

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.1**  
**DATE: June 16, 2016**

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

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:**

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

Minor Curriculum revisions include the following categories:

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

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

- California State University, Fresno Entry Level Master's Degree Nursing Program
- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- American Career College Associate Degree Nursing Program
- Antelope Valley College Associate Degree Nursing Program
- Merced College Associate Degree Nursing Program
- MiraCosta College Associate Degree Nursing Program
- Monterey Peninsula College Associate Degree Nursing Program
- Mt. San Jacinto College, MVC Associate Degree Nursing Program
- San Joaquin Delta College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- California State University, Fresno Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- Stanbridge College Associate Degree Nursing Program

**NEXT STEP:** Notify programs of Board action.

**PERSON TO CONTACT:** Leslie A. Moody, RN, MSN, MAEd  
Nursing Education Consultant

## MINOR CURRICULUM REVISIONS

### Education/Licensing Committee

DATE: June 16, 2016

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
California State University, Fresno Entry Level Master's Degree Nursing Program	S. Ward	03/07/2016	The program notified the BRN that the Entry Level Master's Degree Program option was discontinued as of May 2015. The last student cohort admitted into this option was in May 2012. The reasons for discontinuing the option included; declining interest, faculty shortages, poor community/agency acceptance of the non-BSN registered nurse, and lack of adequate clinical placements.
The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program	J. Wackerly	01/27/2016	Integration of Nutrition into nursing courses; Update sequencing of General Education courses. To meet the CSU Chancellor's mandate of 120 degree programs, CSU SJ is required to eliminate 3 units. Eliminating foundational nutritional course and SJ is integrating nutrition content throughout the curriculum. The program submitted evidence of Nutrition integration in a grid that outlines the Nutrition by course objectives, theory and clinical. All nursing courses submitted with Nutrition content, theory and clinical. Updated EDP-05 General Education course sequencing changes and updated EDP-06.
American Career College Associate Degree Nursing Program	L.Shainian	04/04/2016	NURS114/114C Lab OB/Peds courses in fourth term to be swapped with NURS116/116C Behav/Gero in sixth term to allow students to complete MS courses in term five before OB/Peds. ENG114 to be changed to ENG100 and moved from Term 4 to Term 5. PSY100 is being moved from Term 5 to Term 4. There is course lettering change from "L" to "C" for the clinical courses to clarify and align with ABHES requirements. No changes in units. The revision implementation date is Sept 1 2016.
Antelope Valley College Associate Degree Nursing Program	C.Velas	03/25/2016	To align with revised RN curriculum, a name change is requested for Nursing Science 200, Nursing Transition to Nursing Science 200A, Nursing Transition. This is the role transition course for the LVN-RN and LVN 30unit Options. No change in units or objectives.
Merced College Associate Degree Nursing Program	K. Daugherty	04/01/2016	Update CRL and TCP forms to accept Soc 1, Soc 2, Soc 3 or Anthro 2 to fulfill CRL Sociology requirement and Psych 01A or Psych 09 (3units) to meet the Psychology requirements. Move REGN 02 to third semester without any unit or content changes. Total CRL units will be 78 instead of 75 units.
MiraCosta College Associate Degree Nursing Program	C. Velas	03/15/2016	Nursing 284 (Contemporary Nursing and Leadership) has been taught as an online course effective 2011. This is a change from on ground instruction to online instruction. There are no changes to the units for this course.

**MINOR CURRICULUM REVISIONS**  
**Education/Licensing Committee**  
**DATE: June 16, 2016**

<b>SCHOOL NAME</b>	<b>APPROVED BY NEC</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
Monterey Peninsula College Associate Degree Nursing Program	S. Ward	03/25/2016	Decreased clinical lab component of NURS 52A, NURS 52B, NURS 52C and NURS 52D, to create four new skills lab remediation/workshop courses that are 0.5 units each (NURS 204, NURS 205, NURS 206, NURS 207). The labs are other degree requirement courses offered in each semester of the program along with existing nursing theory and clinical courses. Intermediate Algebra (Math 263,264) is increased from 4 units to 5 units.
Mt. San Jacinto College, MVC Associate Degree Nursing Program	L. Moody	03/16/2016	Math 094 (Accelerated Algebra) and Math 096B (Intermediate Algebra Part B) will be accepted as equivalent to required Math 096 (Intermediate Algebra) to fulfill program course requirements.
San Joaquin Delta College Associate Degree Nursing Program	K. Daugherty	04/08/2016	Program reports N001/1L, 002/2L, 003/3L, 004/4L, 005/5L,006/6L,007/L, 008/8L and 009/9L are being combined into single courses with theory and clinical components; renumber as N001, N002, N004, N005, N006, N007, N008 and N009 as was previously approved. Course content and sequencing is unchanged. HS 43 Nursing Synthesis course required for LVN to RN advanced placement will be included in CRL/TCP forms along with Micro prerequisite Chem 003A as a part of the CRL/TCP form revision for the proposed major curriculum change to be effective Fall 2016. The board approved work study course HS 093 (1-4 units) course materials are being updated to remain consistent with institutional changes and requirements.
Solano Community College Associate Degree Nursing Program	L. Moody	03/21/2016	Effective immediately and ongoing, the program will change delivery of the terminal program course NURS 065 Role Transition In Practice from a preceptorship model to a faculty directed cohort-based delivery for clinical experiences. Course objectives, content and units are unchanged.
California State University, Fresno Nurse Practitioner Program	S. Ward	03/07/2016	The School of Nursing is resuming a grant funded offering for the post- master's Psychiatric Mental Health Nurse Practitioner (PMHNP) Advanced Certificate program. The program of study is (18) units implemented over 12 months. Admission criteria include CA BRN nurse practitioner certification and currently practicing as a primary care nurse practitioner. The program was last offered in Fall 2012-Summer 2013.

## MINOR CURRICULUM REVISIONS

### Education/Licensing Committee

DATE: June 16, 2016

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Stanbridge College Associate Degree Nursing Program	B. Caraway	04/07/2016	<p>A site visit was conducted on 03-28-2016, marking the end of the 2nd academic year since initial program approval. The total of 71 students were enrolled in the program (Cohorts; one 16, two 27, and three 28). A well-attended meeting was held with 16/26 students from cohort one, who started in Fall 2014, and remained in the program. Students expressed positive feedback regarding the program's efforts to address their identified concerns regarding the course materials, clinical placement issues and expansion of simulation and skills lab open hours. The faculty have made changes in the content and sequence of M-S courses with positive result and changed admission screening policies to address attrition rate higher than 25%. The school is working to add pediatric clinical sites to enhance more comprehensive learning experience in this area. Simulation was being integrated in Obstetrics, and Medical –Surgical but not fully integrated in other specialty areas. Total of 31(4FT and 27PT) faculty have been hired. There are assigned content experts for all five specialty areas.</p>

**BOARD OF REGISTERED NURSING**  
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**AGENDA ITEM:** 7.2

**DATE:** June 16, 2016

**ACTION REQUESTED:** Vote On Whether To Approve Education/Licensing Committee Recommendations

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:** The Education/Licensing Committee met on May 12, 2016 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program
  - MiraCosta College Associate Degree Nursing Program
  - Rio Hondo College Associate Degree Nursing Program
  
- B. Defer Approval of Prelicensure Nursing Program
  - Mount Saint Mary's University, Los Angeles Baccalaureate Degree Nursing Program
  
- C. Approve Major Curriculum Revision
  - Simpson University Baccalaureate Degree Nursing Program (increase enrollment)
  - San Joaquin Delta College Associate Degree Nursing Program (curriculum)

A summary of the above requests and actions is attached.

**NEXT STEPS:** Notify the programs of Board action.

**PERSON TO CONTACT:** Leslie A. Moody, RN, MSN, MAEd  
Nursing Education Consultant

## Education/Licensing Committee Recommendations

**The Education/Licensing Committee met on May 12, 2016 and makes the following recommendations:**

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### **CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM**

- **MiraCosta College Associate Degree Nursing Program.**

**Ms. Sandy Comstock, Associate Dean of Nursing and Allied Health.**

A regularly scheduled continuing approval visit was conducted on March 15-16, 2016 by Carol Velas, Nursing Education Consultant. The program was found to be in full compliance with all BRN rules and regulations. There are no recommendations given. Ms. Comstock has been the Associate Dean of Nursing and Allied Health and the ADN Program Director since January 2007, and is assisted by Assistant Director, Sue Simpson and Department Chair, Rita Barden. Mrs. Comstock has oversight of three other allied health programs, each with their own Program Directors, and spends approximately 85% of her 100% administrative release time on the ADN Program. The ADN Program was approved in 2006, initially as a LVN-RN Step-Up program and then began admitting generic students in 2010. Currently, 40 generic students are admitted annually (Fall and Spring semesters) with 20 LVN students admitted into a summer Role Transition course and then integrated into the third semester in the Fall. Total enrollment for this program is 100 students. Employment of new graduates has followed the same pattern as other schools across the state during the recession; however, MiraCosta students engage in externships and are employed by local hospitals regularly.

Program resources are adequate and funded, in a large part, by grants. Dr. Sunny Cooke, College President, has committed to sustaining all current resources with a vision of expanding the enrollment and providing a new building for the Nursing Department in the near future. A \$3,000,000 endowment was recently accepted and bond funding is expected to aid in the building expense. The program has been working on a major curriculum revision for the past year, recognizing that the current curriculum has not been updated since the initial program approval in 2006, except for a few minor changes. The program plans to submit the proposal in the near future. NCLEX 5-year pass rate average is 97.2%, well above the regulation of 75%.

**ACTION: Continue approval of MiraCosta College Associate Degree Nursing Program.**

- **Rio Hondo College Associate Degree Nursing Program.**

**Ms. Deborah Chow, Dean Health Science and Nursing.**

Ms. Chow was appointed as the Nursing Program Director on 7/06/2015. Gail Biesemeyer, MSN, RN, Professor, Assistant Director was appointed on 8/19/2002. A regularly scheduled continuing approval visit was conducted on March 15 & 16, 2016 by Nursing Education Consultants Laura Shainian, and Badrieh Caraway. The program was found to be in non-compliance in two areas, CCR Section 1424 (b) (1) Total Program Evaluation Plan, and CCR Section 1426.1(b) (6) Preceptorship, and four recommendations were given in CCR SECTION 1426(b) - Curriculum, CCR Section 1424 (d) Sufficiency of Resources, CCR Section 1424(e) Program Director /Assistant Director release time, and CCR Section 1424(g) Faculty responsibility. The program director responded to the areas of non-compliance and recommendations with a progress report on April 11, 2016. The total evaluation plan was reviewed and revised and plan is in place for full implementation; preceptorship records are tabulated and the preceptor training guide was revised and is currently being utilized; assistant director release time was increased from 10% to 30% (to take effect in July 2016) and is paid for with district funds. The college wide planning process is in progress to insure that grant funded resources will be supported by district funding if the grant funds are no longer available. Faculty are currently working on revising the

curriculum to integrate QSEN competencies throughout the curriculum. The program is now in compliance for all areas.

At the time of the visit, a total of 185 students were enrolled in the Rio Hondo college nursing program. Currently, students are admitted twice a year (40 in spring and 40 in the summer). These 80 students will join together in the fall which creates a large cohort. The majority of nursing classes are offered once a year. Limiting course offering creates an issue when students have to drop and repeat the course. Student must wait one year, provided space availability. Faculty recognize that offering all courses once a semester will benefit the returning students and plan is in progress to address this issue.

Since the last visit on 7/06/2015, the new dean/ program directors have been appointed, and one minor curriculum revision was submitted. A total of 22 faculty (excluding the director) are teaching in the Rio Hondo nursing programs (10 full -time and 12 part-time faculty members). In a well-attended meeting, the majority of full-time faculty expressed a great satisfaction with the new Dean /Nursing Program Director's support, encouragement and guidance with their involvement in all aspects of program improvement. Faculty work through divisional committees for program administration, curriculum, admission, retention and student activities. All faculty are members of the Health Science and Nursing Faculty Committee. Part-time faculty members participate via committees, team meetings and other forms of departmental communication. Simulation was increasingly integrated in all courses since 2010, without any additional resources. In fall 2015, the college approved one new full-time faculty who will have 100% release time to be the Simulation Coordinator and assist with student remediation. Faculty raised concerns with lack of sufficient administrative support staff. The college administration is aware of the department's need for additional support staff to assist with the day-to-day operation of the nursing program. Meetings were held with students of all levels who conveyed a high level of satisfaction with their many opportunities for involvement with program review and change recommendations. The students praised the program director and their faculty for their high level of dedication, commitment and support for their ongoing success. NCLEX pass rate has ranged from 89.90 % (2011-2012) to 92.11% (2015-2016).

**ACTION: Continue approval of Rio Hondo College Associate Degree Nursing Program.**

#### **DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM**

- **Mount Saint Mary's University (MSMU), Los Angeles Baccalaureate Degree Nursing Program. Dr. Mary Ann McCarthy, Director, Nursing-TBSN.**

On February 22, 2016 a board approval visit was conducted at MSMU, Los Angeles Chalon and Doheny campuses for their Baccalaureate Degree in Nursing Program by Loretta Chouinard, NEC and Miyo Minato, SNEC. The visit was conducted because this program has exhibited a pass rate below seventy five percent for first time candidates for two consecutive academic years. There were two findings of non-compliance: 1431 Licensing Examination Pass Rate Standard and 1424 (h) Program Administration and Faculty Qualifications with a related section 1424(d) Sufficiency of Resources, and one recommendation was made for 1424(b)(1) Total Program Evaluation.

MSMU's Baccalaureate Degree Nursing Program was the first BSN program in the state of California (1952), is located in Los Angeles, and is CCNE accredited. The program has 2 tracks, the Traditional (TBSN) and the Accelerated (ABSBN). The TBSN enrolls 100 students each fall and the ABSBN enrolls 40 students twice a year. Together they have 20 FT faculty and 80 PT faculty. Although faculty are providing instruction, they do not have the availability to actively participate in the total program evaluation plan analysis and implementation for program improvement, are having difficulty fulfilling

other faculty responsibilities such as clinical preparedness and faculty mentoring, and do not have resources to assist with student success initiatives. NCLEX scores are : 2011 – 2012 86.21%; 2012 – 2013 85.94%; 2013 – 2014 65.33%; 2014 – 2015 60.56%; with improvement demonstrated in 2015-16 1st qtr = 77.03% and 2nd qtr = 77.78%.

**ACTION: Defer approval of Mount Saint Mary's University, Los Angeles Baccalaureate Degree Nursing Program. Program to return to ELC in October 2016.**

### **APPROVE MAJOR CURRICULUM REVISION**

- **Simpson University (SU) Baccalaureate Degree Nursing Program (increase enrollment)**

**Ms. Kristie Stephens, Program Director and Dean of the SU School of Nursing.**

Ms. Stephens has been the program director since 2014. SU is WASC and CCNE accredited. Annual program attrition rates remain in the range of 3-10%. NCLEX pass rates: 2013-14 95.45%, 2014-15 100%; first two quarters of 2015/2016 80%. The program's proposal to increase enrollment was initially presented at the January 14, 2016 ELC meeting. Based on that meeting discussion including public comments from two of the three other nursing programs in the Redding/Yreka/Chico area, the ELC requested the NEC conduct site visits to SU's proposed clinical sites to re-verify the proposed SU expansion did not displace clinical placements used by other programs or adversely impact immediate or future placements. The ELC also requested the NEC attend a meeting (1/22/16) at Mercy Medical Center in Redding concerning cancellation of the OB clinical contract between a neighboring pre-licensure program, College of the Siskiyous(COS), and Mercy Medical Center Redding (MMCR). Both sets of activities have been accomplished and the SU proposal is being presented for approval consideration.

The proposed SU enrollment plan is to admit twice a year (Fall and Spring terms) instead of once a year (Spring-presently 30-32 students) beginning in Fall 2016. The proposed enrollment pattern is as follows:

- Fall 2016 admit 18 students; Spring 2017 admit 27 students;
- Fall 2017 admit 24 students; Spring 2018 admit 27 students;
- Fall 2018 admit 27 students; Spring 2019 admit 27 students;

From Fall 2018 forward, SU would admit up to 27 each Fall and Spring semesters. The total number admitted each term will include any re-entry/returning students or admissions to "back fill" vacant slots in a cohort. Information submitted by the program indicates there is a sufficient applicant pool of pre-nursing and transfer students and resources to support the proposed enrollment plan.

Since the January 2016 ELC meeting, the NEC conducted in-person interviews with the 20 plus clinical sites that support SU implementation of the proposed increased enrollment pattern. BRN written clinical verification forms were also updated to ensure the most current information was in evidence. There is no evidence that SU will displace other nursing program students, nor is there evidence the proposed SU expansion will negatively impact clinical agency staff based on NEC discussions with clinical agency representatives during site visits. Clinical agency representatives told the NEC agency leadership consistently and carefully considers the impact of any student clinical placements on staff at all levels of the organization before agreeing to any clinical placements/schedules. Agency representatives reported use of a variety of methods to assess immediate and long term impact and feasibility for any clinical placements, and most particularly the impact on unit level staff that will be working directly with the students each term. A few agencies mentioned changing agency priorities requires or may require all nursing programs be open, flexible and responsive to possible shift schedule changes as needed in order to meet agency needs. Without exception, the clinical agencies visited reported high levels of satisfaction with the SU students, faculty supervision of students, planning/preparation for clinical assignments, the level of professionalism in relating to patients and agency staff and SU's effective, timely communication

with the agencies. During two of the visits, at the request of the agencies, schedule adjustments were made by SU to accommodate unexpected and very recent agency leadership or facility changes.

Additionally, the NEC attended the 1/22/16 meeting at MMCR concerning the reconsideration of a clinical contract for OB placements between COS and MMCR. A week after the 1/22/16 meeting, MMCR notified COS in writing once again, that the clinical agency was unable to renew the COS contract for OB clinical placements for Spring 2017 because MMCR needed the day clinical slots that had been used by COS for its own Nurse Residency Program to replace retiring MMCR staff in OB. Subsequently, COS successfully secured a three years contract with a different acute care healthcare facility for suitable inpatient OB clinical placements to support full implementation of the COS nursing education program.

In summary, the written evidence and NEC interview data of the 20 plus clinical sites provide sufficient evidence that SU has secured and accurately reported sufficient resources to support the increased enrollment pattern presented.

**ACTION: Approve enrollment increase as proposed by Simpson University Baccalaureate Degree Nursing Program with program to provide annual progress report to NEC.**

- **San Joaquin Delta College Associate Degree Nursing Program (curriculum)**

**Ms. Lisa Lucchesi, Program Director.**

San Joaquin Delta College is located in the Stockton area. SJDC graduated the first AD cohort in 1965 and has been continuously accredited by ACEN, since June 1969. Over the last couple of years the program faculty has been working on an in-depth curriculum review to identify and eliminate unnecessary content redundancies and achieve compliance with ACEN's curriculum unit requirements as well as AB 1295 and SB 1440 expectations for streamlining associate degree nursing units and degree requirements. Toward that end, the following changes are being proposed for implementation effective Fall 2016:

- Change the eight nursing core courses NURS AD 001/1L, N002/2L, N 004/4L, N005/5L, N006/6L, N007/7L, N008/8L, and N009/9L back to courses with theory and clinical course components in a single course; renumber these courses as N001, N002, N004, N005, N006, N007, N008, N009 without any significant content changes. This change also ensures the nursing program curriculum is consistent with the SJDC institutional course repeatability policies.
- Decrease the total nursing theory units from 20 to 18 units and the total clinical units from 20.5 to 18.5 units; total nursing units will be 36.5 instead of 40.5 units.
- Eliminate (N003ABC Pharmacology course series-totaling 3units); curriculum analyses indicates requisite Pharm content is already well integrated throughout the existing eight nursing core courses.
- Increase the nursing theory units in N001 Fundamentals and N002 by .5 units each; an increase from 2 units to 2.5 units in each course and the total course units will total 5 units instead of 4.5 units.
- Decrease the total clinical course units in N004, N005 N007 and N009 by 0.5 units each:
- Require FCS019 Human Development (3 units) instead of the stand-alone FCS006 Nutrition course (3 units) since the curriculum review shows requisite nutrition content is already well integrated in the eight core nursing courses.
- Change the required Math course to accept either the 4 unit Math092G or Math12; this change reduces the total science CRL units from 26-28 to 26-27 units.
- Change the Written English requirement to accept English O01A, or 1B or 1D.
- Require Sociology IA instead of Sociology IA or 1B.
- Change the other degree units to 6 units instead of 6-9 units and update the list of acceptable courses to meet the current institutional graduation requirements.

Att to Board agenda item 7.2  
ELC Committee Recommendations  
From 05/12/2016 meeting

- Change total CRL units from 72.5-74.5 to 68.5-69.5 and the total units for graduation from 78.5-83.5 to 74.5-75.5 units.
- Update CRL and TCP forms to reflect the above changes and include the LVN to RN advanced placement required 3 units course, HS043, and the requirement for Chem03A or its equivalent for the prerequisite science courses.

The proposed new curriculum meets BRN requirements.

**ACTION: Approve major curriculum revision for San Joaquin Delta College Associate Degree Nursing Program.**

**BOARD OF REGISTERED NURSING**  
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**AGENDA ITEM: 7.3**

**DATE: June 16, 2016**

**ACTION REQUESTED:** Vote on Whether to Place Charles R. Drew University of Medicine and Science, Mervyn M. Dymally School of Nursing Entry Level Master's Degree Nursing Program on Warning Status With Intent to Close the Nursing Program.

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:** Margaret Avila, PhD, PHN, APRN, is the Program Director appointed May 9, 2016.

CDU is a private, non-profit, non-sectarian, minority-serving medical and health sciences institution and is located in the Watts-Willowbrook section of south Los Angeles. CDU offers among other educational opportunities at the university, post-secondary degree and certificate programs through three separate colleges/schools: College of Medicine, College of Science and Health, and Mervyn M. Dymally School of Nursing (SON). SON received CCNE accreditation in 2012, and also offers an FNP program. Initial approval of CDU ELM program for CNL was given on May 9, 2009, and the program started Fall 2010 with Cohort 1 of 18 students, and Spring 2011 with Cohort 2 of 11 students.

This progress is being provided to the Board for review of deferred action at the October 2015 ELC for CDU. Program findings for the June 2015 regularly scheduled continuing approval visit, with focus pursuant to CCR section 1431(b) annual NCLEX-RN pass rate below 75% for two consecutive years, found the program to be in non-compliance in two areas: CCR 1426.1 Preceptorship, and CCR 1431 NCLEX Pass Rate. And six recommendations involving eight sections were given: Curriculum: CCR 1424(a) Philosophy, and related section CCR 1426(b) Unifying theme; CCR 1424(b)(1) Total Program Evaluation; CCR 1424(c) Organizational Chart, and related section CCR 1424(f) Assistant Director duties; CCR 1425(f) Content Expert; CCR 1425.1(b) Faculty Orientation; and CCR 1426(f) Clinical Evaluation Tool (see attached Report of Findings).

On September 13, 2015, the program submitted a progress report addressing the areas of non-compliance (Preceptorship & NCLEX), and faculty and curricular issues (six recommendations). The non-compliance for Preceptorship was corrected, by the program discontinuing the original preceptorship for Residency I NUR 619 course, and changing to a med-surg clinical rotation of students being assigned to work with the RN scheduled for each day. However, the non-compliance for the substandard NCLEX Pass Rate remains, as depicted in the table below, and referenced in the schools attached progress report (see page 8, Chart 1).

**NCLEX pass rates remain below 75% passing standard beyond the two-year period:**

Year	Taken	Passed	Annual Percent
2011-2012	1	1	100%
2012-2013	20	19	95.0%
2013-14	63	30	<b>47.62%</b>
2014-15	87	48	<b>55.17%</b>
2015-16 (Three quarters)	30	16	<b>53.33%</b>

Initial NCLEX outcomes for the first two cohorts were successful. Enrollment in the program increased. NCLEX pass rates with subsequent cohorts began to fall below 75%. During this time, a minor curriculum revision had been implemented to provide students more bedside nursing practice before progressing to the final semester (CNL curriculum). Continued low NCLEX pass rates prompted a minor curriculum revision to allow for students to take the NCLEX upon completion of the prelicensure curriculum, instead of waiting until graduation from the CNL. The program has also instituted a 1unit mandatory NCLEX Review course in the curriculum.

The program's second progress report submitted April 7, 2016, provides data for the two most recent graduating cohorts (7 – 69%, 8 – 75%) who have tested thus far. The report indicates an upward trend of improvement in student performance as success strategies are implemented in the program, and that more time is needed for full implementation of the strategies to impact NCLEX pass rates. Furthermore, program analysis reveals that although students are eligible to take the NCLEX exam one semester before graduation, they continue to delay, on average, 8 months following their eligibility date. (See attached program progress report, pg. 11-12.)

The program currently has 126 students enrolled (cohorts 9-12). Cohort 9 & 10 were the last two cohorts to admit 40 students. Then the program reduced subsequent enrollment for Cohorts 11 (35) & 12 (24), in an effort to concentrate on improving student performance.

In addition to NCLEX non-compliance, the program continues to struggle with leadership changes and faculty turnover. At the June 2015 continuing approval visit, the program had a total of 18 faculty members: 15 full-time and 3 part-time. Of the 18 faculty members, only one had been at the SON since the start of the program (2010), and 10 of the faculty members started in 2014 or later. Concerns regarding leadership changes, program stabilization, and faculty development were discussed at the time of the visit and that the program would address the issues. Since the visit, the program has experienced the loss and addition of faculty, and the program's organizational structure shows changes in personnel.

Continued leadership changes and faculty turnover were also evident at an NEC visit to the program on April 13, 2016, in response to a student complaint regarding the NUR 619 Residency I preceptorship course. The visit revealed:

- Insufficient clinical faculty to begin the course – only 1 clinical group started on time
- 2 groups without clinical faculty were directed to the Skills Lab for 57 hours
- As faculty were hired, Group 2 started at week 6, and Group 3 started at week 12
- The later clinical start for Group 3 resulted in students being scheduled to complete 225 clinical hours between 3/25 to 5/3

- Group 2 clinical schedule showed 201 of 225 total clinical hours
- Clinical evaluations and clinical paperwork inconsistent among clinical groups
- Course syllabus not updated and did not reflect preceptorship revision changes
- Didactic schedule showed 45 total hours instead of the 15 approved hours

In addition, two student complaints – one in December 2015 and another in January 2016 – identified faculty and course issues.

In conclusion, the findings and program progress report indicate that although the program reports improved NCLEX performance by cohort (Cohort 7 – 69%, Cohort 8 – 75%), a reexamination of the data by NEC shows Cohort 7 – 64.5%, Cohort 8 – 45% (first-time test takers). As success strategies are being earnestly implemented in the program, the overall annual pass rate continues below 75%, and faculty turnover and curriculum issues continue to impact the program and student learning.

#### **ELC Recommendations:**

- **Place program on Warning Status With Intent to Close the Nursing Program.**
- **Allow one-time enrollment of 20 students for Fall 2016 admission, with Board approval required for additional future enrollment.**
- **Program to provide monthly progress reports to NEC with program progress to be presented at October 2016 meeting of Education/Licensing Committee for further consideration. NEC may require program to be presented at ELC sooner if the program does not demonstrate acceptable progress for improvement.**
- **University president to provide letter indicating commitment to implementation of measures that will ensure school of nursing success.**

**NEXT STEPS:** Notify program of Board actions.

**PERSON(S) TO CONTACT:** Laura Shainian, MSN, RN  
Nursing Education Consultant

**BOARD OF REGISTERED NURSING**

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**Louise R. Bailey, MEd, RN, Executive Officer**

**NEC DOCUMENTATION OF CONTACT WITH PROGRAM**

Program Name: Charles Drew University ELM for CDU

Approval Status: Board Action on November 4, 2015: Defer action to continue approval of CDU ELM for CNL, with progress report required and return to ELC in May 2016.

Date of Visit: April 13, 2016

Purpose of Visit: CDU Student Complaint

Program Contact Date: Phone contact 4/8/2016 and school visit 4/13/2016

Nursing Education Consultant: Laura Shainian NEC

Summary of Interim Visit or Contact

**CDU student phoned NEC on 4/8/2016 to say:**

- 1) NUR 619 Residency I course began on January 4, 2016. Students were told that preceptors were ready to begin clinical, but then there was a delay by Dr. Shields explaining the preceptorship was a "modified" preceptorship and not enough faculty – in process of hiring.
- 2) In the interim, students were directed to attend skills lab to make-up the hours (Total clinical hours for course is 225).
- 3) Skills lab consisted of students practicing IVs, foley, NG, etc. with an instructor. No scenarios. No formal log for tracking skills lab hours - only a lab sign in sheet. Each student scheduled their own hours.
- 4) Students notified yesterday (April 7th) that they would be attending clinical four days a week (Friday, Sat, Sunday, Tuesday) for 48 hours/week (12-hours shifts) to meet the required 225 clinical hours by the end of the term on May 3.
- 5) Student's clinical schedule only shows 12-12 hour shifts, in addition to 36 skills lab hours for total of 180 hours.
- 6) Student stated that after voicing concern, no alternative to this clinical schedule was provided, and that if unable to meet the hours, they would receive an "Incomplete".
- 7) Course instructor Dr. Ruby Gabbedon.
- 8) Student stated that this schedule was too difficult because the term is heavy with other courses (tests, written assignments).

**NEC phone contact on 4/8/16 with Dr. Fields (Program Director):**

- 1) NUR 619 Residency I course has 3 clinical groups of students.
- 2) One clinical group of eight students in NUR 619 was not able to start clinical on time due to resignation of a faculty in December.
- 3) There was a delay in the replacement faculty (BRN approved on 2/22/2016) starting due to processing thru HR, and completion of hospital orientation.
- 4) At the beginning of the term, 2-3 students did not have their clinical paperwork to start on time if there had been no delay.

5) NEC asked Dr. Fields to prepare summary of the event and plans, and to provide a day/time convenient for NEC to meet with affected students next week. NEC asked for copy of the current syllabus to be emailed.

### **Follow-up CDU school visit conducted on 4/13/2016:**

#### **Meeting with Students**

- 1) In late Fall 2015, students were directed by Clinical Coordinator (Lakeisha Everage) to find preceptor for 619 Residency I course, and if unable to find the program will assign for student. Were provided paperwork for preceptor.
- 2) Skills Lab practice began 3<sup>rd</sup> week in January: case scenarios and skills practice for 6-7 hours on Wednesday/Friday.
- 3) Clinical schedule provided last week: 16 days = 192 hours/225 course hours (33 hour deficit).
- 4) Professor Gabbedon began clinical schedule for March 25 – May 3. Students currently on 4<sup>th</sup> week.
- 5) Midterm: was week of March 1st
- 6) Students believe they can complete remaining hours as planned because schedule is supposed to lighten up – do not want “incomplete” for course.
- 7) Clinical Objectives: (?) start with 2 patients and work up to 4 patients; head-to-toe, meds, total care. Complete concept maps on each patient and turning in to instructor the following week.
- 8) Assigned units: Telemetry, MS, Rehab
- 9) No written evaluation from instructor to date. Not familiar with Clinical Evaluation Tool in syllabus and no explanation has been provided regarding evaluation of clinical. Instructor provides verbal status.

#### **Meeting with Instructors and Program Leadership:**

Professor Bisong-Nkongho (Lead Instructor for NUR619 course/clinical group 1)

Professor Joshway (new instructor group 2)

Program Director (Dr. Fields)

Assistant Program Director (Dr. Harris-Smith)

Professor Gabbedon, clinical group 3 instructor (not present)

Professor DeGrano (to assist in 619 clinical with Professor Gabbedon (not present))

### **FINDINGS:**

#### **1)NUR 619 Didactic hours OVER approved hours (not implemented as approved)**

Didactic approved as 1 unit = 1 hour of theory/week. Course schedule shows 3 hours of theory/week for total of 45 hours vs 15 approved hours.

#### **2)Inconsistencies among clinical groups:**

--course syllabus not updated

--each group starting clinical at different time as faculty hired: group 1 began first week of semester, group two began week 6, and group three began week 12 of 18-week semester.

-- Group 3 students scheduled to complete 225 clinical hours between 3/25 to 5/3 due to late start

--Group 2 clinical schedule showed students scheduled for 201 hours of the 225 approved hours

--clinical evaluations, use of clinical evaluation tool, and clinical paperwork (i.e. careplans, etc) inconsistent among groups

--some students in group 3 have missed one or more days thus far due to prior commitments

#### **3)Leadership & Faculty**

--Program continues to have faculty turnover since June 2015 CAV – FT & PT – and changes in organizational leadership.



Mervyn M. Dymally School of Nursing  
Office of the Dean

April 7, 2016

Laura Shainian, MSN, RN  
Nursing Education Consultant  
CA Board of Registered Nursing

**RE: MMDSON Updated Progress Report on Plan of Corrective Action**

Dear Ms. Shainian:

I am writing to submit the attached progress report to the California Board of Registered Nursing on the plan of corrective action originally developed by the Mervyn M. Dymally School of Nursing at Charles R. Drew University of Medicine and Science (CDU) in response to the schools re-approval visit on May 15 - 16, 2015 and submitted to the BRN in September 2015. The program was found to be in non-compliance in two areas: CCR 1426.1 Preceptorship and CCR 1431 NCLEX Pass Rate. The visit also revealed six recommendations involving eight sections: Curriculum CCR 1424(a) Philosophy and related section CCR 1426(b) Unifying theme; CCR 1424(b)(1) Total Program Evaluation; CCR 1424(c) Organizational Chart and related section CCR 1424(f) Assistant Director duties; CCR 1425(f) Content Expert; CCR 1425.1(b) Faculty Orientation; CCR 1426(f) Clinical Evaluation Tool.

The letter sent to the school in November 2015 notified us of the board's vote to "*Defer action to continue approval of Charles R. Drew University of Medicine and Science Entry Level Master's Degree Nursing Program for Clinical Nurse Leader, with progress report required and return to Education/Licensing Committee in May 2016. Enrollments are not to exceed forty students twice per year*".

We have made progress on addressing the two areas of non-compliance as well as the six recommendations and this progress report updates the BRN on that work. This report will also address the issue of the schools NCLEX pass rate in detail and what is being done to bring it into full compliance. This will be done using historical data trend analysis and evaluation of pass rates by cohorts. Lastly this report will address the school's enrollment plans for the ELM program.



Thank you for your time and attention to this matter, if you have any questions I can be reached by email at [sheldonfields@cdrewu.edu](mailto:sheldonfields@cdrewu.edu) or by phone at 323-568-3304.

Yours Truly,

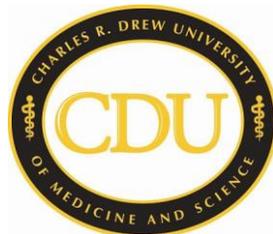
A handwritten signature in blue ink that reads "Sheldon D. Fields". The signature is written in a cursive, flowing style.

Sheldon D. Fields, PhD, RN, FNP-BC, AACRN, FNAP, FAANP  
Dean and Professor

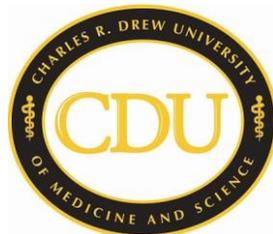


**Table 1: MMDSON BRN Program Response**

BRN Regulation Compliance / Recommendation	MMDSON Program Response	Implementation Date
<p>1. CCR 1431 NCLEX Pass Rate</p>	<p><b>1a. Institute a mandatory 1 unit NCLEX review course:</b> NUR 542 – NCLEX Preparation Course was developed by faculty and submitted to the BRN for approval which was granted on September 8, 2015 as a non-license required course. This will directly impact all students’ preparation to take the NCLEX exam.</p> <p><b>1a. Update, April 2016:</b> This course is now an official part of the ELM curriculum and is currently being taught for the first time with ELM cohort #9. ELM cohort #10 will take the course during this the upcoming summer 2016 semester.</p> <p><b>1b. Hire a NCLEX Coordinator:</b> Vivian Murphy, MSN, RN, ACNS-BC, has been appointed to serve as the NCLEX coordinator in the MMDSON. In this capacity she will serve as the primary organizer for the NUR 542 course. She will also work closely with all students as they prepare to take the NCLEX exam including developing individual study plans.</p> <p><b>1b. Update, April 2016:</b> Dr. Betty Butler, DNP, RN, Assistant Professor in the MMDSON has been assigned as the NCLEX coordinator as of December 2015. She revised the NUR 542 NCLEX preparation course and is the lead instructor for the course. She is working with faculty and students directly on all aspects of the activities focused on NCLEX preparation.</p> <p><b>1c. Revise ELM Program admission standards:</b> Move from the GRE to the HESI pre-admission exam with a benchmark of 75%. Conditional admits will be capped at 10% for promising students who will all be admitted with remediation plans to support them.</p> <p><b>1c. Update, April 2016:</b> The move to the use of the A2 HESI pre-admission exam has been completed and it is the testing metric we are using as part of our admission standards. The faculty has set the acceptable benchmark score as 75%. The faculty voted to eliminate conditional admissions to the ELM program and they are no longer done as of Spring 2016. There is however still consideration of promising applicants capped at 10%. The faculty also implemented interviewing ELM applicants to better inform the admission process and determine program fit.</p> <p><b>1d. Establish a one on one system of coaching and mentoring:</b> Each student at the beginning of the NCLEX review course will be assigned a faculty coach/mentor who will work with them one on one and motivate them to prepare for the NCLEX. Each student will have added motivational support as they go to take their NCLEX exam.</p>	<p>1a. Spring 2016 <b>1a. Complete</b></p> <p>1b. Fall 2015 <b>1b. Complete</b></p> <p>1c. Spring 2016 <b>1c. Complete</b></p> <p>1d. Summer 2015 <b>1d. Complete/Ongoing</b></p>



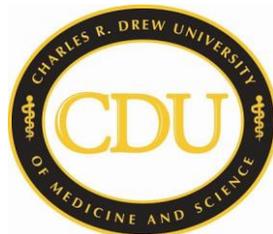
	<p><b>1d. Update, April 2016:</b> All students enrolled in NUR-542 are assigned a faculty coach/mentor who are working one on one with them to support their progress towards preparing for the NCLEX examination. The assignment of faculty coach/mentors will continue as each ELM cohort begins the course.</p> <p><b>1e. Provide access to ongoing NCLEX test review materials:</b> NUR 542 is based on the Kaplan review course materials and students will be able to continue to have access to computer based review materials (test bank questions) until they pass their NCLEX exam.</p> <p><b>1e. Update, April 2016:</b> Our contract with Kaplan allows for all students to have continued online access to NCLEX review materials including test bank questions. This access will continue guaranteed for a year and students will be able to use the services as needed. We also have the ability under the contract to extend student access and will do so as requested.</p> <p><b>1f. Continue Implementation of HESI testing with revised progression policies:</b> HESI testing was begun with the ELM cohort #7, will continue with all cohorts. Students will take subject specific HESI exams throughout the program with a benchmark for passing set at 850. Students who don't obtain the benchmark scores will have to be remediated before being allowed to progress in the program. Students will also now only be allowed to repeat one course in the ELM program before being permanently dismissed for lack of sufficient academic progress.</p> <p><b>1f. Update, April 2016:</b> Benchmark HESI testing is now fully implemented and integrated into all of the clinical courses in the ELM program. Faculty has established policies for the admission and remediation of HESI exams and they are listed clearly in all course syllabi. The HESI is being used as the final examination in the clinical courses with an 850 benchmark for passage (25% of final grade). School policies on progression and repeating of courses have all been updated to reflect that students can now only repeat one course in the ELM program before being dismissed for lack of academic progress.</p>	<p>1e. Spring 2015 <b>1e.Complete/Ongoing</b></p> <p>1f. Spring 2015, ongoing <b>1f. Complete/Ongoing</b></p>
<p>2. CCR 1426.1 Preceptorship</p>	<p><b>2a. Institute a Modified Preceptor Model:</b> NUR 619 (Residency I) and NUR 629 (Residency II) will be implemented using a true modified preceptor model in which a MMDSON faculty member will be assigned to a senior group of students who will directly oversee their residency clinical experience onsite with the students. Students will still work with assigned nursing leaders but on a rotating basis.</p> <p><b>2a. Update, April 2016:</b> The faculty decided that NUR 619 (Residency I) will be implemented using a modified preceptor model in which MMDSON faculty have been assigned to a group of students to</p>	<p>2a. Fall 2015 <b>2a.Complete/Ongoing</b></p>



	<p>oversee the residency clinical experience onsite with students who are all assigned to the same clinical institution.</p> <p>NUR 629 (Residency II) however will be implemented using a true residency model in which students will be assigned a primary nurse mentor to work with one on one following all of the BRN requirements as noted in CCR 1426.1. This will be implemented for the first time with ELM cohort #9 during the upcoming summer 2016 semester during their capstone experience of 225 clinical hours.</p>	
<p>3. Curriculum CCR 1424(a) Philosophy and related section CCR 1426(b) Unifying theme</p>	<p><b>3a. Revise curriculum philosophy and program unifying theme:</b> The curriculum philosophy and unifying theme are currently being revised as a part of a planned major curriculum revision of the ELM program. The Roy Adaptation Model is being considered. To be included in this revision will be the clarification of the programs definition of Nursing education, Man, Environment, Health, and Nursing. Revised terminal objectives and the philosophy and unifying theme will be reflected in all course syllabi.</p> <p><b>3a. Update, April 2016:</b> The major curriculum revision of the ELM program is still in progress and as such so is the curriculum philosophy and unifying themes. As progress is made towards on the curriculum revision it will be reflected in the chosen philosophy and unifying themes. In the mean time the current philosophy and themes have undergone a minor revision for clarification purposes.</p> <p><b>3b. Strategic Planning:</b> Related to this is the universities current strategic planning process that has necessitated a look at the schools mission, vision, and value statements to bring everything into alignment.</p> <p>The new vision of the MMDSO is <i>“Excellent Nursing Care for all Persons, People’s and Communities in a world without Health Disparities”</i></p> <p><b>3b. Update, April 2016:</b> The final version of the new CDU strategic plan was approved by the Board of Directors earlier this spring which was later than originally planned. The MMDSO strategic plan could not have been done until the final university plan was completed. A strategic planning steering committee has been established to complete the schools plan which will be in alignment with the overall CDU plan. The schools vision has been updated and what will follow will be a revised mission statement and values.</p> <p><b>Revised MMDSO Vision: “Excellent Nursing Care for all in a World without Health Disparities”</b></p>	<p>3a. Fall 2016</p> <p><b>3a. In progress/Not complete</b></p> <p>3b. Spring 2016</p> <p><b>3b. In progress</b></p>
<p>4. CCR 1424(b)(1) Total Program Evaluation</p>	<p><b>4a. Update the total program evaluation plan:</b> A revised total program plan is being constructed that will include a focus on system evaluation. The MMDSO faculty participated in an educational presentation on systematic evaluation on August 18, 2015 as a foundation.</p>	<p>4a. Fall 2015</p> <p><b>4a. Partially</b></p>



	<p><b>4a. Update, April 2016:</b> Faculty completed an educational presentation on systematic evaluation on August 18, 2015 that was the beginning of revising the total program evaluation plan. This work is currently on going but the end program objectives have been updated. The final revised total program evaluation plan will be updated with the completion of the new ELM curriculum.</p> <p><b>4b. Increase responses and data collection measures:</b> Explore new course evaluation software and institute mandatory student evaluations for each courses taken.</p> <p><b>4b. Update, April 2016:</b> A new campus online course evaluation plan is being considered for implementation and being pilot tested during Spring 2016. If successful it will be permanently instituted as the primary vehicle to conduct course evaluations. A note indicating that a student evaluation for each course taken is now mandatory has been placed in each course syllabus.</p>	<p><b>Complete/ Ongoing</b></p> <p>4b. Fall 2015 / Spring 2016</p> <p><b>4b. Ongoing</b></p>
<p>5. CCR 1424(c) Organizational Chart and related section CCR 1424(f) Assistant Director duties</p>	<p><b>5a. Revised Organizational Chart:</b> Implement a new MMDSON organizational chart that better differentiates the ELM program from the schools other programs. Clarify lines of authority and communication for director, assistant director and within the program.</p> <p><b>5a. Update, April 2016:</b> As directed a new revised MMDSON organizational chart was developed that more clearly differentiated the ELM program its lines of authority, and communication for the director, assistant director in the program. This chart will continue to be updated as new faculty and staff are added as well as new programs always making sure to preserve the clarity of the ELM program.</p> <p><b>5b. Assistant Director Duties:</b> Rebecca Harris-Smith, EdD, RN, MSN, BA was appointed the assistant director of the ELM program on August 1, 2015. She reports directly to Dr. Fields the school's Dean. The future director and assistant director will each be given sufficient administrative release time to perform their duties as required by the BRN. <b>NOTE:</b> We are conducting a search for a new permanent Director of the ELM program who when hired will also be the "Director" that will be listed with the BRN. Until that time Dr. Fields will continue to serve as the "Director" listed with the BRN.</p> <p><b>5b. Update, April 2016:</b> The search for a permanent Director of the ELM program continues as we have not yet identified a suitable candidate. As such Dr. Rebecca Harris-Smith, EdD, RN, BA continues to function as the interim-ELM program director and Assistant Director listed with the BRN. Dr. Sheldon D. Fields, PhD, RN will also continue to serve as the "Director" list with the BRN until a new ELM program director is hired.</p>	<p>5a. Summer 2015</p> <p><b>5a. Ongoing</b></p> <p>5b. Ongoing with the ELM director search</p> <p><b>5b. Incomplete / Ongoing</b></p>



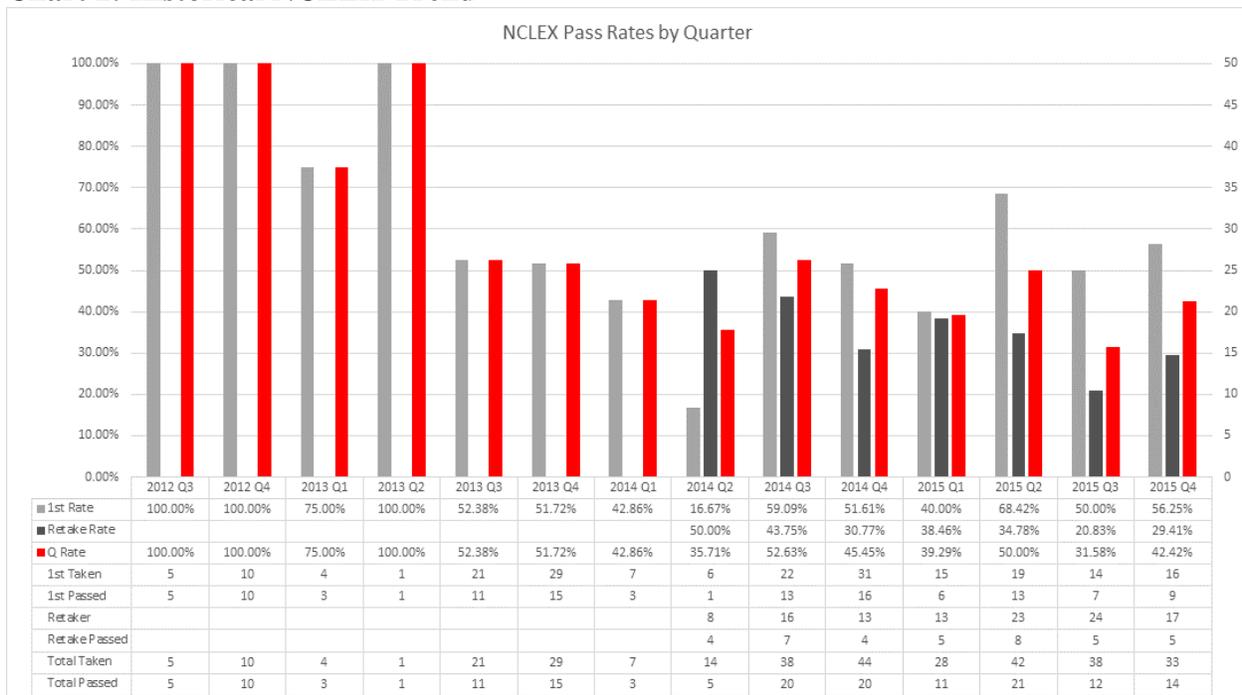
<p>6. CCR 1425(f) Content Expert</p>	<p><b>6a. Updated Content Area Experts:</b> The current list of MMDSON content experts are.</p> <ul style="list-style-type: none"> <li>* Pediatrics (C): Romar Lingad, MSN, RN</li> <li>* Med/Surg (M-S): Angela James, DNP, MSN, RN</li> <li>* Obstetrics (O): Nanette Leonardo, MSN, RN</li> <li>* Psychiatric (P/MH): Patricia Bridewell, MSN, RN, PHN</li> <li>* Geriatrics (G): Eunice Nkongho, DNP, MSN, RN</li> </ul> <p>Each content expert will be given resources to attend an annual continuing education program in their area of expertise. They will each also present an annual update for their faculty colleagues in their area of expertise.</p> <p><b>16. Update, April 2016:</b> Dr. Angela James the content expert for med/surg resigned and has been replaced by Dr. Eunice Nkongho. The full current list of content experts is listed below.</p> <ul style="list-style-type: none"> <li>* Pediatrics (C): Romar Lingad, MSN, RN</li> <li>* Med/Surg (M-S): Eunice Nkongho, DNP, MSN, RN</li> <li>* Obstetrics (O): Nanette Leonardo, MSN, RN</li> <li>* Psychiatric (P/MH): Patricia Bridewell, MSN, RN, PHN</li> <li>* Geriatrics (G): Ebere Ume, PhD, RN</li> </ul> <p>Each content expert has either attended or will attend an annual continuing education program in their specific area allowing them to update their faculty colleagues and inform the new curriculum.</p>	<p>6a. Fall 2015</p> <p><b>6a. Updated / Ongoing</b></p>
<p>7. CCR 1425.1(b) Faculty Orientation</p>	<p><b>7a. Faculty Orientation Manual:</b> A new faculty orientation manual has been developed along with an orientation checklist that will document all of the onboarding activities of a new faculty member. Faculty orientation will be under the direction of the school's Assistant Dean.</p> <p><b>7a. Update, April 2016:</b> Under the direction of the school's Assistant Dean Dr. Rebecca Harris-Smith, a updated faculty orientation manual has been developed along with the orientation checklist as well. A faculty development series has begun to take place to update faculty on various topics such as HESI testing, Grade book development, Black Board, and teaching strategies.</p>	<p>7a. Fall 2015</p> <p><b>7a. Partially complete / Ongoing</b></p>
<p>8. CCR 1426(f) Clinical Evaluation Tool</p>	<p><b>8a. Revise Clinical Evaluation Tool:</b> With the approved final version of the school's new ELM curriculum will also come final revised clinical evaluation tools to mirror the new courses. Currently this new tool is in draft version but will have measurable criteria reflecting course outcomes and progression.</p> <p><b>8a. Update, April 2016:</b> An updated clinical evaluation tool has been developed to reflect the current approved ELM curriculum in which the clinical objectives of each course have been clarified. A final version of a new tool will be completed along with the new planned ELM curriculum this coming Fall 2016.</p>	<p>8a. Fall 2016</p> <p><b>8a. Partially complete / Ongoing</b></p>



## Detailed NCLEX Pass Rate Progress Report

In order to ascertain a full understanding of the schools NCLEX pass rate we conducted an historical trend analysis going back to the first cohort of graduates to take the exam in 2012. This quarter by quarter analysis clearly lays out the entire historical NCLEX trend of the school and is detailed below in chart 1.

**Chart 1: Historical NCLEX Trend**



The trend analysis reveals the point at which the school’s NCLEX pass rate began to decline the third quarter of 2013 and what has occurred each quarter after.

### **In-depth Analysis of NCLEX Testing quarter: July 2015 – December 2015**

In order to understand the historical impact of exactly what is going on with our program I offer here an in-depth analysis of the July 2015 – September 2015 testing quarter and the October 2015 – December 2015 testing quarter which are the latest two that we have data for. I begin with the July – September 2015 quarter.

#### **First time test takers = 14 this period (July – September 2015)**

- Passed N = 7 (50%)
- Failed N = 7 (50%)



**Table 1: First Time Test Takers: PASSED, N =7**

Cohort	Year of Graduation	Number Taking
3	2013 (Spring)	1
7	2015 (Summer)	4
8	2015 (Fall)	2

**Table 2: First Time Test Takers: FAILED, N =7**

Cohort	Year of Graduation	Number Taking
5	2014 (Spring)	2 (1 = 15mths, 1 = 2mths remed)
7	2015 (Summer)	4 (1= 7mths, 1=8mths, 1=1mth, 1 =2mths)
8	2015 (Fall)	1(1 = 4mths)

**Table 3: Repeat Test Takers: FAILED, N = 18\***

Cohort	Year of Graduation	Number Taking
4	2013 (Summer)	4
5	2014 (Spring)	6
6	2014 (Summer)	8
7	2015 (Spring)	0

\*: one student took it twice this quarter and failed both times

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**First time test takers = 16 this period (October – December 2015)**

- Passed N = 9 (56.25%)
- Failed N = 7 (43.75%)

**Table 4: First Time Test Takers: PASSED, N =9**

Cohort	Year of Graduation	Number Taking
7	2015 (Summer)	1
8	2015 (Fall)	8

**Table 5: First Time Test Takers: FAILED, N =7**

Cohort	Year of Graduation	Number Taking
5	2014 (Spring)	2 (1=year, 1= 11mths)
6	2014 (Summer)	1 (1 = 5mths, remediated)
7	2015 (Summer)	2 (1 = 10mths, 1= 11mths)
8	2015 (Fall)	2 (2 = 6 mths)

**Table 6: Repeat Test Takers: FAILED, N = 12\***

Cohort	Year of Graduation	Number Taking
4	2013 (Summer)	1
5	2014 (Spring)	4
6	2014 (Summer)	4
7	2015 (Spring)	2
8	2015 (Fall)	1



## Summary

It is important that we take a look at the cohorts in which the students graduated and the year so that we realize where some of the historical issues are coming from especially with the repeat test takers. The majority of the repeaters who failed the exam during the July – September 2015 quarter are in **cohorts 5 and 6**, which were large cohorts that experienced many challenges during their time in the program, however they were able to complete the program. In the October – December 2015 quarter the majority of the repeaters who failed the exam were in **cohorts 4, 5 and 6** as well.

When it comes to first time NCLEX-RN test takers we are also still having some graduates from much older cohorts still taking the test for the first time. During this period there was one student from cohort 3 (graduation Spring 2013) who took the exam for the first time ever and fortunately passed. Historically we know the longer students wait to test the less likely they are to be successful on their first attempt. We also tend to have small numbers of students taking the NCLEX each quarter and during the July – September 2015 quarter we only had 14 first time test takers this period. The majority (n = 8) were in cohort 7, which completed the program in August 2015. Of those in cohort 7 (n = 5) most did not pass. Two students were from cohort 5 who completed the program in Spring 2014. Cohort 7, did have some access to HESI testing, NCLEX review courses (Kaplan and HURST) and 1 on 1 coaching. Four students from our most recent eligible **cohort #8**, that completed the program in December 2015, took the exam and the majority of them (n=3) did pass during this quarter. In looking at the October – December 2015 testing quarter we see that the majority for first time failures did occur in cohorts 7 and 8 (two each) but this first time passage rate was impacted by an almost equal number of students from older cohorts who failed (two in cohort 5 and one in cohort 6).

In the latest quarter October – December 2015 the vast majority of first time NCLEX-RN testers who passed were from cohort 8 (N=8), who were eligible to take the exam starting in May 2015. On average they took 8 months to test following their eligibility date in May for a first time cohort passage rate of 75% during this quarter. This is a significant improvement over cohorts 4, 5, 6, or 7 (See chart 2).

The steps we are taking to address this issue of NCLEX-RN exam passage are presented in the table below. There are also a number of factors that I want to point out that are simply beyond our control.

1. When students actually go and take their exam. We encourage them to do so as soon as they are eligible but many continue to wait to upwards of a year or more post-graduation to test.
2. Older cohort members do not respond favorably to invitations of assistance such as HURST and KAPLAN reviews that we offer to them for FREE.
3. When the BRN processes the paper work which can delay some from taking the exam. Sometime this is impacted by when students send in the materials as well. Also whether or not students have personal restrictions.
4. Making adult students come to a voluntary NCLEX-RN review course after they graduate which is how the program was originally structured.



Table 7: The MMDSON initiated the following strategies to assist students with NCLEX passage

Strategy	Year Initiated	Cohorts Impacted
<b>Coaching 1 on 1</b>	2014	7, 8, 9, 10, 11, and so on
<b>HESI Bench Mark Testing</b>	2014	7, 8, 9, 10, 11, and so on
I Unit <i>mandatory</i> NCLEX Course ( <b>NUR 542</b> ) Approved by the BRN	2015	9, 10, 11 and so on
<b>F/U NCLEX Reviews</b> (HURST, Kaplan)	2014	7, 8, 9, 10, 11, and so on
<b>HESI Admission Test</b>	2015	11 and on
<b>Revised Admission Standards</b> No more than 10% Below (N = 4 in a class of 40)	2015	11 and on
<b>Hire NCLEX coordinator</b> New faculty member Dr. Butler taking on this role in November 2015	2015	8, 9, 10, 11 and on

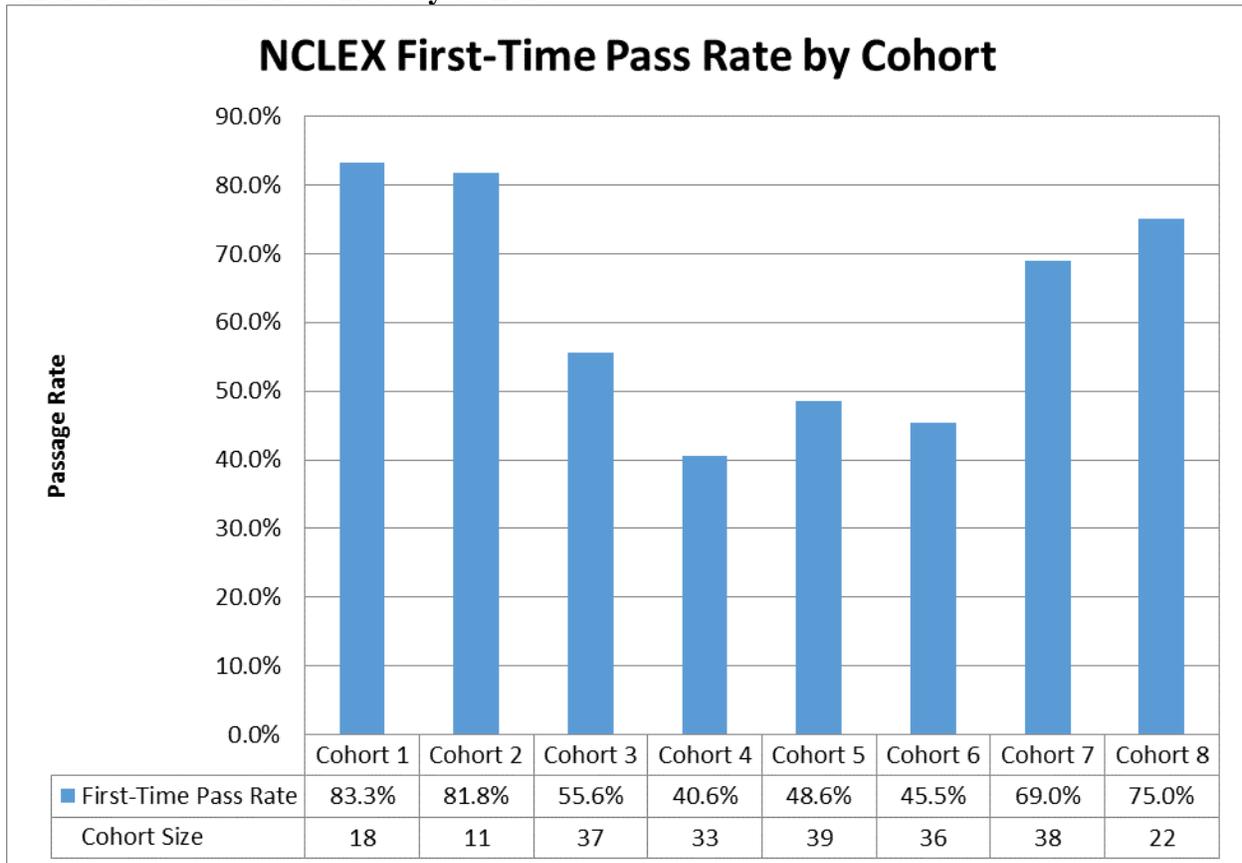
Many of the initiatives begun by the school are still being implemented and I suspect that the definitive impact on the NCLEX results *have not* yet been fully realized. For instance the new mandatory NCLEX Review course NUR 542 only became a mandatory part of our curriculum beginning with cohort #9, who are not eligible to take their exam until May of 2016 at the earliest. The first real test of what has been done will come with the testing of **cohorts 8 and 9** would have finished the program in December 2015 and Summer 2015 respectively, and who will be taking their exam hopefully over the next two - three quarters (Oct – Dec 2015 {covered in this report}, Jan – March 2016, and April –June 2016). Cohort 8 took the HURST review on November 6 -8, 2015 and both cohorts 9 and 10 are scheduled for their HURST review on April 28-30, 2016. Note the HURST review is provided to all students free of charge.

### First time Pass Rate by Cohort

Chart two below shows the calculated first time NCLEX-RN pass rate by cohort. This was done using all of the reports sent to us over time. As you can see with the implementation of specific strategies to assist students with NCLEX passage, which began with cohort 7, there has been an upward trend in the first time passage rate by cohort **from a low of 40.6% in cohort 4 to 69% for cohort 7 and 75% (meeting the BRN benchmark) for cohort 8**. I want to re-emphasize that it is cohort 9 and above who will fully benefit from all of the strategies put into place to address the NCLEX-RN exam first time pass rate. We project that the first time pass rate by cohort will continue to meet the BRN standard.



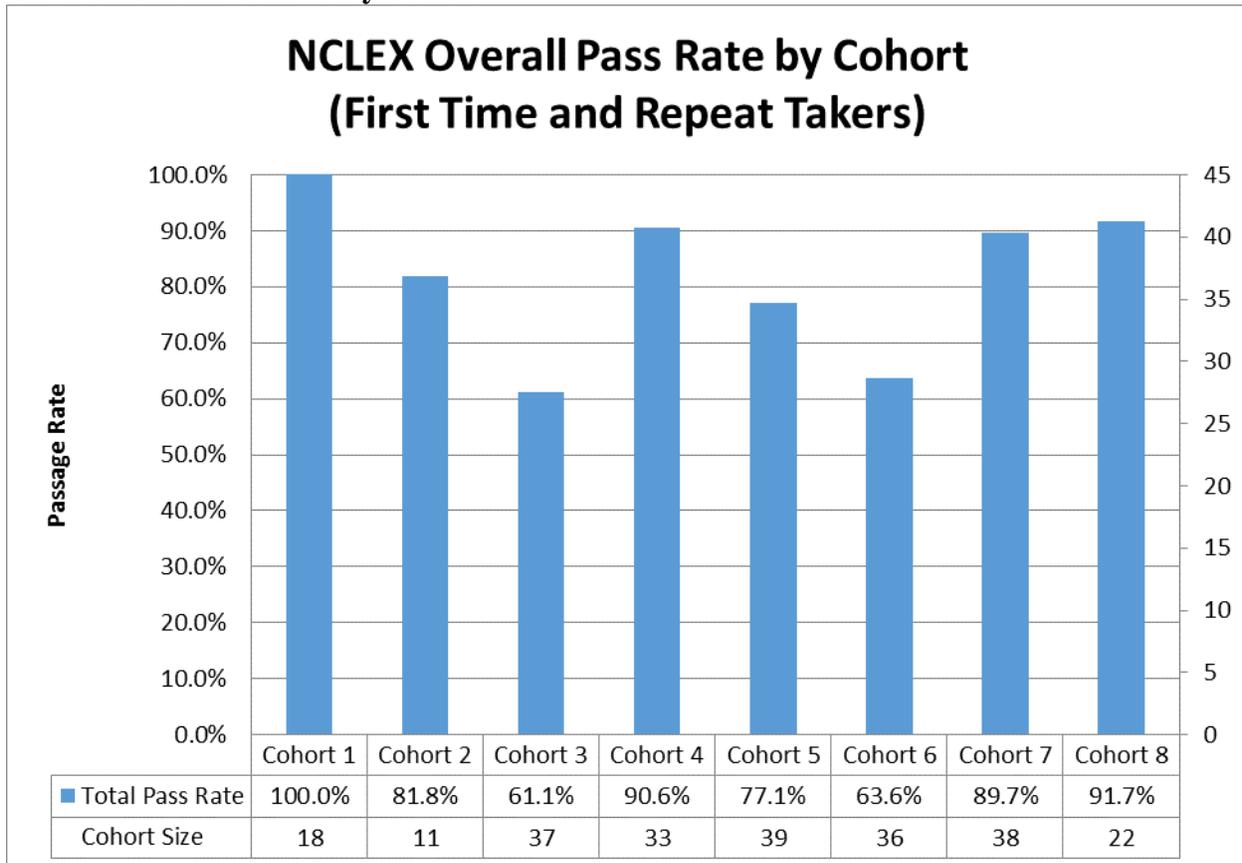
**Chart 2: First time Pass Rate by Cohort**



We also conducted an analysis of the first time and repeater over pass rates on the NCLEX-RN exam and as you can see in chart 3 three below the overall trend is that over time most of the students tend to eventually pass their exam. The average overall pass rate over the three most recent cohorts (6, 7, and 8) is 81.67%.



**Chart 3: Over Pass Rate by Cohort**

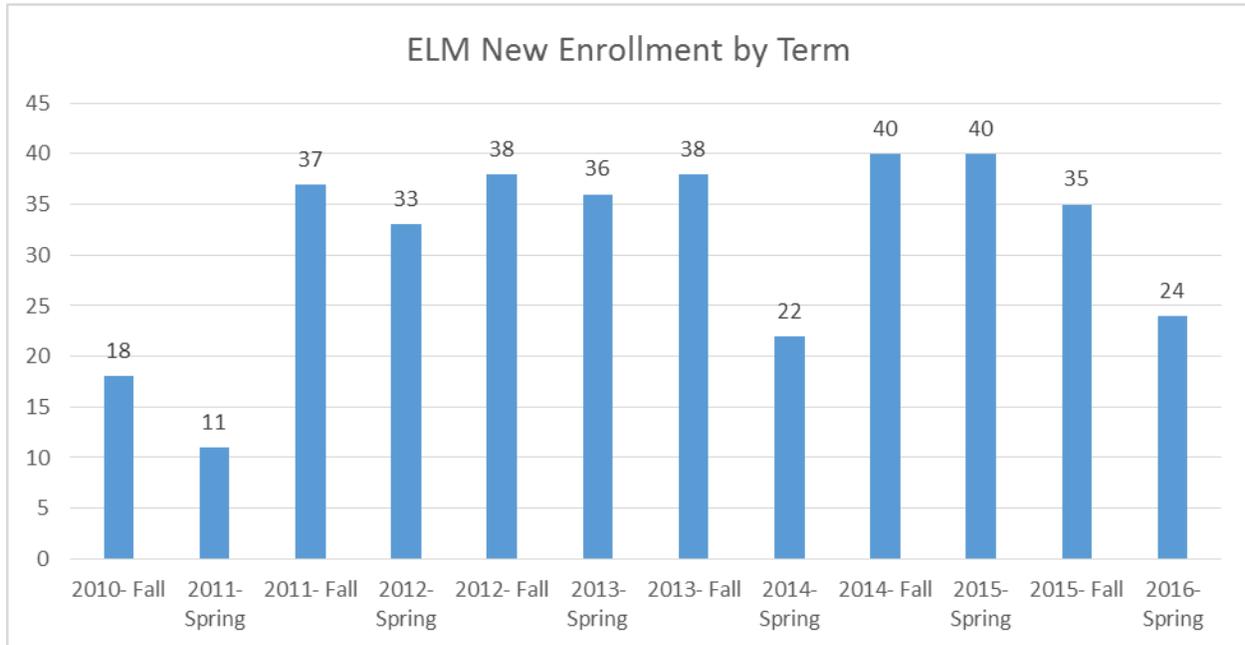


### Program Enrollment Trends

In keeping with the notification as stipulated in the November 2015 BRN review letter our enrollment in the ELM program is not to exceed 40 students twice a year for a total of 80 in an academic year as we only admit to this program in either the Fall or Spring semester. We constructed for your review chart 4 below, that illustrates our actual enrollment in the ELM pre-licensure program cohort by cohort since the beginning of the program in Fall 2010. As you can see we started the program small with only 18 students and quickly grew starting in cohort 3 with admitting 37 students. The goals for cohorts three to eleven were to enroll 40 students. With the exception of cohort 8 admitted in Spring of 2014 this goal was either achieved or nearly achieved. Starting with cohort 12 admitted this Spring 2016 we have pro-actively and voluntarily lowered our admission goals to allow us time to focus on the programs plan of corrective action with the primary goal of improving the first time NCLEX-RN exam scores bringing them into full compliance. For Spring 2016 (current term) we only pro-actively enrolled 24 students. This is less than 2/3 (n=26) of the programs allowable 40 students. Again we have taken this decisive and pro-active move as part of our plan of corrective action to ensure that we have sufficient resources to devote to improving our first time NCLEX-RN pass rate.



**Chart 4: ELM New Enrollment**



We propose to continue to pro-actively not enroll a full complement of 40 students until we reach the BRN NCLEX passage goal of 75% for all first time test takers, which we project should occur for sure with the commencement of cohort 10 who will be eligible to take the exam beginning in September 2016. See table 8 below for our projected ELM enrollments.

**Table 8: Projected ELM Cohort Enrollments**

Cohort Number	Term	Enrollment Max Goal
Cohort 13	Fall 2016	30
Cohort 14	Spring 2017	30
Cohort 15	Fall 2017	35
Cohort 16	Spring 2018	40
Cohort 17	Fall 2018	40

**Non-NCLEX Exam Test Takers (Legacy Issue)**

The last issue for additional elaboration, which we know is impacting our first time NCLEX-RN exam pass rate, is the number of former graduates primarily from cohorts 1 – 7 who have not yet taken the exam for the first time. Of the graduates in cohort 8 the most recently eligible to take the NCLEX 14 out of 17 graduates have already taken their exam with a first time cohort pass rate to date of 75% (See chart 2). The longer these legacy graduates wait to take the exam for the first time the less likely they are to pass it on the first attempt. We know



from our analysis that we have at least 10 (See table 9) outstanding legacy graduates who have never taken their exam for the first time. Since we do not have any control what so ever over when they may choose to test they have may to continue to impact our first time pass rate negatively.

**Table 9: Legacy Non-exam Taker Graduates**

<b>Total Number Enrolled</b> (All Cohorts 1 -12)	372
<b>Total Number of Program Graduates</b> (Cohorts 1 – 8)	210
<b>Total Number who have Tested</b>	200
<b>Total Number Currently Enrolled – In Progress</b> (Cohorts 9, 10, 11, and 12) – Spring 2016	136
<b>Total Outstanding Non-Testers</b>	<b>10</b>

### Conclusion

This progress report highlights all of the work done here in the Mervyn M. Dymally School of Nursing to address the concerns of the BRN. We have devoted considerable attention to analyzing the issues with our program and have put into place a dynamic plan of corrective action. We have indeed made significant progress in our plan of corrective action and are improving overall. The trend of our NCLEX-RN first time pass rate is positively upward and we have taken very pro-active steps in decreasing our enrollment allowing us to focus our resources accordingly. We will continue to implement our plan of corrective action as outlined above.

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 7.4

**DATE:** June 16, 2016

**ACTION REQUESTED:** Vote on Whether to Grant Initial Approval of Prelicensure Nursing Program for Glendale Career College Associate Degree Nursing Program

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:** Gloria M. Blatti, RN, EdD, FNP, Program Director, and James R. Kennett, PhD, RN, NP, Assistant Program Director.

An initial program approval visit for Glendale Career College Associate Degree Nursing Program, Glendale, CA, was conducted on February 16, 2016 by Laura Shainian, NEC and Miyoo Minato, SNEC. The program was found to be in compliance with all BRN rules and regulations. The feasibility study for the program had been accepted by the Board in June 2014.

Glendale Career College (GCC) was originally established in 1946, and has had both ownership and name changes, and expanded program offerings in California and Nevada. In 1993, GCC established a branch campus, Nevada Career Institute, in Las Vegas Nevada. In 2008, Glendale Career Schools, Inc. was acquired by North-West College, West Covina, CA. Currently, Glendale Career College, North-West College, and Nevada Career College form a system of three Career Colleges held under the parent organization titled Southwest College of Medical and Dental Assistants and Practical Nurses, a privately held business corporation.

GCC is a private post-secondary institution and is approved by way of accreditation (institutional) to operate and offer Associate Degree programs by the State of California Bureau of Health Education Schools (ABHES) since 2010. Accreditation is granted through February 2018. The college offers other diploma and associate degree programs in 9 specialized allied health disciplines, including vocational nursing (NCLEX-PN pass rate 70-82%). Programmatic accreditation, when applicable, is maintained and in good standing. The college has provided notification to both ABHES and BPPE regarding the establishment of the ADN program.

The Glendale Career College nursing program is located on the second floor of a two-story commercial building. The second floor consists of 10, 209 square feet of space which has been completely renovated for the nursing program. The space on this level includes three classrooms (45+ seats) with smart technology, Anatomy/Physiology/Microbiology Lab (18 seats), Nursing Skills Lab (4 beds with static, mid-fidelity manikins), and hospital equipment to simulate settings for adult, obstetric & newborn patient care. The college has plans for a Mobile Simulation Lab (2 patient care areas which can be used as alternate debriefing areas) with high fidelity manikins (Sim-Man, Sim-Mom, Sim-Newborn). A certified simulation coordinator will be hired. Student support services at the college include career services, admissions, registrar, financial aid, student advisors, and counseling. The campus is Wi-Fi capable and students have access to library databases and resources specific to the ADN program both on and off campus via the

internet. Program tuition includes textbooks, uniforms, science and nursing laboratory supplies, Wonderlik admission exam to the college, and Kaplan services (admission exam, final course exams, and review courses).

The program director (03/01/15), assistant program director (04/15), and administrative assistant (2015 are hired. The program intends to hire 5 full-time faculty (theory & clinical instructors/content experts) and 14 part-time faculty beginning in June 2016, adding faculty as students advance in the first two years of the program. The program director is also responsible for the recruitment/hiring of additional faculty support positions: Nursing Education Resources Specialist, Nursing Laboratory Coordinator, Program Coordinator, and Certified Simulation Coordinator. The recruitment/hiring of science course faculty (Anatomy, Physiology, Microbiology) will be jointly shared by the ADN program director and Science Chair. A faculty hiring and staffing plan based on the enrollment of 30 students three times a year, March/July/November, for the first two years (6 cohorts) of the program has been generated. Clinical information provided and sites visited verified there are enough clinical placements to accommodate each admission cycle.

The generic ADN program curriculum is intended to be completed in 24 continuous months/2 years, and includes the content required for licensure and college degree requirements. It is designed to offer an Associate of Arts Degree in Nursing upon program completion. The curriculum is conducted in a 16-week semester system. The program is completed in six semesters. Each semester has 12-14 units of instruction. Total Units for Licensure = 74 semester units. Total Units for Graduation = 76 semester units. Clinical nursing courses begin in the third semester semester and continue in each semester until program completion.

The curriculum plan has three levels of critical competencies: Level I – Beginning, Level II – Intermediate, and Level III – Advanced. The curriculum’s unifying theme is based upon The Nursing Process, Jean Watson’s Science of Human Caring, and Quality and Safety Education for Nurses (QSEN), with correlating competencies imbedded in the curriculum. The use of clinical simulation is included in the curriculum design.

The college has 21 clinical sites that have signed Facility Verification Forms (EDP-I-01) and clinical affiliation agreements for the proposed ADN program. Based on this information, the program will have access to the following nursing areas for clinical practice when the program is initiated: Med/Surg (acute) – 8 facilities; Obstetrics – 3 facilities; Pediatrics – 3 facilities; Mental Health/Psychiatric – 3 facilities; Geriatrics (sub-acute/ long-term care – 6 facilities. During site visits, clinical facility representatives expressed satisfaction with other GCC education programs as being a factor in deciding to accept the ADN program students.

The NEC is to visit the program and review the Mobile Simulation Laboratory prior to use by the program. The NEC will make a site visit one year after the program starts (July 2017), and prior to the first cohort of students completing the program in July 2018.

**ELC Recommendation: Grant Initial Approval of Prelicensure Nursing Program for Glendale Career College Associate Degree Nursing Program with enrollment of 60 students per year.**

**NEXT STEPS:** Notify school of Board action.

**PERSON(S) TO CONTACT:** Laura Shainian, MSN, RN, Nursing Education Consultant

**BOARD OF REGISTERED NURSING**

**REPORT OF FINDINGS**

**GLENDALE CAREER COLLEGE ASSOCIATE DEGREE NURSING PROGRAM**

**Visit Date: February 16, 2016**

**NON-COMPLIANCE(S):** None

**RECOMMENDATIONS:** None

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<p><b>SECTION 1: ADMINISTRATION AND ORGANIZATION OF THE PROGRAM</b></p> <p>1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p>	<p>Self-Study Report (SSR) pg. 3, 13 Student Handbook (SH) pg. 15, 26 Faculty Handbook (FH) pg. 15, 24 Addendum</p>	X		<p>The program has a defined Mission, Philosophy and Program Terminal Outcome statements that serve as the basis of the curriculum structure. The philosophical statement describes the concepts of human being, the art and science of nursing, health, Nursing, and the models of Watson's Science of Human Caring, Quality and Safety Education for Nurses, and the Nursing Process. The program learning outcomes reflect the philosophy and CCR Sections 1443.5 – Standard of Competent Performance, and 1426 – Required Curriculum.</p>
<p>1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.</p>	<p>SSR pgs. GCC College Catalogue (CC) Student Handbook (SH) Faculty Handbook (FH)</p>	X		<p>Policies governing college academic standards are in the 2016 GCC College Catalogue. ADN program specific policies for admission options, academic, classroom, and clinical policies and procedures are in the 2016 draft copy of the ADN program student handbook. The program has developed admission guidelines to assist with counseling for prospective applicants.</p>
<p>1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.</p>	<p>SSR pg. 31-32, 33-34; Appendix M</p>	X		<p>The Total Program Evaluation Plan has been established to guide systematic program evaluation.</p>
<p>1424(b)(2) The program shall have a procedure for resolving</p>	<p>SH pg 84</p>	X		<p>The student complaint/grievance policy and procedure</p>

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student grievances.	GCC College Catalogue (CC) pg. 24			are described in the college catalogue and ADN student handbook.
1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	SSR pg. 35, Appendix F; Appendix Y,Z,EE <b>Addendum</b>	X		The ADN program director reports to the Glendale College President. Job descriptions describe the Director, Assistant Director, Nursing Education Resource Specialist, Nursing Laboratory Coordinator, Program Coordinator, Department Administrative Assistant, Content Expert, Instructor, Assistant Instructor, and Clinical Teaching Assistant responsibilities.
1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	SSR pgs. 37-38, Appendix BB Site Visit Addendum	X		The program plans to enroll (30) students three times/yr (July, November, March). -Physical Space: The program will utilize the space on the 2 <sup>nd</sup> floor which was renovated specifically for the ADN program. There are (3) classrooms (45-50 seats) designed with smart technology specifically for the ADN program. -Anatomy/Physiology/Microbiology Lab (18 seats). -Nursing Skills Lab: Four beds, one gurney, documentation system, medication administration system, code cart, task trainers, chester chests, upper and lower torsos and medium-fidelity mannequins. Hospital equipment to simulate settings for patient care. Lab supplies and storage space. -Simulation Lab: The college has plans for a Mobile Simulation Laboratory (2 suites/debriefing area) with high

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				<p>fidelity mannequins (SimMan, SimMom, SimNewborn). A certified simulation coordinator will be hired.</p> <p>-Other: Student lounge. Staff lounge. Conference Room.</p> <p><u>Library</u> : The department houses a small library with PT librarian. There are current nursing reference texts. Students will have access to an online Learning Resource system with EBSCO host, eBooks, &amp; LIRN.</p> <p><u>Offices</u> (6): Program Director, Assistant Director, Program Administrative Assistant, 5-station common office space (FT, PT, Nursing Education Resource Specialist, Nursing Laboratory Coordinator, Program Coordinator), Librarian, and Science Chair.</p> <p><u>IT Support/Computing</u>: The campus is Wi-Fi capable. A computer lab with (32) pc's is located across the street in the main campus building. The computer lab is available to students enrolled in the college (Mon-Fri 0700-1030pm) and will also be used for Kaplan entrance testing. Laptops will be issued to full-time faculty. Laptops will be made available for students to check-out and use while on campus during class, and to access online resources or the college's learning management system (Moodle).</p> <p><u>Faculty</u>: Program Director (03/01/2015), program Assistant Director (04/2015) and Administrative Assistant are hired (2015).</p> <p>The program intends to recruit (5) full-time faculty (theory/clinical) for instruction/content experts and (14) part-time nursing faculty beginning in June 2016 for the</p>

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				<p>first two years (2 cohorts) of the ADN program. Full-time nursing faculty position #1- Med/Surg, #2- Med/Surg, #3- PMH/Med/Surg, #4-OB/ Peds, #5-Med/Surg. The part-time nursing faculty are planned for clinical instruction. The ADN Program Director and Science Chair are jointly responsible for the recruitment/hiring of science course faculty (Anatomy, Physiology, &amp; Microbiology).  <u>Other:</u> positions for hiring – Nursing Education Resource Specialist (1.0 FTE), Nursing Laboratory Coordinator (1.0 FTE), Program Coordinator (1.0 FTE) and Certified Simulation Coordinator (1.0 FTE).  <u>Support Services:</u> Career Services, Admissions, Registrar, Financial Aid, Student Advisors, and assistance with life related issues (Counseling) is available to students.                      Program tuition includes the following: text books, uniforms and nursing and science laboratory supplies, Wonderlik admission exam to the college, and Kaplan services (admission exam, final course exams, and review course).</p>
<p>1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.</p>	<p>SSR pg. 38-40; Job descriptions Appendix: Y Addendum</p>	<p>X</p>		<p>The program director and assistant program director will have 100% release time for program administration for the first year of the program. After the first year of the program, the program director will have administrative duties and teaching (teaching 3 units of nursing once a</p>

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				year, and "as needed") responsibilities. The assistant program director will also have teaching responsibilities (teach on an "as needed" basis) in addition to administrative duties after the first year.
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	SSR pg. 39 Assistant Director Job description Appendix: Z	X		Job position description includes the authority to assume program director's responsibilities in her absence.
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	SSR pg. 58 FH pg. 65-86 Appendix L, EE	X		Full-time faculty have classroom and clinical responsibility, and part-time faculty have clinical responsibility. Part-time faculty work in conjunction with full-time faculty in development and implementation of the curriculum. The Content Expert/Lead Faculty and part-time instructors will communicate regularly to assure consistent and appropriate learning experiences. Full-time and part-time faculty will attend monthly faculty meetings to discuss program and curriculum issues.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose	SSR pg. 41-42 Appendix FF Addendum	X		The program intends to hire (5) full-time faculty with expertise in the areas of Medical/Surgical, OB, Pediatrics, Mental Health/Psychiatric and Geriatric nursing to serve as content experts. The program plans to hire (8) part-time faculty within the first two years to

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teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.				support clinical instruction.
1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	SSR pg. 44	X		The program is not planning to use at this time.
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	SSR pg. 44 Job descriptions	X		
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	SSR pg. 44	X		Faculty: Student ratio in the clinical setting is planned for no more than 1:10 and may be less depending on the course and clinical setting.
<b>SECTION 2: FACULTY QUALIFICATIONS AND CHANGES:</b>				



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<p>(2) One (1) years' experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);</p> <p>(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or</p> <p>(5) Equivalent experience and/or education, as determined by the board</p>	Not Applicable	X		<p>Mount St. Mary's College – Program Director ADN Program, and RN-BSN Program – September 2007 to November 2014</p> <p>Mount St. Mary's College – Associate Professor – June 2007 to May 2015</p> <p>St. Mary's Hospital, Milwaukee, Wisconsin – Jan. 1971- Dec. 1974.</p>
<p>1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.</p>	Appendix DD	X		<p>James R. Kennett's qualifications meet BRN requirements for Assistant Program Director. Hired by the program April 2015.</p>
<p>1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</p>	SSR pg. 53-54 Appendix EE Addendum	X		<p>The program has a scheduled plan to hire faculty who will meet BRN requirements for instructor.</p>

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(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) years' experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.				
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	Not hired at this time,			The program has a scheduled plan to hire faculty who will meet BRN requirements for assistant instructor.
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the	Not hired at this time			The program has a scheduled plan to hire faculty who will meet BRN requirements for clinical teaching assistant.

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designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.				
<p>1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	<p>SSR pg. 56-57</p> <p>Faculty Instructor/Content Expert Job Descriptions Appendix EE</p>			<p>Full-time faculty positions (5) when hired will also serve as content experts.</p>
<p><b>SECTION 3: FACULTY RESPONSIBILITIES</b></p> <p>1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	<p>SSR pg. 58: Appendix EE Faculty Job Descriptions</p>	X		<p>Faculty job descriptions depict faculty responsibilities.</p>

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	Addendum			
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	SSR pg. 60 Faculty Handbook pg. 82-85 Appendix GG	X		The program has a defined plan for faculty orientation to include the College's Faculty Development courses in Instructional Methodology and Principles of Adult Learning available on the college's website (LMS platform Moodle), and Mentorship of new faculty by qualified experienced faculty.
1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program	SSR pg. 60	X		Faculty will be responsible for ADN program students as noted in the program clinical affiliation agreement.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	SSR pg. 41-42	X		The faculty hiring plan specifies the clinical competency requirements for the (5) nursing areas.

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<p><b>SECTION 4: REQUIRED CURRICULUM</b></p> <p>1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation</p>	<p>SSR pg.114, 136</p>	<p>X</p>		<p>The generic ADN program curriculum is intended to be completed in 24 continuous months (2 years/six semesters), and includes the content required for licensure and college degree requirements. It is designed to offer an Associate of Arts Degree in Nursing upon program completion.</p>
<p>1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.</p>	<p>SSR pg. 74 SH pg. 19 Syllabi</p>	<p>X</p>		<p>The unifying theme/theoretical framework of the curriculum is based the concepts of Jean Watson's Science of Human Caring (10 Carative Factors), Quality and Safety Education for Nurses, and the Nursing Process, with competencies imbedded in the curriculum. The use of clinical simulation is included in the curriculum design.</p>
<p>1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:</p> <p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or</p>	<p>BRN Curriculum Plan Forms EDP-P-06 Addendum</p>	<p>X</p>		<p>The curriculum is conducted in a traditional 16-week (some courses with compressed format of 8 weeks) semester system. The program is completed in (6) semesters each lasting 16-weeks. Each semester has 12-14 semester units.</p> <p>Total Units For Licensure = (74) semester units._Total Units For Graduation = (76) quarter units.</p>

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<p>twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p> <p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.</p> <p>(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>		X		Total Nursing Units = 46 semester units Total Theory = 27 quarter units Total Clinical = 19 quarter units Other Degree Requirements: 2 units
		X		Total Communication Units = 6 semester units
		X		Total Science Units = 22 semester units
<p>1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p>	<p>SSR pg. 76-79, 81-82 Appendix Syllabi EDP-P-06 Form Addendum</p>	X		<p>Nursing courses combine theory with clinical content to be taught concurrently in each semester. Syllabi describe co-requisite course requirements. Nursing theory builds concepts from simple to complex to critical. Clinical nursing courses begin in semester 3 and continue in each semester until program completion. The curriculum plan has (3) levels: Level 1- Beginning, Level II – Intermediate and Level III – Advanced. Course objectives and content reflect terminal program outcomes and required content.</p>
<p>1426(e) The following shall be integrated throughout the entire nursing curriculum:</p>	<p>SSR pg. 7-12,100-113; Appendix E;</p>	X		<p>Process threads integrated into the curriculum/syllabi include:</p>

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<p>(1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</p>	Syllabi	<p>X X X  X  X  X</p>		<p>Watson's 10 Carative Factors – Humanism/Altruism, Faith-Hope, Sensitivity to Self &amp; Others, Helping &amp; Trusting Relationships, Positive &amp; Negative Feelings, Scientific Problem Solving, Interpersonal Teaching/Learning, Supporting/Protecting/Correcting Mental, Physical, Socio-Cultural, and Spiritual Environments, Gratification of Human Needs, Existential Phenomenological Forces; <u>QSEN</u> – Patient Centered Care, Safety, Informatics, Team Work &amp; Collaboration, Quality Improvement Evidenced-Based Practice; <u>The Nursing Process</u>: Assessment, Diagnosis, Outcomes/Planning, Implementation/Interventions, Evaluation</p>
<p>1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.</p>	SSR pg. 113-114 Appendix P Addendum	X		<p>Clinical evaluation tools reflect leveled competencies and terminal program outcomes: Application of Watson's 10 Carative Factors ("Caritas Process"), QSEN, the Nursing Process, and Professionalism. Grading rubrics support use of the tool.</p>
<p>1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:</p>	EDP-P-05 Form Addendum	X		<p>The curriculum plan is consistent with required hours. 1 unit of theory = 16 hours</p>

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<p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</p>		X		<p>1 unit of clinical practice = 48 hours  Clinical practicums are 16 hours a week/two (8) hour days for 8 weeks, except for the final (6<sup>th</sup>) semester clinical which will be one 12-hour day each week for 16 weeks.</p>
<p><b>SECTION 5: PRECEPTORSHIP</b> (Program may choose to include preceptorship in the curriculum)</p> <p>1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:</p> <p>(a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty</p>	<p>Not Applicable at the time of initial program approval</p>			<p>The proposed curriculum does not include a preceptorship course or component of a course.</p>

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

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<p>evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements</p>				
<p><b>SECTION 6: CLINICAL FACILITIES</b>  1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.</p>	<p>SSR 117-119 and Tab 6; Appendix W; Nursing Curriculum and Clinical Facilities (EDP-P-11) Form Addendum</p>	<p>X</p>		<p>The college has (21) clinical sites that have signed Facility Verification Forms (EDP-I-01) and clinical affiliation agreements for the proposed ADN Program. Based on the information in the Facility Verification Forms, the ADN program will have access to the following nursing areas for clinical practice when the program is initiated: Med/Surg: Acute(6)facilities Obstetrics: (3) facilities Pediatrics ( 3) facilities Mental Health/Psychiatric: (3) facilities Geriatrics: (6) facilities NEC conducted site visits on Feb 16, 2016, to (7) clinical facilities, and on February 17, 2016, to (1) clinical facility the program intends to use.</p>

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1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	SSR pg. 29, 45, 120-123	X		Program director and the Assistant Program Director to provide ADN program objectives to clinical facilities. Lead faculty will also be in contact with representatives of the clinical agency to keep them up to date on the status of the program.
1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:  (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program	SSR pg. 121-122 GCC Clinical Affiliation Agreement Appendix HH Addendum	X  X  X  X  X		Clinical affiliation agreement contains all regulation requirements.
1427(d) In selecting a new clinical agency or facility for student	Signed Facility	X		The program will be participating in the Centralized

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placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	Verification Forms Site Visit			Clinical Placement System (CCPS) – which is the statewide clinical forum in both Los Angeles and Orange County – and is partnering with San Bernardino and Riverside county affiliates for clinical placement.  During site visits clinical facility representatives expressed satisfaction with other GCC education programs as being a factor in deciding to accept the ADN program students, and that adding the students would not displace other R.N. program students.
<p><b>SECTION 7: STUDENT PARTICIPATION</b></p> <p>1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p> <p>(a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.</p>	SSR pgs.126-127, Appendix S, T, U, Q Total Program Evaluation Plan	X  X X X		Students will complete surveys each semester for course, faculty, and clinical facility experience, and for the program as a whole in the final semester. Alumni and employer surveys will be conducted at years 1, 2, and 5. Additional program evaluation input will be received from students via surveys to evaluate different aspects of courses, program, and learning methods/activities.
<p><b>SECTION 8: LVN 30 UNIT AND 45 QUARTER UNIT OPTION</b></p>	SSR pg. 130, 54	X		The 30-Unit option for advanced placement admission for CA VN is described the ADN student handbook

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1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	SH pg. 36			
1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken	SSR pg.130, 132	X		The program director or faculty-designee will provide objective counseling for the 30-unit option.
1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional	SSR pg. 132  BRN Form (EDP-P-06) Addendum	X		The Content Required For Licensure Form includes the required courses for completion of the option.

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<p>education requirement.</p> <p>Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.</p>	<p>SSR pg. 132</p>	<p>X</p>		
<p><b>SECTION 9: OTHER BOARD POLICIES</b></p> <p>1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.</p>	<p>SSR pg. 134-137 College Catalogue</p> <p>SH – pg. 64-67 Addendum</p>	<p>X</p>		<p>The program has defined options for advance placement for VN applicants to receive credit. Transfer/Challenge of non-nursing and nursing courses are described in the ADN student handbook. The program intends to make the information available in the college catalog and on the ADN program website.</p>
<p>1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy-five percent</p>	<p>SSR pg. 12</p> <p>Not applicable at</p>	<p>X</p>		<p>The program plans to retain a full time non-faculty Nursing Education Resource Specialist position who will be a dedicated resource for student success and remediation.</p>

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<p>(75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p> <p>(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.</p> <p>(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.</p>	<p>time of initial program approval</p>			
<p>1432. Changes to an Approved Program</p> <p>(a) Each nursing program holding a certificate of approval shall:</p> <p>(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.</p> <p>(2) Notify the board within ten (10) days of any:</p> <p>(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.</p> <p>(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing</p>	<p>SSR pg. 139</p>	<p>X</p>		

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<p>program is located or with which it is affiliated that will affect the nursing program. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.</p>				

Glendale Career College Faculty Hiring Plan  
3 Starts of 30 Students - Starting July 2016

July 16 - 1st cohort - 30 Students

1st Semester  
ANT201/L  
PHY202/L  
ENG101  
COM101

November 16 - 2nd cohort - 60 Students

1st Semester  
ANT201/L  
PHY202/L  
ENG101  
COM101

March 17 - 3rd cohort - 90 Students

2nd Semester  
MIC203L  
PSY101  
PSY201  
SOC101

1st Semester  
ANT201/L  
PHY202/L  
ENG101  
COM101

July 17 - 4th cohort - 120 Students

2nd Semester  
MIC203L  
PSY101  
PSY201  
SOC101

1st Semester  
ANT201/L  
PHY202/L  
ENG101  
COM101

November 17 - 5th cohort - 150 Students

3rd Semester - 8<sup>1</sup>  
ADN101<sup>1</sup> - Faculty #1  
ADN109 - Faculty #2  
3rd Semester - 8<sup>2</sup>  
ADN101<sup>2</sup> - Faculty #1  
ADN102 - Faculty #2  
+2 Adjuncts

2nd Semester  
MIC203L  
PSY101  
PSY201  
SOC101

1st Semester  
ANT201/L  
PHY202/L  
ENG101  
COM101

March 18 - 6th cohort - 180 Students

**Totals**  
2 Fulltime Faculty  
2 Adjunct Faculty

3rd Semester - 8<sup>1</sup>  
ADN101<sup>1</sup> - Faculty #1  
ADN109 - Faculty #2  
3rd Semester - 8<sup>2</sup>  
ADN101<sup>2</sup> - Faculty #1  
ADN102 - Faculty #2  
2 Adjuncts

2nd Semester  
MIC203L  
PSY101  
PSY201  
SOC101

1st Semester  
ANT201/L  
PHY202/L  
ENG101  
COM101

4th Semester - 8<sup>1</sup>  
ADN105 - Faculty #3  
4th Semester - 8<sup>2</sup>  
ADN108 - Faculty #3  
+5 Adjuncts

3rd Semester - 8<sup>1</sup>  
ADN101<sup>1</sup> - Faculty #1  
ADN109 - Faculty #2  
3rd Semester - 8<sup>2</sup>  
ADN101<sup>2</sup> - Faculty #1  
ADN102 - Faculty #2  
2 Adjuncts

2nd Semester  
MIC203L  
PSY101  
PSY201  
SOC101

**Totals**  
3 Fulltime Faculty  
7 Adjunct Faculty

4th Semester - 8<sup>1</sup>  
ADN105 - Faculty #3  
4th Semester - 8<sup>2</sup>  
ADN108 - Faculty #3  
5 Adjuncts

3rd Semester - 8<sup>1</sup>  
ADN101<sup>1</sup> - Faculty #1  
ADN109 - Faculty #2  
3rd Semester - 8<sup>2</sup>  
ADN101<sup>2</sup> - Faculty #1  
ADN102 - Faculty #2  
2 Adjuncts

5th Semester - 8<sup>1</sup>  
ADN104 - Faculty #4  
5th Semester - 8<sup>2</sup>  
ADN103 - Faculty #4  
+ 5 Adjuncts

4th Semester - 8<sup>1</sup>  
ADN105 - Faculty #3  
4th Semester - 8<sup>2</sup>  
ADN108 - Faculty #3  
5 Adjuncts

**Totals**  
4 Fulltime Faculty  
12 Adjunct Faculty

5th Semester - 8<sup>1</sup>  
ADN104 - Faculty #4  
5th Semester - 8<sup>2</sup>  
ADN103 - Faculty #4  
5 Adjuncts

6th Semester 8<sup>1</sup>  
ADN106<sup>1</sup> - Faculty #5  
ADN107 - Faculty #5  
6th Semester 8<sup>2</sup>  
ADN106<sup>2</sup> - Faculty #5  
ADN110 - Faculty #5  
+2 Adjuncts

**Totals**  
5 Fulltime Faculty  
14 Adjunct Faculty



**ADN PROGRAM**

**INDEX OF CLINICAL SITES – 21 SITES TOTAL\***

<b>AGENCY UNITS</b>	<b>ALL</b>	<b>USING</b>
<b>MEDICAL SURGICAL (MS)</b>	<b>6</b>	<b>5</b>
<b>OBSTETRICAL (OB)</b>	<b>3</b>	<b>2</b>
<b>MENTAL HEALTH (MH)</b>	<b>3</b>	<b>2</b>
<b>PEDIATRICS (PEDS)</b>	<b>3</b>	<b>2</b>
<b>GERONTOLOGY (GERO)</b>	<b>6</b>	<b>3</b>
<b>TOTAL AGENCIES</b>	<b>21</b>	<b>14</b>

\*AFFILIATION AGREEMENT ON FILE AT GCC/EDP-P-01 SIGNED

<b>Agency Name Contact</b>	<b>Agency Address</b>	<b>Miles from GCC</b>	<b>Licensing, Beds &amp; Rotations</b>
<b>Atherton</b> Cathy Griffin 626 863 1739	214 S. Atlantic Blvd. Alhambra 91801	12 Miles	SNF: 99 Beds GERO
<b>Aurora Behavioral Charter Oak</b> Shelia Cordova 626 859 5236	1161 E. Covina Covina 91724	27.5 Miles	Acute Psych: 134 Beds MH
<b>Beverly Hospital</b> Cathryn Ross, CNO 323 726-1222	309 W. Beverly Montebello 90640	19.8 Miles	Acute: 224 Beds MS, OB, PEDS
<b>Broadway by the Sea</b> Kerry Vill or Spencer 562 434 4495	2724 E. Broadway Long Beach 90803	34 Miles	SNF: 98 Beds GERO
<b>Foothill Presbyterian</b> Lourdes Caseo, PhD 626 962 4011	250 S. Grand Glendora 91741	25 Miles	Acute: 105 Beds MS
<b>Gardenview</b> Eden Mantalbo, DON 626 962 7095	14475 Gardenview Baldwin Park 91706	25.6 Miles	SNF: 97 Beds GERO
<b>Intercommunity</b> Lourdes Caseo, PhD 626 962 4011	210 S. San Bernardino Covina 91723	25.2 Miles	Acute: 193 Beds MS



<b>Agency Name Contact</b>	<b>Agency Address</b>	<b>Miles from GCC</b>	<b>Licensing, Beds &amp; Rotations</b>
<b><i>Keck USC</i></b> Annette Sy, CNO 323 442 9706	1500 San Pablo Los Angeles 90033	11 Miles	Acute: 401 Beds MS
<b><i>Pacifica Hospital of the Valley</i></b> Patricia Golden 818 252 2238	9449 San Fernando Sun Valley 91352	11.8 Miles	Acute: 231 Beds MH
<b><i>Queen of the Valley</i></b> Lourdes Caseo, PhD 626 962 4011	1115 S. Sunset West Covina 91790	27.3 Miles	Acute: 325 Beds MS, OB, PEDS
<b><i>Ramona Nursing Rehab Center</i></b> Mariyn Schumacher 626 442 5721	11900 Ramona El Monte 91732	22.5 Miles	SNF: 148 Beds GERO
<b><i>Silverado Senior Living</i></b> Jean De Guzman 626 812 9777	125 W. Sierra Madre Azusa 91702	22.2 Miles	RCF: 87 Beds GERO
<b><i>Silverado Senior Living</i></b> April Ulloa, ADHS 626-537-4146	1118 N. Stoneman Alhambra 91801	10.9 Miles	RCF: 84 Beds GERO
<b><i>Totally Kids</i></b> Amanda Rey Mangabat 818 252 5863 x223	10716 La Tuna Canyon Sun Valley 91352	10.3 Miles	SNF: 45 Beds PEDS
<b><i>USC Verdugo Hills</i></b> Debbie Walsh 818 952 2208	1812 Verdugo Glendale 91208	7 Miles	Acute: 158 Beds MS, OB, MH

**Beginning of Clinical Rotations - First Start - Cohort 1  
1st Semester & 2nd Semester GEs - Cohorts 2 & 3**

**Course**  
GEs

**Clinical Sites**

<b>Cohort 3 - Semester 1 - GE</b>
<b>Cohort 2 - Semester 2 - GE</b>

**3rd Semester/1st Semester of Nursing Program - Cohort 1**

**102**  
Into Med/Surg

<b>2nd 8Weeks- 120 hours (2.5 units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
<b>1 Foothill Sa &amp; Su 7a-3p</b>
<b>2 Keck USC Sa &amp; Su 7a-3pp</b>
<b>3 Intercommunity Sa &amp; Su 7a-3pp</b>

**Second Start of clinical rotations - Cohort 2  
1st Semester & 2nd Semester GEs - Cohorts 3 & 4**

**Course**  
GEs

**Clinical Sites**

<b>Cohort 4 - Semester 1 - GE</b>
<b>Cohort 3 - Semester 2 - GE</b>

**3rd Semester/1st Semester of Nursing Program - Cohort 2**

**102**  
Into Med/Surg

<b>2nd 8Weeks- 120 hours (2.5 units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 Foothill Sa & Su 7a-3p
2 Keck USC Sa & Su 7a-3p
3 Intercommunity Sa & Su 7a-3p

**4th Semester/2nd Semester of Nursing Program - Cohort 1**

**105**  
Mental Health

<b>1st 8Weeks 120 hours (2.5units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 Aurora Charter Oak Sa&Su 7a-3p
2 Aurora Charter Oak Th&Fr 7a-3p
3 Pacifica Sa&Su 7a-3p
Backup if needed: Verdugo Hills

**4th Semester/2nd Semester of Nursing Program - Cohort 1**

**108**  
Inter Med/Surg

<b>2nd 8Weeks 120 hours (2.5units) 15hrs/day ∞ Theory: 8hrs/wk</b>
1 Romona Sa&Su 7a-3p
3 Atherton Th & Fr 7a-3p
4 Garden View Sa&Su 7a-3p

**Third Start of clinical rotations - Cohort 3  
1st Semester & 2nd Semester GEs - Cohorts 4 & 5**

**Course**  
GEs

**Clinical Sites**

<b>Cohort 5 - semester 1 - GE</b>
<b>Cohort 4 - semester 2 - GE</b>

**3rd Semester/1st Semester of Nursing Program - Cohort 3**

**102**  
Into Med/Surg

<b>2nd 8Weeks- 120 hours (2.5 units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 Foothill Sa & Su 7a-3p
2 Keck USC Sa & Su 7a-3p
3 Intercommunity Sa & Su 7a-3p

**4th Semester/2nd Semester of Nursing Program - Cohort 2**

**105**  
Mental Health

<b>1st 8Weeks 120 hours (2.5units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 Aurora Charter Oak Sa&Su 7a-3p
2 Aurora Charter Oak Th&Fr 7a-3p
3 Pacifica Sa&Su 7a-3p
Backup if needed: Verdugo Hills

**4th Semester/2nd Semester of Nursing Program - Cohort 2**

**108**  
Inter Med/Surg

<b>2nd 8Weeks 120 hours (2.5units) 15hrs/day ∞ Theory: 8hrs/wk</b>
1 Romona Sa&Su 7a-3p
3 Atherton Th & Fr 7a-3p
4 Garden View Sa&Su 7a-3p

**5th Semester/3rd Semester of Nursing Program - Cohort 1**

**104**  
OB

<b>1st 8Weeks 120 hours (2.5units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 QVC Sa&Su 7a-3p
3 Beverly Hospital Sa&Su 7a-3p
4 Beverly Hospital Th&Fr 7a-3p
Back up if needed: Verdugo Hills
Mother/Baby(Postpartum) 60hours
L&D 45hours
newborn/NICU 15hours

**5th Semester/3rd Semester of Nursing Program - Cohort 1**

**103**  
PEDS

<b>2nd 8Weeks 120 hours (2.5units) 15hrs/wk for 8wk ∞ Theory: 8hrs/wk</b>
1 QVC Sa&Su 7a-3p
2 QVC Th&Fr 7a-3p
3 Beverly Sa&Su 7a-3p
Back up if needed: Totally Kids
General PEDS 75hours
PICU 45hours or other PEDS services

**Fourth Start of clinical rotations - Cohort 4  
1st Semester & 2nd Semester GEs - Cohorts 5 & 6**

**Course**  
GEs

**Clinical Sites**

<b>Cohort 6 - Semester 1 - GE</b>
<b>Cohort 5 - Semester 2 - GE</b>

**3rd Semester/1st Semester of Nursing Program - Cohort 4**

**102**  
Into Med/Surg

<b>2nd 8Weeks- 120 hours (2.5 units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 Foothill Sa & Su 7a-3p
2 Keck USC Sa & Su 7a-3pp
3 Intercommunity Sa & Su 7a-3p

**4th Semester/2nd Semester of Nursing Program - Cohort 3**

**105**  
Mental Health

<b>1st 8Weeks 120 hours (2.5units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 Aurora Charter Oak Sa&Su 7a-3p
2 Aurora Charter Oak Th&Fr 7a-3p
3 Pacifica Sa&Su 7a-3p
Backup if needed: Verdugo Hills

**4th Semester/2nd Semester of Nursing Program - Cohort 3**

**108**  
Inter Med/Surg

<b>2nd 8Weeks 120 hours (2.5units) 15hrs/day ∞ Theory: 8hrs/wk</b>
1 Romona Sa&Su 7a-3p
3 Atherton Th & Fr 7a-3p
4 Garden View Sa&Su 7a-3p

**5th Semester/3rd Semester of Nursing Program - Cohort 2**

**104**  
OB

<b>1st 8Weeks 120 hours (2.5units) 15hrs/wk ∞ Theory: 6hrs/wk</b>
1 QVC Sa&Su 7a-3p
3 Beverly Hospital Sa&Su 7a-3p
4 Beverly Hospital Th&Fr 7a-3p
Back up if needed: Verdugo Hills
Mother/Baby(Postpartum) 60hours

L&D 45hours  
newborn/NICU 15hours

**103**  
PEDS

**5th Semester/3rd Semester of Nursing Program - Cohort 2**

<b>2nd 8Weeks 120 hours (2.5units) 15hrs/wk for 8wk ∞ Theory: 8hrs/wk</b>
1 QVC Sa&Su 7a-3p
2 QVC Th&Fr 7a-3p
3 Beverly Sa&Su 7a-3p
Back up if needed: Totally Kids

General PEDS 75hours  
PICU 45hours or other PEDS services

**106**  
Adv Med/Surg

**6th Semester 4th Semester of Nursing Program - Cohort 1**

<b>192 hours (4units) 12hrs/wk for 16wks ∞ Theory: 4hrs/wk</b>
1 Intercommunity Sa 7a-7p
2 QVC Sa 7a-7p
3 Foothill Sa 7a-7p

**TOTAL CURRICULUM PLAN**

(916) 322-3350

Submit in duplicate

Name of School: <b>Glendale Career College</b>											Date Submitted:							
Associate Degree in Nursing Program											January 2016							
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree											For BRN Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved							
Revision: <input type="checkbox"/> Major <input type="checkbox"/> Minor					Effective Date:		Pending											
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.											By:							
Check appropriate year: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4											Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter		*Wk:		16			
											Total		Theory		Lab		Total Hours	
<b>First Semester</b>											Total Units	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab	
	M	S	O	C	P	G	**Wk:											
ANT201 Human Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
ANT201L Human Anatomy Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	1		0	1	3	0	48				
PHY202 Human Physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
PHY202L Human Physiology Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	1		0	1	3	0	48				
COM101 Oral Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
ENG101 English Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0				
<b>Total</b>									14	12	12	2	6	192	96			
<b>Second Semester</b>															Total Hours			
	M	S	O	C	P	G	**Wk:											
MIC203 Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
MIC203L Microbiology Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	2		0	2	6	0	96				
PSY201 Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
PSY201 Growth & Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
SOC101 Sociology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	3	3	3		0	48	0				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0		0		0	0	0				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0				
<b>Total</b>									14	12	12	2	6	192	96.5			
<b>Third Semester</b>															Total Hours			
8 <sup>1</sup> 1st 8wks; 8 <sup>2</sup> 2nd 8wks	M	S	O	C	P	G	**Wk:											
ADN101 Fundamentals of Nrsng (16weeks)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	4.5	2	2	2.5	7.5	32	120				
ADN109 Pharmacological Nrsng (8 <sup>1</sup> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	2	2	4		0	32	0				
ADN102 Intro to Med/Surg (8 <sup>2</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	5.5	3	6	2.5	15	48	120				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0				
<b>Total</b>									12	7	12	5	22.5	112	240			

\* Number of weeks per semester / quarter

\*\* Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank  
 Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

EDP-P-05a (Rev. 08/10)  
 State of California

Department of Consumer Affairs  
 Board of Registered Nursing

**TOTAL CURRICULUM PLAN**

(916) 322-3350

Submit in duplicate

Name of School: <b>Glendale Career College</b>											Date Submitted:																											
Associate Degree in Nursing Program											January 2016																											
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree											For BRN Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved																											
Revision: <input type="checkbox"/> Major <input type="checkbox"/> Minor					Effective Date:		Pending																															
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.											By:																											
Check appropriate year: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4											Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter		*Wk:		16																							
											Total Units		Theory		Lab		Total Hours																					
<b>Fourth Semester</b>																																						
8 <sup>1</sup> 1st 8wks; 8 <sup>2</sup> 2nd 8wks																																						
											M		S		O		C		P		G		**Wk:															
ADN105 Mental Health Nrsng (8 <sup>1</sup> )											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		8		5.5		3		6		2.5		15		48		120	
ADN108 Inter Med/Surg Nrsng (8 <sup>2</sup> )											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		8		6.5		4		8		2.5		15		64		120	
ADN098 Bridging Nrsng Care* (8 <sup>1</sup> )											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		1		0.5		1		0.5		3		8		24	
*For APVN and APVN-30											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
<b>Total</b>																							13		7.5		15		5.5		33		120		264			
<b>Fifth Semester</b>																																						
8 <sup>1</sup> 1st 8wks; 8 <sup>2</sup> 2nd 8wks																																						
											M		S		O		C		P		G		**Wk:															
ADN104 Obstetrial Nrsng (8 <sup>1</sup> )											<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		5.5		3		6		2.5		15		48		120	
ADN103 Pediatric Nrsng (8 <sup>2</sup> )											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		6.5		4		8		2.5		15		64		120	
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
<b>Total</b>																							12		7		14		5		30		112		240			
<b>Sixth Semester</b>																																						
8 <sup>1</sup> 1st 8wks; 8 <sup>2</sup> 2nd 8wks																																						
											M		S		O		C		P		G		**Wk:															
ADN106 Adv Med/Surg Nrsng (16wks)											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		16		8		4		4		4		12		64		192	
ADN107 Transition to RN (8 <sup>1</sup> )											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		2		2		4				0		32		0	
ADN110 NCLEX Review (8 <sup>2</sup> )											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		2		2		4				0		32		0	
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					
											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1				0		0		0		0					

	<input type="checkbox"/>	1			0		0	0	0					
	<input type="checkbox"/>	1			0		0	0	0					
<b>Total</b>								12	8	12	4	12	128	192

\* Number of weeks per semester / quarter

\*\* Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank

Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

EDP-P-05a (Rev. 08/10)

**REQUIRED CURRICULUM:  
CONTENT REQUIRED FOR LICENSURE**

Submit in **DUPLICATE**.

(916) 322-3350

Program Name: <b>Glendale Career College</b>	<b>For Board Use Only</b>  Approved by: _____, NEC  Date: _____  <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate	
Requesting new Curriculum Approval: <input type="checkbox"/> Major <input type="checkbox"/> Minor Date of Implementation:   July 2016	
Academic System: <input checked="" type="checkbox"/> Semester <u>16</u> weeks/semester <input type="checkbox"/> Quarter   _____ weeks/quarter	

**REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426**

	Semester Units	Quarter Units	Current BRN-Approved Curriculum	Proposed Curriculum Revision <small>*Place asterisk next to proposed change</small>
Nursing	<b>36</b>	<b>54</b>		<b>*46</b>
Theory	(18)	(27)		*(27)
Clinical	(18)	(27)		*(19)
Communication Units	6	9		*(6)
Science Units	16	24		*(22)
<b>TOTAL UNITS FOR LICENSURE</b>	<b>58</b>	<b>87</b>		<b>*(74)</b>
Other Degree Requirements: <i>ADN110 NCLEX Review</i>				*(2)
<b>TOTAL UNITS FOR GRADUATION</b>				<b>*76</b>

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

REQUIRED CONTENT	Course Number	Course Titles
Alcohol & chemical Dependency	ADN105	Mental Health Nursing Care
Personal Hygiene	ADN101	Fundamentals of Nursing Care
Human Sexuality	ADN105 ADN104	Mental Health Nursing Care Obstetrical Nursing Care
Client Abuse	ADN101 ADN103 ADN106	Fundamentals of Nursing Care Pediatric Nursing Care Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult
Cultural Diversity	SOC101 ADN101	Sociology Fundamentals of Nursing Care
Nutrition	ADN101 ADN102  ADN108 ADN103 ADN104 ADN106	Fundamentals of Nursing Care Introduction to Medical Surgical Nursing: Basic Care of the Hospitalized Adult  Intermediate Medical Surgical Nursing: Care of Gerontological Patients Pediatric Nursing Care Obstetrical Nursing Care Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult

REQUIRED CONTENT	Course Number	Course Titles
Pharmacology	ADN109	Pharmacological Nursing Care
Legal Aspects	ADN101 ADN107	Fundamentals of Nursing Care Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult
Social/Ethical Aspects	SOC101 ADN101 ADN107	Sociology Fundamentals of Nursing Care Transition to RN
Management/Leadership	ADN101 ADN102  ADN108 ADN106  ADN107	Fundamentals of Nursing Care Introduction to Medical Surgical Nursing: Basic Care of the Hospitalized Adult  Intermediate Medical Surgical Nursing: Care of Gerontological Patients Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult  Transition to RN

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

REQUIRED CONTENT	Course Number	Course Title	Units
<b>NURSING</b>			
Medical-Surgical	ADN101	Fundamentals of Nursing Care	4.5
	ADN102	Introduction to Medical Surgical Nursing: Basic Care of the Hospitalized Adult	5.5
	ADN108	Intermediate Medical Surgical Nursing: Care of Gerontological Patients	6.5
	ADN106	Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult	8
	ADN109	Pharmacological Nursing Care	2
Obstetrical	ADN104	Obstetrical Nursing Care	5.5
Pediatric	ADN103	Pediatric Nursing Care	6.5
Psych/Mental Health	ADN105	Mental Health Nursing Care	5.5
Geriatrics	ADN108	Intermediate Medical Surgical Nursing: Care of Gerontological Patients	(6.5)
	ADN106	Advance Medical Surgical Nursing Care	(8)
<b>BASIC SCIENCES</b>			
Anatomy	ANT201	Human Anatomy	3,1
	ANT201L	Human Anatomy Lab	
Physiology	PHY202	Human Physiology	3,1
	PHY202L	Human Physiology Lab	
Microbiology	MIC203	Microbiology	3,2
	MIC203L	Microbiology Lab	
Societal/Cultural Pattern	SOC101	Sociology	3
Psychology	PSY101	Psychology	3
Psychology	PSY201	Growth & Development	3
<b>COMMUNICATION</b>			
Group	COM101	Oral Communication	3
Verbal	COM101	Oral Communication	(3)
Written	ENG101	English Composition	3
<b>* TOTAL UNITS</b>			<b>76</b>

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

**LVN 30 UNIT OPTION**

<b>REQUIRED CONTENT</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Units</b>
<b>NURSING</b>			
Bridge Course	ADN098	Bridging Nursing Care	1
Advanced Medical-Surgical	ADN106	Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult	8
Psych/Mental Health	ADN105	Mental Health Nursing Care	5.5
Geriatrics	ADN108	Intermediate Medical Surgical Nursing: Care of Gerontological Patients	6.5
Management/Leadership	ADN108	Intermediate Medical Surgical Nursing: Care of Gerontological Patients	(6.5)
	ADN106	Advanced Medical Surgical Nursing: Care of the Critically Ill Hospitalized Adult	(8)
<b>BASIC SCIENCES</b>			
Physiology	PHY202	Human Physiology	3
	PHY202L	Human Physiology Lab	1
Microbiology	MIC203	Microbiology	3
	MIC203L	Microbiology Lab	2
<b>TOTAL UNITS</b>			<b>30</b>
Signature Program Director/Designee:		Date:	
<i>Dr. Lolai B. Smith</i>		<i>4-06-2016</i>	

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.5**

**DATE: June 16, 2016**

**ACTION REQUESTED:** Vote on Whether to Grant Extension for California Career College (CCC) Associate Degree Nursing Program Initial Approval

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:** Susan Naimi, MSN, RN founded California Career College in 2001 and has served as President for the school's LVN program since its inception in 2002.

The Board approved the CCC's Feasibility Study on April 3, 2014. CCC hired Elizabeth Estrada, MSN, RN, who was approved on June 22, 2015 as Director of the ADN program to complete the initial program approval of the proposed nursing program.

The Board's policy on initial program approval permits a new program a two-year period to complete the new program application process from the time of the feasibility approval to starting the program and initial enrollment of students. When this timeline is missed, the program is required to restart the initial process from the beginning, submitting a letter of intent. CCC's two-year period deadline for approval process completion was April 3, 2016.

The program submitted their first self-study on October 14, 2015. Miyo Minato, SNEC and Dr. Linda Sperling, NEC have been working closely with the program to assist with the Self-Study phase and revisions of the report to meet board requirements and deadlines. Board staff met with CCC representatives on December 2, 2015. A final revision of the self-study was submitted on March 31, 2016. The preliminary review of the self-study report and related documents shows they are complete in addressing Board rules and regulations. However, additional time is needed for the NEC to complete the initial approval process, including site visit to the school and verification of resources such as clinical placements. An extension of the initial approval process deadline is requested to allow completion of NEC evaluation with report to be presented to Education/Licensing Committee at the August 2016 meeting.

**ELC Recommendation: Grant extension to August 2016 for California Career College Associate Degree Nursing Program initial approval.**

**NEXT STEPS:** Notify school of Board action.

**PERSON(S) TO CONTACT:** Linda Sperling, DHA, MSN, RN  
Nursing Education Consultant

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Committee**  
**Agenda Item Summary**

---

**AGENDA ITEM: 7.6**  
**DATE: June 16, 2016**

**ACTION REQUESTED:** Discussion of 2014-2015 Post Licensure Program Annual Report – Draft

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:** In 2004-2005, as part of the pre-licensure nursing program survey, the BRN also began inviting programs to provide data on their post-licensure programs. The 2014-2015 Post-Licensure Nursing Program Report presents analysis of the current year data in comparison with data from previous years of the survey.

Since post-licensure nursing programs offer a wide range of degrees, this report is presented in program sections, including RN to BSN Programs, Master’s Degree Programs and Doctoral Programs. Data items addressed in each program section include the number of nursing programs, enrollments, graduations, and student census data. Faculty census data is included in a separate section as it is collected by school, not by degree program.

**NEXT STEPS:** Finalize and publish report.

**PERSON(S) TO CONTACT:** Julie Campbell-Warnock  
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# California Board of Registered Nursing

## 2014-2015 Annual School Report

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Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

May 26, 2016

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## **PREFACE**

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### **Nursing Education Survey Background**

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Development of the 2014-2015 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey. Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

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

### **Organization of Report**

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The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2014 through July 31, 2015. Demographic information and census data were requested for October 15, 2015.

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

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

### **Value of the Survey**

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

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

### Survey Participation

Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. In 2014-2015, 33 RN to BSN programs, 35 Master’s degree programs, and 13 doctoral programs responded to the survey.<sup>1</sup> A list of survey respondents is provided in Appendix A.

Since 2005-2006, the number of post-licensure programs in California grew by 22% (n=6) for RN to BSN programs, 30% (n=8) for Master’s degree programs, and 160% (n=8) for doctoral programs.

**Table 1. Number of Post-Licensure Programs by Program Type, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
RN to BSN	27	31	32	32	31**	34	33	32	35	33
Master’s Degree	27	30	28*	29	31	36	36	36	36	35
Doctoral	5	6	7	7	7	9	10	12	13	13
<b>Number of schools<sup>†</sup></b>	<b>33</b>	<b>41</b>	<b>37</b>	<b>39</b>	<b>39</b>	<b>43</b>	<b>45</b>	<b>44</b>	<b>45</b>	<b>44</b>

<sup>†</sup>Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.

\*Although there were 29 master’s degree programs in 2007-2008, only 28 programs reported data that year.

\*\*One of the RN to BSN programs had been counted twice when the 2009-2010 report was published. The data have been corrected in this report.



<sup>1</sup> Two RN to BSN programs and one MSN program, representing a total of two schools, did not submit data while one new RN to BSN and one new MSN program, representing two schools, submitted data. In addition, one MSN program, representing a total of one school, closed in 2014.

## DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents data from post-licensure nursing programs that responded to the 2014-2015 BRN School Survey in comparison with data from previous years of the survey. Since post-licensure programs offer a range of degrees, this report is presented in three sections: RN to BSN programs, Master's degree programs, and doctoral programs. Data presented include the number of nursing programs, enrollments, completions, and student and faculty census data. Faculty census data are presented separately since they are collected by school, not by program type.

### RN to BSN Programs

#### Number of Nursing Programs

The number of RN to BSN programs has increased by 22% (n=6) over the last ten years, from 27 programs in 2005-2006 to 33 programs in 2014-2015. Most of this growth occurred between 2005-2006 and 2007-2008. Since then, the number of RN to BSN programs has fluctuated. The share of RN to BSN programs offered at private schools has shown an overall increase over the last ten years, however, the majority of programs remain public. In 2014-2015, 55% (n=18) of RN to BSN programs were offered at public schools.

**Table 2. Number of RN to BSN Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b># Programs</b>	<b>27</b>	<b>31</b>	<b>32</b>	<b>32</b>	<b>31</b>	<b>34</b>	<b>33</b>	<b>32</b>	<b>35</b>	<b>33</b>
Public	63.0%	61.3%	59.4%	59.4%	58.1%	55.9%	57.6%	53.1%	54.3%	54.5%
Private	37.0%	38.7%	40.6%	40.6%	41.9%	44.1%	42.4%	46.9%	45.7%	45.5%

#### Program Information

Most RN to BSN programs use distance learning and flexible course scheduling as methods of increasing RN access to the program. Offering courses via distance education has become more common over the last ten years, reaching its highest level (83%) in 2014-2015, after a slight decline to 71% of programs in 2013-2014. While flexible course scheduling remains a common method that programs use to increase RN access to the program, the share of programs using flexible course scheduling has remained about the same over the last four years. Some programs offer courses in work settings (23% in 2014-2015) and use partial funding of classes by work settings (47% in 2014-2015).

**Table 3. Approaches to Increase RN Access to the Program, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Distance education modes	51.9%	58.1%	68.0%	66.7%	57.7%	56.7%	71.0%	83.3%	71.4%	83.3%
Flexibility in course scheduling	63.0%	64.5%	72.1%	74.1%	80.7%	63.3%	67.7%	63.3%	68.6%	73.3%
Partial funding of classes by work setting	44.4%	41.9%	32.0%	33.3%	46.2%	56.7%	35.5%	30.0%	22.9%	46.7%
Courses provided in work settings	37.0%	29.0%	40.1%	33.3%	38.5%	33.3%	41.9%	30.0%	17.1%	23.3%
<b>Number of programs</b>	<b>27</b>	<b>31</b>	<b>25</b>	<b>27</b>	<b>26</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>35</b>	<b>30</b>

Most RN to BSN programs have direct articulation of ADN coursework (90%). In the last six years, the share of programs using partnerships with ADN programs, or similar collaborative agreements, to award credit for prior education and experience to their students has increased. While the share of programs using a specific program advisor had decreased over the last six years, it increased in the last year. In 2014-2015, 60% of RN to BSN programs used partnerships or collaborative agreements, and 70% of programs used a specific program advisor. A limited number of programs use specific upper division courses, portfolios to document competencies, or testing to award credit to ADN-prepared nurses entering the program.

**Table 4. Mechanisms to Award Credit for Prior Education and Experience, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Direct articulation of ADN coursework	55.6%	73.3%	64.0%	70.0%	71.4%	64.5%	71.0%	73.3%	67.7%	90.0%
Partnerships with ADN programs or similar collaborations	18.5%	10.0%	16.0%	23.3%	28.6%	45.2%	45.2%	53.3%	54.8%	60.0%
Specific program advisor	59.3%	36.7%	52.0%	60.0%	53.6%	51.6%	45.2%	43.3%	38.7%	70.0%
Tests to award credit*	40.7%	36.7%	36.0%	20.0%	17.9%	22.6%	22.6%	20.0%	22.6%	30.0%
Specific upper division courses	37.0%	26.7%	16.0%	30.0%	28.6%	19.4%	12.9%	13.3%	9.7%	20.0%
Portfolios to document competencies	18.5%	13.3%	24.0%	16.7%	14.3%	19.4%	16.1%	6.7%	12.9%	20.0%
<b>Number of programs</b>	<b>27</b>	<b>31</b>	<b>25</b>	<b>30</b>	<b>28</b>	<b>31</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>30</b>

\*NLN achievement tests or challenge exams

### *New Student Enrollments*

In 2014-2015, there were 3,180 admission spaces that were filled with a total of 2,351 students. Since an online RN to BSN program accepts all qualified applicants, the number of new students enrolling in these programs can vary dramatically depending on interest in the program rather than on program resources. In 2010-2011, 385 students enrolled in this program, while 507 enrolled in 2011-2012, 412 enrolled in 2012-2013, 394 enrolled in 2013-2014, and 140 enrolled in 2014-2015. In addition, a number of postlicensure programs do not cap enrollment and hence do not report a discrete number for admission spaces, in these instances the number of new enrollments is used as the number of spaces available.

**Table 5. Availability and Utilization of Admission Spaces\*, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Spaces available	1,851	2,296	1,998	2,286	2,346	2,287	2,978	3,224	3,368	3,180
New student enrollments	1,665	1,438	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,351
<b>% Spaces filled with new student enrollments</b>	<b>90.0%</b>	<b>62.6%</b>	<b>87.8%</b>	<b>86.8%</b>	<b>89.6%</b>	<b>83.6%</b>	<b>67.1%</b>	<b>77.2%</b>	<b>66.9%</b>	<b>73.9%</b>

\*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

New student enrollment in public RN to BSN programs has increased since 2005-2006. Private program enrollments have fluctuated over the past ten years. Since 2011-2012, public programs had fluctuating enrollment numbers, rising again to 1,772 in 2014-2015, a ten year high. In 2014-2015, private program enrollments were very low, possibly due to some programs not responding to this survey.

**Table 6. RN to BSN New Student Enrollment by Program Type, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b>New student enrollment</b>	<b>1,665</b>	<b>1,438</b>	<b>1,754</b>	<b>1,985</b>	<b>2,101</b>	<b>1,913</b>	<b>1,998</b>	<b>2,488</b>	<b>2,252</b>	<b>2,351</b>
Public	732	687	978	867	788	788	1,083	1,578	1,247	1,772
Private	933	751	776	1,118	1,313	1,125	915	910	1,005	579

A total of twelve programs (36%) reported that they had enrolled fewer students this year than in the prior year. The majority reported that this resulted from accepted students not enrolling (58%).

**Table 6.1 Reasons for Enrolling Fewer Students**

	% of programs
Accepted students did not enroll	58.3%
Other	16.7%
College/university / BRN requirement to reduce enrollment	16.7%
To reduce costs	8.3%
Unable to secure clinical placements for all students	8.3%
Lack of qualified applicants	8.3%
Lost funding	0.0%
Insufficient faculty	0.0%
Program discontinued	0.0%
<b>All Reporting</b>	<b>12</b>

In 2014-2015, RN to BSN programs received 3,826 qualified applications for admission, the largest number of applications received in ten years. Of the 3,826 applications received, 39% (n=1,475) were not accepted for admission.

**Table 7. Applications\* for Admission to RN to BSN Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b>Qualified applications</b>	<b>3,041</b>	<b>2,341</b>	<b>2,769</b>	<b>2,364</b>	<b>2,651</b>	<b>2,424</b>	<b>1,998</b>	<b>3,069</b>	<b>2,873</b>	<b>3,826</b>
Accepted	1,665	1,438	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,351
Not accepted	1,376	903	1,015	379	550	511	0	581	621	1,475
% Qualified applications <i>not</i> enrolled	45.2%	38.6%	36.7%	16.0%	20.7%	21.1%	0%	18.9%	21.6%	38.6%

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

### Student Census Data

The total number of students enrolled in RN to BSN programs has fluctuated over the last ten years from low of 2,954 in 2008 to a high of 4,091 in 2013 and back down to 3,409 in 2015. The number of students in public RN to BSN programs overall increased over the last ten years while the number of students in private programs has decreased.

**Table 8. Student Census Data\*, RN to BSN Programs, by Academic Year in 2014 than in the previous year**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Public programs	1,915	2,068	2,033	2,055	1,873	2,086	2,182	2,624	2,194	2,536
Private programs	1,279	1,068	921	1,427	1,374	1,013	1,223	1,467	1,242	873
<b>Total nursing students</b>	<b>3,194</b>	<b>3,136</b>	<b>2,954</b>	<b>3,482</b>	<b>3,247</b>	<b>3,099</b>	<b>3,405</b>	<b>4,091</b>	<b>3,436</b>	<b>3,409</b>

\*Census data represent the number of students on October 15<sup>th</sup> of the given year.

### Student Completions

The number of students that completed an RN to BSN program in California has increased by 90% over the last ten years, from 973 in 2005-2006 to 1,845 in 2014-2015. Even though there has been dramatic growth in the number of graduates in both public and private programs over this time period, public programs have graduated a larger share of RN to BSN students than private programs over the past five years. In 2014-2015, public programs graduated 1,174 students—the largest number in the last ten years, while private programs stayed somewhat stable over the last two years.

**Table 9. Student Completions, RN to BSN Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Public programs	428	502	548	608	613	696	850	1,030	1,097	1,174
Private programs	545	542	458	831	761	572	750	796	675	671
<b>Total student completions</b>	<b>973</b>	<b>1,044</b>	<b>1,006</b>	<b>1,439</b>	<b>1,374</b>	<b>1,268</b>	<b>1,600</b>	<b>1,826</b>	<b>1,772</b>	<b>1,845</b>

### Summary

RN to BSN programs enrolled and graduated significantly more students in 2014-2015 than in 2005-2006. While the number of RN to BSN programs and spaces available in those programs decreased somewhat over the last year, the number of qualified applications, new students enrolling in these programs, and the number of students completing these programs increased slightly during that time period. Most RN to BSN programs continue to use distance education modes and flexibility in course scheduling in order to increase RN access to the program. Programs increasingly used direct articulation of ADN coursework and specific program advisors to award credit for prior education and experience.

## Master's Degree Programs

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing areas (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist, and school nurse).

In 2014-2015, 35 schools that offered a Master's degree program including at least one of the aforementioned components responded to this survey. The number of Master's degree programs has remained the virtually the same since 2010-2011. Of the schools that offer a Master's degree program, 54% are public programs.

**Table 10. Number of Master's Degree Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
<b># Programs</b>	<b>27</b>	<b>30</b>	<b>28*</b>	<b>29</b>	<b>31</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>35</b>
Public	55.6%	56.7%	57.1%	55.2%	58.1%	52.8%	52.8%	52.8%	52.8%	54.3%
Private	41.7%	44.4%	43.3%	42.9%	44.8%	41.9%	47.2%	47.2%	47.2%	45.7%

\*Although there were 29 Master's degree programs in 2007-08, only 28 programs reported data that year.

### New Student Enrollments

Admission spaces available for new student enrollments in Master's degree programs have increased by 44%, from 1,700 in 2005-2006 to 2,440 in 2014-2015. These spaces were filled with a total of 2,133 students. After reaching a high of 2,938 available admission spaces in 2011-2012, the number of available admission spaces has declined somewhat. While new student enrollment has grown considerably since 2005-2006, there has been a decline since a high of 2,464 in 2009-2010.

**Table 11. Availability and Utilization of Admission Spaces\*, Master's Degree Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Spaces available	1,700	1,977	2,136	2,491	2,671	2,474	2,938	2,472	2,856	2,440
New student enrollments	1,510	1,722	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133
<b>% Spaces filled with new student enrollments</b>	<b>88.8%</b>	<b>87.1%</b>	<b>91.6%</b>	<b>86.2%</b>	<b>92.3%</b>	<b>99.2%</b>	<b>74.9%</b>	<b>92.0%</b>	<b>77.4%</b>	<b>87.4%</b>

\*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

In the past ten years, overall Master's degree programs have seen a 41% (n=623) growth in new students enrolling in their programs. Private programs have seen the most growth, 86% since 2005-2006, reaching a high of 1,260 in 2009-2010 and declining slightly since then. New student enrollment in public programs increased almost every year from 2005-2006 through 2010-2011 and has declined each year since. In 2014-2015, not quite half of new students (43%, n=909) enrolled in public programs.

**Table 12. New Student Enrollment, Master's Degree Programs, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
<b>New student enrollment</b>	<b>1,510</b>	<b>1,722</b>	<b>1,956</b>	<b>2,147</b>	<b>2,464</b>	<b>2,454</b>	<b>2,200</b>	<b>2,274</b>	<b>2,211</b>	<b>2,133</b>
Public	853	1,028	1,196	1,221	1,204	1,353	1,083	1,077	1,071	909
Private	657	694	760	926	1,260	1,101	1,117	1,197	1,140	1,224

A total of 17 programs (49%) reported that they had enrolled fewer students this year than in the prior year. The majority reported that this resulted from accepted student not enrolling (65%). A number of programs (29%) also noted that they had fewer applicants.

**Table 12.1 Reasons for Enrolling Fewer Students**

	% of programs
Accepted students did not enroll	64.7%
Lack of qualified applicants	29.4%
Other	11.8%
Lost funding	5.9%
Unable to secure clinical placements for all students	5.9%
College/university / BRN requirement to reduce enrollment	0.0%
To reduce costs	0.0%
Insufficient faculty	0.0%
Program discontinued	0.0%
<b>All Reporting</b>	<b>17</b>

The number of qualified applications received to Master's degree programs has declined over the previous two years to 3,217 applications in 2014-2015. Despite this decline in applications, programs continue to receive more applications than can be accommodated. In 2014-2015, 34% (n=1,084) of applications were not accepted for admission.

**Table 13. Applications\* for Admission to Master's Degree Programs, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
<b>Qualified applications</b>	<b>2,954</b>	<b>2,696</b>	<b>2,175</b>	<b>2,760</b>	<b>3,723</b>	<b>3,001</b>	<b>3,214</b>	<b>3,764</b>	<b>3,476</b>	<b>3,217</b>
Accepted	1,510	1,722	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133
Not accepted	1,444	974	219	613	1,259	547	1,014	1,490	1,265	1,084
<b>% Qualified applications not enrolled</b>	<b>48.9%</b>	<b>36.1%</b>	<b>10.1%</b>	<b>22.2%</b>	<b>33.8%</b>	<b>18.2%</b>	<b>31.5%</b>	<b>39.6%</b>	<b>36.4%</b>	<b>33.7%</b>

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

### Student Census Data

The total number of students enrolled in Master's degree programs has increased by 34% over the past ten years (n=1,233). After two years of increasing total enrollment between 2011 and 2013, total enrollment declined to 4,857 students in 2015. While private programs have had dramatic increases in total student enrollment since 2006, these programs have also had more fluctuation in their year-to-year enrollment than public programs. Private programs currently account for 52% of enrollment.

**Table 14. Student Census Data\*, Master's Degree Programs, by Academic Year**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Public programs	2,418	2,601	2,643	2,775	2,613	2,722	2,557	2,572	2,382	2,329
Private programs	1,206	1,388	1,180	1,583	2,093	1,835	2,062	2,443	2,464	2,528
<b>Total nursing students</b>	<b>3,624</b>	<b>3,989</b>	<b>3,823</b>	<b>4,358</b>	<b>4,706</b>	<b>4,557</b>	<b>4,619</b>	<b>5,015</b>	<b>4,846</b>	<b>4,857</b>

\*Census data represent the number of students on October 15<sup>th</sup> of the given year.

### Student Completions

The number of students that completed a Master's degree program in California has increased by 82% in the last ten years. In 2014-2015, 1,983 students completed Master's degree programs, the highest number of graduates in ten years. While both public and private programs graduated more students this year than they did in 2005-2006, private programs had more dramatic growth during this period. The growth in the number of students completing Master's degree programs over the last two years was due to graduates of private programs.

**Table 15. Student Completions, Master's Degree Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Public programs	703	849	844	892	904	952	1,034	933	933	911
Private programs	389	390	452	646	687	612	857	829	1,006	1,072
<b>Total student completions</b>	<b>1,092</b>	<b>1,239</b>	<b>1,296</b>	<b>1,538</b>	<b>1,591</b>	<b>1,564</b>	<b>1,891</b>	<b>1,762</b>	<b>1,939</b>	<b>1,983</b>

Nurse practitioners represent the largest share of graduates from Master's degree programs and the share of graduates in this specialty area reached its high of 56% of Master's degree program graduates in 2012-2013. Nursing Education, Nursing Administration and nurse generalist have had the greatest declines in the share of students completing those specialty areas since 2006-2007. Clinical Nurse leaders have seen an overall increase of almost double since 2008-2009. A total of 46 students double majored.

**Table 16. Student Completions by Program Track or Specialty Area\*<sup>1</sup>, Master's Degree Programs, by Academic Year**

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Nursing Education	12.2%	14.1%	15.1%	14.6%	13.5%	8.6%	9.6%	7.8%	3.3%
Nursing Administration	16.5%	9.7%	10.0%	10.2%	13.4%	11.6%	7.3%	4.5%	3.4%
Clinical Nurse Specialist	10.3%	13.8%	13.8%	11.9%	8.0%	8.8%	8.9%	6.4%	6.1%
Nurse Practitioner	48.2%	43.7%	40.4%	39.2%	45.6%	44.7%	56.4%	53.4%	52.3%
Certified Nurse Midwife	1.7%	2.0%	1.0%	1.7%	1.9%	1.2%	0.9%	0.9%	1.0%
Certified Nurse Anesthetist	4.8%	4.2%	4.6%	4.8%	4.6%	3.8%	3.6%	3.9%	4.1%
School Nurse	0.2%	0.8%	0.7%	3.0%	1.5%	1.4%	1.1%	1.9%	1.7%
Clinical Nurse Leader			4.4%	3.5%	6.1%	10.4%	7.9%	9.4%	8.2%
Case Management			0.7%	2.1%	2.3%	2.2%	2.3%	2.2%	2.3%
Community Health/ Public Health			0.1%	1.2%	0.6%	0.5%	0.7%	1.0%	0.6%
Nursing Informatics								0.3%	0.3%
Ambulatory Care			1.2%	1.2%	1.7%	2.2%	0.0%	1.9%	
Nurse Generalist			9.0%	3.3%	1.6%	1.2%	0.2%	1.8%	2.6%
Health Policy						2.6%	0.2%	0.0%	0.2%
Nursing Science and Leadership						2.5%	2.4%	1.2%	1.3%
Other specialty	6.1%	11.8%	2.7%	6.1%	0.7%	0.8%	1.0%	0.1%	2.8%
<b>Total student completions</b>	<b>1,239</b>	<b>1,298</b>	<b>1,538</b>	<b>1,591</b>	<b>1,564</b>	<b>1,891</b>	<b>1,762</b>	<b>1,939</b>	<b>1,983</b>

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

\*These data were not collected prior to 2006-2007.

1- Students who double-majored were counted in each specialty area for the first time in 2008-09. Therefore, each student who completed a Master's degree program may be represented in multiple categories.

Individual/family nursing is the most common specialty area for nurse practitioners (NPs), with 74% of NPs graduating in this specialty area in 2014-2015. Other common specialty areas in 2014-2015 include gerontology primary care (10%), gerontology acute care (5%) and pediatrics primary care (6%). Gerontology has had one of the greatest increases among NP graduates over the last ten years. In 2013-2014, the survey responses to these questions were changed to align with population foci recommendations from the National Organization of Nurse Practitioners Faculty (NONPF).

**Table 17. Student Completions by Nurse Practitioner Specialty\*, by Academic Year**

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Acute care	7.2%	8.8%	9.0%	12.0%	10.4%	6.2%	7.1%	-	-
Adult	6.5%	14.8%	4.7%	8.3%	14.3%	7.1%	6.0%	-	-
Family	58.3%	53.1%	62.5%	58.0%	53.0%	67.2%	70.9%	-	-
Individual/Family								66.9%	74.3%
Gerontology	3.5%	3.0%	2.9%	2.7%	2.4%	1.7%	1.5%	-	-
Adult/ Gerontology primary								10.8%	10.3%
Adult/ Gerontology acute								6.2%	5.2%
Neonatal	0.2%	1.2%	0.8%	1.1%	1.4%	1.2%	0.0%	0.2%	0.0%
Occupational health	1.0%	0.7%	1.3%	1.9%	1.4%	0.6%	0.2%	-	-
Pediatric	7.5%	6.2%	8.5%	9.1%	8.4%	6.2%	4.2%	-	-
Pediatric primary								5.3%	5.8%
Pediatric acute								1.5%	1.7%
Psychiatric/mental health	2.8%	1.9%	1.6%	3.2%	5.9%	4.6%	3.4%	4.6%	3.9%
Women's health	8.4%	7.4%	5.0%	1.9%	2.4%	3.0%	3.6%	3.3%	2.7%
Other	4.5%	2.8%	3.7%	1.8%	0.4%	2.4%	2.9%	1.2%	1.1%
<b>Total number of nurse practitioners</b>	<b>597</b>	<b>567</b>	<b>622</b>	<b>624</b>	<b>713</b>	<b>845</b>	<b>994</b>	<b>1,035</b>	<b>1,038</b>

\*These data were not collected prior to 2006-07. Response categories were modified in 2013-2014.

## Summary

Master's programs continue to receive more qualified applications than can be accommodated. Over the last year, these programs saw a decrease in spaces available as well as a decline in qualified applications and enrollment of new students. The number of students that completed one of these programs has grown by 82% in the last ten years and reached its highest in 2014-2015 (n=1,983). While Nurse Practitioners (NPs) continue to be the most common specialty for students completing a Master's degree, Clinical Nurse Leaders have seen a two-fold increase in graduates in the last seven years. In 2014-2015, a large majority (74%) of graduating NPs specialized in individual/family nursing.

## Doctoral Programs

The number of doctoral nursing programs in California has more than doubled since 2005-2006. In 2014-2015, there were 13 nursing doctoral programs in California – 54% (n=7) of which are public programs.

**Table 18. Number of Doctoral Degree Programs, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
<b># Programs</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>13</b>
Public	40.0%	33.3%	28.6%	28.6%	28.6%	33.3%	40.0%	50.0%	53.8%	53.8%
Private	60.0%	66.7%	71.4%	71.4%	71.4%	66.7%	60.0%	50.0%	46.2%	46.2%

### *New Student Enrollments*

Admission spaces available for new student enrollments in doctoral programs have more than tripled since 2005-2006. After recovering from a slight decline in availability of admission spaces in 2009-2010, the number of available spaces has more than doubled since then. After six years of increasing numbers of new students enrolling in doctoral programs, the numbers of students enrolling declined in each of 2013-2014 and 2014-2015. In 2014-2015, 218 new students enrolled in doctoral programs.

**Table 19. Availability and Utilization of Admission Spaces\*, Doctoral Programs, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Spaces available	89	74	109	163	159	165	203	362	372	340
New student enrollments	71	57	106	112	158	186	227	314	230	218
<b>% Spaces filled with new student enrollments</b>	<b>79.8%</b>	<b>77.0%</b>	<b>97.2%</b>	<b>68.7%</b>	<b>99.4%</b>	<b>112.7%</b>	<b>111.8%</b>	<b>86.7%</b>	<b>61.8%</b>	<b>64.1%</b>

\*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

Public programs had a large increase in new student enrollment in 2012-2013, which was followed by a decline in 2013-2014 and 2014-2015. After six years of increasing enrollment among private programs, these programs had a decline in enrollment over the last two years as well.

**Table 20. New Student Enrollment, Doctoral Programs, by Academic Year**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
<b>New student enrollment</b>	<b>71</b>	<b>57</b>	<b>106</b>	<b>112</b>	<b>158</b>	<b>186</b>	<b>203</b>	<b>314</b>	<b>230</b>	<b>218</b>
Public	42	36	37	31	38	32	41	142	93	94
Private	29	21	69	81	120	154	162	172	137	124

A total of 5 programs (38%) reported that they had enrolled fewer students this year than in the prior year. The majority reported that this resulted from accepted student not enrolling (80%).

**Table 20.1 Reasons for Enrolling Fewer Students**

	% of programs
Accepted students did not enroll	80.0%
Other	20.0%
Lack of qualified applicants	20.0%
Lost funding	0.0%
College/university / BRN requirement to reduce enrollment	0.0%
To reduce costs	0.0%
Insufficient faculty	0.0%
Program discontinued	0.0%
Unable to secure clinical placements for all students	0.0%
<b>All Reporting</b>	<b>5</b>

The number of qualified applications to doctoral programs has fluctuated dramatically since 2009-2010. In 2014-2015, doctoral programs received 359 qualified applications to their programs, 39% of which were not accepted for admission.

**Table 21. Applications\* for Admission to Doctoral Programs, by Academic Year**

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
<b>Qualified applications</b>	<b>75</b>	<b>109</b>	<b>120</b>	<b>201</b>	<b>420</b>	<b>203</b>	<b>431</b>	<b>321</b>	<b>359</b>
Accepted	57	106	112	158	186	203	314	230	218
Not accepted	18	3	8	43	234	0	117	91	141
<b>% Qualified applications not enrolled</b>	<b>24.0%</b>	<b>2.8%</b>	<b>6.7%</b>	<b>21.4%</b>	<b>55.7%</b>	<b>0.0%</b>	<b>27.1%</b>	<b>28.3%</b>	<b>39.3%</b>

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

### Student Census Data

The total number of students enrolled in doctoral programs almost tripled in ten years, from 251 students on October 15, 2005 to 804 in 2015. Private programs have had a five-fold increase in the number of students enrolled in their programs from 2005 to 2015, while public programs had more modest change in their total student enrollment during the same time period. Both public and private programs had a decline in enrollment and then a slight increase over the last two years.

**Table 22. Student Census Data\*, Doctoral Programs, by Academic Year**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Public programs	177	193	173	161	155	163	176	216	376	307	338
Private programs	74	89	118	148	252	268	391	412	451	431	466
<b>Total nursing students</b>	<b>251</b>	<b>282</b>	<b>291</b>	<b>309</b>	<b>407</b>	<b>431</b>	<b>567</b>	<b>628</b>	<b>827</b>	<b>738</b>	<b>804</b>

\*Census data represent the number of students on October 15<sup>th</sup> of the given year.

### Student Completions

The number of students that completed a nursing doctoral program in California more than quadrupled in the past ten years, from 42 in 2005-2006 to 242 in 2014-2015. Public programs had a large increase in students completing their programs over the last year, while private programs had a decline in the number of students completing their programs during the same time period.

**Table 23. Student Completions, Doctoral Programs, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Public programs	23	41	28	22	20	30	23	21	90	141
Private programs	19	16	11	27	44	46	61	105	96	101
<b>Total student completions</b>	<b>42</b>	<b>57</b>	<b>39</b>	<b>49</b>	<b>64</b>	<b>76</b>	<b>84</b>	<b>126</b>	<b>186</b>	<b>242</b>

### Summary

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past ten years. Since 2011-2012, three additional doctoral programs began accepting students for the first time. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions. In 2014-2015, there were more graduates from public than private doctoral programs. As more students complete these programs, more nursing researchers and more qualified applicants for nursing faculty positions will enter the nursing workforce.

## Faculty Census Data

Faculty data for post-licensure programs were requested for the first time in the 2005-2006 survey. These data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2015, post-licensure programs reported a total of 1,083 faculty that taught post-licensure courses, even if the faculty member also had a teaching role in the pre-licensure programs offered at the school. Over the last nine years, there have been fluctuations in the number of faculty teaching post-licensure students. Some of these fluctuations may be due to changes in the survey in 2009-2010<sup>2</sup>, while others are likely due to online programs that have large fluctuations in enrollment and, hence, large fluctuations in faculty numbers from year to year.

Of the 44 schools that offered post-licensure nursing programs in 2014-2015, 82% (n=36) reported sharing faculty with the pre-licensure programs offered at their school. Twenty-three schools reported that they have some faculty that exclusively taught post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 38% (n=415) of the 1,083 total post-licensure faculty reported in 2015 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 173 vacant faculty positions in 2015. These vacancies represent a 13.8% faculty vacancy rate—the highest the highest vacancy rate reported for the past 10 years.

**Table 24. Faculty Census Data\*, by Year**

	2006**	2007**	2008	2009	2010	2011	2012	2013**	2014	2015**
<b>Total faculty</b>	<b>1,544</b>	<b>1,605</b>	<b>1,909</b>	<b>1,813</b>	<b>1,169</b>	<b>1,598</b>	<b>1,446</b>	<b>1,086</b>	<b>1,001</b>	<b>1,083</b>
Faculty (post-licensure only) <sup>1</sup>					816	1,138	953	758	488	668
<i>Full-time</i>	498	628	639	656	267	302	320	237	274	285
<i>Part-time</i>	1,046	977	1,270	1,157	549	836	633	332	214	397
Faculty (also teach pre-licensure)	1,544	1,605	1,909	1,813	353	460	493	328	513	415
<b>Vacancy rate***</b>	<b>3.1%</b>	<b>6.0%</b>	<b>4.8%</b>	<b>3.4%</b>	<b>4.9%</b>	<b>1.2%</b>	<b>4.9%</b>	<b>5.0%</b>	<b>3.9%</b>	<b>13.8%</b>
<i>Vacancies</i>	49	102	96	63	60	19	75	57	41	173

\*Census data represent the number of faculty on October 15<sup>th</sup> of the given year.

\*\*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

\*\*\*Vacancy rate = number of vacancies/(total faculty + number of vacancies)

<sup>2</sup> Prior to 2009-2010, if schools reported that pre-licensure faculty were used to teach post-licensure programs, it was assumed that all pre-licensure faculty had a post-licensure teaching role. Feedback from nursing school deans and directors indicated that this assumption was not always true. Therefore, these questions were modified in 2009-2010 to collect data on the number of faculty that exclusively teach post-licensure students and the share of the pre-licensure faculty that also teach post-licensure courses.

## APPENDICES

### APPENDIX A – List of Post-Licensure Nursing Education Programs

#### RN to BSN Programs (33)

Azusa Pacific University	Holy Names University
California Baptist University	Loma Linda University
CSU Bakersfield	Mount Saint Mary's University
CSU Channel Islands	Pacific Union College
CSU Chico	Point Loma Nazarene University
CSU Dominguez Hills	San Diego State University
CSU East Bay	San Francisco State University
CSU Fresno	Simpson University
CSU Fullerton	Sonoma State University
CSU Long Beach	*Shepherd University
CSU Los Angeles	United States University
CSU Northridge	Unitek College
CSU Sacramento	University of Phoenix - Northern California
CSU San Bernardino	University of Phoenix - Southern California
CSU San Marcos	The Valley Foundation School of Nursing at San Jose State University
CSU Stanislaus	West Coast University
Concordia University, Irvine	

#### Master's Degree Programs (35)

Azusa Pacific University	Samuel Merritt University
California Baptist University	San Diego State University
*CSU Bakersfield	San Francisco State University
CSU Chico	Sonoma State University
CSU Dominguez Hills	United States University
CSU Fresno	University of California Davis
CSU Fullerton	University of California Irvine
CSU Long Beach	University of California Los Angeles
CSU Los Angeles	University of California San Francisco
CSU Sacramento	University of Phoenix - Northern California
CSU San Bernardino	University of Phoenix - Southern California
CSU San Marcos	University of San Diego
CSU Stanislaus	University of San Francisco
Charles R. Drew University of Medicine and Science	University of Southern California
Holy Names University	The Valley Foundation School of Nursing at San Jose State University
Loma Linda University	West Coast University
Mount Saint Mary's University	Western University of Health Sciences
Point Loma Nazarene University	

#### Doctoral Programs (13)

Azusa Pacific University	University of California Irvine
CSU Fresno	University of California Los Angeles
CSU Fullerton	University of California San Francisco
CSU Los Angeles	University of San Diego
Loma Linda University	University of San Francisco
Samuel Merritt University	Western University of Health Sciences
University of California Davis	

\* - New program in 2014-2015

**APPENDIX B – BRN Education Issues Workgroup Members**

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**Members**

Loucine Huckabay, Chair  
Judee Berg  
Audrey Berman  
Stephanie L. Decker  
Brenda Fong  
Deloras Jones  
Judy Martin-Holland  
Robyn Nelson  
Tammy Rice  
Stephanie R. Robinson  
Paulina Van

**Organization**

California State University, Long Beach  
HealthImpact (formerly CINHC)  
Samuel Merritt University  
Kaiser Permanente National Patient Care Services  
Community College Chancellor's Office  
Independent Consultant  
University of California, San Francisco  
West Coast University  
Saddleback College  
Fresno City College  
Samuel Merritt University

**Ex-Officio Member**

Louise Bailey

California Board of Registered Nursing

**Project Manager**

Julie Campbell-Warnock

California Board of Registered Nursing

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM:** 7.7  
**DATE:** June 16, 2016

**ACTION REQUESTED:** Licensing Program Update and Statistics

**REQUESTED BY:** Michael Jackson, MSN, RN, Chairperson  
Education/Licensing Committee

**PROGRAM UPDATE:**

The Licensing Program evaluators are currently processing the initial review of exam and endorsement applications cashiered in mid-February. The Board has begun processing applications for spring graduation and has received approximately 5,494 CA applications and 2,781 CA rosters. To assist students on how to apply to the Board, the Licensing's management continues to present an overview regarding the application and eligibility process to California students.

On May 18<sup>th</sup> Christina Sprigg, Deputy Chief and myself met via conference call with a California program to discuss submission of rosters and transcripts. Also to clarify how California applications are processed and to answer any questions the program had. The director and staff who participated were appreciative of the information we provided and the open line of communication between the school and board staff. We will continue to provide outreach to the nursing programs in an effort to assist them in streamlining their processes for submission of rosters and transcripts. Additionally, we have created a spreadsheet to track the incoming and outgoing of California applications, rosters and transcripts during graduation season. This spreadsheet will assist us in knowing which schools we need to make contact with to provide guidance in their submission of documents.

The Board has recently made five offers of employment for one full-time Staff Services Analyst (International Evaluator) and four limited term Program Technician (Support staff). We are still actively recruiting for two positions in the Licensing Unit; one full-time Program Technician II (US Evaluator) and one limited term Program Technician II (US Evaluator). These positions will be dedicated to ensure that processing time-frames are being maintained within our statutory timeframes. We expect to have these positions filled by the end of June.

We continue to improve processes within the Licensing Program and have since added the Endorsement, Reapply/Repeat Examination, Nurse-Midwife certification, Nurse-Midwife Furnishing number and Nurse Practitioner Furnishing number application online. The Nurse Practitioner certification application will be available online in mid-June.

**STATISTICS:**

Board staff continues to participate in the BreEZe Reporting User Group in order to create and implement comprehensive statistical reports. The Board is currently involved in the Pilot of Quality Business Interactive Report Tool (QBIRT) and is able to create and run various reports on a daily basis. As previously mentioned, QBIRT is the new reporting system that will provide on-demand data reports/queries.

The Board has received 12,043 initial exam and endorsement applications from January through early May 2016. During that same time period the Board processed 13,176 exam and endorsement applications which include applications that may have been received prior to January 2016. However, this number does not reflect the applications that were made deficient. Staff discovered that the QBIRT reporting tool does not yet include the parameter that is used to track deficient applications. A request was made to have that parameter added and it is currently being implemented into the tool.

**NEXT STEPS:** None.

**PERSON TO CONTACT:** Long Dau, Staff Services Manager I  
Licensing Standards and Evaluations  
(916) 515-5258

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.8**

**DATE: June 16, 2016**

**ACTION REQUESTED:** *Information Only:* NCLEX Pass Rate Update

**REQUESTED BY:** Michael Jackson, MSN, RN  
 Chairperson, Education/Licensing Committee

**BACKGROUND:** The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

**NCLEX RESULTS – FIRST TIME CANDIDATES**

**April 1, 2015-March 31, 2016\*\*/\*\***

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California**/**	11,606	86.84
United States and Territories	160,796	84.09

**CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES**

**By Quarters and Year April 1, 2015-March 31, 2016\*\*/\*\***

4/01/15- 6/30/15		7/01/15- 9/30/15		10/01/15- 12/31/15		1/01/16- 3/31/16		4/01/15- 3/31/16	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
2,448	86.36	4,000	88.20	1,744	84.29	3,414	86.91	11,606	86.84

*\*Includes (3), (0), (4) and (1) “re-entry” candidates.*

**\*\*2016 NCLEX-RN Test Plan and Passing Standard:** *The detailed versions (Candidate and Educator) of the 2016 NCLEX-RN Test Plan are now available on the NCSBN website at [www.ncsbn.org](http://www.ncsbn.org). The 2016 NCLEX-RN Test Plan is effective April 1, 2016 through March 31, 2019. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted April 1, 2013. This passing standard will remain effective through 3.31. 2019. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.*

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program’s first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance (CCR 1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program’s report for NCLEX improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC’s continuing approval visit findings reported to ELC with program representatives in attendance.

**NEXT STEP(s):** Continue to monitor results.

**PERSON(S) TO CONTACT:** Katie Daugherty, MN, RN, Nursing Education Consultant  
 (916) 574-7685

**California Board of Registered Nursing**

**NCLEX-RN Pass Rates First Time Candidates  
Comparison of National US Educated and CA Educated Pass Rates  
By Degree Type  
Academic Year July 1, 2015-June 30, 2016**

<b>Academic Year July 1-June 30<sup>^</sup></b>	<b>July-Sept #Tested % Pass</b>	<b>Oct-Dec #Tested % Pass</b>	<b>Jan-Mar #Tested % Pass</b>	<b>April-June #Tested %Pass</b>	<b><sup>^</sup>2015-2016 Cumulative Totals</b>
<b>National US Educated- All degree types *</b>	<b>52,295 (83.2)</b>	<b>14,555 (74.8)</b>	<b>42,522 (83.5)</b>		
<b>CA Educated- All degree types*</b>	<b>3,989 (88.2)</b>	<b>1,743 (84.2)</b>	<b>3,414 (86.9)</b>		
<b>National-Associate Degree rates**</b>	<b>26,948 (81.5)</b>	<b>7,986 (69.5)</b>	<b>22,692 (80.8)</b>		
<b>CA-Associate Degree rates**</b>	<b>2,201 (88.2)</b>	<b>777 (80.9)</b>	<b>1,845 (86.4)</b>		
<b>National-BSN+ELM rates**/**</b>	<b>23,882 (85.0)</b>	<b>6,201 (81.6)</b>	<b>19,036 (86.9)</b>		
<b>CA-BSN+ELM rates**/**</b>	<b>1,788 (88.2)</b>	<b>962 (86.9)</b>	<b>1,567 (87.5)</b>		

\*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

\*\*National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

\*\*\*ELM program rates are included in the BSN degree category by NCSBN.

<sup>^</sup>Note: Cumulative totals in this report may vary from quarterly totals due to quarterly NCSBN corrections. Typically, the NCSBN corrections have not significantly changed from previously reported quarterly pass rate info. The 2016 NCLEX RN Test Plan and Passing Standard of 0.00 logit will be effective through 3/31/19.

Source: National Council of State Boards Pass Rate Reports

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.9**

**DATE: June 16, 2016**

**ACTION REQUESTED:** Progress Report on Rulemaking Process for SB466 Nursing Education Regulation Requirements

**REQUESTED BY:** Michael Jackson, MSN, RN  
Chairperson, Education/Licensing Committee

**BACKGROUND:** SB466 approved by the Governor and filed with the Secretary of State on October 4th contains amendments to the Business and Professions Code requiring action for regulation and processes affecting prelicensure nursing education. BRN staff received approval at the January 2016 ELC and February 2016 Board meetings to take action to meet the nursing education requirements of SB466.

Miyo Minato, SNEC is working with Pamela Rasada of the Governor's Interagency Council On Veterans (ICV), and attended the June 2, 2016 meeting of the Education Workgroup to provide an update and learn of any new resources that may be helpful to the nursing program's development of policies. Many nursing programs across the state have already drafted new policies to specifically address the requirements of SB466.

At the April 14, 2016 meeting the Board accepted the proposed draft regulatory language to be moved forward in the rulemaking process. The draft language has been processed through required DCA reviews.

The Notice of Proposed Action has been posted on the BRN website with public hearing date of July 11, 2016 which will conclude the 45-day public input period. The Proposed Language and Initial Statement of Reasons are also posted for review with the Notice of Proposed Action on the BRN website at <http://www.rn.ca.gov/regulations/proposed.shtml> . Notification of these postings and opportunity for input has been distributed to all stakeholders on the BRN e-mail notification list and nursing program deans/directors.

**NEXT STEPS:** Continue with rulemaking process.

**PERSON(S) TO CONTACT:** Miyo Minato, MN, RN  
Supervising Nursing Education Consultant