory: 54.0 units Total Clinical: 27.0 units Communication units-10.0 semester units Related Sciences-28.0 semester units **Master's Entry Clinical Nurse Prelicensure Program:** Content for Licensure: 116 quarter units Other Degree requirements: 27quarter units Graduation: 143 quarter units **Total Nursing units-82 quarter units** Total Theory: 55.0 units Total Clinical: 27.0 units Communication units-10.0 semester units Related Sciences-24.0 semester units
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain	X		The beginning medical/surgical curriculum for both the BSN (N162A/B) and MECN (N465A/B) includes medical/surgical concepts and content that span 20 weeks or two quarters with accompanying clinicals. The next course in the series is a combined Med/Surg/Geriatric course (BSN-N162C and MECN-N465C), however, when reviewing the curriculum there was heavy geriatric content with very little, if any, medical/surgical content. There is also a critical care course (BSN-N162D and MECN-N465D) that, when reviewed, included mainly content of complex medical surgical concepts, this course does not include a clinical component.

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management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.			**Recommendation: Consider the review and revision of the medical/surgical and geriatric series of courses to ensure there is a leveling of simple to complex concepts and content with concurrent clinical practicums.**
1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All elements integrated into courses as reflected in syllabi.
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:	X		Policies and Procedures in Preceptor course meet the BRN regulations.

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(a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the			

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student with input from the preceptor; (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements			
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The curriculum is presented in quarter units for 10 weeks. 1 unit of theory is equivalent to 1 hour per week 1 unit of clinical is equivalent to 3 hours per week
SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program	X		The clinical teaching model includes the use of Lead faculty and clinical instructors. Each clinical instructor is responsible for student enrolled in a specific clinical course.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her	NA		Non-faculty is used as Preceptors in the N169 and N467.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
responsibilities shall be described in writing and kept on file by the nursing program. 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	X		All clinical facilities are approved by the BRN.
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		Written objectives are provided to all clinical sites. Objectives were found on the Medical/Surgical unit at Santa Monica Hospital/UCLA. Inter-agency meetings occur at least annually.
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		Written contracts are available for all clinical sites and meet regulatory requirements. Students evaluate clinical sites and when objectives are not being met the school considers terminating the clinical affiliate agreement.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		Contracts and EDP-P-14 forms are bound and kept in the program's administrative office as evidences by exhibits reviewed during visit.
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		Currently, instructor to student ratio is 1:10.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Clinical evaluation tools use the QSEN prelicensure competencies as a framework, however, do not demonstrate progression from simple to complex skills/competencies across the curriculum in the M/S courses. The PMH and Immersion evaluation tools were the same. The OB and Peds clinical evaluation tools did not include specifics to these populations. The clinical evaluation tool is currently under revision.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		Undergraduate and Graduate students are invited to participate in faculty meetings including the Prelicensure Program, Curriculum Committee, and Evaluation Subcommittees. Students also provide input into the program through the "Quarterly Check-ins" with the Program Leaders and faculty. This is an open forum with a student-driven agenda. Input from this informal meeting is brought to the program faculty meetings. On a monthly basis, the Dean holds dinners with representatives from student groups in an informal setting to get programmatic feedback. Students have the opportunity to provide direct feedback about the program, theory and clinical courses, and faculty through anonymous online surveys.

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DATE OF VISIT: October 26-28, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
			Results of these surveys are reviewed quarterly by Program Directors and are an integral part of the Total Program Evaluation process.
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		LVN students are given the option to complete 42 units of study in both the BSN and MECN programs.
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken	X		Interested students meet with the Program Directors for objective counseling. To date, since the last approval visit, there have been no students in this track.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered	X		Students complete Physiology and Microbiology with labs. Nursing courses consist of medical/surgical, psych/mental health, geriatric nursing, and Advanced Leadership and Role Integration. **BSN LVN Option** Advanced M/S (N162D,N169) 16.0 units Psych/Mental Health (N161) 5.0 units

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DATE OF VISIT: October 26-28, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
nurse, as specified in section 1426, may fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.			Geriatrics (N162C) 8.0 units Man/leadership (N168) 4.0 units **Science Units** Physiology (N3) 5.0 units Microbiology (MIMG10) 4.0 units **Total units 42.0 units** **MECN LVN Option** Advanced M/S (N465D, N467) 16.0 units Psych/Mental Health (N461) 5.0 units Geriatrics (N465C) 8.0 units Man/leadership (N268) 4.0 units **Science Units** Physiology (N3) 5.0 units Microbiology (MIMG10) 4.0 units **Total units 42.0 units**

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.3
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for Glendale Community College Associate Degree Nursing Program

REQUESTED BY: Badrieh Caraway, Nursing Education Consultant

BACKGROUND: Emelyn A. Judge, MN, and RN, is the Director of the Nursing Program; she was appointed as Interim Nursing Director on September 3, 2010, and was promoted to Associate Dean of Health Sciences and the Nursing Program Director on July 1, 2011. The Program Director has 100% release time. She oversees the Nursing Program, Emergency Medical Technician (EMT), and Alcohol/Drug Studies (ADST) programs.

Michelle-Ann Ramirez Saelak, MSN, PHN, RN was appointed Assistant Director on September 3, 2010, re-appointed on August 29, 2011, and January 4, 2016, with 40% release time. Kohar Kesian, MSN, PHN, RN, was appointed Assistant Director on August 29, 2011, and re-appointed on January 4, 2016 with 40% release time.

On November 16-17, 2016, a regularly scheduled continuing approval visit was conducted by Badrieh Caraway and Linda Sperling, NECs. There was no area of non-compliance identified and three recommendations were made to strengthen curriculum: CCR Section 1424(b) Total Program Evaluation; CCR- Section 1424(g) Faculty Responsibilities; and CCR –Section 1427(c) (1-6) Clinical Facilities.

On December 8, 2016, the program has submitted a written report, addressing the three recommendations from the November 16 &17, 2016 visit. The report showed significant progress in areas cited during the visit. Please see attached.

At the time of the visit, a total of 159 students were enrolled in the Glendale Community college nursing program. Currently, students are admitted twice a year (40 in spring and 40 in the fall), plus 10 Carrier ladder which may fluctuate due to attrition.

The attrition rate has risen from 13.3% in 2012-2013 to 25- 30% in 2015-2016. The program reported that there were many students with personal and health issues that interfered with their school work. Additionally, due to cut and rigidity of financial aid, many students had to work full-time that left them with no time for their study. Although tutoring and extended office hours were offered, only a few students were able to utilize the resources available due to working full- time while completing their educational requirements. Another identified factor was the ongoing high attrition rate for a few courses, such as NS 208, pharmacology, and NS212, Medical-Surgical courses. Since the visit, the program has initiated a plan for review and revision of the course content and method of instruction for identified courses.

During the last 5 years, the program has made major progress in several areas, such as creation of three collaborative pathways with four year (BSN) programs, establishing stability in leadership, making positive changes in faculty composition by increasing the number of the full- time faculty from 8-11 and decreasing the number of the part -time faculty from 27 to 13, which resulted in saving faculty time required for

providing an ongoing orientation and mentoring of the new part- time faculty. The faculty are very cohesive, committed and work well together.

The major curriculum revision was completed on September 3, 2015 to align the program with the IOM recommendation, and to incorporate the QSEN concept into the entire curriculum.
Simulation experiences are being integrated throughout the curriculum, and the faculty has been trained in the use of the simulation scenarios. To ensure consistency of simulation experiences to all students, a faculty member is assigned to coordinate simulation training and the integration process. The faculty are assisting the students in the skills lab with their remediation plan and extra practice during the extended skills lab hours, as needed.

The above changes have contributed to the improvement in the NCLEX pass rate and students' success. The annual NCLEX pass rate ranged from 89.87% in 2012-2013 to 94.12% in 2015-2016 reporting period.

The program has history of offering specialty courses (OB, P/MH, and M-S) to Foreign Nurse Graduate (FNG), based on the space availability, to meet the BRN eligibility requirements for taking NCLEX exam. Since 2015, total of 26 FNG, have completed their required courses and 12 are pending placement avilability.

The school attracts culturally and ethnically diverse students to attend this program. The employer survey reported satisfaction with graduate performance > 95% since 2001.The program has an excellent reputation within the community and is held in high regard by graduates. College administration and faculty continue to be strongly committed to student success.

NEXT STEPS: Place on Board Agenda

PERSON(S) TO CONTACT:

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Report of Findings
Glendale Community College
Associate Degree Nursing Program
Continuing Approval Visit
November 16, & 17, 2016

<u>Non- Compliance:</u> None

<u>Recommendations</u>:

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

1. Review & revise, Pharmacology (NS208) course content, method of instruction and evaluation to improve student's learning outcome and decrease course attrition rate.

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

2. Develop and implement a system for maintaining summary reports for all committees' activities and include them in the faculty meeting minutes, demonstrating faculty participation in the development of policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

1427(c) (1-6) Each such program shall maintain written agreements with such facilities and such agreements shall include all elements as specified in this regulation:

3. Review and revise clinical facility agreements to include all elements as specified in 1427 (c) (1-6) regulation.

CONSULTANT APPROVAL REPORT
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PROGRAM NAME: Glendale Community College
Associate Degree Nursing Program

DATE OF VISIT: November 16 & 17, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR			
1425(a) The director of the program shall meet the following minimum qualifications:	X		Emelyn A. Judge, MN, RN Associate Dean of Health Sciences and Nursing Program Director, was appointed on September 3, 2010, with 100% release time; she oversees Nursing, Emergency Medical Technician (EMT), and Alcohol/Drug Studies (ADST) programs.
(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);	X		
(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or	X		
(5) Equivalent experience and/or education, as determined by the board.	X		
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Michelle-Ann Ramirez Saelak, MSN, PHN, RN was appointed Assistant Director on September 3, 2010, August 29, 2011, and January 4, 2016, with 40% release time. Kohar Kesian, MSN, RN was appointed Assistant Director on August 29, 2011, and January 4, 2016 with 40% release time.

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1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		Emelyn A. Judge, MN, Associate Dean of Health Sciences and Nursing Program Director has 100% release time; she oversees Nursing, Emergency Medical Technician (EMT), and Alcohol/Drug Studies (ADST) programs. Two Assistant Directors each have 40% release time.
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		Two Assistant Directors are working closely with the Associate Dean of Health Sciences / Nursing Program Director, and are able to perform the director's duties in the director's absence.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Program policies and procedures are available to students in the college catalogue and in the Student Handbook.

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1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The program has an evaluation plan, and there is evidence to show that surveys are conducted regularly for review of program effectiveness. Attrition rate ranged from 20% in spring 2011&2012, 25% in Spring 2013, 17.5% in Spring 2014, 21% in Spring 2015 and 30% in Spring 2016. Program relates the reason for high attrition rate is partially due to the student's, lack of preparation for a vigorous program, which on ongoing bases resulted in high attrition rate (since 2012) in the first semester , mainly in the two courses NS208, Pharmacology and NS 212 Medical- Surgical. Other variable factors are related to student's personal lives, which include pregnancy, health and financial problems.
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs. (Continue).	X		To assist in retention and student success, the program has implemented several strategies including Chancellor's formula for admission in 2007, and grant funded tutoring / mentoring, enrichment classes and courses. The DHS grant also supports the Nurse Advisor, a full time faculty with 20% release time for mentoring. The Kaplan integrated review was implemented in 2011. Few students are able to utilize the resources available due to working full time while completing their educational requirements. The first semester students expressed concerns with the NS 208, course content, method of instruction and evaluation. They were frustrated that the test questions did not match the course content and objectives, and stated that it makes it very difficult for them to pass the test regardless of how hard they study.

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1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs. (Continue)	X		Students concerns were shared with the program director, assistant directors and faculty; several strategies for resolving current concerns including restructuring the course content, hours, and methods of instruction were discussed. Due to ongoing high attrition rate for this course, review & revision of the course content and method of instruction has been recommended. **Recommendation:** 1. Review & revise, Pharmacology (NS208) course content, method of instruction and evaluation to improve student's learning outcome and decrease course attrition rate.
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		A procedure for resolving student grievances is described in the Nursing Student Hand Book and College Catalog 2011-2016- one student grievance was field, and the program followed the college grievance policy in resolving the issue.
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		There is an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and the clinical agencies.

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1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Challenge options are available to qualified applicants with prior education and/or health care related experiences. The requirement for transfer policies are identified in the catalog. There is a process for review of transcripts to award credit for transfer students. Counselors provide information regarding transfer and challenge. College credit by examination policies and procedures allow students to receive up to a maximum of 12 units.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.	X		Current NCLEX pass rates for the Glendale Community College (GCC) Program ranged from 89.87% (2012-2013) to 94.12% (2015-2016). Over the past five years the program demonstrates a consistent pattern of NCLEX success with first attempt pass rates of above 89%.

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1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		Glendale Community College (GCC) continues to be accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC). WASC accreditation occurred 3-6-2016; the college was in compliance, and the official accreditation report will be completed in January, 2017.
SECTION 3: SUFFICIENCY OF RESOURCES 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	X		Enrolment: Total of 159 students are currently enrolled in the nursing program. The program admits students twice a year, 40 nursing students in Fall semester and 40 students in Spring semester. Additionally, 10 advanced placement (LVN-RN) students are admitted twice a year (Summer & Winter), pending funding.

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SECTION 3: SUFFICIENCY OF RESOURCES **1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives. (Continued).	X		**Faculty:** Faculty are adequate in type and number to meet the learning needs of the159 currently enrolled students. Total 28 faculty (excluding director) 9 Full-Time faculty and 19 Part-Time Faculty represent approval and competency in all of the five content areas. 9 Full –Time and 19 Part Time • 15 Instructors • 13 Assistant Instructors • Clinical Teaching Assistant – 0 **Space and Resources:** In August, 2007, the Health Science Division moved into the new Health Science and Technology building. The Science division is located on the third floor, with four fully furnished media enhanced classrooms, the Nursing Resource Lab (NRL), the simulation lab, excellent faculty and staff offices, and a student study room. The lab on the first floor is dedicated to the EMT program, but this space is also rotated with nursing classes, as needed. There is a large classroom with Theater style seating at a space that can be made smaller by a moveable divider. **Library:** The Library is staffed by a librarian and equipped with computers for students' access to internet resources. The outdated books and other resource materials were identified during this visit and the program is planning to update the entire books and resource materials.

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			Skills and Simulation Laboratories: The skills lab is equipped with the state of the art beds; and high and low fidelity mannequins, simulation lab (including simulators and hospital –like setting with six vital adult simulation Annie's, and one vital simulation child, a birthing Noelle and One Simulation Man). Simulation experiences are being incorporated into curriculum. A full time faculty is assigned to coordinate simulation training and the integration process. Students can make arrangements to use the simulation/ skills lab for extra practice as needed in addition to the scheduled times. **Support services:** The Full- Time administrative assistant position was eliminated in 2015, and was replaced by district funded Nursing Program Specialist position which assists the program director with the clerical duties. The Nursing Resource Lab (NRL) is an essential component of the nursing program. There are currently four DHS grant, hourly instructional nursing lab technicians working in the NRL, assisting with the program's lab routine, equipment, supplies, and heath files. Additionally, there is a 20hour/week permanent grant funded part time- position RN assisting with lab activities.

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SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	X		Met with Dr. David Viar, Superintendent/President, Dr. Michael Ritterbrown, Vice president of Instructional Services, Dr. Robert Hill, Dean of Academic Counselling, Ms. Jan Swinton, Dean of Instructional Services and Workforce Development, Mrs. Patricia Djambazian, Nursing Counselor, and Mrs. Emelyn Judge, Associate Dean of Health Sciences, Nursing Program Director. Program faculty files reflect Board files.
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		The faculty work through college wide committees for program administration, curriculum, admission, retention and student activities. Faculty chair and participate in the following committees: 1. Academic Planning 2. Student Issues/Affairs 3. Clinical Affairs 4. Program Evaluation All faculty are members of the Health Sciences Nursing Faculty Committee. Part-time faculty members participate via

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			committees, team meetings and other forms of departmental communication. Faculty has the responsibility for the curriculum and policies/procedures for the program. Monthly faculty meeting is held, all faculty members are requested to attend. However, there were few summary reports, and the faculty committee minutes were not clearly reflecting each committee activities. **Recommendation:** Develop and implement a system for maintaining summary reports for all committees' activities and include them in the faculty meeting minutes, demonstrating faculty participation in the development of policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		Qualified content experts are represented for each of the five major content areas. Report On Faculty forms and the CE courses completed by faculty members included courses related to content areas for the assigned nursing area.
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		The organizational chart, meeting minutes and reports of the director and faculty support that this structure is being followed.

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1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		There are 15 Instructors who meet BRN requirements for this classification.
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		There are 13 Assistant Instructors who meet BRN requirements for this classification.

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1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	X		Program does not use CTAs.
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		Content experts are Full-Time faculty: M-S: Karima Esmail, and Fiona Virani-Hajaliloo OB: Kohar Kesian Peds: Marilyn Getz Psych: Rose Onyekwe Geriatrics: Jing Johnson All content experts meet the BRN qualifications.
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including	X		Philosophy is described and defines the concepts, as required. Universal Human Needs, derived from Maslow's Hierarchy of Needs, are the center of the conceptual framework. The conceptual framework defines nursing's met paradigm concepts of person, environment, health/illness, and nursing developed

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their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.			from biological and psychosocial sciences. The Art & Science of nursing is based on the acquisition of knowledge, skills and attitude across the curriculum. The Person (Humanity) includes the interconnectedness of body, mind, emotion, spirit, energy, society, culture, relationship, context, and environment. The curriculum allows students to build upon prior learning, progressing from simple to increasingly complex. The nursing process includes legal/ethical principles, life phases, cultural diversity, and environmental influences. The core competencies are critical thinking, cultural diversity, life skills, communication, information technology, civic responsibility, and career. Terminal objectives are focused on; Patient Centered Care, Teamwork and Collaboration, Evidenced Based Practice, Quality Improvement, Safety, and Informatics.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Faculty members participate in decisions making as a whole with the guidance of content experts for curricular matters. Each course consists of a lead Instructor and other full -time and part -time faculty. Subcommittee (Teaching Teams) meets and reports findings to the Faculty Committee (including all faculty).
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		New Full-Time and adjunct faculty participate in a college orientation and nursing program orientation. Mentoring of new faculty is provided at least through the first semester.

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1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Review the Report on Faculty forms support clinical competency of each faculty.
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		Major curriculum revision 9/ 3/2015 for integration of QSEN throughout curriculum.
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The program unifying themes are: nursing process, safe effective care, professional nursing role, health promotion and maintenance, psychosocial-social-cultural integrity, and physiological integrity. Professional nursing roles include: advocacy, critical thinker, leader and teacher. The major concepts are person, environment, health and nursing. The curriculum utilizes QSEN, Evidence Based Practice and National Patient Safety Goals. Simulation is integrated throughout the curriculum. Review of syllabi demonstrated consistencies in integration of QSEN competencies. In fall 2011 Kaplan Integrated Review has been incorporated throughout the curriculum. Kaplan test review process has been reported as positive learning experience by both faculty & students.
1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at	X		Total content required for licensure is 64.5 units; ADN degree requires 79.5 units. Semester = 16 weeks

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least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X X X		**Total Nursing units- 41.5 semester units** Total Theory 21- units Total Clinical 20.5- units **Comunication-6 Semester units** Public Speaking: -3 units Freshman Composition: - 3 units **Related Sciences-17 semester units** Anatomy = 5 units Physiology = 4 units Microbiology = 5 units Psychology = 3 units
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.	X		All Theory and Clinical courses are conducted concurrently. Course syllabi identified terminal outcomes reflected in all courses. Program has integrated simulation in all courses, and Geriatrics integrated into all M-S, courses.

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1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All concepts are integrated throughout the curriculum.
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;	X X		Nursing 214, 214 L-Leadership & Management Concepts/ Preceptorship is a capstone course with 168 hours over 16 weeks of clinical experience in preceptorship.

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(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and			
(D) Completed a preceptor orientation program prior to serving as a preceptor.	X		
(E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off.	X		
(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact;	X		
(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;	X		
1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.	X		
2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	X		
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;	X		
(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;	X		
(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors.	X		

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(c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements	X		
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		Course hours are calculated using 16 week semester. I hour of Theory = 1 unit 3 hours of clinical =1 unit Hours for theory and clinical meet Board requirements.
SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Clinical faculty supervises only students enrolled in the ADN program.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		Non-faculty are assigned for instruction or supervision of students for their clinical experiences.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	X		Program utilizes Board approved clinical agencies.
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		Program maintains contracts with approved clinical facilities.
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		Clinical agency contracts have not fully integrated CCR Section 1427(c) requirements in their written agreement. Several clinical agreements did not contain all of the elements as specified in CCR section 1427 (c) (1-6) regulations. **<u>Recommendations.</u>** Review and revise clinical facility agreements to include all elements as specified in 1427 (c) (1-6) regulation.

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: Glendale Community College
Associate Degree Nursing Program

DATE OF VISIT: November 16 & 17, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		Program participates in a regional clinical placement group for requesting clinical space. Faculty meet with agency representatives to secure clinical space.
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		Ratio used for faculty to student is 1:11per contract; it varies when facility requires different ratio. Clinical ratios are usually maintained at one (1) instructor to eight to ten students.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Clinical Evaluation form is standardized and reflects course objectives.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		Student representatives are selected. Students attend faculty meetings. The nursing department maintains an open- door policy for informal communication. Students provide feedback through evaluations of courses, clinical and other surveys. Faculty meeting minutes reflected students' participation. The student representatives are invited to attend monthly faculty meetings. If the students cannot attend, they can provide their feedback or concern by email or phone.

CONSULTANT APPROVAL REPORT
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Associate Degree Nursing Program

DATE OF VISIT: November 16 & 17, 2016

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			Students validated that they are provided opportunities to give feedback and are included in the program changes.
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		Program offers non-degree- 30 units' option for LVNs. The Student hand book describes the 30-unit option. No current students in the nursing program are completing 30 units' option.
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	X		LVNs have the following options at Glendale Community College: • LVNs are placed in third semester as Advanced Placement by virtue of their license and courses they have completed. • 30-Unit Option is available.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other	X		Students complete Physiology and Microbiology with labs. Nursing courses consist of intermediate and advanced medical/surgical, psychiatric mental health, management /leadership, pharmacology and geriatric nursing concepts.

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PROGRAM NAME: Glendale Community College
Associate Degree Nursing Program

DATE OF VISIT: November 16 & 17, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.			

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GLENDALE COMMUNITY COLLEGE

Kumud Parikh
HEALTH SCIENCES DIVISION

Nursing

Emergency Medical Technician

Alcohol/Drug Studies

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December 8, 2016

Badrieh Caraway, MS, MEd, RN
Nursing Education Consultant
Board of Registered Nursing
P.O. Box 944210
Sacramento, Ca 94244-2100

Dear Ms. Caraway,

First and foremost, Glendale Community College and the Registered Nursing Program would like to take this opportunity to thank you and Dr. Linda Sperling for your professional insight, thoroughness, and valuable guidance during the continuing approval visit conducted on November 16 and 17, 2016. After review of the final report, the program plans to address all recommendations and develop a plan of action for each area.

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

   Review & revise, Pharmacology (NS208) course content, method of instruction and evaluation to improve student learning outcomes and decrease course attrition rate.

On November 21, 2016, a task force, made up of each medical-surgical and content specialty instructors, met to review NS 208 lectures and assignments. Topics in NS 208 were correlated with each course in the program. Current lecture material and teaching methodologies to improve student outcomes were discussed. Point value of tests and assignments were re-evaluated to allow for more lecture and discussion. Currently, test and quizzes have been modified for the remainder of the fall 2016 semester to adhere to the course content. The instructor also offered more office hours for student questions and remediation.

A second task force meeting took place on December 5, 2016. Lecture items were discussed and emphasis will be placed more on drug classifications, rather than individual medications. More emphasis will be placed on nursing management and nursing considerations of various medications. Pathophysiology of varying diseases will only be highlighted, since that content is covered within the Medical-Surgical nursing courses throughout the two-year curriculum. Medications will be reinforced by the medical-surgical and specialty course instructors.

The last meeting will take place on January 3, 2017 to discuss the plan's final stages wherein the course schedule of lectures, assignments, tests and quizzes will be aligned with the program's course lectures and clinical experiences. Test questions will reflect the content within the textbook and class discussions as appropriate. The product Sherpath, which was used this fall 2016, will be discontinued for future classes to reduce financial stress on students, since feedback regarding the product was not beneficial to the current cohort.

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

   Develop and implement a system for maintaining summary reports for all committees' activities and include them in the faculty meeting minutes, demonstrating faculty participation in the development of policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

The nursing program met as a whole to discuss a plan regarding efficacy of taking minutes, and storing, organizing and retrieving them. It was decided that all full-time faculty will each receive a 32 GB USB "thumb" drive to keep track of all their meeting minutes with hospital correspondences, college governance committees, level meetings within their semester, and adjunct meetings. The nursing faculty meeting, which takes place twice each month, will have standing items in the agenda that reflect the following: Program Evaluation Plan, Curriculum and Instruction, College Governance and other Committee Reports, the Guild, the Academic Senate, the Student Nurses' Association, the Nursing Resource Lab updates, and Student Issues and Grievances. The representatives for each of those committees will be identified in the minutes. The minutes will reflect all faculty input within the nursing program, on campus, and in the community.

CCR Section 1427(c) (1-6) – Each such program shall maintain written agreements with such facilities and such agreements shall include all elements as specified in this regulation:

Review and revise clinical facility agreements to include all elements as specified in 1427 (c) (1-6) regulation.

The Director of Nursing is currently working closely with the college Director of Business and legal team, hospital legal teams, assistant directors, and faculty to develop a more thorough Glendale Community College contract clinical facility agreement to clearly reflect CCR Section 1427 (c) criteria. The existing contract will be revised to comply with the regulations. In addition, the college will create an addendum to include any items in 1427 (c) that are not clearly stated in the existing agency contracts that have not yet expired. A draft of the addendum has been written by the Nursing Director and is currently under review by the Director of Business and legal team.

Sincerely,

Emelyn Judge
Associate Dean of Health Sciences
Nursing Program Director
ejudge@glendale.edu

BOARD OF REGISTERED NURSING

Education/Licensing Committee

Agenda Item Summary

AGENDA ITEM: 7.2.4
DATE: January 11, 2017

ACTION REQUESTED Vote On Whether To Recommend Continuation of Approval for Golden West College Associate Degree Nursing Program

REQUESTED BY: Linda Sperling, Nursing Education Consultant

BACKGROUND: Diane Restelli, Ed.D, RN, Professor and Director, has served as program director since September 2016. Denise Sekins, MSN, RN, FNP was appointed assistant nursing director in July 2016.

A continuing approval visit was conducted October 26-27, 2016 resulting in no areas of noncompliance or recommendations.

Golden West Associate Degree Nursing Program admits 90 students one time a year for two admission cohorts for Fall and Spring. Starting next year they will begin admitting 45 students two times per year. Program has approximately 160 students currently enrolled. The program implemented a BRN approved major curriculum revision in the Fall of 2016 which restructured the curriculum into a concept-based curriculum. The program will run two curricula until the students from the old curriculum graduate at the completion of Fall 2017.

Strengths of the program include a dedicated experienced faculty. Students express great satisfaction with their academic experience and strong faculty support. Students expressed appreciation in that the faculty make themselves available to listen and address student concerns. Visits to clinical sites revealed a high level of student satisfaction with their clinical experience. The students felt that the facilities were very student friendly. They liked that they involved them in the interdisciplinary meetings and plan of care with patients.
Faculty were found to be very enthusiastic and demonstrated teamwork and support to each other as well as to the students.

The program administration is very supportive of the Nursing Program. The Vice President of Instruction endured getting all the required vaccinations and immunizations needed, in order to visit the clinical sites, as a way to better understand what the student experiences during their clinical rotations. NCLEX outcomes have been consistently above the BRN minimum required threshold as well as above state and national average.

NEXT STEPS: Place on Board Agenda.

PERSON TO CONTACT: Linda Sperling, DHA, MSN, RN
Nursing Education Consultant
(951) 489-6123

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: Golden West Associate Degree Nursing Program.

DATE OF VISIT: October 26-27, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) years' experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.	X		Diane Restelli Ed.D. MSN, RN, CNE graduated in 1981 with an MSN from the University of Texas with an emphasis on education. Diane has been a nurse working medical-surgical since 1970 and has been working as nursing faculty since 1987. She has served as assistant director at Golden West College from 9/2013 until she became a director in 6/2016.
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Denise Sekins MSN, RN, FNP Graduated with an MSN from CSU Long Beach as a Family Nurse Practitioner in 1995 Denise has been a nurse since 1972 working as a staff RN. She has been faculty since 8/2004 until she became assistant director in 7/2016

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1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The Director has 100% release time to perform the position of director. The Assistant Director has a release time of 5 hours per week to perform the duties of this position.
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		The Assistant Director is BRN approved and demonstrates understanding of the program. The role responsibilities are defined by the job description. In the absence of the Director, the Assistant Director will assume the role of the Director.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		The policies and procedures by which the nursing program is administered available through the Student Handbook and College Catalog and reflect the program's philosophy and objectives
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The total program evaluation plan provides for the assessment and evaluation of student learning and program outcomes. The program has one application period per year for the generic program with admission in the fall and spring semesters which uses a multi-criteria screening process. Golden West Associate Degree Nursing Program admits 90 students one time a year for two admission cohorts for Fall and Spring. Starting next year they will begin admitting two times per year. Program has approximately 160 students currently enrolled.

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			The program uses four faculty committees: admission and retention, curriculum, faculty and program evaluation. All student outcomes and learning outcomes, using ATI course specific exams and clinical evaluation tools are evaluated at the end of each semester and an action plan is put in place to correct any negative variances. The program uses a Program Statistics spreadsheet to track the expected level of achievement and attrition rates and includes a maintenance and revision plan. There are collaborative arrangements with Concordia, Vanguard, and CSUF, and students are encouraged to co-enroll in a BSN program during the summer months. The school continues to seek additional options for students and graduates to promote successful employment opportunities.
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		There is a policy for the management of complaints (appeals process) and a procedure for complaints and grievances that is well-documented by the college.
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in	X		The nursing program has a written policy for obtaining credit by examination and advanced placement which are consistent with the college.

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the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.			Transfer credit in nursing and non-nursing courses is given to students. The college counselor reviews all general education courses. Courses are accepted per college policy and include a five year limit for all science courses. Previous nursing courses are evaluated on an individual basis by the program Director and content experts, as needed. Program Director determines placement in the nursing program.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.	X		The program has consistently maintained compliance with NCLEX annual pass rate 75% or above. NCLEX Annual Pass rates 2011 – 2012 = 92.54% (134 taken; 124 passed) 2012 – 2013 = 92.08% (101 taken; 93 passed) 2013 – 1014 = 87.06% (85 taken; 74 passed) 2014 – 2015 = 90.59% (85 taken; 77 passed) 2015 – 2016 = 91.86% (86 taken; 79 passed)
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its	X		

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principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.			
SECTION 3: SUFFICIENCY OF RESOURCES 1424 Sufficiency of Resources (d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	X		Resource planning is performed as part of the Program review Process and is conducted biannually in the even years. This planning includes salaries, budgets, technology and facilities and is based on achievement of the programmatic objectives. **Faculty** Program currently has: 12 full time faculty, all having an MSN, two with doctorate degrees. 16 Part time faculty One vacant nursing position.

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			Nursing Budget The program's budget is based on the prior year's expenditures and the funding priorities of the college. The Senior Administrative Team supports the nursing program and provides an operational budget to meet the needs of the department. Over the past six years, the School of Nursing has received an Enrollment Growth grant from the California Community College Chancellor's office. Used for expansion of student enrollment and increased student retention. These grants are used to pay part-time clinical faculty salaries and to implement student success strategies. Community partnerships have provided funds used to purchase capital equipment for the nursing lab to support programmatic outcomes. **Nursing and Health Services Building** **Physical Space:** The school of nursing is a three story building. **The first floor** has faculty workstations and an administration area. **The second floor** is the Nursing Education, Simulation and Technology which is comprised of the computer lab, skills lab and simulation center. **Skills lab** consists of 11 hospital patient care beds with low-fidelity adult and baby mannequins.

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			Computer lab designed as a "smart" classroom and serves as one of the areas for simulation debriefing with a computer lab used for NCLEX testing preparation. **Human Patient Simulation Center** located within the skills lab. **The third floor** has two large classrooms with partitions that allow for six classrooms with movable walls to allow for larger groups as needed Each classroom uses round tables to encourage group work within a flipped classroom setting. **Learning Resource Center** Services include a High Tech Lab for Disabled Students, New Media Center, Library, Student Computer Center, Tutorial and Learning Center, and writing and reading center.
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty	X		All faculty, the director and assistant directors are all approved by the board and hold a clear and active license issued by the board.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:			
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		Faculty minutes reflect faculty participation by all faculty with regard to the planning, organizing, implementing, and evaluating all aspects of the program.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		Program is at full capacity for faculty at: 28 Total faculty 12 full time faculty 16 part time faculty Instructors: 16 Assistant Instructors: 8 Clinical Teaching Assistants 4 Content Experts for the nursing program are: MS – Diane Restelli, Ed D, MSN, RN, CNE OB – Diep Pham FNP, MSN, RN Peds – Amy Rangel PNP, MSN, RN P-MH – Berlynn Ching, MHNP, MSN, RN Geri – Barbara Miyadi DNP MSN, RN
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		

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1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) years' experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		
	X		

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1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.			
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.			
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including	X		The program utilized Knowles's and Kolb's Adult Learning Theories as their focus on nursing education in developing knowledge, skills, and professional identity.

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their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.			
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		All full-time and part-time faculty are requested to attend a formal campus orientation. All new faculty must also attend a college orientation through the Professional Development Office. Orientation is provided by the Chair and/or lead instructor regarding curriculum, policies, procedures, responsibilities to departments, college, clinical agencies, and teaching responsibilities.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum	X		The program uses a new concept-based curriculum which was recently implemented with their first semester, 130 course, Health and Illness I.

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shall be approved by the board prior to its implementation.			The program implemented a major curriculum change in Fall 2016.
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The course work includes up-to-date evidence based information that reflects the current societal and healthcare trends. During completion of old curriculum and instructional processes, the program utilizes nursing theory as identified from Patricia Benner's Novice to Expert Theory and includes Knowles Adult Learning Theory. The New curriculum that was implemented in Fall 2016, will utilize the core concepts of QSEN (Quality Education and Safety for Nurses). Faculty is responsible for implementing the curriculum according to the designed plan following the program's philosophy, course objectives and the nursing program's theoretical framework.
1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16)	X		There are a minimum **of 69** units for licensure. There are 36 units for the art and science of nursing, 18 units theory and 18 clinical units. There are 6 units of communication. There **are 19** units of science

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PROGRAM NAME: Golden West Associate Degree Nursing Program.

DATE OF VISIT: October 26-27, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
semester or twenty-four (24) quarter units.			There are over 1,200 hours of clinical experience in the program.
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.	X		
1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All concept are integrated throughout the curriculum

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1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;	X		The program has a preceptorship component in the last course of the program. The students spend **100 hours** in the clinical setting with an RN preceptor and is evaluated and monitored closely by the Faculty Advisor. Information on preceptor is kept in an electronic spreadsheet. Preceptor meets all BRN requirements. Preceptor is provided a copy of the preceptor handbook/syllabus, preceptor module, course objectives and an evaluation tool. Preceptor provides weekly input to the faculty member. Faculty conducts/completes final evaluation for student. Program plans on eliminating their preceptor course with the last course being taught in the Spring 2018. The new curriculum does not include the Preceptor course. Students discussed their disappointment with not having a preceptorship program during their last semester of the nursing program. Faculty are considering ways to enhance what students need during this last semester. They are focusing on the improvement of leadership and management skills during this time.

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1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements			
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		Course hours are calculated using a 16 week semester. 1 hour of theory = 1 unit. 3 hours of clinical = 1 unit. All hours for theory and clinical practice meet the board requirements.

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SECTION 6 CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program	X		Clinical faculty supervises only students enrolled in the nursing program. Clinical supervision is typically between 7 – 12 students.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		The School of Nursing does not use non-nursing faculty at this time. Program utilizes Board approved clinical agencies. Copies of contracts are kept on file in the department.
1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	X		
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the	X		During school visit, two clinical facilities were visited: Children's Hospital of Orange County (CHOC) and Orange Coast Memorial Medical Center. Students enjoyed their clinical rotations with these facilities stating that they were very student friendly and

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experience necessary to meet those objectives.			included them in the interdisciplinary meetings and plan of care.
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		Clinical facilities are selected by the faculty and the Nursing program Director based upon their ability to provide an array of learning experiences appropriate to each course.
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		Golden West College has been an active member of the Orange County Long Beach Consortium.
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and	X		The student-faculty ratio varies based on the setting, level of the learner, geography, teaching methods, patient acuity, learning objectives, and clinical agency requirements.

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(6) Requirements established by the clinical agency.			
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Evaluation tools are specific for each course and completed at the end of every course taken. The questions on each evaluation are established based on the characteristics of each course.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		Students have the opportunity to contribute to all aspects of the program through representation on the following standing committees: Admissions and retention, program evaluation, curriculum, as well as attendance at regular department/faculty meetings. Student representatives participate in discussion providing input aimed at resolving a concern or issue. Students provide feedback on learning experiences relative to theory, lab, simulation and the clinical components of the curriculum each course.
Section 8: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		Program offers a non-degree 30 unit option for LVNs which is printed in the course syllabi, college catalog, student handbook, and Course syllabi. The School of Nursing has not had an applicant admitted during the previous 4-5 years.

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1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken	X		All 30 unit option applicants must meet with the Associate Dean/Director for objective counseling that includes admission process, course requirements, and the advantages/disadvantages of this route to licensure. A full explanation of the 30 unit option can be found in the GWC catalog as well as on the school's website.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		<u>30 Unit Option</u> <u>NURSING</u> Nursing G190 Transition to Professional Nursing - **3 units**, Nursing TBD Elements of Gerontological Nursing - **1 unit** Nursing G240 Med-Surg. Nursing/PediatricNursing **&** Nursing G270 Adv. Med-Surg Nursing/Psych/Mental Health Nursing – **8**,**8 units** Nursing G241 Management Leadership/Professional Nursing: Nursing **&** Nursing G271, Management Leadership/Professional Nursing: Nursing **– 1,1 units** <u>BASIC SCIENCES</u> Physiology: Biology G225 Human physiology - **4 units.** Microbiology: Biology C210 Microbiology – **4 units**. Total Units: 30

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BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

GOLDEN WEST ASSOCIATE DEGREE NURSING PROGRAM

Visit Date: October 26-27, 2016

NON-COMPLIANCE(S): None

RECOMMENDATIONS: None

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.5
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for Los Angeles Pierce College Associate Degree Nursing Program.

REQUESTED BY: Badrieh Caraway, Nursing Education Consultant

BACKGROUND: Joan L. Schneider, RN, MN, PHN, has been the Director/Chair of the Associate Degree Nursing Program at Los Angeles Pierce College since July, 2007.

A continuing approval visit was conducted by Badrieh Caraway, NEC, and Miyo Minato, SNEC, on October 12 –13, 2016 at Los Angeles Pierce College for the Associate Degree Nursing Program. The program was found to be in compliance with the Board rules, laws, and regulations. Four recommendations were given related to CCR Sections 1424 (d) Sufficiency of Resources, 1424(f) Program Director /Assistant Director, 1426(b) Curriculum and 1426(f) clinical evaluation tool, as listed in the attached Report of Findings document. The program submitted responses that address the Report of Findings on November 28, 2016. Please refer to the attached program response letter.

At the time of the visit, a total of 120 students were enrolled in the nursing program. Currently, students are admitted twice a year 30-40 students each semester (Fall and Spring).

During the last 5 years, program has experienced major changes in several areas such as securing stable full-time faculty, enhancement of simulation lab through the attainment of five new high-fidelity simulators, creation of three collaborative pathways with four year (BSN) programs, and development of several grant funded new graduate externships with the participation of local acute care facilities.

The annual NCLEX pass rate ranged from 98.9% in 2013/2014 to 85% in 2014/2015.

The school attracts culturally and ethnically diverse students to attend this program. The program has an excellent reputation within the community and is held in high regard by graduates.

NEXT STEP: Place on Board agenda.

PERSON (S) TO CONTACT: Badrieh A. Caraway, MS, MEd, RN
Nursing Education Consultant

Report of Findings

Los Angeles Pierce College
Associate Degree Nursing Program
Continuing Approval Visit
October12-13-2016

Non Compliance(s): **None**

Recommendation(s):

CCR Section 1424 (f) Program Director/Assistant Director: Related to release time
Review the administrative duties of Assistant Director and consider allocating release time as needed.

CCR Section 1424 (d) Sufficiency of Resources: related to simulation integration

Evaluate resource need for the integration of simulation across the curriculum including having technical support available for faculty.

CCR Section 1426 (b) Curriculum

Consider a major curriculum revision to standardize course syllabi and to reflect current trends in practice, including QSEN competencies across the curriculum.

CCR Section 1426 (f) Clinical Evaluation Tool
Review, revise and standardize the clinical evaluation tools to reflect the changes considered in program's new curriculum.

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DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR			Director Joan L. Schneider RN, PHN, MN; was appointed as the Department Chair three terms each: 7/1/2007; 7/1/2010;7/1/2013;7/1/2016.
1425(a) The director of the program shall meet the following minimum qualifications:	X		
(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		1995 MN University of Phoenix 1989 BSN University of Phoenix 1980 AA in Nursing LA Valley College
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);	X		
(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or	X		
(5) Equivalent experience and/or education, as determined by the board.			
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Dr. Giles, EdD, RN was appointed Department chair/ Assistant Director on 7/1/2007; she chairs the curriculum development committee. Dr. Sutton, EdD, RN was appointed on 8/2/1998, she chairs the program evaluation committee.

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1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The director occupies a faculty position and has 100% release time for administration of the nursing program.
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		There are two assistant directors who are curriculum and evaluation committees' chairpersons; elected for two years term and each have 0% of release time. The 0% release time is due to college contract (contractual release time is allowed only when departmental student body exceeds 150) .Both assistant directors stated that they have been provided with sufficient time for chairing above committees' and conducting any administrative activities as needed. They both have extensive administration experiences serving as department chair and able to perform the director's duties in the director's absence. **<u>Recommendations:</u>** Review the administrative duties of Assistant Director and consider allocating release time as needed.
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The evaluation plan used by the program is comprehensive and there is sufficient evaluative data used to make appropriate program improvements. Attrition rate ranged from 12% in 2013/2014 to 5 % in 2014/2015. Annual NCLEX pass rate ranged from 89.8% in2013/ 2014 to 85% in 2014/2015. Employer Survey- reported high level of satisfaction with graduate performances.

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1424(b)(2) The program shall have a procedure for resolving student grievances.	X		There is a procedure to handle student grievances. Three (3) formal grievances were filed in the last five years. In both incidents, the decision made through the formal grievance process was not over turned
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The organization chart was revised during this visit. There is an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and the clinical agencies.
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Challenge options are available to qualified applicants with prior education and/or health care related experiences. The requirement for transfer policies are identified in the catalog. There is a process for review of transcripts to award credit for transfer students. Counselors provide information regarding transfer and challenge. College credit by examination policies and procedures allow students to receive up to a maximum of 12 units.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.	X		Current NCLEX pass rate for LA Pierce College Program ranged from89.8 % (2013-2014) to 85% (2014-2015). Over the past five years the program demonstrates a consistent pattern of NCLEX success with first attempt pass rates of above 80 %.

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(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.			
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

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SECTION 3: SUFFICIENCY OF RESOURCES 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	X		**Enrollment:** Total of 120 students are currently enrolled in the nursing program. The program admits students twice a year,30- 40 students each semester Fall and Spring). **Faculty:** Total 20 (Including director) 10 Full –Time and 10Part Time • 10 Instructors • 10 Assistant Instructors • Clinical Teaching Assistant – 0-Vacant There is sufficient faculty to meet the student need. **Physical Space and Equipment:** The nursing wing consists of two dedicated classrooms, two simulation rooms, a seminar room/library, and computer lab, and offices for the instructional assistant, clerical support and the Department chair. Private, single full occupancy offices for full time faculty are located in the adjoining wing. Various funds have been used to purchase up-to-date equipment, supplies, and computer programs. The Skills Laboratory is equipped with Hi-Fidelity computerized simulation such as SiM-Man, SiM –Baby, Noelle (female maternity), Mega Code Kelly (Adult Advanced Life Support). Various non- computerized full and partial human mannequins. There is a FT clerical support who assists the Program Director and coordinates organization of both faculty and students records.

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			Simulation Skills Lab: A new FT faculty has been hired and was in orientation during the visit to assume responsibilities as the Simulation and Skills Lab coordinator. Bonnie Lemus is a FT faculty who is responsible for coordination of the faculty development activities related to integration of simulation throughout the curriculum. Faculty expressed concern regarding lack of sufficient technical assistance necessary for full integration of simulation across the curriculum. **Recommendations:** Evaluate resource need for the integration of simulation across the curriculum including having technical support available for faculty.
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-	X		Met with Dr. Kathleen Burke President, Mrs. Sheri Berger, Vice president Academic Affairs Mrs. Joan Schneider, Nursing / Program Director. There is no anticipated five years plan impacting nursing program. The administration team expressed full support of the nursing program's mission, goals and objectives. Updated program faculty files reflect Board files.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:			
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		The faculty work through divisional committees for program administration, curriculum, admission, retention and student activities. All faculty are members of the Nursing Faculty Committee. Part-time faculty members participate via committees, team meetings and other forms of departmental communication. Faculty minutes reflected the faculty participation in various committees.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		Report On Faculty forms were revised during this visit to meet the BRN rules & regulations. The program has 20 faculty including the director. Ten (10) are full-time and 10 are part-time. Qualified content experts are represented for each of the five major content areas. Preceptors are used for the Leadership & Management in Nursing (N414).
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		The updated organizational chart and reports of the director and faculty support that this structure is being followed. The supervision requirements are met for assistant directors, Instructors, assistant instructors and clinical teaching assistants.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		There are 10 Instructors who meet requirements for this classification.
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		There are 10 Asst. Instructors who meet requirements for this classification.

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FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: : Los Angeles Pierce College
Associate Degree Nursing

DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	X		There are no clinical teaching assistants.
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		Content experts are Full-Time faculty: Dr. Melva Giles — Psychiatric /MH Christianne Hamilton — Obstetrics Bonnie Lemus — Geriatrics Sherry Nantroup — M-S Dr. Daryl Sutton — Pediatrics All content experts meet the BRN qualifications and requirements.
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall	X		The philosophy/Unifying theme is based on the Marjory Gordon's functional Health Patterns and the Nursing process, both of which serve as conceptual frameworks throughout the program.

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PROGRAM NAME: : Los Angeles Pierce College
Associate Degree Nursing

DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.			Nurse assists individual to maintain or regain optimum health. The program terminal objectives and unifying theme correspond to the role of the nurse as a: planner of care; provider of safe and skilled care; communicator; client teacher; and member of profession. Teaching /learning strategies embrace student centered competency-based instruction.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Faculty participate via the committee structure. Each course consists of a lead Instructor and other full -time and part -time faculty. Subcommittee (Teaching Teams) meets and reports their findings to the Faculty Committee (including all faculty).
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		Faculty expressed a great satisfaction with Nursing Program Director's support, encouragement and guidance with their involvement in all aspects of the program improvement. Faculty members have reported with their involvement in various committees and participation in the development of policies, procedures impacting program improvement
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		The last minor curriculum revision was in November 2011. Last major curriculum revision was in November 2000.

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

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PROGRAM NAME: : Los Angeles Pierce College
Associate Degree Nursing

DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		The last minor curriculum revision was in November 2011. Last major curriculum revision was in November 2000.
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The four major concepts that provide the organizational framework for the curriculum are: 1. The Simple to complex structure 2. The Nursing Process 3. The Marjory Gordon's Functional Health Patterns and 4. Quality Safety Education For Nurses (QSEN). The curriculum utilizes QSEN, Evidence Based Practice and National Patient Safety Goals. Simulation is partially integrated throughout the curriculum. Review of syllabi demonstrated inconsistencies in integration of QSEN competencies. Plan is in progress for a Major curriculum revision. **Recommendation:** Consider a major curriculum revision to standardize course syllabi and to reflect current trends in practice including QSEN Competencies across the curriculum.

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PROGRAM NAME: : Los Angeles Pierce College
Associate Degree Nursing

DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		Total Units required for licensure = 72 semester units Nursing Units required = 38 Nursing Theory = 18 Nursing Clinical = 20 Communication Units required = 6 Science units = 21
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and	X		Theory and clinical are concurrent.

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PROGRAM NAME: : Los Angeles Pierce College
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DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
management.			
1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on	X		Leadership & Management Concepts/ Preceptorship is a capstone course (Nursing 414) with162 hours over 5 weeks of clinical experience in preceptorship. The Preceptor Guide/ Handbook include evaluation tools, and policies and procedures for conducting preceptorship with all of the required (1-6) criteria. Preceptors were selected by agencies (Educators at each clinical

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Associate Degree Nursing

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;			site) in collaboration with faculty.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements			
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The nursing program is on a 18 week semester system. 1 Theory unit = 1 hours; 18 week semester = 18 hours 1 Clinical unit = 3 hours; 18 week semester = 58 hours
SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Clinical faculty supervises only students enrolled in the ADN program.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the	X		Non-faculty members are used in preceptorship program and other special areas, such as clinical and community service agencies.

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PROGRAM NAME: : Los Angeles Pierce College
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DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
nursing program. 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	X		Program utilizes Board approved clinical agencies.
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		Program maintains contracts with approved clinical facilities.
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		Clinical agency contracts have implemented CCR Section 1427(c) requirements.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		Ratio used for faculty to student is 1:10; it varies when facility requires different ratio.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Review of clinical evaluation tools demonstrated inconsistencies in use of QSEN competencies for all courses. **Recommendation:** Review, revise and standardize the clinical evaluation tools to reflect the changes considered in program's new curriculum.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the	X		Student representatives are selected. Students attend faculty meetings. The nursing department maintains an open- door policy for informal communication. Students provide feedback through evaluations of courses, clinical and other surveys. Students are involved with several student organizations such as

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
program, including clinical facilities.			NSNA, and are encouraged to attend conferences, form a student council, and participate in legislative opportunities such as RN lobby day in Sacramento. The student representatives are invited to attend monthly faculty meetings. If the students cannot attend, they can provide their feedback or concern by email or phone. Students validated that they are provided opportunities to give feedback and are included in the program changes.
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		The option and course requirements are reflected in the college catalogue, student handbook and on curriculum guides.
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	X		The Health Science Counselor is knowledgeable about the option requirements and reviews that this is a non-degree track with program applicants.

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PROGRAM NAME: : Los Angeles Pierce College
Associate Degree Nursing

DATE OF VISIT: October 12 & 13, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		The option consists of 25 or 26 semester units. Courses are beyond the first year nursing courses and include required content areas. There is a process for review of transcripts to award credit for transfer students. Counselors provide information regarding transfer and challenge. LVN to ADN are given credit for prior education/experience. College credit by examination policies and procedures allow students to receive up to a maximum of 12 units.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.6
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for Los Angeles Trade-Tech College Associate Degree Nursing Program

REQUESTED BY: Loretta Chouinard, Nursing Education Consultant

BACKGROUND: On November 1 – 2, 2016 a continuing approval visit was conducted at LA Trade Tech for the review of the ADN program by Loretta Chouinard, NEC and Miyo Minato Supervising, NEC. There were three findings of noncompliance 1424 (e) Program Director Assistant Director, 1424 (b) (1) Total Program Evaluation and 1426 (d) Curriculum. There were four recommendations given. Findings and Recommendations are detailed in the Report of Findings and the Consultant's Report. The program submitted a progress report dated December 14, 2016, addressing non-compliances and recommendations.

LA Trade Tech is in a culturally diverse inner city college located in downtown Los Angeles and is one of the seven nursing programs in the LA Community College District. At the time of the visit Paula Johnson MSN, RN has served as the Interim Program Director for 17 months with Dr. Carolyn Washington as ADON. Dr. Carolyn Washington ADON has zero release time and the administrative responsibilities have increased to a level that is not able to be handled in a timely fashion by a single person therefore the program was found in non-compliance as this was not sufficient for the administration of this program. The progress report now indicates that Dr. Washington will have 12 hours per week designated as release time to assist with the administration of the program

The program has a written plan of evaluation but the implementation of the evaluation is inconsistent. At this visit, after the review of multiple documents and submitted reports it showed incomplete admission, retention, and graduation data and it was noted that faculty had not routinely been involved in this process resulting in a non-compliance citation. The progress report submitted shows how the program will track data on for admission, attrition, graduation and other information for program improvements. This nursing program has strong administrative support, and designated staff has been assigned to help with data collection.

The last major curriculum revision was implemented in the fall of 2008. This curriculum is now out of date and requires a curriculum change, including updating of concepts and current trends and practices to prepare graduates with the expected knowledge and abilities for a competent entry level RN. ATI Curriculum Development Consultants will be mentoring faculty throughout the curriculum revision process and will be assisting in the use of their Curriculum Management and Articulation Program (C-MAP ®) Their goal for submission of a revised curriculum is Fall 2017 with implementation Spring 2018.

The graduates' NCLEX scores for the past five years show a below 75% for 2013-2014. The last academic year 2015-2016 has annual rate of 88.89%.

- 2011 – 2012 97.37%
- 2012 – 2013 86.05%
- 2013 – 2014 65.79%
- 2014 – 2015 76%
- 2015 – 2016 88.89%

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Loretta Chouinard MSN, RNC
Nursing Education Consultant
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916-330-0454

REPORT OF FINDINGS

Los Angeles Trade Technical College ADN Program

CONTINUING APPROVAL VISIT: 11/1 – 11/2/2016

NONCOMPLIANCE:

SECTION 1424(e) – PROGRAM DIRECTOR ASSISTANT DIRECTOR - The director and the assistant director shall dedicate sufficient time for the administration of the program.

ADON has zero release and is not sufficient for the administration of this program

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

Total Program Evaluation Plan is not consistently being implemented.

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

Curriculum content does not sufficiently address the required elements.

RECOMMENDATIONS:

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

Review the policy regarding ATI and Dosage Calculation requirements for Program Progression to reduce student attrition.

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

Evaluate adequacy of current support services and consider expanding current support services for student success resources

SECTION 1424(g) - PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS - Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

Consider team building activities to improve communication within levels and throughout the semesters and promote consistency within implementation of a curriculum revision.

SECTION 1425(f) - PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS - A content expert shall be an instructor and shall possess the following minimum qualifications:

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

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

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

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

Clarify roles and responsibilities of content expert and ensure that competency is maintained through continuing education or practice.

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

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PROGRAM NAME: Los Angeles Trade Technical College (LATTC)

DATE OF VISIT: November 1 - 2, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.	X		Paula Johnson MSN, RN, Interim Program Director, June 29, 2015 – present. EDP-P-03 approved and on file LATTC ADON 7/2013 – 6/2014 LATTC faculty 8/2009 - present
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Dr. Carolyn Washington RN ADON June 6, 2014 – Present. EDP-P-03 approved and on file.
1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.		**X**	Paula Johnson MSN, RN, Interim Program Director has 100% release time and Dr. Carolyn Washinton, ADON has 0% release time. Due to the limited release time of the ADON, administrative responsibilities on the DON have increased to a level that is not able to be handled in a timely fashion by a single person. **Non-Compliance: ADON has zero release and is not sufficient for the administration of this program**

CONSULTANT APPROVAL REPORT
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PROGRAM NAME: Los Angeles Trade Technical College (LATTC)

DATE OF VISIT: November 1 - 2, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		Dr. Carolyn Washington has served as ADON since June 2015, she has been a part of LATTC Nursing Faculty since September 2007 and previously served as ADON from July 2009 – June 2010 She is knowledgeable and current regarding the Nursing program and its Policies &Procedures (P&Ps). The current organizational chart depicts the chain of command and delegation of authority.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students	X		P&Ps are present in the LATTC Catalogue, online on their website, and in the Nursing Student Handbook. Student's voiced their concern about the program progression policies pertaining to ATI and dosage calculations. ***Recommendation: Review the policy regarding ATI and Dosage Calculation requirements for Program Progression to reduce student attrition.***
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.		**X**	Program evaluation is being performed but implementation of the evaluation is inconsistent. For example data collection is not complete, follow up data collection is not being performed, and analysis of outcomes positive and negative have not been completed. Faculty has not routinely been involved in this process. Attrition data is not collected consistently across the program. The implementation of a systematic process is needed for Program Improvement ***Non-compliance: Total Program Evaluation Plan is not consistently being implemented.***
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		The Nursing program/college's grievance process is present in both the Nursing Student handbook and the College Catalogue

CONSULTANT APPROVAL REPORT
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PROGRAM NAME: Los Angeles Trade Technical College (LATTC)

DATE OF VISIT: November 1 - 2, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		LATTC Nursing program Organizational chart clearly identifies relationships, lines of authority and channels of communication within the program, college administration and affiliated clinical agencies.
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		P&P for previous credit evaluation is presented in the college catalogue. This is available in print and on-line.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the	X		NCLEX-RN pass rates are maintained above the minimum pass rate with exception of 2013/2014 where they dropped below 75%. The program was contacted, an in depth analyses was done and NCLEX review and tutoring was offered for students. 2011 – 2012 97.37% 2012 – 2013 86.05% **2013 – 2014 65.79%** 2014 – 2015 76% 2015 – 2016 88.89%

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
code.			
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		EDP-P-05 and EDP-P-06 are pending approval to reflect a change in Pharmacology. The BRN has been appropriately notified regarding changes as required per regulation.
SECTION 3: SUFFICIENCY OF RESOURCES 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	X		**The Nursing Department** – There is adequate instructional space for each cohort. Faculty has a shared office space divided by cubicles that allows for each FT faculty member to have their own office. There is a space designated as a conference room and rooms for privacy when counseling a student. The shared buildings have instructional spaces for theory, simulations, and

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			lab. The college offers strong support and provides an adequate budget for program delivery with additional funds obtained via grants to enhance the quality of student support services, faculty, equipment and supplies. **Campus Resources:** Library **-** Program students, staff, and faculty have extensive nursing related library resources available in digital online formats. Digital resources can be accessed on and off campus 24/7/365. Student services - include financial aid, counseling, disabled student service, veteran services, tutoring, and more. Student Health Center and Psychological Services are available for students. Students have access to a designated financial aid person to help ensure that the specific needs for this program are able to be consistently met and in a timely manner. **Learning Resources:** Contemporary technology (hardware, software, services, resources) is in place for all aspects of program delivery and support services. ATI is being utilized as an adjunct to the current curriculum but students have voiced concern regarding the progression policy (see recommendation section 1424(b) **Skills/Simulation Lab:** The lab is equipped with low and high fidelity mannequins, standard hospital equipment, and an automated medication dispensing unit. Students are eager to practice skills and critical thinking through the use of simulation and have requested more simulation experiences. **Faculty:** The program has 10 FT faculty (including the DON and ADON) and 4 PT faculty. 40 students are admitted in to the program in both the Spring and Fall Semesters utilizing a single criteria admission process. When reviewing the current reported

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			student attrition rate of 43% with the faculty there was a discussion regarding early identification and proactive intervention as a means to achieve greater student success and the need for a full time student success coordinator was identified. The faculty agrees that resources are adequate for instruction but that they do not have enough time to offer counseling, tutoring, and mentoring of students who are struggling. **Recommendation: Evaluate adequacy of current support services and consider expanding current support services for student success resources**
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	X		Signed and approved EDP-P-02 for all Faculty members and EDP-P-03 for the ADON and DON are on file. Changes have been reported to the board prior to employment; change in assignments, and after termination. The DON tracks and ensures that each faculty member's license is clear and active.
1424(g) Faculty members shall have the primary responsibility for			As stated in P&P and Job descriptions, full time and part time

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developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		faculty members have primary responsibility in P&P development, planning, organizing, implementing and evaluating the program. This has been an area that has not had the emphasis that is needed to properly evaluate student success, student attrition, program needs including updating/rewriting curriculum, ongoing continuing education needs of faculty, robust lines of communication and follow up between all faculty. **Recommendation: Consider team building activities to improve communication within levels and throughout the semesters and promote consistency within implementation of a curriculum revision.**
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		FT = 10 including the DON PT = 4 I = 11 AI = 3 CTA = 0 They have at least one qualified instructor and Content Expert in each of the areas of nursing. All faculty stay current through CEUs, concurrent practice, instruction, and clinicals
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		Nursing organization chart, Job descriptions, and Nursing policies reflect the chain of command and a supervisory relationship.
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:	X		Signed and approved EDP-P-02 for all Instructors are on file

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(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.			
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		Signed and approved EDP-P-02 for all Assistant Instructors are on file
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	N/A		N/A

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1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		M/S: Deborah Jenkinson OB: Christine Chandler Peds: Rosalie Villoria Psych/MH: Stephen Brown Geriatrics: Cynthia Ashby Content Experts meet qualifications that are specified by regulation in all areas. Faculty did not have a clear understanding of the roles and expectations of the content expert. Discussed importance of CEUs in specialty area and the need to maintain clinical competency. **Recommendation: Clarify roles and responsibilities of content expert and ensure that competency is maintained through continuing education or practice.**
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X		The program philosophy, conceptual framework, and objectives address all required curriculum elements.

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1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		See 1424(g)
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		The Nursing Program has an established orientation procedure that meets requirements and all faculty participate at the time of employment.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Clinical competence is maintained through current clinical practice and/or instruction. This is monitored and tracked by the DON and documented on the Report on Faculty in the self-study
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		See 1432
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The philosophy defines nursing and the practice of nursing. A unifying theme is integrated throughout the program. The curriculum progresses in complexity and is reflected within the student learning outcomes
1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at	X		The BRN approved curriculum meets all requirements

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least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.			18 Week Semester, compressed to 16 Weeks Nursing: 42 Units (21 Theory, 21 Clinical) Total Units for Licensure: 69 or 70 Units Other Degree Requirements: 12 Units Total Units for Graduation: 81 or 82 Units Communication: 6 Units Science: 21or 22 Units
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.		X	The approved BRN curriculum has all 5 required nursing areas with concurrent theory and clinical practice. The curriculum is out of date The program curriculum requires change, including updating of concepts, current trends and practices to prepare graduates with the expected knowledge and abilities for a competent entry level Registered Nurse. **Non Compliance: Curriculum content does not sufficiently address the required elements.**
1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and	X		All required content elements are present in the program curriculum

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rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.			
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year;	X		This program has established P&P and supporting documentation related to student preceptorships. BRN approved LATTC Faculty oversees and coordinates all preceptor experiences.

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and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements			Faculty/student ratio for preceptorship is based on all required criteria per regulation.

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1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The program is implemented in a Semester format and is compliant in this regulation's formula for units/instructional hours.
SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Stated in P&P and clinical facility agreements.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		See 1426.1
1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	X		There is an approved EDP-P-08 on file for each clinical site and a current clinical facility agreement is maintained that meets all specified requirements
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		Clinical objectives are provided to the facility prior to students arriving. Reminded staff to post daily objectives for each clinical group in each clinical area.

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1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		The Clinical Contract Template meets all required elements. The Program Director will continue to ensure that contracts stay current and contain all the regulatory language as required.
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		LATTC utilizes a Centralized Clinical Placement System to coordinate the clinical placements of LATTC students. The Department is planning to create a permanent position for a clinical coordinator. In the interim the DON ensures accountability and oversight of this process.
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		Student to Teacher ratio is typically 1:10. Assignments are based on all required criteria and clinical facility request.

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1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		This program has tools for evaluation of the student's academic progression for each course and is specific to the stated learning/performance objectives.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		Students in each semester elect a class representative to the Associated Student Organization who works with faculty to present the general student feedback and input. The student representatives are invited to participate in the faculty meetings. Another opportunity for student involvement is with the planning and executing of the pinning ceremonies. In 2015, nursing students formed a formal LATTC Nursing Club. The students have been encouraged to join CNSA. Each semester the student participates in multiple program evaluations including; clinical facilities, instructors, courses, and skills labs. These evaluations are reviewed. In addition the students have access to the Program Director and Dean for one-on-one meetings as needed. Evidence provided in the self-study and confirmed during the visit confirms multiple opportunities to share in their program review, P&P, and delivery
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and	X		The 30 unit option is delineated in the program's BRN approved Required Curriculum EDP-P-06 and totals 28 or 29 semester units. Required content is consistent with that identified by regulation and includes instructional content to prepare graduates for competent performance in section 1443.5

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microbiology comparable to such courses required for licensure as a registered nurse.			
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	X		The DON provides objective counseling and evaluation for prospective students who inquire about this option.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.	X		
Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		

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LOS ANGELES TRADE-TECH
LATTC
A Community College

December 14, 2016

Loretta Chouinard
Nurse Education Consultant
Board of Registered Nursing
P. O. Box 944210
Sacramento, CA 94244

Dear Ms. Chouinard,

This letter is in response to our Post-Approval Visit with our areas of Non-Compliance and Recommendations. We as a faculty have addressed all of the non-compliance and recommendation areas with a timeline. We have addressed:

- The action plan to correct the problems
- Developed plans for items that are unable to be corrected at this time but will be addressed in the near future
- Developed a process for monitoring and evaluating
- And added documentation to support each action

We hope that we have addressed all the non-compliances and recommendations. If you have any questions, please do not hesitate to contact me.

Sincerely,

Paula Johnson, MSN, RN
Interim Director of Nursing
Los Angeles Trade Technical College
johnsop@lattc.edu
(213) 763-7175

BRN FINDINGS

A. NONCOMPLIANCE

1. **SECTION 1424(e) –** Assistant director of nursing has zero release and is not sufficient for the administration of this program
2. **SECTION 1424(b) (1) –** Total Program Evaluation Plan is not consistently being implemented.
3. **SECTION 1426(d) –** Curriculum content does not sufficiently address the required elements.

B. RECOMMENDATIONS

1. **SECTION 1424(b) -** Review the policy regarding ATI and Dosage Calculation requirements for Program Progression to reduce student attrition.
2. **SECTION 1424(d) -** Evaluate adequacy of current support services and consider expanding current support services for student success resources
3. **SECTION 1424(g) - PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS -** Consider team building activities to improve communication within levels and throughout the semesters and promote consistency within implementation of a curriculum revision.
4. **SECTION 1425(f) -** Clarify roles and responsibilities of content expert and ensure that competency is maintained through continuing education or practice.

SECTION 1424(e) – PROGRAM DIRECTOR ASSISTANT DIRECTOR - The director and the assistant director shall dedicate sufficient time for the administration of the program.

Noncompliance: ADON has zero release and is not sufficient for the administration of this program

Action Plan: The assistant director/faculty member will perform assigned duties/responsibilities along with a teaching assignment of 35 contact hours per week. The position has 12 hours per week release time.

ADON Duties and Responsibilities:

1. Assumes duties of Chair/RN Program Director when necessary and as assigned.
2. Assists as the Chair of the Discipline or Program Curriculum Committee.
3. Assists in program evaluation process, e.g., responsible for review of all course syllabi for compliance with college and BRN standards.
4. Assists with recruitment, enrollment, advising, and addressing student concerns within the department.
5. Assists with coordination of matters regarding student progress in the respective program assigned.
6. Assists with coordination of student clinical placements for respective program.
7. Assists with coordinating and maintaining necessary resources for library, audiovisual and other teaching/learning materials along with the Nursing Lab Coordinator as it relates to the program assigned.
8. Assists in efforts for curriculum development, program review, articulation, scheduling and college catalog information for the respective program assigned.
9. Assists in orienting and mentoring new faculty members within the department.
10. Works collaboratively and cooperatively with faculty and collegially with lateral assistant program director of allied health programs that may include but are not limited to RN, CNA/HHA, Medical Assistant, and Surgical Technologist.
11. Carries out other duties as may be directed by the Department Chair.

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

Noncompliance: Total Program Evaluation Plan is not consistently being implemented.

Action Plan: Evaluate the attrition of the nursing program and create a system as part of the total evaluation plan to collect and evaluate data to make program decisions regarding attrition rates.

BRN Recommendations	Action Plan	Timeline

Evaluate the attrition of the nursing program	*Analyze the LATTC Institutional Effectiveness data from 2011-2016 for gaps and trends in the nursing program attrition rates*
	
	Provide a written report of the results and action plan as part of ongoing program evaluation of attrition rates.
		• 12/5/16: The dean of the LATTC Institutional Effectiveness Department will submit the attrition data for The assigned faculty will evaluate the nursing program attrition rate data for the nursing program for 2011-spring 2016
		• 12/6/16: the assigned faculty will evaluate the program attrition rate data from the LATTC Institutional Effectiveness data for gaps and trends, report to the faculty in Canvas for review by the faculty.
		• 12/7/16: the assigned faculty will present and discuss the information in the Faculty meeting to facilitate decisions on utilization of this information for planning policies regarding program attrition.
		• 12/9/16: the assigned faculty will post the group report of the IE program attrition rate information and faculty recommendations in Canvas for inclusion in the BRN report.
		• Note:
		  o Ms. Jenkinson will evaluate and report on the data from 2011 and 2012.
		  o Ms. Barcroft will evaluate and report on the data from 2013 and 2014.
		  o Ms. Forsha will evaluate and report on the data from 2015 and spring 2016.

BRN Recommendations	Action Plan	Timeline
Create a system as part of the total evaluation plan to collect and evaluate data to make program decisions regarding attrition rates.	*Create forms and a system to be used for the collection of attrition data from the faculty for the facilitation of analysis of the trends and program decision making regarding student attrition starting in Spring 2017.*	• 12/6/16: The assigned faculty group will post the forms to be used in Canvas for review. • 12/7/16: The assigned faculty group will present and discuss the information in the Faculty meeting. • 12/9/16 The assigned faculty will finalize the report of this data in Canvas for inclusion in the BRN report. • 3/8/17: Ms. Forsha will work on setting up a system (i.e. SSPS) in Canvas to facilitate analysis of the program data collected for decision-making regarding attrition rates and other departmental issues. • Mid-April, 2017: The nursing faculty will begin inputting course attrition data in Canvas beginning after their first 8 week grades are in. • Spring 2017: The Program Evaluation Committee will begin analyzing the attrition rate data and present the information to the faculty for program decision making. • 3/8/17: Dr. Washington will work with the assigned faculty and Administration to determine which individuals will enter the data for the large data collection set. • Mid-April 2017: the process of the large data entry will begin. • Mid-spring 2017: The assigned faculty group will begin to work with the Program Evaluation Committee to provide ongoing data regarding attrition rates and facilitate faculty discussion and decision making regarding policies and procedures related to attrition rates.

LOS ANGELES TRADE TECHNICAL COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

Report on Analysis of the Institutional Effectiveness data for Attrition of the LATTC RN Program between 2011 and 2016

Analysis of the Success and Retention Rates by Course Summer 2011 through Fall 2016

Noncompliance: No information on reason for high attrition rates.

Lower success rates for beginning medical-surgical nursing classes (i.e. Fundamentals, Medical Surgical I and Medical Surgical II, Medical Surgical III, Simulation, Pharmacology) are noted for the cohorts who did not have a prep course.

Higher success rates for beginning medical-surgical nursing classes (i.e. Fundamentals, Medical Surgical I and Medical Surgical II, Medical Surgical III to a lesser degree, Simulation, Pharmacology) are noted in more than 80% of the semesters where a prep course was given before the two years of nursing courses began.

Recommendations:

- Collect departmental data on reason for attrition and other pertinent data for program evaluation
- Continue prep course
- Work with Institutional Effectiveness staff to interpret data correctly for program decision making and administrative problem solving with faculty

Analysis of Success and Retention Rates by Course Fall 2014 through Fall 2016

***Fall 2014*:** RN 121 consisted of four sections. Graded = 70; Success = 70%; and Retention = 90%. RN 122 also had four sections. Graded = 42;
Success = 93%; and Retention = 100%. This indicates that students who prevailed in RN 121 were able to successfully negotiate RN 122; however, the number of students decreased by 28. There may have been several factors that caused this attrition rate including a deficiency in basic study skills, inability to comprehend course materials, financial obstacles, and students reconsidering their decision to embark on a career in health care.

The lowest success and retention rates were seen in RN 125. Graded = 62; Success = 61%; and Retention = 68%.

The following courses had 100% Success and Retention rates:

RN 128
RN 133

The stats for RN 127 are similar to Fall 2015, in that there were four sections. Graded = 64; Success = 69%; Retention = 97%. This indicates that students who were not successful initially persevered to repeat the course. This would indicate that students were not discouraged to the point of leaving the program due to initial failure, and this reflects positively on the instructor.

***Spring 2015*:** Upon initial examination of the data, there appears to be marked improvement in overall success and retention rates. The following courses had 100% success and retention rates:

RN 128
RN 129
RN 130
RN 131
RN 132
RN 133
RN 136

The lowest success and retention rates were seen in the following courses:

RN 123: One section; Graded 41; Success: 78%; Retention: 83%
RN 134: Two sections: Graded: 41; Success: 83%; Retention 83%

***Fall 2015*:** All courses had a success rate ranging from 84 to 100 percent. In the largest class, RN 125, Graded = 76; Success = 84%; Retention = 89%. Bearing in mind that clinical sections are combined with theory sections, the following courses had 100% Success and Retention rates:

RN 126
RN 129
RN 132
RN 133
RN 136

RN 127 had four sections. Graded = 64; Success = 78%; Retention = 97% indicating that most students who were unsuccessful repeated the course.

RN 121, 122, and 123 were stated by the instructor to have a large amount of drops due to student indecision about nursing as a career. Actually, for RN 121 and RN 122 which included eight sections, success rates ranged from 88% to 94%, and retention was 100%.

RN 123 had one section, Graded = 38; Success = 89%; and Retention = 89%.

Spring 2016: Retention rates for all courses ranged from 89% to 100%. RN 127 had the most striking departure from the stated averages. There were four sections; Graded: 71; Success: 51%; Retention: 100%. The other course which differed significantly from the stated averages was RN 131. There were four sections. Graded: 54; Success: 63%; Retention 96%. Again, note the 100% retention rate in spite of the success rate in RN 127.

Fall 2016 (In Progress) and reflecting the first eight weeks: RN 127 has completed two sections. Graded: 36; Success: 61%; Retention: 100%. RN 128 has completed two sections. Graded: 28; Success: 79%; Retention: 100%.

The following course had 100% success and retention rates:

RN 132

The data revealed that the RN 121 success and retention rates have markedly improved. Of the four sections, Graded: 72; Success: 94%; Retention: 100%.

Analysis of the Success and Retention Rates by Instructor through Fall 2016

It is hard to analyze theory course Success since the clinical and theory courses taught by the instructor are added together, hence increasing the success rate, and no information is available on the reason for attrition.

Adjunct faculty Success data is hard to analyze since they have Success ratings based on their students' performance in clinical and theory.

Recommendations:

- Collect departmental data on reason for attrition and other pertinent data for program evaluation
- Work with Institutional Effectiveness staff to interpret data correctly for program decision making and administrative problem solving with faculty.

Analysis of the Grade Distribution Summary from 2011-2016

This data sheet is easier to analyze theory course grading since the faculty reported are theory instructors. This data sheet provides no information on reason for non-passing grades.

Grades in pass/fail courses are hard to interpret, since the students may have passed the course taught by the instructor but are noted to have lower success/grades because they did not succeed in other courses.

Some instructors give many more high grades and others give many more low grades than others, and some instructors give Fs when a D is non-passing in the nursing program.

Discrepancies between grades for the same course are noted to be mostly in courses where the (n)s are very different; i.e. one course of students in comparison to many courses of students; this needs to be taken into consideration when analyzing the data.

Recommendations:

- Collect departmental data on reason for attrition and other pertinent data for program evaluation
- Work with Institutional Effectiveness staff to interpret data correctly for program decision making and administrative problem solving with faculty.

Analysis of the Cohorts from Fall 2011-Fall 2016

Enrollment numbers are based on the members of the original cohort who remain in the program (the students are expected to graduate in four semesters). This data sheet provides no information on reason for attrition.

Lower success rates for beginning medical-surgical nursing classes (i.e. Fundamentals, Medical-Surgical I and Medical- Surgical II, Medical- Surgical III to a lesser degree, Simulation, Pharmacology) are noted for the cohorts who did not have a prep course.

Higher success rates for beginning medical-surgical nursing classes (i.e. Fundamentals, Medical-Surgical I, Medical- Surgical II, Medical- Surgical III to a lesser degree, Simulation and Pharmacology) are noted in more than 80% of the semesters where a prep course was given before the two years of nursing courses began.

Recommendations:

- Collect departmental data on reason for attrition and other pertinent data for program evaluation.
- Continue prep course
- Work with Institutional Effectiveness staff to interpret data correctly for program decision making and administrative problem solving with faculty

It is difficult to interpret data for the students who entered via the LVN to RN/30 Unit Option program.

Recommendations:

- Collect departmental data on reason for attrition and other pertinent data for program evaluation.
- Work with Student Success Coordinator to support these students with unique needs and track the progress of these students
- Work with Institutional Effectiveness staff to interpret data correctly for program decision making and administrative problem solving with faculty

LOS ANGELES TRADE TECHNICAL COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
Instructor Course Attrition Report
Spring 2017

Instructor _____ Course Number _____

This form will be used to track and analyze attrition results for each course. Please use the form posted in Canvas to enter the requested information **in bold for all students** and the **italicized information for all students who did not receive a passing final course grade.**

First Eight Weeks

Student ID	**Final Course Grade**	*Reason Code for non-pass*	*ATI Exam* Result Attempt 1*	*ATI Exam* Result Attempt 2*	*Remediation Referral Date(s)*	*Remediation Completed Y/N*	*Student Success Coordinator Referral date(s)*	*Student Compliance*	*Outcome and Comments*

***Enter level or N/A if not included in course requirements**

Second Eight Weeks

Student ID	**Final Course Grade**	*Reason Code for non-pass*	*ATI Exam* Result Attempt 1*	*ATI Exam* Result Attempt 2*	*Remediation Referral Date(s)*	*Remediation Completed Y/N*	*Student Success Coordinator Referral date(s)*	*Student Compliance*	*Outcome and Comments*

***Enter level or N/A if not included in course requirements**

Reason Codes:

A: Theory failure
B: Clinical failure
C: Financial hardship
D: Personal health issue
E: Death or illness in family
F: Student declines to state
G: Other (please include comment)

DATA BASE FOR PROGRAM EVALUATION

Admission information entered into data base that may be maintained by the college or faculty (to be determined)	**Attrition Rate information (entered into Canvas by faculty after submitting course grades)**

• **Student ID**
• First name
• Last name
• **Last name change (open Field)**
• Age at entry
• Gender
• Lives (City and State) coding
• **Home Phone**
• **Cell**
• **Email**
• Cohort (entry date)
• Curriculum (old/new)
• **Previous Degree (if yes, type of degree)**
• **LVN License (if yes, when licensed, worked in field)**
• **Previous Health care work/volunteer experience**
• TEAS Score(s)
• GPA Cumulative at entry
• GPA Sciences at entry
	• **Course**
	• **Semester**
	• **Instructor**
	• **Class grade**
	• **Attrition Reason Code**
	• **ATI Exam Attempt 1**
	• **ATI Exam Attempt 2**
	• **Remediation assigned (date)**
	• **Remediation completed (date)**
	• **Referral to Student Success Coordinator**
	• **Outcome and Comments**
	
	Post-Graduation data entered by_____
	• Graduation Date
	• **NCLEX Prep**
	  o **SOAR**
	  o **Kaplan**
	  o **ATI**
	  o **Hurst**
	  o **Other**
	
	NCLEX-RN
	  o First Date
	  o First results
	  o Additional Date
	  o Additional Results

Note: areas in bold may be accessed/entered by the students' faculty member	

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

Noncompliance: Curriculum content does not sufficiently address the required elements.

Action Plan: Revise and implement new curriculum that reflects current healthcare and nursing practice.

The faculty have acknowledged the need for revision of the existing curriculum. The need for curriculum revision is supported by LATTC administration. Therefore, ATI Curriculum Development Consultants will be mentoring faculty throughout the curriculum revision process by providing workshops and assisting in the use of ATI's Curriculum Management & Articulation Program (C-MAP)®.

C-MAP® is a web-based program specifically designed to help facilitate curriculum development in nursing education and evaluation. Additionally, C-MAP documents are stored in a central repository and electronically generated, which is great for gathering reports needed for accreditation and program evaluation. It is the best tool of its kind because it keeps the nursing curriculum internally consistent and on track, so both students and faculty successfully achieve program outcomes.

Timeline for Curriculum Revision

Milestones	Completion Date	Group/Individual Responsible
Recruit and procure ATI Curriculum Development Consultant	November 2016	VP Leticia Barajas, Dean Michelle Cheang, Dr. Washington
Plan Faculty Development Activities	Ongoing	Dr. Washington
Faculty Development	Ongoing	All faculty
Curriculum Committee: Form course revision sub-committees	December 2016	All faculty
Review, revise, and approve mission, purpose, philosophy, goals, concepts, concept definitions, student learning outcomes, level outcomes, and competencies.	February 2017	All faculty
Revise and approve course information: Course objectives, unit objectives, major content areas, clinical objectives, and clinical evaluation tool.	April 2017	**Sub-committees** Introduction to Nursing Dr. Washington Dr. Chandler Ms. Johnson Fundamentals of Nursing Dr. Washington Ms. Fosha Ms. Barcroft Pharmacology Dr. Washington D. Villora Dr. Davis-Kendrick Nursing Process/Communication Dr. Washington Ms. Jenkinson Dr. Brown
	May 2017	**Sub-committees** Medical-Surgical Nursing Ms. Barcroft Dr. Washington Dr. Davis-Kendrick Dr. Ashby Ms. Jenkinson Psychiatric/Community Nursing Dr. Brown Ms. Fosha Dr. Ashby Dr. Washington Obstetrical Nursing Dr. Chandler Ms. Johnson Pediatric Nursing Dr. Villora Community Content Expert Clinical Simulation Courses Dr. Washington Dr. Davis-Kendrick
Faculty approval of curriculum	June 2017	All faculty-Curriculum Committee
Submit curriculum to CA BRN NEC	August 2017	Ms. Johnson
Submit curriculum to Ed Licensing	October 2017	Loretta Chouinard CA BRN NEC
Complete course outlines	November 2017	Course Instructor
Submit to LATTC Curriculum Committee	November 2017	Ms. Johnson, Dr. Washington
Submit course outlines to LATTC Academic Senate	December 2017	Ms. Johnson, Dr. Washington
Prepare detailed syllabi and sequence of instruction	January 2018	Course Instructor
Implement curriculum	February 2018	First semester instructors
Curriculum evaluation	ongoing	All faculty

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

Recommendation: Review the policy regarding ATI and Dosage Calculation requirements for Program Progression to reduce student attrition.

***Action Plan*:** Develop a policy that reduces attrition and student anxiety while ensuring student competency in ATI and dosage calculation.

BRN Recommendations	Action Plan	Timeline
Review dosage calculation policy for program progression to reduce student attrition.	***Dosage Calculation Exam*** A. The math exam in each course will not hold the student back from progressing in the program. B. Students will be allowed to use a calculator during the exam. C. With the use of a calculator, the students will need to achieve a 100% on the exam. D. If a student does not have a 100% score on the exam, the student will be directed to return to his/her desk and recalculate the missed questions (if the student missed items are equivalent to 75% or higher). E. If the student has missed more test items than that equivalent to 75% or higher, the student will be directed to remediate for at least one week and retake the math exam. F. Remediation includes the student visiting the math tutor, the retention specialist, or Dr. Maggie Kendrick-Davis. G. This action plan will monitored for compliance by faculty adding item A, B, and C in the course syllabus, discussion at curriculum meetings regarding math exam advancement and the supervision that math exam failure does not prevent students from progressing in the program. H. Failure of the math exam will not keep the student from progressing in the nursing program. A remediation plan will be developed for the student which includes but is not limited to referral to the SRS, referral to the math tutor or pharmacology instructor, and Dr. Kendrick-Davis.	Policy will be implemented Spring 2017

BRN Recommendations	Action Plan	Timeline
Review ATI policy for program progression to reduce student attrition.	***ATI*** A. Lead faculty members will embed ATI in each course throughout the program. B. ATI will no longer prevent a student from progressing in the program. C. All lead faculty will either assign course ATI requirements a point value or make it a final exam. D. In order for the students to receive ATI points, the students must be passing the course with a 75% or better (Expectations are clearly communicated with the students and faculty). E. ATI point values cannot be higher than 10% of the total points of the course. F. All lead faculty members will have the ATI requirements written in the course syllabus. (Implement ATI products consistently in each content area across the curriculum). G. All faculty members will bring syllabi to the last curriculum meeting of the semester and share with faculty to show compliance in each course. (This will be done so the syllabus is in compliance before the start of the next semester). H. Perform a periodic evaluation of ATI policy. I. Encourage student accountability through tracking of their efforts. J. Foster faculty investment through involvement with policy creation. K. If the student does not achieve a level 2 on all ATI exams the student will still progress in the nursing program. A remediation plan will be developed to help the student improve in the areas of weakness. This statement will be added to the student handbook and faculty syllabi. L. Students that do not pass ATI with a level 2 will be referred to the SRS for remediation.	Policy will be implemented Spring 2017

Example of ATI Policy

RN 128 ATI Grading Rubrics

Targeted Medical-Surgical: Cardiovascular Practice Assessment	**Targeted Medical-Surgical**: Respiratory Practice Assessment	**Targeted Medical-Surgical**: Neurological and Musculoskeletal Practice Assessment
4 pts.	**4 pts.**	**4 pts.**
Complete Cardiovascular Practice Assessment (2 pts.) ***Remediation:*** • Minimum two hours **Focused Review (2 pts.)** • For each topic missed, complete an active learning template and/or identify three critical points to remember.	**Complete Respiratory Practice Assessment (2 pts.)** ***Remediation:*** • Minimum two hours **Focused Review (2 pts.)** • For each topic missed, complete an active learning template and/or identify three critical points to remember.	**Complete Neurological and Musculoskeletal Practice Assessment (2 pts.)** ***Remediation:*** • Minimum two hours **Focused Review (2 pts.)** • For each topic missed, complete an active learning template and/or identify three critical points to remember.

RN Adult Medical Surgical Online Practice Assessment A	**RN Adult Medical Surgical Online Practice Assessment B**
4 pts.	**4 pts.**
Complete RN Adult Medical Surgical Online Practice Assessment A **(2 pts.)** ***Remediation:*** The Focused Review must coincide with the percentage of the practice test. It is the discretion of the instructor if the student spent adequate time on the focused review **(2 pts.)**	Complete RN Adult Medical Surgical Online Practice Assessment B **(2 pts.)** ***Remediation:*** The Focused Review must coincide with the percentage of the practice test. It is the discretion of the instructor if the student spent adequate time on the focused review **(2 pts.)**

Example of ATI Policy

RN 128 ATI Grading Rubrics

RN Adult Medical Surgical Proctored Assessment			
Level 3 **4 pts.**	**Level 2** **3 pts.**	**Level 1** **1 pt.**	**Below Level 1** **0 pts.**
Remediation: • Minimum one hour Focused Review • **For each topic missed, complete an active learning template and/or identify three critical points to remember.**	***Remediation:*** • Minimum two hour Focused Review • **For each topic missed, complete an active learning template and/or identify three critical points to remember.**	***Remediation:*** • Minimum three hour Focused Review • **For each topic missed, complete an active learning template and/or identify three critical points to remember**	***Remediation:*** • Minimum four hour Focused Review • **For each topic missed, complete an active learning template and/or identify three critical points to remember**
Proctored Assessment Retake*			
No Retake	**No Retake**	**Retake**	**Retake**
Total Points = 24/24	**Total Points = 23/24**	**Total Points = 22/24**	**Total Points = 21/24**

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

Action Plan: Develop a web based student forum that will open the lines of communication, and disseminate information to the incoming and current students.

BRN Recommendations	Action Plan	Timeline
Increase communication with incoming and current students	Create a website on Canvas to disseminate information on the following topics: • Financial Aide Information • Scholarship Information • ATI dates/times • Conference Events • School events pertaining to nursing • Communication Board/Forum for 1st, 2nd, 3rd, and 4th semester nursing students • Link to National Council of State Boards (NCSBN) website • Link to California Board of Registered Nursing website	• 11/30/2016: Faculty will meet with IT representative to discuss setting up website on the Canvas Board. • 12/1/2016 through 2/2/2017 information will be uploaded to site. • 2/3/2017: Website will be up and running and students will be made aware via canvas email. • Faculty will place link to website in each semester syllabus.

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

Recommendation: Evaluate adequacy of current support services and consider expanding current support services for student success resources.

Action Plan: Expand support services for student success

BRN recommendations	Action Plan	Timeline
Develop and expand the role and responsibilities of student retention specialist as it relates to increasing resources for student success.	Support incoming students' academic preparation. • Create monthly work-shops for students on wait list to assess competencies and provide remediation.	• 1/31/17: SRS will meet with administrative assistant to identify and contact students on wait list. • 1/31/17: SRS will create workshop, scheduled for January 2017, RN119. • 1/31/17: Meet with chair of science department to explore methods to contextualize content.
	Support incoming students' soft skills • SRS to coordinate math, reading, writing credit/non-credit classes.	• 1/31/17: Meet with Student Success department on campus to identify contacts for referral of students requiring remediation in non-science areas. • 1/2/17: Basic skills 23 class open for students needing support in test anxiety, time management, and identifying effective study/learning styles. • 2/3/17: SRS to develop and implement remediation plan for matriculating students who fail ATI on first attempt.
	Revisit Sciences pre-requisites • Assess science competencies • Offer refresher courses • Survey former graduates for success/challenges	• 1/31/17: SRS to contact ATI assessment tools on science content. • 1/31/17: SRS to coordinate workshops for students identified as needing remediation. • 1/31/17: SRS meet with administrative assistant to identify graduates with science >5 yrs. prior to entering program. • 1/31/17: SRS to develop questionnaire to obtain data from identified graduates as to success/challenges experienced during program.
	Strengthen Student Retention Specialist (SRS) role • Recruit MSN interns to work with students requiring remediation. • Expand role of Student Retention Specialist (SRS) from 10 hours per week to 20-30 hours per week.	• 1/31/17: SRS will contact CSULA and CSUDH for prospective MSN students to support with student retention strategies. • 1/31/17: SRS will work with administrative assistant and on campus resources to coordinate services for student remediation, e.g. math, reading, financial aid, and others identified by January 2017. • 1/31/17: SRS title will change to Student Success Coordinator (SSC). • 3/22/17: Department will discuss effectiveness of SSC strategies and identify areas of opportunity. Modifications will be implemented for the second half of the Spring semester. • 5/30/17: Funding model for SSC and its initiatives will be finalized for AY 2017-2018.

Student Retention Specialist

Purpose

The Student Retention Specialist (SRS) will provide a comprehensive and culturally sensitive set of support services designed to ensure the academic success of students as measured by high retention and graduation rates. The SRS will assist students who are experiencing academic difficulty by developing plans for success in coordination and collaboration with the nursing department. They will be responsible for all aspects of assisting with identifying, designing, coordinating and supervising the comprehensive program of academic support services, social services and activities. The SRS will conduct regular meetings with students to assess their needs, assist them with academic planning and goal setting, and monitor their academic success.

Duties and Tasks

1. Provide resources on a variety of topics related to student success; including improving study, testing and time management skills.
2. Develop intervention programs for at-risk students, students with remediation/notification referrals, students with low mid-term grades, and students who are not at 78%.
3. Refer students to additional campus resources (ie. math center, writing center) to assure academic success.
4. Develop and maintain various databases for tracking student success and interventions.
5. Coordinate with campus resources to assure academic success for students.
6. Develop additional programs to serve students experiencing academic difficulty.
7. Conduct exit interviews with withdrawing or non-returning students.
8. Develop specific programs and action plans for readmitted and non-traditional students.
9. Conduct workshops and presentations for students or organizations pertaining to goal setting, time management, study skills, communication skills and value clarification.
10. Collaborate with Financial Aid on workshops pertaining to financial literacy.
11. Assist the Director with special projects that contribute to institutional retention goals.
12. Participate in state, regional and national conferences and meetings to maintain knowledge of current industry best practices and grant guidelines.

Qualifications:

1. Bachelor degree is required, Master’s degree in counseling, education or a related field is preferred.
2. Minimum of 1-2 years of work experience in advising, counseling, and/or related field.
3. Cultural competence and demonstrable strong and effective communication and interpersonal skills.

SECTION 1424(g) - PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS - Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

Recommendation: Consider team building activities to improve communication within levels and throughout the semesters and promote consistency within implementation of a curriculum revision.

Action Plan: Schedule team building activities to improve faculty communication and promote a collegiate environment.

BRN recommendations	Action Plan	Timeline
Team building for faculty	• Schedule team building activities for the faculty.	• 2/3/17: First scheduled team building activity for the faculty. • 3/8/17: Follow up team building activity.

LATTC CONTENT EXPERTS

SECTION 1425(f) - PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS - A content expert shall be an instructor and shall possess the following minimum qualifications:

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

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

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

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

***Recommendation*:** Clarify roles and responsibilities of content expert and ensure that competency is maintained through continuing education or practice.

Action Plan: Develop roles and responsibilities of content experts and ensure compliance with continuing education.

The California Board of Registered Nurses (BRN) defines content expert as “a faculty member who has educational preparation and clinical expertise in one or more of five BRN-designated specialty areas.” The designated specialty areas are geriatrics, medical-surgical nursing, mental health/psychiatric nursing, obstetrics, and pediatrics (CCT section 1420(f) of the CA BRN criteria).

Responsibilities of LATTC Content Experts include*:*

A content expert has the responsibility to review and monitor the program’s entire curricular content for the designated nursing area of geriatrics, medical-surgical, mental health/ psychiatric nursing, obstetrics, and pediatrics.

Content Experts serve as valuable resources providing guidance in both theoretical and clinical curriculum development, implementation, and evaluation. Content Experts serve as a resource person for less experienced faculty in the designated content areas. LATTC content expert have advanced educational preparation and clinical expertise in the designated content area as determined by BRN guidelines for content experts. LATTC content experts serve until changed by the faculty. Program administrators will periodically evaluate the content experts’ eligibility and performance in the nursing program.

LATTC RN Program Content Experts					
Instructor/Content Area	***Areas of Scholarly Expertise and Interest***	***Professional Memberships/Activities***	***Honors and Awards***	***Continuing Education Units & Hours (List year(s), course title, and number of units/contact hours earned)***	***RN Level Clinical Teaching Experience***
Gerontology **Cynthia Ashby, DNP, MSN, PHN, RN** Associate Professor Office: 213-763-7181 Location: MH 208 Email: ashbycm@lattc.edu	• Cardiopulmonary Nursing • Gerontology • Telemetry • Medical-Surgical • Public Health • Case Management • Clinical Supervisor • Associate Dean of Academic Affairs • Hospice Nursing • Home Health Nursing • Military Clinical Nurse • Oncology Nursing • Hemodialysis Nursing • Assistant Director for LATTC 2014-2015	• Fraternal Organization • A member of NLN, ANA, Sigma Theta Tau, and Black Nurses Rock	• Graduated with honors with DNP, MSN, and BSN	• 2015 SNF Training, 40 hrs. • 2015 Dementia Care, 6 hrs. • 2013 ACES Workshop, 6 hrs. • 2012 Nurse Education, 13 hrs. • 2010 Stroke, 4 hrs. • 2014 Advance Directive, 1 hr.	• RN 129 Gerontological/ Community Health Nursing, Theory and Clinical, 2007 to 2015
Medical-Surgical **Paula Johnson, MSN, RN** Associate Professor Office: 213-763-7175 Email: johnsop@lattc.edu	• Medical-Surgical • OB • Telemetry • Interim Director of Nursing	• MLK Community Outreach • Academic Senate • Curriculum Committee		• 2015 Diabetes and Stroke: Making the Connection 2.0 hrs. • 2014 Building Bridges to Optimum Health 6.0 hrs. • 2011 Adult Oncology 10 hrs. • 2011 Nurses Roles in Preventing Antimicrobial Resistance 10 hrs. • 2011 Wound Care 10 hrs.	• RN 121 Fundamental Clinical 2009-2011 • RN 126 Beginning Medical-Surgical Theory and Clinical, 2011-2015
Mental Health **Stephen Brown, DNP, PMHNP-BC** Associate Professor Office: 213-763-7183 Location: MH 208 Email: brownsj@lattc.edu	• DNP 2013 • MSN 2006 • BSN 2004	• Psychiatric Mental Health Nursing • Emergency Nursing • Military Psychiatric Mental Health Nurse practitioner Men's Health Public health Gerontology	• Psychiatric Nurses Association • Member of Men in Nursing	• 2016 Suicide and Adolescents 10 hrs. • 2016 PTSD Psychiatric. 10 hrs. • 2016 Psychopharmacology 30 hrs.	• RN 130 Psychiatric Mental Health Nursing Theory and Clinical 2011 to Present

LATTC RN Program Content Experts					
Instructor/Content Area	***Areas of Scholarly Expertise and Interest***	***Professional Memberships/Activities***	***Honors and Awards***	***Continuing Education Units & Hours (List year(s), course title, and number of units/contact hours earned)***	***RN Level Clinical Teaching Experience***
Maternal-Newborn Health **Christine Chandler, DNP, FNP, ANP-BC. PHN, RN** Associate Professor Office: 213-753-7164 Location: MH 208 Email: chandlcc@lattc.edu	• Women's Health • Gender Health • HIV • Hospice • Public Health • Dermatology • Care Management • Leadership • Student Success • Political Activist	• Sigma Theta Tau • California Association of Nurse Practitioners (CANP) • National Association of Hispanic Nurses (NAHN) • Association of Practitioners in Gynecology and Obstetrics (APGO) <u>Founder & President Harbor-UCLA Nurse Practitioner Alumni Association</u>	• 2012 Graduated with honors DNP, MSN, NP • 2012 Western University Vulnerable Population Service Award • 2007 Harbor-UCLA Women's Health Care Nurse Practitioner Outstanding Educator Award • 2004 TheBody.com HIV Leadership, Outstanding Nursing Award • 1993 Latinas Familiar in recognition and appreciation of continued support and education for the Latino community. • 1992 Harbor-UCLA Outstanding Nurse Practitioner. • 1990 AIDS Project Los Angeles Crystal Apple Award for outstanding service.	• 2015 Perinatal Action towards Quality Care for Mothers and Babies 6.0 hrs. • 2016 1st Annual USC contemporary topics in GYN-OB Care 7.25 • 2016 Leadership & Management for every nurse 30 • 2016 Contraceptive update 8 • 2016 Sexually Transmitted disease and women's health • 2016 Women's health annual visit 6.25	• RN131 Maternal Newborn Health 2009-2016 • RN133 Leadership in Nursing 2010-2016
Pediatrics **Rosalie Villora, DNP, MSN, RN** Associate Professor Office: 213-763-7180 Location: MH 208 Email: villorrc@lattc.edu	• Pediatric Nursing • Medical – Surgical • ICU, SICU, CCU • Telemetry • EKG • Simulation Nursing • Nursing Administration	• Sigma Theta Tau-Member • California Nurses Association-Member • Neonatal Network-Member	• Recipient of Highest Honors Award- DNP, 2013 • Sigma Theta Tau- MSN, 2007 • The National Scholars Honor Society, Member • Los Angeles College Faculty Guild, Member • Pediatric Advance Life Support (PALS), Certified, 2016	• 2015. N1414 Asthma Management in Children and Adults 30 hours • Pediatric Advance Life Support 2 hrs.	• RN 132 Nursing Care of Children and Family, Theory and Clinical, 2011 to 2016

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.7
DATE: January 11, 2017

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval for Napa Valley Associate Degree Nursing Program

REQUESTED BY: Janette Wackerly, Supervising Nursing Education Consultant

BACKGROUND: Janice G Ankenmann MSN, RN CCRN, FNP-C Program Director. A continuing approval visit was conducted on November 18-19, 2014 and February 19, 2015 by Janette Wackerly RN SNEC. The program had 6 areas of non-compliance and nine area of recommendation. At the June 14, 2015 Board meeting Napa Valley College was placed on deferred action.

Napa Valley College Nursing Program is not in compliance with CR 1431 Licensing Examination Pass Rate Standard with the minimum pass rates of seventy-five present (75%) for years 2015 and 2016.

The following areas of non-compliance and recommendation listed below are in compliance with the board rules and regulations:
The Napa Valley College Associate Degree Nursing Program plan for compliance with BRN approval report included implementation of processes correcting the non-compliances and recommendations (attachment Napa Valley College ADN Program Plan for Compliance with BRN Approval Report April 9, 2015)

- 1424 (e) director 80% release time and assistant director 20%
- 1424 (b)(1) Total Program Evaluation
- 1424 (d) Sufficient Resources full time assistant admin
- 1424 (g) Faculty Handbook
- 1426(d) Theory and Clinical concurrent: course mapping and curriculum revisions
- 1426.1 Preceptorship consistent labeling of courses in the program

Recommendations

- 1424(b)(2) faculty improve formal process of student problem identification to resolution. Student Handbook
- 1424 (c) Director authority and responsibility to administer the program; faculty responsibilities 1420(d) and 1420(f) incorporated into Faculty Handbook
- 1424 (j) Director supervision of all levels of faculty: job description and Faculty Handbook
- 1424 (k) clinical facilities course mapping students in alternative site and activated Fall semester 2015
- 1425 (f) Faculty Handbook content expert job description and curriculum work identified
- 1425.1 (b) Faculty Handbook with policies on orientation and mentoring

- 1426 (a) College catalog reflect board approved curriculum theory and clinical units June 17, 2015
- 1426 (f) Develop system of consistent and clear, method of tracking skill competency for each student throughout the program. June 17, 2015, activate Fall semester 2015

In spring/early summer of 2015 Napa Valley College Nursing Program had an assistant director administering the nursing program. On July 6, 2015 the Dean, Health Occupations, Kinesiology, Athletics, Health & Dance notified the SNEC that Janice Ankenmann MSN,RN,CCRN, FNP-C had formally accepted the position of Director of the ADN Program at Napa Valley College. The assistant director is Janet Duffy MS, RN. The Director/Assistant Director job descriptions are finalized.

The director contacted a nurse consultant expert with Elsevier to evaluate Napa Valley Community College Associate Degree Nursing Program curriculum and testing/remediation polices. November 2015 Elsevier consultative expert was chosen and agreed on the contract. Napa Valley administration signed the contract with Elsevier.

Director and faculty working with Elsevier nursing consultant reviewed the NVC curriculum, program philosophy, unifying theme, student requirements for entrance and continuation in the ADN program, Safe Medication Administration. Director and faculty worked to get consistency in the program, including policies that all faculties will follow regarding testing, and remediation. Faculty agreed to the Safe Medication Administration being given on the same day each semester and from a pool of standardized questions that faculty leveled by semester. Faculty agreed to use the same school calendar format, as well as syllabi formatting. This work by the faculty with Elsevier nursing consultant was intense through 2015-2016.

Faculty spent a lot of time on the leveling of SLO's (student learning outcomes) and updating QSEN content and the unifying theme, and data review of HESI scores, student evaluations, and outcomes, and NCLEX test outcomes to better evaluate and revise the curriculum. Faculty Handbook and Student Handbook were completed.

To accomplish the curriculum and program revision work the director and faculty met weekly as a group, several hours each meeting during the semesters. They describe the trying to keep up with the date with data collection evaluation/reporting using Elsevier Curriculum Mapping Guide. The program outcomes, course descriptions course objectives/student learning outcomes and course content, including unit objectives and clinical objectives were mapped using Elsevier Curriculum Mapping Guide.

The first and second consecutive academic years of substandard performance are listed in the chart below, 2014-2015 annual pass rate 72.73% and 2015-2016 annual pass rate 67.74%. The SNEC scheduled a board approval visit on December 12, 2016 meeting with two levels of students, the faculty, and Napa Valley Administration including President, Vice President and Dean to discuss NCLEX below the minimum of 75% and implementation of the major curriculum change which relates to testing and remediation. The administrative team, President,

Vice President and Dean are all in support of faculty planned curriculum improvements including to the NCLEX pass rate about the minimum 75%. The Elsevier nurse consultant identifies the need for a student centered evaluation plan for student "at risk" in the program, tracking students with a systematic plan for evaluation and consequences of not satisfactorily completing the prescribed remediation.

The last report of the NCLEX pass rate for first time test taker 2016-2017 July-September 13 testing with pass rate of 100% for Napa Valley College Nursing Program. Director and faculty are dedicated to the NCLEX pass rate improvement.

NCLEX PASS RATES
FIRST TIME CANDIDATES ***2007-2017***

Napa Valley College

	JUL-SEP			OCT-DEC			JAN-MAR			APR-JUN			ANNUAL RATE		
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2007 - 2008	37	25	67.57%	7	4	57.14%	26	23	88.46%	11	9	81.82%	81	61	75.31%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2008 - 2009	31	23	74.19%	2	1	50.00%	32	27	84.38%	10	8	80.00%	75	59	78.67%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2009 - 2010	31	26	83.87%	1	0	0.00%	34	29	85.29%	3	3	100.00%	69	58	84.06%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2010 - 2011	38	31	81.58%	1	1	100.00%	45	43	95.56%	7	7	100.00%	91	82	90.11%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2011 - 2012	35	31	88.57%	8	8	100.00%	37	34	91.89%	13	9	69.23%	93	82	88.17%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2012 - 2013	29	27	93.10%	2	2	100.00%	37	34	91.89%	5	4	80.00%	73	67	91.78%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2013 - 2014	29	24	82.76%	2	1	50.00%	2	1	50.00%	3	3	100.00%	36	29	80.56%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2014 - 2015	21	15	71.43%	8	6	75.00%	1	0	0.00%	3	3	100.00%	33	24	72.73%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2015 - 2016	24	18	75.00%	3	2	66.67%	3	1	33.33%	1	0	0.00%	31	21	67.74%
	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
2016 - 2017	13	13	100.00%												

Friday, December 09, 2016
Source: NCSBN G1-G6 Reports *G:\NEC\ACCESS\NCLEX Information.mdb*

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant

NAPA VALLEY COLLEGE

April 9, 2015

Dear Ms. Janette Wackerly, MBA, RN
California Board of Registered Nursing
Supervising Nursing Education Consultant
Practice Liaison

RE: **Napa Valley College Associate Degree of Nursing Plan for Compliance with the BRN Approval Report**

The Napa Valley College ADN program recognizes the areas of non-compliance and the recommendations made by the BRN during the approval visit and as in the approval report. Our goal is to provide a current and comprehensive nursing program to our nursing students' that meets all of the California Board of Nursing requirements-- and we will meet all of the requirements herein.

Attached is our plan for compliance, some of which we are already working on, for your review and approval. Some of the updates we are working on now (ex. Faculty Handbook, Student Handbook) can be accomplished in a shorter timeframe but will need revision again once our longer term goals are met. Several of the requirements will require more time to do a thorough and comprehensive update (such as the curriculum). We would like to include consultation with a content expert to assist us with curriculum updates and this will take more time, we project one year from now. When completed, this would need approval of the BRN and then we will need to go through the college's process for curriculum review and approval (perhaps another 3 -6 months). The attached plan includes dates for progress reports to the NEC as well as completed due dates.

We would appreciate your kind consideration for the time needed to do a comprehensive review and update, and we will be mindful of our obligation to our students and the public in the interim.

Respectfully,

Janice Ankenmann

Janice Ankenmann, RN MSN, CCRN, FNP-C
Napa Valley College Associate Degree Director (interim)
2277 Napa Vallejo Highway
Napa, CA 945598

Napa Valley College ADN Plan for Compliance with BRN Approval Report April 9, 2015	RECOMMENDATIO	NON- COMPLIANCE	PLAN	TIME FRAME
Section 1: Program Director/ Assistant Director **SECTION 1424 (e)**		✓		
Non-Compliance: Draft job description Program Director does not meet intent of CCR 1420(h) and suggested release time is insufficient to administer the registered nursing program. Draft job description Assistant director does not meet intent of CCR 1420(c) and no release time at time of approval for Asst. Director. **Non-Compliance:** Director 1420(h) with authority and responsibility to administer the program. The Director coordinates and directs all activities in developing, implementing and managing the nursing program including its fiscal planning. Sufficient release time to administer the program. Formalize job descriptions for director and assistant director			**Nursing Director** job description has been re-written to meet the intent of CCR 1420(h) and to include 80% release time, pending administrative approval. **Assistant Nursing Director** job description has been re-written to meet the intent of CCR1420 (h) and to include 20% release time, pending administrative approval.	Submission of job descriptions to the NEC by **April 14, 2015.** Administrative approval to be complete by **May 4, 2015.** Position(s) to be filled by **July 1, 2015.**
SECTION 2: Total Program Evaluation **SECTION 1424 (b) (1)**		✓		
Non-Compliance: The program does not have a documented plan for total program evaluation for the past 5 years Faculty recognize that formal total program evaluation has not been a part of their regular practice as nurse educators. The evaluation processes needs to assess the effectiveness of the total educational program, including the effectiveness of the evaluation plans as a quality improvement tool. The evaluation reports to include patterns and trends, faculty analysis, outcome analysis (change, resolution).			Total Program Evaluation plan, inclusive of assessment of the effectiveness of the total educational program via quality improvement strategies is being developed.	Total Program Evaluation Plan will be submitted to the NEC for approval **May 4, 2015.**
SECTION 1424 (b) (2)	✓			
Recommendation: Nursing faculty develop the plan for nursing students to address concern through chain of command that starts with classroom or clinical instructor, and move on to the core faculty (full time) and then to the Director as necessary. The process formalized in the Nursing Faculty Handbook with processes and data records identified and utilized. Student Handbook informal processes be improved by identified process explanation and related documentation/forms.			Student Handbook is being updated and revised, inclusive of a chain of command that is specific and accurate. Any required forms will be included in the student handbook for ease of student use and better clarity.	Submission to the NEC for approval by May 4, 2015.

SECTION 1424 (c) **Recommendation**: linkage to 1420 (h) Director authority and responsibility to administer the program, faculty responsibilities 1420(d) and 1420 (F) incorporated into a Faculty Handbook	✓			
			Program Director authority and responsibility in administering the program as well as faculty responsibilities will be incorporated into an ADN faculty handbook.	Submission to the NEC for approval by **May 4, 2015.**
SECTION 3: Sufficiency of Resources **SECTION 1424 (d)** **Non-Compliance:** The report does not identify administrative support for the program in hours per week nor identifying work processes that require administrative support in time per week for evaluative functions: data collection, analysis, evaluation.		✓		
			There are two full time secretaries who assist as needed (with ADN Director prioritization) between 25-50% of time, and there will be a full time Assistant Administrator hired July 1, 2015 who will spend a minimum of 20% of time assisting with ADN data collection and processing to assist in meeting regulatory requirements.	Plan to the NEC by **May 4, 2015.**
SECTION 4: Program Administration and Faculty Qualifications **SECTION 1424 (g)** **Non-Compliance:** Nursing Faculty Handbook not in evidence to support primary responsibilities as defined (1424 (g)) Faculty in retrospect, past five years, do not function as a group of educators producing the ADN program in concert with each other or amongst the first year and second year program components. Mission statement 2009, Program Philosophy 2009, Unifying theme 2009, Program outcomes 2009 are not updated to include Quality and Safety Education of Nursing (QSEN). Inconsistent descriptions of nursing program, NURS courses and Health Occupation and student materials.		✓		
			Nursing Faculty Handbook is in development. Faculty handbook will not meet all criteria listed (mission statement, program philosphy, etc. to include QSEN) until total program evaluation and curriculum revision can be completely updated. All nursing program materials will be reviewed and corrected for consistency.	Preliminary Nursing Faculty Handbook to be submitted to the NEC by **May 4, 2015**. Final product will not be complete until program updates can occur, with expert consultation, within one year(**May 2016**). Will update NEC every four months (**Sept 2016, Jan 2016**) as to current progress. Inconsistencies in nursing program materials will be be corrected by **June 17, 2015**.

SECTION 1424 (j) **Recommendation:** Describe the hierarchy of the faculty in relationship to implementing the curriculum. List relationship of Director through faculty and non-faculty in relationship to implementing the curriculum. Supervision has been inconsistent within the nursing program and organization of faculty.	✓			
			Updated job descriptions of the director and assistant director, along with clearer descriptors of the role of faculty and content experts in the Faculty handbook will meet this recommendation. Supervision has been conistent (on an interim basis) since March 2015 and will be permanently consistent from July 1, 2015.	Submission of job descriptions to the NEC by **April 14, 2015**. Preliminary Nursing Faculty Handbook to be submitted to the NEC by **May 4, 2015.**
SECTION 1425(f) **Recommendation:** Faculty Handbook to implement 1420(F) content expert responsibilities will be incorporated and include review and monitor the entire curriculum content for the designated nursing area. The work is explained and recognized by all faculty. Content experts identified in report, however no related job description and no curriculum work identified for logical and systematic leveling of courses and measurements for meeting Student Learning Outcomes. Integrated content for med/surg, psych, peds, geriatric not clearly delineated by faculty all credentialed in the areas of med/surg, psych, peds, geriatric as required. Janice Ankemann, RN, MSN, CCRN, FNP-C Med/Surg Maria Biddenback RN, BSN, MSN, FNP Pediatric Janet Duffy, RN, MSN Psych/Mental Health & Geriatric Regina Orozco RN, BSN, MSN Obstetric	✓			
			Suggestions to be met via inclusion in the Faculty Handbook and in the Total Evaluation Program plan. Clear demonstration of leveling of content, integration of SLO's, and credentialled faculty teaching appropriate content will be demonstrated.	Preliminary Nursing Faculty Handbook to be submitted to the NEC by **May 4, 2015**. Total Program Evaluation Plan will be submitted to the NEC for approval **May 4, 2015**, inclusive of plan for demonstrating leveling of content, integration of SLO's, and credentialled faculty teaching appropraite content.
SECTION 5: Curriculum **SECTION 1425.1 (a)** **Recommendation:** When planning the total program evaluation include student reporting consistent implementation of philosophy and framework across the curriculum.	✓			
			Students will report consistent implementation of philosophy and framework across the curriculum when verbally questioned and during post course and post program evaluation	Total Program Evaluation Plan will be submitted to the NEC for approval **May 4, 2015.**
SECTION 1425.1 (b)	✓			

Recommendation: Develop policy for orientation of new faculty members, including processes in Faculty Handbook.			New faculty orientation will be included in the Faculty handbook.	Nursing Faculty Handbook to be submitted to the NEC by **May 4, 2015.**

SECTION 1426 (a)	✓			
Recommendation: The College Handbook pages 145-146 Total Units 74.5-85.5. Update all documents to reflect current approved curriculum.			All nursing program materials will be reviewed and corrected for consistency.	Inconsistencies in nursing program materials will be be corrected by **June 17, 2015.**
SECTION 1426 (b)	✓			
Recommendation: Teaching, and QSEN look at updating core concepts such as patient centered care, teamwork and collaboration, evidence-based practice, clinical judgment quality improvement, information competency and professionalism.			Total program evaluation and curriculum updates (inclusive of mission statement, program philosphy, etc.), will clearly be reflective of QSEN core concepts.	Program updates, with expert consultation, within one year (**May 2016**). Will update NEC every four months (**May 2015, Sept 2016, Jan 2016 and completed May 2016)** as to current progress.
SECTION 1426 (c)	✓			
Recommendation: Societal/cultural **???** 3 units			This is a co-requisite currently that is a requirement for acheivement of the associates degree and would be best grouped with pre-requisiste classes.	Program updates, with expert consultation, within one year (**May 2016**). Will update NEC every four months (**May 2015, Sept 2016, Jan 2016 and completed May 2016)** as to current progress.
SECTION 1426 (d)		✓		

Non-Compliance: Theory and clinical shall be concurrent: Pediatric Nurs 141-142; NURS143-144; NURS 245; NURS 246-NURS247; NURS 248, NURS 249-Nurs 250. Provide course mapping of theory with clinical providing evidence of concurrency within the semesters: pediatric clinical and other med/surg, psych, peds, geri related to theory. (EDP-P-05) Clinical mapping needs to also verify theory to clinical practice for psych and geri (EDP-P-05). All faculty need approval in semester courses med/surg/children/psych/geri with current practice with students in clinical, current CE or academic program. Only OB as having theory and clinical not related as integrated content.			Course mapping will be developed to clearly demsonstrate concurrency of theory and clinical.	Draft of current program mapping to NEC by **June 17, 2015** and completed with curriculum update within one year (**May 2016**).

SECTION 1426 (e)	✓			
Recommendation: Humanities **??**			This is a co-requisite currently that is a requirement for acheivement of the associates degree and would be best grouped with pre-requisiste classes. After BRN approval of course updates, curricular changes will need to be made within campus structure.	Program updates, with expert consultation, within one year (**May 2016**). Will update NEC every four months (**May 2015, Sept 2016, Jan 2016 and completed May 2016**) as to current progress.
SECTION 1426.1 Preceptorship (a)		✓		
Non-Compliance: why the titling on HEOC, other still NURS? Please look at the course objective #7. How can HESI Exit Exam? Explain process and outcome to BRN.			Course objective #7 has been eliminated. Forms all are titled as NURS 250. Preceptorship process is clearly explained in Introduction to Preceptorship in NURS 250 syllabus.	To be submitted to the NEC by **May 4, 2015.**
SECTION 1426.1 (b)		✓		
Non-Compliance: Report from program director that HESI Exit Exam removed from NURS 250			Request approval by NEC that the HESI exit exam be approved to be moved to NURS 249 so that remediation may occur in the same semester but final course of the program .	Request to be provided to the NEC by **May 4, 2015.**
SECTION 6: Clinical Facilities **SECTION 1424 (k)** Mapping of Courses Recommendation	✓			

Recommendation: Mapping by course (s), identify nursing students on alternative clinical placement in acute care when facility has reduced number of nursing students on a care unit/floor.			Course mapping will be developed to clearly demsonstrate nursing students in alternative clinical placements when facility has reduced number of nursing students on a unit.	Plan to NEC **June 17, 2015**. To be activated in **Fall semester, 2015**.
SECTION 1426 (f)	✓			
Recommendation: develop a system of consistent and clear demonstration of skills competency by student for example use of rubrics for theory, clinical and simulation based QSEN.			As program updates are made, will work on consistent method of assuring and tracking skill competency for each student throughout the program.	Plan to NEC **June 17, 2015**. To be activated in **Fall semester, 2015.**

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.8
DATE: January 11, 2016

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for San Diego City College (SDCC) Associate Degree Nursing Program

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Ms. Raelene Brooks, Associate Dean/Director Nursing Education is the program director appointed June 2016, with 100% release time for administration of the RN program. Ms. Dometrives Armstrong, Ms. Rhonna Porch and Ms. Kris Hale serve in the assistant director role. This ACEN accredited program began in 1971 as an LVN-RN program, with the generic program established in 1995. There are 60-66 generic students enrolled each Fall and 10-20 LVN advanced placement students enrolled each Spring to maintain second–year student enrollment of ~70.

A regularly scheduled continuing approval visit was conducted on December 7-8, 2016 by Nursing Education Consultants Loretta Chouinard and Leslie A. Moody. There were no areas of noncompliance. Two recommendations were written for CCR Section 1427(c)(2) clinical affiliation agreement and CCR Section 1426(b) Required Curriculum with related CCR Section 1426(f) clinical performance evaluation tools. The program has improvement activities in process to address these areas.

College leadership continues in strong support of the nursing program and is committed to ensuring resources to support program delivery at existing level. There are no plans in the near future for major program changes, but the college does plan to continue pursuit of approval to offer a BSN program. Students currently have the opportunity to complete a BSN through courses offered on the SDCC campus by Point Loma Nazarene University.

First-year students report some anxiety regarding implementation of new approaches such as flipped classroom and concept maps, but are otherwise satisfied with their program experience. Second-year students express a high degree of satisfaction with clinical and classroom learning experiences. Faculty are cohesive, knowledgeable and actively engaged in ensuring quality program delivery. Graduate NCLEX-RN outcomes are consistently above minimum required threshold.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Loretta Chouinard, MSN, RNC
Nursing Education Consultant

Report of Findings
San Diego City College Associate Degree Nursing Program
Continuing Approval Visit
December 7-8, 2016

Non- Compliance:

None

Recommendations:

CCR Section 1426(b) Required Curriculum. The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.
And related CCR Section 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.
Recommendation: Review and map curriculum, and revise as needed to ensure current content and clear articulation of progressive complexity of nursing skills in course outcome statements and clinical performance evaluation criteria across the curriculum.

CCR Section 1427(c)(2) Provision for orientation of faculty and students.
Recommendation: Clearly indicate provision for orientation of students in the clinical affiliation agreement template.

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: San Diego City College Associate Degree Nursing Program

DATE OF VISIT: December 7-8, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.	X		Raelene Brooks, MSN, RN, Associate Dean is the program director since June 6, 2016. She meets all qualifications and BRN approval is on file.
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Dometrives Armstrong, MSN, FNP, RN; Rhonna Porch, MSN, RN; and Kris Hale, MSN, RN are all tenured faculty who participate in the role of assistant director and meet qualifications with BRN approval on file.
1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		Ms. Brooks has 100% release time for administration of the RN program with no other programs assigned. Ms. Armstrong and Ms. Porch have 0% release time regularly allotted. Ms. Hale additionally is the Department Chair and has 30% release time allotted.

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: San Diego City College Associate Degree Nursing Program

DATE OF VISIT: December 7-8, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		Faculty assigned to role of assistant director are BRN approved and tenured. By job description, the duties of the program director are delegated to the assistant director when the director is absent. The three faculty who provide assistant director support are knowledgeable and current. College administrators are making future budget provisions to include allowances for assistant director development activities such as attendance at BRN Board meetings and annual BRN Update and COADN conferences.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Policies/procedures are presented in writing and online at the college website in the Student Handbook, Faculty Handbook and College Catalogue.
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		There is a written plan for evaluation of the total program and all required elements are monitored. There are recent improvements evident regarding implementation of the plan with documentation of data review/analysis/application, implementation of corrective actions and follow-up evaluation. Faculty have identified 22-30% attrition occurring for the LVN-RN sub-cohort and are aware of 10% decline over the past 5 years in NCLEX annual pass rate, which has been determined mostly related to the LVN-RN graduates. Specific student support measures have been implemented and faculty is working on revising content in the transition course to ensure LVNs are appropriately prepared for success in 2nd year nursing courses. This will continue to be

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			monitored with additional interventions implemented as opportunities/needs are identified. Reliance upon data to drive program improvement decisions has been strengthened.
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		Written policies in the Student Handbook and College Catalogue describe informal and formal problem-solving processes within the nursing department and the college's grievance process. Program reports no formal grievances filed in the past 5 years.
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		Organizational chart includes required elements and reflects appropriate relationships, lines of authority and channels of communication.
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		The college catalogue provides information for procedure regarding transfer of units and challenge examination to demonstrate prior knowledge. The nursing program provides additional procedures for obtaining credit via transfer or challenge examination for both theory and clinical components, with a policy in place that specifically addresses the procedure for applicants with relevant military experience and/or education.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for	X		Outcomes are consistently above required minimum pass rate. 2010-11 90.00% (60 taken/54 passed) 2011-12 96.77% (62/60) 2012-13 96.55% (58/56) 2013-14 92.31% (52/48) 2014-15 87.50% (56/49)

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increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.			2015-16 86.76% (68/59) 2016-17 95.33 (30/28) for 1st quarter (Jul-Sep) Faculty and program leadership have recognized 10% drop in outcomes across 2010-2016 and have identified that this is majorly related to the LVN-RN advanced placement sub-cohort outcomes. Student support measures have been implemented, the transition course is currently being reviewed to ensure strength and scope of content, and addition of 0.5-1 unit to allow for additional content and instruction is being considered. Additionally, faculty are planning a thorough in-depth review of total program curriculum to begin in the next year.
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution	X		The program has provided timely notifications of all changes as required.

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of higher education with which it is affiliated.			
SECTION 3: SUFFICIENCY OF RESOURCES 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	X		Faculty: There are 11 full-time faculty positions, one of which is grant-funded, and 10 Part-time faculty. Three full-time faculty positions have recently become vacant. The college is actively recruiting, has had good applicant response, and will have the positions filled by March 2017. Revision of the hours:FTE value for calculation of lab instructors load will create the need for additional faculty. College administrators are aware and have assured future budgets will address this need. Physical plant: The nursing department resides on the 3rd floor of the "V" building – Career Technology Center. Approximately 18,000 sq' provides adequate and appropriately furnished/equipped space for offices, classrooms and labs necessary for program delivery. Support Staff: A full-time Senior Clerk provides support for program leadership and faculty. The program employs a Nursing Student Success Advisor and a Nursing Counselor which are both supported by grant funds. In a meeting with college leadership, Interim President Whisenhunt and Dr. Spradley, Dean of Math/Science/Engineering/Nursing assurances were given that college budget would ensure continuation of all necessary program resources including Nursing Student Success Advisor and Nursing Counsellor positions in the event that grant funds become unavailable. Skills/Sim Labs: The skills lab has 11 care stations with appropriate furnishings, mannequins and supplies for instruction and student practice. The Sim lab has six rooms, each with a control room, and are equipped with Sim Man, Baby Sim and Birthing Noelle mannequins as well as appropriate furnishings and supplies to conduct simulation activities.

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			Technology/ software: The nursing department maintains a collection of audiovisual and print materials, and computer programs to support nursing instruction and provide students with nursing specific reference resources. There is a 20 seat computer lab for student use and 20 laptop computers that are used in classroom; an adjacent building houses an 80 seat computer lab that can be scheduled for use by the nursing department when needed for large-group testing. Campus wide resources include Learning Resource Center, Academic Success Center (English, Math and Tutorial Centers), individual and group tutors when needed,, Student Mental Health Services, and other standard college service offices (financial aid, DSPS, etc.). The campus library maintains print references and journals in addition to on-line resources access, providing adequate resources to support nursing students and faculty. The librarian and program faculty continue to collaborate to ensure availability of current and adequate reference resources for students and faculty.
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-	X		BRN approvals on file for Raelene Brooks, program director, Dometrives Armstrong, Rhonna Porch, and Kris Hale assistant directors, and all program faculty. BRN is appropriately notified regarding new director/ assistant director/faculty approvals, faculty reclassification, and terminations.

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03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:			
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		Faculty have responsibility for policy/procedure development, curriculum development/management, program delivery and evaluation, by job description and program policies as presented in the Faculty Handbook. Regularly held all-faculty meetings and faculty committee meetings provide the venues and structure for these activities.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		Faculty group includes full-time Instructors who are BRN approved at Instructor level for each of the content areas. The college is currently recruiting to 3 full-time faculty positions with hiring anticipated to be complete in March 2017.
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		Organizational chart reflects required reporting relationships.
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated	X		BRN approvals on file for all faculty reflecting minimum qualifications are met.

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nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.			
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		BRN approvals on file for all faculty reflecting minimum qualifications are met.
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	N/A		CTA level faculty not currently utilized.
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and	X		Content experts are identified as: M/S: Armstrong, Dometrives Cooper, Sherry G: Hale, Kris O: Johnson, Anita

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shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.			C: Johnson, Anita PMH: Porch, Rhonna Content experts maintain expertise through clinical instruction, clinical practice and continuing education. The role of content expert is described in policy that is maintained in the Faculty Handbook. Content experts regularly review and revise content to ensure it reflects current knowledge and practice.
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X		The written statement of philosophy and objectives are presented on the program webpages and in faculty and student handbooks. All required elements are represented in the statements, and these structural concepts are evident in course objective/goal statements. The curriculum format is identified as simple-to-complex.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Per job description faculty assume responsibility. Team approach is used for course instruction with a designated course coordinator. Faculty have recently implemented updated instructional methodologies including use of flipped-classroom, concept mapping, and strengthened use of ATI and related remediation tools. These changes have caused some student anxiety and faculty continue work to facilitate student

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			understanding and adoption of these more effective teaching/learning approaches.
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		Orientation of new faculty is an organized process described in policy consisting of college, nursing department and teaching assignment specific orientation.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Faculty maintain clinical competency through varying combinations of clinical practice, clinical instruction and continuing education.
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		BRN approved curriculum on file (3/30/2010).
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The foundation for the curriculum is provided in the philosophy and conceptual framework with identified threads, student learning outcomes and role dimensions to frame content and instructional delivery. The nursing process is reflected throughout. There have been no revisions to the curriculum in the past five years. Course outcome statements do not clearly reflect progression of skill/knowledge complexity across the curriculum, and related statement of performance expectations on clinical evaluation tools for Med/Surg courses are nonspecific. Students report good communication and direction from faculty, but would

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			like to have more specific definition of clinical expectations. **<u>Recommendation</u>: Review and map curriculum, and revise as needed to ensure current content and clear articulation of progressive complexity of nursing skills in course outcome statements and clinical performance evaluation criteria across the curriculum.**
1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		BRN approved curriculum on file which meets requirements.
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain	X		Each of the nursing content courses have a concurrent theory and clinical component with instructional outcome statements and content which include required elements.

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management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.			
1426(c) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All required elements are reflected in the approved curriculum and course syllabi.
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum.	X		The program curriculum includes a final semester preceptorship course Leadership in Nursing (NE246). All required criteria are adhered to regarding delivery, monitoring and documentation for preceptorship course and activities.
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:	X		Program courses are presented in 16-week semester format with

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(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.			required formula applied for calculation of course hours.
SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		
1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	X		BRN approvals are on file for all clinical facilities utilized by the program for clinical placements.
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning	X		Written agreements are maintained for all clinical facility partners and executed agreements reflect provision for all required

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environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program			elements. The program's facility agreement template does not specifically address orientation of students, though other program documentation and students report reflects facility orientation(s) are regularly completed. **<u>Recommendation</u>: Clearly indicate provision for orientation of students in the clinical affiliation agreement template.**
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		Program utilizes the San Diego Nursing Service and Education Consortium for clinical placements.
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		These criteria are applied per program policy.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		The curriculum is designed to present concepts in a simple-to-complex format. Course syllabi contain objective and outcome statements specific to content, and there is a clinical evaluation tool for each course. Outcome statements and clinical evaluation tool criteria statements tend to be generic and do not completely reflect levelling of performance expectations.

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			Recommendation: see Recommendation in 1426(b)
1428. Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X X		Elected class officers and student representatives for each of the 1st and 2nd years of the nursing program participate in annual Student Services Committee meetings for review of program policies/procedures, faculty and curriculum meetings are open to all students. Faculty meeting minutes reflect student representative participation. Students additionally participate in program evaluation through anonymous completion of course, clinical agency and instructor surveys, which data is presented at faculty meetings and considered action taken as needed.
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		The LVN 30 Unit Option is mapped in the BRN approved Required Curriculum: Content Required For Licensure, requires 29 units of coursework , and contains required courses and content.
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	X		Nursing counselor reports inquiries regarding this option are very rare. There have been no 30 Unit Option students apply or complete in the past five years.

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1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		29 units required which includes required courses and level.

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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2.9
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval for Victor Valley College Associate Degree Nursing Program

REQUESTED BY: Wayne Boyer, Nursing Education Consultant

BACKGROUND: Patricia Luther, Ed.D, MSN, RN was appointed as the Interim Director of Nursing 11/1/2016. She was previously Dean of Health Science, Public Safety, and Industrial Technology. She was also previously Director of Nursing and Allied Health. She has 100% release time to administer the program. Ms. Renate Longoria is Assistant Director and full-time faculty. She has 20% release time to assist with the administration of the program. A search has been ongoing for a permanent Director since November 2015. The remote location of Victor Valley College, in the High Desert region of Southern California, has resulted in a lack of qualified applicants.

Wayne Boyer and Miyo Minato, NECs, conducted this regularly-scheduled continuing approval visit from November 8th and 9th, 2016. The program was found to be in compliance with the Board's rules and regulations. One recommendation was given related to CCR 1424(a) Curriculum to better align organizing framework, theoretical framework, and course objectives with program outcome objectives and to include current nursing trends. The Report of Findings and the program's response are attached for the Committee's reference.

The current curriculum has been in place since 1999 with few revisions. The theoretical framework utilizes long standing nursing and behavioral theorists. Current nursing trends are discussed in class, but are not a component of the framework or identified as course objectives. The organizing framework is not in alignment with current theoretical framework. The Program Outcome Objectives do not reflect the identified theoretical or organizing frameworks.

The program has responded to the recommendations and is anxious to begin the curriculum revision process beginning spring 2017.

Resources are adequate to support student learning. The Nursing Program is housed in the newly constructed Health and Science building, encompassing 25,000 sq. feet and includes the Nursing Fundamentals Lab, the Nursing Simulation Center, the Digital Teaching Lab, and individual faculty offices. The dedicated Nursing Simulation Center came online in August 2015. The $20 million center is comprised of 15 rooms divided into 5 simulation labs. Campus wide support for the Nursing Program is robust.

154 students are currently in the Victor Valley College Associate Degree Registered Nursing Program. The program admits 46 new students in fall and spring semesters. The program has

surpassed the minimum NCLEX-RN passing of 75% for the past 5 years ranging from 89.81% (2010-2011) to 98.41% (2014-2015). The faculty is cohesive and committed to student success. The CCCCO Multiple Criteria is utilized for student admissions. The program is recognized in the community for its excellence and the quality of the graduates. Graduates readily gain employment in local health care facilities. The program has an articulation agreement with Azusa Pacific University so graduates have the ability to earn a BSN degree locally.

There is a systematic total program evaluation plan that analyzes timely program completion, attrition, and NCLEX pass rates annually. Course and program online surveys are completed regularly by students, faculty, clinical affiliates, and employers. Analysis and action plans are written and reported regularly at meetings of the Admissions, Evaluation Program Effectiveness Committee.

NEXT STEPS: Place on Board Agenda.

PERSON(S) TO CONTACT:

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Report of Findings
Victor Valley College
Associate Degree Nursing Program
Continuing Approval Visit
November 8 & 9, 2016

Non- Compliance:

1. **None**

Recommendations:

CCR Section 1424(a): There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

Recommendation:

1. Consider the review and revision of total curriculum to include new and updated contemporary nursing trends (IOM report, QSEN competencies).
   Better align organizing framework, theoretical framework, and course objectives with program outcome objectives. Revise curriculum to reduce number of adjunct faculty needed to deliver course.

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or (5) Equivalent experience and/or education, as determined by the board.	X		Dr. Patricia Luther is the Interim Director of Nursing. She holds both a Master of Science in Nursing and a Doctorate of Educational Leadership. She was appointed 11/1/16. She was previously Dean of Health Science, Public Safety, and Industrial Technology from 8/08 to 6/15. She was Director of Nursing and Allied Health at Victor Valley College from 08/97 to 8/08
1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Ms. Renate Longoria is Assistant Director. She holds a MSN degree, Instructor Approval, and served as Interim Program Director from 10/13/15 to 11/1/16.
1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		Dr. Luther has 100% faculty release time for the administration of the RN program. Ms. Longoria has 20% release time to assist with the administration of the RN program.

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1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		Ms. Longoria has authority to function as the Program Director in his/her absence.
SECTION 2: TOTAL PROGRAM EVALUATION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Program Policies and Procedures reflect the philosophy, of the institution and program. Program Policies and Procedures are available in the Nursing Student Hand Book (pgs. 10-12) and the College Catalog (pg. 378).
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		There is a systematic total program evaluation plan that analyzes timely program completion, attrition, and NCLEX pass rates annually. Course, faculty, facility, and program surveys are completed regularly by students. New Graduate and Employer Satisfaction surveys are distributed electronically. Data are analyzed at Admissions, Evaluation Program Effectiveness Committee meetings conducted at the end of each semester.
1424(b)(2) The program shall have a procedure for resolving student grievances.	X		A procedure for resolving student grievances is described in the Nursing Student Hand Book (pgs. 48-51) and College Catalog (pg. 57).

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1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of	X		Nursing Student Handbook includes: 1. Victor Valley College Organizational Chart for the Nursing Department 2. Nursing Program Organization 3. Nursing Organizational Chart for Clinical Affiliations
1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Challenge options are available to qualified applicants with prior education and/or health care related experiences and presented in the Nursing Student Handbook (pg. 54) and College Catalog (pgs. 50-51). There is a process for review of transcripts to award credit for transfer students via a committee structure. Counselors provide information regarding transfer and challenge. College credit, up to 32 unites, earned by "Non-traditional means" (CLEP, AP, DANTES, Department Exam, Military) may be applicable toward the Associate Degree.
1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.	X		Current NCLEX pass rates for VVC Program ranged from 89.81% (2010-2011) to 98.41% (2014-2015). Over the past five years the program demonstrates a consistent pattern of NCLEX success with first attempt pass rates of above 85%.

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(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.			
1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) 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. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	**X**		The last Major Curriculum change was approved in 1990. A Minor Curriculum Revision was approved 5/20/2013 to change the Advanced Placement Options for LVNs. LVN-ADN Option students are required to successfully challenge NUR 246 (3 units) Assessment and Nursing Skills course or will need to enroll and complete this course. LVN 30 Unit Option students are required to take this course as part of the option prior to enrolling into NUR 223 and 224.

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SECTION 3: SUFFICIENCY OF RESOURCES (d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	**X**		154 students are currently in the Victor Valley College Associate Degree Registered Nursing Program. The program admits 46 new students in fall and spring semesters. **Faculty:** The VVC ADN Program has 8-full time and 32 part-time nursing faculty. All full-time faculty hold MSN degrees. Nine adjunct/part-time faculty hold MSN degrees. The program maintains two full-time faculty members per semester for theory instruction and course management duties. The program continues to use a large number of adjunct faculty in course delivery. Recruitment of qualified adjunct faculty is a problem, especially adjunct faculty for pediatrics. The Program Director has 100% release time for program administration. The Assistant Director has 20% release time for AD duties. One full-time faculty has 20% release time for Department Chair responsibilities. Grant Funding supported a Skills Lab Coordinator (2011-2013). The position has been vacant since 2013 with the position being replaced by full and part-time faculty. Six part-time faculty have been cross-trained to provide simulation experience for students. Fiscal resources for a full-time Skills Lab Coordinator are being sought. **Non-Teaching Faculty:** A Nursing Counselor is assigned from student counselling and is supported by college funding. **Support Staff:** The Nursing Program is supported by one full-time administrative assistant and one substitute office assistant. There are one part-time instructional assistant, one part-time skills lab assistant (seeking one additional) and two Sim Lab Assistants.

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			Physical Space: The Health and Science building is a newly constructed, 25,000 sq. foot building that includes the Nursing Fundamentals Lab, the Nursing Simulation Center, the Digital Teaching Lab, and four labs utilized by the Anatomy, Biology, and Chemistry departments. The adjacent, older Allied Health Building houses a Remediation Skills Lab and three smart classrooms. The Nursing Fundamentals Lab has 8 permanent beds and seating for up to 30 students. In additional, the classroom is designed to transform between a dedicated lab and a hybrid lab/classroom, so 6 additional hospital beds can be substituted as needed by the requirements of the specific course. The 8 patient station areas consist of a bed, privacy curtains, over-bed table, bedside table, and headers with suction, air, oxygen, and electrical outlets. The Lab is designed as a smart classroom and can accommodate up to 30 students for lecture/demonstration. All labs have multiple handwashing stations. An industrial size washer and dryer are available for the laundering of linens. **Nursing Skills Lab/Simulation:** A dedicated Nursing Simulation Center came online in August 2015 and is located in the Health and Science Building. The $20 million center is comprised of 15 rooms divided into 5 simulation labs, each lab consists of a control room, an observation room, and a simulation lab. Each lab can accommodate 10 students at a time. The Nursing Simulation Center uses various Hi-Fidelity mannequins, including CAE IStan, CAE Lucina, CAE MetiMan, Gaumard Pediatric Hal, Gaumard Baby Hal. Middle and Low-Fidelity mannequins are also utilized. Ample space is provided for experiences simulating MS, Peds, OB, and MH nursing

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			interactions. **Equipment/Supplies:** Each faculty member has a private office located in the Allied Health Building. Conference room space is also available. Each faculty has access to a VVC email address and access to the college phone message system. The program has a specific secure VVC Nursing Website, a student driven nursing social media site for each semester and utilization of Blackboard site. **Other:** Four RN tutors (PT) in Skills Lab for Fundamentals skills practice, remediation, and Open Lab; a Nursing Mentorship Program of peers who serve as facilitators of success; tutoring; Externships/Student Work Experience. **Campus Support Services**: The VVC Library supports the Nursing Program. The library is open 65 hours/week, including evenings and Saturdays. The two-story building includes 30 Internet accessible computers, free computer printing, unlimited wireless access, photocopiers, 355 individual seats, five small group study rooms with whiteboards, a large group study room with whiteboard and TV/DVD player, 10 media viewing stations, two classrooms and a library instruction room. Learning resources for nursing students are available in print, online, and media formats (EbscoHost, Medline and Proquest). Materials may be checked out or are on reserve for use in the library. **Technology:** Blackboard course management system; Health Science Computer lab used for exams; 2 Part-time Health Science Technicians maintain the classrooms, labs, computer lab, and assist with equipment purchasing and simulation set-up; Health Professions Lab assists students with equipment and technology resources in nursing department; Health Professions Computer

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			Center has variety of computer programs including NCLEX-RN simulation; **Funding/Grants:** Program funds are from the college general funds. Additional funding has been obtained via an Enrollment Growth Grant and Retention and Remediation Grant that has funded 50% release time for a Simulation Coordinator. Kaiser Permanente has contributed in access of $10,000
SECTION 4:PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS: 1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	X		Director, Assistant Director and all faculty are approved. The current program director is interim. A search for a permanent director has been ongoing beginning 11/2015. Recruitment is an issue. The college is located in a more remote location in the High Desert of Southern California. Applicants have been interviewed for the permanent position by a hiring committee, but have been determined to be unqualified. The previous interim director continued as faculty with insufficient release time (20%) to adequately manage the program.
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		Faculty has the primary responsibility for developing, reviewing and revising all dimensions of the program. Faculty meets regularly for general program business as well as for committee

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			business. Full-time faculty are required to attend and part-time faculty are encouraged to attend. Adjunct faculty are required to attend a meeting twice a year before start of each semester. Meeting minutes are emailed to all faculty.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		Faculty is sufficient in number and experience to meet program objectives. Program continues to search for adjunct pediatric instructors
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		Organization chart and Assistant Director Job Description defines reporting responsibilities.
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		Instructor level BRN approval has been obtained for 9 faculty members per BRN files

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1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		Assistant Instructor level BRN approval has been obtained for 27 faculty members per BRN files
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	X		Clinical Teaching Assistant level BRN approval has been obtained for 6 faculty members per BRN files.
1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2)	X		Content Experts: Ms. Renate Longoira, MSN, MS, possesses ANCC Certification Ms. Starlie Luna, MSN, OB/Peds, CEUs Mr. Anthony Phillips, MSN, P/MH, possesses Certification Mr. John Currie, MSN, P/MH, possesses ANCC Certification Mr. Albert Rennie, MSN, P/MH, CEUs and work experience. Ms. Sally Thibeault, MSHS, Gero, CEUs

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semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.			
SECTION 5: CURRICULUM 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	**X**		The program has a written statement of philosophy and objectives that addresses all required elements.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Faculty members participate in developing program policies and procedures, planning, organizing, implementing, and evaluating aspects of the program. Faculty participate in committees: • Curriculum Committee • Admissions, Evaluation Program Effectiveness Committee • Student Faculty Meetings • Nursing Process Level Meetings • All Faculty Committee Meeting

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1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		New faculty participates in a college orientation. There is a structured orientation for new nursing faculty and a faculty mentoring program in place. New Faculty Handbooks are also provided.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Program documents illustrate that all faculty have current competency for their assigned content area. Faculty maintain currency through participation in inservice education, clinical practice, employment in clinical setting, and/or clinical instruction.
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		The curriculum is BRN approved and revisions have been submitted for approval prior to implementation as required.
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		The themes incorporated in the organizing framework are eclectic including such concepts as systems, and change theory using the Nursing Process and critical thinking to assist the client's adaptation to achieve and maintain homoekinesis. The components of the curriculum are arranged around the client from more fixed attributes, such as the client's bio-psycho-social, cultural, spiritual, and environmental, to those over which the nurse has more influence, e.g., interpersonal communication,

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			safety, and teaching/learning. The theoretical framework utilizes long standing nursing and behavioral theorists. Current nursing trends are discussed in class, but are not a component of the framework or identified as course objectives. The organizing framework is not in alignment with current theoretical framework. The Program Outcome Objectives are reflective of neither the theoretical or organizing frameworks. **Recommendation:** Consider the review and revision of total curriculum to include new and updated contemporary nursing trends (IOM report, QSEN competencies). Better align organizing framework, theoretical framework, and course objectives with program outcome objectives. Revise curriculum to reduce number of adjunct faculty needed to deliver course.
1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.	**X**		Total content required for licensure is 73 units; ADN degree requires 80 units. Semester = 16 weeks **<u>Total Nursing units- 42 semester units</u>** Total Theory 21.00- units Total Clinical 21.00- units **<u>Comunication-7 Semester units</u>** Human Communication, Family Communication, Group Discussion, or Public Speaking: -3 units English Composition and Reading: - 4 units

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(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.			**Related Sciences-24 semester units** Anatomy = 5 units Physiology = 5 units Microbiology = 5 units Gen Psych = 3 units Dev Psych = 3 units Sociology = 3 units **Degree Completion – 7 semester units** Mathematics = 3 units Humanities = 3 units Phys Ed = 1 unit
1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.	X		All Theory and Clinical courses are conducted concurrently. Course syllabi identified terminal outcomes reflected in all courses. Program has integrated simulation in all courses. Nursing Courses are entitled Nursing Process 1-IV by semester MS/OB/Peds content presented in NP II (Nursing 222) MS/PMH content presented in NP III (Nursing 223, PMH weeks 11-15) MS and Geriatric content presented in NP IV (Nursing 224 in conjunction with Community Health)

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1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		The components of the curriculum are arranged around the client from more fixed attributes, such as the client's bio-psycho-social, cultural, spiritual, and environmental, to those over which the nurse has more influence, e.g., health and wellness, interpersonal communication, safety, and teaching/learning, growth and development, and professionalism.
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;	X		Preceptors are utilized in the program in the 4th semester. BRN approval for preceptorship program was obtained over 15 years ago. Students are supervised by RN preceptors who are not faculty. FT faculty provide for an orientation and afterwards work closely and communicate with preceptors via site visits, telephone, text and email. Preceptors receive a Preceptor Orientation Packet.

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(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the following criteria:			

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(1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements			
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The BRN approved curriculum is presented in semester units and in accordance with the required formula.
SECTION 6 CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program	X		Program faculty oversees student learning and their progress in the clinical settings.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program. 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program	X		Nursing 224 (4th semester) includes a preceptor component. Documentation describes responsibilities. The program has obtained BRN approval for all clinical training

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: Victor Valley College Associate Degree Nursing Program

DATE OF VISIT: November 8 & 9, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.			sites.
1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	X		Clinical Facility Use Contract meets regulations.
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		Faculty and program administration meet with representatives from potential clinical sites to assure availability of resources.
1424(k) The student/teacher ratio in the clinical setting shall be based			

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

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PROGRAM NAME: Victor Valley College Associate Degree Nursing Program

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on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		Faculty to student ratio in most instructional areas is 1:10. Higher acuity areas have specified 2 to 4 students to one clinical instructor.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Clinical Progress Record
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		The program has various methods for students to be active participant throughout their academic period in the program. There are meetings scheduled throughout the month which include Admission Evaluation and Program Effectiveness, Curriculum, and California Nursing Student Association. Additionally, students are encouraged to attend and participate in the annual Advisory Committee Meetings Clinical groups for each semester select student representatives who attend the Student-Faculty meeting.
Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of	X		Victor Valley College has two options for the LVN. The LVN to RN Entry Option is an advanced placement. Accepted students must successfully pass Nursing 246, Assessment and Nursing Skills via credit by examination and then are integrated into the third semester in either fall or spring. The second option is the LVN 30unit non-degree option.

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: Victor Valley College Associate Degree Nursing Program

DATE OF VISIT: November 8 & 9, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.			
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken	X		Students complete Physiology and Microbiology with labs. Nursing courses consist of advanced medical/surgical, psych/mental health, geriatric nursing, and nursing management with content including intervention in acute, preventive, supportive, and rehabilitative nursing and teaching. Counselling for students interested in either LVN to RN option meet with the Nursing Counselor. The ATI TEAS test is completed by 30 unit option students as a tool to assess their learning needs and not as a requirement for program admission.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric	X		**Nursing Units** Assessment and Nursing Skills 3.0 units Advanced M/S (N223, N224) 18.0 units Psych/Mental Health (N223) Geriatrics (N224) Mgt/leadership (N224) **Science Units** Physiology (Bio220) 4.0 units Microbiology (Bio230) 4.0 units **Total units 29.0units**

CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW

WORK COPY

PROGRAM NAME: Victor Valley College Associate Degree Nursing Program

DATE OF VISIT: November 8 & 9, 2016

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.			

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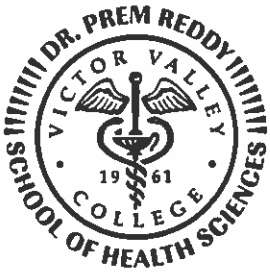

December 5, 2016

Board of Registered Nursing
Wayne Boyer, DNP, PHN, RN
Lead Nursing Education Consultant
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Dr. Boyer,

This is in response to the BRN continuing approval visit of the VVC ADN program which was conducted on November 8 and 9, 2016. Your Consultant Approval Report issued one recommendation for SECTON 5: CURRICULUM 1425.1 (a) as stated:

> *"Consider the review and revision of total curriculum to include new and updated contemporary nursing trends (IOM report, QSEN competencies).*
> *Better align organizing framework, theoretical framework, and course objectives with program outcome objectives.*
> *Revise curriculum to reduce number of adjunct faculty needed to deliver course."*

On behalf of the VVC Nursing Department, I wish to recognize the strong commitment to maintaining and advancing high standards of nursing education through a total curriculum revision as recommended with the following actions:

i. During the Total Nursing Faculty (full time and adjunct) Orientation meeting, scheduled for February 8, 2017, the BRN site visit and the NEC report recommendations will be presented.

ii. VVC full time nursing faculty to attend the Concept Based Curriculum Conference scheduled for February 22 - 25, 2017, in Albuquerque, New Mexico.

iii. During spring semester 2017, the curriculum committee and full faculty will begin the review and revision of total curriculum to include contemporary nursing trends (IOM report, QSEN competencies) as documented in Full Faculty Nursing meeting minutes, November 16, 2016.

iv. VVC to consider hiring a Nursing Education Consultant to work with the faculty in organizing a framework that is in alignment with current theoretical framework and with the intent of reducing the number of adjunct faculty.

v. Rewrite the Program Learning Outcome Objectives that is reflective of the theoretical and organizing framework.

It is the total commitment of the VVC Nursing Program to meet the recommendations of the NEC. The self-study and consultant's report has resulted in positive actions and will serve to strengthen our program for student success.

As the representatives of the VVC ADN program, Renate Longoria, Assistant DON and I plan to attend the Education/Licensing Committee meeting in January in San Diego.

Thank you for your continuing support.

Sincerely,

Patricia E. Luther, MSN, Ed.D
Interim Director Nursing

Cc: Dr. Miyo Minato, NEC
Dr. Ronald Graham, Dean Health Sciences/Public Safety/Industrial Technology

PL/ka

VVC Nursing Faculty agreement to Total Curriculum Revision

Name	Signature	Date
Pat Luther, Interim Director		12/5/2016
Renate Longoria, Assistant DON		12/5/2016
Diego Garcia, Department Chair		12/5/16
Starlie Luna, Professor		12/5/16
Sally Thibeault, Professor		12/5/2016
Jeanine Speakman, Professor		12/5/16
Terry Truelove, Professor		12/05/16
Silvia Portillo, Instructor		12/05/16
Lois Trudeau, Instructor		12/5/16

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.1
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Continuation of Approval of University of California, Los Angeles Nurse Practitioner Program

REQUESTED BY: Carol Mackay, Nursing Education Consultant

BACKGROUND: A continuing approval visit was conducted at the University of California Los Angeles, School of Nursing Nurse Practitioner (FNP) program on October 26-28, 2016 by Dr. Carol Velas, Carol Mackay, and Leslie Moody, NECs. This visit was conducted concurrently with a continuing approval visit to the School of Nursing BSN and master's entry level nursing program, the results of which are presented in a separate report. The NP program was found to be in compliance with all BRN rules and regulations. There are no areas of non-compliance or recommendations.

The primary purpose of the NP program is to prepare graduates for careers in primary care, acute care, or specialty care. The population tracks offered are: Family Nurse Practitioner, Adult/Gerontology Acute Care, Adult/Gerontology Primary Care, Adult/Gerontology Primary Care Occupational Environmental Focus, and Pediatric Nurse Practitioner. The NP program is developed according to the standards of the AACN Master's Essentials, QSEN, NONPF guidelines and competencies for NP curriculum, and the BRN regulations. The course work for all the NP tracks is organized according to the same framework: Advanced Practice Nursing core courses (Health Promotion and Assessment, Advanced Pathophysiology, Advanced Pharmacology, and Advanced Assessment and Clinical Diagnosis) are followed by a series of three concurrent theory and clinical courses in each population. The NP program then concludes with stand alone clinical courses in each population. Instruction in Standardized Procedures, Furnishing Numbers, and DEA content is integrated across all NP tracks. The NP program is a full-time program comprised of 70-84 quarter units. All the NP tracks exceed the required clinical hours. Detail regarding quarter unit distribution for each NP track and clinical practice requirements is provided in the Consultant Approval Report.

Dr. Jo-Ann Eastwood has been director of the UCLA NP program since July 2015. Each NP track has a lead faculty member nationally certified in the patient population in which they are assigned. Clinical faculty assigned to teach the Assessment Management clinical courses are also certified in their respective patient population. The NP program has an extensive list of highly qualified preceptors who assist clinical faculty in the practicum by providing direct instruction and supervision of students. Clinical faculty conduct at least one preceptor site visit each quarter. UCLA staff is responsible for securing all clinical preceptors for NP students. This is greatly appreciated by the students. Students are required to attend weekly clinical conference. Instruction

in diagnostic and treatment procedures initially occurs in the Advanced Assessment and Clinical Diagnosis course. Instruction in this area then continues through workshops integrated into clinical conferences. All preceptors are provided a list of diagnostic and treatment procedures that the NP student is competent to perform in their orientation materials.

At the time of the visit, there were 183 students enrolled in the NP program. A total of 24 faculty members (12 full-time and 12 Part-time) teach in the NP program. All of these faculty members demonstrate competence by either certification in their specialty, Continuing Education Units, NP practice, research, or a combination of all four.

The strengths of the NP program include: dedicated and competent director and faculty; mature, highly motivated students; highly qualified preceptors: and, a strongly integrated curriculum. In conclusion, the UCLA SON NP program meets BRN regulations and is recommended for continuing approval.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Carol A. Velas EdD, MSN, RN
Nursing Education Consultant

Report of Findings
University of California Los Angeles
School of Nursing
NP Program
Continuing Approval Visit
October 26-28, 2016

Area of Non-Compliance

None

Recommendation:

None

BOARD OF REGISTERED NURSING
CONSULTANT APPROVAL REPORT
NURSE PRACTITIONER PROGRAM

PROGRAM: University of California, Los Angeles **VISIT DATES: October 26-28, 2016**

APPROVAL CRITERIA	COMP	NON-COMP	**WORK COPY** COMMENTS
Section 1484. Standards of Education. The program of study preparing a nurse practitioner shall meet the following criteria: SECTION 1484(a) Purpose, Philosophy and Objectives (1) have as its primary purpose the preparation of registered nurses who can provide primary health care;	X		UCLA School of Nursing (SON), Nurse Practitioner Program prepares graduates for careers in primary care, acute care or a specialty care in several populations including family, adult/gerontology, and pediatrics. **Student enrollment by setting, specialty and population:** Adult/Gerontology Acute Care – 72 Adult/Gerontology Primary Care - 32, Adult/Gero PC Occupational/Environmental Health - 1 Family – 71 Pediatrics – 25 (PNP=7, 18 PNP/CNS) **Total Enrollment – 201 students**
(2) have a clearly defined philosophy available in written form;	X		The SON philosophy spans all nursing programs at UCLA. It includes a description of advanced practice nursing. The philosophy and mission are available to students in written form in the Student Handbook and online.
(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.	X		MSN/APN program goals and objectives are aligned with the SON philosophy. NP program specific objectives are available in the SON Student Handbook. A description of NP functions and uses are located on the SON web site.
SECTION 1484(b) Administration (1) be conducted in conjunction with one of the following:	X		The SON under the auspices of UCLA, an institution of higher education, is accredited by the Western Association of Schools and Colleges. The SON offers the Bachelors of Science in Nursing, Masters Entry Clinical Nurse, Masters

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine or public health.			Advanced Practice Nurse, and the Doctor of Philosophy degrees.
(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.	NA		
(2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.	X		Admission requirements are available on line at https://grad.ucla.edu/admissions/faqs/. Written policies for withdrawal (pg. 26), dismissal (pg. 26, 30, 31), and readmission (pg. 26) are available in the Student Handbook.
(3) Have written policies for clearly informing applicants of the academic status of the program.	X		Student Handbook includes detailed information about all programs offered including approval by the Undergraduate and Graduate Academic Senate and BRN and accreditation of the prelicensure programs by the Commission on Collegiate Nursing Education (CCNE) and the University by the Western Association of Schools and Colleges.
(4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.	X		Graduates of the UCLA SON receive a degree at graduation. UCLA official transcripts identify the graduate's APRN role (NP) and patient population.
(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.	X		Student records are managed onsite by the SON Student Affairs Office. Student records include transcripts, documents sent to the BRN, counseling notes and petitions are held indefinitely. UCLA abides by FERPA and students receive annual notices to this effect.
(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.	X		Timely, systematic evaluation plan using online survey, data collection, analysis, discussion and change implementation. Evaluation process identifies areas that need improvement. Faculty, guided by the SON Bylaws, have shared governance in the decision making process guided by the Faculty

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
			Executive Committee (FEC). Formal reports with evaluative data regarding the NP programs are shared with accrediting (WASC) and certifying agencies on an annual and interval basis.
SECTION 1484(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.	X		Currently there are 24 faculty in the SON Nurse Practitioner program. 12 full-time and 12 part-time.
(1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.	X		All faculty demonstrate competency in assigned content area by either certification in their specialty, continuing education units, clinical practice, research, or a combination of all four.
(2) The director or co-director of the program shall: (A) be a registered nurse;	X		Jo-Ann Eastwood, PhD, RN, ACNP-C, FAAN was appointed the director for the NP Program July 1, 2015 and approved by the BRN on August 16, 2016.
(B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;	X		Dr. Eastwood received her MSN, PhD, and NP certificate from UCLA in 1995, 2004 and 2007 respectively.
(C) Have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.	X		Dr. Eastwood has continually taught in the SON NP Program since 2006.
(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.	X		All instructors who teach theory courses in the NP Program hold at least a master’s degree.
(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.	X		All clinical faculty who teach in the NP Program are certified by the BRN as NPs. Clinical faculty demonstrate clinical competency through current NP practice, nursing research, or professional activities. Each population track has a lead faculty member who is nationally certified in the population of the assigned NP track.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.	X		Clinical faculty is appropriately matched to the content they currently teach. NP Faculty guide and monitor the clinical experience of students. Clinical faculty is assisted in clinical instruction by preceptors who are practicing NPs or MDs. The Preceptor serves as a hands-on clinical instructor who evaluates the progression of the student. There is ongoing communication between the faculty and Preceptor. The clinical faculty member conducts at least one site visit during the preceptorship. Faculty determines the student's final grade. Data contributing to the final grade include the preceptor evaluation, the grade on the case presentation, clinical notes, e-logs and e-diaries, weekly prep, and participation in weekly seminars.
SECTION 1484(d) Curriculum (1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.	X		The curriculum is based on the CCNE Master's Essentials, QSEN Master's competencies, NONPF NP Core Competencies and The National Task Force on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner Programs. Primary care, acute care, and specialty care NP content is threaded in their respective population-specific assessment and management courses, and clinical practica.
(2) The program shall provide evaluation of previous education and/or experienced in primary health care for the purpose of granting credit for meeting program requirements.	X		A policy exists that allows students to petition for credit of previous education through the UCLA Graduate Division. This policy is written in the Standards & Procedures for Graduate Study, page 22.
(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.	X		The UCLA NP Program conforms to the Consensus Model sponsored by the National Council of State Boards of Nursing where each population-based program provides broad knowledge across the health-illness continuum of wellness, health maintenance, disease prevention, treatment and symptom management, nursing therapeutics, pharmacology, rehabilitation, and palliation.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.	X		UCLA SON has a strong shared governance model in which the NP faculty is responsible for both theory content and clinical experiences in the NP program.
(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.	X		The NP program flows from the UCLA SON philosophy and mission, and the MSN/APN objectives.
(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.	X		Online resources explain UCLA SON's NP Graduate Programs as well as open houses hosted by SON staff in the Summer and Fall quarters.
(7) The program may be full-time or part-time and shall be comprised of not less than (30) semester units, [forty-five (45) quarter units], which shall include theory and supervised clinical practice.	X		NP Program is a full-time program comprised of 70-84 quarter units.

Population-Based Program/Specialty	Theory units	Clinical units	Total units	Direct patient Care hours
Family NP	46	33	79	720
Pediatric NP	47	26	73	630
A/G Primary NP	44	33	77	720
A/G Prim NP-Occ/Envir Health	51	33	84	720
A/G Acute NP	38	32	70	760

(8) The course of instruction shall be calculated according to the following formula: (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.	X		One (1) hour of instruction in theory each week throughout a quarter equals one (1) unit.
(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.	X		Three (3) hours of clinical practice each week throughout a quarter equals one (1) unit.
(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.	X		One (1) quarter equals 10 weeks.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(9) Supervised clinical practice shall consist of two phases: (A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.	X		Prior to commencing clinical practice, students successfully complete the following APN core courses: Health Promotion and Assessment, Advanced Pathophysiology, Advanced Pharmacology, and Advanced Assessment and Clinical Diagnosis. The next phase of instruction includes a three-course theory series focusing on the assessment and management of the population of interest. Each course has a concurrent clinical practicum.
(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experiences and instruction in an appropriate clinical setting.	X		The next phase of instruction includes two additional clinical courses where students are placed in clinical experiences relevant to their population of interest. Students attend weekly seminars where theory concepts are reviewed and applied to case studies presented by students,
(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.	X		**Population-Based Program/Specialty** — **Clinical units** Family NP — 33 Pediatric NP — 26 A/G Primary NP — 33 A/G Prim NP-Occ/Eviron Health — 33 A/G Acute NP — 32 (Units reflect both direct patient care contact hours and clinical conference hours).
(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing	X		Instruction in diagnostic and treatment procedures begins in the Advanced Assessment and Clinical Diagnosis course.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
the diagnostic and treatment procedures essential to the practice for which the student is being prepared.			Instruction continues in lab sessions and workshops held during clinical conferences. The preceptor orientation materials include a list of the diagnostic and treatment procedures the NP students are competent to perform in each patient population.
(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.	X		UCLA SON has specific criteria for selecting clinical sites for students including; meeting course objectives, presence of qualified preceptors, a patient census that supports adequate learning, sufficient breadth and depth of opportunity for students to gain relevant clinical skills and experiences, location accessible to students and faculty, and a signed affiliate agreement. Depending on the population focus, UCLA SON assigns students to areas in the ambulatory or acute setting with rotations in different areas specific to that population.
(12) The curriculum shall include, but is not limited to: (A) Normal growth and development	X		All 17 content areas appear in both theory and clinical courses for the Adult/Gerontology-Acute NP Program, Adult/Gerontology-Primary NP Program, Adult/Gerontology-Primary Occupational/Environmental Health NP Program, Family Nurse Practitioner Program, and the Pediatric NP Program.
(B) Pathophysiology	X		
(C) Interviewing and communication skills	X		
(D) Eliciting, recording and maintaining a developmental health history	X		
(E) Comprehensive physical examination	X		
(F) Psycho-social assessment	X		
(G) Interpretation of laboratory findings	X		
(H) Evaluation of assessment data to define health and	X		

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
developmental problems			
(I) Pharmacology	X		
(J) Nutrition	X		
(K) Disease management	X		
(L) Principles of health maintenance	X		
(M) Assessment of community resources	X		
(N) Initiating and providing emergency treatments	X		
(O) Nurse practitioner role development	X		
(P) Legal implications of advanced practice	X		All NP students receive instruction in Standardized Procedures, Furnishing Numbers, and DEA content.
(Q) Health care delivery systems	X		
(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.	NA		Program is conducted in an academic setting with clinical practice in a variety of hospital and ambulatory settings.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4.1
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Approval of Major Curriculum Revision for University of San Francisco, Sacramento Baccalaureate Degree Nursing Program (enrollment increase)

REQUESTED BY: Shelley Ward, Nursing Education Consultant

BACKGROUND: Scott R. Ziehm, DNP, RN, Associate Dean for Prelicensure Programs and Accreditation.

The Board approved a major curriculum revision request at its November 2014 meeting, for the University of San Francisco School of Nursing and Health Professions (USF SONHP), to establish an alternate campus location to offer its baccalaureate degree in nursing program in Sacramento, CA. The SONHP established the BSN curriculum option at this site through establishing a partnership with the VA Northern California Health Care System (VANCHCS). The partnership provides funding through Veterans Administration grant sources for the VA Nursing Academy Program (VANAP). Program enrollment is for twenty (20) students once a year. Students enter in fall after completion of prerequisites and complete the program in six (6) semesters, including summer. The third cohort started in Fall 2016.

The program is requesting approval to admit an additional twenty students (20) to enter in the Spring semester. This would increase enrollment to forty (40) students annually. The attached proposal denotes the commitment of the USF SONHP in meeting workforce demands in California with graduates who have had a veteran centric academic experience.

Project funding will end in 2019. The funding structure supports (10) full-time faculty lines; six are VA employees with USF SONHP joint faculty appointments, and (4) who are hired by the USF SONHP. Project funding also supports administrative release time for (2) designated faculty. The partnership expectation is that USF will develop a plan for program sustainability that would continue after the current funding cycle ends. USF has determined that this objective will be achieved by modifying the enrollment pattern as described (Spring 20 students and Fall 20 students – total 40 annually).

The program provided outcome data on for Cohort 1 who completed in August 2016. On time completions was at 80%. Students who took the NCLEX- RN examination as first time test takers achieved a 93% pass rate. Fifty- six (56%) were employed by the VA.

The alternate campus resources in Sacramento were evaluated through a site visit during the BRN continuing approval visit conducted in November 2015. The program submitted its reporting requirements per BRN guidelines for alternate program locations in September 2016.

The program enrollment change proposal includes the plan for campus resources, clinical placements and faculty assignments to support the additional enrollments. A BRN approved assistant program director provides administrative oversight in addition to the program director. Staff includes a full-time program assistant and a part-time simulation technician.

The program intends to use its existing BRN approved clinical sites for medical/surgical, obstetrics, pediatrics, mental health/psychiatric and geriatric courses. Program Clinical Facility Verification Forms for these sites were updated from 12/2015- 12/2016. Clinical site placements for medical surgical, geriatric and psychiatric clinical courses are at Northern California VA Health Care System facilities. Clinical rotations for pediatrics are at Shriners Hospitals for Children-Northern, CA, and obstetrics is at Mercy San Juan Medical Center. These facilities are non-VA institutions.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Shelley Ward, MPH, RN
Nursing Education Consultant

UNIVERSITY OF SAN FRANCISCO
CHANGE THE WORLD FROM HERE

School of Nursing
and Health Professions
2130 Fulton Street
San Francisco, CA 94117-1080
Tel 415.422.6681
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December 20, 2016

Shelley Ward, MPH, RN
Board of Registered Nursing
1747 N. Market Blvd, Suite 150
Sacramento, CA 97834

Dear Ms. Ward,

This is a proposal to increase the University of San Francisco (USF) annual admission cycle for the BSN program at the Sacramento Campus to twice (Spring N=20; Fall N=20) each year (total N=40). As described below, this campus location has the capacity and resources (see EDP-P-11) to accommodate the learning/teaching needs of the students and faculty at these locations.

As part of the rationale for adding an additional admission cycle, this proposal also describes the projected need for nurses in these California geographic regions. Of concern, California has the lowest ratio of RNs per capita in the US according to the HRSA 2006[1] National Sample Survey of Registered Nurses. Furthering this concern, Lin, Juraschek, Xu, Jones, and Turek (2008)[2] predicted that these California RN workforce issues would persist over the next 15 years due to factors including population growth, greater demand for nursing services to address the health care needs of a growing aging population, and a long overdue need for a coordinated state-wide nursing education expansion effort. With the health and safety of Californians as a priority, the USF School of Nursing and Health Professions (SONHP) is committed to responding to developing high quality education programs that will increase the number of new RNs.

Sacramento Campus – BSN Program

Rationale

Published literature offers data-based evidence that the Sacramento RN workforce is an area of great concern. "The most rapid increase in the nursing shortage, experienced by the Sacramento primary statistical area (PMSA), is propelled by high population growth, which contributes to its steadily declining RN supply ratios as well as its steadily increasing demand ratios" (Lin, V. W-H., Juraschek, S. P., Xu, L., Jones, D. Turek, J., 2008, pp. 99)[3]. Also, the California nursing workforce report card scored Sacramento with a "C" grade (Linh, Lee, Juraschek, Jones, 2006)[4], clearly Sacramento needs additional RNs to meet the public's health care and safety needs.

Committed to addressing nursing workforce demands in California, the University of San Francisco School of Nursing and Health Professions (USF SONHP) joined forces with the Northern California

[1] Health Resources and Services Administration (HRSA). (2006).
[2] Lin, V. W-H., Juraschek, S. P., Xu, L., Jones, D. Turek, J. (2008). California regional registered nurse workforce forecast.
[3] Ibid, pp. 99.
[4] Lin, V. W-H., Lee, A., Juraschek, S., Jones, D. (2006). California regional registered nurse workforce report card.

Veteran Affairs Northern California Health Care System (VANCHCS) in 2014. Awarded funding by the Veterans Health Administration Office of Academic Affiliations for a VA Nursing Academy Program (VANAP), this agreement was the genesis of our veteran centric BSN curriculum in Sacramento that also provides a number of mutual benefits for both institutions. It has enabled USF to create the USF Sacramento campus, admitting 20 transfer students annually to complete the BSN degree in 6 semesters; to date this has translated to admitting 3 cohorts of 20 students. Faculty positions funded by this proposal engage in a faculty embedded practice model that is intended to favorably impact patient care outcomes. Also, the Northern California VA Health Care System provides all of the medical/surgical and inpatient psychiatric clinical placements. Pediatric and obstetric clinical rotations occur at non-VA facilities, specifically Shriners and Mercy San Juan Medical Centers. Funding for this project will end in 2019 and an expectation of this funding was that USF would develop a sustainability plan that would allow this BSN program to continue beyond the funding cycle. USF can achieve this by admitting, one cohort in the Spring (N=20) and a second cohort in the Fall (N=20); totaling 40 students annually.

Regarding program outcomes for the first cohort admitted in Fall 2014, 80% completed the program on time this past August; two of the students took LOAs and have returned to complete the program. Of those eligible who took the NCLEX exam, 93% passed on their first attempt. Also, 56% were employed by the VA as graduate nurse technicians and will be transitioned into RN positions in 2017.

Faculty/Staff Resources

Funded to support 10 full-time faculty lines; six are VA employees with joint appointments with the USF SONHP and 4 who are hired by USF SONHP. Additionally, funding supports two co-directors who have 50% administrative responsibilities and 50% teaching responsibilities. There is a full-time program assistant and a part-time simulation technician.

Physical Space

The Sacramento campus is located at1 Capitol Mall, Suite 100 Sacramento, CA 95814

- There are 4 classrooms with sufficient capacity to support each cohort of students (room 104 capacity 27; room 105 capacity 25; room 106 capacity 21; room 112 capacity 25). There are two additional rooms, 107 with capacity for 9 and 111 with capacity for 16.
- These classrooms provide wired network access, a PC Laptop, and an LCD projector for the presenter. Rooms are also equipped with WiFi for Faculty and Student, a DVD/VHS player, speakers with volume control, and adjustable lighting. Cables are also provided for Faculty who prefer to use their own laptops for presentations. There are wired and wireless capabilities in all suites on site (100 (classrooms and admin staff), 360 (Simulation Lab) and 380 (Library).
- For staff, faculty and guests, there are 8 single occupancy onsite offices (including 6 cubicles in 1 large room in the Simulation Lab).
- There are 2 conference rooms (1 in library space, and 1 in Simulation lab used for debriefing).
- In the onsite library there are 6 computer stations, 2 printers, lounge seating, tables/chairs for studying, charging stations, 2 desks for staff, filtered hot/cold water.
- The simulation lab is comprised of 1 control room, 1 skills practice room, 1 debrief/conference room, 1 room with 6 shared cubicle spaces, large room for instruction (holds 30 students), 1 desk for staff/program administrator.
- While USF does not have its own parking lot/garage. There are two garages closest to campus that offer discounted parking to students (1 garage is $3/day; the other one offers $0.50/hour Monday through Thursday).

- There is an onsite lounge available to the students/faculty and staff that seats 25+ and includes 2 microwaves, 1 refrigerator/freezer, filtered hot/cold water, 2 vending machines, Xerox copier/scan/fax machine, coffee/tea/sweetener, plates/cups.

We are fortunate to be in partnership with the Northern California Veteran Affairs Northern California Health Care System which has enabled a number of mutual benefits that favorably impact both institutions as well as the Sacramento region. Evidence has been presented that Sacramento needs greater numbers of nurses. We are committed to meeting these California regional health care need with ample resources and a high quality educational program. Please let me know if you have any questions or need additional information.

Sincerely,

Scott R. Ziehm, DNP, RN
Associate Dean for Prelicensure Programs and Accreditation

Health Resources and Services Administration (HRSA). (2006). Preliminary findings: 2004 National sample survey of registered nurses.

Lin, V. W-H., Lee, A., Juraschek, S., Jones, D. (2006). California regional registered nurse workforce report card. Nursing Economics, 24(6), 290-297.

Lin, V. W-H., Juraschek, S. P., Xu, L., Jones, D. Turek, J. (2008). California regional registered nurse workforce forecast. Nursing Economics, 26(2), 85-121.

USF SONHP Sacramento Campus - Current and Future VANAP & USF Clinical Placements (cohorts 2, 3, 4, 5)

Fall Semester #1 August 15-December 15		Spring Semester #2 January 16-May 16		Summer Semester #3 May 16-August 16		Fall Semester #4 August 16-December 16		Spring Semester #5 January 17-May 17		Summer Semester #6 May 17-August 17
N 225 Cl Lab I: Appl Assess In Health & Wellness		NURS 275 Cl Lab II: Alt Health/Illness		NURS 325 Cl Lab III: Community and Mental Health Nursing		NURS 378 Cl Lab IV: Med-Surg Adult		NURS 428 Cl Lab V: M/S Women/Childr		NURS 478 Cl Lab VI: Complex Care Across the Lifespan
V1: 10 Martinez CLC	V2: 10 Martinez CLC	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Mather BHU	V2: 10 Mather BHU	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Shriners V2: 10 Shriners	V1: 10 Mercy SJ V2: 10 Mercy SJ	V1: 20 Capstone Variable
Total M/S = 20		Total M/S=20		Total Psych = 20		Total M/S=20		T Ped=20	T OB=20	Total=20

COHORT 2

Fall Semester #1 August 16-December 16		Spring Semester #2 January 17-May 17		Summer Semester #3 May 17-August 17		Fall Semester #4 August 17-December 17		Spring Semester #5 January 18-May 18		Summer Semester #6 May 18-August 18
N 225 Cl Lab I: Appl Assess In Health & Wellness		NURS 275 Cl Lab II: Alt Health/Illness		NURS 325 Cl Lab III: Community and Mental Health Nursing		NURS 378 Cl Lab IV: Med-Surg Adult		NURS 428 Cl Lab V: M/S Women/Childr		NURS 478 Cl Lab VI: Complex Care Across the Lifespan
V1: 10 Martinez CLC	V2: 10 Martinez CLC	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Mather BHU	V2: 10 Mather BHU	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Shriners V2: 10 Shriners	V1: 10 Mercy SJ V2: 10 Mercy SJ	V1: 20 Capstone Variable
Total M/S = 40		Total M/S=20		Total Psych = 20		Total M/S=20		T Ped=20	T OB=20	Total=20

COHORT 3

Spring Semester #1 January 17-May 17		Summer Semester #2 May 17-August 17		Fall Semester #3 August 17-December 17		Spring Semester #4 January 18-May 18		Summer Semester #5 May 18-August 18		Fall Semester #6 August 18-December 18
N 225 Cl Lab I: Appl Assess In Health & Wellness		NURS 275 Cl Lab II: Alt Health/Illness		NURS 325 Cl Lab III: Community and Mental Health Nursing		NURS 378 Cl Lab IV: Med-Surg Adult		NURS 428 Cl Lab V: M/S Women/Childr		NURS 478 Cl Lab VI: Complex Care Across the Lifespan
V1: 10 Martinez CLC	V2: 10 Martinez CLC	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Mather BHU	V2: 10 Mather BHU	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Shriners	V1: 10 Mercy SJ	V1: 20 Capstone Variable
Total M/S = 40		Total M/S = 20		Total Psych = 20		Total M/S= 20		T Ped=20	T OB=20	Total = 20

COHORT 4

Fall Semester #1 August 17-December 17		Spring Semester #2 January 18-May 18		Summer Semester #3 May 18-August 18		Fall Semester #4 August 18-December 18		Spring Semester #5 January 19-May 19		Summer Semester #6 May 19-August 19
N 225 Cl Lab I: Appl Assess in Health & Wellness		NURS 275 Cl Lab II: Alt Health/Illness		NURS 325 Cl Lab III: Community and Mental Health Nursing		NURS 378 Cl Lab IV: Med-Surg Adult		NURS 428 Cl Lab V: M/S Women/Childr		NURS 478 Cl Lab VI: Complex Care Across the Lifespan
V1: 10 Martinez CLC	V2: 10 Martinez CLC	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Mather BHU	V2: 10 Mather BHU	V1: 10 Mather MSU	V2: 10 Mather TCU	V1: 10 Shriners V2: 10 Shriners	V1: 10 Mercy SJ V2: 10 Mercy SJ	V1: 20 Capstone Variable
Total M/S = 40		Total M/S=40		Total Psych = 20		Total M/S=40		T Ped=20	T OB=20	Total=20

COHORT 5

State of California

Department of Consumer Affairs
Board of Registered Nursing

NURSING CURRICULUM AND CLINICAL FACILITIES

(916) 322-3350

NAME OF PROGRAM:	SIGNATURE *(Director of RN Program)*:	DATE:
University of San Francisco, School of Nursing and Health Professions - Sacramento Campus Bachelor's of Science in Nursing	Scott R. Ziehm	December 16, 2016

Please list all nursing subjects offered during the quarter/semester of the approval visit.

NURSING COURSE *(Name & Number)*	M/S	O	C	PMH	G	UNITS LEC	UNITS LAB	LEAD INSTRUCTOR *(Name)*	CLINICAL LAB INSTRUCTOR(S) *(Name)*	#STUDENTS/ SECTION	CLINICAL SITE
Cohort: 2 NURS 420 Women's Health	☐	☒	☐	☐	☐	3		Turner, Laureen		20	
Cohort: 2 NURS 421 Medical Surgical II: Nursing Care of Children	☐	☐	☒	☐	☐	3		Hargreaves, Linda		20	
Cohort: 2 NURS 428 Clinical Lab V: Med-Surg Nurs Care of Wmn & Cdn	☐	☒	☒	☐	☐		3		Hargreaves, Linda	10	Peds Shriners
									Hunt, Teresa	10	Peds Shriners
									Turner, Laureen	10	OB Mercy San Juan
									Hunt, Teresa	10	OB Mercy San Juan
Cohort: 2 NURS 428S Clinical Lab V & VI Simulation	☐	☐	☐	☐	☐		0	Hargreaves, Linda		20	
Cohort:2 NURS 471 Complex Care Across the Lifespan	☐	☐	☐	☐	☐	3		Cabezudo, Neftali		20	

Cohort: 2 NURS 472 Senior Seminar	☐	☐	☐	☐	☐	2		Sienkiewicz, Teresa		20	
Cohort: 2 NURS 478 Clinical Lab VI: Complex Care Across the Lifespan	☐	☐	☐	☐	☐		4		Kushner, Jodi	5	VA – outpatient, primary care (pc)
									Kushner, Jodi	5	VA – outpatient, pc
									Cabezudo, Neftali	5	VA – outpatient, pc
									Cabezudo, Neftali	5	VA – outpatient, pc
Cohort: 3 NURS 270 Nutrition	☐	☐	☐	☐	☐	2		Deegan, Kathleen		20	
Cohort: 3 NURS 271 Applied Pathophysiology & Pharmacology II	☒	☐	☐	☐	☐	3		Cabezudo, Neftali		20	
Cohort: 3 NURS 272 Applied Assess & Nursing Fundamentals II	☒	☐	☐	☐	☐	4		Kushner, Jodi		20	
Cohort: 3 NURS 272S Applied Asses and Nrsg Fundamentals SK1	☒	☐	☐	☐	☐	0		Kushner, Jodi	Kushner, Jodi	20	
Cohort: 3 NURS 275 Cl Lab II: Alterations in Health and Illness	☒	☐	☐	☐	☐		3		Speaks, Jason	10	VA Mather MSU
									Hoang, Anthony	9	VA Mather TCU
Cohort: 3 NURS 275S Clinical Lab II: Simulations Lab	☐	☐	☐	☐	☐		0		Kushner, Jodi	20	
Cohort: 3 NURS 320 Community & Mental Health Nrsg	☐	☐	☐	☒	☐	4		Starck, Sue		20	
Cohort: 3 NURS 321 Health Care Syst I: Leadership within Complex Adaptive Systems	☐	☐	☐	☐	☐	2		Hargreaves, Linda		20	

Cohort: 3 NURS 322 Evidence-Based Inquiry	☐	☐	☐	☐	☐	4		Mette, Joanne		20	
Cohort: 3 NURS 325 CI Lab III: Community and Mental Health Nursing	☐	☐	☐	☒	☐		4		Starck, Sue Starck, Sue	10 10	VA Mather BHU VA Mather BHU
Cohort: 3 NURS 370 Med-Sug Nursing I: Mgmt of Comp Adult Patient Care	☒	☐	☐	☐	☐	4		Speaks, Jason			
Cohort: 3 NURS 371 Healthcare Systems II: Mgmt in Complex Clinical Systems	☐	☐	☐	☐	☐	2		Hargreaves, Linda			
Cohort: 3 NURS 378 Clinical Lab IV: Med-Surg Nursing-Mgmt of Comp Adult Patient Care	☒	☐	☐	☐	☐		4		Speaks, Jason Hoang, Anthony	10 10	VA Mather MSU VA Mather TCU
Cohort: 3 NURS 378S Clinical Lab IV: Simulation	☐	☐	☐	☐	☐		0	Mette, Joanne			
Cohort: 4 NURS 120 Nursing in Jesuit Tradition	☐	☐	☐	☐	☐	1		Kushner, Jodi		20	
Cohort: 4 NURS 170 Intro to Prof Nurs Practice	☐	☐	☐	☐	☐	1		Mette, Joanne		20	
Cohort: 4 NURS 220 Applied Patho & Pharm I	☒	☐	☐	☐	☐	1		Cabezudo, Neftali		20	
Cohort: 4 NURS 221 Essentials of Pharm	☒	☐	☐	☐	☐	1		Speaks, Jason		20	

Cohort: 4 NURS 222 Applied Assess & Nurs Fund I	☒	☐	☐	☐	☒	4		Sienkiewicz, Teresa		20	
Cohort: 4 NURS 225 CI Lab I: Applied Assess in Health and Wellness	☒	☐	☐	☐	☒		2		Bealer, Michelle	10	VA Martinez, CLC
									Speaks, Jason	10	VA Martinez, CLC
Cohort: 4 NURS 270 Nutrition	☐	☐	☐	☐	☐	2		Deegan, Kathleen		20	
Cohort: 4 NURS 271 Applied Pathophysiology & Pharmacology II	☒	☐	☐	☐	☐	3		Cabezudo, Neftali		20	
Cohort: 4 NURS 272 Applied Assess & Nursing Fundamentals II	☒	☐	☐	☐	☐	4		Kushner, Jodi		20	
Cohort: 4 NURS 272S Applied Asses and Nursing Fundamentals SK1	☐	☐	☐	☐	☐	0		Kushner, Jodi		20	
Cohort: 4 NURS 275 CL Lab II: Alterations in Health and Illness	☒	☐	☐	☐	☐		3		Speaks, Jason	10	VA Mather MSU
									Hoang, Anthony	10	VA Mather TCU
Cohort: 4 NURS 275S Clinical Lab II: Simulations Lab	☐	☐	☐	☐	☐		0	Kushner, Jodi		20	
Cohort: 4 NURS 320 Community & Mental Health Nursing	☐	☐	☐	☒	☐	4		Starck, Sue		20	
Cohort: 4 NURS 321 Health Care Syst I: Leadership within Complex Adaptive Systems	☐	☐	☐	☐	☐	2		Hargreaves, Linda		20	

Cohort: 4 NURS 322 Evidence-Based Inquiry	☐	☐	☐	☐	☐	4		Mette, Joanne		20	
Cohort: 4 NURS 325 CI Lab III: Community and Mental Health Nursing	☐	☐	☐	☒	☐		4		Starck, Sue	10	VA Mather BHU
									Starck, Sue	10	VA Mather BHU

University of San Francisco School of Nursing and Health Professions Minimum Total Credits to Graduate: 128			Bachelor of Science in Nursing (BSN) Alternative Curriculum Pattern (Student MUST have completed nursing prerequisite courses for "Clinical Readiness"*)		
Semester #1			**Semester #2**		
NURS 120	Nursing in Jesuit Tradition	1	NURS 270	Nutrition	2
NURS 170	Intro to Prof. Nurs. Practice	1	NURS 271	Applied Patho & Pharm II	3
NURS 220	Applied Patho & Pharm I	3	NURS 272	App Assess & Nurs Fund II	4
NURS 221	Essentials of Pharm	2	NURS 275	Clinical Lab II: Alterations in Health & Illness	3
NURS 222	Applied Assess & Nurs Fund I	4	NURS 275S	Clinical Lab II: Simulation	0
NURS 225	Clinical Lab I: Applied Assessment in Health & Wellness	2	XXXXxx	Elective	2
MATH101	Elementary Statistics (CORE B)	4	XXXXxx	CORE	4
	Total	**17**		**Total**	**18**
2017 Semester #3			**2017 Semester #4**		
NURS 320	Community & Mental Health Nursing (fulfills Cultural Diversity requirement)	4	NURS 370	Medical -Surgical Nursing I: Management of Comprehensive Adult Patient Care	4
NURS 321	Health Care Syst I: Leadership within Complex Adaptive Systems	2	NURS 371	Healthcare Systems II: Management in Complex Clinical Systems	2
NURS 322	Evidence-Based Inquiry	4	NURS 378	Clinical Lab IV: Med-Surg Nursing-Management of Comprehensive Adult Patient Care	4
NURS 325	Clinical Lab III: Community & Mental Health Nursing (fulfills Service Learning requirement)	4	NURS 378S	Clinical Lab IV: Simulation	0
XXXXxx	CORE	4	XXXXxx	Elective	3
			XXXXxx	CORE	4
	Total	**18**		**Total**	**17**
Semester #5			**Semester #6** *Graduation*		
NURS 420	Women's Health	3	NURS 471	Complex Care Across the Lifespan	3
NURS 421	Medical Surgical II: Nursing Care of Children	3	NURS 472	Senior Seminar	2
NURS 428	Clinical Lab V: Med-Surg Nursing Care of Women & Children	3	NURS 478	Clinical lab VI: Complex Care Across the Lifespan	4
NURS 428S	Clinical Lab V & VI Simulation	0	XXXXxx	CORE	4
SOC 150	Introduction to Sociology	4			
XXXXxx	CORE	4			
	Total	**17**		**Total**	**13**
				Total Credits Offered	**100**

Coursework to be "Clinically		USF CORE	A-Communication; B-Natural Sciences; C-Humanities;

Ready"			**D-Philosophy/Ethics; E-Social Sciences; F-Fine Arts**		
			Additional USF CORE Requirements		
			Public Speaking	4 credits	A1
			Written Communication	4 credits	A2
Anatomy	3 credits		Statistics	4 credits	B1
Anatomy Lab	1 credit		Literature	4 credits	C
Physiology	3 credits	B2	History	4 credits	C
Physiology Lab	1 credit	B2	Ethics	4 credits	D
Microbiology	3 credits		Philosophy	4 credits	D
Microbiology Lab	1 credit		Theology/Religious Studies	4 credits	D
General Psychology	4 credits	E	Fine Arts	4 credits	F
	16 credits			36 credits	

Courses highlighted in **BLUE** are listed on the alternative curriculum pathway to represent where additional general education courses could be added to the sequence of required nursing courses. Speak with the SONHP advisors for more information.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4.2
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Approve Major Curriculum Revision for Napa Valley College Associate Degree Nursing Program

REQUESTED BY: Janette Wackerly, Supervising Nursing Education Consultant

BACKGROUND: Janice Ankenmann, RN, MSN, CCRN, FNP-C is the program director.

The director and faculty are requesting approval to change the existing BRN approved curriculum to include changes in philosophy, objectives, and structure of course content for the following reason:

- To clearly meet Board's CCR section 1426 Curriculum
- To reflect current nomenclature and trends inclusive of Quality and Safety in Nursing (QSEN), evidence based concepts, current NCLEX test plan concepts, and the knowledge, skills and attitudes required for novice nurses joining the changing health care workforce.
- To provide formatting and teaching venues that are current and consistent in meeting student needs
- To improve NCLEX pass rates.

Napa Valley College contracted Elsevier Nursing Consulting to review the nursing program providing guidance for revision of the program mission, philosophy, unifying theme, syllabi, and leveling student learning objectives by course throughout the program with updated QSEN, NCLEX Test Plan and core competencies.

The QSEN competencies with the NCLEX-RN categories of client needs will now provide the major underlying theme for application of nursing process and for content in the curriculum. A pictorial representation of the model is a flower with the core of the unifying theme being patient centered care, providing the purpose and direction of the curriculum. The program will be focusing on a continuum of wellness, chronicity, and acute illness with the focus to the geriatric client, the pediatric client, the maternal baby family unit and the adult client.

Collaboration/communication is an important component of our theme, bordering responses to external forces such as NCLEX, IOM, and the BRN-Ca. More specifically the flower petals being representative of health promotion and maintenance, basic care and comfort, physical adaptation, psychological integrity, reduction of risks, safety and infection control, pharmacology and parenteral therapies, informatics, use of evidence based practice, and quality improvement. These principles will be based on foundation of biological sciences and

pathophysiology, the nursing process, caring, teaching and learning, culture and spirituality. The curriculum will provide students a challenging educational experience that prepares students to practice in diverse setting, presented in a logical and sequential manner, from wellness to commonly occurring disorders or less complex illness states and progresses to more complex diseases or alterations in health. Clinical community, out-patient, and acute experiences will be included in each unit as appropriate, with sequencing of units to better reflect the transition from wellness to chronic care to acute care. Students will be actively engaged in developing the knowledge, skills and attitudes required to adapt to ongoing changes in health care systems, with a focus on critical thinking skills and the professional role of the nurse in leadership, advocacy, management of care and coordination, and active member of the interdisciplinary team.

Napa Valley Nursing Program has had increasing difficulty with obtaining appropriate clinical opportunities for the students as the acute care facilities are attempting to meet current healthcare trends such as outpatient vs impatient, escalating costs, desire to maximum BSN preparation. Conversations with Napa Valley College nursing primary clinical sites regarding the proposed curriculum changes and developing collaborative with BSN programs have provided Napa with positive feedback. The nursing program proposes the use of more community clinical facilities such as physician offices, clinics, out-patient settings and schools to provide a well-rounded experience for students. The plan may better meet acute care clinical settings needs of smaller clinical groups and better prepared and experienced students.

NEXT STEPS: Place on Board agenda.

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

NAPA VALLEY COLLEGE

December 05, 2016

To: The California Board of Registered Nursing, Administration Unit
1747 North Market Blvd, Suite 150
Sacramento, CA 95834-1924

From: Janice Ankenmnn RN MSN CCRN FNP-C
ADN Program Director
Napa Valley College
2277 Napa Vallejo Hwy
Napa, CA 94558

RE: **Notification of Major Curriculum Revision**

Napa Valley College Associate Degree Nursing Program plans to revise the existing BRN approved curriculum to include changes in philosophy, objectives, and structure of course content for the following reasons:

- to clearly meet the Board's CCR section 1426.
- to reflect current nomenclature and trends inclusive of Quality and Safety in Nursing (QSEN) evidence based concepts, current NCLEX test plan concepts, and the knowledge, skills, and attitudes required for novice nurses joining the changing health care workforce.
- to provide formatting and teaching venues that are current and consistent in meeting student needs.
- to improve program NLCEX pass rates.

We believe the changes will improve the education of students in relation to CCR Section 1426 as we have included more current nomenclature in describing the comprehensive use of nursing process and have provided a stronger focus on critical thinking and the role of the Registered Nurse as leader and patient advocate in a multitude of clinical settings (not only in established acute care settings and skilled nursing facilities, but also in the home and the community). We are focusing more on patient and population health and the role of the nurse as health educator and as an integral part of the multi-disciplinary health care team.

We have had increasing difficulty with obtaining appropriate clinical opportunities for the students as the acute care facilities are attempting to meet current healthcare trends (outpatient vs impatient, escalating costs, desire for minimum BSN preparation, etc.). Conversations with our primary clinical sites regarding our proposed curriculum changes and developing collaboratives with BSN programs have provided us with positive feedback. We propose the use of more community clinical facilities (physician offices, clinics, out- patient settings, schools) to provide a well- rounded experience for our students (as well as this may better meet acute care clinical setting needs of smaller clinical groups and better prepared and experienced students).

FIRST YEAR

FIRST SEMESTER

SECOND SEMESTER

NURS 151? **Nursing Fundamentals**	***NURS 152?*** **The Role of the Nurse in Health & Wellness; Chronic Illness: Geriatric Care**	***NURS 153?*** **Maternal/Newborn Nursing Care**	***NURS 154?*** **Mental Health Nursing Care**	***NURS 155?*** **Pediatric Nursing Care**
Pre- req: Program requirements and CNA certificate	NURS 151	NURS 151, NURS 152	NURS 151, NURS 152	NURS 151, NURS 152,NURS 153, NURS 154;
The beginning in a series of courses that sets the framework for understanding and practicing the art and science of nursing inclusive of the nursing process, critical thinking, patient centered care, legal and ethical standards, professionalism, effective professional communication, teamwork and collaboration, evidence based practice/ informatics; and the reduction of risk potential. Also included is review of basic nursing skills from the nursing prospective initially learned as a CNA, in addition to more advanced nursing skills that will be used in practice throughout the nursing program.	Using the knowledge gained taking pre-requisite courses and the concepts and skills learned in NURS 151 regarding the role of the nurse and the practice of nursing, the student will also learn to integrate cultural awareness and growth and development concepts to: • Promote health and maintain wellness in all persons/ populations • Integrate psychosocial and physiologic knowledge to care for those with chronic illness, and • Understand the unique needs of the geriatric population and how to provide them care.	Using concepts and skills previously introduced, this course is focused on the use of nursing process in caring for the mother, neonate, and the child-bearing family, with and without alterations in health. Emphasis is placed on family-centered nursing care and client teaching. .	Using concepts and skills previously introduced, this course focuses on the use of nursing process in caring for clients, client - centered groups, and communities with actual mental illness and those with potential psychosocial alterations. Emphasis is placed on therapeutic communication and group communication.	Using concepts and skills previously introduced, this course focuses on the use of nursing process in the promotion of health and wellness in the pediatric client/ family as well as the pediatric patient with and without alterations in health. Emphasis is placed on health alterations specific to the pediatric client being cared for in the out-patient setting, acute alterations in the out-patient setting, and for chronic alterations. (Please note: acute multi-system health alterations in the pediatric patient will be incorporated in the medical surgical courses in the second year of the program.)

Napa Valley College Proposed Associate Degree Curriculum
Major Curriculum Change submitted 12/16/16

SECOND YEAR

THIRD SEMESTER		FOURTH SEMESTER	
NURS 156 Nursing Transition	**NURS 251 Acute Med Surg I**	**NURS 252 Advanced Acute Med Surg II**	**Nurs 253 Preceptorship/ Mentorship**
The Nursing Transcition course is for Licensed Vocational Nurses who wish to transition to the Registered Nurse role and practice. Topics covered in this unit are the role of the Registered Nurse inclusive of practice act, the professional role of the nurse as advocate, leader, and manager of health, wellness, and care for all populations of people. Focus on the geriatric population, those with mental health alterations, and the pediatric population. Clinical will include all populations discussed as well as patient teaching, safety, and medication administration (especially IV medications).	Using information and skills learned in previous semesters, the focus of this course is on chronic to acute medical-surgical conditions of all populations. Integration of new knowledge with pathophysiological and psychosocial skills, evidence based practice, detailed assessment skills and the use critical thinking for their application to patient care with the goal of providing safe and timely care for positive patient outcomes. Time management and leadership skill progression is important to meeting objectives in caring for groups of patients in a variety of settings: home, clinic, acute care, community groups, skilled nursing facilities, rehabilitation settings.	Using information and skills learned in previous semesters, the focus of this course is on acute medical- surgical conditions of all populations. Integration of new knowledge with patho-physiological and psychosocial skills, evidence based practice, detailed assessment skills and the use of critical thinking for their application to patient care with the goal of providing safe and timely care for positive patient outcomes. Demonstration of management, leadership, provision of patient education, consistent safe patient care is important to meeting objectives in caring for groups of patients in a variety of settings: home, clinic, acute care,community groups, skilled nursing facilities, rehabilitation settings.	Capstone unit with focus on leadership, management, safety, demonstrating the professional role of the RN. Class will evaluate NCLEX needs using evidence based information and do a teach-learn project.

State of California

Department of Consumer Affair
Board of Registered Nursing

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Name of Program: **Napa Valley College**	Date Submitted: 12/16/16
Type of Program: ☐ Entry Level Master's ☐ Baccalaureate ☒ Associate Degree	For BRN Office Use Only ☐ Approved ☐ Not Approved By: _____ Date: _____

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

Check appropriate year: ☐1 ☒2 ☐3 ☐4

Check: (18 wks) ☒ Semester ☐ Quarter

							Total Units	Theory Units	Theory Hr/Wk	Lab Units	Lab Hr/Wk	Total Hrs Theory	Total Hrs Lab
Pre-requisites	M	S	O	C	P	G							
BIOL218 Human Anatomy	☐	☐	☐	☐	☐	☐	5	3	3	2	6	54	108
BIO219 Human Physiology	☐	☐	☐	☐	☐	☐	5	3	3	2	6	54	108
BIOL220 Microbiology	☐	☐	☐	☐	☐	☐	5	3	3	2	6	54	108
Eng 120 Reading & Comp	☐	☐	☐	☐	☐	☐	3	3	3	0	0	54	0
Psych125 Growth & Development	☐	☐	☐	☐	☐	☐	3	3	3	0	0	54	0
	☐	☐	☐	☐	☐	☐							
Total							21	15	15	6	18	270	324
Semester 1	M	S	O	C	P	G						Total Hrs	
NURS151 Nursing Fundamentals	☐	☐	☐	☐	☐	☐	4	2	6	2	18	36	108
NURS152 Health & Wellness, Chronic Illness & Geriatric Care	☐	☐	☐	☐	☐	☐	8	4	6	4	18	72	192
SPEE 124 Career Communications	☐	☐	☐	☐	☐	☐	3	3	3	0	0	54	0
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							15	9	15	6	36	162	300
Semester 2	M	S	O	C	P	G						Total Hrs	
NURS153 Maternal Infant Nursing Care	☐	☐	☐	☐	☐	☐	4.5	2.7	6.9	1.8	14.25	48	100
NURS154 Mental Health Nursing Care	☐	☐	☐	☐	☐	☐	4.5	2.7	6.9	1.8	14.25	48	100
NURS155 Pediatric Nursing Care	☐	☐	☐	☐	☐	☐	2.5	1.3	6	1.2	24	24	64
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							11.5	6.7	19.8	4.8	52.5	120	264

Submit in duplicate

Semester 3	M	S	O	C	P	G							
NURS*156 Nursing Transition (bridge for VN to RN)*	☐	☐	☐	☐	☐	☐	(1.5)	(1)	(1)	(0.5)	(1.5)	(18)	(27)
NURS 251: Nursing Care of patients with acute illness I	☐	☐	☐	☐	☐	☐	12	6	6	6	18	108	324
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							12	6	6	6	18	108	324
												Total Hrs	
Semester 4	M	S	O	C	P	G							
NURS 252: Advanced Nursing Care of patients with Acute Illness II	☐	☐	☐	☐	☐	☐	8	4	6	4	18	72	216
NURS 253: Nursing Preceptorship/Mentorship	☐	☐	☐	☐	☐	☐	4	1.3	4	2.7	24	24	144
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							12	5.3	10	6.7	42	96	300
												Total Hrs	

State of California

Department of Consumer Affairs
Board of Registered Nursing

REQUIRED CURRICULUM: CONTENT REQUIRED FOR LICENSURE

(916) 322-3350

Submit in DUPLICATE.

Program Name: Napa Valley College	**For Board Use Only**
Type of Program: ☐ Entry Level Master ☐ Baccalaureate ☒ Associate	Approved by: _____, NEC
Requesting new Curriculum Approval: ☒ Major ☐ Minor Date of Implementation: Spring 2018	Date: _____ ☐ BRN Copy ☐ Program Copy
Academic System: ☒ Semester 18 weeks/semester ☐ Quarter _____ weeks/quarter	

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

	Semester Units	Quarter Units	**Current BRN-Approved Curriculum**	**Proposed Curriculum Revision** *Place asterisk next to proposed change
Nursing	**36**	**54**		
Theory	(18)	(27)	24.2	24
Clinical	(18)	(27)	18.9	**23.5**
Communication Units	6	9	6	6
Science Units	16	24	18	18
TOTAL UNITS FOR LICENSURE	**58**	**87**	**67.1**	**71.3**
Other Degree Requirements			6	6
TOTAL UNITS FOR GRADUATION			73.1	77.5

List the course number(s) and titles(s) in which content may be found for the following required content areas:

REQUIRED CONTENT	Course Number	Course Titles
Alcohol & chemical Dependency		Mental Health Nursing Care
Personal Hygiene	NURS *151*	Nursing Fundamentals
Human Sexuality	PSYCH 125 NURS *152, 153, 155*	Human Growth & Development; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal Infant Nursing Care; Nursing Care of Pediatric Patients
Client Abuse	NURS *151, 152, 153, 154, 155, 156, 251, 252, 253*	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Transition; Nursing Care of Patients with Acute Illness I; Advanced Nursing Care of Patients with Acute Illness II

Cultural Diversity	NURS *151,152,153,154, 155,251,252,253*	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Care of Patients with Acute Illness I; Advanced Nursing Care of Patients with Acute Illness II; Nursing Preceptorship/ Mentorship
Nutrition	NURS *151,152,153,154, 155,251,252*	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Care of Patients with Acute Illness I; Advanced Nursing Care of Patients with Acute Illness II;
Pharmacology	NURS *151,152,153,154, 155,156, 251,252*	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal/Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Transition; Nursing Care of Patients with Acute Illness I: Advanced Nursing Care of Patients with Acute Illness II;
Legal Aspects	NURS *151,152,153,154, 155,156; 251,252*	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal/Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Transition; Nursing Care of Patients with Acute Illness I: Advanced Nursing Care of Patients with Acute Illness II;
Social/Ethical Aspects	NURS 151,152,153,154, 155, 156, 251,252	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal/Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Transition; Nursing Care of Patients with Acute Illness I: Advanced Nursing Care of Patients with Acute Illness II
Management/Leadership	NURS *151,152,153,154, 155,156, 251,252*	Nursing Fundamentals; The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Maternal/Infant Nursing Care; Mental Health Nursing Care; Pediatric Nursing Care; Nursing Transition; Nursing Care of Patients with Acute Illness I: Advanced Nursing Care of Patients with Acute Illness II

Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14,Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

REQUIRED CONTENT	**Course Number**	**Course Title**	**Units**
NURSING			
Medical-Surgical	NURS *251, 252, 253*	Nursing Fundamentals	4.0
		(Nursing Transition)	(1.5)
	(152, 155, 156)	Nursing Care of Clients with Acute Illness I	12
		Advanced Nursing Care of Patients with Acute Illness II	8
		Preceptorship/ Mentorship	4
		(The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; Nursing Care of Pediatric Patients; Nursing transition)	
Obstetrical	NURS *153*	Maternal/ Infant Nursing Care	4.5
Pediatric	NURS *155*	Pediatric Nursing Care;	2.5
Psych/Mental Health	NURS *154*	Mental Health Nursing Care	4.5

Geriatrics	NURS *152* *(156, 251, 252)*	The Role of the RN in Health & Wellness, Chronic Illness, and Geriatric Care; (Nursing Transition; Nursing Care of Patients with Acute Illness I: Advanced Nursing Care of Patients with Acute Illness II)	8.0
BASIC SCIENCES			
Anatomy	BIOL 218	Human Anatomy	5
Physiology	BIOL 219	Human Physiology	5
Microbiology	BIOL 220	General Microbiology	5
Societal/Cultural Pattern		Social Science elective (except PSYC 125) from approved A.S. Degree list: Humanities from approved list	6
Psychology	PSYC 125	Human Growth and Development	3
COMMUNICATION			
Group	SPEE 124	Career Communications	3
Verbal	SPEE 124	Career Communications	(3)
Written	ENGL 120	Reading and Composition 1	3
		*** TOTAL UNITS**	77.5

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

LVN 30 UNIT OPTION

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Advanced Medical-Surgical	NURS *251,252*	Nursing Care of Patients with Acute Illness I Advanced Nursing Care of Patients with Acute Illness II;	12 8
Psych/Mental Health	NURS *156*	Nursing Transition (bridge for VN to RN);	1.5
Geriatrics	NURS *156*	Nursing Transition (bridge for VN to RN);	-
Management/Leadership	NURS *156,251,252*	Nursing Transition (bridge for VN to RN); Nursing Care of Clients with Acute Illness I: Advanced Nursing Care of Patients with Acute Illness II; Nursing Preceptorship/ Mentorship	-
BASIC SCIENCES			
Physiology	BIOL 219	Human Physiology	5
Microbiology	BIOL 220	General Microbiology	5
		TOTAL UNITS	

Signature Program Director/Designee:	Date:
J Ankenmann RN MSN CCRN	12/16/16

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether to Recommend Extension of Initial Program Approval Application Deadline for Career Care Institute Associate Degree Nursing Program

REQUESTED BY: Carol A. Velas, Nursing Education Consultant

BACKGROUND: Adina Free, MSN, RN is the Program Director of the Associate Degree in Nursing Proposed Program at Career Care Institute.

CCI received approval of their Feasibility Study by the Board on February 5, 2015.

Per Board policy, CCI has two years following the feasibility acceptance and must complete the self-study phase of the initial approval and program implementation by February 5, 2017. During the Self Study phase, Career Care Institute lost its accreditation by the Council on Occupational Education (COE) and Bureau for Private Postsecondary Education's (BPPE) approval to grant degrees. Consequently, the Board halted CCI's application for the initial approval process, which delayed the completion of the Self Study phase. Upon re-application for accredication, COE awarded initial approval of the Associate Degree Program to CCI on June 10, 2016 with a site visit on November 29, 2016. BPPE issued an "Intent to Approve" letter, dated December 8, 2016, for an associate degree nursing program, pending Board approval. This letter accompanied the submission of CCI's second Self Study on December 10, 2016.

The Board staff is working closely with the program to complete the review timely, but additional time is needed for the NEC to complete the self-study phase of the initial approval process, including site visit to the school and verification of resources such as clinical placements. A request is being made for an extension of deadline from February 5, 2017 to a later return date to ELC no later than August 2017 for initial program approval.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Carol A. Velas EdD, MSN, RN
Nursing Education Consultant

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6
DATE: January 11, 2017

ACTION REQUESTED: Vote on Whether To Recommend Approval of Revision to Previously Approved Enrollment Pattern for University of San Francisco, Orange Entry Level Master's Degree Nursing Program.

REQUESTED BY: Shelley Ward, Nursing Education Consultant

BACKGROUND: Scott R. Ziehm, DNP, RN, Associate Dean for Prelicensure Programs and Accreditation.

The Board approved a major curriculum revision at its November 2015 meeting for the University of San Francisco School of Nursing and Health Professions (USF SONHP), to establish an alternate campus location in Orange County, CA. The alternate campus offers the BRN approved Entry Level Master's Degree Clinical Nurse Leader curriculum option. The alternate campus site is located at the St. Joseph's Center in the City of Orange. The (ME-MSN) program curriculum consists of six (6) semesters of nursing coursework after completion of program prerequisites.

The enrollment pattern proposed at the time of initial approval (Nov. 2015), was to enroll (24) students each fall, after the initial enrollment of (24) students in Spring 2016 and Fall 2016 in the first year of the program.

The USF SONHP has submitted an updated proposal requesting to continue with two enrollment cycles annually in Spring and Fall. Twenty-six (26) students would be admitted per each enrollment cycle, totaling fifty-two (52) students annually.

The intention for continuing with twice a year enrollments as described in the current proposal is to increase the number of graduates based on a needs analysis, and to meet nursing leadership and nursing faculty shortages in this geographic region. It is also in consideration of furthering relationships with now established community partners and increasing the RN workforce in Orange County.

USF implemented the first year enrollment proposal as planned and has provided information to substantiate available campus, faculty and clinical facility capacity for continuing the first year enrollment pattern. A BRN approved assistant program director provides administrative oversight in addition to the program director. One full-time administrative assistant and a part-time simulation technician support the program. BRN approved clinical facilities used during year one will continue to be used for the program in 2017.

The BRN completed a continuing approval visit to the USF School of Nursing and Health

Professions in November 2015. The program submitted its reporting requirements per BRN guidelines for alternate program locations in September 2016. An interim visit to the Orange County alternate campus location was also conducted in September 2016, to confirm completion of planned campus renovations and to speak with faculty and students.

Faculty and students provided verbal feedback on the overall adequacy of resources, and described how they used specific resources such as admissions, counseling, financial aid, library and meeting platform technology to interact with the main campus in San Francisco. Students participate in a nursing student association and mentorship activities. Tutoring is provided by faculty.

NCLEX – RN examination annual pass rates for first time candidates in the MSN option has been above the regulatory requirement of 75% since 2009. At time of the interim visit in September 2016 the program reported that one student from Cohort 1 –OC moved to the main campus in San Francisco related to personal reasons.

BRN approved clinical facilities that the program intends to continue to use are:

Children's Hospital Los Angeles
Miller Children's and Women's Hospital
St. Francis Medical Center
St. Joseph Hospital
St. Jude Medical Center
University of California Irvine

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Shelley Ward, MPH, RN
Nursing Education Consultant

UNIVERSITY OF SAN FRANCISCO
CHANGE THE WORLD FROM HERE

School of Nursing
and Health Professions
2130 Fulton Street
San Francisco, CA 94117-1080
Tel 415.422.6681
Fax 415.422.6877

December 20, 2016

Shelley Ward, MPH, RN
Board of Registered Nursing
1747 N. Market Blvd, Suite 150
Sacramento, CA 97834

Dear Ms. Ward,

This is a proposal to continue to admit 26 students during Spring and Fall admission cycles each year (total N=52 annually) to the University of San Francisco (USF) Masters Entry-Masters of Science of Nursing (ME-MSN) program at the Orange County Campus. As described below, this campus location has the capacity and resources (see EDP-P-11) to accommodate the learning and teaching needs of the students and faculty at the USF Orange County (OC) Campus.

As part of the rationale for this next phase of growth at the USF OC campus, this proposal also includes data about the projected need for nurses in this geographic region. Of concern, California has the lowest ratio of RNs per capita in the US according to the HRSA, 2006[1] National Sample Survey of Registered Nurses. Furthering this concern, Lin, Juraschek, Xu, Jones, and Turek (2008)[2] predict that these California RN workforce issues will persist over the next 15 years due to factors including population growth, greater demand for nursing services to address the health care needs of a growing aging population, and a long overdue need for a coordinated state-wide nursing education expansion effort. With the health and safety Californians as a priority, the USF School of Nursing and Health Professions (SONHP) is committed to respond to developing high quality nursing education programs that will increase the number of new RNs.

Orange County Campus – Masters Entry-Masters of Science in Nursing

Rationale

In 2006 Orange County was given a report card grade of a "D" because of the low ratio of registered nurses compared to the Orange County population (Lin, Lee, Juraschek, 2006)[3]. By 2020, Orange County will experience a 16.1% population increase, furthering the need for RNs in this geographic region.[4]

The USF SONHP is committed to developing high quality nursing education programs that will graduate new RNs in Orange County by way of the ME-MSN program. In November 2015, the Board of Registered Nursing gave approval for USF to open the Orange County Campus; initially to admit two cohorts in year one (Spring and Fall) and then in future years, once annually during the Fall semester. During our initial year the students and faculty were welcomed and supported by our new community partners. In response to this favorable beginning and due to the need for additional RNs in Orange County, USF recognized a twice a year enrollment would further our relationships with our new found community

[1] Health Resources and Services Administration (HRSA). (2006).
[2] Lin, V. W-H., Xu, L., Jones, D., Turek. (2008). California regional registered nurse workforce forecast.
[3] Lin, V. W-H., Lee, A., Juraschek, S., Jones, D. (2006). California regional registered nurse workforce report card.
[4] Lin, V. W-H., Xu, L., Jones, D., Turek. (2008). California regional registered nurse workforce forecast.

partners while also being good citizens to Orange County by increasing the RN workforce with leadership bound RNs. By design the USF ME-MSN program draws a unique population of non-nurses to enter the nursing profession at the graduate level. This student population is being increasingly recognized to already possess leadership skills when they enter nursing. The basis of this expansion is to increase the number of nursing graduates as well as to meet the leadership and nursing faculty shortage needs in this geographic region.

In addition, on August 2016 the renovations to this campus were completed and have made significant improvements (described below) for the students, faculty and staff. This new space will support our plans for a twice per year admission cycle. On September 9, 2016, you conducted the on-site visit to assess the adequacy of this renovated space and it was approved.

Faculty/Staff Resources

The USF OC Campus is budgeted with 5 full-time faculty lines. This includes a nursing assistant director position who has a 50% administrative and 50% teaching appointment. In addition there is a full time program assistant and a part time simulation technician.

Physical Space

Located at 480 S. Batavia Street, Orange, CA 92868, the physical space is located on the 13 acres of the Sisters of Saint Joseph of Orange Campus:

- There are two large classrooms (rooms 202 and 203) available to programs run by the School of Nursing and Health Professions at the College Building in Orange County. Each has 36 desks for students, plus one ADA-compliant desk. The walls have an adequate number of white boards and there is a storage cabinet along the wall in each classroom. There is a third classroom on the first floor (USF classroom across from administration offices) used by USF. It holds 32 desks, plus one ADA-compliant desk.
- The Learning Commons (room 201) has six (6) tables and seats twenty (20) students. There are white boards throughout the room. This is a space students use as a study/reading room.
- Room 211 is a conference room and the debriefing room associated with the skills/simulation laboratory. It has a large table that seats twelve (12) students. It also has a large television.
- There is a workroom (room 200) that has a copy machine for student, faculty, and staff use.
- Suite 214 is composed of a skills laboratory (214), a simulation laboratory (214.2), and a control room (214.1). The suite features a total of four (4) hospital beds and one (1) crib with two (2) additional portable massage tables for physical assessment practice. Collapsible tables provide seating for sixteen (16) students. There are storage cabinets and shelving available in the suite. Additionally, the suite has a secure storage closet for technology.
- There is a lunch room (room s212) with vending machines, a coffee pot, a microwave, and a refrigerator. This room has seating for a total of four (4) people at two (2) tables. This room also has a secured storage cabinet with available nursing books and references. Students can reserve books Monday through Thursday from 9 AM to 5 PM and Friday 9AM to 12 Noon.
- The second floor has a men's restroom, as well as a family restroom. The women's restroom is on the first floor.
- Room 209 is a small conference room with a table that can accommodate six (6) individuals.
- Suite 215, a large work area designed to facilitate student-faculty interactions, has six (6) small tables with twenty-six (26) chairs. This suite also has five pods where faculty can meet individually with students as needed.

- Access throughout the second floor is provided by use of USF One Card. However, three areas are not under USF One Card: the two large classrooms (rooms 202 and 203) and the workroom (room 200).

The University of San Francisco is a reputable School that already is successfully working in close partnership with clinical partners in the Orange County region. Data-based evidence has been presented that Orange County needs greater numbers of nurses and USF is committed to meeting these California regional health and safety needs. USF is committed to providing ample resources to accomplish this effort. Please let me know if you have any questions or need additional information.

Sincerely,

Scott R. Ziehm, DNP, RN
Associate Dean for Prelicensure Programs and Accreditation

Health Resources and Services Administration (HRSA). (2006). Preliminary findings: 2004 National sample survey of registered nurses.

Lin, V. W-H., Lee, A., Juraschek, S., Jones, D. (2006). California regional registered nurse workforce report card. Nursing Economics, 24(6), 290-297.

Lin, V. W-H., Juraschek, S. P., Xu, L., Jones, D. Turek, J. (2008). California regional registered nurse workforce forecast. Nursing Economics, 26(2), 85-121.

University of San Francisco School of Nursing and Health Professions - Orange County campus ME-MSN Program
Clinical-Site Resources - Cohorts 1, 2 and 3

Cohort 1 (Admitted spring 2016)

Semester 1 (January-May) 2016	Semester 2 (May-August) 2016		Semester 3 (August-Dec) 2016	Semester 4 (January-May) 2017	Semester 5 (May-August) 2017
N661 Applied Assessment Clinical	N638 Peds clinical N662 OB clinical		N619 Med/Surg I Clinical	N636 Med/Surg II Clinical	N646 Psych Community Health Clinical
Section 1-STJ Section 2-StF Section 3-StJo	Pediatrics Section 1-CHLA Section 2-M	OB Section 1-StJ Section 2-StJo	Section 1-StF Section 2-StF Section 3-UCI	Section 1-UCI Section 2-StJ Section 3-StJo	Section 1-UCI Section 2-UCI Section 3-StF
Med/surg Total N=26	Peds/OB Total N=26		Med/surg Total=26	Med/surg Total=26	Psych Total N=26

Cohort 2 (Admitted fall 2016)

Semester 1 (August-Dec) 2016	Semester 2 (January-May) 2017		Semester 3 (May-August) 2017	Semester 4 (August-Dec) 2017	Semester 5 (January-May) 2018
N661 Applied Assessment Clinical	N638 Peds clinical N662 OB clinical		N619 Med/Surg I Clinical	N636 Med/Surg II Clinical	N646 Psych Community Health Clinical
Section 1-StJo Section 2-StF Section 3-STJ	Pediatrics Section 1-CLA Section 2-CLA	OB Section 1--StJo Section 2-STJ	Section 1-StF Section 2-StF Section 3-UCI	Section 1-StF Section 2-StF Section 3-StF	Section 1-UCI Section 2-UCI Section 3-StF
Med/surg Total N=52	Peds/OB Total N=26		Med/surg Total=26	Med/surg Total=26	Psych Total N=26

Cohort 3 (Admit Spring 2017)

Semester 1 (January-May) 2017	Semester 2 (May-August) 2017		Semester 3 (August-Dec) 2017	Semester 4 (January-May) 2018	Semester 5 (May-August) 2018
N661 Applied Assessment Clinical	N638 Peds clinical N662 OB clinical		N619 Med/Surg I Clinical	N636 Med/Surg II Clinical	N646 Psych Community Health Clinical
Section 1-StJo Section 2-StF Section 3-STJ	Pediatrics Section 1-CLA Section 2-CLA	OB Section 1-StJo Section 2-STJ	Section 1-StJo Section 2-STJ Section 3-StF	Section 1-UCI Section 2-StF Section 3-StF	Section 1-UCI Section 2-UCI Section 3-StF
Med/surg Total N=52	Peds/OB Total N=26		Med/surg Total=52	Med/surg Total=26	Psych Total N=26

Note: Students graduate with the master's degree after successful completion of the sixth semester

Legend:
CLA: Children's Hospital of Los Angeles
M: Miller Children's Hospital
StF: St Francis
StJo: St. Joseph
STJ: St Jude
UCI: University of California Irvine

SrZ:/Orange County Cohort 1 2 3

State of California

Department of Consumer Affairs
Board of Registered Nursing

NURSING CURRICULUM AND CLINICAL FACILITIES

(916) 322-3350

NAME OF PROGRAM:	SIGNATURE *(Director of RN Program)*:	DATE:
University of San Francisco, School of Nursing and Health Professions – Orange County Master's Entry – Master's of Science in Nursing	Scott R. Ziehm	December 16, 2016

Please list all nursing subjects offered during the quarter/semester of the approval visit.

NURSING COURSE *(Name & Number)*	M/S	O	C	PMH	G	UNITS LEC	UNITS LAB	LEAD INSTRUCTOR *(Name)*	CLINICAL LAB INSTRUCTOR(S) *(Name)*	#STUDENTS/ SECTION	CLINICAL SITE
Cohort 1: NURS 615* CNL Role: CNL as Educator	☐	☐	☐	☐	☐	1		Bueno, Mike		26	
Cohort 1: NURS 629* Financial Resource Management	☐	☐	☐	☐	☐	3		Penner, Susan		26	
Cohort: 1 NURS 635 Med-Surg Nursing II	☒	☐	☐	☐	☒	3		Jocom, Ramon Supervised by: Mike Bueno		26	
Cohort: 1 NURS 636 Med-Surg Nursing II	☒	☐	☐	☐	☒		3		Santos, Carole	8	UCI
									Bueno, Mike	9	StJ
									Jocom, Ramon	9	St Jo
Cohort: 1 NURS 640* Healthcare Informatics for CNLs	☐	☐	☐	☐	☐	2		Bueno, Mike		26	
Cohort: 1 NURS 644 Clinical Leadership in Mental Health & Community based Practice	☐	☐	☐	☒	☐	3		De Natale, Mary Lou		26	

Cohort: 1 NURS 645* CNL Role: Integration & Eval of the Clinical Ldr Role	☐	☐	☐	☐	☐	1		Bueno, Mike		26	
Cohort: 1 NURS 646 Community & Mental Health Clinical Lab	☐	☐	☐	☒	☐		4		Cox, Kim	8	UCI
									Cox, Kim	9	UCI
									De Natale, Mary Lou	9	StF
Cohort: 2 NURS 610 Health Promotion of Families & Individuals	☐	☒	☐	☐	☐	4		Burke, Leanne		26	
Cohort: 2 NURS 637 Pediatric Nursing	☐	☐	☒	☐	☐	2		Walsh, Juleah		26	
Cohort: 2 NURS 638 Pediatric Nursing – Clinical Lab	☐	☐	☒	☐	☐		2		Chellew, Dixie	13	CLA
									Manaserro, Samantha	13	CLA
Cohort: 2 NURS 662 Childbearing Families Clinical Lab	☐	☒	☐	☐	☐		2		Weinfeld, Julie	13	St. Jo
									Hernandez, Dawn	13	St. J
Cohort: 2 NURS 664* Advanced Pathophysiology & Pharmacology	☐	☐	☐	☐	☐	3		Jocom, Ramon		26	
Cohort: 2 NURS 614* Healthcare Systems Leadership	☐	☐	☐	☐	☐	3		Martinez, Debbie		26	
Cohort: 2 NURS 618 Med-Surg Nursing I	☒	☐	☐	☐	☐	3		Jocom, Ramon Supervised by: Mike Bueno		26	
Cohort: 2 NURS 619 Med-Surg Nursing I – Clinical Lab	☒	☐	☐	☐	☐		3		Jocom, Ramon	8	St F
									Bueno, Mike	9	St F
									Santos, Carole	9	UCI
Cohort: 2 NURS 628* CNL Role: Clinical Outcomes Manager	☐	☐	☐	☐	☐	1		Bueno, Mike		26	

Cohort: 2 NURS 634* Nursing Research	☐	☐	☐	☐	☐	3		Schmotzer, Geri		26	
Cohort: 2 NURS 615* CNL Role: CNL as Educator	☐	☐	☐	☐	☐	1		Santos, Carole		26	
Cohort: 2 NURS 629* Financial Resource Mgmt	☐	☐	☐	☐	☐	3		Penner, Susan		26	
Cohort 2: NURS 635 Med-Surg Nursing II	☒	☐	☐	☐	☒	3		Jocom, Ramon Supervised by: Mike Bueno		26	
Cohort 2: NURS 636 Med-Surg Nursing II Clinical Lab	☒	☐	☐	☐	☒	3			Jocom, Ramon	8	StF
									Santos, Carole	9	StF
									Posadas, Rosemarie	9	StF
Cohort 2: NURS 640* Healthcare Informatics for CNLs	☐	☐	☐	☐	☐	2		Bueno, Mike		26	
Cohort: 3 NURS 601 Introductory Patho & Pharm	☒	☐	☐	☐	☐	3		Jocom, Ramon Supervised by: Mike Bueno		26	
Cohort: 3 NHP 602* Epidemiology	☐	☐	☐	☐	☐	3		Schmotzer, Geri		26	
Cohort: 3 NURS 613* CNL Role: Introduction	☐	☐	☐	☐	☐	1		Bueno, Michael		26	
Cohort: 3 NURS 622 Health Assessment	☒	☐	☐	☐	☐	2		Bueno, Michael		26	
Cohort: 3 NURS 624 Fundamentals of Nursing: Learning & Reasoning	☒	☐	☐	☐	☐	2		Bueno, Michael		26	
Cohort: 3 NURS 661 Applied Assessment & Fundamental Clinical	☒	☐	☐	☐	☐		4		Bueno, Mike	8	StJo
									Posadas, Rosemarie	8	StF
									Mark, Ethel	10	StJ

Lab											
Cohort: 3 NURS 610 Health Promotion of Families & Individuals	☐	☒	☐	☐	☐	4		Burke, Leanne		26	
Cohort: 3 NURS 637 Pediatric Nursing	☐	☐	☒	☐	☐	2		Walsh, Juleah		26	
Cohort: 3 NURS 638 Pediatric Nursing – Clinical Lab	☐	☐	☒	☐	☐		2		Chellew, Dixie	13	CLA
									Manaserro, Samantha	13	CLA
Cohort: 3 NURS 662 Childbearing Families Clinical Lab	☐	☒	☐	☐	☐		2		Weinfeld, Julie	13	St. Jo
									Hernandez, Dawn	13	St. J
Cohort: 3 NURS 664* Advanced Pathophysiology & Pharmacology	☐	☐	☐	☐	☐	3		Jocom, Ramon		26	
Cohort: 3 NURS 614* Healthcare Systems Leadership	☐	☐	☐	☐	☐	3		Martinez, Debbie		26	
Cohort: 3 NURS 618 Med-Surg Nursing I	☒	☐	☐	☐	☐	3		Jocom, Ramon Supervised by: Mike Bueno		26	
Cohort: 3 NURS 619 Med-Surg Nursing I – Clinical Lab	☒	☐	☐	☐	☐		3		Santos, Carole	8	StJo
									Mark, Ethel	9	StJ
									Posadas, Rosemarie	9	StF
Cohort: 3 NURS 628* CNL Role: Clinical Outcomes Manager	☐	☐	☐	☐	☐	1		Bueno, Mike		26	
Cohort: 3 NURS 634* Nursing Research	☐	☐	☐	☐	☐	3		Schmotzer, Geri		26	

* Not considered pre-licensure course(s)

University of San Francisco School of Nursing and Health Professions

MASTERS ENTRY OPTION PROGRAM (Non--Nursing Bachelors to Masters)

CLINICAL NURSE LEADER Curriculum Pattern

CNL 22 (Entry: Summer 2016; Graduate: Spring 2018)

PREREQUISITES TO PROGRAM (exceptions are reviewed on an individual basis):

Natural, Behavioral, and Social Sciences	
Including Human Anatomy, Human Physiology, Microbiology, Psychology	16 credits
Statistics	3 credits
Communication (written, oral, and group communication)	6 credits
TOTAL PREREQUISITE CREDITS	**25 total credits**

SEMESTER 1

NURS601	Introductory Pathophysiology & Pharmacology	3 credits
NHP702*	Epidemiology	3 credits
NURS613*	CNL Role: Introduction	1 credit
NURS622	Health Assessment	2 credits
NURS624	Fundamentals of Nursing: Learning and Reasoning	2 credits
NURS661	Applied Assessment & Fundamental Clinical Lab	4 credits
		15 total credits

SEMESTER 2

NURS610	Health Promotion of Families & Individuals	4 credits
NURS637	Pediatric Nursing	2 credits
NURS638	Pediatric Nursing – Clinical Lab	2 credits
NURS662	Childbearing Families Clinical Lab	2 credits
NURS664*	Advanced Pathophysiology & Pharmacology	3 credits
		13 total credits

SEMESTER 3

NURS614*	Healthcare Systems Leadership	3 credits
NURS618	Medical--Surgical Nursing I	3 credits
NURS619	Medical--Surgical Nursing I – Clinical Lab	3 credits
NURS628*	CNL Role: Clinical Outcomes Manager	1 credit
NURS634*	Nursing Research	3 credits
		13 total credits

SEMESTER 4

NURS615*	CNL Role: CNL as Educator	1 credit
NURS629*	Financial Resource Management	3 credits
NURS635	Medical--Surgical Nursing II	3 credits
NURS636	Medical--Surgical Nursing II – Clinical Lab	3 credits
NURS640*	Healthcare Informatics for CNLs	2 credits
		12 total credits

SEMESTER 5**

NURS644	Clinical Leadership in Mental Health & Community--based Practice	3 credits
NURS645*	CNL Role: Integration & Evaluation of the Clinical Leadership Role	1 credit
NURS646	Community & Mental Health Clinical Lab	4 credits
		8 total credits

SEMESTER 6

NURS648*	Healthcare Policy & Ethics	3 credits
NURS651*	CNL Role: Synthesis	2 credits
NURS653*	Internship: Clinical Nurse Leader	2 credits
		7 total credits

TOTAL NURSING CREDITS	**65 total credits**
TOTAL PROGRAM REQUIREMENT CREDITS	**93 TOTAL CREDITS**

**Not considered pre--licensure courses*

***Students are required to be deemed eligible for the RN NCLEX exam prior to the onset of Semester 6. Any student who fails NCLEX cannot continue in N653.*

Rev 7/1/2016

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: January 11, 2017

ACTION REQUESTED: 2015-2016 Annual School Survey Reports (Draft)

REQUESTED BY: Julie Campbell-Warnock, Research Program Specialist

BACKGROUND: The California BRN 2015-2016 Annual School Survey was conducted between October 1 and November 15, 2016 and draft data analysis and a report was completed in December 2016. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Center for the Health Professions at the University of California, San Francisco (UCSF). All of the California BRN-approved pre-licensure nursing programs participated and the BRN would like to thank them for their participation and prompt responses to the survey.

Drafts of the two statewide reports are attached, one focuses on ten-year trends for some significant data elements that are collected, including new student enrollment, census data, student completions and faculty data. The other report is a data summary of the current year and includes data from most all of the questions asked on the survey.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Julie Campbell-Warnock
Research Program Specialist

California Board of Registered Nursing
2015-2016 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

January 3, 2017

Prepared by:
Lisel Blash, MPA
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118

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PREFACE

Nursing Education Survey Background

Development of the 2015-2016 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders across California. A list of workgroup members is included in Appendix B. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Annual data presented in this report represent August 1, 2015 through July 31, 2016. Census and associated demographic data were requested for October 15, 2016.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

This survey has been developed to support nursing, nursing education, and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal, and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

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Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2015-2016, 132 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey. A list of the participating nursing schools is provided in Appendix A.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	38	38	100%
ELM	14	14	100%
Total Programs	**141**	**141**	**100%**

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[1] In this 2016 report there are 132 schools in California that offer a pre-licensure nursing program. Some schools offer more than one nursing program, which is why the number of programs (n=141) is greater than the number of schools. Since last year's report, one ADN, one BSN, and one ELM program/school closed. There was one new BSN program/school, two conversions of ELM programs to BSN programs and one new ELM program/school opened.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2015-2016 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2015-2016, a total of 141 pre-licensure nursing programs reported students enrolled in their programs. In the past year, one ADN, one BSN and one ELM program closed, while one BSN program opened, two ELM programs converted to BSN programs and one new ELM program opened.

Most pre-licensure nursing programs in California are public. The share of public programs has shown an overall decrease in the last ten years and currently represents 75% of all nursing programs compared to 81% in 2006-2007. The number of private programs has increased by 44% during this time while the number of public programs has stayed virtually the same.

Table 2. Number of Nursing Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Total nursing programs*	**130**	**132**	**138**	**139**	**145**	**142**	**143**	**141**	**142**	**141**
ADN	82	84	86	86	89	87	88	89	90	89
BSN	32	32	36	37	39	39	40	36	36	38
ELM	16	16	16	16	17	16	15	16	16	14
Public	105	105	105	105	107	106	107	106	106	105
Private	25	27	33	34	38	36	36	35	36	36
Total number of schools	**117**	**119**	**125**	**125**	**131**	**132**	**133**	**131**	**132**	**132**

*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools in the state.

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The share of nursing programs partnering with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2015-2016, 60% (n=80) of the 134 nursing programs that reported collaborated with another program that offered a higher degree than offered at their own program. This is a 16% increase over the prior year.

Table 3. Partnerships*, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Programs that partner with another program leading to a higher degree	9	9	19	35	44	50	64	67	69	80
Formal collaboration							45.3%	52.2%	53.6%	
Informal collaboration							67.2%	68.7%	73.9%	
Total number of programs that reported	**130**	**132**	**138**	**139**	**145**	**142**	**141**	**141**	**142**	**134**

Note: Blank cells indicate the applicable information was not requested in the given year.

Admission Spaces and New Student Enrollments

The number of spaces available for new students in nursing programs has fluctuated over the past ten years, reaching a high of 12,812 in 2008-2009, when 13,988 students enrolled. In 2015-2016 11,928 spaces were reported as available for new students and these spaces were filled with a total of 13,152 students. The share of nursing programs that reported filling more admission spaces than were available stayed steady between 2013-2014 (39%; n=55) and 2014-2015 (39%; n=56), but increased in 2015-2016 (44%, n=62).

Table 4. Availability and Utilization of Admission Spaces, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Spaces available	11,475	11,969	12,812	12,797	12,643	12,391	12,739	12,394	11,976	11,928
New student enrollments	12,709	13,157	13,988	14,228	13,939	13,677	13,181	13,226	13,318	13,152
% Spaces filled with new student enrollments	**110.8%**	**109.9%**	**109.2%**	**111.2%**	**110.3%**	**110.4%**	**103.5%**	**106.7%**	**111.2%**	**110.3%**

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The overall number of qualified applications received by California nursing programs has shown a slight decline since 2006-2007 (2%, n=465) and even more since its ten-year high of 41,634 (13,593, n=33%) in 2009-2010. 2015-2016 marks the lowest overall number of qualified applications received in the past ten years (28,041). Over the past ten years, the number of applications to ADN programs increased 39% from 2006-2007 through 2009-2010 and then declined steadily each year until the current year when it has increased slightly. BSN applications, over the same period, increased steadily through 2013-2014 but have declined the last two years. However, 2015-2016 still shows an increase in BSN applications since 2006-2007 (39%, n=2,731). ELM programs have experienced more fluctuation in applications over the past ten years, with no steady trend.

Even with the declines, nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

Table 5. Student Admission Application*, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	**28,506**	**34,074**	**36,954**	**41,634**	**37,847**	**38,665**	**35,041**	**31,575**	**28,335**	**28,041**
ADN	19,559	25,021	26,185	28,555	24,722	23,913	19,979	16,682	15,988	16,332
BSN	7,004	7,515	8,585	10,680	11,098	12,387	12,476	12,695	10,196	9,735
ELM	1,943	1,538	2,184	2,399	2,027	2,365	2,586	2,198	2,151	1,974
% Qualified applications *not* enrolled	**55.4%**	**61.4%**	**62.1%**	**65.8%**	**63.2%**	**64.6%**	**62.4%**	**58.1%**	**53.0%**	**53.1%**

In 2015-2016, 13,152 new students enrolled in registered nursing programs, which is a slight decrease from the previous year (1%, n=166). Over the last year, ADN and ELM programs saw a slight enrollment decline, while BSN programs had a small increase in enrollments. Private programs had a decrease, while public programs stayed about the same. Public programs have seen their enrollments decline by 22% (n=-2,234) in the last ten years, while new enrollments in private programs have gone up by 112% in the same period (n=2,677).

Table 6. New Student Enrollment by Program Type, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
New student enrollment	**12,709**	**13,157**	**13,988**	**14,228**	**13,939**	**13,677**	**13,181**	**13,226**	**13,318**	**13,152**
ADN	8,899	8,847	9,412	8,594	7,688	7,411	7,146	7,135	6,914	6,794
BSN	3,110	3,600	3,821	4,842	5,342	5,445	5,185	5,284	5,510	5,594
ELM	700	710	755	792	909	821	850	807	894	764
Private	2,384	2,704	3,774	4,607	4,773	4,795	4,642	4,920	5,249	5,061
Public	10,325	10,453	10,214	9,621	9,166	8,882	8,539	8,306	8,069	8,091

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In 2015-2016, 21% of programs (n=29) reported enrolling fewer students than the previous year, which is about the same as reported in 2014-2015. The most common reasons programs gave for enrolling fewer students in 2015-2016 were “accepted students did not enroll” and “college/university / BRN requirement to reduce enrollment”.

Table 6.1 Percent of Programs that Enrolled Fewer Students by Academic Year

Type of Program	2014-2015		2015-2016	
	Enrolled fewer	**#of programs reporting**	Enrolled fewer	**#of programs reporting**
ADN	23.0%	**87**	20.2%	**89**
BSN	13.9%	**36**	18.4%	**38**
ELM	37.5%	**16**	30.8%	**13**
Total	22.3%	**139**	20.7%	**140**

Table 6.2 Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	45.2%	41.4%
College/university / BRN requirement to reduce enrollment	16.1%	27.6%
Lost funding	19.4%	17.2%
Other	12.9%	17.2%
Insufficient faculty	16.1%	13.8%
Unable to secure clinical placements for all students	16.1%	10.3%
To reduce costs	16.1%	3.4%
Program discontinued	9.7%	3.4%
Lack of qualified applicants	9.7%	0.0%
Number of programs that reported	**31**	**29**

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Student Census Data

The total number of students enrolled in California pre-licensure nursing programs (25,671) remained about the same as that reported the previous year (-1%; n=143). BSN programs increased slightly (4%, n=514), ELM programs decreased (-9%; n=-138), as did ADN programs (-4%, n=-519). Of the total number of students enrolled on October 15, 2016, 45% were in ADN programs, 50% were in BSN programs and 5% were in ELM programs.

In the past ten years, the proportion of students in each type of program has shifted. ADN students made up almost two-thirds of all students in 2007, but that share slipped below 50% in 2011 as the number of BSN students continued to grow. 2016 marks the first year that BSN students make up half of all students in California pre-licensure programs.

Table 7. Student Census Data* by Program Type, by Year

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ADN	14,191	14,304	14,987	14,011	13,041	11,860	12,070	11,502	12,027	11,508
BSN	7,059	7,956	9,288	10,242	11,712	12,248	12,453	12,008	12,332	12,846
ELM	1,274	1,290	1,405	1,466	1,778	1,682	1,808	1,473	1,455	1,317
Total nursing students	**22,524**	**23,550**	**25,680**	**25,719**	**26,531**	**25,790**	**26,331**	**24,983**	**25,814**	**25,671**

*Census data represent the number of students on October 15th of the given year.

Student Completions

The number of students graduating from California nursing programs has increased by 35% (n=2,874) over the last ten years and peaked at 11,512 graduates in 2009-2010. BSN and ELM programs have had overall increases in the number of students completing their programs over the last ten years, but ADN programs have declined since a peak of 7,690 completions in 2009-2010, when they comprised 67% of all graduates. ADN graduates still represent over half (51%) of all students completing a pre-licensure nursing program in California.

Table 8. Student Completions by Program Type, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	5,885	6,527	7,075	7,690	6,606	6,162	6,164	5,916	5,542	5,671
BSN	2,074	2,481	2,788	3,157	3,330	3,896	4,364	4,606	4,860	4,868
ELM	358	572	663	665	717	756	764	769	717	652
Total student completions	**8,317**	**9,580**	**10,526**	**11,512**	**10,653**	**10,814**	**11,292**	**11,291**	**11,119**	**11,191**

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Retention and Attrition Rates

While the attrition rate among nursing programs has fluctuated over the past eight years, it has declined since 2006-2007 with the lowest in 2012-2013 at 12%. The attrition rate was reported at 13% in 2015-2016. Of the 11,907 students scheduled to complete a nursing program in the 2015-2016 academic year, 78% (n=9,291) completed the program on-time, 9% (n=1,111) are still enrolled in the program, and 13% (n=1,505) left the program, with more than half of those students (58%) having been dismissed, and 42% having dropped out.

Beginning with the 2015-2016 survey, data for both traditional and accelerated programs was reported together, thus data will no longer be reported separately for the different tracks. Tables 9 and 10 below reflect the combined data by academic year.

Table 9. Student Retention and Attrition, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Students scheduled to complete the program	8,852	10,392	11,414	11,319	10,984	11,021	12,766	11,943	12,072	11,907
Completed on time	6,437	7,768	8,664	8,904	8,755	8,908	10,488	9,597	9,799	9,291
Still enrolled	996	974	1,105	957	751	619	768	915	644	1,111
Total attrition	1419	1649	1645	1479	1630	1494	1510	1431	1629	1505
Attrition-dropped out	*1419*	*1649*	*1645*	*1479*	*1630*	*1494*	*1510*	*1431*	*885*	*632*
Attrition-dismissed									*744*	*873*
Completed late				660	484	481	605	1,079	851	480
Retention rate*	72.7%	74.7%	75.9%	78.7%	79.7%	80.8%	82.2%	80.4%	81.2%	78.0%
Attrition rate**	16.0%	15.9%	14.4%	13.1%	14.8%	13.6%	11.8%	12.0%	13.5%	12.6%
% Still enrolled	11.3%	9.4%	9.7%	8.5%	6.8%	5.6%	6.0%	7.7%	5.3%	9.3%

*Retention rate = (students completing the program on-time) / (students scheduled to complete)
**Attrition rate = (students dropped or dismissed who were scheduled to complete) / (students scheduled to complete the program)
Note: Blank cells indicate that the applicable information was not requested in the given year.
Data for traditional and accelerated program tracks is now combined and reported here.

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Attrition rates vary by program type and continue to be lowest among ELM programs and highest among ADN programs. Over the last ten years, ADN programs have seen overall improvement in their average attrition rates, with 14% in 2015-2016 being the lowest attrition rate in the last ten years. BSN & ELM programs have seen fluctuations in their attrition rates, although BSN attrition rates have trended up more significantly in the last three years. Historically, attrition rates in public programs have been higher than those in private programs over most of the past ten years. However, this gap has narrowed in the past three years as average private program attrition rates have increased and average public program attrition rates have decreased. In 2015-2016, the private school attrition rate (14%) was higher than that of the public schools (12%).

Table 10. Attrition Rates by Program Type*, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	19.0%	19.5%	17.6%	15.9%	17.8%	18.0%	14.1%	15.3%	16.2%	14.0%
BSN	8.7%	8.3%	8.6%	7.6%	9.9%	8.6%	9.9%	12.1%	11.4%	11.8%
ELM	7.2%	5.5%	5.2%	8.3%	8.9%	7.3%	4.9%	4.7%	7.7%	4.5%
Private	7.9%	9.1%	9.6%	8.3%	11.4%	8.9%	10.1%	10.2%	12.8%	14.1%
Public	17.7%	17.4%	15.9%	14.5%	15.7%	15.3%	12.6%	13.3%	13.9%	12.0%

Data for traditional and accelerated program tracks is now combined and reported here.

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NCLEX Pass Rates

Prior to 2011-2012, NCLEX (National Council Licensure Examination) pass rates were higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years, and ELM programs have had the lowest pass rates since 2013-2014. All program types had higher 2015-2016 NCLEX pass rates in comparison to the previous two years. The NCLEX passing standard was increased in April 2013, which may have impacted the NCLEX pass rates from 2013-2014 onward.

Table 11. First Time NCLEX Pass Rates* by Program Type, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%	88.8%	83.1%	84.3%	86.0%
BSN	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%	87.1%	82.3%	84.4%	88.2%
ELM	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%	91.8%	81.9%	80.7%	84.1%

*NCLEX pass rates for students who took the exam for the first time in the given year.

NCLEX pass rates for students graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs, although the pass rates have fluctuated over time. In 2015-2016, students who graduated from accelerated ADN and ELM programs had *lower* average pass rates, and students from accelerated BSN programs had *higher* average pass rates than their traditional counterparts.

Table 12. First Time NCLEX Pass Rates for Accelerated Programs* by Program Type, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	86.7%	93.7%	89.0%	83.9%	85.8%	93.5%	68.8%	95.5%	73.0%
BSN	89.4%	92.1%	88.5%	90.0%	95.9%	83.9%	81.9%	95.2%	91.4%
ELM**								90.0%	83.6%

* These data were collected for the first time in 2007-2008.
** Blank cells indicate that the applicable information was not requested in the given year.

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Employment of Recent Nursing Program Graduates[2]

The largest share of RN program graduates work in hospitals, even though this share has been decreasing from a high of 88% in 2007-2008. In 2015-2016, programs reported that 59% of graduates were employed in hospitals. The share of new graduates working in nursing in California had been declining, from a high of 92% in 2007-2008 to a low of 64% in 2012-2013. In 2015-2016, there was an increase in the share of graduates working in California from 73% the prior year up to 76% in 2015-2016. Nursing programs reported that 11% each of their graduates were either pursuing additional education or were not yet licensed. Only 6% of their graduates were unable to find employment by October 2016, a figure which has steadily declined since 2009-2010.

Table 13. Employment Location of Recent Nursing Program Graduates, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Hospital	88.0%	71.4%	59.0%	54.4%	61.1%	56.7%	56.0%	58.4%	59.2%
Pursuing additional nursing education	2.7%	8.4%	9.7%	7.8%	8.3%	7.9%	7.1%	11.5%	11.0%
Not yet licensed									10.6%
Unable to find employment*			27.5%	21.8%	17.6%	18.3%	13.7%	9.4%	5.5%
Other	4.0%	15.6%	14.8%	6.5%	4.2%	1.7%	3.4%	4.9%	3.2%
Long-term care facilities	2.2%	5.4%	3.9%	4.5%	3.6%	3.6%	3.7%	7.9%	4.6%
Other healthcare facilities						7.1%	10.5%	4.4%	3.5%
Community/public health facilities	3.1%	5.6%	6.0%	5.0%	5.2%	4.7%	6.0%	4.2%	2.6%
Employed in California	**91.5%**	**83.4%**	**81.1%**	**68.0%**	**69.6%**	**63.7%**	**68.8%**	**73.1%**	**76.0%**

Note: Blank cells indicate that the applicable information was not requested in the given year.

In 2015-2016, ADN graduates were most likely working in hospitals (55%), pursuing additional education (13%) or not yet licensed (10%). BSN graduates were much more likely to be working in a hospital (72%) than ADN or ELM graduates. ELM graduates were working in hospitals (53%) or pursuing additional education (30%). This data is similar to that reported in 2014-2015.

Table 14. Employment Location for Recent Nursing Program Graduates by Academic Program Type and Year

	ADN		BSN		ELM		All	
	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
Hospital	51.4%	54.7%	79.4%	72.2%	55.6%	53.3%	58.4%	59.2%
Long-term care facilities	10.3%	5.6%	4.4%	2.4%	1.5%	1.8%	7.9%	4.6%
Community/public health facilities	4.1%	2.4%	3.4%	2.9%	6.0%	3.8%	4.2%	2.6%
Other healthcare facilities	4.9%	4.2%	2.5%	2.1%	5.5%	0.9%	4.4%	3.5%
Pursuing additional nursing education	13.0%	12.6%	2.0%	2.4%	21.8%	29.7%	11.5%	11.0%
Unable to find employment	11.6%	6.0%	3.8%	4.8%	8.2%	3.7%	9.4%	5.5%
Not yet licensed		10.1%		13.0%		5.2%		10.6%
Other	5.6%	4.6%	4.7%	0.1%	1.4%	1.9%	4.9%	4.9%

Note: Statistics on the percent of graduates employed in California were collected at the school level only.

[2]Graduates whose employment setting was reported as “unknown” (15% in 2015-2016) have been excluded from this table.

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Clinical Training in Nursing Education

Questions regarding clinical simulation[3] were revised in the 2014-2015 survey to collect data on the average amount of hours students spend in clinical areas including simulation in various content areas and plans for future use. One-hundred and thirty-six (96%) of 141 nursing programs reported using clinical simulation in 2015-2016.[4]

In 2015-2016, programs allocate the largest proportion of clinical hours to direct patient care (80%), followed by skills labs (13%) and simulation (7%). The content areas using the largest number of hours of clinical simulation on average are Medical/Surgical (24.3) and Fundamentals (9.6). The largest number of clinical training hours by content area was reported for Medical/Surgical (344) followed by Fundamentals (143.4).

In 2015-2016, the largest *proportion* of clinical training hours for simulation were reported by Obstetrics and Pediatrics (9% each); for skills labs was reported by Fundamentals (38%); and the largest proportion of direct patient care hours was reported by Leadership and Management (93%), Psychiatry/Mental Health (89%) and Geriatrics (87%).

These numbers and proportions were very similar to those reported in 2014-2015.

Table 15. Average Hours Spent in Clinical Training by Content Area by Academic Year*

Content Area	Direct Patient Care		Skills Labs		Clinical Simulation		All Content Areas	
	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
Medical/surgical	273.6	285.2	29.2	34.7	27.2	24.3	327.2	344.0
Fundamentals	82.0	78.8	44.9	55.2	9.7	9.6	135.5	143.4
Obstetrics	73.1	74.8	8.0	8.8	11.5	8.8	91.9	92.3
Psychiatry/mental health	76.5	79.5	5.2	5.1	5.3	4.7	86.3	89.2
Pediatrics	71.4	73.5	7.6	7.6	7.7	7.6	85.9	88.6
Geriatrics	65.2	77.0	4.8	5.2	4.8	6.4	73.1	88.6
Leadership/management	62.8	62.7	5.5	2.1	3.9	3	71.1	67.7
Other	36.2	32.5	1.7	1.7	2.5	1.9	39.5	36.2
Total average clinical hours	**732.9**	**764.0**	**105.8**	**119.9**	**71.8**	**66.0**	**910.5**	**949.9**
Percent of Clinical Hours	**80.5%**	**80.4%**	**11.6%**	**12.6%**	**7.9%**	**6.9%**	**100.0%**	**100.0%**
Number of programs that reported hours	**130**	**136**	**130**	**136**	**130**	**136**	**130**	**136**

*Schools that did not report clinical training hours were excluded from this analysis

[3] Clinical simulation provides a simulated real-time nursing care experience which allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

[4] 139 programs reported. 3 of these programs reported not using clinical simulation and 2 programs did not answer the question.

The largest proportion of clinical hours in all programs is in direct patient care, and BSN and ELM programs allot the largest percentage of clinical hours (91% vs. 81% for ADN) to direct patient care activities. ADN and BSN programs allocate a proportionally higher percentage of time to skills labs (13% vs. 10% for ELM programs). BSN and ELM programs allocate more of their clinical training time to simulation activities than do ADN programs (8 & 9%, respectively, vs. 6%).

- 136 of 140 nursing programs (97%) reported using clinical simulation in 2015-2016.[5]
- More than a third (38%, n=53) of the 140 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- Medical/surgical is the content area in which programs use the most hours of clinical simulation.
- The largest proportion of clinical hours in all programs is in direct patient care. The overall proportion is similar across program types.
- BSN and ELM programs allocated roughly similar proportions of clinical hours to simulation activities (8-9%), while ADN programs allocated fewer hours (6%). BSN and ADN programs allocated a greater proportion of time (13%) to skills labs than did ELM programs (10%).

Table 16. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care			Skills Labs			Clinical Simulation			All Content Areas		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/ surgical	329.4	193.2	209.4	40.4	23.2	25.0	24.3	21.9	31.0	393.7	238.4	265.4
Fundamentals	88.2	56.4	69.3	58.9	50.8	35.5	9.0	9.7	15.5	156.1	116.7	119.1
Obstetrics	72.4	75.2	85.8	7.9	10.5	9.6	8.3	9.3	10.1	88.6	94.6	105.4
Pediatrics	71.1	74.2	82.8	6.3	10.5	8.3	7.8	7.0	7.6	85.2	91.5	98.7
Geriatrics	79.6	69.9	73.3	4.8	7.2	1.9	5.4	9.9	4.0	89.7	86.7	78.9
Psychiatry/ mental health	77.1	79.2	91.3	4.4	6.7	4.3	4.2	5.5	5.3	85.8	91.4	100.5
Leadership/ management	60.9	65.3	63.3	1.7	2.1	4.3	2.7	4.1	2.3	65.3	71.4	69.7
Other	11.0	82.4	39.9	1.8	2.2	0.0	0.8	4.9	1.6	13.6	89.4	41.5
Total average clinical hours	789.6	695.8	715.1	125.7	112.7	89.0	62.7	71.7	75.1	977.9	880.1	879.2
Number of programs that reported	**88**	**36**	**12**	**88**	**36**	**12**	**88**	**36**	**12**	**88**	**36**	**12**

[5] 3 programs of those reporting did not use simulation, and 1 program did not answer this question.

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In 2016, programs were asked to report whether over the next 12 months they planned to increase, decrease, or maintain the number of hours in direct patient care, skills labs, and clinical simulation for each of eight content areas.

In each content area and clinical experience, the majority planned to maintain the current balance of hours. If programs were changing anything, they were slightly more likely to report plans to decrease rather than increase overall clinical hours.

In most content areas, respondents were more likely to report a planned decrease in clinical training hours in direct patient care and an increase in clinical training hours in clinical simulation.

Table 17. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience*

Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	4.6%	83.9%	3.9%
Skills labs	4.0%	86.4%	3.2%
Clinical simulation	2.4%	75.6%	15.8%
All clinical hours	4.4%	87.0%	2.2%
Medical/Surgical	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	13.0%	77.9%	6.1%
Skills labs	8.2%	79.5%	5.7%
Clinical simulation	2.4%	75.6%	18.9%
All clinical hours	6.5%	82.6%	6.5%
Obstetrics	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	11.5%	81.7%	3.8%
Skills labs	3.3%	88.5%	1.6%
Clinical simulation	3.2%	81.1%	10.2%
All clinical hours	8.7%	84.8%	2.2%
Pediatrics	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	12.2%	81.7%	3.1%
Skills labs	4.9%	85.3%	1.6%
Clinical simulation	4.4%	79.1%	10.4%
All clinical hours	8.7%	84.8%	2.2%
Psychiatry/Mental Health	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	11.4%	84.9%	1.5%
Skills labs	3.3%	84.4%	1.6%
Clinical simulation	3.2%	80.2%	11.9%
All clinical hours	4.4%	89.1%	0.0%

*Proportions do not sum to 100 across program within content area and type of clinical experience because some respondents chose “not applicable” or “unsure”.

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Table 17. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience*, Continued

Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	4.7%	84.5%	4.7%
Skills labs	0.0%	85.0%	4.2%
Clinical simulation	0.0%	82.1%	11.4%
All clinical hours	4.4%	82.2%	4.4%
Leadership/Management	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	6.3%	79.5%	3.9%
Skills labs	2.5%	77.1%	2.5%
Clinical simulation	0.8%	74.0%	10.1%
All clinical hours	4.4%	84.4%	0.0%
Other	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	4.8%	64.3%	11.9%
Skills labs	0.0%	67.6%	2.7%
Clinical simulation	0.0%	62.5%	12.5%
All clinical hours	0.0%	84.2%	5.3%

*Proportions do not sum to 100 across program within content area and type of clinical experience because some respondents chose "not applicable" or "unsure".

Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area or clinical experience type. Twenty programs (15%) of the 136 that responded to the questions reported they have plans to decrease their overall clinical hours in some area. The most commonly provided reason for decreasing clinical hours was students can meet learning objectives in less time" followed by "unable to find sufficient clinical space". Respondents provided additional categories, such as curriculum redesign and a requirement to reduce units, as reasons for reducing clinical hours.

Table 18. Why Program is Reducing Clinical Hours

	%
students can meet learning objectives in less time	55.0%
Unable to find sufficient clinical space	25.0%
Curriculum redesign or change	20.0%
Other	20.0%
Insufficient clinical faculty	15.0%
Need to reduce units	10.0%
Funding issues or unavailable funding	0.0%
Number of programs that reported	**20**

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Clinical Space & Clinical Practice Restrictions[6]

The number of California nursing programs reporting they were denied access to a clinical placement, unit, or shift decreased to 60 programs, the lowest in six years. Forty-five percent (27) of the 60 programs reported being offered an alternative by the site. The lack of access to clinical space resulted in a loss of 213 clinical placements, units, or shifts, which affected 1,278 students.

Table 19. RN Programs Denied Clinical Space, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Number of programs denied a clinical placement, unit or shift	**93**	**85**	**90**	**81**	**70**	**60**
Programs offered alternative by site*	-	-	-	-	24	27
Placements, units or shifts lost*	-	-	-	-	272	213
Number of programs that reported	142	140	143	141	135	138
Total number of students affected	**2,190**	**1,006**	**2,368**	**2,195**	**2,145**	**1,278**

*Significant changes to these questions for the 2014-2015 & 2015-2016 administration prevent comparison of the data to prior years.

In the 2015-2016 survey, 65 programs (47%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. These numbers were similar to those reported in 2014-2015.

Table 20. RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift by Academic Year

	2014-2015	2015-2016
ADN	31	37
BSN	18	22
ELM	9	6
All Programs	**58**	**65**

[6]Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

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Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason has been declining since 2009-2010.

Overall, 3 programs (1%) reported providing financial support to secure a clinical placement, but only one reported being denied a space due to another RN program offering to pay a fee for the placement.

Table 21. Reasons for Clinical Space Being Unavailable*, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	54.5%	46.9%	48.7%	48.3%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%	39.5%	35.0%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%	38.2%	33.3%
Closure, or partial closure, of clinical facility		23.7%	25.9%	26.7%	25.9%	18.4%	28.3%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%	17.1%	26.7%
No longer accepting ADN students**	26.0%	16.1%	21.2%	20.0%	23.5%	21.1%	23.3%
Visit from Joint Commission or other accrediting agency				21.1%	21.0%	26.3%	23.3%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%	25.0%	21.7%
Change in facility ownership/management		11.8%	12.9%	21.1%	14.8%	21.1%	18.3%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.5%	11.1%	17.1%	18.3%
Implementation of Electronic Health Records system			3.5%	32.3%	22.2%	13.2%	10.0%
Other	20.8%	9.7%	10.6%	11.1%	11.1%	17.1%	10.0%
Facility moving to a new location					6.2%		
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					4.9%	1.3%	1.7%
Number of programs that reported	**77**	**93**	**85**	**90**	**81**	**76**	**60**

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.
Note: Blank cells indicate that the applicable information was not requested in the given year.
* Not asked of ELM programs in 2014-2015 or 2015-2016.

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Competition from the increased number of nursing students was the primary reason for clinical space being unavailable for both ADN and BSN programs. The second most common reason for ADN programs was being displaced by another program, while staff nurse overload/insufficient qualified staff was second for BSN programs. Closure or partial closure of a facility was the primary reason for ELM programs. Almost one-third (32%) of ADN programs reported that clinical sites no longer accepting ADN students was a reason for losing clinical space. Only 2% of nursing programs reported that the facility began charging a fee or another RN program offered to pay a fee for the placement as a reason for clinical space being unavailable.

Table 22. Reasons for Clinical Space Being Unavailable, by Program Type, 2015-2016

	ADN	BSN	ELM	All Programs
Competition for clinical space due to increase in number of nursing students in region	48.6%	52.9%	33.3%	48.3%
Displaced by another program	37.8%	29.4%	33.3%	35.0%
Staff nurse overload or insufficient qualified staff	24.3%	52.9%	33.3%	33.3%
Closure, or partial closure, of clinical facility	10.8%	47.1%	83.3%	28.3%
Nurse residency programs	24.3%	29.4%	33.3%	26.7%
Visit from Joint Commission or other accrediting agency	18.9%	35.3%	16.7%	23.3%
No longer accepting ADN students*	32.4%	5.9%	16.7%	23.3%
Decrease in patient census	16.2%	35.3%	16.7%	21.7%
Change in facility ownership/management	21.6%	17.6%	0.0%	18.3%
Clinical facility seeking magnet status	24.3%	11.8%	0.0%	18.3%
Implementation of Electronic Health Records system	5.4%	23.5%	0.0%	10.0%
Other	2.7%	17.6%	33.3%	10.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	0.0%	5.9%	0.0%	1.7%
Number of programs that reported	**37**	**17**	**6**	**60**

* *Not asked of ELM programs in 2014-2015 or 2015-2016. The response represented here was written in text comments

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (76%) or at a new clinical site (44%). Reducing student admission is an uncommon practice for addressing the loss of clinical space.

Table 23. Strategies to Address the Loss of Clinical Space*, by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%	66.2%	76.3%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%	44.1%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%	32.2%
Clinical simulation	29.4%	34.4%	32.1%	37.8%	30.5%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%	5.1%
Other	9.4%	4.4%	1.2%	8.1%	3.4%
Number of programs that reported	**85**	**90**	**81**	**74**	**59**

*Data collected for the first time in 2011-12.

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Forty-three (31%) nursing programs in the state reported an increase in out-of-hospital clinical placements in 2015-2016. In 2015-2016, the two most frequently reported non-hospital clinical sites were skilled public health or community health agency and home health agency/home health service. This is comparable to the prior years.

Table 24. Alternative Out-of-Hospital Clinical Sites Used by RN Programs, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Public health or community health agency	43.60%	51.80%	55.00%	53.70%	41.00%	51.2%
Home health agency/home health service	30.90%	32.10%	35.00%	19.50%	20.50%	41.9%
Medical practice, clinic, physician office	23.60%	33.90%	22.50%	39.00%	30.80%	37.2%
Outpatient mental health/substance abuse	36.40%	42.90%	20.00%	39.00%	28.20%	34.9%
Skilled nursing/rehabilitation facility	47.30%	46.40%	45.00%	43.90%	46.20%	32.6%
School health service (K-12 or college)	30.90%	30.40%	22.50%	34.10%	38.50%	27.9%
Surgery center/ambulatory care center	20.00%	23.20%	30.00%	29.30%	28.20%	25.6%
Hospice	25.50%	25.00%	27.50%	29.30%	23.10%	25.6%
Case management/disease management	7.30%	12.50%	5.00%	7.30%	7.70%	16.3%
Other	14.50%	17.90%	17.50%	12.20%	12.80%	16.3%
Correctional facility, prison or jail	5.50%	7.10%	5.00%	7.30%	10.30%	9.3%
Urgent care, not hospital-based	9.10%	10.70%	5.00%	12.20%	7.70%	7.0%
Renal dialysis unit	12.70%	5.40%	5.00%	4.90%	5.10%	7.0%
Occupational health or employee health service	5.50%	5.40%	0.00%	2.40%	0.00%	2.3%
Number of programs that reported	**55**	**56**	**40**	**41**	**39**	**43**

*These data were collected for the first time in 2010-2011.

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In 2015-2016, 65% (n=85) of nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities, which is the lowest number reported since 2009-2010.

The most common types of restrictions students faced continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and access to electronic medical records. Schools reported that the least common types of restrictions students faced were direct communication with health care team members, and alternative setting due to liability.

Table 25. Common Types of Restricted Access in the Clinical Setting for RN Students*, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%	68.8%	77.4%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%	59.1%	69.0%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%	60.2%	61.9%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%	44.1%	54.8%
Student health and safety requirements		39.0%	43.6%	45.3%	43.0%	40.9%	42.9%
Some patients due to staff workload		31.0%	37.6%	30.5%	41.9%	30.1%	34.5%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%	26.9%	34.5%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%	31.2%	27.4%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%	19.4%	19.0%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%	7.5%	8.3%
Number of schools that reported	**94**	**100**	**101**	**95**	**93**	**93**	**85**

*Data collected for the first time in 2009-2010.
Note: Blank cells indicate that the applicable information was not requested in the given year.
Numbers indicate the percent of schools reporting these restrictions as “common” or “very common”.

Schools reported that restricted student access to electronic medical records was due to insufficient time for clinical site staff to train students (74%) and clinical site staff still learning the system (53%). Schools reported that students were restricted from using medication administration systems due to liability (64%) and limited time for clinical staff to train students (36%).

Table 26. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration*, by Academic Year

	Electronic Medical Records			Medication Administration		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
Liability	42.9%	35.8%	40.5%	66.7%	68.1%	64.2%
Insufficient time to train students	61.9%	70.4%	74.3%	36.4%	31.9%	35.8%
Staff fatigue/burnout	32.1%	29.6%	32.4%	37.9%	30.4%	29.9%
Staff still learning and unable to assure documentation standards are being met	63.1%	59.3%	52.7%	45.5%	29.0%	22.4%
Cost for training	29.8%	29.6%	29.7%	24.2%	21.7%	17.9%
Other	14.3%	7.4%	14.9%	18.2%	11.6%	16.4%
Patient confidentiality	28.6%	22.2%	28.4%	18.2%	7.2%	6.0%
Number of schools that reported	**84**	**81**	**74**	**66**	**69**	**67**

*Data collected for the first time in 2013-2014.
**Numbers indicate the percent of schools reporting these restrictions as “uncommon”, “common” or “very common” to capture any instances where reasons were reported.”

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Schools compensate for training in areas of restricted student access by providing training in the simulation lab (88%), in the classroom (66%), and ensuring that all students have access to sites that train them in the area of restricted access (47%). Since 2013-2014, training students in the simulation lab or classroom has increased and access to other sites to train them has decreased.

Table 27. How the Nursing Program Compensates for Training in Areas of Restricted Access*

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools
Training students in the simulation lab	80.6%	87.1%	88.0%
Training students in the classroom	53.8%	57.0%	66.3%
Ensuring all students have access to sites that train them in this area	61.3%	55.9%	47.0%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%
Other	9.7%	11.8%	18.1%
Number of schools that reported	**93**	**93**	**83**

Faculty Census Data[7]

In 2015-2016, the total number of nursing faculty declined slightly, as did the number of part-time faculty, while the number of full-time faculty increased slightly. On October 15, 2016, there were 4,379 total nursing faculty.[8] Of these faculty, 34% (n=1,513) were full-time and 66% (n=2,953) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2016, schools reported 435 vacant faculty positions. These vacancies represent a 9% faculty vacancy rate overall (12.1% for full-time faculty and 7.1% for part-time faculty).

Table 28. Faculty Census Data, by Year

	2007*	2008	2009	2010	2011	2012	2013*	2014*	2015*	2016*
Total Faculty	**3,282**	**3,471**	**3,630**	**3,773**	**4,059**	**4,119**	**4,174**	**4,181**	**4,532**	**4,379**
Full-time	1,374	1,402	1,453	1,444	1,493	1,488	1,521	1,498	1,505	1,513
Part-time	1,896	2,069	2,177	2,329	2,566	2,631	2,640	2,614	3,000	2,953
Vacancy Rate**	**5.9%**	**4.7%**	**4.7%**	**4.7%**	**4.9%**	**7.9%**	**5.9%**	**9.4%**	**8.2%**	**9.0%**
Vacancies	206	172	181	187	210	355	263	432	407	435

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.
**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

[7] Census data represent the number of faculty on October 15th of the given year.
[8] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in California nursing schools.

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In 2015-2016, 85 of 128 schools (66%) reported that faculty in their programs work an overloaded schedule, and 97% (n=82) of these schools pay the faculty extra for the overloaded schedule.

Table 29. Faculty with Overloaded Schedules*, by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Schools with overloaded faculty	81	84	85	87	94	99	85	85
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%	95.0%	96.5%	96.5%
Number of schools that reported	**125**	**125**	**131**	**132**	**133**	**131**	**132**	**128**

*These data were collected for the first time in 2008-09.

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Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 130 programs in 2006-2007 to 141 programs in 2015-2016. In the past ten years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree increased from 9 to 80.

The number of admission spaces available reported by California RN programs has fluctuated over the past ten years. New student enrollments have also fluctuated over the past ten years, reaching a peak of 14,228 in 2009-2010 and remaining stable between 13,100 and 13,300 for the past four years. This decline has largely been due to fewer qualified applications and enrollments in ADN programs.

Pre-licensure RN programs reported 11,191 completions in 2015-2016—a 35% increase in student completions since 2006-2007. After three consecutive years of growth in the number of graduates from California nursing programs from 2006-2007 to 2009-2010, the number of graduates declined slightly and has fluctuated around 11,000 for the last four years.

After three years of an increasing average retention rate to a ten-year high of 82% in 2012-2013, the retention rate has declined to 78% in 2015-2016. If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 6% of new nursing program graduates were unable to find employment, which is a decline from the high of 28% in 2009-2010. The number of new graduates employed in California has increased for the third year and was reported at 76%.

Clinical simulation has become widespread in nursing education, with 96% (n=136) of programs reporting using it in some capacity in 2016. On average programs reported students spend 7% of their clinical training in simulation with the highest proportion of time obstetrics and pediatrics. The importance of clinical simulation is underscored by data showing the continued use of out-of-hospital clinical placements and programs continuing to report being denied access to clinical placement sites that were previously available to them. In addition, a large number of schools—65% in 2015-2016—reported that their students had faced restrictions to specific types of clinical practice.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Even as the number of new student enrollments has started to decline, the number of faculty has continued to rise, largely driven by increases in part-time faculty as the number of full-time faculty has stayed relatively level since 2011. The number of nursing faculty has increased by 33% in the past ten years, from 3,282 in 2007 to 4,366 in 2016. In 2016, 435 faculty vacancies were reported, representing an overall faculty vacancy rate of 9.1% (12.1% for full-time faculty and 7.1% for part-time faculty). This vacancy rate is the second highest reported in the last ten years but a slight decrease from 2014.

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APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

American Career College
American River College
Antelope Valley College
Bakersfield College
Brightwood College
Butte Community College
Cabrillo Community College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College (Career Networks Institute)
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
El Camino College - Compton Education Center
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Mount Saint Mary's University – Los Angeles
Napa Valley College
Ohlone College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
Stanbridge College
Ventura College
Victor Valley College
Weimar Institute
West Hills College Lemoore
Yuba College

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LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Unitek College
Mission College
Reedley College at Madera Community College Center

BSN Programs (38)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
Chamberlain College*
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles*
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's University – Los Angeles
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
The Valley Foundation School of Nursing at San Jose State
United States University*
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
West Coast University
Western Governors University

ELM Programs (14)

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine and Science
CSU Dominguez Hills
CSU Fullerton
CSU Long Beach
Samuel Merritt University
San Francisco State University
University of California Davis*
University of California Los Angeles
University of California San Francisco
University of San Diego Hahn School of Nursing
University of San Francisco
Western University of Health Sciences

*New programs in 2015-2016

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APPENDIX B – BRN Education Issues Workgroup Members

Members	**Organization**
Loucine Huckabay, Chair	California State University, Long Beach
Judee Berg	HealthImpact (formerly CINHC)
Audrey Berman	Samuel Merritt University
Stephanie L. Decker	Kaiser Permanente National Patient Care Services
Brenda Fong	Community College Chancellor's Office
Judy Martin-Holland	University of California, San Francisco
Robyn Nelson	West Coast University
Tammy Rice	Saddleback College
Stephanie R. Robinson	Fresno City College
Paulina Van	Samuel Merritt University

Ex-Officio Member

Dr. Joseph Morris	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing

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California Board of Registered Nursing
2015-2016 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

January 3, 2017

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PREFACE

Nursing Education Survey Background

Development of the 2015-2016 Board of Registered Nursing (BRN) school survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Annual data presented in this report represent August 1, 2015 through July 31, 2016. Census and associated demographic data were requested for October 15, 2016.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

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Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2015-2016, 132 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey. A list of the participating nursing schools is provided in Appendix A.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	38	38	100%
ELM	14	14	100%
All Programs	**141**	**141**	**100%**

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[1]In this 2016 report there are 132 schools in California that offer a pre-licensure nursing program. Some schools offer more than one nursing program, which is why the number of programs (n=141) is greater than the number of schools. Since last year's report, one ADN, one BSN, and one ELM program/school closed. There was one new BSN program/school, two conversions of ELM programs to BSN programs and one new ELM program/school opened.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs[2]

- 63% of California pre-licensure nursing programs that reported data are ADN programs—including both generic ADN programs and LVN to ADN programs.

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	82	58.2%
LVN to ADN	7	5.0%
BSN	38	27.0%
ELM	14	9.9%
Total	**141**	**100.0%**

Applications to California Nursing Programs

- 45% of the 28,041 qualified applications to pre-licensure nursing education programs received in 2015-2016 were accepted. Since these data represent applications – and an individual can apply to multiple nursing programs – the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California.
- LVN to ADN and BSN programs had the highest percentage of qualified applications accepted while generic ADN programs had the lowest.

Table 3. Applications* for Admission by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Total Applications Received	23,556	589	25,058	3,503	52,706
Screened	21,021	579	21,007	3,288	45,895
Qualified	15,866	466	9,735	1,974	28,041
Accepted	5,712	309	5,578	924	12,523
% Qualified Applications Accepted	**36.0%**	**66.3%**	**57.3%**	**46.8%**	**44.7%**

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[2] In this 2016 report there are 132 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools.

Number of Students who Enrolled in California Nursing Programs

- As in prior years, pre-licensure nursing programs enrolled more students in 2015-2016 than the number of available admission spaces.
- ELM programs had the lowest share of students enroll into programs for which they were accepted (83%), followed by LVN-to-ADN programs (92%), while the other programs enrolled more students than they accepted.
- 44% (n=62) of pre-licensure programs reported that they filled more admission spaces than were available.

Table 4.1. Share of Accepted Applications that Enrolled by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Applications Accepted	5,712	309	5,578	924	12,523
New Student Enrollments	6,509	285	5,594	764	13,152
% Accepted Applications that Enrolled	**114.0%**	**92.2%**	**100.3%**	**82.7%**	**105.0%**

Table 4.2. Share of Admission Spaces Filled with New Student Enrollments by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Spaces Available	5,870	310	4,925	823	11,928
New Student Enrollments	6,509	285	5,594	764	13,152
% Spaced Filled with New Students Enrollments	**110.9%**	**91.9%**	**113.6%**	**92.8%**	**110.3%**

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- In 2015-2016, 21% of programs (n=29) reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students were "accepted students did not enroll", requirements to reduce enrollment, and loss of funding.

Table 5.1 Programs That Enrolled Fewer Students in 2015-2016

Type of Program	ADN	LVN to AND	BSN	ELM	All Programs
Enrolled fewer	22.0%	0.0%	18.4%	30.8%	20.7%
Did not enroll fewer	78.0%	100.0%	81.6%	69.2%	79.3%
Number of programs that reported	**82**	**7**	**38**	**13**	**140**

Table 5.2 Reasons for Enrolling Fewer Students

	% of programs
Accepted students did not enroll	41.4%
College/university /BRN requirement to reduce enrollment	27.6%
Lost funding	17.2%
Other	17.2%
Insufficient faculty	13.8%
Unable to secure clinical placements for all students	10.3%
To reduce costs	3.4%
Program discontinued	3.4%
Lack of qualified applicants	0.0%
Number of programs that reported	**29**

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Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (50%) of students who enrolled in a pre-licensure nursing program for the first time for whom degree data were available were generic ADN students.

Table 6. Newly Enrolled Students by Program Type

	% Enrollment	#
ADN	49.5%	6509
LVN to ADN	2.2%	285
BSN	42.5%	5594
ELM	5.8%	764
Total	**100.0%**	**13,152**

Newly Enrolled Students in 30-Unit Option

- Only 3 new students were reported enrolled in a 30-unit option track.

Table 7. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM	All Programs
Number of 30-Unit option students	3	0	0	0	3
Total number of programs reporting	**81**	**7**	**37**	**13**	**138**

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Ethnic Distribution of Newly Enrolled Nursing Students

- 65% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities. This is an increase from last year when the proportion was 63%.
- ADN programs enrolled the greatest share of Hispanic (29%) students while LVN programs enrolled the greatest share of Filipino students (24%) and Hawaiian/Pacific Islander students (6%). ELM and BSN programs enrolled the greatest share of Asian (22%) students. ELM programs enrolled the greatest shares of African American (10%), and multi-racial students (6%).

Table 8. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Native American	0.7%	0.4%	0.9%	0.5%	0.8%
Asian	14.4%	13.6%	21.8%	22.3%	17.9%
Asian Indian	1.3%	0.8%	1.6%	0.3%	1.3%
Filipino	8.0%	23.7%	10.6%	2.2%	9.0%
Hawaiian/Pacific Islander	0.9%	5.9%	1.1%	0.8%	1.0%
African American	5.9%	5.9%	3.4%	10.0%	5.1%
Hispanic	28.9%	10.2%	19.7%	18.6%	24.1%
Multi-race	3.4%	2.5%	4.4%	5.9%	3.9%
Other	2.1%	5.5%	0.4%	1.9%	1.5%
White	34.6%	31.4%	36.1%	37.4%	35.3%
Total	**6,326**	**236**	**5,171**	**740**	**12,473**
Ethnic Minorities*	65.4%	68.6%	63.9%	62.6%	64.7%
# Unknown/ unreported	183	49	423	24	679

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.
**One program reported no race/ethnicity for

Gender Distribution of Newly Enrolled Nursing Students

- 21% of students who enrolled in a pre-licensure program for the first time and reported their gender were male.
- ADN and BSN programs have greater shares of men enrolling in their programs for the first time than do ELM programs this year.

Table 9. Gender Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Male	21.4%	22.0%	20.3%	18.5%	20.8%
Female	78.6%	78.0%	79.7%	81.5%	79.2%
Total	**6,506**	**282**	**5,517**	**762**	**13,067**
# Unknown/ unreported	**3**	**3**	**77**	**2**	**85**

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Age Distribution of Newly Enrolled Nursing Students

- 71% of newly enrolled students in a pre-licensure nursing program and reported their age were younger than 31 years of age.

Table 10. Age Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
17 – 20 years	3.0%	0.4%	21.5%	2.0%	10.8%
21 – 25 years	31.2%	25.5%	40.2%	41.0%	35.4%
26 – 30 years	27.9%	25.1%	19.3%	33.0%	24.4%
31 – 40 years	27.0%	31.6%	14.2%	18.4%	21.2%
41 – 50 years	8.6%	15.4%	3.7%	4.3%	6.4%
51 – 60 years	2.1%	2.0%	1.1%	1.4%	1.6%
61 years and older	0.2%	0.0%	0.1%	0.0%	0.1%
Total	**6,433**	**247**	**5,444**	**652**	**12,776**
# Unknown/ unreported	**76**	**38**	**150**	**112**	**376**

Veterans

- In 2015, a number of questions were added to the BRN School Survey to explore applications and enrollments of military veterans to nursing programs.
- A total of 77 programs reported 478 declared military veterans among newly enrolled students between 8/1/15 and 7/31/16. This represents approximately 4% of all newly enrolled students.
- Nearly a quarter (24%) of newly enrolled veterans was reported to have health occupations experience or training prior to enrollment, and a tenth (10%) entered with an LVN license.

Table 11. Prior Experience of Newly Enrolled Veterans

	Percent of Veterans
Prior health occupations training and/or experience	24.3%
Entered the program with an LVN license	10.3%
Entered the program as advanced placement	6.7%
Total Veterans	**478**

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- 82 programs reported that special admission considerations are offered for military veterans; the most common special consideration offered was review of individual transcripts (59%), followed by credit for equivalent courses or transfer credits (54%). Priority admission was reported by 23% of programs.

Table 12. Special Admission Considerations Offered Veterans

	%
Review of individual transcripts	58.5%
Credit for equivalent courses or transfer credits	53.7%
Other	31.7%
Priority admission	23.2%
Credit for pre-requisites and fundamentals for military medic or corpsman experience	20.7%
No special consideration for admission	13.4%
Total Programs Reporting	**82**

- The most common special option offered veterans was counseling (48%), followed by challenge exams, regardless of LVN licensure (32%).

Table 13. Special Options, Tracks, or Services Offered Veterans

	%
Counseling	48.1%
Offering challenge exams, regardless of LVN licensure	32.1%
No special options, tracks or services offered	29.6%
Offering challenge exams, if the veteran has an LVN license	23.5%
Other	14.8%
Medic/LVN to RN program	12.3%
*Veterans' resource center**	3.7%
NCLEX support course specifically for veterans	3.7%
Total Programs Reporting	**81**

**Category generated from text answers as described in "other" response.*

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Currently Enrolled Nursing Students

Nursing Student Census by Degree Type

- On October 15, 2016, a total of 25,671 nursing students were enrolled in a California nursing program that leads to RN licensure.
- BSN programs had the greatest share of students enrolled, at 50% of all nursing students enrolled on October 15, 2016.

Table 14. Currently Enrolled Students Data by Program Type

	% Currently Enrolled	#
ADN	44.0%	11,298
LVN to ADN	0.8%	210
BSN	50.0%	12,846
ELM	5.1%	1,317
Total	**100.0%**	**25,671**

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Ethnic Distribution of Nursing Student Census

- Overall, 65% of students enrolled in a pre-licensure nursing program as of October 15, 2016 represented an ethnic minority group.
- The overall share of ethnic minority nursing students was similar across programs, through the breakdowns of different groups are different across program types.
- Generic ADN programs had the greatest share of Hispanic students (29%) while LVN programs have the greatest proportion of Filipino students (19%). ELM programs had the greatest share of African American (10%) and Asian (25%) students. BSN programs also had a high share of Asian students (23%) and Hispanic students (21%).

Table 15. Ethnic Distribution of Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Native American	0.7%	2.0%	0.6%	0.5%	0.7%
Asian	13.3%	6.5%	23.0%	25.0%	18.6%
Asian Indian	0.9%	1.5%	0.6%	0.3%	0.7%
Filipino	8.5%	19.0%	9.3%	0.0%	8.6%
Hawaiian/Pacific Islander	1.1%	3.5%	0.6%	0.6%	0.8%
African American	6.0%	3.0%	3.6%	9.7%	5.0%
Hispanic	29.3%	14.5%	20.8%	18.9%	24.5%
Multi-race	3.6%	5.0%	4.4%	6.5%	4.1%
Other	2.3%	8.5%	0.9%	0.8%	1.6%
White	34.4%	36.5%	36.2%	37.8%	35.5%
Total	**10,988**	**200**	**11,932**	**1,233**	**24,353**
Ethnic Minorities*	65.6%	63.5%	63.8%	62.2%	64.5%
# Unknown/ unreported	310	10	914	84	1,318

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

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Gender Distribution of Nursing Student Census Data

- Men represented 20% of all students enrolled in a pre-licensure nursing program as of October 15, 2016.
- Generic ADN programs had the greatest share of men enrolled (21%).

Table 16. Gender Distribution of Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Male	20.7%	15.0%	19.2%	17.6%	19.7%
Female	79.3%	85.0%	80.8%	82.4%	80.3%
Total	**11,290**	**207**	**12,750**	**1,314**	**25,561**
# Unknown/ unreported	8	3	96	3	110

Age Distribution of Nursing Student Census Data

- 73% of students enrolled in a pre-licensure nursing program as of October 15, 2016 were younger than 31 years old.
- ADN and LVN to ADN programs had considerably more students over the age of 30 than did BSN or ELM programs.

Table 17. Age Distribution of Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
17 – 20 years	2.8%	0.0%	18.6%	0.0%	10.5%
21 – 25 years	30.9%	14.3%	45.1%	33.4%	37.9%
26 – 30 years	27.8%	35.5%	19.5%	39.6%	24.3%
31 – 40 years	27.5%	36.0%	12.6%	20.5%	19.9%
41 – 50 years	8.9%	12.8%	3.4%	5.2%	6.0%
51 – 60 years	2.0%	1.5%	0.7%	1.3%	1.3%
61 years and older	0.1%	0.0%	0.0%	0.0%	0.1%
Total	**11,154**	**203**	**12,308**	**1,136**	**24,801**
# Unknown/ unreported	144	7	538	181	870

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Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,229 students were approved for accommodations for a declared disability.
- Since only 38 schools (29%) reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with accommodations may be underreported here.
- Exam accommodations were the most commonly reported (62%). These accommodations were used primarily by ADN and ELM programs. Academic counseling and advising was also common among ADN, LVN to ADN, and all BSN programs—but seldom reported by ELM programs.

Table 18. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Exam accommodations (modified/extended time/distraction reduced space)	96.2%	0.0%	0.7%	62.7%	62.0%
Academic counseling/advising	45.0%	60.0%	100.0%	1.5%	61.1%
Disability-related counseling/referral	37.7%	60.0%	33.5%	0.0%	34.3%
Assistive technology/alternative format	3.8%	100.0%	72.3%	10.4%	27.5%
Priority registration	15.0%	40.0%	10.0%	1.5%	12.7%
Note-taking services/reader/audio recording/smart pen	16.8%	0.0%	3.4%	20.9%	12.4%
Adaptive equipment/physical space/facilities	9.9%	0.0%	8.5%	7.5%	9.3%
Interpreter and captioning services	2.3%	0.0%	10.9%	1.5%	5.1%
Other	3.4%	0.0%	0.5%	31.3%	3.9%
Reduced courseload	0.4%	0.0%	7.0%	3.0%	2.8%
Service animals	0.1%	0.0%	0.2%	1.5%	0.2%
Transportation/mobility assistance and services/parking	0.1%	0.0%	0.0%	0.0%	0.1%
Total students receiving accommodations	**745**	**5**	**412**	**67**	**1,229**

*Students with declared disabilities may receive more than one accommodation so the number of accommodations may be higher than the number of students with a declared disability.

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Students who Completed a Nursing Program

Student Completions by Degree Earned

- In 2015-2016, a total of 11,191 students completed a nursing program in California.
- Generic ADN programs graduated the greatest number of students (48%, n=5,418), followed by BSN programs (44%, n=4,868).
- Only four students were reported completing a 30-unit option program—three in ADN programs and one in a BSN program.

Table 19. Nursing Student Completions by Program Type

	% of Completions	#
ADN	48.4%	5,418
LVN to ADN	2.3%	253
BSN	43.5%	4,868
ELM	5.8%	652
Total	**100.0%**	**11,191**

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Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 61% of students who completed a pre-licensure nursing program were ethnic minorities.
- LVN to ADN programs have the greatest overall proportion of ethnic minorities (65%) among students who completed a nursing program, but comprised only 2% of nursing completions overall. ELM programs reported 64% of their graduates were ethnic minorities.
- Generic ADN programs have the greatest share of Hispanics (28%) who completed nursing programs. BSN programs have the largest shares of Asian (22%) and Filipino (10%) students. ELM programs have the greatest proportion of African American (9%) students and a large share of Asian (21%) students. LVN programs had the largest percentages of multi-racial and "other" students.

Table 20. Ethnic Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Native American	0.9%	0.5%	0.7%	0.6%	0.8%
Asian	12.5%	19.7%	21.5%	21.0%	17.0%
Asian Indian	0.9%	1.0%	1.5%	1.0%	1.1%
Filipino	7.8%	7.2%	10.1%	2.1%	8.4%
Hawaiian/Pacific Islander	0.6%	2.9%	0.8%	0.2%	0.7%
African American	5.5%	3.4%	3.5%	9.2%	4.8%
Hispanic	28.1%	15.9%	17.8%	21.2%	23.1%
Multi-race	2.8%	11.1%	3.5%	5.2%	3.4%
Other	2.7%	3.8%	0.8%	1.8%	1.8%
White	38.3%	34.6%	39.9%	37.8%	38.8%
Total	**5,314**	**208**	**4,528**	**619**	**10,669**
Ethnic Minorities	61.7%	65.4%	60.1%	62.2%	61.2%
# Unknown/ unreported	104	45	340	33	522

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race"

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Gender Distribution of Students who Completed a Nursing Program

- 20% of all students who completed a pre-licensure nursing program were male.
- ADN programs had the largest share of male graduates (21%).

Table 21. Gender Distribution of Students who Completed a Nursing Program

	ADN	LVN to ADN	BSN	ELM	All Programs
Male	21.2%	13.8%	18.8%	18.3%	19.8%
Female	78.8%	86.2%	81.2%	81.7%	80.1%
Total	**5,415**	**253**	**4,861**	**652**	**11,181**
# Unknown/ unreported*	3	0	7	0	10

Age Distribution of Students who Completed a Nursing Program

- 65% of students who completed a pre-licensure nursing program in 2015-2016 were younger than 31 years of age when they completed the program.
- People 41 years and older accounted for 10% of graduates from all programs, and 14% of ADN and 18% of LVN to ADN graduates

Table 22. Age Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
17 – 20 years	0.9%	0.0%	2.9%	0.0%	1.7%
21 – 25 years	23.9%	14.0%	46.2%	23.9%	33.3%
26 – 30 years	30.2%	36.6%	28.2%	41.9%	30.0%
31 – 40 years	30.8%	31.7%	17.4%	26.6%	24.9%
41 – 50 years	12.1%	15.2%	4.4%	6.2%	8.6%
51 – 60 years	2.0%	1.8%	0.9%	1.4%	1.5%
61 years and older	0.2%	0.6%	0.0%	0.0%	0.1%
Total	**5,336**	**164**	**4,480**	**515**	**10,495**
# Unknown/ unreported	82	89	388	137	696

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Declared Disabilities among Students who Completed Nursing Programs

- Nursing programs reported that 818 students who completed their programs in 2015-2016 had an accommodation for a declared disability.
- Since only 38 schools (29%) reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students who have received accommodations for disabilities may be underreported here.
- Exam accommodations (95%) are the most frequently reported accommodations nursing programs provide students with disabilities. Academic counseling and advising were provided to 41% of completing students with disabilities for whom accommodations were approved and disability-related counseling or referrals were provided to 34% of students receiving accommodations.

Table 23. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type*

	ADN	LVN to ADN	BSN	ELM	All Programs
Exam accommodations (modified/extended time/distraction reduced space)	95.5%	100.0%	93.7%	100.0%	95.0%
Academic counseling/advising	39.5%	62.5%	43.2%	22.2%	40.8%
Disability-related counseling/referral	31.0%	50.0%	40.4%	0.0%	34.1%
Other	2.1%	0.0%	41.8%	0.0%	15.9%
Priority registration	17.8%	50.0%	7.4%	0.0%	14.3%
Note-taking services/reader/audio recording/smart pen	14.0%	12.5%	7.0%	0.0%	11.4%
Assistive technology/alternative format	3.9%	0.0%	3.5%	11.1%	3.8%
Adaptive equipment/physical space/facilities	4.1%	0.0%	2.8%	0.0%	3.5%
Interpreter and captioning services	1.9%	0.0%	0.7%	0.0%	1.5%
Reduced courseload	1.0%	0.0%	0.0%	0.0%	0.6%
Transportation/mobility assistance and services/parking	0.6%	0.0%	0.4%	0.0%	0.5%
Service animals	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of students receiving accommodations	**516**	**8**	**285**	**9**	**818**

*Students with declared disabilities may receive more than one accommodation so the number of accommodations may be higher than the number of students with a declared disability.

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Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 13% in 2015-2016.
- LVN to ADN programs had the highest attrition rate (18%) and ELM programs the lowest (4%).

Table 24. Completion, Retention and Attrition Data by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Students scheduled to complete the program	6,615	297	4,288	707	11,907
Completed on-time	4,995	234	3,438	624	9,291
Still enrolled	703	10	346	52	1,111
Total attrition	917	53	504	31	1,505
Dropped out	400	33	177	22	632
Dismissed	517	20	327	9	873
Completed late	268	10	192	10	480
Retention rate*	75.5%	78.8%	80.2%	88.3%	78.0%
Attrition rate**	13.9%	17.8%	11.8%	4.4%	12.6%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
**Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)
Note: In 2015-2016, the attrition and retention data for traditional and accelerated programs were combined; in prior years they were reported separately.

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Employment of Recent Nursing Program Graduates

- Across degree/program type, 59% of recent RN graduates employed in nursing in October 2016 were working in hospitals.
- Graduates of BSN programs were the most likely to work in hospitals (72%), while graduates of LVN to ADN programs were the least likely (49%) but were more likely than other graduates to work in long term care (13%) compared to 5% overall.
- Statewide, programs reported that 6% of nursing students were unable to find employment by October 2015, with LVN to ADN programs reporting the highest share of recent graduates (22%) unable to find employment.
- Overall, 11% of those who had graduated between 8/1/15 and 7/31/16 had not yet obtained licenses as of October 2016.
- Nursing schools reported that 76% of their recent RN graduates employed in nursing were employed in California.

Table 25. Employment of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	All Programs
Hospital	55.2%	49.2%	72.2%	53.3%	59.2%
Pursuing additional nursing education	13.5%	2.6%	2.4%	29.7%	11.0%
Not yet licensed	10.5%	5.6%	13.0%	5.2%	10.6%
Unable to find employment	4.6%	22.4%	4.8%	3.7%	5.5%
Long-term care facility	5.0%	12.6%	2.4%	1.8%	4.6%
Other healthcare facility	4.6%	0.3%	2.1%	0.9%	3.5%
Other setting	4.7%	3.4%	0.1%	1.9%	3.2%
Community/public health facility	2.3%	4.0%	2.9%	3.8%	2.6%

*Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2015-2016, on average, the employment setting was unknown for 15% of recent graduates.

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Student Debt Load

- Starting in 2015, school representatives were asked to provide the average student debt load upon graduation.
- The overall average debt load of nursing graduates was $17,742. ELM students had the highest average debt load, and ADN students had the lowest debt load.
- Private school graduates had an average debt load at $39,531, while public school graduates averaged $10,388.

Table 26. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	All Programs
Average debt load	$9,037	$11,539	$26,832	$71,313	$17,742
Private	$24,435	$27,288	$35,936	$57,363	$39,531
Public	$7,523	$3,664	$15,452	$24,435	$10,388
Total schools reporting	**67**	**6**	**27**	**7**	**107**

Faculty Data

Analysis of faculty data by degree type is not available because the faculty data are reported by school, not by degree type.

Full-time and Part-time Faculty Data

- On October 15, 2016, there were 4,366 nursing faculty.[3] Two-thirds were part-time faculty (66%, n=2,953).
- The faculty vacancy rate in pre-licensure nursing programs was 9.0%.

Table 27. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total Faculty	**4,379**	**435**	**9.0%**
Full-time Faculty	1,513	208	12.1%
Part-time Faculty	2,953	227	7.1%

*The sum of full- and part-time faculty did not equal the total faculty reported.

[3] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools.

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- In 2015-2016, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. 37% (n=48) of 129 schools responding agreed. These 48 schools were asked to rank the reason for this shift.

- The top ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions.

Table 28. Reasons for Hiring More Part-time Faculty

	Average rank	Programs reporting
Non-competitive salaries for full time faculty	2.53	**43**
Shortage of RNs applying for full time faculty positions	2.95	**42**
Insufficient number of full time faculty applicants with required credential	3.61	**41**
Insufficient budget to afford benefits and other costs of FT faculty	4.66	**35**
Need for part-time faculty to teach specialty content	4.81	**37**
Other	5.12	**17**
Private, state university or community college laws, rules or policies	5.39	**33**
Need for faculty to have time for clinical practice	6.03	**31**
To allow for flexibility with respect to enrollment changes	6.72	**32**
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	6.82	**34**

*Lower rankings indicate higher importance.

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- Nearly all full-time and most part-time faculty are budgeted positions funded by the school's general fund. However, a greater share of part-time faculty is paid with external funding.

Table 29. Funding of Faculty Positions

	% Full-time Faculty	% Part-time Faculty
Budgeted positions	97.5%	84.3%
100% external funding	1.8%	12.5%
Combination of the above	0.7%	3.2%
Total Faculty	**1,513**	**2,953**
Unknown*	**9**	**18**

*Cases for which the answer is unknown are not included in percentages.

- The majority of faculty (57%) teaches clinical courses only. More than a third (34%) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (9%).

Table 30. Faculty Teaching Assignments

	% Full-time Faculty
Clinical courses only	57.1%
Didactic courses only	9.0%
Clinical & didactic courses	33.9%
Total Faculty	4,366

- 85 of 128 schools (66%) reported that faculty in their programs work an overloaded schedule, and 96% (n-82) of these schools pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 45% of schools reported that their externally funded positions will continue to be funded for the 2016-2017 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of only 10,559 students across all pre-licensure RN programs in 2016-2017, which would be a 19% decrease in new enrollments compared to the 13,099 new students that enrolled in RN programs in 2015-2016.

Table 31. External Funding for Faculty Next Year

	% Schools
Will continue	44.6%
Will not continue	2.3%
Unknown	6.9%
Not applicable	46.2%
Number of schools reporting	**130**

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Faculty Demographic Data

- Nursing faculty remain predominantly white (59%) and female (88%). Forty percent of faculty is between 41 and 55 years of age, and more than a third (35%) of faculty are over 55 years of age.

Table 32. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.4%
Asian	9.3%
Asian Indian	0.8%
Filipino	7.2%
Hawaiian/Pacific Islander	0.4%
African American	9.3%
Hispanic	10.6%
Multi-race	1.7%
Other	1.2%
White	59.2%
Number of faculty	**4,060**
Ethnic Minorities*	40.8%
Unknown/unreported	306

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Table 33. Faculty Gender and Age

Gender	% Faculty
Men	12.7%
Women	87.3%
Number of faculty	**4,155**
Unknown/unreported	211
Age	**% Faculty**
30 years or younger	5.2%
31 – 40 years	19.7%
41 – 50 years	23.9%
51 – 55 years	16.4%
56 – 60 years	15.8%
61 – 65 years	12.2%
66 – 70 years	4.6%
71 years and older	2.0%
Number of faculty	**3,914**
Unknown/unreported	452

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Faculty Education

- On October 15, 2016, almost all full-time faculty (98%) held a master's or doctoral degree, while only 55% of part-time faculty held either of those degrees.
- 8% of all active faculty (n=373) were reported as pursuing an advanced degree as of October 15, 2016.

Table 34. Highest Level of Education of Faculty*

	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	0.3%	6.8%
Baccalaureate degree in nursing (BSN)	1.9%	37.5%
Non-nursing baccalaureate	0.0%	1.1%
Master's degree in nursing (MSN)	62.2%	44.5%
Non-nursing master's degree	2.5%	2.6%
PhD in nursing	16.2%	2.5%
Doctorate of Nursing Practice (DNP)	9.8%	2.7%
Other doctorate in nursing	2.3%	0.9%
Non-nursing doctorate	4.8%	1.4%
Number of faculty	**1,503**	**2,923**
Unknown/unreported	10	30

*The sum of full- and part-time faculty by degree category did not equal the total number of faculty reported.
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Recruiting Diverse Faculty

- In 2016 program representatives were asked what strategies they used to recruit diverse faculty.
- The most commonly used strategy was to send job announcements to a diverse group of institutions and organizations (74%), followed by sharing school and program goals and commitments to diversity (66%) and highlighting campus and community demographics (64%).

Table 35. Strategies for Recruiting Diverse Faculty

	% Schools
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	73.6%
Share program/school goals and commitments to diversity	65.9%
Highlight campus and community demographics	64.3%
Share faculty development and mentoring opportunities	58.1%
Use of publications targeting minority professionals (e.g. Minority Nurse)	41.9%
Showcase how diversity issues have been incorporated into the curriculum	31.0%
Highlight success of faculty, including faculty of color	27.1%
Other	6.2%
External funding and/or salary enhancements (e.g. endowed lectureship)	3.1%
Number of schools that reported	**129**

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Methods Used to Prepare Part-time Faculty to Teach

- Faculty orientations (91%) and program policies (89%) were the most frequently reported methods used to prepare part-time faculty to teach.

Table 36. Methods Used to Prepare Part-time Faculty to Teach

	% Schools
Faculty orientation	91.4%
Program policies	89.1%
Mentoring program	75.8%
Specific orientation program	74.2%
Teaching strategies	64.8%
Administrative policies	63.3%
Curriculum review	61.7%
Other	10.2%
External training program	9.4%
None	2.3%
Number of schools that reported	**128**

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Faculty Attrition

- Nursing schools reported a total of 182 full-time and 370 part-time faculty members as having retired or left the program in 2015-2016.
- Schools reported that an additional 242 faculty members (88 full-time and 154 part-time) are expected to retire or leave the school in 2016-2017, a 33% increase from the previous year.
- The most frequently cited reason for having a faculty member leave the program in 2015-2016 was retirement, followed by return to clinical practice and career advancement.
- Layoffs (1%) and workload (5%) were the least common reasons reported for faculty leaving their positions.

Table 37. Reasons Faculty Leave Their Positions

	% Schools
Retirement	69.0%
Return to clinical practice	27.6%
Career advancement	26.4%
Relocation of spouse or other family obligation	23.0%
Termination (or requested resignation)	18.4%
Resigned	17.2%
Salary/Benefits	14.9%
Other	14.9%
Workload	4.6%
Layoffs (for budgetary reasons)	1.1%
Number of schools that reported	**87**
Number of schools that gave no reason	44

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Faculty Hiring

- 116 schools reported hiring a total of 880 faculty members (230 full-time and 650 part-time) between August 1, 2015 and July 31, 2016.
- 31% (n=275) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (73%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching in a clinical setting. The second largest proportion (72%) reported that their newly hired faculty had experience teaching at another nursing school.
- 37% of schools reported hiring new faculty with no previous teaching experience.
- Six schools reported they were under a hiring freeze for active faculty at some point between August 1, 2015 and July 31, 2016, and four of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Table 38. Characteristics of Newly Hired Faculty

	% Schools
Experience teaching as a nurse educator in a clinical setting	72.8%
Experience teaching at another nursing school	71.9%
Completed a graduate degree program in last two years	70.2%
Experience student teaching while in graduate school	45.6%
No teaching experience	36.8%
Experience teaching in a setting outside of nursing	20.2%
Other	5.3%
Number of schools that reported	**114**

- The most common reason for hiring new faculty was to replace faculty that had left or retired, followed by the need to fill longstanding faculty vacancies.

Table 39. Reasons for Hiring Faculty

	% Schools
To replace faculty that retired or left the program	93.3%
To fill longstanding faculty vacancies (positions vacant for more than one year)	39.4%
To reduce faculty workload	21.2%
Due to program expansion	22.1%
Other	8.7%
Number of schools that reported	**104**

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Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials (86%) and non-competitive salaries (80%) were the most frequently reported barriers to faculty recruitment.
- 35% of schools reported that the workload responsibilities of faculty were a barrier to recruitment.
- 21% of schools felt that an overall RN shortage was a barrier to recruiting faculty—an increase over last year when only 12% reported this as a barrier.

Table 40. Barriers to Recruiting Faculty

	% Schools
Insufficient number of faculty applicants with required credentials	85.8%
Non-competitive salaries	80.3%
Workload (not wanting faculty responsibilities)	35.4%
BRN rules and regulations	32.3%
Private, state university or community college laws, rules or policies	22.8%
Overall shortage of RNs	20.5%
Other	0.0%
No barriers	3.9%
Number of schools that reported	**127**

Difficult to Hire Clinical Areas

- Pediatrics (55%) and Psych/Mental Health (47%) were the clinical areas in which schools had the most difficulty recruiting new faculty.
- 10% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 41. Difficult to Hire Clinical Areas

	% Schools
Pediatrics	54.7%
Psych/Mental Health	46.9%
Obstetrics/Gynecology	39.8%
Medical-surgical	28.9%
Geriatrics	14.8%
Critical Care	10.9%
No clinical areas	10.2%
Community Health	5.5%
Other	0.8%
Number of schools that reported	**128**

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Faculty Salaries

- On average, full-time faculty with doctoral degrees earn more than those with master's degrees.

Table 42. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned & Length of Academic Appointment

	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	$66,861	$87,550	$72,052	$93,969
10 months	$64,649	$102,82	$80,194	$100,763
11 months	$78,799	$94,563	$88,762	$118,234
12 months	$64,772	$114,98	$86,441	$123,882

* Total full-time salaries that were reported as exceptionally low or high were eliminated from this analysis.

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Nursing Program Data

Admission Criteria

- Overall, completion of prerequisite courses, minimum grade level in prerequisite courses, validated prerequisites, and minimum/cumulative GPA were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was important for ADN, LVN to ADN, and, to a lesser extent, BSN programs.
- A personal statement from the applicant and health-related work experience was an important factor in admission for many ELM programs. No ADN or LVN to ADN programs reported the personal statement as a common criterion used to identify qualified applicants.
- Health-related work experience was important for about half of BSN and ELM programs.
- "Criteria as defined by California Assembly Bill 548" was an important factor for 39% of ADN programs, but not for other programs as it applied specifically to community colleges.

Table 43. Admission Criteria by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Completion of prerequisite courses	84.1%	100.0%	76.3%	81.8%	82.6%
Minimum grade level in prerequisite courses	72.0%	100.0%	78.9%	81.8%	76.1%
Validated prerequisites	72.0%	100.0%	78.9%	81.8%	76.1%
Minimum/Cumulative GPA	67.1%	100.0%	86.8%	81.8%	75.4%
Score on pre-enrollment exam	78.0%	71.4%	57.9%	36.4%	68.8%
Repetition of prerequisite science courses	41.5%	57.1%	47.4%	45.5%	44.2%
Health-related work/volunteer experience	35.4%	14.3%	50.0%	54.5%	39.9%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	46.3%	14.3%	0.0%	0.0%	28.3%
Recent completion of prerequisite courses	25.6%	14.3%	31.6%	27.3%	26.8%
Other	12.2%	0.0%	47.4%	54.5%	24.6%
Criteria as defined in California Assembly Bill 548	37.8%	0.0%	0.0%	0.0%	22.5%
Personal statement	0.0%	0.0%	42.1%	90.9%	18.8%
Geographic location	2.4%	0.0%	31.6%	0.0%	10.1%
None	0.0%	0.0%	2.6%	0.0%	0.7%
Number of programs that reported	**82**	**7**	**38**	**11**	**138**

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Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- Random selection was also commonly used by generic ADN and LVN to ADN programs but was not used by any BSN or ELM programs.
- ELM programs frequently reported using the interview and goal statement as selection criteria.

Table 44. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Ranking by specific criteria	58.9%	71.4%	88.6%	87.5%	71.0%
Random selection	34.2%	42.9%	0.0%	0.0%	21.4%
Interviews	9.6%	0.0%	25.7%	62.5%	19.8%
Other	11.0%	0.0%	17.1%	37.5%	15.3%
Goal statement	4.1%	0.0%	14.3%	62.5%	13.7%
Modified random selection	19.2%	0.0%	0.0%	0.0%	10.7%
First come, first served from the waiting list	13.7%	0.0%	2.9%	0.0%	8.4%
Rolling admissions (based on application date for the quarter/semester)	4.1%	0.0%	5.7%	0.0%	3.8%
Number of programs that reported	**73**	**7**	**35**	**16**	**131**

Waiting List

- 29 programs reported having students on a waiting list. Of these programs, 64% keep students on the waiting list until they are admitted and 21% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and 14% gave various other time periods.
- Average time on the waiting list varied by program: students generally spent less than a semester or quarter waiting to get into a BSN or ELM program, but might spend an average of up to four quarters or semesters on the waiting list for an ADN program.

Table 45. Waiting Lists by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Qualified applicants on a waiting list	1,930	67	126	6	2,129
Average number of quarters/semesters to enroll after being placed on the waiting list	3.5	4.0	0.8	0.3	2.7

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Capacity of Program Expansion

- Over the next two years, BSN and ELM programs expect to see enrollment growth. ADN programs anticipate a decline in enrollment over the next two years.

Table 46. Current and Projected New Student Enrollment by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
2015-2016 new student enrollment	**6,509**	**285**	**5,594**	**764**	**13,152**
Expected new student enrollment given current resources:					
2016-2017	6,044	232	6,807	779	13,862
Expected 2016-2017 enrollment as % of 2015-2016 enrollment	92.9%	81.4%	121.7%	102.0%	105.4%
2017-2018	6,149	225	6,976	869	14,219
Expected 2017-2018 enrollment as % of 2015-2016 enrollment	94.5%	78.9%	124.7%	113.7%	108.1%

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Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 76% of all programs).
- Non-competitive faculty salaries and insufficient number of qualified faculty, and were also frequently reported barriers to expansion.
- Of the138 programs that responded, two programs reported no barriers to expansion.

Table 47. Barriers to Program Expansion by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Insufficient number of clinical sites	79.3%	83.3%	76.3%	50.0%	76.1%
Faculty salaries not competitive	65.9%	100.0%	47.4%	25.0%	58.7%
Insufficient number of qualified clinical faculty	46.3%	50.0%	50.0%	50.0%	47.8%
Insufficient number of qualified classroom faculty	50.0%	50.0%	31.6%	8.3%	41.3%
Insufficient funding for faculty salaries	42.7%	33.3%	34.2%	8.3%	37.0%
Insufficient number of physical facilities and space for skills labs	22.0%	33.3%	23.7%	25.0%	23.2%
Insufficient number of physical facilities and space for classrooms	25.6%	0.0%	18.4%	25.0%	22.5%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	25.6%	0.0%	18.4%	16.7%	21.7%
Insufficient support for nursing school by college or university	13.4%	16.7%	18.4%	16.7%	15.2%
Insufficient number of allocated spaces for the nursing program	9.8%	16.7%	18.4%	0.0%	11.6%
Insufficient financial support for students	7.3%	16.7%	5.3%	16.7%	8.0%
Other	4.9%	0.0%	10.5%	25.0%	8.0%
No barriers to program expansion	1.2%	0.0%	0.0%	8.3%	1.4%
Number of programs that reported	**82**	**6**	**38**	**12**	**138**

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Program Expansion Strategies

- 75% (n=104) of the 138 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies were use of human patient simulators, community based/ambulatory care centers, twelve-hour shifts, weekend and evening shifts, and innovative skills lab experiences.
- The use of regional computerized clinical placement and systems and preceptorships were reported by two-thirds (n=4) of the ELM programs that responded.

Table 48. Program Expansion Strategies by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Human patient simulators	89.1%	80.0%	69.0%	83.3%	82.7%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	65.6%	80.0%	79.3%	83.3%	71.2%
Twelve-hour shifts	73.4%	40.0%	62.1%	66.7%	68.3%
Weekend shifts	60.9%	100.0%	72.4%	100.0%	68.3%
Evening shifts	56.3%	100.0%	51.7%	100.0%	59.6%
Innovative skills lab experiences	53.1%	40.0%	62.1%	83.3%	56.7%
Regional computerized clinical placement system	50.0%	40.0%	55.2%	66.7%	51.9%
Preceptorships	48.4%	20.0%	48.3%	66.7%	48.1%
Night shifts	15.6%	0.0%	41.4%	50.0%	24.0%
Non-traditional clinical sites (e.g. correctional facilities)	14.1%	40.0%	24.1%	16.7%	18.3%
Other	1.6%	0.0%	3.4%	16.7%	2.9%
Number of programs that reported	**64**	**5**	**29**	**6**	**104**

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Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2015-2016, a total of 60 programs, or 44% of all programs, reported that they were denied access to a clinical placement, unit, or shift.
- 45% (n=27) of programs that were denied clinical placement, unit, or shift were offered an alternative.
- The lack of access to clinical space resulted in a loss of 213 clinical placements, units, or shifts, which affected 1,278 students.

Table 49. RN Programs Denied Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Programs denied clinical placement, unit, or shift	34	3	17	6	60
Programs offered alternative by site	13	1	10	3	27
Placements, units, or shifts lost	53	30	96	34	213
Number of programs that reported	**81**	**7**	**38**	**12**	**138**
Total number of students affected	**610**	**72**	**446**	**150**	**1,278**

- In addition, 65 programs (47%) reported that there were fewer students allowed for a clinical placement, unit, or shift in 2015-2016 than in the prior year.
- Overall, three programs reported providing financial support to secure a clinical placement.

Table 50. RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift

	ADN	LVN to ADN	BSN	ELM	All Programs
Fewer Students Allowed for a Clinical Placement, Unit, or Shift	37	0	22	6	65
Total number of programs that reported	**82**	**7**	**38**	**12**	**139**

Programs most frequently reported lost placement sites in Medical/Surgical clinical areas.

Table 51. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Medical/Surgical	78.8%	33.3%	76.5%	100.0%	78.0%
Obstetrics	12.1%	66.7%	41.2%	66.7%	28.8%
Pediatrics	24.2%	33.3%	35.3%	33.3%	28.8%
Psychiatry/Mental Health	15.2%	0.0%	29.4%	33.3%	20.3%
Geriatrics	15.2%	0.0%	35.3%	0.0%	18.6%
Other	15.2%	33.3%	17.6%	0.0%	15.3%
Critical Care	6.1%	33.3%	5.9%	0.0%	6.8%
Community Health	0.0%	0.0%	17.6%	0.0%	5.1%
Number of programs that reported	**33**	**3**	**17**	**6**	**59**

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Reasons for Clinical Space Being Unavailable

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space.
- Staff nurse overload or insufficient qualified staff tied with the competition for space for the most important reason among BSN programs.
- Closure, or partial closure, of clinical facility was the top reason for ELM programs.
- Overall, only 1 program reported being denied a space because the facility began charging a fee or another RN program offered to pay a fee for the placement. In a separate question, 3 programs (7%) reported providing financial support to secure a clinical placement.

Table 52. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Competition for clinical space due to increase in number of nursing students in region	47.1%	66.7%	52.9%	33.3%	48.3%
Displaced by another program	41.2%	0.0%	29.4%	33.3%	35.0%
Staff nurse overload or insufficient qualified staff	26.5%	0.0%	52.9%	33.3%	33.3%
Closure, or partial closure, of clinical facility	11.8%	0.0%	47.1%	83.3%	28.3%
Nurse residency programs	23.5%	33.3%	29.4%	33.3%	26.7%
No longer accepting ADN students*	29.4%	66.7%	5.9%	16.7%	23.3%
Visit from Joint Commission or other accrediting agency	20.6%	0.0%	35.3%	16.7%	23.3%
Decrease in patient census	14.7%	33.3%	35.3%	16.7%	21.7%
Change in facility ownership/management	23.5%	0.0%	17.6%	0.0%	18.3%
Clinical facility seeking magnet status	23.5%	33.3%	11.8%	0.0%	18.3%
Implementation of Electronic Health Records system	5.9%	0.0%	23.5%	0.0%	10.0%
Other	2.9%	0.0%	17.6%	33.3%	10.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	0.0%	0.0%	5.9%	0.0%	1.7%
Number of programs that reported	**34**	**3**	**17**	**6**	**60**

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.
Note: Blank cells indicate that the applicable information was not requested in the given year.
* *Not asked of ELM programs in 2014-2015 or 2015-2016. The response represented here was written in text comments

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- Most programs reported that the lost site was replaced at another clinical site – either at a different clinical site being used by the program or at a new clinical site.

Table 53. Strategy to Address Lost Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Replaced lost space at different site currently used by nursing program	66.7%	0.0%	100.0%	100.0%	76.3%
Added/replaced lost space with new site	33.3%	100.0%	52.9%	50.0%	44.1%
Replaced lost space at same clinical site	27.3%	0.0%	47.1%	33.3%	32.2%
Clinical simulation	27.3%	0.0%	41.2%	33.3%	30.5%
Reduced student admissions	6.1%	0.0%	5.9%	0.0%	5.1%
Other	0.0%	0.0%	0.0%	33.3%	3.4%
Number of programs that reported	**33**	**3**	**17**	**6**	**59**

Alternative Clinical Sites

- 43 programs reported an increase in out-of-hospital clinical placements in 2015-2016.
- Public health or community health agencies were reported as the most frequently used alternative clinical placement sites overall, followed by home health agencies. However, medical practices, clinics and physicians' offices were used more frequently by generic ADN and LVN to ADN programs.
- The second most common alternative sites for BSN programs were outpatient mental health and substance abuse facilities, while the second most common alternative sites for ELM programs reporting were school health services and home health agencies.

Table 54. Alternative Out-of-Hospital Clinical Sites by Program

	ADN	LVN to ADN	BSN	ELM	All Programs
Public health or community health agency	31.8%	66.7%	69.2%	80.0%	51.2%
Home health agency/home health service	36.4%	66.7%	38.5%	60.0%	41.9%
Medical practice, clinic, physician office	50.0%	100.0%	15.4%	0.0%	37.2%
Outpatient mental health/substance abuse	27.3%	33.3%	46.2%	40.0%	34.9%
Skilled nursing/rehabilitation facility	31.8%	0.0%	38.5%	40.0%	32.6%
School health service (K-12 or college)	22.7%	0.0%	30.8%	60.0%	27.9%
Surgery center/ambulatory care center	22.7%	0.0%	38.5%	20.0%	25.6%
Hospice	31.8%	66.7%	15.4%	0.0%	25.6%
Case management/disease management	9.1%	33.3%	23.1%	20.0%	16.3%
Other	22.7%	0.0%	15.4%	0.0%	16.3%
Correctional facility, prison or jail	13.6%	0.0%	7.7%	0.0%	9.3%
Urgent care, not hospital-based	9.1%	33.3%	0.0%	0.0%	7.0%
Renal dialysis unit	9.1%	0.0%	7.7%	0.0%	7.0%
Occupational health or employee health service	0.0%	0.0%	7.7%	0.0%	2.3%
Number of programs that reported	**22**	**3**	**13**	**5**	**43**

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LVN to BSN Education

- 5 BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
    - In 2015-2016, programs received 237 qualified applications for 174 admission spaces available for LVN to BSN students.
    - All LVN to BSN programs reported minimum/cumulative GPA and minimum grade level in prerequisite courses as criteria for admission, and 80% reported completion of prerequisite courses.

Table 55. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Minimum/Cumulative GPA	5
Minimum grade level in prerequisite	5
Completion of prerequisite courses	4
Score on pre-enrollment test	2
Personal statement	2
Other	2
Repetition of prerequisite science courses	1
Health-related work experience	1
Geographic location	1
Recent completion of prerequisite courses	0
None	0
Number of programs that reported	**5**

- Ranking by specific criteria (60% of schools) and interviews (40% of schools) were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

Table 56. LVN to BSN Selection Criteria

	# LVN to BSN Programs
Ranking by specific criteria	3
Interviews	2
Rolling admissions (based on application date for the quarter/semester)	1
Goal statement	1
First come, first served from the waiting list	1
Other	0
Number of programs that reported	**5**

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LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 82 generic ADN programs, 32% (n=26) reported having a separate track for LVNs and 73% (n=60) admit LVNs to the generic ADN program on a space available basis.
- 25 (30%) of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2015 there were a total of 406 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 2.9 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are bridge courses and skills lab courses to document competencies.

Table 57. LVN to RN Articulation by Program Type

	ADN	LVN to ADN	BSN	All Programs
Bridge course	71.4%	71.4%	25.0%	61.1%
Use of skills lab course to document competencies	53.2%	57.1%	41.7%	50.9%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	33.8%	57.1%	12.5%	30.6%
Direct articulation of LVN coursework	31.2%	28.6%	25.0%	29.6%
Use of tests (such as NLN achievement tests or challenge exams) to award credit	29.9%	0.0%	37.5%	29.6%
Other	18.2%	0.0%	45.8%	23.1%
Specific program advisor	18.2%	14.3%	20.8%	18.5%
Number of programs that reported	**77**	**7**	**24**	**108**

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Partnerships

- 80 nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree. ADN programs have the greatest number of collaborative programs.

Table 58. Number of RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Programs that partner with another program~~s~~ leading to higher degree	64	5	11	0	80

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (30%) of ADN programs reported professional accreditation. All BSN, and most of the ELM programs reported.

- Of those that did report, 96% of ADN programs reported having ACEN accreditation; 92% of ELM programs and 97% of BSN programs reported having CCNE accreditation.

Table 59. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN to ADN	BSN	ELM
ACEN	96.0%	0.0%	2.6%	0.0%
CCNE	NA*	NA*	97.4%	92.3%
CNEA	4.0%	0.0%	0.0%	0.0%
Not accredited by ACEN or CCNE	0.0%	0.0%	7.9%	0.0%
Number of programs that reported	**25**	**0**	**38**	**13**

* NA – Not Applicable, CCNE does not accredit ADN programs.

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First Time NCLEX Pass Rates

- In 2015-2016, 87% (n=9,609) of nursing students who took the NCLEX for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from BSN programs.

Table 60. First Time NCLEX Pass Rates by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
First Time NCLEX* Pass Rate	86.3%	79.2%	88.2%	84.1%	86.9%
# Students that took the NCLEX	5485	259	4,837	479	11,060
# Students that passed the NCLEX	4733	205	4,268	403	9,609

*These data represent nursing students who took the NCLEX for the first time in 2015-16.

- Overall, pass rates in accelerated programs were higher than those in traditional programs; 86% (n=775) of nursing students in an accelerated track who took the NCLEX for the first time in 2015-2016 passed the exam.
- However, only accelerated BSN programs had a higher average pass rate than their traditional counterparts. Accelerated ELM programs had about the same pass rate, and accelerated ADN programs had a lower pass rate, than their traditional counterparts.

Table 61. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	All Programs
First Time NCLEX* Pass Rate	73.0%	91.4%	83.6%	85.9%
# Students that took the NCLEX	148	467	287	902
# Students that passed the NCLEX	108	427	240	775

*These data represent nursing students who took the NCLEX for the first time in 2015-16.

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Clinical Training[4]

- 136 of 140 nursing programs (97%) reported using clinical simulation in 2015-2016.[5]
- More than a third (38%, n=53) of the 140 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- Medical/surgical is the content area in which programs use the most hours of clinical simulation.
- The largest proportion of clinical hours in all programs is in direct patient care. The overall proportion is similar across program types.
- BSN and ELM programs allocated roughly similar proportions of clinical hours to simulation activities (8-9%), while ADN programs allocated fewer hours (6%). BSN and ADN programs allocated a greater proportion of time (13%) to skills labs than did ELM programs (10%).

Table 62. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care			Skills Labs			Clinical Simulation			All Content Areas		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/ surgical	329.4	193.2	209.4	40.4	23.2	25.0	24.3	21.9	31.0	393.7	238.4	265.4
Fundamentals	88.2	56.4	69.3	58.9	50.8	35.5	9.0	9.7	15.5	156.1	116.7	119.1
Obstetrics	72.4	75.2	85.8	7.9	10.5	9.6	8.3	9.3	10.1	88.6	94.6	105.4
Pediatrics	71.1	74.2	82.8	6.3	10.5	8.3	7.8	7.0	7.6	85.2	91.5	98.7
Geriatrics	79.6	69.9	73.3	4.8	7.2	1.9	5.4	9.9	4.0	89.7	86.7	78.9
Psychiatry/ mental health	77.1	79.2	91.3	4.4	6.7	4.3	4.2	5.5	5.3	85.8	91.4	100.5
Leadership/ management	60.9	65.3	63.3	1.7	2.1	4.3	2.7	4.1	2.3	65.3	71.4	69.7
Other	11.0	82.4	39.9	1.8	2.2	0.0	0.8	4.9	1.6	13.6	89.4	41.5
Total average clinical hours	789.6	695.8	715.1	125.7	112.7	89.0	62.7	71.7	75.1	977.9	880.1	879.2
Number of programs that reported	**88**	**36**	**12**	**88**	**36**	**12**	**88**	**36**	**12**	**88**	**36**	**12**

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[4] Questions related to clinical simulation were revised for the 2015-16 survey administration. Some of the question content changed, as did the unit of analysis from nursing school to nursing program.
[5] 3 programs of those reporting did not use simulation, and 1 program did not answer this question.

- In the 2016 survey, programs were asked to report whether over the next 12 months they planned to increase, decrease, or maintain the number of hours in each clinical experience type and for each content area listed below.
- In each content area and clinical experience, the majority planned to maintain the current balance of hours.
- In most content areas, if there was a planned change, respondents were more likely to report a planned decrease in clinical hours in direct patient care and an increase in hours in clinical simulation.

Table 63. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience *

Medical/Surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	15.1%	8.8%	8.3%	76.7%	85.3%	66.7%	5.8%	2.9%	16.7%
Skills Labs	10.0%	3.2%	8.3%	80.0%	90.3%	50.0%	5.0%	3.2%	16.7%
Clinical Simulation	2.4%	0.0%	8.3%	75.9%	81.8%	58.3%	19.3%	15.2%	25.0%
Total clinical hours	9.9%	5.7%	9.1%	81.5%	85.7%	72.7%	7.4%	5.7%	9.1%
Fundamentals	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	3.7%	3.0%	8.3%	88.9%	90.9%	58.3%	3.7%	0.0%	8.3%
Skills Labs	2.4%	0.0%	8.3%	74.7%	81.8%	66.7%	16.9%	12.1%	16.7%
Clinical Simulation	1.2%	2.9%	9.1%	90.1%	88.6%	81.8%	6.2%	2.9%	0.0%
Total Clinical Hours	1.2%	0.0%	9.1%	90.1%	0.0%	81.8%	6.2%	0.0%	0.0%
Obstetrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	11.6%	8.8%	16.7%	81.4%	88.2%	66.7%	4.7%	0.0%	8.3%
Skills Labs	3.8%	3.2%	0.0%	90.0%	90.3%	75.0%	1.3%	0.0%	8.3%
Clinical Simulation	2.4%	3.0%	8.3%	79.5%	87.9%	75.0%	12.1%	6.1%	8.3%
Total clinical hours	9.9%	5.7%	18.2%	81.5%	88.6%	72.7%	6.2%	2.9%	0.0%
Pediatrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	10.5%	11.8%	25.0%	83.7%	85.3%	58.3%	3.5%	0.0%	8.3%
Skills Labs	6.3%	3.2%	0.0%	86.3%	90.3%	66.7%	1.3%	0.0%	8.3%
Clinical Simulation	3.6%	6.1%	0.0%	79.5%	78.8%	0.0%	9.6%	12.1%	0.0%
Total clinical hours	9.9%	5.7%	18.2%	85.2%	88.6%	72.7%	3.7%	2.9%	0.0%

*Proportions do not sum to 100 across program within content area and type of clinical experience because some respondents chose “not applicable” or “unsure”.

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Table 63. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	4.7%	6.1%	0.0%	84.7%	87.9%	75.0%	4.7%	3.0%	8.3%
Skills Labs	0.0%	0.0%	0.0%	86.1%	90.0%	66.7%	3.8%	6.7%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	82.5%	87.5%	66.7%	12.5 %	9.4%	8.3%
Total clinical hours	1.2%	5.9%	0.0%	90.2%	82.4%	81.8%	3.7%	5.9%	0.0%
Psychiatry/ Mental Health	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	10.3%	17.7%	0.0%	87.4%	79.4%	83.3%	1.2%	0.0%	8.3%
Skills Labs	3.8%	3.2%	0.0%	88.8%	80.7%	66.7%	2.5%	0.0%	0.0%
Clinical Simulation	3.6%	0.0%	8.3%	83.1%	78.1%	66.7%	9.6%	18.8%	8.3%
Total clinical hours	6.1%	2.9%	9.1%	92.7%	91.4%	81.8%	0.0%	0.0%	0.0%
Leadership/ Management	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	3.6%	8.8%	18.2%	79.5%	85.3%	63.6%	4.8%	0.0%	9.1%
Skills Labs	0.0%	3.2%	18.2%	77.9%	83.9%	54.6%	3.9%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	9.1%	74.0%	84.4%	45.5%	9.1%	9.4%	18.2%
Total clinical hours	2.6%	2.9%	10.0%	83.3%	85.7%	80.0%	3.9%	0.0%	0.0%
Other	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	0.0%	12.5%	0.0%	56.5%	75.0%	66.7%	13.0%	12.5%	0.0%
Skills Labs	0.0%	0.0%	0.0%	57.1%	92.3%	33.3%	4.8%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	54.6%	80.0%	33.3%	9.1%	20.0%	0.0%
Total clinical hours	0.0%	4.6%	0.0%	60.0%	81.8%	44.4%	8.0%	11.4%	0.0%

*Proportions do not sum to 100 across program within content area and type of clinical experience because some respondents chose “not applicable” or “unsure”.

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Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area.

- Twenty programs (15%) of the 136 that responded to the questions reported they have plans to decrease their overall clinical hours in some area.
- The most commonly provided reason for decreasing clinical hours was “students can meet learning objectives in less time”, followed by “unable to find sufficient clinical space”.
- Respondents provided additional categories, such as curriculum redesign and a requirement to reduce units, as reasons for reducing clinical hours and these have been added the Table below.

Table 64. Why Program is Reducing Clinical Hours

	%
Students can meet learning objectives in less time	55.0%
Unable to find sufficient clinical space	25.0%
Curriculum redesign or change	20.0%
Other	20.0%
Insufficient clinical faculty	15.0%
Need to reduce units	10.0%
Funding issues or unavailable funding	0.0%
Total reporting	**20**

RN Refresher Course

In 2015-2016, five nursing programs offered an RN refresher course, and 80 students completed one of these courses.

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School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not requested by degree type. As a result, this breakdown is not available.

Institutional Accreditations

- The most commonly reported institutional accreditations were WASC-JC (57%) and WSCUC (34%).

Table 65. Institutional Accreditations

	% Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	56.5%
WASC – Senior College and University Commission (WSCUC)	33.6%
Other	4.6%
Accrediting Council for Independent Colleges and Schools (ACICS)	2.3%
Higher Learning Commission (HLC)	2.3%
Accrediting Bureau of Health Education Schools (ABHES)	1.5%
Accrediting Commission of Career Schools & Colleges (ACCSC)	1.5%
Northwest Commission on Colleges and Universities (NWCCU)	1.5%
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%
Number of schools that reported	**131**

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Nursing Program Directors

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing compliance (18%), managing human resources (9%), and managing the curriculum (8%).

Table 66. Nursing Program Directors' Time

	% of Time Spent
Manage nursing program compliance	17.9%
Manage human resources	9.0%
Manage curriculum	8.3%
Manage fiscal resources	7.6%
Manage student enrollment	7.4%
Collaborate with college/district	7.1%
Facilitate student needs and activities	7.0%
Manage clinical resources	6.8%
Administration of other programs	6.3%
Facilitate staff development	5.6%
Promote community awareness and public relations	4.9%
Teaching students	4.7%
Manage information technology	2.9%
Manage college facilities	2.9%
Research	1.5%
Other (please describe)	0.4%
Number of Schools that Reported	**131**

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- CNA, graduate, and LVN programs were the most commonly reported programs also administered by the RN program director.

Table 67. Other Programs Administered by the RN Program Director

	Number of Schools
CNA	23
Graduate programs	23
LVN	21
HHA	15
Medical assisting	14
Other	14
EMT	12
Health sciences	11
Technician (i.e. psychiatric, radiologic, etc.)	6
Paramedic	5
Health professions	2
Respiratory therapy	2
RN to BSN programs	2
Number of Schools that Reported	**73**

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Other Program Administration

Assistant Directors

- The majority of nursing schools (63%) have one assistant director.
- Larger schools and schools with BSN and ELM programs are more likely to have multiple assistant directors.
- The majority of BSN (66%) programs and ELM (67%) programs are housed in schools with more than 200 students, while the majority of ADN programs are in schools with 100-199 students.

Table 68. Number of Assistant Directors by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Number of Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	6.9%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%
1 Assistant Director	72.4%	80.0%	100%	63.3%	75.0%	66.7%	50.0%	44.0%	50.0%	64.8%	55.3%	64.3%
2 Assistant Directors	17.2%	20.0%	0.0%	30.6%	25.0%	33.3%	40.0%	24.0%	12.5%	27.3%	23.7%	14.3%
3 Assistant Directors	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.0%	0.0%	1.1%	10.5%	0.0%
>3 Assistant Directors	0.0%	0.0%	0.0%	4.1%	0.0%	0.0%	10.0%	16.0%	37.5%	3.4%	10.5%	21.4%
Programs reporting	**30**	**5**	**3**	**49**	**8**	**3**	**10**	**25**	**8**	**89**	**38**	**14**
Percent of Program Type by School Size	33.7%	13.2%	20.0%	55.1%	21.1%	13.3%	11.2%	65.8%	66.7%	62.7%	26.8%	10.6%
Average # of hours allotted /week**	12.0	17.0	15.3	14.2	18.7	24.0	19.6	43.9	48.4	14.1	35.5	36.1
Average # of hours spent / week	12.2	16.2	10.3	16.5	19.9	21.0	23.3	51.0	53.1	15.8	39.5	38.3

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.

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- On average, assistant directors have fewer hours allotted to administering the nursing program than they actually spend administering it. However, the number of hours allocated and spent varies by both program type and school size.
- This was especially true in larger programs where assistant directors spend between 10-19% more hours than were allotted administering the program.
- On average, ADN programs share fewer assistant directors and fewer hours allotted per assistant director than other programs. Assistant directors at ADN programs also appear to spend more time over their allotted time on average than do BSN and ELM assistant directors.
- ADN programs also tend to have fewer students, with 89% of ADN programs having less than 200 students compared to 34% of BSN and 43% of ELM programs.

Table 69. Average Number of Assistant Director Hours Allotted per Week by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Assistant Director 1	10.5	19.8	15.3	9.3	11.2	21.0	11.0	12.8	16.8	10.6	14.4	17.2
Assistant Director 2	9.6	6.0	0.0	14.1	32.0	30.0	25.0	42.3	16.0	18.9	36.0	23.0
Assistant Director 3	20.0	0.0	0.0	0.0	0.0	0.0	0.0	59.5	0.0	20.0	59.5	0.0
Programs reporting	**24**	**5**	**3**	**43**	**7**	**3**	**8**	**25**	**8**	**75**	**37**	**14**
Average # of hours allotted /week**	12.0	17.0	15.3	14.2	18.7	24.0	19.6	43.9	48.4	14.1	35.5	36.1

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.
**Average hours reported are for all staff and not per person.

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Table 70. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Number of Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Assistant director 1	11.2	19.8	10.3	11.4	14.2	21.0	13.2	14.9	19.3	12.1	15.6	16.7
Assistant director 2	9.8	2.0	0.0	18.6	37.0	0.0	30.0	45.5	24.0	21.3	43.6	24.0
Assistant director 3	20.0	0.0	0.0	0.0	0.0	0.0	0.0	75.5	0.0	20.0	75.5	0.0
All other assistant directors	0.0	0.0	0.0	56.0	0.0	0.0	0.0	121.0	108.0	56.0	121.0	108.0
Programs reporting	**25**	**5**	**3**	**5**	**8**	**2**	**8**	**24**	**8**	**38**	**37**	**13**
Average # of hours spent / week**	12.2	16.2	10.3	16.5	19.9	21.0	23.3	51.0	53.1	15.8	39.5	38.3

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.
**Average hours reported are for all staff and not per person.

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- The largest proportion of assistant director time is spent teaching students (42%) followed by facilitating student needs and activities (8%).

Table 71. Nursing Program Assistant Directors' Time

	% of Time Spent
Teaching students	41.8%
Facilitate student needs and activities	8.1%
Manage curriculum	7.6%
Manage nursing program compliance	7.3%
Manage clinical resources	6.6%
Facilitate staff development	5.5%
Manage student enrollment	4.9%
Manage human resources	4.4%
Collaborate with college/district	3.3%
Promote community awareness and public relations	2.5%
Manage information technology	1.8%
Manage college facilities	1.7%
Administration of other programs	1.7%
Manage fiscal resources	1.4%
Research	1.1%
Other (please describe)	0.6%
Number of Schools that Reported	**128**

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Clerical Staff

- All but 5 schools reported clerical staff.[6]
- BSN and ELM programs generally had more clerical staff: 38% of ADN programs had 1 clerical staff compared to 24% of BSN programs and 21% of ELM programs. Only 12% of ADN programs had four or more clerical staff compared to 53% of BSN and 57% of ELM programs.
- Programs in larger schools were more likely to have more clerical staff—and ELM and BSN programs were more likely to be in larger schools.

Table 72. Number of Clerical Staff by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	3.3%	20.0%	33.3%	0.0%	12.5%	33.3%	0.0%	0.0%	0.0%	1.1%	5.3%	14.3%
1 clerical staff	50.0%	40.0%	0.0%	38.8%	25.0%	33.3%	0.0%	12.0%	0.0%	38.2%	18.4%	7.1%
2 clerical staff	36.7%	0.0%	0.0%	28.6%	12.5%	0.0%	10.0%	12.0%	12.5%	29.2%	10.5%	7.1%
3 clerical staff	10.0%	40.0%	33.3%	22.4%	12.5%	33.3%	30.0%	8.0%	0.0%	19.1%	13.2%	14.3%
4 clerical staff	0.0%	0.0%	0.0%	4.1%	0.0%	0.0%	30.0%	20.0%	37.5%	5.6%	13.2%	21.4%
>4 clerical staff	0.0%	0.0%	33.3%	6.1%	37.5%	0.0%	30.0%	48.0%	50.0%	6.7%	39.5%	35.7%
Programs reporting	**30**	**5**	**3**	**49**	**8**	**3**	**10**	**25**	**8**	**89**	**38**	**14**
Average hours per week**	**41.7**	**52.3**	**48.0**	**61.4**	**79.7**	**37.0**	**107.6**	**142.6**	**141.7**	**60.2**	**120.3**	**114.2**

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.

**Average hours reported are for all staff and not per person.

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[6] It is unclear whether these schools had no clerical staff or simply neglected to answer the question.

Table 73. Average Number of Clerical Staff Hours by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	30.4	35.0	0.0	35.1	24.0	30.0	0.0	40.0	0.0	33.0	34.0	30.0
2 clerical staff	49.7	0.0	0.0	59.1	80.0	0.0	60.0	80.0	80.0	55.2	80.0	80.0
3 clerical staff	68.3	69.5	46.0	80.2	104.0	44.0	104.7	67.5	0.0	82.4	75.6	45.0
4 clerical staff	0.0	0.0	0.0	135.0	0.0	0.0	117.7	146.0	136.7	124.6	146.0	136.7
>4 clerical staff	0.0	0.0	50.0	121.0	108.7	0.0	116.3	195.0	177.5	118.6	177.7	152.0
Programs reporting	**29**	**4**	**2**	**49**	**7**	**2**	**10**	**25**	**9**	**88**	**36**	**13**
Average hours per week**	**41.7**	**52.3**	**48.0**	**61.4**	**79.7**	**37.0**	**107.6**	**142.6**	**141.7**	**60.2**	**120.3**	**114.2**

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.

**Average hours reported are for all staff and not per person.

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Clinical Coordinators

- 80% (n=106) of schools that reported had at least one clinical coordinator on staff.
- ADN programs are more likely to report having no clinical coordinators on staff than BSN or ELM programs.

Table 74. Number of Clinical Coordinators by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
No clinical coordinator	30.0%	0.0%	0.0%	28.6%	0.0%	33.3%	10.0%	4.0%	12.5%	27.0%	2.6%	14.3%
1 clinical coordinator	40.0%	40.0%	33.3%	38.8%	37.5%	33.3%	40.0%	28.0%	0.0%	39.3%	31.6%	14.3%
2 clinical coordinators	10.0%	40.0%	33.3%	18.4%	37.5%	33.3%	30.0%	28.0%	25.0%	16.9%	31.6%	28.6%
>2 clinical coordinators	20.0%	20.0%	33.3%	14.3%	25.0%	0.0%	20.0%	40.0%	62.5%	16.9%	34.2%	42.9%
Programs reporting	**30**	**5**	**3**	**49**	**8**	**3**	**10**	**25**	**8**	**89**	**38**	**14**
Average hours per week**	18.9	29.8	32.3	19.9	22.4	25.0	15.6	64.9	97.0	19.0	50.1	68.8

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.
**Average hours reported are for all staff and not per person.

- The 222 clinical coordinators identified by schools work an average of 14 hours per week (222/3,291). However, this total varies by program type and size of school. BSN and ELM programs reported a much larger number of hours per clinical coordinator than did ADN programs.
- Large BSN and ELM programs (>200 students) overall reported more clinical hours per clinical coordinator than did small programs (<100 students).

Table 75. Average Number of Clinical Coordinator Hours by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Clinical Coordinator 1	10.3	22.5	5.0	16.9	21.7	40.0	15.5	33.4	0.0	14.5	28.7	22.5
Clinical Coordinator 2	20.7	40.0	60.0	26.6	28.3	10.0	40.0	45.5	57.5	28.1	39.8	46.3
All other clinical coordinators	35.0	24.0	32.0	19.6	14.5	0.0	11.5	99.1	112.8	24.7	81.6	99.3
Programs reporting	**30**	**5**	**3**	**49**	**8**	**2**	**9**	**23**	**8**	**88**	**36**	**13**
Average hours per week**	18.9	29.8	32.3	19.9	22.4	25.0	22.8	66.5	97.0	20.0	52.0	68.8

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN & an ELM) and one schools reported an ADN and a BSN.
**Average hours reported are for all staff and not per person.

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Retention Specialists

- 36% (n=47) of schools reported having a student retention specialist or coordinator exclusively dedicated to the nursing program.
- Student retention specialists/coordinators worked an average of 20 hours per week.

Table 76. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Have a retention specialist	20.7%	0.0%	33.3%	49.0%	37.5%	0.0%	50.0%	33.3%	71.4%	39.8%	29.7%	50.0%
Average Hours per week**	13.8	0.0	20.0	21.1	14.0	0.0	17.0	29.0	27.3	19.1	26.1	26.1
Programs reporting	**29**	**5**	**3**	**49**	**8**	**2**	**9**	**22**	**7**	**87**	**35**	**12**

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs (a BSN and an ELM) and one schools reported an ADN and a BSN.
**Average hours reported are for all staff and not per person

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- 50% (n=63) of the 125 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 23% (n=29) of schools reported that personal reasons had the greatest impact on student attrition.

Table 77. Factors Impacting Student Attrition

	Average Rank*
Academic failure	1.9
Personal reasons (e.g. home, job, health, family)	2.1
Financial need	3.3
Clinical failure	3.5
Change of major or career interest	4.2
Transfer to another school	5.7
Number of schools that reported	**125**

*The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

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Recruitment and Retention of Underrepresented Groups

- 29% of schools (n=37) reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.
- In 2016, schools were asked to describe the strategies their programs used to recruit, support and retain students from groups underrepresented in nursing.
- The most commonly-used strategy was student success strategies (87%), followed by personal counseling (71%), and additional financial support (56%).
- Most schools reported that they provided training for faculty to support the success of at-risk students in their nursing programs (72%, n=91).
    - Training described most commonly included faculty development and orientation (88%), faculty mentoring and peer mentoring programs (68%), training on various student success initiatives (66%), cultural diversity training (58%), and training on disabilities and accommodations (53%).

Table 78. Strategies for Recruiting, Supporting, and Retaining Underrepresented Students

	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	86.7%
Personal counseling	71.1%
Additional financial support (e.g. scholarships)	55.5%
Program revisions (e.g. curriculum revisions, evening/weekend program)	18.0%
Other	15.6%
New admission policies instituted	14.8%
None	7.0%
Additional child care	4.7%
Number of schools that reported	**128**

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Access to Prerequisite Courses

- 52 nursing schools (40% of the 129 that reported these data) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. 50 of these schools reported strategies used to address access to prerequisite courses.
- Adding science course sections and offering additional prerequisite courses on weekends, evenings and in the summer were reported as the most common methods used to increase access to prerequisite courses for these students.

Table 79. Access to Prerequisite Courses

	% Schools
Adding science course sections	72.0%
Offering additional prerequisite courses on weekends, evenings, and summers	52.0%
Agreements with other schools for prerequisite courses	42.0%
Accepting online courses from other institutions	42.0%
Providing online courses	28.0%
Transferable high school courses to achieve prerequisites	24.0%
Other	10.0%
Prerequisite courses in adult education	2.0%
Number of schools that reported	**50**

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Restricting Student Access to Clinical Practice

- 85 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and bar coding medication administration.
- Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, and IV medication administration.

Table 80. Share of Schools with Restricted Access in the Clinical Setting for RN Students

	Very Uncommon	Uncommon	Common	Very Common	N/A	# Schools
Clinical site due to visit from accrediting agency (Joint Commission)	7.3%	12.2%	40.2%	39.0%	1.2%	**82**
Electronic Medical Records	16.7%	20.2%	36.9%	25.0%	1.2%	**84**
Bar coding medication administration	10.7%	19.0%	44.0%	25.0%	1.2%	**84**
Automated medical supply cabinets	10.8%	22.9%	32.5%	22.9%	10.8%	**83**
Student health and safety requirements	19.3%	34.9%	21.7%	21.7%	2.4%	**83**
Glucometers	15.7%	54.2%	21.7%	6.0%	2.4%	**83**
Some patients due to staff workload	30.5%	31.7%	19.5%	15.9%	2.4%	**82**
IV medication administration	21.7%	41.0%	24.1%	10.8%	2.4%	**83**
Alternative setting due to liability	19.3%	39.8%	15.7%	3.6%	21.7%	**83**
Direct communication with health team	35.4%	50.0%	6.1%	2.4%	6.1%	**82**

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- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (74%) and staff still learning the system (53%).
- Schools reported that students were restricted from using medication administration systems due to liability (64%) and insufficient time to train students (36%).

Table 81. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

	Electronic Medical Records	Medication Administration
Liability	40.5%	64.2%
Insufficient time to train students	74.3%	35.8%
Staff fatigue/burnout	32.4%	29.9%
Staff still learning and unable to assure documentation standards are being met	52.7%	22.4%
Cost for training	29.7%	17.9%
Other	14.9%	16.4%
Patient confidentiality	28.4%	6.0%
Number of schools that reported	**74**	**67**

- Schools compensate for training in areas of restricted student access by providing training in simulation lab (88%) and in the classroom (66%) and ensuring that all students have access to sites that train them in the area of restricted access (47%).

Table 82. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% Schools
Training students in the simulation lab	88.0%
Training students in the classroom	66.3%
Ensuring all students have access to sites that train them in this area	47.0%
Purchase practice software, such as SIM Chart	43.4%
Other	18.1%
Number of schools that reported	**83**

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- The most common clinical practice areas in which students faced restrictions were Medical/Surgical, Pediatrics, and Obstetrics.

Table 83. Clinical Area in which Restricted Access Occurs

	% Schools
Medical/surgical	90.4%
Pediatrics	80.7%
Obstetrics	78.3%
Psychiatry/mental health	71.1%
Critical care	60.2%
Geriatrics	38.6%
Community health	26.5%
Other department	4.8%
Number of schools that reported	**83**

Collection of Student Disability Data

- In 2015, schools were asked if they collect student disability data as part of the admission process. Thirty percent of schools reported that they did so.

Table 84. Schools' Collection of Disability Data

	% Schools
Yes	29.5%
No	56.6%
Don't Know	14.0%
Number of schools that reported	**129**

Funding of Nursing Program

- On average, schools reported that 83% of funding for their nursing programs comes from the operating budget of their college or university, while 12% of funding comes from government sources.

Table 85. Funding of Nursing Programs

	% Schools
Your college/university operating budget	82.8%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	12.0%
Industry (i.e. hospitals, health systems)	2.9%
Foundations, private donors	1.7%
Other	0.6%
Number of schools that reported	**130**

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APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

American Career College
American River College
Antelope Valley College
Bakersfield College
Brightwood College
Butte Community College
Cabrillo Community College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College (Career Networks Institute)
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
El Camino College - Compton Education Center
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Mount Saint Mary's University – Los Angeles
Napa Valley College
Ohlone College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
Stanbridge College
Ventura College
Victor Valley College
Weimar Institute
West Hills College Lemoore
Yuba College

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LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (38)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
Chamberlain College*
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles*
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's University – Los Angeles
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
The Valley Foundation School of Nursing at San Jose State
United States University*
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
West Coast University
Western Governors University

ELM Programs (14)

Azusa
Pacific University
California Baptist University
Charles R. Drew University of Medicine and Science
CSU Dominguez Hills
CSU Fullerton
CSU Long Beach
Samuel Merritt University
of Health Sciences
San Francisco State University
University of California Davis*
University of California Los Angeles
University of California San Francisco
University of San Diego Hahn School of Nursing
University of San Francisco
Western University

*New programs in 2015-2016

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APPENDIX B – Definition List

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

Phrase	Definition
Active Faculty	Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
Advanced Placement Students	Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted.
Assembly Bill 548 Multicriteria	Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.
Assistant Director	A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.
Attrition Rate	The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between August 1, 2015 and July 31, 2016, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same time period.
Census Data	Number of students enrolled or faculty present on October 15, 2016.
Clinical Placement	A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.
Direct Patient Care	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-

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Phrase	**Definition**
	direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario which allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, mannequins, role playing, computer simulation, or other activities.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2015 and July 31, 2016 and completed the program on schedule.
Contract Education	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organizations employees for a fee.
Distance Education	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
Donor Partners	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
Entry-level Master's (ELM)	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.
Evening Program	A program that offers all program activities in the evening i.e. lectures, etc. This does not include a traditional program that offers evening clinical rotations.
Full-time Faculty	Faculty that work 1.0 FTE, as defined by the school.
Generic Pre-licensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
Hi-Fidelity Mannequin	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
Home campus	The campus where your school's administration is based.
Hybrid program	Combination of distance education and face-to-face courses.

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Phrase	**Definition**
Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.
LVN to BSN Program	A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.
Part-time Faculty	Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
Professional Accreditation	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
Readmitted Students	Returning students who were previously enrolled in your program
Retention Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2015 and July 31, 2016 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same time period.
Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.
Screened applications	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/15 and 7/31/16.
Shared Faculty	A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.
Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, mannequins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2015 and July 31, 2016.
Students Who Were Dismissed From the Program	Students who were required to leave the program prior to their scheduled completion date occurring between August 1, 2015 and July 31, 2016 due to an ineligibility determined by the program such as academic failure, attendance or other disqualification.

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Phrase	**Definition**
Students Who Withdrew from the Program	Students who voluntarily left the program prior to their scheduled completion date occurring between August 1, 2015 and July 31, 2016 due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2015 and July 31, 2016. For those schools that admit multiple times a year, combine all student cohorts.
Traditional Program	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
Transfer Students	Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.
Weekend Program	A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

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APPENDIX C – BRN Education Issues Workgroup Members

Members	**Organization**
Loucine Huckabay, Chair	California State University, Long Beach
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