

CONTINUING APPROVAL SELF-STUDY REPORT

For Continued Approval of Nursing Program

This report covers program review for the last five-year timeframe.

Program Name: College of the Sequoias	Date of Report September 20, 2022
Check type(s) of program offered: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate	Options Available: <input type="checkbox"/> Accelerated BSN
Date of Last Approval Visit: November 13, 14, 15, 2017	<input checked="" type="checkbox"/> Evening/Weekend Program
Date of Last Major Curriculum Change: November 17, 2021 Date of Last Minor Curriculum Change: June 24, 2020 Total Number of Students Currently Enrolled: 196 Enrollment Cycle Pattern (# of students/cycle, frequency): 40 students/semester, frequency: admission is twice a year 10 LVN to RN advanced placement students/semester, frequency: admission is twice a year 20 students in the Evening/Weekend, frequency one time	Academic System: <input checked="" type="checkbox"/> Semester <u>17.5</u> weeks/semester <input type="checkbox"/> Quarter _____ weeks/quarter

SECTION 1:

A. PROGRAM DIRECTOR AND ASSISTANT DIRECTOR INFORMATION

[CCR sections [1424 \(e\)](#); [1424\(f\)](#); [1425](#)]

Name of the Program Director and Title Belen Kersten, MSN, RN - Director of Nursing		Name of the Assistant Director and Title Tina Toth, MSN, RNC-OB; Division Chair and Faculty	
Date appointed to the position:	November 1, 2013	Date appointed to the position:	August 9, 2022
Percentage of release time:	100%	Percentage of release time:	60%
Additional program(s) managed by the Program Director	None		

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 position of Director of Nursing is a 12-month, administrative position. In 2017, the College of the Sequoias underwent an organizational change that involved the Nursing and Allied Health Division and necessitated the reallocation of administrative positions into a new position the Associate Dean/Director of Allied Health Programs. The organizational change continued to allow for 100% of the Director of Nursing's time to be dedicated to the nursing program alone. The Allied Health programs became the responsibility of the Associate Dean/Director of Allied Health Programs. The Assistant Director (Division Chair) has 60% reassigned time and the remaining 40% is spent as a NURS 135 instructor. The Assistant Director has a 10-month contract, as does the program's entire faculty.

With the challenges of the COVID-19 pandemic, the faculty had to move their face to face lectures to an online format. This was a requirement that began Fall 2020. The college administration required that all faculty who lecture online receive an Online Training Certificate after completing the course. All nursing faculty and the Director received their Online Training Certificate.

B. Program Summary Statement

Summarize the major program events, changes, and improvements that have occurred over the last five years. Discuss anticipated changes in the program, including changes in the curriculum. Attach this summary statement to the report.

The College of the Sequoias Registered Nursing program's last BRN approval visit was fall 2017. In order to provide the best summary of the major program events, changes, and improvements that have occurred since the Continuing Approval Visit of 2017, it is important to assess the factors that created the context in which the program has functioned for the last five years. These factors became direct and indirect influences that drove the program direction and many functional decisions. Major program events, changes and improvements that have occurred since the last visit are significant. Changes are in areas of curriculum revision, faculty retirements and additions, campus administrative changes, office staff support, skills lab, simulation lab improvements and improvement to the finances.

Curriculum Revision- Major Event, Changes and Improvement

To address the 2017 visit recommendation that the last major curriculum revision was in 2002. The registered nursing (RN) program is planning a review of the curriculum to revise, to ensure curriculum is relevant and current to what is expected for safe entry into practice in a variety of settings and that any curriculum revision is approved by the Board prior to implementation in accordance to CCR 1426 (a). The RN Program completed a major curriculum revision beginning in December 2017 through 2019 with the help of a consultant. The nursing faculty decided to reduce units from forty-three units to forty units. BRN approval of the new curriculum occurred February 20, 2020. The faculty implemented the Concept Based Curriculum and started with the fall 2020 (cohort 052022). COS RN Program has completed one cohort of the new curriculum and the class of May 2022 has graduated.

Revisions are challenging at best, however this revision created great opportunity for the program. The faculty was able to come together and decide on decreasing the total units for the RN program. This unit reduction occurred in the three specialties, from four units to three units each. This decision was necessary since the RN program is to produce entry level, safe medical-surgical registered nurses, not necessarily specialty nurses. The new curriculum added a critical thinking class in the first semester since the faculty wanted nursing students to begin to think critically from the first semester and throughout.

Concept Based Curriculum (CBC) – approved by BRN 2/20/20	
1st Semester	
NURS 121	Fundamentals for Nursing – (6 Units)
NURS 123	Critical Thinking/Clinical Judgement in Nursing - (2 Units)
NURS 124	Concepts of Adult Health Nursing 1 - (3 Units)
2nd Semester	
NURS 133	Concepts of Mental Health & Psychiatric Nursing - (3 Units)
NURS 134	Concepts of Adult Health Nursing 2 - (4 Units)
NURS 135	Concepts of Nursing Care of the Pregnant Family and the Neonate - (3 Units)
3rd Semester	
NURS 143	Concepts of Pediatric Nursing - (3 Units)
NURS 144	Concepts of Adult Health Nursing 3 - (6 Units)
4th Semester	
NURS 174	Concepts of Adult Health Nursing 4 - (7 Units)
NURS 175	Transition to Registered Nursing Practice - (3 Units)

A further in-depth discussion of these curriculum changes can be found in Section 2 Total Program Evaluation, Item # 4, “Problems identified in the program’s total evaluation plan”. These curriculum changes addressed the need for a medical-surgical course to be offered in second semester so that students have continuous exposure to medical-surgical content in all four semesters of the program. These changes also addressed and resolved the issue of having the three specialties in the same semester.

Faculty

Maintaining qualified faculty has been a challenge, but one that the program has met with the same quality of instruction and student success and satisfaction. This is demonstrated by the NCLEX pass rate and student satisfaction surveys. There have been several significant faculty changes that impacted the program:

- In October 2017, a senior faculty passed away during the semester. The full-time fourth semester faculty member suffered a serious health crisis and never returned to the program. The co-faculty for the theory portion of the fourth semester agreed to lecture the second half of the semester. Adjunct faculty covered the clinical portion of the semester.
- In fall 2017 a full-time obstetrics faculty was hired and approved by the BRN and became the content expert the following year. This faculty taught both theory and clinical.
- In fall 2018 a temporary full-time pediatric faculty member was hired and approved by the BRN. This faculty member taught both theory and clinical. This faculty applied for the full-time tenure track position in 2019 and received the position. Unfortunately, her contract was not renewed for the academic year 2020-2021. A mastered prepared pediatric nurse was hired as an adjunct faculty for the theory portion of the course and two adjunct were hired for the clinical portion of pediatrics.
- In fall 2021, a full-time tenure track faculty was hired and approved to teach pediatrics and is now in her second year.
- At the end of the spring 2018, a gerontology and medical-surgical faculty retired, and this vacancy needed to be replaced.
- In the fall of 2018, two full time tenure track gerontology and medical-surgical faculty were hired and approved. One faculty moved to first semester, fundamentals, and the other became the third semester gerontology and medical-surgical co-faculty member.
- At the end of the May 2020, a senior faculty member N.S. retired. She then took the fall semester as bank time. Her official retirement date was December 31, 2020.
- At the end of the May 2021, a senior faculty member T.P. retired. She then took the fall semester as bank time. Her official retirement date was December 31, 2021.
- In fall 2020, a full-time tenure track faculty member was hired and BRN approved. She was involved with the introduction of the new Concept Based Curriculum that was taught for the first time in first semester.
- In fall 2021, a full-time tenure track faculty was hired and approved to teach fourth semester, advanced gerontology and medical-surgical and has started her second year.
- At the end of fall 2021, another full-time tenure track faculty member retired and a temporary full-time faculty was hired and approved to teach the second semester gerontology and medical surgical nursing. This position was posted and will begin interviews this September.

Campus Administration Changes – Changes and Improvement

College of the Sequoias President/Superintendent, Mr. Stan Carrizosa, from BRN approval visit in 2017 retired June 30, 2018. Mr. Brent Calvin, (previous VP of Student Services) became President/Superintendent of the College of the Sequoias in July 1, 2018. The Dean of CTE, Mr. Thad Russell resigned his CTE Dean position in December 2019. The Dean of Nursing and Allied Health, EDP-P-16 Continuing Approval Self-Study Report – (REV 10/21; REVIEWED 08/18; REV. 08/17)

Dr. Jonna Schengel added the position of Dean of CTE in January 2020. With this position being filled by the Dean of Nursing and Allied Health, the RN program has a strong advocate for Health Careers. Dr. Schengel has given her support to the registered nursing program's growth.

Nursing Office Staff Support – Change and improvement

The nursing office has had some changes in the last five years. With the addition of the LVN to RN advanced placement students, a part-time grant funded senior secretary was hired in fall 2018. The administrative assistant retired her full-time position in 2019 to become a part-time nursing counselor. The part-time nursing counselor position is funded through a grant. With the administrative position vacant, the part-time senior secretary interviewed and accepted the full-time administrative assistant position. The vacant grant funded part-time senior secretary position was filled within a couple months. Beginning 2021, the grant funded part-time senior secretary position was moved to a full-time position. During the pandemic there were more applications, more testing to be monitored and some of the hospital partners required the college to do the fit testing. In 2021, the registered nursing program received BRN approval of a cohort of twenty students to start a year round program. These students meet in the evening for lecture and are placed in clinical every other weekend. The senior secretary position will be placed into program review with a request that the senior secretary position is funded by the College of the Sequoias general fund.

Skills Lab and Simulation

To address the 2017 visit recommendation to evaluate sufficiency of resources specific to simulation (technology) including but not limited to physical space, support staff, and supports services to optimize use of simulation in the students learning experience.

Physical space - The Simulation Lab was renovated in the summer of 2019. The one room was split into two separate rooms and the storage area was also divided into two separate areas. One side of the room is used as a control center for the simulation lab that is being done by the students. The other half of the room is used for storage of supplies used in the skills lab.

Support Staff – The faculty hired for the simulation education coordinator position was from our current full-time faculty. The Nursing Simulation Educator supports the mission, purpose and goals of College of the Sequoias. The simulation education coordinator has worked collaboratively with the leadership, faculty and staff across the institution to ensure evidence-based clinical standards and simulation best practices are reflected in all simulation activities. The Nursing Simulation Educator continues to provide curricular and assessment guidance for educational activities related to simulation. (See the Simulation Policy and Procedure, Nursing Simulation Educator – Job Description).

The Simulation technician supports the Nursing Simulation Educator by assisting in the preparation of the simulation. The simulation technician does not conduct the actual simulation. Only the faculty conduct the simulation with the RN students.

In the Spring of 2022 the College of the Sequoias' RN program graduated the first class with the new curriculum where our vision was to incorporate simulation throughout the entire four semesters. The simulation with the students had a purpose, student engagement and improvement in critical thinking and communication. Each semester of the program had specific areas of focus to support program outcomes, course outcomes, course concepts and student success. Each faculty determined the specific area of focus based on evaluation of the new curriculum including the clinical experience and students' ability to meet the course objectives and improve in specific areas of the curriculum.

The Adult Nursing 1, 2, 3, and 4 simulation, the patient is an individual who progresses to a more serious condition as the semester move forward. The students increase their critical thinking each semester. The pediatric and Obstetric faculty have organized a simulated experience in each of their courses on topics that the students will not be able to participate in their clinical experience. In obstetrics, the faculty asks the students to complete a vSim on pre-eclampsia. In Pediatrics the faculty ask the students to complete a vSim on Sickle Cell Anemia prior to the simulation. In the simulated experience the students have a pre brief, conduct the simulation, and complete a post briefing using the INASCL standards of debriefing. The feedback from the students has been very favorable. What this experience has taught us, is our program will continue to benefit from flexible, adaptable, and user-friendly simulations.

To assist with the simulation plan, the Nursing Simulation Educator, is a member of the Central Valley Simulation Alliance. He is getting support and consult from Dr. Marie Gilbert, Director of the Central California Center for Excellence in Nursing. As current chair of the Society for simulation in Healthcare Nursing Section, Marie collaborates with colleagues around the country to identify best practices and increase the use of simulation in academia and the clinical environment. Marie has written and lectured extensively and continues to conduct research. Her research interest include inter-professional education, assessment and evaluation and healthcare simulation.

Skills Lab enhancement – Change and Improvement

With the help of grant money, our skills lab was also affected with the remodel of the simulation lab. We updated our current manikins and in spring 2022 and purchased of the new Nursing Anne Simulator. We updated the Sim Man 3G in the simulation lab and were able to place the older model to the skills lab. We have three (3) nursing Anne manikins in the sim lab and moved one of the manikins to storage. We were given money to update the manikins by incorporating manikins with different skin tones (Nursing Sim Man 3G and the Nursing Anne Simulator). The older Nursing Anne Manikins had an upgrade of the controller that manages the manikin's heart rate and breath sounds.

There are many useful simulators in the skills lab, which include Cardionics SAM 3G, Auscultation Manikin 3rd Generation, Alaris Pumps for IV infusion, Chester Chest to practice dressing changes on indwelling catheters and several IV arms to practice IV sticks. This list just a few of the manikins in the skills lab. Open skills lab time is Monday through Thursday from noon to four. The skills lab is always busy at the beginning of the semester but attendance dwindles as the semester progresses.

Finances

Availability of grant funding became available to the RN program on July 1, 2018. The RN Program received the California Nursing Support Grant from the Chancellor's office that year and has received the same amount every academic year since 2018 to the present. This grant was given to the RN program as a nursing support grant to increase enrollment, from the state of California. The request for expansion of enrollment, from the Board of Registered Nursing was first to add ten LVNs to RN advanced placement students each semester. This grant is used for TEAS (test of essential academic skills) and for a review course for the graduates after the four semesters. The RN program purchases the assessment, TEAS for first time test takers, who are students at the College of the Sequoias. The grant also pays for TEAS workshops that cover the four areas of the TEAS. The trainers are experts in their field.

For the academic year 2019 to 2020, the RN program sought funding from the Song Brown Special Projects grant and the Capitation grant. The RN program was awarded both Song Brown grants. This funding has allowed the RN program to hire a part-time nursing counselor. The nursing counselor is able to counsel each RN student and also counsels pre-nursing students. In addition to the above mentioned grants, the RN program also sought out VTEA funds (Vocational and Technical Education Act [VTEA]) to enhance student learning and success. Initially VTEA funding paid for the curriculum consultant over a three year period. The VTEA funding helped with hiring a student worker for a couple of years and now the college pays for the student worker.

2017 Recommendations

1. 1424. Administration and Organization of the Nursing Program. (e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

Assistant Director has 40% release time. This 40% release time is sufficient for the Assistant Director to assist in the administration of the program and the Division Chair with responsibility for other allied health programs. Moving forward, since the division chair could be a non-nursing tenured track faculty, the institutions in collaboration with the program director would need to take into consideration the regulations set forth in CCR 1424 (e)CCR 1426(b) with reference to CCR 1443.5 and B & P Code Section 2725(b)(2)

In fall 2020, the campus changed the released time from 40% to 60% for the Division Chair/Assistant Director of Nursing for the Division of Nursing. The President/Superintendent that retired did not

negotiate with the faculty union (COSTA) to have reassign time for the Assistant Director as a standalone position. At this time, the newly elected Division Chair/Assistant Director is a Registered Nurse faculty and has 60% release time, which is 20% more than was given in 2017.

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

Evaluate sufficiency of resources specific to simulation (technology) including but not limited to physical space, support staff, and supports services to optimize use of simulation in the students learning experience.

The Simulation Lab was given a complete upgrade and was explained above in the Program Summary Statement.

3. 1426. Required Curriculum. (a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

Last major curriculum revision was in 2002. Program is planning a review of the curriculum to revise to ensure curriculum is relevant and current to what is expected for safe entry into practice in a variety of settings and that any curriculum revision is approved by the Board prior to implementation in accordance to CCR 1426 (a)

The major curriculum change process was explained above in the Program Summary Statement.

Nursing Faculty/Department Meetings

The Registered Nursing Program has five committee meetings for one and a half hour during each month of the semester. Of these five committee meetings, one is the Division meeting which is held on the fourth Monday of each month. The Division meeting includes the Registered Nursing faculty, Physical Therapy Assistant faculty, Certified Nursing Assistant faculty, and Pharmacy Technician faculty. The Allied Health programs are excused after Division agenda items are discussed. The nursing faculty remain in the meeting and the agenda items that pertain only to the RN Program are presented and discussed.

The four RN committees are; a) Policy and Procedure; b) Curriculum; c) Simulation; and d) Admission, Recruitment, and Retention Committee (ARRC). The Simulation Committee was created in 2020 to support the improvements to the simulation lab. This newly formed Simulation committee meets on the second Monday of each month where the Curriculum committee meets for forty-five minutes and the Simulation committee meets for the forty-five minutes after the Curriculum committee. The chair of the Simulation committee has updated the Policy & Procedures for simulation and has given the faculty information on how to conduct a pre-brief and a debriefing after a simulation activity.

SECTION 2: TOTAL PROGRAM EVALUATION [CCR section [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.
2. There must be a persistent, substantive pattern of student satisfaction with the program based on periodic anonymous student surveys.
3. There must be a persistent substantive pattern of the performance of graduates meeting community need based on identified program evaluation plan elements. (For example, employer surveys or other methods used)
4. There must be evidence of action taken on the problems identified in the program's total evaluation plan.
 - 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.

Our graduate's performance on the NCLEX test for the last two years is 87.75% and 87% (Appendix C). The faculty was aware that the 2019 NCLEX test plan did not change significantly from the 2016 NCLEX test plan. The same student success services and resources combined with instructor supervised remediation that create intensive interventions and support throughout the program are offered to all nursing students. For the academic year 2016/2017, tutors were offered to the identified at risk students. These students were able to pass their courses with the support of the student nursing tutor. With the support of resources and instructor requirements marginal students are now able to be successful throughout the program.

Areas Evaluated	Data and Data Analysis	Action Plan
Attrition Rates	<p>The attrition rate for 2021-2022 is 4%. This is not as high as the previous years.</p> <p>2020-2021 =7.5% 2019-2020 = 8.9% 2018-2019 = 11.25% 2017- 2018 =6.25%</p> <p>There is a variety of student support services within the program. Students in both the RN and the LVN to RN advanced placement programs have demonstrated at or around 90% retention.</p> <p>The standard passing score in all courses is 75% The college success and retention rates of the nursing program are very high, well over the college averages.</p> <p>Division tracking of attrition over the 2021-2022 academic year showed that it was related primarily to personal reasons (health, family and financial) and clinical course failure (program rigor).</p>	<ol style="list-style-type: none"> The program uses the current <u>California Community Colleges Chancellor's Office (CCCCO)</u> standard of 62% for the minimum score on the TEAS test for pre-admission testing and advisement. Will continue to watch trends and data for impact on underrepresented groups. TEAS test scores will be utilized for early identification of at-risk students. (Those students that score below 70% are considered at risk.). Offer a TEAS workshop to the pre-nursing students to cover the four topics of the TEAS. The content experts for the four topics are hired just to help students understand what is necessary to complete the study manual problems. Continue all student retention efforts currently in place: <ul style="list-style-type: none"> Pre-admission counseling, using the nursing counselor. Low faculty to student ratio in clinical areas. (10:1) Skills and computer labs for practice/review/ remediation are available for four days/week. Skills Lab adjunct faculty to assist with math, care plan process, nursing process, and nursing skills. Continue Student Success Program (SSP) to identify at-risk students. The SSP provides support services and resources to assist in successful completion of the program. Faculty utilize the "Early Alert" system through the college to alert the nursing counselors to student's that may be having difficulty. Being able to closely monitor the student's success, faculty identify any student that may be having concerns. The faculty discuss any needs to assist students to be successful. Provisions of resources to assist with student success and offer remediation. All faculty need reinforcement with consistent use of the remediation form to document any concerns in regard to students that may be having difficulty, what the remediation plan is. This is particularly true for new faculty, consistent use of the remediation form.
NCLEX Results	<p>The current 2021-2022 National Council Licensure Examination for Registered Nurses (NCLEX) pass rate is 87%. This figure is slightly lower than the pass rate reported from last year 2020-2021 87.85%. With the pandemic, many of the lectures were held on Zoom since the shutdown in 2020. Some of the clinical rotations were done using simulation (less than 25%) and the rest of the clinical hours were done using direct patient care at the acute hospital setting.</p> <p>The process of California graduating</p>	<ol style="list-style-type: none"> Continue current efforts. Curriculum, ARRC and Division Meetings evaluate graduate pass rates under the curriculum. Continue support services such as NCLEX review books, choice of review courses. Continue to use tutorials as part of the Student Success Program, especially for students with

Areas Evaluated	Data and Data Analysis	Action Plan
	<p>class data has changed. The BRN has created a new education and graduation verification method that now involves the California approved program directors to log into the new system to verify and upload information regarding their graduating students. Not all students take advantage of this shorten timeline to receive their ATT.</p> <p>Graduation (Pinning) was held for the Fall 2021 class on December 14, 2021. This was the first time that the upload of graduates' process was offered.</p> <p>For this cohort of December 2021, the following occurred:</p> <ol style="list-style-type: none"> 1. No graduates of this cohort were allowed to test in December 2021. The first to take the NCLEX was thirty-two days after graduation. 2. Four graduates were allowed to test in January 2022. 3. Twenty-four graduates were allowed to test in February 2022. 4. Ten graduates were allowed to test in March 2022 and two in April and one in May 2022. <p>Graduation (Pinning) was for the Spring 2022 class on May 17, 2022. The Authorization to test (ATT's) was not issued in a timely manner. For this cohort of May 2022, the following occurred:</p> <ol style="list-style-type: none"> 1. Nineteen graduates of this cohort were allowed to test in June 2022. The first to take the NCLEX was twenty-one days after graduation. 2. Fifteen graduates were allowed to test in July 2022. <p>Strategies used to prepare for any decrease in the National Council Licensure Examination for Registered Nurses (NCLEX) pass rates:</p> <ol style="list-style-type: none"> 1. Due to the COVID-19 pandemic, the offering of the onsite supplemental 3-day NCLEX live review by ATI to all students including at-risk students was cancelled. UWorld was purchased for all the students and was well received. 2. Kaplan online review skills modules and Q-bank questions 	<p>testing issues.</p> <ol style="list-style-type: none"> 5. Admissions, Recruitment, Retention Committee, (ARRC) reviews admission criteria, and evaluate data when reviewing the Multi-criteria matrix. 6. Curriculum and P&P committees review grading policy. 7. Faculty continues to track course test questions and discuss in semester team meetings. 8. Division Committee evaluates NCSBN summary reports by Mountain Measurements. 9. Strongly encourage all graduates to take the NCLEX within 45 days of graduation. 10. Full-time Faculty remains stable. <p>There was a full-time tenure track faculty whose contract was not renewed. A full time tenured track faculty was hired for Fall 2021 and Spring 2022 to teach Pediatrics.</p>

Areas Evaluated	Data and Data Analysis	Action Plan
	<p>were allowed for those students who asked for this plan.</p> <ol style="list-style-type: none"> 3. Referral of at-risk students to the Student Success Program. 4. Referral of students to skills lab. 5. Each full-time faculty will select one to two tests each semester and complete the Test Blueprint to evaluate test questions. <p>Faculty will then reevaluate their tests to make sure they are challenging and cover the NCLEX test plan for 2019.</p>	

Areas Evaluated	Data and Data Analysis	Action Plan
Resource Survey	<p>The Fall 2021 and Spring 2022 semesters continued the use of on-line course evaluation methodology (Survey Monkey-indirect method) and format used for all nursing courses.</p> <p>The student's evaluation for each course is done face to face after a clinical rotation (direct method).</p> <p>Course surveys continue to be completed at the student's decision since the link is sent to the students. This method provided a response rate close to 60 to 95%.</p> <p>The five most used resources from Fall 2018 to Spring 2022 were very much the same throughout the academic years. The five most used resources by students were: (a) Internet Search Engines; (b) Canvas; (c) Other students; (d) Textbooks; and (e) Lecture Handouts.</p> <p>Full results of the survey continue to 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.</p>	<p>Survey results were presented to faculty during a regularly scheduled division meeting. Each semester team was given hard copies of the course survey results. Further, the results of each survey is posted on the COS Nursing Share Point site. The plan to use the campus program for evaluations (department of institutional research) was Survey Monkey. The campus also began to use Survey Monkey as their tool for evaluations.</p> <p>Continue evaluation after each semester regarding use of resources.</p>
Course evaluations	<p>Data is available on the Nursing Sharepoint and in the nursing office binders.</p> <p>Students evaluate each course at the end of the semester using Survey Monkey. This remains anonymous.</p>	<p>Each semester team was given hard copies of the course survey results.</p> <p>For the most part, the evaluations fall within 4 to 5 on the Likert scale from 1 to 5. Survey results were presented to faculty during a regularly scheduled division meeting.</p> <p>Further, the results of each survey is posted on the COS Nursing Share Point site. The plan to use the campus program for evaluations (department of institutional research) was Survey Monkey. The campus also began to use Survey Monkey as their tool for evaluations.</p> <p>Continue evaluation after each semester regarding the course evaluations. Faculty then write a plan of action after their review of the student's course evaluations. Each course team presents a plan of action for their course.</p>
Program/Graduate Survey	<p>Data is available on the Nursing Sharepoint and in the nursing office binders.</p> <p>The exit survey provides the faculty with information on how they are supporting the students as they acquire knowledge</p>	<p>This information obtained using an exit survey is completed by the fourth semester students of the RN program. The survey is given electronically ever since the college decided to use survey monkey as their method of obtaining data.</p>

Areas Evaluated	Data and Data Analysis	Action Plan
	<p>to become an RN. These students are also getting the message to become lifelong learners, as evidence by their plan on earning their BSN or a higher degree.</p> <p>The graduate survey is sent to the graduates six months after they graduate. It is now sent to the graduates as a survey monkey.</p>	<p>Though compliance with graduate survey returns, have declined from previous years, it is still difficult to obtain true and accurate data to base evaluations and action plans on. Those that we do receive score 4 to 5 on the Likert scale.</p> <p>Maintaining valid graduate email, address and telephone numbers remains an issue. (At the beginning of the fourth semester, we ask students for their home email address.) These sometime change from the time of graduation to employment.</p>
Graduate performance	<p>Data is available on the Nursing Sharepoint and in the nursing office binders.</p>	<p>Employer's surveys returns did dwindle. The director has always asked graduates via email where they are currently working as an RN. This is done six months after they graduate. The director now emails the appropriate hospital the list of graduates and their unit of employment. The clinical educator then forwards the survey monkey to the manager of the unit where the graduate is employed. This has help with the returns of the employer surveys.</p>
Clinical Facility Evaluations	<p>Both adjunct and full-time faculty evaluate the clinical unit. This allows for the faculty and the director to make adjustments to units when there is not sufficient patients to meet the SLOs.</p>	<p>The faculty evaluate the effectiveness of the learning experiences provided by our clinical partners.</p> <p>With the pandemic, there were units no longer available to the students. e.g. TCS; Kaweah Kids (childcare center) of the hospital, and sub-acute.</p>
Other: Student Grievance	<p>In the last five years, there has not been a formal student grievance. Students are asked to follow the chain of command. This usually helps solve any issue.</p>	<p>Continue to monitor.</p>

SECTION 3: SUFFICIENCY OF RESOURCES [CCR section [1424\(d\)](#)]

Describe how program resources (faculty, support staff, library, physical space, equipment, skills/simulation, 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
2. Describe major changes in resources that impact the nursing program, i.e., financial, clinical sites, faculty, and other resources.

Changes in the organizational structure of the institution

Changes in the organizational structure were mentioned above in the Program Summary Statement. Since the 2017 visit, COS campus has a new president, Mr. Brent Calvin (previously COS VP of Student services), and a CTE dean that left COS. This vacant position allowed the associate Dean of Nursing and Allied Health to apply and was appointed as the CTE Dean. She now holds both dean positions and supports the nursing department along with industry needs. Nursing continues to report to the dean of nursing and allied health, Dr. Jonna Schengel. These administrative changes are positive, as it provides additional administrative support for the nursing program. Dr. Schengel also uses some of the Strong workforce funds to support the Simulation Lab.

The Director of the Foundation Scholarship Administration was able to secure scholarship funding for Nursing and Allied health students. These funds were placed in a trust and the \$50,000 per year will be given out as scholarships in the amount of \$4,000 per scholarship, to students from an anonymous donor. The majority of the scholarships were given to nursing students, seven (7) scholarships and Physical Therapy Assistant (PTA) students received four (4) scholarships. The remaining \$6,000 is given out to students who declare a medical major and there are six (6), \$1,000 scholarships.

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 section [1424\(h\)](#)]:

Total number of Faculty	29	Total number of Full-Time Faculty	12	Total number of Part-Time Faculty	17
Number of Instructors	10	Number of Asst. Instructors	15	Number of Clinical Teaching Asst.	4
Content Experts:	Medical-Surgical	Obstetrics	Pediatrics	Mental Health/ Psych	Geriatrics
	Carolyn Childers	Tina Toth	Heather Vails	LaDonna Droney	Cathy Glasgow
Use of non-faculty [CCR 1424(i)]	List courses in which non-faculty are used, i.e., preceptors. With the new curriculum, there is no longer a preceptor course.				

B. Planning, Implementation, and Evaluation of Curriculum and the Program. [CCR sections [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.

All faculty were invited to participate in the development of the new concept-based curriculum that was implemented in the RN program in fall 2020. The curriculum redesign was guided through the hiring of a consultant. The consultant fees were covered by VTEA funding over a period of three years. The nursing curriculum consultant, Linda Caputi, provided direction for each of the semesters and the courses taught in the semester. The guidance was invaluable and allowed each semester to develop their concepts to be used in the course.

The faculty did want to reduce units and although it was painful, the Concept based curriculum is forty units compared to the previous forty-three units. All full time faculty were part of the redesign, attending meetings where information was disseminated, along with faculty working on the curriculum. Full and part-time faculty were invited in course curriculum development by participating in the meetings. A review of the curriculum was also done when the new courses were initiated in Fall 2020. Faculty participated in semester team meetings prior to the beginning of a course, allows for discussion of expectations and any questions.

At the time of the redesign, the NEC, Susan Engle resigned and the supervising NEC, Janette Wackerly, was given the curriculum to review. Janette Wackerly along with the Director presented the new curriculum to the Educational licensing committee (ELC) and the Board of Registered Nursing (BRN). The BRN at their February 2020 meeting approved the concept based curriculum for the College of the Sequoias Registered Nursing program.

A review of the concept-based curriculum was done after all four semesters had completed the new curriculum (May 2022). This review was held offsite in May of 2022. All the full-time faculty attended the off-site review and participation in the discussion of each course and the concepts taught were given by each semester. (The minutes of that meeting are attached to the curriculum binder.)

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.

A. Program Organization/Philosophy [CCR section [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 program Organization/Philosophy is found in the College of the Sequoias' Associate Degree Registered Nursing Program Student Handbook and the Faculty Handbook.

Mission and Vision of the College of the Sequoias Associate Degree Registered Nursing Program

College of the Sequoias Mission

The College of the Sequoias Associate Degree Nursing Program endorses and supports the mission of the College of the Sequoias, which follows: "Is a comprehensive community college district focused on student learning that leads to productive work, lifelong learning and community involvement. The

College of the Sequoias affirms that our mission is to help our diverse student population achieve its transfer and/or occupational objectives and to advance the economic growth and global competitiveness of business and industry within our region. College of the Sequoias is committed to supporting students' mastery of basics skills and to providing access to programs and services that foster student success"

"Sequoias Community College District is dedicated to student learning, success, and equity by providing transfer education, basic skills, and workforce development for our diverse student population." (College of the Sequoias 2020-2021).

Mission of the COS AND Program

The College of the Sequoias Associate Degree Nursing Program adheres to this mission when offering the Associate Degree in Nursing. The mission of the nursing program is to provide a student-centered educational program that prepares diverse students as candidates to become Registered Nurses to provide safe, quality, compassionate, evidence-based nursing care in the current healthcare environment. In alignment with the mission of the College of the Sequoias, the nursing program also provides a solid base for continued lifelong learning as a Professional Nurse.

The nursing program has developed a concept-based curriculum. Delivery of a concept-based curriculum is through an active learning environment that encourages individual student contributions as they learn and achieve. This requires faculty to be actively involved with students in the classroom through mutual respect, responsibility, and collaboration. The teaching skills needed to deliver the concept-based curriculum require consideration of the diverse student backgrounds and perspectives that are representative of our student body.

The nursing faculty and nursing administration use the program's mission to formulate end-of-program student learning outcomes, which serve as the basis for the development, implementation, and evaluation of the nursing program curriculum. To ensure the educational needs of students are met, student achievement of these student learning outcomes and established program outcomes are used as metrics to determine program effectiveness.

College of the Sequoias Vision

The vision of the College of the Sequoias affirms that: "The entire College of the Sequoias community works in an environment of mutual respect to realize the following vision:

COS students achieve their full educational potential. The college strives to provide an educational pathway for every student with regard to background, disability, location, culture, learning modality, and preconceived time frames.

COS promotes an environment that creates a positive attitude among COS employees that carries over to the students and into the community.

COS is a community leader whose contributions positively impact the lives of the population it serves.

Educational programs at COS are aligned to meet the constantly emerging economic and workforce development needs of the community through partnerships with business, government, industry and labor" (College of the Sequoias 2020-2021).

Vision of the COS AND Program

The College of the Sequoias' Nursing Program supports the vision of the college as stated above and is dedicated to a commitment of excellence in nursing education that will position graduates for practice in dynamic health care environments. The nursing program directly supports the statement related to providing an educational program aligned to meet the constantly emerging economic and workforce development needs of the community. Fulfillment of this vision statement requires educating nursing students to be critical thinkers able to engage in clinical judgment required of the Registered Nurse. The nursing program includes a specific nursing course that provides a foundation for critical thinking/clinical judgment in nursing then builds on critical thinking and questioning throughout the nursing courses.

Philosophy/Organizing Framework

Nursing Program Philosophy

"College of the Sequoias believes that all individuals are innately valuable and entitled to develop their full potential; that a healthy and vigorous society benefits from an informed appreciation of the cultural, racial and socioeconomic variations among its members; that a democracy depends upon a critical, questioning and informed citizenry; and that the college programs serve the individual, the community and society" (College of the Sequoias 2017-2018 Catalog, p. 8).

The nursing program supports the college philosophy statement as explained above. The nursing program directly supports the statement related to developing a critical, questioning, and informed citizenry. Fulfillment of this philosophical statement requires educating nursing students to be critical thinkers, able to engage in clinical judgment required of the Registered Nurse. The nursing program includes a specific nursing course that provides a foundation for critical thinking/clinical judgment in nursing then builds on critical thinking and questioning throughout the nursing courses.

Organizing Framework

The nursing program incorporates the definition of the practice of nursing as a Registered Nurse as presented in the California Nursing Practice Act, Business and Professions Code, Division 2, Chapter 6, Article 2, Section 2725(2013) which states:

The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

- (1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.
- (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.
- (3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.
- (4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or

general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

The nursing program also applies the definition of nursing presented by the American Nurses Association (2010) which states: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. This definition encompasses four essential characteristics of nursing: human responses or phenomena, theory application, nursing actions or interventions, and outcomes." (p. 10).

Unifying Theme of the Nursing Program

The unifying theme for the College of the Sequoias Associate Degree Nursing Program is what the new graduate needs to know and do to provide safe care in the current healthcare environment as a Registered Nurse. This provides the framework that ties together all parts of the curriculum. The overall goal of all components of the nursing program is for students to achieve the end-of-program learning outcomes and competencies which are based on evidence from the nursing and healthcare literature that validates the importance of each learning outcome. To demonstrate this evidence, an explanation of the literature used to develop each learning outcome is provided. The nursing courses are leveled throughout the program to meet that goal. Each course has expected levels of achievement (course learning outcomes and competencies) that serve as defined points for evaluation of student achievement.

Maintaining a program centered on, and organized around, current nursing practice is achieved by constant research and updating related to what is needed to provide safe care in a variety of healthcare environments. To develop and maintain the Associate Degree Nursing Program curriculum, current trends in nursing and health care as well as traditional standards and values of nursing practice are used as the basis for the end-of-program student learning outcomes.

To maintain program currency faculty meet each year to discuss new trends and data that influence nursing care. The program is updated each year as needed based on the evidence from the nationally based literature and from nursing practice in California.

Curriculum Concepts

The College of the sequoias Associate Degree Nursing program is a concept-based curriculum. These are the building blocks to support the curriculum framework. Students are provided a core set of concepts and will reorganize recurring characteristics throughout the curriculum supporting critical thinking and clinical decision-making. A concept-based approach to learning is designed to assist nursing faculty in providing students with broader perspective while promoting a deeper understanding of content across the lifespan in a focused, participative, and collaborative learning environment (Pearson, 2020).

Concepts and Exemplars for COS Registered Nursing Program (Med-Surg Content)

1st semester N121		2 nd semester N124		3 rd semester	4 th semester
Concepts and Exemplars	Concepts and Exemplars	Concepts and Exemplars	Concepts and Exemplars	Concepts and Exemplars	Concepts and Exemplars

<p>1. Caring interventions 2. Professionalism 3. Collaboration Communication -Therapeutic Communication 4. _Ethics 5. _Legal Issues -Patient Rights -Advanced Directives -HIPPA -NPA 6. _Assessment 7. Communication: Documentation 8. _Advocacy 9. _Principles of Pharmacology and Dosage Calculation 10. _Assessment of: Oxygenation 11. _Assessment of: Perfusion 12. _Thermoregulation -Hyperthermia -Hypothermia 13. _Assessment of: Health, Wellness, Illness, and Injury - Physical Fitness and Exercise -Oral Health -Normal Sleep/Rest Patterns 14. _Assessment of: Cognition 15. _Stress and Coping 16. _Nutrition -Obesity -GERD 17. _Digestion 18. _Elimination -Bladder Incontinence and retention -Bowel Incontinence -Constipation -Impaction 19. Assessment of: Sensory Perception -Hearing Impairment -Visual problems with aging 20. Mobility -back problems -Osteoarthritis 21. Tissue Integrity -pressure injuries 22. Infection -cellulitis -Influenza 23. Inflammation</p>	<p>24. Comfort -acute and chronic pain -fatigue -end of life 25. Spirituality -Spiritual distress -religion 26. Family -Family response to health alterations 27. Loss and Grief 28. Safety -Health promotion and Injury prevention across the lifespan -patient safety -nurse safety 29. Cognition -Alzheimer's Dementia</p>	<p>1. Evidence-based practice 2. Accountability -competence 3. Managing Healthcare Systems 4. Communication 5. Collaboration 6. Informatics -Report: SBAR 7. Perfusion -Hypertension 8. Teaching and Learning -Patient Education 9. Stress and Coping 10. Metabolism -Type I and II Diabetes basics 11. Infection -Pneumonia - UTI -Sepsis 12. Comfort -Fibromyalgia -Sleep-Rest Disorders 13. Perioperative and its related concepts -Areas of Perioperative 14. Perioperative: Oxygenation Perfusion Tissue Integrity Infection -Cholecystectomy -Colon resection 15. Perioperative: Complications -Pneumonia -PE -Wound infection</p>	<p>Communication Collaboration - Interprofessional collaborations -Conflict 3. Informatics -Documentation in EMR's 4. Fluid & Electrolytes -Fluid and Electrolyte imbalance -Acute and Chronic Kidney disease 5. Acid Base -Metabolic acidosis & Alkalosis -Respiratory Acidosis & Alkalosis -Ketoacidosis 6. Inflammation -Appendicitis -Gallbladder disease -Inflammatory bowel disease -PUD 7. Metabolism -Liver disease (Cirrhosis) -Osteoporosis -Thyroid disease -Asthma -Hyperventilation (anxiety) 8. Elimination -BPH -Urinary Calculi -Acute and chronic kidney disease 9. Cellular Regulation -Anemia -Sickle Cell (Adult) 10. Mobility - Fracture - Hip Fracture 11. Evidence-based practice -Developing an evidence-based practice</p>	<p>1. Perfusion -Coronary Artery Disease -DIC -Heart Failure -Basic ECG 2. Oxygenation -COPD 3. Cellular Regulation -Cancer: breast, Colorectal; Leukemia: Skin 4. Digestion -Hepatitis -Malabsorption Disorders -Pancreatitis 5. Immunity -HIV, AIDS -Hypersensitivity -RA -SLE 6. Mobility -Parkinson's Disease -Osteoarthritis 7. Sensory Perception -Diseases of the Eye -Eye injuries 8. Advocacy -Environmental Quality and others related to advocating for patients studied this semester 9. Quality Improvement and Informatics -Related to Safety (sensory perception) mobility (falls) etc. 10. Accountability -Professional development (maintaining currency) 12. Ethics -Morality -Ethical Dilemmas</p>	<p>1. Managing Care -Leadership and management in the complex care environment 2. Perfusion -Cardiomyopathy -Acute Coronary Syndrome -Life-threatening dysrhythmias, shock, and stroke 3. Oxygenation -ARDS 4. Infection -Systemic Inflammatory Response -Sepsis Protocol -Septic Shock 5. Healthcare Systems -Emergency Preparedness 6. Trauma -Abuse -Multisystem Trauma 7. Intracranial Regulation -IICP -Seizure disorders -TBI 8. Tissue Integrity -Burns 9. Collaboration -Conflict prevention and management -Incivility in the workplace 10. Professionalism -In the complex care environment 11. Health Policy -related to all environments</p>
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Following are the end-of-program student learning outcomes and competencies; nursing course descriptions; and nursing course learning outcomes and competencies for the College of the Sequoias Associate Degree Nursing Program.

End-of-Program Student Learning Outcomes for the Associate Degree Nursing Program

1. Provide safe, quality, compassionate, evidence-based, patient-centered nursing care to diverse patients across the lifespan in a variety of healthcare settings.
2. Engage in clinical judgment when making patient-centered care and other nursing decisions.
3. Participate in quality improvement processes to improve patient care outcomes.
4. Participate in teamwork and collaboration with all members of the healthcare team including the patient.
5. Employ information management systems and patient care technology to communicate, manage knowledge, mitigate error, and support clinical judgment.
6. Use leadership, management, legal, and ethical principles to guide practice as a Registered Nurse.

End-of-Program SLOs with Related Competencies

End-of-program student learning outcomes (SLOs) are statements of expectations that express what a student will know, do, or think at the end of a learning experience. These learning outcomes are general, overall statements of students' abilities. To measure if these learning outcomes have been met, each learning outcome has a list of competencies. These competencies are the measurable behaviors students will achieve to demonstrate they are meeting the SLOs. Course SLOs and competencies are leveled to culminate in the end-of-program SLOs. This connection supports internal consistency of the program to ensure each course contributes to the students' eventual achievement of the program SLOs.

Each of the six program SLOs with their related competencies is listed below.

1. Provide safe, quality, compassionate, evidence-based, patient-centered nursing care to diverse patients across the lifespan in a variety of healthcare settings.
 - a. Conduct a comprehensive and/or focused physical, behavioral, psychological, and spiritual assessment of health and illness parameters, using developmentally and culturally appropriate approaches.
 - b. Identify patient needs based on assessment findings.
 - c. Develop a plan of care based on evidence-based practice considering individual patient needs.
 - d. Provide patient-centered care based on an understanding of human growth and development, pathophysiology, pharmacology, nutrition, medical management, and nursing management.
 - e. Promote factors that create a culture of safety and caring.
 - f. Provide individualized, patient-specific teaching.
 - g. Deliver care within expected timeframe.
 - h. Monitor patient outcomes to evaluate the effectiveness and impact of nursing care to revise the plan of care.
 - i. Provide patient-centered transitions of care and hand-off communications.
 - j. Safely perform nursing skills in a caring, compassionate manner.
 - k. Accurately document all aspects of patient care.

2. Engage in clinical judgment when making patient-centered care and other nursing decisions.
 - a. Use clinical judgment to ensure accurate and safe nursing care for the goal of improving patient outcomes.
 - b. Anticipate risks, and predict and manage potential complications.
 - c. Prioritize care based on individual patient needs.
3. Participate in quality improvement processes to improve patient care outcomes.
 - a. Use quality improvement processes, including nursing-sensitive indicators, to effectively implement patient safety initiatives and monitor performance measures.
 - b. Examine the clinical environment to determine its impact on the nurse's ability to provide safe, quality care.
 - c. Participate in analyzing errors and identifying system improvements.
 - d. Implement National Patient Safety Goals in all applicable patient care settings.
4. Participate in teamwork and collaboration with all members of the healthcare team including the patient.
 - a. Effectively communicate with all members of the healthcare team, including the patient and the patient's support network when making decisions and planning evidence-based nursing care.
 - b. Collaborate with appropriate interprofessional healthcare professionals when developing a comprehensive plan of care.
 - c. Use conflict resolution principles as appropriate.
5. Employ information management systems and patient care technology to communicate, manage knowledge, mitigate error, and support clinical judgment.
 - a. Use patient care technologies, information systems/technologies, and communication devices to support safe nursing practice.
 - b. Evaluate the role of information technology and information systems in improving patient outcomes and creating a safe care environment.
 - c. Use high quality electronic sources of healthcare information when planning patient care.
6. Use leadership, management, legal, and ethical principles to guide practice as a Registered Nurse.
 - a. Practice within the legal and ethical guidelines of Registered Nursing practice.
 - b. Analyze patient care within the context of the ANA Standards of Practice.
 - c. Demonstrate accountability for nursing care given by self and/or delegated to others.
 - d. Apply leadership and management skills when working with other healthcare team members.
 - e. Serve as a patient advocate.
 - f. Complete a plan for ongoing professional development and lifelong learning.

B. Curriculum Planning [CCR section [1424\(g\)](#)]

Summarize activities of the Curriculum Committee over the last five years. Describe specific changes/ improvements in the curriculum the program has made. Describe the role the Content Experts have in the overall curriculum planning.

In 2017, after the Continuing Approval Visit by the Nurse Education Consultant (NEC), Susan Engle, her recommendation from the BRN was to revise the curriculum. It had been since 2002 that the last major curriculum revision had occurred. The Division Chair, was Terri Paden, who represented the Nursing Division at the campus-wide curriculum committee until the end of fall 2018. Starting in spring of 2019, Anne Morris was elected the Division Chair and represented the Nursing Division at the monthly campus-wide curriculum committee. Anne continued the work of Terri by working diligently to submit our new curriculum and each course in the RN program to be approved by the college and the State Chancellors Office in a timely manner. Upon implementation in the fall of 2020, the pandemic was of focus shortly thereafter making implementation of clinical experiences challenging.

While revising the curriculum, the faculty and the director were given opportunity to make any revisions based on an active learning environment that encourages individual student contributions, implemented as a concept-based curriculum. The revision was completed as previously discussed with the assistance of a consultant, Linda Caputi. Faculty met with the consultant and reviewed the suggested curriculum and how to level and apply the concepts throughout the program with content experts taking the lead in their area of expertise.

One of the recommendations from the 2017 continuing approval visit was to incorporate simulation throughout the curriculum. The faculty asked that each semester use a simulation scenario with a cumulative course (NURS 175), using all concepts and nursing content taught throughout the program with application in the simulation lab. This advanced comprehensive course enables the individual student to recognize areas that need enhancement prior to entering the Registered Nursing practice and includes a review for the NCLEX-RN and strategies for success.

Throughout the process, the content expert faculty looked at how to align the concepts to the level of learning, and how it can be included. Each of the content experts identified how each of the concepts would be applied in the respective courses. The team leader of the course would meet with the clinical faculty for feedback and ensuring understanding of concepts that are taught. The COS RN program has just completed teaching the full curriculum from beginning of the program through completion. Working together, the faculty were able to identify any areas of duplicity or revisions that may need to be made. Having a curriculum committee and a member of the campus wide committee, the nursing division will have an organized resource to facilitate any revisions that may be needed.

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

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

All theory and corresponding clinical courses are offered concurrently each semester. When the curriculum was revised the faculty reviewed the various concepts that would be threaded throughout the curriculum. This included having the concepts aligned in the clinical course with the concurrent theory class. In pre-course, team meetings, the lead faculty discusses with the clinical faculty the variety of concepts that will be covered and how to integrate them in the clinical setting. Being able to integrate the theoretical learning with the clinical experience assist the students in developing understanding of the concept and how it applies in client management.

During the COVID-19 pandemic, there were clinical restrictions, students in fundamentals who previously used a sub-acute setting, (TCU –Transitional Care Unit), were no longer able to have a clinical placement at TCU. Since half of the spring 2020 semester had already been completed when

this occurred, the faculty had to use simulation to fulfill the clinical hours. A waiver was obtained by the BRN to allow for the reduction of direct patient care hours and the use of simulation.

At the beginning of the pandemic, and after the governor's announcement, the campus did not allow students, faculty and staff to come onto campus. Immediately, all classes were taught via ZOOM. Each faculty were required to take a course on teaching online. At the end of the teaching online course, the faculty received an online teaching certificate. All nursing faculty received the online teaching certificate.

Beginning fall 2020, the hospital clinical placement spots for nursing students opened up and the RN program was able to place students. There were some adjustments made, (no longer able to go to sub-acute or the rehabilitation hospital), all student clinical rotations were at the acute care hospital.

D. LVN Advanced Placement and 30 Unit Options [CCR sections [1429\(a\)](#); [1429\(b\)](#); [1429\(c\)](#); [1430](#)]

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

There are three different options available for Licensed Vocational Nurses (LVN) who want to articulate to become a Registered Nurse (RN):

OPTION I

1. The student must complete the general education requirements, pre-requisites, and co-requisites as listed on the LVN to RN application.
2. The student will earn an Associate of Science in Nursing Degree from COS.
3. Program prerequisites must be completed prior to application. Application deadline is February 1st for the fall semester and July 15th for the spring semester.
4. The student must complete the COS LVN Transition Self-Study Module that includes completion of Head-to-Toe Assessment and Skills Check List. The student will attend a one-day "Boot Camp" which will go over the material in the self-study module. Attendance of the one day Boot camp is mandatory. In lieu of the COS LVN Transition self-study module, the completion of an LVN Transition course with a "C" or better may be accepted.
5. Upon acceptance into the RN Program, the student will be placed in one of the ten LVN to RN advanced placement openings available in second semester.
6. The student will verify competency in psychomotor skills ordinarily achieved during the first year of the COS RN program prior to entering NURS 144.
7. Option I will prepare the student to be eligible to take the NCLEX examination.

OPTION II

1. The LVN student will complete the entire Registered Nursing Curriculum beginning with the first semester of the program. Applicants who have not been practicing nursing or who have been working in long term care for a prolonged period are encouraged to consider this option.
2. Application deadline is February 1st for the fall semester and July 15th for the spring semester.

3. Option II will prepare the student to be eligible to take the NCLEX examination.

OPTION III: 30 UNIT OPTION

Students must meet with the Director prior to choosing this option

1. This option was established and required by the California Board of Registered Nursing (BRN-CR1429).
2. The LVN student must complete Biology 30 (Anatomy), Biology 31 (Physiology), Biology 40 (Microbiology), and LVN Transition course. If no LVN Transition course has been taken, the student must complete the COS LVN Transition Study Module that includes completion of Head-to-Toe Assessment and Skills Check List.
3. The student must meet with the Director of the RN program before deciding to follow Option III. The student is also encourage to meet with the nursing counselor to ensure the student understands the limitations to the pathway. The LVN to RN 30-unit option is included in our policies and procedures and on the nursing website.
4. Upon completion of the above courses, the student will then enter the nursing program on a space available basis and complete 21 units of core nursing courses which include NURS 123 (2 units) Critical Thinking/Clinical Judgement in Nursing, NURS 133 Concepts of Mental Health & Psychiatric Nursing (3 units), NURS 144 Concepts of Adult Health Nursing 3 (6 units), NURS 174 Concepts in Adult Health Nursing 4 (7 units), and NURS 175 Transition to Registered Nursing Practice (3 units).
5. Applicants who choose this option must maintain a valid/current LVN license AND have IV certification posted to their LVN license.
6. Application deadline is February 1st for the fall semester and July 15th for the spring semester.
7. The 30-Unit Option student cannot change their status to Option I or II once the first class is attended.
8. Upon successful completion of Option III requirements, the student will receive a certificate of completion from COS and will be eligible to take the NCLEX exam. The student will **NOT** receive an Associate of Science in Nursing Degree and will **NOT** be considered a graduate of the college. If and when the 30-Unit Option LVN passes the RN-NCLEX examination, they will be designated as a "non-graduate" by the California Board of Registered Nursing. **This designation is permanent.** Non-graduate status has implications for out of state licensure.

E. Policies and Procedures:

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

Policy on the Faculty-Student Ration is included in the RN Program's policies and procedures, A-17. The policy is also located in the Faculty handbook. Pg. 73.

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

Policy on the Program Hours of Instruction is included in the RN Program's policies and procedures, A-29.

3. Policy on transfer units and challenge examination. [CCR sections [1423.1](#); [1423.2](#); [1429\(a\)](#); [1430](#) and BPC sections [2786.6\(a\)](#); [2786.6\(b\)](#)]

Policy on the Credit by Examination is included in the RN Program's policies and procedures, B-16.

4. Policy on granting credit to military veterans. [CCR sections [1423.1](#); [1423.2](#); [1424\(d\)\(3\)\(4\)](#); [1426\(d\)\(1\)](#); [1430](#)]

Policy on the Credit by Examination is included in the RN Program's policies and procedures, B-16.

F. Attachments needed:

1. Course syllabi [CCR section [1426\(e\)](#)]
See separate attachments for these documents.
2. Clinical Evaluation Tool used for each course [CCR section [1426\(f\)](#)]
Policy on the Student Evaluation Record: Theory and Clinical is included in the RN Program's policies and procedures, B-18.
3. Preceptor handbook, if used. [CCR section [1426.1](#)]
There is no longer a preceptor course with the new curriculum.
See separate attachments for these documents.

SECTION 6: CLINICAL FACILITIES [CCR sections [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.
See separate attachment for these documents.
- Attach a generic contract (sample contract) used by the program for clinical affiliation.
See separate attachments for this document.

Adequacy of Clinical Experience

College of the Sequoias Registered Nursing Program has maintained consistent partnerships with our clinical facilities and sites used for our students' experiences. Multiple factors have needed to be taken into consideration as with COVID-19 in 2020, there were multiple limitations that presented during that time. Also, in fall 2020 the new concept-based curriculum was implemented. Challenges were consistent daily, as acute care and community sites were limiting student access to their facilities. As a faculty group, we brainstormed what would be available to meet course and student learning outcomes.

From 2018 through March 2020, the students were able to attend clinical learning experiences in many of our acute clinical sites in Tulare and Kings County but primarily through our local hospital Kaweah Health (formerly Kaweah Delta Medical Center). For Fundamentals in Nursing, (NURS 161), the students had skills lab on campus for the first two and a half weeks, as well as attending clinical at local hospital TCU and a medical surgical unit at the hospital in Kings County. For medical surgical nursing in the first year of the nursing program, the students attended clinical rotations at Kaweah Health, and Adventist Health Hanford. By keeping the clinical groups at specific sites, the first-year students were given an opportunity to acclimate in their student nurse role in a consistent learning

environment. In the second semester, the courses were NURS 134, Introduction to Medical Surgical Nursing (NURS 151); Perinatal Nursing (NURS 152) and Psycho-Mental Health Nursing (NURS 154). The medical surgical class was supervised by the nursing faculty, implementing learning from NURS 161, as well as assessment, nursing process, communication, medication administration, documentation, and patient care management. As the students' progress in the program, they continue to attend clinical rotations in acute care facilities, with the level of patients cared for increasing to facilitate meeting student learning outcomes. Mental Health education was also done at Kaweah Health. Due to the pandemic, the hospital restricted the student numbers to eight and the other two students were sent to the Emergency Department, the psych holding area. This additional site allowed students to see a different venue for mental health.

Problems Related to Clinical Placements

At the end of March 2020, many of the acute care facilities requested that students could no longer be in their facilities. The students continued to have theoretical instruction via zoom, and the clinical portion was done by vSim and simulation, (with a reduction in direct patient care hours and the percentage that was needed to be in the clinical sites per BRN communication, along with a minor curriculum change). There were a variety of case studies, videos, and patient obstetric care scenarios that the faculty worked with the students. The students with the completion of a case study, were able to write up an extensive nursing care plan. Towards the end of April 2020, the acute care sites allowed students to return with restrictions to the number of days, in smaller groups, into the mother baby unit. The students were able to attain the skills required to meet the learning objectives set forth in the NURS 152 course. The theory and clinical were taught concurrently throughout the semester.

At this time in March 2020, there was so much uncertainty on the effects of the COVID-19 pandemic that it was difficult to schedule students in the hospital setting (hospital had a PPE shortage and could not purchase what they needed). The RN Program found out that we needed to provide N95 mask that had been fit tested, face shields and protective gowns for our students. There was a shortage of PPE (personal protective equipment) and the program could not purchase N95 masks, limited number of protective gowns and face shield. There was also a shortage of unsterile gloves at the hospital and a limited amount here at the college.

The chancellor's office supplied N95 masks to the college's facilities department and the nursing division was able to acquire a supply of N95 masks. The next challenge was to fit test all the students in the N95 masks and not to add additional expenses to the students. The college has a health center and the personnel at the health center were trained in conducting the fit testing for all the students. The nursing department was able to purchase all the equipment needed to conduct the N95 fit testing.

During the pandemic, at the division meetings, faculty could give feedback on how their course was progressing, knowing that the clinical facility could lock out the nursing students from the hospital at any time. Many faculty were able to have the students focus on the learning objectives that could only be met at the hospital setting and use vSim, KeithRN case studies as an alternative to direct patient care. Since this plan to have students meet their objective while on the hospital unit, the student is able to demonstrate the standard of competent performance 1443.5 for guide for practice and student experience.

Clinical placement are centrally processed through the San Joaquin Valley Nursing Education Consortium that utilized a Computerized Clinical Placement System (CCPS). Recently, a new system

has been implemented, Centralized Clinical Placement System. This provides a mechanism for the program to place their clinical requests, along with course objectives into the system with the request. By having the course learning objectives, clinical sites are aware of what the students need in terms of learning in their facilities. This course information can be shared with all management of the facilities to communicate student levels of learning and course objectives with the new clinical placement system. Evaluation of the process will be forthcoming. There are many nursing programs in our Central Valley, which rely on acute care sites for their clinical learning. As a program, we continue to determine what community sites would be beneficial for student clinical learning, to not put a strain on the sites and to provide students with exposure regarding community health needs. The pandemic really brought this front and center.

The DON and the faculty will continue to assess clinical learning sites, to ensure that students are able to integrate their theoretical conceptual learning with what they are experiencing in the clinical area. Each faculty evaluate the clinical site and meet with the nurse manager during the semester.

Minor Curriculum change -The BRN was able to ratify approval of a temporary COVID-19 minor curriculum revision on June 24, 2020. This temporary COVID-19 minor curriculum change was to reduce the direct patient care percentages, especially for the specialties.

Our campus held several weeks of drive through vaccine clinics when the COVID-19 vaccines first came out in the spring of 2021. The faculty and students participated in various roles including administering the vaccine under the supervision of the faculty or the community partner RN. This was in collaboration with the Tulare County Health Department (which we had an active MOU and EDP-P-18). Students and faculty were given instructions by the Tulare County Health Department and submitted prior to attending the vaccine clinic. Partnering with Tulare County Department of Health, vaccine clinics were provided for the senior (elderly) population on our campus. Being able to assess the elders, administer the vaccines, and educate the participants at the drive-through clinic, this gave the students a different perspective of healthcare during these trying times in our community.

Implementation of concepts in the curriculum also provided a new challenge, to aide students in correlating their clinical findings to a concept that was part of their theoretical learning. This brought the concept to light for the students, so that they could ascertain how to implement the care required for specific concepts, what they were seeing and doing with the patients, which was part of their conceptual learning. We are bringing theory to clinical and clinical to theory using a variety of active learning strategies, such as case studies, simulations, research based assignments, and other methodologies. COS has constructed a new simulation lab and a simulation coordinator, Mr. Rob Morris, who is working on getting COS to the forefront of simulation used in nursing programs today.

The research in nursing education supports concept-based learning as a better way to prepare nurses for real-world practice. They can think better, recognize abnormal patient findings that are concerning and have a better ability to react and intervene appropriately.

Lack of Faculty/Challenges

The DON and the faculty have continued with a strong work ethic and desire to assist the students in the program to be successful. Additional faculty have joined the program, because of personal life changes and attrition. The faculty changes were mentioned above in the program summary statement, faculty. The most difficult position to fill was pediatrics during these past four years when

the Division Chair/assistant director was elected and she gave up her teaching assignment in pediatrics. The position was filled with a temporary full-time faculty and she was hired to the full-time tenure track position. Unfortunately, her contract was not renewed after the first year. We did have some experienced adjunct pediatric faculty to teach the clinical rotations but the adjunct faculty for the theory portion was taught by a master's prepared nurse who did not want the full-time position.

The lack of faculty applications is noticed when only one nurse will apply for a medical-surgical position. We have had two vacant medical-surgical positions that have had only one applicant. The application period is extended and the DON has to ask for permission from the VP of academic services to interview the one nurse. Nursing will continue to work with Human Resources and brainstorm ideas as where to advertise the nursing faculty positions that need to be filled.

SECTION 7: STUDENT PARTICIPATION [CCR section [1428](#)]

- Give examples of student participation in each aspect of the program.
- List the number and resolution of formal student grievances filed in the last five years.

Student Participation

The nursing students that are in the RN program participate in many areas of the program. At the beginning of each semester, class officers are selected by their classmates. The students have input into a variety of the program's activities. Students from both the first and second year cohorts, participate in the faculty meetings, by attending and providing input at the meetings. The faculty often ask students for their opinion on a topic that is being discussed. The students that attend the faculty meetings are either selected or volunteer to be a class representative at the faculty meetings. The students that attend the meetings provide input which can range from the student's view on how the classes are going, to fundraising, to the event planning progress such as pinning, as well as providing feedback to the faculty and director regarding satisfaction with the program and suggestions to improve the learning environment. Students that attend the faculty meetings are expected to communicate the information that was shared at the meeting with their classmates. The faculty meetings provide an open line of communication for the students, classes, and program staff. The students also have access to the director and faculty at any time, if there is something that an individual student may need to meet and discuss with the faculty or director.

Class meetings are held throughout the semester by the fourth semester students, normally to discuss fundraising for pinning and any other topics. The faculty advisor provides support during the meetings and assists the students in understanding any college process that need to be followed. The students have done small fundraising projects, which allows them to plan their pinning ceremony.

Grievances

The students are encourage to follow the chain of command. Usually if there is a student issue, the student and the faculty speak first, then if there is no resolutions, the next person is the Division Chair, who will try to help the student receive resolution. After the Division Chair, the student can meet with the director of nursing to get to a resolution of the student's concern. The final person to meet with is the Dean of Nursing and Allied Health. Hopefully at any point in the chain of command process, the student can receive resolution to the issue. At the end of this process, if the student doesn't feel that they have a resolution to their concern, the student can file a formal grievance

through the Dean of Student Services. In the past five years, there has not been a formal student grievance filed.

SECTION 8: CONCLUSION

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

Strengths

The College of the Sequoias ADN program was able to implement the concept based curriculum in the midst of the COVID-19 pandemic. The major curriculum change was done after the BRN visit in 2017. The DON and faculty were able to determine a path to the revision with the assistance of a nurse curriculum consultant, as previously discussed in this report. The faculty buy in and support for the curriculum revision was a strength especially from the first semester faculty laying out the ground work for the concept based curriculum. The Division Chair and the DON were able to facilitate the faculty in obtaining resources to teach the concept-based curriculum. By obtaining outside resources to support change, the faculty were able to obtain an understanding of what would be required to make the transition. Educational conferences, consultant and book company partnerships were valuable in developing the curriculum revision. The College administration and the Campus Curriculum Committee were aware of the importance of the required revision (a 2017 BRN recommendation) and having the courses approved in a timely manner.

In the report of findings from the continuing approval visit by the Nurse Education Consultant (NEC) for the BRN at the end of 2017 there was a recommendation to “Evaluate sufficiency of resources specific to simulation (technology) including but not limited to physical space, support staff, and support services to optimize the use of simulation in the students learning experience.” The Simulation Lab physical space was redesigned in the summer of 2019, to include development of a space that can be used for debriefing and a separate space used specifically for pre-briefing. The funding for this redesigned/construction came from a community donor. Lab simulation in nursing education has provided a solution for limited clinical sites as well as meeting the increased need for scenario-based learning. Simulation offers the students the opportunity to learn in situations that are comparable to actual patient encounters in a controlled learning environment that promotes critical thinking, clinical judgement and helps to ensure patient safety. In simulation, students are able to transfer classroom knowledge to realistic patient scenarios meeting the required SLOs and clinical hours mandated by the California Board of Registered Nursing. The hiring of a part-time simulation lab technician in fall 2021 was funded by Strong Workforce. The International Nursing Association for Clinical Simulation and Learning (INACSL) and National Council of State Boards of Nursing Standards and Recommendations for Best Practices in Simulation both address the need for having a simulation technician whose primary duties include but not limited to: support daily operations of the simulation lab; and maintain human simulators and lab equipment. The new concept based curriculum has two new simulation courses that incorporate simulation as a continual thread. Simulation in nursing provides a solution for limited clinical sites and offers students the opportunity to learn situations that are comparable to actual patient encounters in a controlled learning environment. Students are then able to transfer classroom knowledge to realistic patient scenarios meeting the required SLOs and mandated clinical hours.

The pandemic is not necessarily a strength, but it did provide regular challenges in theoretical and clinical instruction, that brought out strength in the program staff. The faculty were able to adapt quickly to online instruction. When there was a possible response to a new challenge that was being

faced the faculty adapted. This did bring the DON and assistant director closer, relying on each other to make decisions that would benefit the students' learning and experiences. The DON was transparent in her communication with the Dean, faculty and the students as well. The DON co-chaired the Academic Service Partnership here in the Central Valley during the 2021-2022 academic year. Since we could not meet face to face, but via zoom, the DON was able to share with other nursing school leaders, some of the solutions that were done here at COS during the pandemic.

Additional strengths include implementation of formative assessment skills by the clinical faculty, and the use of the evaluation tool. Students are now picking up on patient cues from the assessment. Faculty are giving feedback during the clinical experience, giving the students real time feedback. Faculty have been able to facilitate the development of clinical judgment along with implementation of critical thinking and applying the information to conceptual learning, during an interaction with the students. Team leaders of the course have worked with the clinical faculty to facilitate an understanding of the concept-based instruction, including examples of how to facilitate student's learning.

We continue to maintain positive partnerships within the community and acute care facilities. Our students go to two acute care facilities for their clinical rotations. The students also are able to follow school nurses from the county and the local school district. All students have their semester's student learning objectives (SLO), printed on a card that is attached to their name badge. Each semester has the same SLOs but they are leveled for the semester. This allows the nurse mentor an opportunity to review the student's SLOs. When the nurse mentor wants to review the student's skills, the student can share their own copy of the student nurse skills check list booklet. As students progress in their own learning, faculty encourage students to integrate more clinical judgment, communication and critical thinking during their clinical experience, to prepare them for post-program practice, all with the guidance of the clinical faculty and staff. At the end of the clinical day, the students and faculty discuss if the student was able to meet their specific objectives, and if they were unable to, what they can do in the future to try to meet the specific objective. This gives the faculty an opportunity to discuss with the student further areas to facilitate the student's growth.

All faculty have had the opportunity to participate in educational experiences to support the curriculum revision, Next-Gen NCLEX, test-writing course among others. Being able to expand ones' knowledge not only helps the faculty member, but the students as well. Obtaining new information helps the faculty remain current in their role in the program.

The nursing office has streamlined their method of maintaining student files. All student information is kept in an Excel file by cohort, and is maintained in the Nursing Sharepoint site. This information was previously kept on Access but Access is no longer supported by Office 365. Only the nursing faculty and staff have access to the nursing Sharepoint files. The actual student file is a physical file, it is kept in the nursing office and the file cabinets are locked every night. Upon graduation some items will be saved and other items discarded. The graduate files are all scanned and saved per approved checklist in the nursing Sharepoint. All faculty information (not faculty personnel files) are kept in the nursing office. All the nursing documents are kept in the nursing Sharepoint.

Areas for growth in the program

To meet the demands of the community we serve, and in collaboration with a community partner, a Year-Round RN nursing program was implemented that would allow an additional twenty RN

students to enter a year-round nursing program. The program began in the summer of 2022 and these first twenty RN students that were enrolled are expected to finish the program in July 2024. As the program and student enrollment grows and the year-round program, makes it to fourth semester, special consideration should be given to changing the part-time simulation lab technician to a full-time position or having two part-time technicians. As the year-round program students reach fourth semester, a technician will be needed over the summer months as well as the spring/summer of 2024. The local community partners are asking for the RN program to add another cohort of twenty students to a year round program that would start May 2023. This would be up to the BRN to review the COS program's request to add second cohort of student to the year-round program that meets in the evening for theory and every other weekend for clinical. This would fill a need that this community has for registered nurses. Discussions regarding increasing enrollment in the RN program continues, this would help meet industry needs. College of the Sequoias' Senior Management, Dean and Director are considering strategic ways to grow the RN program.

Maintain the full-time Senior Secretary since this is an extremely valuable position which is being funded through grant money until the end of 2022-2023 academic year. This position is a very valuable part of the support staff who meets the need of the nursing program in a myriad of ways including documentation preparation and review, overseeing student Complio compliance and assist with student placement in the Adventist Health facilities which involves many complicated steps and changes on a regular basis. The senior secretary is responsible for assisting with the nursing program application processes and review along with a multitude of other things. At the end of the current 2022-2023 academic year consideration will need to be made for making the position permanent and no longer grant funded but institutionalized.

The RN program continues to need faculty. With the possible retirement of senior faculty, the RN program will need to hire additional faculty. The DON will ask Human Resources to advertise at universities that are graduating MSN nurses. The RN program will continue to develop and foster new faculty into their roles at the college. Helping the new faculty to understand the college policies, expectations for faculty, along with understanding the various program policies and how to implement them. The DON, Assistant Director and the team leaders will work with the faculty to facilitate their assimilation into their role of being faculty.

With the implementation of the new curriculum, faculty will be involved in identifying any areas of the curriculum that may need revision. Faculty were concerned about the reduced units and that the three specialty courses only had three units each. At the end of year retreat, the faculty reviewed the curriculum and the only concern that faculty had was with the use of "My Nursing Lab" from the Pearson textbook and whether to continue using the textbook. The faculty may review other vendors but the last time the faculty reviewed the different company books, they found that the Pearson book addressed all the concepts the best. To enhance the faculty's knowledge of concept based curriculum, I would like to send the faculty to concept based curriculum conferences but we are limited in where the conference is held. There are some states that are banned from our community college to send faculty. Currently there are twenty-two states that are banned, and we cannot use state funds to pay for the conference or the faculty's travel and hotel stay.

Lastly in accordance with the newest implicit bias training AB 1407, the director and the faculty will discuss steps for the training to be implemented by January 2023. Our program's administrative assistant has made a Power Point (PPT) that addresses all aspects of the AB 1407, including social justice and women's reproductive rights. This PPT is one hour in length with student involvement by

answering the end of presentation quiz. This is an important topic for all nurses and should be addressed properly.

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/University 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
- Attach nursing program and college/university organizational chart(s)

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.

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-05a)
 - Required Curriculum: Content Required for Licensure (EDP-P-06)
 - Education Requirements for PHN Certificate, form EDP-P-17 (BSN and ELM Programs only)
- Clinical Evaluation Tools
- Any matrices developed for content, outcomes, skills competency, etc.
- Course syllabi
- Preceptor Handbook

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.

SAMPLE TOTAL PROGRAM EVALUATION PLAN

This only represents a skeletal outline of a total program evaluation plan for a nursing education program. This is not the only format that can be used and does not include all components which are usually evaluated, nor does it include benchmarks. One example is provided under ‘*Graduate Outcomes*’. The broad areas under data to be evaluated could be broken down into subsets for more specific evaluation.

Component to be Evaluated	Data Collection Method/Tools	Individual or Group Responsible	Frequency of Data Collection	Indicators of Achievement	Findings (Aggregate Data)	Outcome (Changes made as result of data)
Organization/ Administration of Program						
Philosophy and Outcomes						
Program of Study, Curriculum, Instructional Techniques						
Educational Facilities, Resources, and Services						
Affiliating Agencies and Clinical Learning Activities						
Student Achievement						
Graduate Outcomes 1. NCLEX-RN performance 2. Employer Survey	NCLEX-RN annual results Employer Survey Tool	Program Director Evaluation Committee	Annually Annually	75% pass rate 80% of returns respond that graduates are satisfactory in all practice areas	2002 = 92% pass rate 95% of returns indicate graduates are satisfactory in performance. Lowest % in delegation.	Review areas of weakness in ATI results Increase content in Leadership Course on delegation.
Faculty Performance						
Extension Programs						
Total Evaluation Plan, Methods, Instruments						