# Continuing Approval Self-Study Report

**For Continued Approval of Nursing Program**

This report covers program review for the four-year period immediately following the last Interim Report.

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<thead>
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<th>Program Name:</th>
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<td>College of the Sequoias</td>
<td>September 14, 2012</td>
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<td>November 16, 17, 18, 2004</td>
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## SECTION 1:

### A. PROGRAM DIRECTOR AND ASSISTANT DIRECTOR INFORMATION [CCR 1424 (e); 1424(f); 1425]

<table>
<thead>
<tr>
<th>Name of the Program Director and Title</th>
<th>Name of the Assistant Director and Title</th>
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<tbody>
<tr>
<td>Karen Roberts, RN, MSN, CNS - Director of Nursing</td>
<td>Belen Kersten, RN, MSN - Division Chair and Faculty</td>
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<tr>
<td></td>
<td>Cindy DeLain, RN, MSN – Dean of Nursing Allied Health/PE/Athletics/CFS</td>
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<td>August 1, 2008</td>
<td>B. Kersten - May 28, 2009</td>
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<td>C. DeLain – August 1, 2008</td>
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**Benchmark:** There must be sufficient release time for the Director to administer the program. Indicate any changes in the Director’s release time and describe how these changes impact the Director’s ability to administer the prelicensure RN Program. [CCR 1424 (e); 1424(f); 1425]

The Director of Nursing is a 12-month administrative position dedicated only to the RN Program. This reflects a 2007 campus-wide administrative restructuring which added a Dean of Nursing, Allied Health, Physical Education and Athletics position which in part carries out the Allied Health responsibilities once assigned to the Director of Nursing position. This organizational change is an acknowledgement by the college district of the role and responsibilities of the Director of Nursing in administering and guiding the RN program, thereby allowing for 100% of the Director’s time to be dedicated to the nursing program alone. The Allied Health programs became the responsibility of the Dean of Nursing and Allied Health. The Assistant Director (Division Chair) has 40% reassigned time and the remaining 60% is spent as a NURS 153 (Pediatrics) instructor. The Assistant Director has a 10-month contract, as do all of the program’s faculty (Appendices A, B).
B. Program Summary Statement

Summarize the major program events, changes, and improvements that have occurred since the submission of the last Interim Report. Discuss anticipated changes in the program, including changes in the curriculum. Attach this summary statement to the report.

In order to provide the best summary of the major events, changes, and improvements that have occurred since the Interim Visit of 2008, it is important to assess the factors that created context in which the program has functioned for the last four years. These factors became direct and indirect influences that drove the program direction and many functional decisions.

a. The first major factor to impact the program was the economic downturn. The reductions in economic output, increased unemployment rates, and their ripple effects brought changes to the local economic landscape that impacted every aspect of the program.
b. The second major factor was the dramatic reductions made to the budget of the California Community College system. Reductions in allocations and reimbursements were made to all districts, and College of Sequoias adapted to its reduced revenue with a variety of responses. The elimination of summer school and reduction of class offerings had direct impact on the program, and its pre- and co-requisites.
c. The third important factor impacting the program was a reduction in community support. This support included the financial partnerships and commitments that helped secure grant funding, as well as the impact to clinical placement slots made by newly approved and expanded programs in the region.
d. The fourth factor of note was the decreased demand for new RN graduates. In line with the economic recession and its increased unemployment rate, regional healthcare providers were able to attract and keep experienced RNs, and new graduates experienced much more difficulty finding initial RN employment.
e. Another notable factor was a reduction in available grant funding. This reduction has two contributing factors; the first is a lack of match monies from the school and its regional partners and the second is the defunding of some grants at the state level. Though both circumstances are unrelated to the program’s performance of grant activities, their combined impact was dramatic.

The concurrent appearance of these factors created a synergy that stalled an ambitious expansion project, and contracted the program below its intended cohort size.

Event/Change: 2005-2010 Program Capacity Expansion

The program expansion project produced changes in every area of the COS RN program. They are typified for this summary as: Student Cohort Expansion, Faculty Expansion, Physical Space Expansion, Administrative Support Expansion, and Student Support and Resource Expansion.
**Student Cohort Expansion**

Program expansion began in 2005, when the COS RN program partnered with local healthcare providers to expand its capacity from 40 students per semester to a maximum of 90 students per semester. The plan included admitting two new cohorts per year, as well adding a part-time program that admitted an additional 20 students every 2 and one-half years.

The cost of the expansion was funded by the contributions of local healthcare partners, the college, and a Healthy Community Forum grant from the state Workforce Investment Agency. Capacity expansion was implemented incrementally, with stepped increases to each new cohort.

**Faculty Expansion**

As larger cohorts were admitted to the program, the school hired additional full-time tenure-track faculty for the semesters affected by the larger group sizes. A total of four full-time tenure track faculty positions were added as the project progressed. A total of 11 FTEs of adjunct faculty were also added during the project performance period. COS hiring requirements mandate that all new tenure-track faculty hold a Master’s level degree. All adjunct faculty hold at least an Associate Degree in Nursing and a minimum of 6 years of nursing experience. BSN prepared adjunct faculty must have a minimum of 2 years nursing experience.

As semester cohorts progressively exceeded 40 students, the lecture sections were divided into two groups, and two tenure-track instructors began sharing theory delivery. Clinical experiences for each course section were offset to maximum available placements. As the part-time cohorts were implemented, clinical experiences were provided on weekends. Additional adjunct instructors were utilized to maintain clinical ratios of one qualified instructor for each 10 students. All clinical standards for experience, quality, and supervision were maintained for the new clinical slots.

Recognizing the need to maintain instructional standards, the program provided new faculty with experienced mentors. In addition to the mentorship of new faculty, all full-time faculty receive training and educational opportunities. Adjunct faculty also had the services of the Adjunct Faculty Coordinator, and were offered clinical instruction seminars and other resources.

**Program Physical Space Expansion**

During the expansion project, the need for additional classroom space predicated the need for more classroom and laboratory resources. To meet this need, COS implemented both interim and long-term solutions. The interim solution implemented in 2007 included relocating the entire nursing department and its courses to the new Science and Mathematics John Muir Building. This move provided the program’s students with several new benefits:

- Dedicated large capacity “Smart” classrooms equipped with computer and audiovisual equipment, allowing the instructors to teach using a wide variety of media displayed through a data projector.
• Dedicated Skills Laboratory containing realistic hospital rooms, multiple types of skills trainers, and low, medium, and high fidelity simulation manikins.
• Dedicated 24 seat nursing computer lab for on-line study and testing.
• Dedicated Registered Nursing office and individual faculty offices.

Though the move to the John Muir building provided sufficient space and resources to meet the theory needs for the increased RN student population, additional clinical placements were also needed. Addressing the program’s increased need for clinical sites was challenged by two developments: concurrent with the COS RN program expansion, other regional RN programs also expanded and new programs were approved, with every student requiring clinical time. The COS RN program joined the San Joaquin Valley Nursing Education Consortium (SJVNEC) to help mitigate these issues and maintain sufficient clinical placements. Details of this organization are included in Section 3: Sufficiency of Resources – Clinical Sites.

In late fall 2009, the COS RN program relocated to its permanent home, the Hospital Rock building. Hospital Rock is located on the main COS campus and was built to meet the needs of the nursing program. The building provides five “Smart” classrooms, including one large lecture hall. There is a designated meeting room, nursing office space, faculty offices, and a 48 seat nursing computer lab. Hospital Rock also features a dedicated nursing skills lab with a separate simulation lab. The labs contain six adult hospital beds, an infant radiant warmer, stainless steel baby bassinet, and a full complement of skills trainers, models, and teaching aides. In addition to the nursing skills lab, there is a separate Allied Health skills lab that can be used as needed.

Administrative Support Expansion

Changes to the administrative section of the program were also made. These changes were a direct result of the Superintendent/President’s organizational philosophy and supported the workload and responsibilities of the Program Director position.

a. The first major change was the addition of the Dean of Nursing, Allied Health, Physical Education, and Athletics. This position provides additional administrative expertise and support for program needs. Most notably, the Dean assumed all responsibilities for the Allied Health programs, which had previously been assigned to the Director.

b. The Program Director position was maintained, and granted 100% release time to focus only on the RN program.

c. In addition to the Director position and its 100% release time, there is an assigned Assistant Director/Division Chair. This position carries 40% release time.

d. Support for these positions was augmented in 2006 by a grant-funded secretary to manage the increased student contacts and volume of required documentation necessary for the expanded cohorts and their required documentations.

Student Support and Resource Expansion

In addition to the expanded need for faculty, classrooms, clinical sites, and administrative support, the program expansion project included the need for additional student materials and services. The majority of these
resources and services were piloted using grant funds, then adopted and institutionalized whenever possible. An example of this is the Student Success Program (SSP). After a successful pilot program supported by a grant, the faculty and administration codified the program into a program policy and procedure. This policy delineates the responsibilities of the students, faculty, and staff as well as the service parameters.

**Event/Change: Program Contraction**

The program expansion project was predicated on a combination of partnerships with healthcare providers, funding that included significant contributions from community partners, the college, and grant funding from the state to meet the need of Registered Nurses to work in acute care settings. These factors dramatically changed in a perfect storm of reduced state allocations and reimbursements, an extended economic downturn, changes in state grant policy, and hiring freezes or slow-downs. Each of these factors is addressed in summary, as well as its impact to the COS RN program.

**Community Partner Partnerships/Contributions**

Local healthcare providers made three basic types of contributions to assist in program expansion.

- The first was to provide cash directly to the project budget. Although the partners completed their initial commitments to the expansion project, they were unable to expand or continue the contributions that had funded project management, student success, and secretarial support. This change had two kinds of consequences.
  - The first was that other funding had to be found to continue those services.
  - The second was that community contributions that had provided required match for state and federal grant eligibility was unavailable, placing most new grants out of reach of the program.
- The second contribution type was that of the Student Nurse Intern and Grant-in-Aid programs that helped students’ fund their education while attending the COS RN program. In 2009, most partners drastically reduced or discontinued these programs, and as a consequence, students lost not only the paid position, but the jobs that followed for most students who took part in these programs.
- The third contribution was to give the COS RN program priority for all clinical placements. At the conclusion of the first agreement, and to remain congruent with the requirements of the SJVNEC, health care partners could not extend this courtesy.

**College Funding**

COS faced unprecedented reduction to its allocations, even as it grew in student population. Beginning in 2008, budget reductions have forced the district to maximize every available option to maintain district classes. However, there have been multiple problems with each option:

- Retirement incentives were offered to tenured faculty in 2009, with the understanding that the positions vacated by these retirements would not be filled. The COS RN program had three retirements in response to this offering. No replacements have been approved. There were two major consequences to this circumstance.
The first is that the program, at the height of its expansion, reduced full-time faculty from 16 positions to 13. There have been several direct results of this:

- As cohorts were already in place and had been offered seats for the next semester, faculty who remained assumed overload to cover the difference in theory and clinical teaching.
- The secondary program response was to reduce the next student cohort from 80 students to 70 in fall 2010.
- The third program response was to discontinue the part-time program at the graduation of the second part-time cohort in December 2010. This closed the only local avenue to RN licensure for students that must work full-time.
- The fourth program response was to reduce incoming cohorts to 60 in fall 2011, in an effort to balance available faculty resources, while maximizing funding and meeting district mandates.

The second consequence of losing three long-tenured faculty was the sudden loss of more than 30% of the total years of teaching experience within the program, and an even greater loss of institutional knowledge and service in shared campus governance.

- Following the initial loss of full-time tenured faculty, two other tenure-track faculty members resigned, and those positions cannot be replaced. This change reduced full-time faculty to its current level of 12.
- The COS RN program also reduced its non-core class offerings by 25%. There were multiple factors that contributed to this action, but the program’s mission and service level to students were not compromised. Discontinued courses include:
  - The Transitional Course for Licensed Vocational Nurses taking advanced program placement; this course was replaced by a module and workbook for incoming advanced placement LVN students
  - On-line Pharmacology; this class was not replaced
  - On-line Laboratory Values Analysis; this class was not replaced
  - On-line 12 Lead Electrocardiogram; this class was not replaced
  - General Nursing Math; this class was not replaced

The consequence of these actions was to leave only one General Education course, NURS 106 Cultural Diversity/Healthcare.

Grant Funding

The initial Healthy Community Forum Grant had a performance period of 2005 through 2010. This grant provided funding for additional faculty and student support services. At the conclusion of the grant, a five year extension was offered that allowed the program to maintain its enrollment at 70 per semester, despite other deep budget reductions.

Under the grant agreement, the program admitted three of the 10 planned cohorts, but in fall of 2011, the school, along with every other program that had been granted this extension, was notified that the grant extension was withdrawn by the California Employment Development Department.
This final circumstance drove the reduction in cohort size to 60. The cohort size of 60 could only be maintained because other grant funds which provide critical resources require that cohort size be maintained.

The current grant funding scenario continues to be dim. The COS RN program constantly searches for long-term grant opportunities, but faced with the loss of community contributions and decreases in the school budget, any grant that requires matching funds is currently beyond reach. Grants without match requirements tend to be yearly, and insufficient to stabilize program size or services.

Hiring Freezes and Slow-Downs

The COS RN program’s healthcare partners have been as impacted by recent economic conditions as the school itself. In the face of reduced state reimbursements and reduced patient census, the region’s acute care providers have dramatically slowed their hiring pace.

This slow-down has resulted in two circumstances:

- Significant lag between the time most students are licensed and first find employment as Registered Nurses. In prior years most graduates had employment offers upon graduation. In the last three years that has changed to months of job search for most graduates.
- The employment location of new Registered Nurses has also changed. As employment in acute care settings has slowed, graduates are finding work in secondary markets, including Long Term Care, Urgent Care, and Out-patient Dialysis.

Other Events

In addition to the program changes that have been the consequence of program growth or contraction, other changes, including minor curriculum adjustments have been intentional and undertaken to refine program quality. These changes are all evidence-based. They are the result of course evaluations, student feedback, instructor feedback, or other factors. The changes are:

- In 2010, NURS 161 Theory section was reduced from six units to five. The clinical component of the course was increased from five units to six. This was an evidence-based decision based on the need for additional clinical time.
- Also in 2010, the methodology of delivering the transitional content for LVN students was changed from a two unit course to a self-study module.
- In March 2012, faculty approved the concept of reordering some course content. The approved adjustments will not change program content, objectives, goals, philosophy, or conceptual framework. The first phase of curriculum adjustment will be implemented in spring 2013. The subsequent phases will occur fall 2013, pending BRN and College approvals. The planned changes are detailed under Section 4 B: Planning, Implementation, and Evaluation of Curriculum and the Program.
Conclusion

This summary provides an overview of the dynamics that have impacted the COS RN program since its last interim visit in 2008. These dynamics and the changes that are predicated on them have not slowed. The program continues to plan for further reductions, while maintaining program quality and meeting all mandates and regulations.

SECTION 2: TOTAL PROGRAM EVALUATION [CCR 1424(b)(1)]

**Benchmarks:**
1. NCLEX Results: The program must achieve at least a 75% annual pass rate of first-time takers on NCLEX for the last two years.

Our graduate’s performance on the NCLEX test for the last two years is 90% and 77% (Appendix C). The faculty anticipated the decrease from 2010 to 2012 due to the increased difficulty of the 2010 NCLEX test plan that was first used in 2011 and intensive student success services and resources combined with instructor supervised remediation that create intensive interventions and support throughout the program. Student support and instructor requirements keep marginal students minimally successful throughout the program, but with no leverage to keep them on track once they graduate, we find they do poorly on NCLEX. We also find that the ATI Virtual Study Plan offered to students is not being properly utilized.

A variety of strategies were used to prepare for this anticipated decrease: faculty integration of NCLEX testing strategies and methodologies into course work, onsite supplemental instruction, 3-day NCLEX test review offered to at risk students, increased use of ATI resources and formalized remediation plan for practice scores below Level 2 and less than 90% on practice comprehensive predictor, and increased utilization of ATI skills modules.

Although this represents a decrease in first time pass rates, our attrition rates remain less than 2%. The faculty fully support student success and provide many resources for their success. Faculty continuously review curriculum for any changes, refer at-risk students to the Student Success Program, have participated in the three-day onsite NCLEX test review to have a better understanding of the NCLEX test plan and content presented to students, and participated in a one-day test writing workshop to refine their test writing skills and how to use the NCLEX test plan for test construction.

The Director and Faculty strongly encourage all graduates to take the NCLEX as close to graduation as possible to increase their success rates. Graduates are strongly advised not to wait beyond 45 days to take the test. The current economic downturn and difficulty finding initial RN employment outlook for our graduates also contributes to the importance of testing as soon as possible after graduation.

Despite the many resources offered to our students, many still delay taking the test beyond the recommended time frame. We find that our students are experiencing many other life circumstances that serve as barriers to successful NCLEX preparation. Many do not take advantage of the resources offered to them throughout the
program and it is only after they fail the NCLEX the first time do they realize the significance and value of those resources.

Through grant funding, we have been able to assist several graduates who failed the first and even second and third attempts at the NCLEX test by offering to pay for the ATI three-day or other NCLEX study programs. Student NCLEX success remains important even beyond graduation. As long as our funding sources remain, we will continue to offer success strategies and resources for as many students as possible, especially those identified as at-risk.

2. **There must be a persistent, substantive pattern of student satisfaction with the program based on periodic anonymous student surveys.**

Student satisfaction with the program is evaluated each semester (Appendix C). All students complete anonymous clinical and lecture surveys, skills lab/resources surveys, and exit surveys as appropriate. The surveys (except the exit) are based on a Likert scale: 4 = Strongly Agree to 1 Strongly Disagree. Overall program averages for clinical remain consistent from fall 2008 through spring 2010, ranging from 3.47 to 3.50. Overall program averages for lecture remain consistent from fall 2008 through spring 2010, ranging from 3.36 to 3.51. There is persistent, substantive overall student satisfaction with the program.

The Skills Lab averages from fall 2008 through spring 2010 range from 3.21 to 3.36. This stable number is credited to excellent skills lab instructors, the expansion of lab hours, and new equipment due to funding through grants. The students expressed dissatisfaction with the limited physical space of the skills lab, not enough days and times offered, and outdated equipment and supplies during fall 2008, spring 2009 and fall 2009. This changed with the move to our new building for the spring 2010 semester. Lack or insufficient space was no longer cited as an area needing improvement after the move to the new building. Insufficient days and hours is frequently cited as an area needing improvement. We will continue to offer a variety of skills lab days and hours to accommodate as many students as possible. Through grant funding the majority of equipment and supplies have been updated and/or replaced.

In fall 2010, the methodology and format used for program evaluations changed. The format change was necessary for two reasons: increasing costs associated with the paper/pencil surveys and the costs of the subsequent data input and processing was quickly making the survey process beyond the means of the budget of the program; the need for adaptable data for a variety of information needs to address mandates and needs. After consideration of all options, the decision was made to migrate to an automated survey format. Specifically, the COS RN program purchased an internet based survey service through Zoomerang.com. This service provides similar data processing and increased capability to edit and refine the evaluation surveys.

The use of the on-line survey service was piloted in fall 2010, with course resource evaluations. Program staff selected course resources as the subject of the survey to measure a specific program facet available to all nursing students.
The old survey method was to administer paper and pencil instruments during class time. Although this ensured that 100% of students were surveyed, the resulting data required significant processing to create useful information and companion expense.

The pilot for the new method was to email a survey link to all enrolled students. The fall 2010 surveys were offered to 320 students enrolled in the fall 2010 semester, and received 150 responses. This resulted in survey results with .99% reliability and a confidence interval of 5.85.

Although the response rates for the electronic surveys led to unsatisfactory response rates, the information met validity and reliability standards.

The last important change was the response range choices for students related to resource. The numerical approval scale was replaced with frequency indicator that ranged from daily use to very seldom or never.

The five most used resources for fall 2010 were:

1. Instructor Provided Study Guides; used by 39% of students nearly every day
2. Blackboard; used by 39% of students nearly every day
3. Other Students; 38% of students used nearly every day
4. Lecture Handouts; 35% of students used nearly every day
5. Internet Search Engines; 32% of students used nearly every day

Full results of the survey indicate that the most popular resources provide students direction for study while being available on an extremely flexible schedule and not requiring return to the campus in order to access. Full survey details are available to faculty via the SharePoint site.

The last change to the resource evaluation section of the program evaluation by students is to improve the course specificity of the information by including a resource analysis within each course evaluation, and deleting the general resource section of the annual report.

The spring 2011 course surveys were amended to reflect course information from theory and clinical using a Likert scale model. This change in the scoring mechanism changed the scoring rubric, eliminating the previous skew toward zero. The new scale centers on three, balancing negative responses between 1 and 2 and positive responses between 4 and 5.

Each course evaluation summary now reflects the percentages of those students choosing Agree, or Strongly Agree for each question in each section. The resource evaluation for each section lists the top five resources utilized by course respondents and the percentage of students that reported near daily usage of that resource.

Upon examination of the student survey data, the semester teams and Division Committee conclude the students are overall satisfied with the nursing program. The faculty will continue to carefully evaluate the program and the outcomes annually and as needed.
3. There must be a persistent substantive pattern of employer’s satisfaction with graduates of the program based on periodic surveys of employers.

Employer satisfaction is measured six to eight months after each class graduates (Appendix C). Surveys are sent via an electronic and/or hard copy format. The surveys are based on a Likert Scale; 4 = Strongly Agree to 1 = Strongly Disagree. Employer surveys continue to demonstrate an overall employer satisfaction with the program. The return rate for the surveys was poor from the 2004 Continuing Approval visit to the 2008 interim visit. Since 2008, an online process was initiated. This increased the number of surveys returned. The last sets of surveys (2010-2011 and 2011-2012) were sent electronically and in hard copy format in hopes of increasing the return rate, which it did. We will continue to find ways to improve the return rate. One way to increase return rates is to have faculty hand deliver hard copies of the surveys to the unit managers directly and collect them when completed. This way the faculty have a face-to-face opportunity to encourage unit managers to participate in completing the survey. With the current economic downturn and employment outlook, we may have to lengthen the time frame for distributing the surveys.

The program receives high marks in the categories of:
- Discipline of Nursing
- Role as Provider of Care
- Role as Client Teacher

The lowest score is in the area of:
- Role as Planner and Coordinator of Care

The division committee has addressed these areas by sharing the information with the Advisory Council for feedback. The faculty and Advisory Council concluded that even though the graduates understand their role within nursing and being the provider of care, the role of planner and coordinator of care is an attribute that develops over time, well beyond the six to eight month time frame from graduation when the surveys are sent out.

4. There must be evidence of action taken on the problems identified in the program’s total evaluation plan.

Since the last Continuing Approval visit the program utilized continuous evaluation to identify and address issues impacting program quality (Appendix C). The problems identified in the total program evaluation plan are best categorized in four interrelated areas:
- NCLEX
- Curriculum
- Resources
- Clinical

NCLEX

From 2006 to 2008, the NCLEX pass rates declined below 80 percent. This was attributed to a number of variables including a majority of new non-tenured faculty within the preceding five years, a significant number
of adjunct clinical assistants, and significant increase in program capacity. During this time-frame the LVN-RN graduates continued to wait more than 45 days to take the NCLEX. Actions taken were:

- In May 2007, all graduates received the NCLEX review disc developed by the RHORC.
- Faculty reviewed curriculum and tracked test questions.
- Faculty evaluated NCSBN summary reports to identify possible trends in specific areas.
- Offered ATI Study Plan to at-risk students at no cost (grant funded).
- Continued to support students by providing NCLEX review books and courses, provided tutoring, and assistance in studying for and taking ATI Comprehensive Predictor.
- Formalized achievement expectations for the ATI Proctored Assessments and Comprehensive Predictor to support student success.
- Faculty developed and approved a new ATI policy that was implemented in fall 2008.
- Full use of ATI Proctored Assessments was initiated in the first three semesters of the program.
- Computerized ATI testing format was instituted.
- Faculty attended a Testing Workshop in November 2007 on test writing and analysis of student test data.

Also, in response to those pass rates, faculty changed the way they utilized the ATI resources. Faculty began to use the Practice Assessments available for all the course content and the Practice Assessment for the Comprehensive Predictor. We started tracking the correlation between the Comprehensive Predictor and actual NCLEX performance. We also mapped the NCLEX test plan areas of the proctored Comprehensive Predictor against program performance on NCLEX. The program piloted the online resources of the Comprehensive Predictor Assessment and Resource Package (CARP). Faculty evaluated the applicability of those resources to their course content and made assignments in those resources to support student learning in specific content areas.

ATI Comprehensive Predictor scores were low during this time frame. The faculty in the fourth semester of the program integrated the use of the ATI Comprehensive Predictor as an assignment. ATI Proctored Assessments were also integrated into the first three semesters of the program. Students were now required to achieve level 2 or higher on all course content mastery assessments and to achieve at least 90% probability of NCLEX success on the Comprehensive Predictor. Those who fail to meet these standards are required to complete a remediation plan to strengthen their knowledge base.

Curriculum

From 2004 – 2006, the Psych/Mental Health content (NURS 165) was divided between the second and third semesters of the program. Student evaluations revealed dissatisfaction with the sequencing of this course content. The faculty reviewed the student evaluation data and voted to revise and re-sequence the course. The course was revised and rewritten to be a stand-alone course, NURS 154, and moved to the second semester of the program. Implementation date was fall 2006.
This action resolved one issue, but created another issue as the new NURS 154 (Promoting Mental Wellness) course was fully implemented. Moving NURS 154 to second semester placed all specialty content (Pediatrics, Psych/Mental Health, OB) into one semester. Student evaluations revealed dissatisfaction with all the specialties in one semester and not having any medical-surgical content between first and third semester, making the transition to intermediate medical-surgical content difficult for the students. In response to this, the faculty began the work of re-sequencing Pediatric content to the third semester of the program and creating a new 3-unit Medical-Surgical course to be placed in second semester. The new medical-surgical course will begin in spring 2013.

Student evaluations revealed dissatisfaction with the timing of the 0.5 unit IV Therapy course in third semester. The course schedule was revised in order to place the IV course within the first three weeks of the semester to give students earlier access to refining this skill set. In spring 2013, the new medical-surgical course will have IV skills content, introducing this skill set in second semester instead of third semester. The students will still take the 0.5 unit IV Therapy class in third semester to augment the skills set began in second semester.

Students in first semester were identified as having difficulty with critical thinking concepts and test questions. They were unable to make the connection between tests and course objectives. In 2009, ATI added Nurse Logic and RN Learning Systems to its resource bank. Nurse Logic and RN Systems are online tutorials for critical thinking concepts to address clinical situations and NCLEX style questions. First semester faculty began to give assignments in Nurse Logic and RN Systems to support students’ critical thinking processes. All students received individual instruction for activating these tutorials. The Nurse Logic and RN Systems tutorials also became part of the Student Success Program.

Resources

Over the last four years, one area of concern has been student utilization of the program resources. Each year the student course surveys reflect lower than desired use of program resources and support that include:

- Course textbooks
- Faculty office hours
- Nursing skills lab
- Tutoring services
- Nursing computer lab
- Nursing section of the library
- Nursing Student Success Program

To develop a better understanding of the reasons some resources continue to lag in utilization, students were surveyed for their most favored resources, and the frequency with which those resources are used. The comparison of the two data sets clearly indicates that students prefer prescriptive study information that directs the students to specific information; the ability to access resources at their own convenience; and resources that do not require the students to remain on campus after class, or to return to campus after clinical days.
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<td>Nursing Skills Lab</td>
<td>Test Study Guides</td>
</tr>
<tr>
<td>Nursing Tutoring Services</td>
<td>Other students</td>
</tr>
<tr>
<td>Nursing Computer Lab</td>
<td></td>
</tr>
<tr>
<td>Nursing Section of Library</td>
<td></td>
</tr>
<tr>
<td>Nursing Success Program</td>
<td></td>
</tr>
</tbody>
</table>

The program continues to address the resource utilization issue with several efforts:

- Student resources are explained in the student handbook.
- Course syllabi list faculty office hours, the course specific directions for textbook reading, skills lab assignments, and assignments to the nursing section of the library.
- Faculty provided assignments that directed students to other resources available in order that they get exposed to different opportunities that have a positive impact on their knowledge acquisition.
- Faculty provided assignments for skills lab activities. Plans are in progress to create a 0.5 unit skills lab course under the new curriculum.
- Faculty increased use of simulation (high, low and medium fidelity) for clinical skills.
- Focused skills lab topic sessions (e.g., Medication Administration, Physical assessment, Blood Transfusion therapy, Cardio-Resp Assessment, Lab Analysis, etc.) are offered each semester in the skills lab to all students in the program. Some sessions have voluntary attendance, others sessions are a required assignment.
- Signage about Student Success Program was created and posted all around the Hospital Rock building and on the Nursing website.
- Increased referrals by faculty and by students self-referring to Student Success Program, especially those students with a low theory grade and are identified as not using the resources available to them.
- Faculty continue to evaluate a variety of textbooks to enhance student learning.
- Faculty are in discussion regarding the adoption of e-books, which are more user friendly and linked to the publisher’s other textbook resources.

Clinical

Clinical facility evaluations by faculty remain positive overall. Student evaluations of clinical sites remain positive overall, as well. There are some common trends/concerns noted from both faculty and student feedback.

Faculty are finding it harder and harder to reserve meeting rooms for post-conferences and are noting the management team at some facilities are not as supportive of teaching and learning opportunities for students, as well as, not supporting the instructors. Student and faculty feedback of staff RNs note that staff are overall positive and supportive of students, but there are more instances of staff RNs not wanting students in the unit.
We believe these instances are occurring as a result of the overall economic downturn affecting healthcare, the increased growth of this program, the addition of more nursing programs in the area leading to increased student numbers in the healthcare facilities, and one facility’s journey to Magnet status.

In response to these issues, the Director sends the student evaluations with comments to the Advisory Council member who would deal with these issues (Chief Nursing Officer, Unit Manager, Director of Education, etc.) after each evaluation cycle, will hand them out at the annual Advisory Council meeting, and will meet with the facility representative on an individual basis to discuss the results. Each facility receives only those evaluations specific to their facility. Participation in the San Joaquin Valley Nursing Education Consortium (SJVNEC) has also helped in decreasing the number of students in any one facility through the SJVNEC Computerized Clinical Placement System (CCPS). Faculty continue to attend unit based council meetings and/or staff meetings at the various facilities to promote a more collaborative and productive clinical environment for our students.

In response to decreased availability of post-conference room space, this too is shared with the Advisory Council. Again, with the increase in student clinical rotations from all healthcare programs, the facilities do their best to provide conference rooms to our program. Faculty have also utilized the conference room and classrooms on campus to facilitate productive post-conference sessions.

We continue to monitor these trends and work closely with the Advisory Council to address meeting room availability, staff and manager attitude, and lack of support from management team members.

**a. Provide explanation for attrition rate > 25%.

Describe how the program is implementing the evaluation plan and utilizing the evaluation data for program improvement. Attach a copy of the Total Program Evaluation Plan used by the program and a summary of data, analysis, and action plan made. Sample table is made available.

The nursing program has a written plan for evaluating the effectiveness of the total program (Appendix D). The evaluation plan addresses the program from admission to completion including the attrition and retention of students, course evaluations, NCLEX pass rates, and performance of graduates in meeting community needs.

Program effectiveness is measured by assessing attrition and retention rates and patterns, graduate performance on NCLEX, surveys of employers from the major local health care facilities, graduate student surveys, semester student surveys, student exit surveys, informal and formal tracking of student issues and complaints (Appendix E). Retrospective and concurrent statistical analysis of curriculum evaluation data is conducted each semester and reviewed by all faculty members. Trends/patterns that suggest areas for improvement are acted upon in a timely manner.

Attrition and retention rates are tracked using the BRN Annual Report and program attrition rate data. Attrition rates since the last Continuing Approval visit range between 2% - 10%. These rates are well below the state average and are attributed to the variety of student support services offered on campus and within the program.
The program’s NCLEX success rates are tracked using the NCLEX summary results provided by the BRN. Annually, all faculty review, compare and evaluate Assessment Technologies Institute, Inc. (ATI) results, prerequisite GPA, NCLEX results and the NCLEX Program Reports – The National Council of State Boards of Nursing (NCSBN).

Each semester all students complete an anonymous online clinical and lecture survey, as well as skills lab/resources and exit surveys. The semester faculty teams are given their respective semester student surveys for evaluation and planning. Their review and action plan is documented and returned to the Director. At the same time, all faculty review overall program data and the exit survey data. Student representatives on the division committees are encouraged to make suggestions for changes and improvement based on their experiences and review of reports.

Graduate and employer surveys are completed each year and that data is used to evaluate the effectiveness of the total program. Our advisory council plays an important role in this evaluation process.

Clinical facility evaluations are completed annually by clinical faculty to determine adequacy of facilities for student learning. This information is reviewed by every semester team and used for planning purposes, as we strive to deliver the best environment possible for student learning.

The Division Committee reviews the information obtained through these outcomes evaluation measures every semester/year and action is taken as appropriate. The Division Committee reviews the evaluation plan annually for thoroughness and completeness.

All student issues or complaints are tracked using informal discussion, program evaluation tools, semester student surveys, and the college Student Grievance Procedure. Student issues and complaints are discussed with the individual faculty as appropriate and, if necessary, will move to the Assistant Director and/or Director. Any student issues or complaints that cannot be resolved at the division level are referred to the Dean of Nursing and Allied Health, as well as, the Vice President of Academic Services.

SECTION 3: SUFFICIENCY OF RESOURCES [CCR 1424(d)]
Describe how program resources (faculty, support staff, library, physical space, equipment, skills/computer lab availability, student learning materials, etc.) have been updated and improved to achieve the program’s objectives.

Benchmark: There must be sufficient resources to achieve the program’s objectives.

1. Describe major changes in the organizational structure of the institution that impact the nursing program.

As stated previously, in 2007 the College of Sequoias underwent an organizational philosophy shift that resulted in the addition of a Dean of Nursing, Allied Health, Athletics, and Physical Education and Athletics. (Note: In August 2012, the Dean assumed responsibility for the Consumer Family Studies division). This position assumed all duties related to Allied Health, and provides administrative expertise in support of the RN
program. The resulting Director position has 100% release time and addresses only the needs of the RN program.

2. Describe major changes in resources that impact the nursing program, i.e., financial, clinical sites, faculty, and other resources.

Faculty

The COS RN faculty are qualified by education, experience, and training to teach nursing students. There is also sufficient faculty to maintain appropriate theory and clinical group sizes, as well as achieve the program’s objectives.

Full-time tenured faculty are required by the college to have completed a Master’s Degree in Nursing. Adjunct faculty with a BSN and two years of nursing experience can teach both theory and clinical. Adjunct faculty with an Associate of Science Degree in nursing and at least six years of nursing experience teach in the clinical setting only. The verifications for education and experience are held in the COS Human Resource department.

In addition to the college requirements, faculty named in Section 4A: Program and Faculty Data of the report are designated content experts, and all faculty have been approved by the BRN to teach in specific areas. In addition, all faculty are approved to teach geriatrics, as this subject is a thread that runs through the program.

The education and experience of each faculty member is updated and supplemented by on-going education and training. Educational opportunities are presented several times each year. These opportunities provide the faculty updates to operational and teaching methodologies, as well as refreshing their nursing knowledge. Typical training topics include:

- On-Course® pedagogy training
- Success in Clinical Instruction
- On-line resources for nursing students
- Use of simulation in nursing education
- Equipment training for skills lab resources
- Course Evaluations
- Reviewing for NCLEX Success
- College specific training for the Banner Course Management System

In addition to these subjects, the faculty also takes part in educational courses and seminars of their own choosing. The College also has the Faculty Enrichment Committee (FEC) that is a subcommittee of the Academic Senate. FEC meets once a month throughout the academic year. Faculty and staff from across the campus serve on FEC and make recommendations concerning faculty development opportunities available on campus. The FEC chair provides workshops and individual consultations to faculty concerning teaching and learning. The nursing division always has one faculty member on FEC.
Currently, there are 12 full-time tenure-track COS RN faculty. That number is reduced from a maximum of 16 in 2010. The reduction is primarily the result of decreased funding. Three full-time tenure-track positions were vacated by retirements in 2010. One full-time tenure-track position was vacated by resignation in 2009 and one in 2011. The current level of staffing is sufficient to address the theory courses of the program, though some instructors voluntarily choose to work additional load, all theory courses are taught by full-time faculty. Adjunct instructors are utilized in clinical settings, with instructor to student ratios that average one instructor to ten students. Adjunct faculty take part in a clinical teaching seminar that helps them to understand and achieve the program’s objectives. They are also offered on-going training opportunities.

The COS RN faculty is sufficient in number, education, experience, and teaching expertise to present a robust curriculum that leads to RN licensure. Despite the loss of 25% of the faculty between 2010 and 2011, the remaining instructors continue to meet COS and BRN requirements, and to update their skills and knowledge through a wide variety of on-going educational and training opportunities.

Clinical Sites

Clinical sites currently meet the objectives of the program and are adequate in number. Student and faculty surveys convey adequate clinical experiences with some seasonal census changes. As the program has expanded over the last several years, the Director, Assistant Director, and the faculty have evaluated adequacy of clinical facilities. The Assistant Director and faculty spend significant time scheduling clinical time to optimally meet the learning needs of our students. In an effort to improve clinical scheduling, the program participates in the San Joaquin Valley Nursing Education Consortium (SJVNEC) and SJVNEC Computerized Clinical Placement System (CCPS).

The SJVNEC was created in 2007 to coordinate all available clinical openings in the region. The majority of nursing programs in the central valley joined the SJVNEC. In 2008, the COS RN Program officially joined the SJVNEC. This significantly changed how clinical rotations were procured and scheduled.

In 2009, the SJVNEC group successfully implemented a Computerized Clinical Placement System (CCPS). The CCPS now tracks and manages every available clinical opening in the region, and helps identify clinical scheduling conflicts between various programs utilizing the service sites. COS then meets with its regional partners to resolve identified conflicts and maximize clinical placements. The mandatory conflict resolution meeting between each nursing program is held in March of each year. Taking part in the SJVNEC also moved the program to standardize with the regional partners for all student immunizations, CPR, background checks, and drug screenings.

The SJVNEC provides the COS RN program an organized and methodical way to address the impact of new or expanded programs, as mandated by Section 1427(d). The additional students, and any other conflicts for clinical scheduling, result in system alerts to all schools and facilities impacted by the changes. A special meeting is then held with all stakeholders to create consensus and workable solutions that result in maximum utilization of available clinical slots, while minimizing impact to the facilities or agencies providing the clinical experiences.
Financial

There are two types of funding utilized by the COS RN program. The first is the COS RN operational budget received from the college. The second is the funding derived from grants and other categorical sources. Both have undergone dramatic changes in the last eight years.

COS Funding

Though COS continues to provide its RN program with a dedicated budget that includes faculty, administrative support, classrooms, and supplies, reductions in state allotments and allocations have forced changes to the dedicated budget committed to the RN program.

In fall 2009, the first round of reductions in state funding prompted the school to offer retirement incentives to tenured faculty. In the COS RN program, three faculty members took the incentives and retired at the end of the spring 2010 semester. The positions vacated by the retirements were not filled. At the end of the spring 2009 semester one full-time instructor resigned followed by another full-time faculty resignation at the end of the spring semester in 2011. Both positions remain unfilled. These changes have resulted in a 25% reduction to the number of faculty, with proportionate reductions to the salaries and benefits allocated to the COS RN program.

Further budget reductions were implemented in 2010, with a 25% reduction to the budget designated for skills lab and office supplies. There are currently no plans to increase the COS RN budget to prior levels for any category.

In addition to regular operational funding, in 2004, the state approved construction of a building dedicated to Nursing and Allied Health programs. In November 2010, district voters approved a bond that supported the nursing program through the purchase of fittings and equipment for the new building, including a high-fidelity simulation manikin, hospital beds, and other skills lab teaching aids and fixtures.

Grant/Categorical Funding

The reductions in COS funds to the program have been partially offset by grant monies that have been awarded the program since 2005. Using these funds the program has been able to purchase the needed supplies, materials, and resources that the program faculty and students require. Each major grant and the purposes of its funding are listed in summary:

05-110-08 WIA Healthy Community Forum Grant: These funds, and the funding of local grant match from community partners, provided funds for additional faculty, student tutors, skills lab instructors, secretary, project director, dedicated nursing counselor, skills lab supplies and equipment, and other program needs. The grant performance period was five years.
06-118-06 Faculty Recruitment and Retention: This grant, which had a performance period during the program’s expansion phase, gave stipends to new instructors to help recruit and retain tenure track faculty. It also gave stipends to instructors who taught evening or weekend clinical rotations.

07-125-056 Enrollment Growth and Retention: These funds were used to maintain program capacity by providing student success and retention resources and faculty instructional training and support.

09-110-08 WIA Healthy Community Forum Grant Extension: These funds and the match required from COS provided sufficient budget to accept an additional 10 students per cohort, with a planned performance period of five years. The funding source discontinued this grant after two years.

10-107-006: These funds provided student retention and support resources and activities. These include student tutoring, NCLEX preparation, supplies, and instructional support.

12-116064: These funds help the program maintain current enrollment of 60 students per semester, as well as student support resources including the student tutoring and the Student Success Program.

18295 Song-Brown Grant: This grant funding provides for one year an administrative support professional for the nursing office. This position manages the student documentation and verifications required for clinical experiences, as well as input and scheduling through the San Joaquin Valley Nursing Education Consortium.

Though grant funding has been an important support to the COS RN budget, the school and program recognizes these funds augment but do not supplant the school’s financial commitment and organizational support of the RN program. To that end, grant funds are not used to fund critical program services or supplies. The focus for grant funds is to pilot new resources, strategies, and services. Once the value or efficacy has been proven, the program makes every effort to integrate that desired outcome into available staffing and services.

Since the last BRN Continuing Approval visit in 2004, the COS RN budget received from the COS District has been decreased through attrition and line item reductions. These reductions have each had significant consequences to the operations of the program, but have not yet impacted students in a negative way. This is, in part, due to the program’s ability to replace some of the funding losses with categorical grants.

Grant funding, though unable to support the hiring of additional faculty, has been used to provide student resources, faculty training, administrative support, student supplies, and instructional equipment.

Staff Services

The Nursing and Allied Health Division has one full-time Administrative Assistant that provides 12-month support to the instructional staff, students, and Program Director in meeting the operational needs of the program, courses, and office. In addition, the division has one part-time Senior Clerical Assistant that provides 175 days per fiscal year of support mainly to the Project/Grant Director, Program Director, Administrative
Assistant, instructors, and students. The Senior Clerical Assistant position is solely grant funded. At the loss of those grant funds, the position will be removed from the administrative/support structure of the division. Efforts have been made to institutionalize the Senior Clerical Assistant position so as not to depend on grant funding for sustainability. These efforts have been unsuccessful, especially in the current financial climate.

The division is fortunate to employ an Evaluation Specialist, Student Services Counselor, Nursing & Allied Health that supports students throughout their pre-application and application process, transcript evaluation, graduation requirements, and for any needs they have during the program. Representative duties of the Nursing & Allied Health Counselor include:

- Conduct educational and personal counseling appointments for a diverse community college population.
- Participate and coordinate RN Program activities such as New Student Orientations and RN Information Meetings.
- Provide follow-up counseling services to students as stipulated by state and college matriculation guidelines.
- Identify and assist with the mitigation of adverse circumstances which may limit access and success of students in the RN Program.
- Maintain current knowledge on new developments relating to changes and updates mandated by the California Board of Registered Nursing and College of the Sequoias Registered Nursing Program.
- Participate in appropriate counseling and faculty/staff meetings.
- Provide academic counseling for transfer students to ensure a smooth transition to institutions of higher education.
- Evaluate student transcripts for admission to the RN Program and transfer to institutions of higher education.
- Evaluate student eligibility for graduation from the COS RN Program.

The Nursing & Allied Health Counselor has played an integral part in the success and growth of the nursing program. Pre-applicants, applicants to the program and students in the program have and will continue to benefit from this valuable resource. The Nursing & Allied Health Counselor position is solely grant funded. Though currently grant funded, this position is among those that the program seeks to institutionalize. If grant funds are lost before this can occur, the position will be removed from the administrative/support structure of the division. This would be a terrible loss.

Support Services

The college provides a variety of support services to assist faculty in meeting their instructional needs. The Copy & Mail Service provides walk-up, drop off, Internet, and copy transmission services, as well as, 24-hour turn around services for all copy needs. The Copy & Mail Service also provides printing and creative design services. The Teaching and Learning Center (TLC) is a resource for faculty who want to integrate technology, create multimedia instructional material, discuss pedagogy, or develop online courses. The TLC also serves as
a staff lounge that has multiple tables and chairs, coffee maker, microwave, refrigerator, library access, and computer access.

The Audio Visual/Media (AVM) Services provides multimedia carts, projectors, wireless computer carts, as well as, standard media equipment upon request. The AVM also videotapes various events, specifically the pinning ceremony each semester and assisting students in creating video presentations for class assignments and pinning. The AVM also assists instructors in audio taping classroom lectures and uploading them online and converting media.

The Disability Resource Center (DRC) provides individualized services to enhance students’ access to and achievement in all classes and activities offered at COS. The DRC provides evaluation of high risk students and offers alternative testing arrangements and note taking assistance for students with identified learning disabilities.

The Student Health Center employs registered nurses who have public health care experience to provide all nursing care offered. The Health Center also employs a licensed clinical social worker who supervises the Student Health Center psychological counseling program. The following is a partial list of the many services offered at the Health Center:

- Nursing assessments and referrals
- Health information and education
- Blood pressure, vision and hearing screening
- First aid
- Confidential mental health/psychological counseling
- Massage therapy
- Reproductive care, counseling, and testing
- Communicable disease control, including TB skin testing
- Over the counter medication administration

The Learning Resource Center (LRC) is a state-of-the-art facility equipped to meet the needs of students and faculty in the Information Age. Its 53,000 square feet of floor space has everything that a traditional library has and much more. Staff members are available at strategic locations to assist students in navigating through the use of all the LRC resources. Reference librarians are available for research assistance. Circulation staff assists with the circulation of books, videos, and other resources. The following is a list of the many services/resources offered at the LRC:

- Over 100 computers for student use
- Wi-Fi throughout the building
- Tutorial Center
- Online catalogs provide access to materials, which include books, videos, vertical files and periodicals
- Current periodicals
• The reference and legal collections
• Listening and viewing stations
• Book collections and bound volumes of back issues of periodicals
• Study tables, lounge area, study carrels and group study rooms
• Two classrooms – one distance learning and the other a library classroom

Physical Space for Classrooms

Since the last interim BRN visit, the Division has moved into our own newly constructed building, “Hospital Rock” (HR). HR has:

• 4 lecture rooms (capacity of 54)
• 1 large lecture hall (capacity of 72)
• 1 computer lab (48 computers)
• Nursing skills lab/classroom
• Hi-fidelity simulation lab
• Allied Health skills lab/classroom
• 15 faculty offices
• 1 Nursing Division office
• 1 work/break room
• 1 storage room
• 1 large meeting room

Every classroom and lab is equipped with new AV equipment and computers with internet access. These resources are adequate for all of our division needs.

Equipment

The 2009 move to Hospital Rock allowed for a new dedicated nursing skills/simulation lab. This lab contains 4 beds for skills and a 2-bed simulation lab. Through bond measures, the division was able to purchase four new beds, a medication administration simulator, and an additional high-fidelity manikin (Sim Man 3G). In addition, grant funding allowed the purchase of four new medium-fidelity manikins and one medium-fidelity child manikin, as well as, other equipment requested by faculty. Other equipment purchased includes, but is not limited to: a DVD television and DVD library, headphones, electronic vital signs monitor, several pulse oximeters, medication cart, multiple demo dose medications, crash cart, refurbished defibrillator (defibrillation component is deactivated for instructional purposes), intubation equipment, feeding pump, infant bassinet, micro preemie simulator, newborn baby dolls for infant assessment, wheel chairs, anatomical and disease specific posters, restraints, gait belts, various skills models, student auscultation manikin, patient charts with cart, and scenarios for use with the manikins.

In fall 2012, the division made the decision to use nursing skills totes for students. The skills totes contain the required items for each course and provide students the opportunity to have their own equipment/supplies for individual practice and learning. As a result, students are more responsible in understanding the cost aspect of supplies and handle them with more care, and they practice with the contemporary supplies being used by our
clinical agencies. They are also able to use their supplies for practice until they achieve competency based on their individual learning needs. Utilization of the skills totes began in January 2012.

Skills/Computer Lab Availability

**Skills Lab**
Since the last Continuing Approval visit, the nursing program has relocated twice. In summer 2007, the Registered Nursing Program moved to a temporary home in the John Muir Science building while awaiting completion of the program’s permanent home in Hospital Rock. The skills lab in the John Muir building housed four hospital beds and two beds for our new Sim Man manikins. Space was extremely limited during this temporary time in John Muir.

During the time the program was located in the John Muir building, a variety of skills lab days and times were offered to accommodate all full and part-time students. Day and evening hours were made available. The Learning/Skills Lab is available to all students during a variety of days and times.

In fall 2009, the COS RN program relocated to the new Hospital Rock building. The program now has access to a dedicated nursing skills lab with a simulation lab. The nursing skills lab has a full complement of equipment, supplies, skills trainers and teaching aides for student and instructor use.

Since the last Continuing Approval visit, many configurations of skills lab days and times of operation have been trialed. Student schedules and availability drive the assignment of days and hours determined. Currently, the days and times that work the best are Mondays – Thursdays, four hours each day. In response to student feedback and availability of funding to staff the skills lab, the days and hours will be increased to five days per week in fall 2012.

**Computer Lab**
The College of Sequoias Registered Nursing Program meets the needs of its students for computer access and utilization in several ways. The first is the provision of dedicated computer lab space. The second is maintaining updated computers and software that meet current standards for speed and processing capabilities, in order that nursing students can access and utilize on-line resources. The third is on-going training in the use of the lab computers to meet student needs for study and research.

In 2005, the COS RN program upgraded student access to computers by purchasing 23 laptops. These laptops were available to each nursing course for student resources, study and testing. The laptops were stored in a single cart for security, transportation, and charging. In 2009, when the laptops passed their maintenance and support life cycle, and could no longer meet student needs, they were transferred to another COS program.

In 2007, the Registered Nursing Program moved to a temporary home in the John Muir Science building. In this building the nursing faculty and students had one dedicated 20 seat computer lab utilized for study and testing. This lab was available to all courses and faculty to reserve according to their needs. The computers in this lab were the most current available and allowed students to access licensed nursing resources that were
resident on the campus servers, as well as other resources through the internet. The lab also included full “smart classroom” technology, with digital projector and printing capabilities.

In addition to the course assigned usage of the John Muir Nursing Computer Lab, open computer lab hours were created in the spring 2008, fall 2008, spring 2009, and fall 2009 semesters, staffed by a grant-funded position. These open lab hours were promoted by classroom posters and email. Despite the four semester pilot, the student utilization of these hours did not support the staff cost, and were discontinued. To mitigate the impact of this action, the lab computers in the COS Learning Resource Center were updated to include all the hardware and software needed for nursing students to access their electronic resources. The Learning Resource Center computers are available to students Monday - Thursday 7:30 a.m. - 8:00 p.m. and Friday 7:30 a.m. – Noon. Students utilizing these computers have full internet access for research, or viewing instructional videos, listening to podcasts, or other assigned activities. Printing is also available.

In late fall 2009, the Registered Nursing program moved to its dedicated building, Hospital Rock. In moving, the program also gained a 48 seat dedicated computer lab. Each of the computers in this lab meet all standards for memory, speed, and processing needs. The computers are also assigned a specific computer technician familiar with the hardware, software, and needs of students and faculty. The Hospital Rock computer lab features digital projection, classroom stereo sound, and headsets for each computer. Students utilizing these computers have full internet access for research, viewing instructional videos, listening to podcasts, or other assigned activities. Printing is also available.

In spring 2010 and fall 2010, student tutors were stationed in the computer lab for open lab hours, until funding was expended. Currently the computer lab in Hospital Rock is used for study, testing, and remediation. The computers in the lab are loaded with nursing instructional software, and have full internet access. Open lab hours vary by semester.

All nursing students receive group instruction on the use of the computers at each scheduled testing or study session. Students needing additional support may schedule individual instruction. The COS RN program understands the growing use of technology in education, and has positioned itself to provide these resources for current and future nursing students. Part of this planning includes hardware/software updates. These issues are managed through the campus Information Technology department. Specific budgeting for the upgrades are part of the campus computer refresh policies.

**SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS:**

Provide figures for the total number of faculty teaching in pre-licensure RN program in the school term at the time this report is written. Attach a list of teaching faculty, noting full-time and part-time status, faculty assignments, noting theory and clinical responsibilities, and BRN approved category.

**Benchmark:** There must be identified content experts for the five required content areas. Document how content expert role is implemented.
A. Program and Faculty Data [CCR 1424(h)]:

<table>
<thead>
<tr>
<th>Total number of Faculty</th>
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<tbody>
<tr>
<td>Total number of Full-Time Faculty</td>
<td>12</td>
</tr>
<tr>
<td>Total number of Part-Time Faculty</td>
<td>19</td>
</tr>
<tr>
<td>Number of Instructors</td>
<td>12</td>
</tr>
<tr>
<td>Number of Asst. Instructors</td>
<td>8</td>
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<tr>
<td>Number of Clinical Teaching Asst.</td>
<td>11</td>
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<table>
<thead>
<tr>
<th>Content Experts:</th>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Mental Health/ Psych</th>
<th>Geriatrics</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Carolyn Childers</td>
<td>Sandra Beucler</td>
<td>Belen Kersten</td>
<td>LaDonna Droney</td>
<td>Jane Beaudoin</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of non-faculty [CCR 1424(i)]</th>
<th>List courses in which non-faculty are used, i.e., preceptors.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>NURS 166 – Leadership/Management</td>
</tr>
</tbody>
</table>

The COS RN Program has at least one identified qualified Content Expert for each of the nursing educational areas. Each of the identified Content Experts is a full-time registered nurse faculty member with expertise and competency in the specific subject matter. The Content Expert is assigned to teach the theory and clinical in their specialty areas and oversee the instruction of the nursing courses that are taught by the Assistant Instructors (AI) and Clinical Teaching Assistants (CTA). In addition, they communicate and collaborate with AIs, CTAs and other part-time instructors to ensure that teaching is in accordance with program level and course guidelines. The faculty participate in the Curriculum Committee and Division Committee so as issues of specific content are raised, the expert(s) provide the necessary input to make appropriate action plans (Appendices F, G, H).

Part-time faculty members are welcome and encouraged to participate in Division Committees: Policy and Procedure, Curriculum, Admission, Retention and Recruitment, and Division. Unfortunately, due to their full-time job commitments, it is rare they are able to participate in Division Meetings. The primary avenue of communication is via email, telephone, and team meetings. The Director encourages communication with all part-time faculty.

B. Planning, Implementation, and Evaluation of Curriculum and the Program. [CCR 1424(g); 1425.1(a)]

**Benchmark:** All faculty members must participate in curriculum development and implementation. Describe how faculty (full-time/part-time) in the program are involved in policy making, curriculum development and implementation, and evaluation of all aspects of the program.

The Division Committee is a standing committee which acts as one of the primary governing bodies of the division. It serves to discuss, develop, implement, and evaluate all aspects of the nursing program and to present and discuss issues and information which impact the nursing program, its faculty and staff, its students,
and the community. This committee may also assign projects to the division’s working committees (Admission, Retention and Recruitment Committee, Curriculum Committee, and Policy and Procedure Committee). Also, through a collaborative effort, it establishes general guidelines and policies for student evaluations. These evaluations are based on the philosophy and conceptual framework of the program. Having established general guidelines, each faculty member is responsible for evaluating students based on those guidelines. Student evaluations are maintained on a single clinical program evaluation tool. The committee acts only after following a democratic (majority-rules) process where all members exercise voting privileges. Membership includes the Director, the Assistant Director, all full-time and part-time faculty, and support staff.

The Policy and Procedure Committee is a standing committee serving the division by developing, recommending, evaluating, reviewing, and revising policies and procedures related to all aspects of the nursing program. Policies and procedures are reviewed on an ongoing basis and revised/deleted as necessary. Membership includes the Director, the Assistant Director, faculty representatives from each teaching team, and student representatives. Meetings are held at least monthly and more often when necessary. Items of business or recommendations requiring Division Committee approval/notification will be placed on the Division Committee agenda.

The Admission, Recruitment, and Retention Committee is a standing committee serving the division by developing, recommending, and evaluating processes for admitting, recruiting, and retaining nursing students. When indicated, this committee will also coordinate issues related to student affairs and curriculum evaluations and will channel pertinent issues to the working committees. Membership includes the Director, the Assistant Director, faculty representatives from each teaching team, and two student representatives.

The Curriculum Committee serves the division by maintaining oversight of the ongoing development, implementation, evaluation and revision of all curriculum delivery components. Membership includes the Director, the Assistant Director, faculty representatives from each teaching team, and two student representatives. All faculty members are active participants in curriculum development, implementation, evaluation and revision, as evidenced by monthly division meeting minutes and on-going dialogue via email and Sharepoint. Specifically, all semesters have faculty representatives on each of our three major working committees: Curriculum, Policy and Procedure and Admission, Recruitment, Retention. Recommended action plans are then presented to the faculty-at-large at monthly Division meetings. Curriculum-related items are standing items at these meetings. Throughout this process, semester Team Coordinators meet and/or communicate with adjunct (part-time) instructors and present action plans to gain their input and to update them on curriculum projects and changes.

Sub-committees are frequently appointed to work on specific curriculum-related tasks, such as the revision of the Clinical Evaluation Tool (CET) and the development of test analysis grids and testing blueprints. The work products of these sub-committees are then reviewed and acted upon by the faculty as a whole. The last revision of the CET and CET policy was in 2008. Both are currently under revision again with a planned approval in late fall 2012.
In addition to the above committee work and semester team planning, the faculty members are individually responsible for planning and teaching the courses to which they are assigned. This includes: 1) preparation of course outlines, course objectives and class sessions in accordance with appropriate level objectives; 2) planning learning experiences and providing resource materials which will enable the students to meet the objectives; and 3) maintaining an atmosphere which will enhance the students’ learning. Faculty members are held accountable for their performance through administrative, peer, self, and student evaluations.

SECTION 5: CURRICULUM

**Benchmark:** There must be continuous curricular review, evaluation, and revision as needed. Describe any major changes in the curriculum that impact the program.

The major changes in the curriculum that impacted the program include the following:

A. Based on a decrease in hiring of RN graduates in our local area, enrollment was decreased from 100 students per semester to 60 students per semester. Currently, fall 2012, we still have 68-70 students in the last 2 semesters which will be graduating.

B. Based on previous BRN recommendations and continued student feedback, faculty decreased the theory and clinical units for NURS 163 Intermediate Med-Surg in 3rd semester and created a new 3 unit Med-Surg course in 2nd semester. Both courses went through COS curriculum approval and the new 2nd semester course will start spring semester 2013.

C. Curriculum Reduction Per AB 1295

Following notification by the California State Chancellor’s Office of the passing of Assembly Bill 1295, guidelines were received in order that Associate Degree Nursing programs which exceeded 70 total units (36 units for the core nursing program) could begin the process of developing and implementing a strategic plan for course-unit reductions, while maintaining compliance to BRN requirements for the delivery of at least 18 units of theory and 18 units of clinical.

Our core nursing program total is 43.5 units. With oversight provided by the program’s Curriculum Committee and input by all faculty members, a strategic plan was formulated, adopted and submitted for COS approval. This new curriculum will be implemented once BRN approval is granted.

D. Based on a research project to look at the minimum pass rates of many other California community college nursing programs, the faculty adopted a change from 72% to 75% which will be implemented in spring semester 2013. We believe that this pass rate is more consistent with other programs.
and will more reflect our program’s rigor.

E. Under the direction of the current Curriculum Committee chairperson, we have standardized our program objectives and student learning outcomes across all semesters. This standardization will improve the continuity of our curriculum among all faculty and provide our students with a more consistent means of formative and summative evaluation.

F. Under the direction of the Curriculum Committee, we implemented an ongoing evaluation of student learning outcomes in order to better evaluate our curriculum delivery. We have collected data related to 2 outcomes (Safety and Critical Thinking) and we will continue to audit the other 6 curriculum threads/outcomes.

A. Program Organization/Philosophy [CCR 1424(a)]

Briefly describe how the program philosophy, conceptual framework/unifying theme, and objectives have been implemented throughout the program. Attach a copy of the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes.

The Associate Degree Nursing Program philosophy, conceptual framework and outcomes/objectives serve as the basis for the program’s structure (Appendices I, J, K). Implementation of the Associate Degree Nursing Program philosophy, conceptual framework and outcomes/objectives as the basis for the program’s structure is manifested in several levels – strategic, tactical, and operational (Appendices L, M).

On the strategic level, the implementation is expressed as the curriculum of the College of Sequoias Associate Degree Nursing Program. This curriculum is centered on a governing triumvirate of client, optimal wellness, and the nursing process. Further, the curriculum successfully prepares men and women who complete the program with the knowledge and skill necessary to function at not less than the minimum standards of competent performance for Registered Nursing.

At the tactical level, the philosophy and organizing framework provide the foundation for the program’s educational outcomes, individual course objectives, the sequencing of course content, and the program in general. Eight concepts: caring; safety; psychomotor skills; critical thinking; communication; health teaching; growth, development, and adaptation; and legal/ethical and professional practice form progressive themes within the program. These themes are demonstrated as course level objectives that show increasing complexity in depth or breadth throughout the program. The use of these themes helps the program achieve the goal of student understanding of client, optimal wellness, and the nursing process (Appendix N).

At the operational level the philosophy, conceptual framework and outcomes/objectives are evident in many ways. This includes the theory evaluations through testing to measure student classroom learning; the use of care planning to strengthen student knowledge of client and optimal health learning, varied clinical
experiences that support the integration of nursing content with nursing practice. The operational implementation is evaluated through the shared governance model used by the program.

Student, faculty, and administration provide on-going evaluation of the program’s implementation and efficacy of its philosophy, conceptual framework and outcomes/objectives. Students are given access through the ADN Student Handbook, Syllabi, Clinical Evaluation Tool, and College of Sequoias Nursing Division website. Their feedback is solicited through course evaluations and representation in a variety of division committee meetings. Faculty are active participants in all division committees as well as campus governance.

In addition, the students maintain a professional binder throughout the program. The course syllabus and clinical syllabus are required documents that must be in the binder at all times. The student is responsible to have the binder present during clinical rotations as a resource for themselves, the nursing staff, and/or any accrediting agencies present in the facility during a clinical rotation. Course syllabi are also sent electronically each semester to local area hospitals to be placed on their internal (intranet) systems for ease of access.

B. Curriculum Planning [CCR 1424(g)]

**Summarize activities of the Curriculum Committee since the last Interim Report. Describe specific changes/improvements in the curriculum the program has made. Describe the role the Content Experts have in the overall curriculum planning.**

The following is a summarization of committee-driven curricular activities since the last interim report:

**Academic year 2008 to 2009**

- The faculty had been given a copy of the new statewide curriculum model and each team was to compare the current curriculum to the proposed curriculum model. During this academic year, the faculty decided to continue to evaluate the proposed curriculum model.
- The faculty were informed that all course outlines needed to be placed in CurricUNET, (a website that holds all course outlines for the college). Only full-time faculty are allowed to input a course into CurricUNET. CurricUNET training is available for all faculty by the College.
- The Campus Curriculum Committee informed all Divisions that all courses must be updated and maintain a five-year update cycle.

**Academic year 2009 to 2010**

- In spring 2008 the faculty voted and approved moving NURS 153 (Pediatrics) to third semester and that second semester will have a medical/surgical component. It was discussed that before the curriculum committee would work on the move of Pediatrics to third semester it would first work on the establishment of a simulation course.
- A discussion of whether or not each nursing course should be considered a hybrid course (part online and part face to face class) and designated as such in the course outline. Since Blackboard is used by most faculty as a repository of course information, the courses are not hybrids.
- A faculty member wrote and placed into CurricUNET the proposed 0.5 unit simulation course. There was a problem with a half unit course and the chair of the campus curriculum would not allow the
course to move forward. This action for the proposed simulation course was presented to the committee. After discussion, it was decided to ask NURS 163 faculty to do a pilot on simulation use as part of the clinical component.

- The committee could now work on moving NURS 153 from second semester to third semester. The committee outlined the topics that are covered in NURS 163 in order to make a decision as to what topics would move to the second semester Med/Surg course and which would remain in third semester NURS 163.

- With the end of the WIA Healthy Community Forum Grant, admitting a designated cohort of twenty LVN to RN students was no longer an option for the program. This subsequently impacted the ability of the program to offer the NURS 150 Transition course as there would be insufficient dedicated numbers of students to enroll. Faculty made the decision to change the NURS 150 Transition course from “required” to “recommended” and the methodology of delivery from a face-to-face course to a self-guided study module. A faculty member then wrote a self-guided Transition Study Module for the LVN-RN bridge students to complete when admitted to the program.

- NURS 161 configuration of units was changed in spring 2010. Theory units were decreased to 5-units and clinical units increased to 6-units. This NURS 161 change is evidence-based throughout the total program evaluation process. The specific element leading to this decision are data from anonymous student evaluations each semester, clinical evaluation tools reviewed by faculty, and graduate surveys. The need for additional clinical time was evident.

Academic year 2010 to 2011

- The curriculum committee decided on which topics would be moved to the Med/Surg course in second semester. The new courses were placed into CurricUNET. The task on hand was to await the approval process, but we did not receive approval by the end of spring 2011. (Note: The two new courses did continue through the CurricUNET process in fall 2011 and were approved by the campus curriculum committee and the COS Board of Trustees in December 2011).

Academic Year 2011 to 2012

The following are examples of committee-driven curricular activities involving all nursing faculty:

A. Curriculum Revision for Compliance to AB 1295

- Faculty reviewed legislation (AB 1295) that improve pathways for nursing students to obtain bachelor’s degrees by establishing a common GE transfer pattern, adoption of system wide ADN prerequisites, core units, and other curricular issues, and development of a 70-unit transfer model curriculum for nursing that coordinates with CSU BSN graduation requirements. A strategic plan to accomplish these goals is due by July 31, 2012.

- Curriculum Committee members developed a plan which was presented in March 2012 to the nursing faculty as a whole. The plan was unanimously approved and an action plan for implementation was set.
• The new reduced and revised nursing program curriculum will soon be processed for approval by the District’s shared governance committees, and ultimately by the COS Board of Trustees.

B. Evaluation of Student Learning Outcomes (SLOs)

• Ongoing evaluation of SLOs occurs among all nursing faculty, with data input from adjunct (part-time) instructors. Our SLOs consist of the 8 program/curriculum threads which parallel the nursing program philosophy and conceptual framework. These 8 outcomes are the substance of our clinical evaluation tool used by all full and part-time instructors to evaluate students’ successful achievement in meeting all semester-leveled learning objectives.

• The 8 SLOs (curriculum outcomes) which are regularly reviewed include (1) Caring, (2) Safety, (3) Psychomotor Skills, (4) Critical Thinking/Nursing Process, (5) Communication, (6) Health Teaching, (7) Growth, Development & Adaptation and (8) Legal, Ethical & Professional Practice.

• During fall 2011, faculty audited and reviewed evaluative data for SLO #4, Critical Thinking/Nursing Process. Results across all semesters indicated a greater than 95% success rate for student performance in meeting this curriculum outcome.

• For the spring semester 2012, faculty audited evaluative data for SLO #2, Safety, by tracking all safety-related student incidents. Summative data indicated a less than 2% occurrence of serious safety issues. The action plans for these few students included skills lab referral, counseling and remediation.

• The Curriculum committee members have oversight in entering the outcomes of SLO assessments into the college’s curriculum/course data base which is reviewed by the college-wide Curriculum Committee on a regular basis.

• Whenever trends are identified, faculty develop action plans to increase student compliance, such as focused skills labs and revisions in the curriculum delivery model and/or methods of instruction.

C. Curriculum Evaluation Impact on Program Policies and Procedures

• Whenever indicated, results of curriculum evaluations are communicated to faculty members of the program’s Policy and Procedure Committee.

• These faculty members are responsible for developing, reviewing and/or revising policies as needed, based on summary evaluations. Also, each policy’s impact on
improving delivery of the curriculum is regularly reviewed and communicated to the faculty as a whole.

- An example of this process is the development of a test analysis policy and the creation of two work tools used by all faculty when constructing tests (Test Blueprint) and when evaluating the reliability and validity of test questions (Test Analysis Grid).

The content experts participate on the Curriculum Committee and Division Committee so as issues of specific content are raised, the expert(s) provide the necessary input to make appropriate action plans.

C. Concurrent Theory and Clinical Practice [CCR 1426(d)]

Discuss how theory and clinical courses are organized and conducted to ensure concurrency and similar clinical learning experiences.

Each of the content areas listed in Section 1426(d) of the regulations is addressed in one or more courses having concurrent clinical practice. The following content areas are integrated throughout the curriculum: gerontology, alcohol & chemical dependency, personal hygiene, human sexuality, client abuse, cultural diversity, nutrition, pharmacology, legal, social, and ethical aspects, nursing leadership and management (Appendices O, P). All theory and clinical courses reflect the concurrent practice of theory and clinical nursing education, as evidenced in the program’s schedule of classes. Further, the courses’ theory and clinical components result in a single student grade. Students who are required to repeat coursework retake both the theory and clinical components.

To ensure that the content of theory is current with clinical experience, each semester team conducts the following activities under the leadership of the team lead:

- Review of program objectives
- Review of course objectives
- Course theory and clinical calendar
- Level of student in the clinical setting
- Expectations when making clinical assignments
- Skill set abilities and expectations for students.

This coordination is evidenced by the course theory and clinical syllabi. To ensure that the clinical sites present appropriate opportunities for the student level and objectives of the course, faculty complete clinical facility evaluations annually and as needed.
D. LVN Advanced Placement and 30 Unit Options  [CCR 1429(a); 1429(b); 1429(c); 1430]

**Describe advanced placement options available to LVNs, including the 30 unit option.**

Licensed Vocational Nurses are eligible to sit for the NCLEX-RN when they have completed the courses listed in the 30-Unit Option, as outlined in the Content Required for Licensure for (EDP-P-06). They may also elect to complete the entire registered nursing program or consider advanced placement standing.

Licensed Vocational Nurses who wish to complete the requirements for the RN Program are instructed to attend one of the monthly nursing information meetings and/or make an individual advising appointment with the Director. Nursing information meetings (for all potential nursing students) cover topics ranging from admission and selection criteria, prerequisite course requirements, costs of the program, and a question and answer period which usually deals with time commitments, work constraints, scholarship opportunities and student support services. We are fortunate to offer one-on-one advising from a counselor funded through the WIA Healthy Community Forum Grant. This has been an extremely beneficial resource for students. The Assistant Director (Division Chair) also assists with advising LVN to RN students.

Information about the three options for LVNs to complete the RN Program courses are available at the COS Website: [www.cos.edu](http://www.cos.edu), through general college counseling services, and an LVN to RN information flyer and application. They are advised about Option 1, the abbreviated version of the RN Program which permits advanced placement in the second semester; Option 2, the LVN student begins the first semester and advances through the program as a generic student; and Option 3, the 30-Unit option. Credit is given for transferable general education and prerequisite courses taken at other accredited colleges and universities.

Option 1, the most frequently selected option, provides LVNs the opportunity to enter NURS 154 (Promote Mental Wellness) in the second semester of the program. Entry for Options 1 and 3 are on a space available basis. The LVN to RN applicant must complete all prerequisite course work before admission to the program and take the current version of the TEAS examination. The LVNs in Option 1 or 3 also take the ATI Proctored Examinations for Pediatrics and Perinatal during the NURS 154 course. The faculty and/or Director use these test scores as an advisory component to students.

Prior to November of 2010, LVN to RN students were required to take NURS 150 – LVN Transition Course prior to enrolling in NURS 154. Due to decreases in grant funding and budget cuts at COS, a request was made to the BRN to change the status of taking the course from “required” to “recommended” and changing the methodology of delivering the transition content from a formal 2-unit course offering to a self-guided Transition Study Module. All LVN to RN students, including 30-unit Option students, entering the program will complete a self-guided Transition Study Module or can complete a Transition course at another school. Either methodology would be acceptable for placement in the Registered Nursing Program.

The Transition Self-guided Study Module introduces the LVN-RN student to the COS RN Program philosophy and conceptual framework, to the Nurse Practice Act, to the role differences and standards of competent performance, health maintenance and promotion, the nurse-client relationship, application of the nursing process and nursing care planning, physical assessment with additional physical assessment skills, and
psychomotor skills and curriculum outcomes. The students must complete the study modules in a prescribed time-frame, perform a head-to-toe assessment, and complete a skills competency checklist. Students utilize the skills lab to complete the head-to-toe assessment and skills competency checklist.

Course work for the 30-unit option includes 8 units of science, the Transition Study Module or a course from another school, and 20-units of nursing courses. A 4-unit Physiology course and a 4-unit Microbiology course must be completed with a grade of “C” or better before being considered for placement into nursing courses. Students take Special Topics 299, taking 4-units of NURS 154 (Promote Mental Wellness) and 9-units of NURS 163 (Promote and Restore Wellness – Intermediate Medical-Surgical content) in the second and third semesters. In the last semester, students take 8-units of NURS 164 (Promote and Restore Wellness – Advanced Medical Surgical content) and 3-units of NURS 166 (Nursing Leadership and Management).

The nursing courses consist of lecture and clinical experiences which emphasize acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing, as well as, geriatric and psychiatric/mental health nursing and leadership principles and practice. The 20-units of nursing course work provide the specific content required by the Board of Registered Nursing and address the Standards of Competent Performance described in Section 1443.5, Article 4, Title 16. Since the last Continuing Approval visit no LVN to RN student has chosen the 30-Unit Option. This may be due in part to one of the local area hospitals achieving Magnet status, along with the education pathway focus for RNs, especially those in ADN programs, to pursue the BSN which is in line with the Institute of Medicine (IOM) Future of Nursing recommendations and maintaining Magnet status.

E. Policies and Procedures:

1. Policy on Faculty: Student Ratio [CCR 1424(k)]

The nursing faculty has developed a written rationale for determining the teacher/student ratio in the clinical setting. The ratio is generally maintained at 1:10. Occasionally a 1:11-12 ratio may occur in those courses affected by the addition of advanced placement students. However, at this level in the curriculum, the experience and the ability of students to function with less supervision supports this increased ratio. Faculty members determine the teacher/student ratio for all clinical assignments using client safety and Board of Registered Nursing criteria as guidelines.

Acuity of Client Needs

Instructors assess client acuity levels and consider the course level and course objectives in the final assignment and supervision of students. Clients with higher acuity levels needing complex care are assigned to more advanced students, while clients needing more basic nursing procedures are assigned to beginning nursing students.
Objectives of the Learning Experience

In determining the student ratio, faculty take into account written course objectives, the clinical evaluation tool, whether the clinical assignments are observational, performance of new skills requiring close, direct supervision, or the execution of routine care.

Class Level of Students

Class level alone is not used as the basis for determining the level of student supervision in the clinical setting. However, class level and experience combined with acuity and the objective of the learning experience help determine the appropriate degree of supervision to achieve the stated learning outcomes.

Geographic Placement of Students

Whether students are in a centralized unit such as in the Intensive Care Unit or spread over several areas such as a large medical/surgical unit, determines to some degree the student/teacher ratio. Depending on the tasks to be performed, students under supervision may be assigned clients of various acuity levels. Therefore, an acuity needing a 1:1 student/teacher ratio such as medication administration may be supervised while other students on the same unit are performing procedures in which they have previously demonstrated proficiency.

Teaching Methods

Some teaching methods, such as teacher demonstrations, are appropriate for an increased student/teacher ratio. Other methods, such as return demonstration of procedures on clients, warrant a reduced student/teacher ratio. It is the responsibility of the instructor to judge each situation based on all the factors previously mentioned.

Requirement Established by the Clinical Agency

Written agreements with the clinical agencies (Appendix R), and College guidelines for appropriate protocols for use of these agencies, dictate that individual facility regulations for safe supervision of students are adhered to at all times. The nursing faculty is responsible for meeting with clinical agency personnel prior to each clinical rotation. Records of these meetings are kept on file by the team coordinator. The Director and faculty evaluate initial and ongoing clinical placement of students each semester. Minutes of meetings between faculty and clinical agency personnel, as well as a summary report on student evaluations of the clinical settings are available for review.

2. Policy on semester/quarter unit calculation of hours for course of instruction. [CCR 1426 (g)]

The College of the Sequoias and the Nursing Program are structured on the semester units. The College of the Sequoias Nursing Program complies with CCR 1426(f) in regards to unit calculations for instruction. Throughout the Nursing Program one unit of credit is given for each hour of theory instruction per week. The Nursing Program gives one unit of credit for every three hours of clinical laboratory practice each week.
3. Policy on transfer units and challenge examination. [CCR 1429(a); 2786.6(a); 2786.6(b); 1430]

The College of the Sequoias Nursing Program has a transfer and challenge policy in place and available for students to consider although it is rare that a student decides to challenge any of the nursing courses. The challenge option for each semester contains a theory portion and clinical portion.

Students wishing to challenge semesters within the COS Nursing Program must notify the Director in writing a minimum of six weeks before the semester begins. If a student chooses to challenge a semester, all sections in that semester must be challenged. The challenge requirements for each nursing course have been established by each faculty team and approved by the Policy and Procedure Committee and the Division Committee.

The Director evaluates transcripts and course descriptions for students wishing to transfer either prerequisites or nursing courses. Depending on the courses, consultation may occur with appropriate nursing faculty, COS counselors, or Division Chairs. The ultimate decision is with the Director. Every attempt is made to ensure that previous course work is credited and not repeated.

F. Attachments needed:
1. Course syllabi [CCR1426(e)]
2. Clinical Evaluation Tool used for each course [CCR 1426(f)]
3. Preceptor handbook, if used. [CCR1426.1]

SECTION 6: CLINICAL FACILITIES [CCR 1427 (a); 1427(b); 1427(c)]

- Discuss the type of clinical facilities used for student learning and discuss any problems related to clinical placement, lack of faculty, adequacy of clinical experiences, etc.
- Attach a list of clinical facilities used and provide the contract expiration dates.
- Attach a generic contract (sample contract) used by the program for clinical affiliation.

The clinical facilities used for student learning support the RN program philosophy and are chosen for the ability to assist students in meeting leveled objectives (Appendices Q, R). First semester students have their clinical assignments in acute medical-surgical units and transitional care units. Second semester students have clinical assignments in various acute care hospitals in the COS district, as well as, clinical, out-patient settings, and schools to meet objectives related to the specialty content areas (Pediatric, OB, Psychiatric). The third and fourth semester students have a major focus on medical-surgical nursing in hospitals, community and outpatient settings in the district. The students’ assignments reflect the increasing complexity of the curriculum. By the fourth semester students are caring for complex clients in ICUs and observing Open Heart Surgery. All four semesters’ clinical assignments include community experiences.

An example of a community assignment is utilized in NURS 152 – Promote Perinatal Wellness. NURS 152 students spend one day at Grace Homes providing teaching on various perinatal topics for the pregnant clients at the facility. According to NURS 152 instructors, the students find this experience very rewarding in terms of improving their teaching skills, being able to assist young women in providing care to themselves and their baby, and in knowing such a valuable resource exists in their community. It also provides the students with an opportunity to volunteer their services in the future. The goals for this clinical experience include: applying
the eight learning outcomes with the clients of Grace Homes, learn about community resources, especially collaboration and networking between programs, learn how the philosophy of Grace Homes supports pregnant clients with necessary resources, apply perinatal nursing to a broad spectrum of clients using education to help change lives, being positive role models, and to answer questions for clients who are interested in health careers.

Currently, through a great deal of coordination between nursing faculty and clinical sites, the Director’s meetings with other area directors, and the implementation of the SJVNEC, clinical sites are adequate. As noted in section “Sufficiency of Resources – Clinical Sites”, any further expansion from any of the programs using clinical sites, or the addition of new programs that would significantly impact the availability of appropriate sites would be dealt with through the SJVNEC [CCR - Section 1427(d)].

Any problems experienced by the program with clinical facilities are related to clinical placement. This was due in part to the addition of two new ADN programs in the area within the last four years which expanded the number of students needing clinical placement. Most recently the economic downturn in the community, especially in the health care sector, has had some impact on clinical placements, but again these issues were resolved through the SJVNEC.

SECTION 7: STUDENT PARTICIPATION [CCR 1428]

- Give examples of student participation in each aspect of the program.

The nursing program provides a variety of opportunities for direct (formal) and indirect (informal) student participation in all matters related to the student. Faculty members encourage participation of students at all levels in the nursing program. A minimum of eight students participate in each of the monthly Division of Nursing Committees (two each on Admissions, Curriculum, and Policy & Procedure). The students are active participants in the development of policies and procedures, learning experiences, retention and recruitment and curricular issues related to the nursing program. They also discuss the philosophy and objectives of the program and their impact on student learning.

Students in the first semester of the program volunteer their time assisting with the new student orientation held in fall and spring of each year. These students assist with uniform try-ons, ushering new students from one orientation presentation to the next and giving a 5-10 minute presentation on what it’s like to be a first semester student. Students in the third and fourth semesters of the program participate in tutoring sessions for fellow classmates. All students in the program are offered a chance to assist with the pinning ceremony each semester.

In spring 2012, the Fundamentals faculty met and collaborated with the fourth semester Leadership faculty and the Physical Therapy Assistant (PTA) faculty. The purpose of this meeting was to create and facilitate a peer learning experience for students that would utilize student leadership and mentoring to benefit advanced and beginning students. Faculty reviewed research that shows that peer instruction can be very effective in teaching scientific concepts to beginning students. Student assignments and activities were created for this learning experience. Activities included: student-to-student mentoring, tutoring, and enhancement of skills
acquisition (e.g., proper body mechanics). Advanced leadership students provided direct teaching of special topics through focused seminars in the skills lab. They also assisted beginning students in clinical research with care planning and navigating medical records. This collaborative effort benefited all the students through information sharing and support, as well as, providing opportunities for the advanced student with communication and interpersonal skills. The students receiving this peer instruction were required to evaluate the learning experience. By and large, the students responded positively on their evaluations of the experience.

In the fall of 2011, several students voluntarily came together to create the Student Awareness Committee (SAC). The purpose of the SAC is to bring awareness of Student Handbook policies, campus activities, and general information to students in the first and second semesters of the program. The committee consists of two or more student volunteers from the first and second semesters of the program. The students created the SAC specifically for first and second semester students as a way to guide them and keep them informed of program activities as they navigate their way through the first two semesters in the program. An additional intent is for students who volunteered as SAC members in their first and second semesters of the program and then move on to their third and fourth semesters, become recruiters and mentors to the students entering first and second semesters. Activities of the committee include but are not limited to: preparing a monthly newsletter with a variety of topics discussed, assisting with the pinning ceremony each semester, and other activities as identified by the committee. The newsletter is shared with all faculty and students in the program.

Students also participate in a variety of community volunteer activities. Each year the first semester students participate in the flu and immunization clinic offered by the college Health Center. Students have also participated in the annual college blood drive hosted by the Central California Blood Bank. In the spring of 2012, the first semester students collected wash clothes and soap for packets that were sent to the Ethiopian Leprosy/AIDS Community organization. Also, in the spring of 2012, students in the program were asked by one of the local area hospitals to participate in their annual Disaster Preparedness drill. Eight students from the third and fourth semesters of the program volunteered to participate. Unfortunately, due to an accrediting agency arriving at the facility just days before the drill was to be carried out, the facility chose to cancel the drill. The facility still wants the students to participate and will communicate future dates of drills.

- List the number and resolution of formal student grievances filed since the last Interim Report.

Since the last Interim Report, there was one formal student grievance filed in June 2009. The student claimed the grade awarded in NURS 154 did not reflect their true merit in the course. Per the COS RN Program grading policy, the passing grade in all courses is 72% with no rounding up. Less than 72% is equal to a letter grade of “F”. This students final grade was 71.3% = F. The student was unsatisfied with this grade and proceeded to file a grievance.

The formal grievance process requires the student to complete the COS Statement of Grievance Form within twenty (20) school days of the end of the semester that the incident occurred. Before submitting the form, the student is required to complete the following actions:

- Attempt to resolve the conflict directly with the person responsible for the decision.
• Speak with the Division Chair of the Department in which the faculty member belongs to seek assistance in resolving the grievance.
• Meet with the Area Dean of that Department to discuss the situation and appeal for the Dean’s intervention.
• Consult with the Grievance Officer.

The student followed the informal grievance process by discussing the issue with the instructor, the Division Chair, Director, Dean and COS Grievance Officer. All agreed the grievance was “unfounded”. The student was not satisfied with the informal process resolution. The student then proceeded with the formal grievance process of a hearing. The Grievance Hearing Committee also concluded the grievance was “unfounded”. The student then took the grievance to the Superintendent/President who upheld the resolution of “unfounded”.

The procedure for resolving student grievances is outlined in the COS Catalog, RN Student Handbook, Administrative Policy 5503, all available in hard copy format, as well as, online. The RN Program Student Grievance policy is also located in the RN Program Policy and Procedure Manual. No other grievances have been filed since June 2009.

SECTION 8: CONCLUSION

Summarize major program strengths and plans to address areas needing improvement.

Program Strengths

The COS RN Program has many strengths. These strengths are the result of institutional planning, financial commitment, and community support. They may be divided into four main categories which are themselves aggregates of actions and resources. These four categories are:

• *Nursing Faculty*; including experience, commitment, pedagogy, collaboration, and advocacy.
• *Curriculum and Program*; including shared governance, on-going evaluation, review and revision coupled with student input and strong student support.
• *Facility and Skills Lab*; including dedicated classrooms, full technology support, and clinical skills practice labs and supplies.
• *College and Community*; including COS Administration and Board of Trustees, a guiding Advisory Council, local health care partners, and community bond measures.

Nursing Faculty

The nursing program faculty is committed to their students and strongly advocate for the students’ learning needs. Our faculty is a mix of new and seasoned instructors in both full-time tenure-track and adjunct positions. Due in part to a nursing director who exhibits strong, focused, collegial leadership, the faculty collaborates across all courses, engages in shared governance, and works well as a team, going far beyond the typical COS faculty load. Additionally, our nursing faculty is quite flexible and responsive, making efforts to adapt their teaching styles and activities to meet the learning needs of our multicultural students. Although the foundation of the program rests in the full-time instructors, we have adjunct faculty who are invaluable to the success of our students. The nursing adjunct instructors assist us in every facet of student nurse education:
providing clinical education, tutoring, instructing in the skills lab, and substituting for faculty members when needed. We are fortunate to have a dedicated faculty engaged in on-going education and training and focused on improving student outcomes through pedagogy, testing, and clinical experience that includes patient care and simulation, and on-going evaluation.

Curriculum and Program

The major curriculum change that was implemented in 2002 and fully phased in by 2004 continues to give faculty and students the necessary tools for student success and has supported many needed innovations. Since 2004, and based on the program’s on-going evidence based curriculum evaluation and student feedback, three minor curriculum revisions have been made. Because the curriculum and all revisions continue to follow the NCLEX test plan, ambiguity is reduced and the faculty quickly identifies and remediates at-risk students. The students are further assisted by the integrated student support program. Students in academic jeopardy are supported through tutoring, counseling, referrals to on-campus resources that include the Disability Resources Center, the Student Learning Center, the Health Center, and other services. All students benefit from the program’s commitment to provide instruction to meet the needs of all learning styles and the extremely varied demographics of the nursing students. This includes providing electronic access to learning resources, a variety of supplemental learning experiences, and specific preparation for the NCLEX. Additional grant funding has provided simulation instruction for faculty, increased instructor resources, and supplied student support resources.

The end result of the curriculum and its presentation by professional nurse educators is a student graduation rate of more than 95 percent, and an NCLEX pass rate for first time test takers that averages about 90 percent.

Facility and Skills Lab

The College of Sequoias has demonstrated its commitment to its RN program in part by providing the program a building dedicated to the needs of nursing students and their faculty. In December 2009, the program moved into the Hospital Rock building on the Visalia campus. This building provides a large lecture hall and four regular classrooms, each with full technological services and resources. Nursing classes have first priority in the use of these rooms. In addition to the lecture hall and classrooms, the building houses the RN program office, faculty offices, and two skills labs. The main nursing skills lab is utilized by faculty for coursework, and by designated skills lab instructors who are available during posted skills lab hours to assist students who may be referred for skills remediation, or who self-refer for skills practice. In addition to the skills portion of the lab, there is a separate simulation lab that contains manikins and a full complement of equipment to support a wide variety of scenarios. Finally, the building also includes a 48 seat computer lab, equipped and configured for nursing students. There are also two storage areas and laundry facilities within the building. In addition to the building and its features, the program enjoys a robust inventory of skills trainers, teaching models, and other instructional resources that support faculty pedagogy, student learning and skills mastery.

College/Community

The RN Program is greatly supported by the COS community college district and the health care agencies within the District. The COS Administration and Board of Trustees consistently advocate for the RN Program.
Our Advisory Council, comprised of staff nurses and nursing administrators from local health care agencies provide valuable input and support to proposed program changes and improvements. Community support is a strength, as evidenced by passage of bonds for the new building and equipment/supplies, scholarships, and other community supports.

Opportunities for Improvement

The College of Sequoias RN program practices iterative evaluation of all aspects of the program and is currently focused on the following areas to improve program quality and efficacy.

- **Formal integration of the Quality and Safety Education for Nurses (QSEN) standards into the program curriculum.** This will assist the program to prepare future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

- **Strengthen the use of internet media,** e.g., social networking applications, audio, video, and messaging to support faculty and student communication and success.

- **Institutionalize the use of simulation into program curriculum.** This effort will maximize the impact of student learning opportunities by providing focused and relevant experiences while providing instructors with technical support.

- **Improve NCLEX pass rates** through student readiness. This readiness will be the result of program rigor, effective pedagogy, approved curriculum, and focused student preparation.

The planning and implementation process for each of these opportunities for improvement are:

**Formal Integration of the Quality and Safety Education for Nurses (QSEN) Standards into the Program Curriculum**

Planning: In response to the BRN’s recommendation to integrate QSEN competencies into nursing curriculums, the COS RN program has initiated a project to accomplish this integration. The expected outcome will be that the competencies are part of the program curriculum, this being evidenced by their presence in course documentation, clinical evaluation tools, student and faculty handbooks, and designated policies and procedures. The overall project will be guided by a consultant, and the selection of that consultant is underway. Meanwhile, the Program Director has provided copies of the QSEN documents to faculty, and discussion of QSEN has occurred in the committee meetings for Policy and Procedure, Curriculum, and Division. This project is expected to reach full implementation by fall 2014.

**Strengthen the Use of Internet Media**

Planning: In response to community and student feedback, and to strengthen the communication channels of the program, staff plans to strengthen the use of internet media to distribute program and course information and material. The plan is now in the first implementation phase; the program’s webpage within the College of Sequoias website was migrated to a new platform in fall 2011, allowing increased functionality and improved availability. With the upgraded technological support, program staff is developing the strengthened webpage content and revision schedule for that content. The webpage content is determined through staff, faculty, and student input. Staff has been identified to perform the work associated with website content, and receives on-
ongoing training and assistance from the COS Information Technology Department. The second phase of implementation will be to establish a social networking site that will serve as the single point of social networking for the program. The estimated implementation date for the site will be the spring or summer of 2013. This networking site will allow the program to utilize a full complement of the functions available through social media.

**Institutionalize the Use of Simulation into Program Curriculum**

Planning: The program plans the eventual dedication of two positions to nursing education simulation. The first position, which has the endorsement of faculty and administration, will be that of a nursing educator. This person, fully qualified to teach the program curriculum, will manage and facilitate the utilization of all types of simulation in support of the program’s curriculum and types. The second position will be that of a simulation coordinator. This coordinator position will be of a technical nature, and will assist in the support of the simulation technology, as well as the simulation system maintenance and upkeep. The planning completed to date includes identifying the position types, desirable knowledge, skills, and abilities, as well as assigned duties. Although no open positions are available for the planned faculty dedicated to simulation, all faculty members are offered simulation training. In fiscal year 2012-2013, ten separate training days are scheduled. Additional instruction, education, and experience will be scheduled as funds become available. The end goal of simulation integration will result in each nursing course utilizing simulation scenarios to support student learning. These scenarios will all possess identified learning outcomes, provide student feedback, and be evaluated for qualitative and quantitative reliability and validity.

**Improve NCLEX Pass Rates**

Planning: The planning to improve NCLEX pass rates has produced the following activities within the program:

- On-going review of curriculum and realignment of the curriculum with the 2010 NCLEX Test Plan.
- Utilization of the Comprehensive Assessment and Review Package (CARP) for NCLEX created by Assessment Technology Institute (ATI) and integration into semester activities for each course.
- Focused NCLEX preparation for students who complete the COS RN program.

These activities are supported by program tracking of the predictive factors of student success at NCLEX, as well as monitoring of each cohort for NCLEX success. The program recognizes that there is always room to improve NCLEX performance, and actively seeks resources and student supports.
Required Documents and Attachments to the Continuing Approval Self-Study Report

Please submit the following documents and attachments with your Continuing Approval Report.

- Current College Catalog (2 copies)
- Current Student Handbook (2 copies)
- Course Syllabi
- Class Schedule

Section 1A: Program Director and Assistant Director
- Position Descriptions for Program Director and Assistant Director

Section 1B: Summary of major program events.

Section 2: Total Program Evaluation Plan
Summary statements on the implementation of the evaluation plan. Include specific data and action plan taken or considered.

Section 3: Sufficiency of Resources – No required attachment.

Section 4: Program Administration and Faculty Qualification
- Attach a list of teaching faculty, noting full-time and part-time status, and BRN approved category.
- Attach a list of faculty assignments, noting theory and clinical responsibilities (Nursing Curriculum and Clinical Facilities, EDP-P-11).
- Attach Report on Faculty, EDP-P-10/10a.

Section 5: Curriculum
- Attach the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes.
- Attach Signed/Approved BRN forms:
  - Total Curriculum Plan (EDP-P-05)
  - Required Curriculum: Content Required for Licensure (EDP-P-06)
- Clinical Evaluation Tools
- Any matrices developed for content, outcomes, skills competency, etc.
- Course syllabi
- Preceptor Handbook (guideline)

Section 6: Clinical Facilities
- Attach a list of clinical facilities used along with contract expiration dates.
- Attach a generic contract used for clinical affiliation.

Section 7: Student Participation – No required attachment.

Section 8: Conclusion – No required attachment.