

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

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**AGENDA ITEM: 7.1**  
**DATE: April 2, 2015**

**ACTION REQUESTED:** Vote On Whether To Ratify Minor Curriculum Revisions 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:

- National University Baccalaureate Degree Nursing Program
- University of San Francisco Entry Level Master's Degree Nursing Program
- Carrington College LVN to RN Associate Degree Nursing Program
- Rio Hondo College Associate Degree Nursing Program
- San Diego State University Nurse Practitioner and Nurse Midwifery Programs
- United States University Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- California State University, San Marcos Baccalaureate Degree Nursing Program
- Dominican University of California Baccalaureate Degree Nursing Program
- Holy Names University LVN to Baccalaureate Degree Nursing Program
- Mt. Saint Mary's College Baccalaureate Degree Nursing Program
- San Diego State University Baccalaureate Degree Nursing Program
- Carrington College LVN to RN Associate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- ITT Technical Institute, Rancho Cordova Associate Degree Nursing Program
- Mission College Associate Degree Nursing Program
- Unitek College Associate Degree Nursing Program

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

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

**MINOR CURRICULUM REVISIONS**  
**Education/Licensing Committee**

**DATE:** April 2, 2015

<b>SCHOOL NAME</b>	<b>APPROVED BY NEC</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
National University Baccalaureate Degree Nursing Program	L. Moody	02/03/2015	Effective immediately courses NSG412 Community Health Care Delivery and NSG411 Community Health Frameworks are presented across 4 weeks (previously 8 weeks) with no change to total course units or hours.
University of San Francisco Entry Level Master's Degree Nursing Program (CNL)	K. Daugherty	01/21/2015	Effective Summer 2015 change the course numbers for OB clinical lab N617 to N662 and the Applied Cl. lab course from N652 to N661. Re-sequence the following courses: Peds from Semester 4 to 3; informatics N640 from Semester 4 to Semester 2;CNL as Educator course N615 from Semester 2 to 4. Decrease the N662 OB clinical from 3 to 2 units; change N661 Applied Assessment and Fundamental clinical lab from 3 to 4 units. Total nursing theory and clinical units and CRL and graduation units unchanged.
Carrington College LVN to RN Associate Degree Nursing Program	K. Daugherty	01/30/2015 02/20/15	For the current 2015 term only, modify the N305-135 hours capstone preceptor course to include a combination of faculty led and precepted leadership/management experiences. This change is being made due to last minute clinical agency changes precluding sufficient number of preceptors for (5) students. The program has not had any issues in the area in the past, and has a large number of approved preceptorship placements sites but at this time, none of the sites were able to accommodate students within the timeframe needed.
Rio Hondo College Associate Degree Nursing Program	B. Caraway	02/05/2015	Several courses were split into two separate courses, i.e.: lecture and laboratory across the program to facilitate admission and records and accounting process. The changes were reflected in the revised" Total Curriculum Plan" and the "Required Curriculum: Content Required for Licensure" forms. Two course names are changed as follows: 1.ADN 251- Nursing Process Applied to Aging, Perception, Coordination & Mobility is changed to: ADN 251- Medical-Surgical Nursing 11. 2.ADN 253-Nursing Process Applied to Advanced Concepts Is changed to ADN Medical-Surgical Nursing 111. These revisions will be effective for students entering the program beginning the Fall 2015, pending Chancellor's office approval and will be noted in the college Catalog.

## MINOR CURRICULUM REVISIONS

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
San Diego State University Nurse Practitioner and Nurse Midwifery Programs	L. Moody	01/06/2015	The graduate committee reviewed and revised program curriculum as follows: Core Courses: NURS 604A/B Research decreased from 6 to 5 units (content can be adequately addressed in reduced time); NURS 684 Info Systems from 3 to 2 units (graduate students are experienced with info systems); added course NURS 622, Quality Improvement and Program Evaluation in Nursing Systems (increased emphasis on performance improvement in healthcare). Net increase of 1 unit (12 to 13 units). NMW, WHNP, and combined NMW/WHNP options: NURS632 Community Health Nursing (3u) deleted (unnecessary content); NURS638 Midwifery Intrapartum & Newborn Assess/Mgmnt (3u) added for the WHNP specialization (knowledge of intra/postpartum issues necessary to plan care for women). NMW remains 4 semester/2 year program with reduction of units from 54 to 52. NMW/WHNP remains 5 semester/2 year program with units reduced from 60 to 58. WHNP remains 4 semester/2 year program with units reduced from 49 to 47. Adult-Gero Primary Care NP: NURS622 Quality Improvement and Program Evaluation in Nursing Systems (3u) replaced the 3-unit elective resulting in no net change in program units or completion time (content more pertinent). Revisions will be implemented Fall 2015.
United States University Nurse Practitioner Program	L. Moody	01/20/2015	To bring the FNP program into CCNE compliance and enhance graduates' employment opportunities, it is necessary to have 3 separate 3 credit courses for Advanced Theory, Role, and Research. Courses and content were redesigned to meet the Masters Essentials: FNP 511 Advanced Role Development/Theory/Leadership, FNP 522 Healthcare Systems: Policy/Change/Informatics, and FNP 533 Evidence Based Practice: Theory and Critical Inquiry are changed to MSN560 Transitions In Practice: The Role of the Advanced Practice Nurse; MSN 561 Theoretical Foundations of Advanced Practice Nursing, MSN 565 Nursing Leadership and Health Policy; FNP 533 Evidence Based Practice: Theory and Critical Inquiry becomes MSN 563 Evidence Based Inquiry for Scholarship and Practice. Credits are decreased in the Pharmacology and the Pathophysiology courses by 1 credit each which

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			<p>allows adequate time to present the content and meet the requirements, and a 1 credit lab and clinical course is added to Advanced Health Assessment to ensure adequate practice. We also decreased FNP 578 Clinical Residency from 6 units to 3 units (reduced from 273 clinical hours to 144 clinical hours) which decreased our total clinical hours from 681 to 624. FNP 544 Health Promotion, Education and Disease Prevention Across The Lifespan is increased 1 credit to allow more content to be presented and becomes FNP590 Health Promotion, Education and Disease Prevention Across The Lifespan. The course MSN564 Cultural and Spiritual Care Across the Lifespan for 2 credits was added to provide necessary content to meet the Masters Essentials. These changes resulted in a net increase of 1 credit bringing our program from 49 to 50 credits. Revisions will be implemented immediately.</p>

## MINOR CURRICULUM REVISIONS

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
California State University, San Marcos Baccalaureate Degree Nursing Program	L. Moody	01/21/2015	Termination of the lease for the off-campus building that previously housed the nursing program necessitated relocation to an on-campus building. A visit was conducted to evaluate the new location. The new building provides reception, office, classroom, meeting room, computer lab, skills lab, simulation lab, storage and other spaces comparable to the previous building and adequate to present the program
Dominican University of California Baccalaureate Degree Nursing Program	S. Engle	02/09/2015	The program received written notification of non-compliance with CCR 1431 annual pass rate <75%. Program pass rate for (July 1, 2013-June 30, 2014) was 71.97% (n=132) first time test takers. The program has submitted a comprehensive assessment and action plan to improve the annual pass rate
Holy Names University LVN to Baccalaureate Degree Nursing Program	K. Daugherty	02/09/2015	In April 2014 a routine continuing approval visit was conducted and the program was found in non-compliance with CCR 1431. In August/September 2014 the program was placed on Deferred Action due to an annual pass rate < 75%. Due to the low pass rates, the program continues to suspend new program admissions. For the July-September 2014 quarter the HNU's quarterly rate was 54.55% 6 out of the 11 tested, passing on first attempt. For the October-Dec 2014, 2 of 9 first time testers passed on first attempt (22.22%). The program continues to monitor results quarterly and has reached out to graduates who have delayed testing since this factor is affecting current quarterly rates. The aggregated pass rate total for the period January 1/1/14-12/31/14, is 64.29%. Faculty report curriculum changes and more effective course by course use of available ATI testing and remediation (Real Life Critical thinking) products are helping currently enrolled students. Faculty is working on adjusting item difficulty on faculty made tests in each course to mirror ATI item difficulty. HNU cannot mandate additional remediation or review for program graduates who continue to delay testing but the HNU continues to make NCLEX review/assistance available for these graduates. In order to achieve a rate that meets the 75% or > standard for this academic year the program indicates there are potentially up to 45-50 additional graduates who may test for the period July 1, 2014-June 30, 2015. The program's deferred action status will be reviewed by ELC/BD no later than Oct/Nov 2015 when 2014-2015 annual rates are available.

## MINOR CURRICULUM REVISIONS

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Mount Saint Mary's College Baccalaureate Degree Nursing Program	L. Chouinard	01/16/2015	Effective January 1, 2015 the school changed their name from Mount Saint Mary's College to Mount Saint Mary's University.
San Diego State University Baccalaureate Degree Nursing Program	L. Moody	01/21/2015	Faculty and staff offices have been relocated into the same building on campus where the classroom and lab spaces are located. A visit was conducted to evaluate the new location. The move has increased accessibility of faculty to students, placed faculty offices/administrative offices in closer proximity to the program classrooms and skills labs, and provides additional square footage.
Carrington College LVN to RN Associate Degree Nursing Program	K. Daugherty	01/30/2015	The program's annual NCLEX rate for 2013-2014 decreased to 74.29% and an appropriate action plan to improve the rate was submitted. Quarterly NCLEX pass rates for July-Sept 2014, show 9 of 9 passed-100% rate achieved. Oct-December 2014, shows 21 tested & 17 passed, an 80.95% pass rate achieved. For 1/1/14-12/31/14 the pass rate is 83.5%.
East Los Angeles College Associate Degree Nursing Program	S. Ward	02/05/2015	The program submitted a progress report (#2) on 1-29-2015. It provides updates on implementation of the plan of correction previously submitted to the Board in addressing areas of non-compliance.
ITT Technical Institute, Rancho Cordova Associate Degree Nursing Program	K. Daugherty	2/9/15	The required progress report has been submitted by the AD (DJ) per Board discussion and actions on 11/20/14. Of the 19 Cohort #1 students that graduated in June 2014, 17 have taken the NCLEX exam and 15 of the 17 passed on first attempt (88.24%). Of the two not successful on first attempt, one has taken and passed on second attempt. All 21 of Cohort #2 students graduated on time in December 2014. No issues identified with Cohort #2's applications for licensure by exam under AD's leadership. No NCSBN NCLEX pass rate results available for Cohort#2 as yet. Cohort #3 (29 students) now in Qtr. 8 (OB/PEDS and Nursing Roles). AD (DJ) reports students are progressing without any concerns/issues. Planning for Cohort #3's final Spring 2015 quarter (Capstone Preceptorship course) is reported to be progressing without any difficulties. AD (DJ) states students continue to voice satisfaction with her program leadership. Program efforts to recruit a second AD or PD continue but have not been unsuccessful as of 2/9/15. One eligible FT faculty (AM) resigned 1/22/15; faculty roster as of 2/9/15 lists 6 FT and 4 PT. Program faculty meeting continue. Faculty

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			without a specific teaching assignment continue to be available to support students as needed in the skills lab, with job searches, interviewing etc. AD reports all BRN required notifications have been timely and there are no other program changes to report as of the progress report submission date. AD also reports her leadership as AD has been favorably received by students, faculty and clinical agency staff. Student support services continue including, career services and graduate survey activities etc. Summary course evaluations for Fall 2014 submitted. The Spring 2015 (mid- March to mid- June 2015) quarter of instruction completes the program's "teach out" plan. AD reports there have been no formal complaints by clinical facilities, students or faculty. NEC monitoring continues. Review of Winter 2014 course and faculty evaluations shortly after the term ends.
Mission College Associate Degree Nursing Program	S. Engle	02/09/2015	The program received written notification of non-compliance with CCR 1431 annual pass rate <75%. Program pass rate for (July 1, 2013-June 30, 2014) was 64.86% (n=37) first time test takers. The program has submitted a comprehensive assessment and action plan to improve the annual pass rate.
Unitek College	S. Engle	02/9/2015	The program received written notification of non-compliance with CCR 1431 annual pass rate <75%. Program pass rate for (July 1, 2013-June 30, 2014) was 73.1% (n=82) first time test takers. The program has submitted a comprehensive assessment and action plan to improve the annual pass rate.

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**AGENDA ITEM: 7.2**

**DATE: April 2, 2015**

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

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

**BACKGROUND:** The Education/Licensing Committee met as a Sub-Committee due to lack of quorum on March 5, 2015 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program
  - National University Baccalaureate Degree Nursing Program
  - Cuesta College Associate Degree Nursing Program
  - Mt. San Jacinto College, MVC Associate Degree Nursing Program
  
- B. Approve Major Curriculum Revision
  - College of Marin Associate Degree Nursing Program

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 Sub-Committee Recommendations From meeting of March 5, 2015**

**The Education/Licensing Sub-Committee met on March 5, 2015 and makes the following recommendations:**

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

#### **• National University Baccalaureate Degree Nursing Program.**

**Diane M. Breckenridge, PhD, MSN, RN, ANEF, Department Chair & Professor, and Gloria McNeal, PhD, MSN, RN, Dean.**

Diane Breckenridge, PhD, MSN, RN, ANEF was assigned as program director beginning 10/10/2014. Richard Guertin, MSN, RN was program director from February 2014 to October 2014. Julie Johnson, PhD, RN, FAAN was program director from June 2013 to February 2014. Mary Kracun, PhD, RN was program director from January 2013 to June 2013 during the period of search for a new director following Dr. McHugh's resignation. Mary McHugh, PhD, RN was program director from December 2010 to January 2013.

NU is private non-profit and WASC accredited. The nursing program is accredited by CCNE through 2021. The NU BSN program received initial BRN approval in August 2004 for enrollment at the San Diego campus. Additional campuses began enrolling students at Fresno in 2008 and at Los Angeles in 2009 with BRN approval. Attendance for the nursing program is continuous and courses are presented in condensed 4-8 week timeframes. The approved admission pattern is 50 students four times/year (Oct, Jan, Apr, July) and 20 LVN-RN advanced placement students two times/year at the San Diego campus. Twenty students are admitted twice yearly (Oct, Apr) at each of the Los Angeles and Fresno campuses. Enrollment at the time of visit totaled 507 for all campuses (San Diego 346; Los Angeles 77; Fresno 84). A regularly scheduled continuing approval visit for the NU program was conducted across an extended period from November 12 through December 11, 2014 to accomplish visits to all three program campuses which are geographically remote from each other.

The primary campus site in San Diego was visited on November 12-13, 2014 by NECs Leslie Moody, Carol Mackay and Carol Velas, where an overall evaluation of the program's structure, resources and delivery was completed in addition to evaluation of site specific resources. Meetings were held with university and program leadership, admissions staff, faculty and students, the campus was toured, program documents were reviewed and clinical sites were visited. Multiple areas of concern were identified at this site and have now been corrected. The Los Angeles extended campus was visited on December 10, 2014 by Carol Velas, NEC and Miyo Minato, SNEC. Meetings were held with the program director and site assistant director, admissions staff, students and faculty, and the physical plant was toured. Ms. Jocelyn Corrao, assistant director at this site, was knowledgeable regarding the program and reported the allotted 40% release time was adequate to perform assigned duties. Students at this site voiced concern about a lack of consistent information and direction regarding the required program curriculum. The extended campus in Fresno was visited by Leslie A. Moody, NEC on December 11, 2014. Meetings were held with the program director and site assistant director, admissions staff, students and faculty, and the physical plant was toured with the following noted: Dr. Wider was appointed assistant director in October 2014 without BRN approval (approval completed during visit); the psych/mental health course beginning in three weeks did not have adequate clinical facilities scheduled (subsequently corrected); some students reported the university's San Diego Spectrum Library remote services are not always timely in supplying materials needed for course assignments (corrected through improved instruction to students regarding use of university library services and identification of

supplemental university library resources in the region). Summary visit findings are mapped in the chart below by campus and explained in greater detail in the Consultant Visit Report and the Report of Findings.

Section	Description	Campus		
		SD	LA	Fresno
<b>Noncompliance</b>				
1424(f)	Assistant program director knowledge	X		
1424(d)	Inadequate faculty	X	X	X
	clinical facilities	X		X
	physical space	X		
1427(b)	learning objectives in clinical facilities	X		
<b>Recommendation</b>				
1424(e)	sufficient time allotted for assistant director	X		
1424(b)(1)	total program evaluation	X	X	X
1424(d)	library			X
	student support services	X	X	X
1425/1424(h)	faculty approvals	X	X	X
1425.1(a)	part-time faculty participation in program governance	X		X
1425.1(b)	faculty orientation	X	X	X
1426(g)(2)	clinical direct patient-care activities	X		
1426(f)	student performance evaluation	X	X	X
1428	student participation	X	X	X

Areas of concern noted during this visit which were recurrent from past visits of 2008, 2010, and 2012, despite previously implemented corrections, included: unapproved faculty/ inadequate faculty (2008, 2010); appointment of unapproved assistant director (2010); faculty orientation (2008); inadequate lab resources (2008, 2010); lines of authority and communication (2008, 2010); inadequate clerical staff (2012); incomplete program records/data (2008, 2012). Geographic distance between the three campuses and frequent program director turnover are factors contributing to difficulty sustaining improvements and achieving consistent program delivery.

Students report strengths of the program include peer camaraderie, earning a BSN, accessibility of staff and faculty, faculty expertise, and effective clinical learning experiences. The compressed 4 to 8-week course delivery was seen as both a strength and possible threat as students reported short class length can lead to “cramming” though senior students expressed confidence they have received strong academic and clinical preparation. Continuous attendance allowing rapid completion was a deciding feature for many students choosing this program. They noted that communication with program leadership/faculty/staff was recently improving, and expressed expectation that the program should be “organized, professional, and predictable” with stable leadership available for clarification and problem-solving.

Program faculty are competent and knowledgeable in their respective content areas, and maintain strong collaboration between full-time and part-time faculty to ensure instructional continuity and consistency. Many have been teaching in the program for several years and all demonstrate strong commitment to student success and management of the curriculum, ensuring that course content reflects current best practice standards. Technology is increasingly used to conduct program meetings and communicate to across the three campuses to ensure effective coordination. Many improvements have been made in the past five years to student support services and instructional content/design to improve graduates’ critical thinking and address attrition/retention concerns. Graduates’ NCLEX outcomes are above minimum

required performance threshold, and have steadily improved across the past three years: 2009-10 77.70%; 2010-11 75.53%; 2011-12 81.56%; 2012-13 92.34%; 2013-14 92.92%; 2014-15 1<sup>st</sup> quarter (Jul-Sept) 95.12%, 2<sup>nd</sup> quarter (Oct-Dec) 94.67%.

University leadership Dr. Gloria McNeal - Dean, Ms. Debra Bean – Provost, and Dr. Michael R. Cunningham – Chancellor/President, report they are not planning enrollment growth at this time but instead want to focus on strengthening resources to improve existing program quality. The program may seek Board permission for enrollment expansion in the future for admission of additional students to meet specifications of the HRSA grant awarded to serve military veterans, but for now these students are being enrolled within the current BRN approved pattern and number.

The program has submitted an acceptable corrective plan of action and progress report that reflects correction of noncompliance and recommendation. Hiring of additional faculty is in process. NEC recommended continue approval and NEC to conduct an Interim Visit Fall 2016 with Self-Study required. **Education/Licensing Sub-Committee Recommendation: Continue Approval of National University Baccalaureate Degree Nursing Program. NEC to conduct Interim Visit in Spring 2016 with program required to submit a Self-Study.**

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

**Marsha Scott, MSN, RN, Program Director, and Jason Curtis, PhD, Dean.**

A regularly scheduled continuing approval visit was conducted on November 18-19, 2014, by Nursing Education Consultants Laura Shainian and Lori Chouinard. There was one finding of non-compliance for Inconsistent Implementation of Curriculum: CCR 1426(a) Curriculum; and two recommendations: CCR 1424(b)1 Total Program Evaluation, and CCR 1426(f) Clinical Facilities. (The non-compliance and recommendations are detailed in the Report of Findings and the Consultant's Report). The program submitted a progress report on January 27, 2015, which includes corrective actions for the non-compliance and two recommendations.

The program utilizes an integrated curriculum model for clinical. This means that clinical courses have more than one content area. For example, the second semester clinical course includes Obstetrics, Pediatrics, and Med-Surg – students rotate thru these areas over the 18-week semester. It was discovered that the clinical hours in three of the four integrated courses was not being implemented as approved. In the submitted the progress report, the program demonstrates how this has been corrected so that hours are consistent and in compliance. The changes are reflected in course syllabi. Program evaluation is conducted in accordance with regularly collected data that is analyzed and utilized to develop revisions to the program and instruction. The program submitted a revised total program evaluation plan which allows the program to fully review all program elements.

Student feedback was overall positive regarding the program, faculty, and resources such as the Success Specialist. Other comments focused on the program's Clinical Evaluation Tool, which students felt the grading was unclear, subjective, & inconsistent from instructor to instructor. In response to this the progress report indicated that a task force consisting of nursing faculty and students was formed to review the current tool, and to create a clear, measureable clinical evaluation tool.

The program has partnerships with two ADN-to-BSN programs: California State University Channel Islands and Chamberlin College. This Spring 2015, the program will host an ADN-to-BSN Transfer Fair for students who wish to further their education. NCLEX pass rates have remained in the 90th percentile

for the past 10 years: 2005-06 96.67; 2006-07 96.88; 2007-08 95.65; 2008-09 90.19; 2009-10 92.16; 2010-11 93.33; 2011-12 95.45; 2012-13 97.73; 2013-14 93.33; 2014-15 (year-to-date) 100.00. Employer surveys are overall positive and employment rates of new graduates are at 89-92% one year post graduation – many of the 2014 graduates received job offers prior to graduation.

**Education/Licensing Sub-Committee Recommendation: Continue Approval of Cuesta College Associate Degree Nursing Program.**

- **Mt. San Jacinto College, MVC Associate Degree Nursing Program**

**Raelene Brooks, MSN, RN, CCRN, Interim Associate Dean, Nursing/Allied Health Unit.**

A continuing approval visit was conducted at the Mt. San Jacinto College, MVC Associate Degree Nursing Program on November 6th and 7<sup>th</sup>, 2014, by Shelley Ward, NEC, Miyo Minato, SNEC and Susan Engle, NEC. The program was found to be in non-compliance with CCR Section 1426 (g)(2) – Curriculum Hours and 1427(c) – Clinical Facility Agreements. Three recommendations were rendered. The program submitted a progress report to address the areas of non-compliance.

The program had 105 enrolled students. Generic students are admitted once a year in the fall. LVN advance placement students enter third semester after completion of pre-requisites. The college has allocated funding for 10 full-time faculty teaching positions. Two positions were vacant. An unanticipated faculty member's leave, and the need for an assignment modification for another, was impacting full-time faculty workload at the time of the visit. A specific recruitment and hiring schedule is planned over the next year. Program administration relayed that difficulties in hiring qualified faculty have occurred with some issues related to college human resources services. Students participated in task forces influencing change in the medication dosage examination policy, and program survey tools. Students communicated that they felt that the program is engaging their participation and communicating effectively on significant issues.

The ADN program collaborates with Business Services at the college for the execution and maintenance of the clinical affiliation agreements. Developing and implementing a plan to ensure that affiliation agreements are established and maintained per regulation, and issues related to college human resource services was discussed with program and college administration.

The NCLEX-RN examination pass rate has consistently been above the 75% pass rate standard: 2014-2015 - 92.31% (July to Dec.); 2013-2014 - 91.11%; 2012-2013 - 96.49%; 2011-2012 - 85.96%; 2010-2011 - 84.81%; 2009-2010 - 96%.

**Education/Licensing Sub-Committee Recommendation: Continue Approval of Mt. San Jacinto College, MVC Associate Degree Nursing Program.**

## **B. APPROVE MAJOR CURRICULUM REVISION**

- **College of Marin Associate Degree Nursing Program.**

**Rosalind Hartman, MSN, RN, Interim Dean/Director Nursing, and Marshall Alameida, PhD, CNS, RN, Dean of Health Sciences.**

The nursing program is moving from an eclectic curriculum model to a curriculum design founded on the Quality and Safety Education of Nursing (QSEN) model, National League for Nursing competencies, and the National Council of State Boards of Nursing NLEX test plan. The proposed model has eight core competencies: Patient Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Clinical Judgment, Quality Improvement, Safety, Information Competency and Professionalism. The proposed model has eight integrated processes: Nursing Process, Health Promotion, Caring, Client Teaching, Pharmacology and Parenteral Therapies, Cultural Diversity, Nutrition, and Leadership. The core

competencies and integrated processes are deemed by faculty as essential for pre-licensure nursing education in order to prepare for entry-level registered nursing practice.

The total units remain unchanged at 38.5 with a combination of 20 theory units and 18.5 clinical units. Course units have been redistributed to allow a redistribution of content. The proposed revisions will allow for logical and systematic leveling of medical surgical content from basic nursing concepts, to nursing management of clients with common and recurring medical-surgical conditions, to nursing management of moderately complex medical-surgical clients. The medical-surgical content culminates in Medical Surgical III with nursing management of unstable, complex clients with multisystem problems. Pediatric, Maternal-Child, and Mental Health and Care of the Older Adult courses were revised to incorporate the new Program Student Learning Outcomes and changes in care delivery. The course changes were mapped out in the rotation plan to assure that the current clinical sites would accommodate the new rotations. A detailed description of the new curriculum was presented to the consultant for review, including a list of new course numbers, titles, and units.

The nursing program provided the following reasons for the requesting the Major Curriculum revision.

- Faculty worked with a consultant identifying areas in the curriculum that did not reflect current practice standards such as collaboration, evidence-based practice, safety and information competency that were not explicit competencies in the program. The caring SLO needed to be expanded and the QSEN work on Patient Centered Care better measured.
- The pediatric content was combined with medical surgical course and scheduling 4 week block within a course was problematic.
- Medical surgical curriculum was not sufficiently leveled and sequenced, Medical Surgical I, II, III were examined and leveled.
- Faculty were having difficulty measuring Student Learning Outcome in courses. The new SLO's incorporate the NCLEX Test plan which will allow for better assessment of outcome measures.
- Faculty wished to level more leadership concepts earlier in the program. Leadership and Management has been leveled through courses.

**Education/Licensing Committee Recommendation: Approve major curriculum revision for College of Marin Associate Degree Nursing Program.**

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**AGENDA ITEM: 7.3**

**DATE: April 2, 2015**

**ACTION REQUESTED:** Vote On Whether To Grant Initial Program Approval Pre-licensure Program for University of California Davis (UCD) Betty Irene Moore School of Nursing (BIMSON) Entry Level Master's Degree Nursing Program (MEPN)

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

**BACKGROUND:** Dr. Theresa A. Harvath, FAAN was appointed the Program Director effective May 29, 2014. Dr. Harvath is recognized internationally for her expertise in nursing education and gero nursing. She was selected to lead the development of the pre-licensure Master's Entry Program shortly after the BRN accepted UCD's feasibility study in March/April 2014.

**Initial Program Approval Findings:**

The program submitted the required initial program approval official self-study report and supporting evidence on January 12, 2015. An initial program approval site visit was conducted by Katie Daugherty, NEC on January 28-29, and February 2, and 9, 2015 following an earlier series of clinical site visits to verify the appropriateness and adequacy of selected clinical placements for the proposed MEPN program.

The program was found to be in compliance with the Board's rules and regulations and no recommendations were made. Please refer to the consultant's Report of Findings and Initial Program Approval Report documents as attached.

**UCD: Academic and UCD Medical Center-Health Care System Description:**

UCD has more than an estimated 32,000 students, 2,500 faculty and 2,100 staff. UC Davis is rated as one of the nation's top research institutions and is WASC accredited through 2024. It is ranked as one of the nation's top medical schools and hospitals. UCD has established itself as a national leader in telehealth, rural medicine, comprehensive cancer care, neurodevelopmental disorders, vascular medicine and trauma/emergency medicine. The BIMSON is housed on the 140-acre Sacramento UCD Medical Center and Health System campus, 21 miles east of the university's main Davis campus.

The BIMSON was established in 2008-2009 as a result of the nation's largest grant of 100 million dollars to UCD from the Gordon and Betty Moore Foundation (GBMF). The unique public-private partnership grant has supported the launch of the UCD BIMSON. In 2010, the SON admitted graduate students to its PhD and M.S. Nursing Science and Health Care Leadership (NSHL) programs. Then in 2012, the FNP and PA graduate and certification programs became part of the BIMSON when these two programs moved from the UCD School of Medicine to the SON. The proposed MEPN pre-licensure program will become the fifth graduate program in the SON, once approved by the Board of Registered Nursing.

The addition of the MEPN program completes the originally conceived plans for the launch of the UCD BIMSON. The SON is accredited by the Commission for Collegiate Nursing Education (CCNE) through 2017. The MEPN graduate degree program will be added to the BIMSON's accreditation listing through a CCNE's substantive change process when BRN approved.

### **Initial Program Approval Compliance Summary:**

Listed below is a brief summary of key compliance evidence provided as part of the self-study initial program approval processes. It highlights major regulatory compliance information pertaining to sections such as CCR 1420 Definitions, CCR 1424 Program Administration, CCR 1425 and 1425.1 Faculty, CCR 1426 and 1426.1 Curriculum, and CCR 1427 Clinical Facilities. Please refer to the attached reports and supporting documents for further information.

### **CCR 1420 Definitions and CCR1424 Program Administration and Organization:**

- The MEPN program philosophy serving as the basis of curriculum is well developed and evidences integration of pertinent research and evidence-based practices as it relates to nursing education/active learning, clinical judgment, inter-professional education, health systems leadership and change, and the innovative use of health care technologies throughout the program of study.
- The vision and goals for all of the SON graduate programs is to prepare nurses as leaders, educators, and researchers in health care. UCD's nursing education model is designed to further improvements in health outcomes, promote safety and quality of care, and inform health policy decisions through broad team-based, collaborative efforts involving the health care communities UCD serves.
- SON and MEPN program lines of authority and communication, program policies and procedures, student grievance procedures etc. are already well developed.
- Dr. Harvath, the approved MEPN program director (PD), has 75% (30 hrs/wk) administrative time and sufficient administrative support staff (25% of 23 staff) to assist in managing all aspects of the program.
- SON faculty member, Dr. Ackerman-Barger is eligible for immediate approval as the program assistant director (AD) following initial program approval. She will have 25% (10 hrs/wk) to perform administrative as assigned by the program director.
- The planned MEPN Program faculty staffing mix includes 11-14 doctorally prepared FTE faculty and 2-18 part time faculty (may be BSN, MSN, or doctorally prepared). Larger numbers of part time faculty will be hired to support ongoing clinical instruction once the full time faculty have taught both theory and clinical courses for all the CRL theory and clinical courses for the first MEPN class. The number of full and part time faculty teaching each quarter will vary depending on student enrollments. The proposed faculty staffing mix is adequate in type and number to ensure sufficient "back up" faculty to cover planned and unplanned faculty changes and the established instructor to student clinical ratio of 1:8 in all CRL courses.
- Full time faculty generally teach in all the SON graduate programs, schedule permitting. Currently there are 8 of the existing SON faculty potentially eligible to teach in the MEPN program; 3 of the 8 are immediately eligible for BRN approval. Besides the 8 potential faculty member already teaching in the SON, 6 additional full time faculty are being hired for fall 2015.
- Among the existing SON faculty, three (Gero, M/S, Psych) of the five content experts are already identified.
- Potential OB and PEDS full time faculty/content experts have been interviewed. The program is not anticipating any difficulty hiring the necessary OB and PEDS faculty/content experts

based on the considerable number (~30) of applicants for faculty positions received to date.

- Clearly, there are sufficient resources to support initial (24 students in summer 2016) and continuing program enrollment (32 in 2017 and 48 in 2018 and beyond-up to a capacity of 96) including physical space, equipment, technology, library and support services, faculty, and clinical facilities.
- Physical space already available to the SON includes three buildings (Education/Cl. Skills Ctr.; Ctr. for Hlth & Technology/Ctr. for Virtual Care; and Adm. Services). These facilities have sufficient classrooms, skills and simulation labs, and offices for administrative/support staff and faculty. Classrooms and meeting spaces are equipped with the necessary state-of-the-art technology to support program teaching-learning activities. A fourth, \$45 million dollar UCD funded, 70,000 sq. ft. three story building (Health Sciences Education) with additional learning studios (for 60,125,175 students), skills and simulation, and administrative and academic offices is slated to be ready for occupancy in the last quarter of 2017.
- The BIMSON remains well funded (~\$50 million in funds remain). The GBMF grant funding provides the fiscal support for the MEPN program through 2018; at that time, it is expected the MEPN will be self-supporting/self-sustaining through student tuition and fees. A reserve of \$500,000 has been allocated to cover contingencies including any type of MEPN applicants/enrollment short fall. Once GBMF funding is no longer available, alternative funding sources such as public funds, other philanthropic support and research funding will be used to sustain the five SON graduate degree programs.
- Estimated MEPN program tuition is ~\$93,000 for the 18 months-six quarters program of study; the SON estimates approximately 20% (~\$18,720) of financial support will be available for the first 2016 cohort of program students. Awards will be based on student needs and made in compliance with federal, state and UCD university requirements.
- UCD does not anticipate any difficulty meeting projected MEPN enrollment targets (24 in June 2016; 32 in June 2017; 48 in June 2018 and beyond). Current MEPN listserv members have grown to ~985. This is consistent data relative to MEPN programs, that is many having many more (3X or more) applicants than slots available for admission.
- Online applications for MEPN program enrollment is slated to start in October 2015 pending initial program approval by the Board of Registered Nursing.
- At capacity the SON is expected to enroll ~440 students across all five programs (PhD=48; MS-L=50; FNP=100; PA=140; MEPN=48); faculty support/staffing at this point is expected to be ~48 FTEs.

#### **CCR 1425 and 1425.1 Faculty Qualifications, Changes, and Responsibilities:**

- During the last two years, the SON faculty already teaching in the existing graduate degree programs have been actively participating in the MEPN program development along with the entire SON Education Programs team of professional staff. The SON's in-depth planning and comprehensive review during the development of the MEPN program is an exemplar for others considering pre-licensure program development.
- Prudently, the SON has made the decision to staff and orient 11-14 full time FTE MEPN program faculty beginning in fall 2015, three quarters before the start of the MEPN program in summer 2016.

#### **CCR 1426 Curriculum and 1426.1 Preceptorship:**

- The MEPN pre-licensure graduate degree program is designed for individuals with a bachelor's degree in a field other than nursing. The program requires completion of 132 units for the MSN degree and to be eligible to make BRN application for licensure by exam and

eligible to sit for the NCLEX-RN examination.

- The program of study (132 units) requires completion of six consecutive 10 week quarters (18 months) MSN degree full time course work following completion of the specified prerequisite courses (40 units) with the required cumulative (3.0) and science GPA (2.7 each course).
- The required forty (40) units of prerequisite courses include (physical, social and behavioral sciences with required labs) totaling 31 units, and (9) units of group, oral and written communication. These must be completed prior to program admission.
- CRL nursing units total 59 units; 32 units of CRL nursing theory/didactic coursework and 27 units of CRL clinical coursework that also meets the concurrent theory and clinical requirements. All CRL units total 99 units. This includes 31 units of sciences, 9 units of communication, and 59 units of nursing. Calculations for theory and clinical hours and units meet the regulations as reflected on the attached CRL/TCP forms.
- Required curriculum content and content integration is clearly evident per 1426 and 1426.1 regulation subsections and BPC section 2725 and CCR 1443.5.
- The “other degree” MEPN MSN degree courses total 33 units and include courses such as leadership in health care, research, implementation science & system change, health status and care systems, community health, and the collaborative practice course series. The MSN curriculum deals with a variety of nursing roles that assist the RN to assume direct and indirect patient care leader roles. Please refer to the attached supporting documents including the MEPN curriculum plan and CRL/TCP forms etc., for more detail, the quarter-by-quarter course sequencing and expected student learning outcomes (SLOs) for this program reflective of the *AACN Baccalaureate and Master’s Education in Nursing Essentials*.
- The 240 hours nursing capstone clinical preceptorship is in compliance with CCR 1426.1. Clinical agency partners commented favorably regarding the number of hours in the course.

### **CCR 1427 Clinical Facilities:**

- The program has identified a sufficient number and type of clinical facilities and placement slots to support initial and full program enrollment at 96 students in 2018 and beyond without displacing students.
- All clinical agreements/MOUs/amendments have been signed or are in the final signature phase of completion.
- Clinical sites secured for initial start-up and ongoing use are within 30 minutes travel time from the SON. Very detailed clinical placement information has been provided and validated by the NEC during the self-study/initial program approval processes.
- **Three acute care hospital clinical sites have been secured: UC Davis Medical Center-** Acute Care Hospital (619 beds- with an avg.daily census(ADC) of 485 pts.-includes 12 bed ED psych pod and two M/S-psych units; students will have access to acute care and ICU units in specialty areas including: Accelerated Access, Acute Rehab, Bariatric, Burn, Cardiac, ENT/Transplant, GI/Vascular, M/S Specialty, Multiple ICUs-, Cardiothoracic, Medical, Neurosurgical, Surgical, Transfer/Receiving, Neuro, OB( 20 L&Ds; 20 PP/couplets/ Newborn nursery ADC varies); Oncology, Ortho, Ortho Trauma, PEDS (see below), etc.;
- **Kaiser South Sacramento** (200++ beds-ADC~140 pts. includes ED psych pod, 6 M/S units, ICU, OB-200 normal births/mo., general Peds ADC 1-2 pts.). RN and C.N.A staffing in M/S. Student have access to all units. **VA Mather** (50 beds-ADC of 32 pts. includes a 6 bed psych unit on a separate floor from the medical surgical unit). RN and C.N.A. staffing in M/S and students have access to all inpatient units/services.
- For the initial cohort of 24 students UCDMC/Health System services will provide most

clinical placements, especially the OB and PEDS placements because of the volume, variety, and complexity placements available to support student progression throughout the program.

- The use of the KP and VA inpatient clinical placements will be refined in collaboration with the program Director, AD, and content experts once the full complement of FT MEPN faculty are hired. Other available outpatient and ambulatory placements will be added at UCD, KP, and VA as appropriate to meet program learning objectives and to achieve student learning outcomes.
- Also of note, all three of acute care facilities have acute inpatient psych/medical beds for placements. Available learning experiences include medical/psych stabilization and ECT learning opportunities (KP).
- Program students will have access to OR, PACU, Endoscopy, Procedural Sedation and other inpatient diagnostic services at all three selected acute care facilities.
- **Two large inpatient acute care psychiatric facilities: Heritage Oaks** (125 beds-ADC109 -7 units) adult, adolescent and gero psych; **Sierra Vista Hospital** (120 beds-ADC108-110 pts.-6 units; five adult units and one adolescent unit); with pt. Consent access to observe psych-hold legal hearings.

Outpatient learning experiences will be added as the clinical sites have these programs developed for student placements.

- **Inpatient/Acute Care OB:** UCDCMC will be the primary placement site for all program students because UCDCMC provides both normal and high risk learning experiences and includes 20 L&Ds, 20 PP/couplets and regular newborn nursery as needed. Services include both normal and high risk Prenatal/Antenatal and Perinatal learning experiences. Only RNs staff these units. Outpatient and ambulatory clinic experiences will be developed over time.
- **Inpatient/Acute Care PEDS:** UCDCMC has four PEDS units including a 30 beds/30 ADC general unit; a PEDS ICU (14 ADC), and PEDS NICU/SCN (58 ADC). Only RNs staff these units.

**UCD Health System Home Health and Hospice:** HH M/S (ADC 65), PEDS (ADC 20), Gero (ADC 40); Hospice services include PEDS (ADC 3) and Gero (ADC 40): Clinical placements available in all areas; MEPN students will go on home visits with RN staff; typically 1 student in each of the areas listed here. All RN staffing ~ 16 per/day.

#### **Other UCD Health Systems Clinical placements:**

**UCD MIND Institute:** Located on the UCD Sacramento Health System Campus: This site will provide (a half to one day) clinical experience for 1-2 program students at a time. Students will become familiar with the services and research associated with the causes, prevention, clinical assessment, treatments, and education for neurodevelopmental disorders such as autism spectrum disorders, Fragile X syndrome, Attention Deficit/Hyperactivity Disorder, Chromosome 22q 11.2 Deletion Syndrome.

Students will be able to observe services provided to individuals and families with school age children and teens ages 18 years or younger. Observational/participation opportunities working with inter-professional staff composed of psychiatrists, geneticists, genetic counselors, licensed clinical social workers, child development specialists, and other medical support staff and in future nurse researchers.

Clinical evaluations services to be observed will include developmental testing and neuropsychological examination, psychiatric diagnostic interview, medical and pharmacological consultation and management. Clinics include a family clinic, social skills training program, ADHD

clinical and clinical trials services. Students will also have access to the Distinguished Lecturer series and onsite resource library.

Observation of clinical evaluations services may include developmental testing and neuropsychological examination, psychiatric diagnostic interview and medical and pharmacological consultation and management in the family clinic, social skills training program, ADHD clinic and clinical trials services. Students will have access to the Institute's Distinguished Lecture Series and public resources library.

**UCD Ambulatory Health Management/Care Coordination and Education Services (Lawrence J. Ellison Ambulatory Care Clinic):** MEPN student learning opportunities (1-2 students at a time) encompass two major types of services. Services are provided M-F 8am-5pm. Students will observe/participate in weekly education classes for self-care, chronic disease management and life-style changes. Students will be able to observe and use motivational interviewing and patient-empowerment models to assist patients. These classes are taught by an inter-professional/interdisciplinary team of professionals including registered nurses (9), dietitians, and health education professionals using a team-based teaching model. RNs typically teach 3-4 hours weekly.

Students will also have a rotation through the Care Management/Care Coordination program. Program services include telephone-based disease management calls to patients at high risk for hospital re-admissions and/or emergency department visits. A nurse and social worker team maintain case loads of 50-100 patients and average about 6-9 daily patient contacts with calls lasting 20-40 minutes in length. Phone calls focus on assisting patients with the management/coordination of needed care and services in a timely manner.

Beginning in Spring 2016, the program RNs will travel to primary care network clinics to conduct face to face care management visits. MEPN students will have the opportunity to buddy with RNs providing these services to patients. Learning activities will focus on managing chronic conditions, facilitating lifestyle changes and reducing emergency visits and hospital re-admissions. The nurse administrator for these services is a registered nurse, certified diabetic educator (CDE), with MSN and CNS expertise.

Rotations of MEPN students are welcomed and do not displace the occasional RN student rotations through these services.

**Geriatrics: University Retirement Center (UCR):** In addition to the UCD Health System Gero placements the UCR site provides students learning experiences with all levels of senior care including senior apartments-independent living (207-ADC 205), assisted living (37 beds-ADC 34); Memory Care (14 beds-ADC 13); and SNF (37 beds-ADC 34) care. RN staffing ranges from 2-4 for each level. Rotations at this facility will be faculty-led with 8 students per section. UCR was selected because the facility demonstrates high standards of resident care across the wellness-illness continuum of care has a high functioning inter-professional team and interdisciplinary model of care implemented across all levels of care.

**Miscellaneous Clinical Placements Information:**

- It is anticipated that as more of the faculty are hired and become familiar with course objectives/SLOs, other clinical placements will be added. Any additions will supplement, augment and strengthen initially planned and approved clinical placements. Added sites will likely include some rural clinical sites so interested program graduates wishing the

opportunity to work in rural settings upon graduation obtain some exposure to these agencies. This is also consistent with the BIMSON mission.

- Clinical facility representatives verified the availability of the proposed clinical slots/placements for the MEPN program students without displacing other R.N. program students already using the clinical facilities. Additionally, as part of the final phase of the initial program approval visit, the NEC re-verified by phone/letter that local nursing education program directors (ARC, CSUS, SCC, SC, SM) continue to support the UCD MEPN program start up effective Summer 2016.
- Dr. Harvath continues to participate in the various clinical facilities regional planning meetings such as Healthy Community Forum (HCF) and the Psych/Mental Health planning group. There have been no issues or concerns expressed by the planning group members interviewed in relation to the establishment of the UCD MEPN program. As of February 2015, Dr. Harvath will be joining the separate Kaiser Permanente and VA clinical placement planning groups.

**CCR 1428-1432:** Please refer to the Consultant's Report for a description of the detailed compliance evidence.

**Conclusion:** There is sufficient compliance evidence to support initial program approval. Based on a program start date in June 2016, NEC site visits will be made in Quarter 3 (winter quarter 2016) and Quarter 6 (fall 2017) to verify program implementation as initially approved and ongoing compliance with the regulations.

**NEXT STEPS:**

Notify school of Board action.

**PERSON TO CONTACT:**

Katie Daugherty, MN, RN, NEC  
(916) 574-7685

California Board of Registered Nursing  
Education/Licensing Committee

Report of Findings  
Initial Program Approval Visit January 28-29, February 2 and 9, 2015

University of California Davis Betty Irene Moore School of Nursing (BIMSON)  
Masters' Entry Program in Nursing (MEPN)

Non Compliance(s): None identified

Recommendation(s): None identified

**CONSULTANT APPROVAL REPORT**  
**INITIAL PRELICENSURE PROGRAM VISIT**

EDP-S-05 (Rev. 09/13)

**PROGRAM NAME:** University of California Davis  
Betty Irene Moore School of Nursing (BIMSON)  
Master's Entry Program in Nursing (MEPN)

**DATES OF VISIT:** January 28-29, February 2, 9, 2015

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p><b>I. ADMINISTRATION AND ORGANIZATION OF THE NURSING PROGRAM</b></p> <p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences 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>SS pgs. 6-9, 69-81 Course syllabi</p>	<p>X</p>		<p>UC Davis has been involved in education for over 100 years and is one of the nation's top public research universities highly committed to an inter-professional/interdisciplinary model of education. The UCD BIMSON is located on the UCD Health System 140-acre campus in Sacramento ~ 21 miles east of the main UCD campus in Davis, CA. UCD maintains an annual enrollment estimated to be more than 32,000 students and 2,500 faculty. The University has been continuously WASC accredited since its inception and is presently WASC accredited through 2024.</p> <p>The UCD BIMSON was established in March 2009 and admitted its first cohorts of graduate students for the Masters of Science in Nursing Science and Health-Care Leadership (NSHL) and to the Doctorate of Philosophy in Nursing Science and Health Care Leadership in fall 2010. The BIMSON is CCNE accredited through 2017. Upon initial approval of the UC Davis pre-licensure MEPN degree program, the BIMSON will submit the required substantive change notification to CCNE to ensure ongoing compliance with CCNE standards.</p> <p>The mission of the BIMSON seeks to foster nursing excellence through a comprehensive educational model incorporating scientific rigor, and immersive, inter-professional education preparation for its students. All five graduate degree programs in the BIMSON have been deliberately and systematically designed to advance health, improve quality of care and health outcomes and inform health policy. This includes the proposed UC Davis MEPN program.</p> <p>As stated in the self- study and supporting documents five core attributes advance the BIMSON and pre-licensure MEPN program mission</p> <ul style="list-style-type: none"> <li>• Leadership Development</li> <li>• Inter-professional Education</li> <li>• Transformative Research</li> <li>• Cultural Inclusiveness</li> <li>• Innovative Technology</li> </ul> <p>Five key MEPN program goals are to prepare MEPN graduates to:</p> <ul style="list-style-type: none"> <li>• Apply leadership skills to transform health care</li> <li>• Utilize multiple inter-professional /interdisciplinary perspectives to work and communicate as teams</li> <li>• Apply nursing science to improve health and reshape health systems with research with an emphasis on aging, rural health, and diverse communities</li> <li>• Practice cultural inclusiveness in research, practice, leadership and community engagement</li> <li>• Create engaged and interactive approaches to nursing education, research and practice using innovative technology</li> </ul> <p>The BIMSON faculty believe that an evidenced based model clinical reasoning that incorporates analytical processes (as used in the nursing process) as well as intuition, and narrative thinking (Tanner, 2006) is essential in developing clinical reasoning in novice nurses and providing person/patient-centered care.</p> <p>Compliance evidenced.</p>

APPROVAL CRITERIA

SECTION 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.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
SS pgs.10-15 Apps A-D SHB/FHB-GSA HB CAT	X		<p>The MEPN program and all the other graduate programs offered by the BIMSON function in accordance with UCD policies as published in the UC Davis General Catalog, MEPN SHB, Graduate Student Guide, and the Graduate Studies Adviser's Handbook. MEPN students are provided these resources upon admission.</p> <p>Like existing graduate programs admission processes, the MEPN program admission process is a two-step process, and admission decisions are made on a case-by-case basis. Eligibility for program admission (meeting some or all of the admission criteria) does not guarantee admission. The BIMSON's already established Recruitment, Admissions, and Fellowship Committee (made up of the Nursing Science and Health Care Leadership Graduate group) recommends admission to the Dean of Graduate Studies. Recommendations for admission by the committee are based on a student's undergraduate GPA, science and math GPA, letters of recommendation, a narrative interest statement and a personal interview as warranted. The UC Davis Dean of Graduate Studies will make the final admission offer to MEPN program applicants.</p> <p>MEPN students are required to maintain a 3.0 G.P.A. or higher throughout the program of study. If a student fails a course with a clinical component the student will not be able to progress to the next quarter of courses until the student re-takes the course and receives a passing grade. Course failure in the first quarter of the program will require the student to defer enrollment to the following cohort and to repeat all first quarter courses.</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(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>SS pgs. 16-22 SS tab 8 Apps A-F Apps BB, CC, EE, FF</p> <p>A sample focus group report summary provided during the visit</p>	X		<p>The BIMSON including the MEPN program has a very comprehensive evaluation plan and established procedures for specific timelines and benchmarks/indicators for program evaluation and measuring student learning outcomes and success. MEPN program specific indicators measuring student achievement of the desired student learning outcomes will be carefully monitored quarter by quarter and annually. This will ensure ongoing program improvement in all aspects of the program. Successful implementation of the plan and evidence of program improvement actions will be reviewed when the routinely scheduled Quarter 3 and Quarter 6 BRN NEC site visits are made.</p> <p>All BIMSON graduate programs evaluation needs are served by the UCD Research Education Outcomes Evaluation Unit (REOE) established in 2007. The REOE associate director has worked with the SON since 2010. The written evaluation plan is based on a high-level logic model that was most recently updated in December 2014. Each element of the model encompasses very detailed/specific resources, activities and outputs, and 5-year goal sets. Within each of the model components there are specific SON and program specific outcome measures including early (1-5 years), intermediate (6-15 years), and long term (15+ years) measures, sources, and benchmarks. The BIMSON is currently engaged in strengthening the ongoing assessment/evaluation processes and procedures that identify and refine program specific indicators that effectively measure and clearly validate program specific learning outcomes have been achieved.</p>
<p>(2) The program shall have a procedure for resolving student grievances.</p> <p>SS pg. 23 Apps A-D SON SHB</p>	X		<p>Promotion, retention, graduation, disqualification, and dismissal policies and procedures are clearly defined. Appeals processes are clearly defined as well.</p> <p>Written program procedures and processes are clearly described in student handbooks and guides. These documents are made available to students during orientation and posted on the secure MyCourses learning management system website at: <a href="http://mycourses.ucdmc.ucdavis.edu">http://mycourses.ucdmc.ucdavis.edu</a>. Informal and formal student complaints are used to foster ongoing program improvement. Students are encouraged to make every effort to resolve the concern/complaint with the faculty or staff directly involved. If not resolved, the student may contact the MEPN Program Director. If the matter is not resolved at the program director level, the student may contact the Associate Dean of Academics in the SON and seek the assistance of a professional from the Counseling and Psychological Services office or one of the associate deans in Graduate Studies. Additionally, the matter may be referred to the UC Davis Office of Student Judicial Affairs, Graduate Student Association/Student Ombudsman and available legal counsel services.</p>

APPROVAL CRITERIA

SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with 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.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
SS pgs. 24-26 Apps G, P-Q	X		<p>Three organizational charts demonstrate compliance with the regulation. Dr. Harvath, MEPN Program Director reports directly to the BIMSON Associate Dean for Academics, Debbie Ward, PhD, RN, FAAN. Dr. Ward reports directly to Heather Young, PhD, RN, FAAN, Associate Vice Chancellor and Dean of the Betty Irene Moore School of Nursing. Dr. Young reports directly to the UC Davis Provost &amp; Executive Vice Chancellor-Office of the Provost.</p> <p>At the MEPN program level, Dr. Ackerman-Barger, the expected MEPN program Assistant Director, will report directly to Dr. Harvath. Faculty teaching in the MEPN program will also report directly to Dr. Harvath.</p> <p>The BIMSON has a very impressive cadre of professional support staff to assist the MEPN program leadership in the effective and timely administration of all aspects of program including fiscal planning. Director of Educational Programs and Strategic Planning, L. Badovinac, provides key administrative support to the MEPN program and the BIMSON. Ms. Badovinac reports directly to the UC Davis Assistant Dean for Interprofessional Programs, Jana Katz- Bell, and indirectly to Dr. Ward, BIMSON Associate Dean of Academics. Ms. Badovinac is responsible for key design, implementation and evaluation functions and processes for the SON education programs.</p> <p>Sheri Kuslak-Meyers, PhD is the Education Program Manager and the line manager for the MEPN academic and student support staff. She reports indirectly to MEPN PD Dr. Harvath and manages day-to-day operations of the Education team, focusing on clinical education and management of clinical facility agreements etc.</p> <p>In the Nursing Science and Health-Care Leadership Graduate Group there are three standing committees: Executive Committee, Recruitment, Admissions, and Fellowship Committee, and the Education Policy and Curriculum Development Committee.</p> <p>The MEPN Program is supported by these standing committees as well as several other SON group including the MEPN Steering Committee, MEPN Workgroup, the SON Connected Faculty group, and the MEPN sub-committee for Curriculum and Admissions. The MEPN subcommittee reports to the Graduate Group Standing Committees,</p>

APPROVAL CRITERIA

SECTION 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.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
<p>SS pgs. 27-41 54-57 SS tabs 1-8 Apps H-Q, W-Z Apps AA-FF Tables 1-5, 7 Visit interviews Supplemental visit documents Regional planning schedules</p>	<p>X</p>		<p>The Gordon and Betty Moore Foundation (GBMF) funded a 100 million dollar private-public partnership to launch the BIMSON beginning in 2009. The BIMSON remains well funded (~\$50 million in funds remain). This funding provides sufficient fiscal support for all MEPN program expenses until the program is at full enrollment capacity in 2018(96 students). It is expected the MEPN will be self-supporting/self-sustaining through student tuition and fees. A reserve of \$500,000 has been allocated to cover contingencies including any type of MEPN applicants/enrollment shortfall. Once GBMF funding is no longer available, alternative funding sources such as public funds, other philanthropic support and research funding will be used to sustain the five SON graduate degree programs.</p> <p>Tuition and fees for the 18 months MEPN are ~\$93,000. For the June 2016 cohort of students, the SON will award ~\$18,720 of financial aid to eligible students based on need and other federal, state and UCD compliance requirements.</p> <p>All requisite library and support services are established. MEPN faculty and student orientation planning is already underway and UCD support staff including Library professional staff are already working closely with the MEPN Program Director and graduate nursing program faculty to identify and augment additional services, equipment, supplies, etc. that will be needed by MEPN program faculty and students to achieve program objectives, student learning outcomes and mastery of required competencies.</p> <p>Self- study and visit evidence validates there are sufficient resources are available or will be available by the start of the program in June 2016 and to implement the program and support the identified enrollment pattern/program capacity totaling up to 96 students in any one quarter.</p> <p>In relation to physical space resources, the UCD Health System's Sacramento campus has engaged in very comprehensive space planning and utilization processes since the inception of the SON. Existing processes are reported to be working effectively in relation to the existing graduate programs as well as those necessary for implementation of the MEPN program and to support future growth across the five programs in the SON.</p> <p>Currently the BIMSON space needs and those of the Sacramento UCD Health System campus are being sufficiently met utilizing three main buildings: (Education Building (EB), Administrative Services (ASB), and the Center for Health and Technology Center for Virtual Care (CHT/CVC). The EB is a four-story structure equipped with the latest education/communication technologies and includes space for the SON main administrative offices and a state of the art fully equipped Clinical Skills Center. The ASB facilities house most of the BIMSON faculty and staff. This building is currently being renovated to include a 125-seat classroom and a 60 seat active learning studio to support inter-professional learning activities.</p> <p>A third building, the CHT/CVC facility is a 35, 000 square feet facility with telehealth functionality, smart classrooms, and a significant number and type of low to high fidelity simulation manikins, equipment and specialty suites such as a Trauma Bay, OR suite, inpatient unit, 6 bay simulation area, standardized patient exam and debrief rooms, student carrels and an equipment and repair simulation moulage preparation area.</p> <p>A fourth UCD funded 45 million dollars new building will be added by the last quarter of 2017. The new three story ~ 70,000 square feet Health Science Education (HSE) building is expected to be ready for full occupancy in October of 2017. This new building has been specifically designed to facilitate full implementation of the student -centered, team based inter-professional curriculum and newly designed teaching-learning environment. The HSE building is designed to be a model teaching learning environment that fosters and promotes inter-professional, team based teaching and learning activities using state-of-the art instructional, clinical practice and health care technologies that all SON students and program graduates will be expected to use competently in actual clinical practice as well as in the performance of their roles/activities as nurse leaders in research, health policy, and education, and systems change agents/innovators.</p>

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SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

SECTION 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.

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

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
SS pg. 41 Apps I, J, P-Q, W, X,Z	X		<p>Dr. Harvath has 75% (30 hrs/wk) assigned time to administer the MEPN program and 25% (10 hrs/wk) for teaching, student mentoring/advising, and scholarship.</p> <p>Dr. Harvath works with an impressively large number (14) of SON administrative professional staff members responsible for carrying out many of the necessary day to day management and administration functions for the four existing graduate (PhD, M.S. NHSL, FNP/PA M.S.NSHL and PA MS H.S) degree programs. The self- study indicates 25% (10 hrs/wk) of each professional staff member's time is already allocated to support the MEPN program.</p> <p>Dr. Ackerman-Barger will serve as the MEPN's Assistant Director (AD). She will have 25% assigned time (10hrs/wk) to participate in the administration of the MEPN program under the direction of Dr. Harvath. The remainder of her time will be allocated for teaching, student mentoring/advising, and scholarship. In the absence of the MEPN program director, the AD will be provided sufficient additional time for MEPN administration as needed.</p>
SS pg. 42 Apps I, Q,,W	X		<p>Dr. Ackerman-Barger had six years of prior pre-licensure nursing education program teaching experience as a faculty member at CA Humboldt State University teaching medical-surgical and nursing capstone courses prior to program closure. Since April 2013 she has served as an Assistant Adjunct Professor teaching nursing education courses to BIMSON graduate students.</p> <p>Immediately following BRN initial program approval for the MEPN program, Dr. Ackerman-Barger is eligible and qualified to be approved as the MEPN Program Assistant Director. Draft BRN forms have already been completed and included as self-study evidence.</p> <p>Dr. Ackerman-Barger 's identified MEPN program responsibilities/duties include preparation of class schedules, faculty assignments, MEPN policies and SHB updates, development and implementation of student orientation, and participation in the comprehensive exam committee, and the development of documents required for continued CCNE and BRN approval.</p>
SS pgs. 43-44 SS Table 6 Apps K-O, R-V Apps BB-CC, EE-FF Course syllabi	X		<p>Self- study materials and site visit interviews validate that all aspects of the program were developed and refined during 2013-2014 by existing BIMSON faculty and pre-licensure education consultants. The Fink taxonomy for designing significant learning experiences was used by series a of task force groups (PETforce, ad hoc content expert) to develop the various aspects of the program. Additionally, SON faculty all day retreats and Connected Faculty meetings were used to review and refine all aspects of the MEPN program including the proposed program philosophy, curriculum, key policies, prerequisites, key curriculum concepts, final course/content sequencing, course syllabi, theory and clinical course evaluation methods/forms and implementation strategies,</p>

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SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

SECTION 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.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
SS pgs. 27-32, 45-50,54-57 Apps W-Z, AA Tables 1-3, 6-10	X		<p>Currently the BIMSON has a total of 30 faculty members and 29 of the 30 are prepared at the doctoral level. Fourteen (14 of the 30) are registered nurses and sixteen (16 faculty members) make up BIMSON faculty representing nursing, academia, policy, business, and practice and include specialization/ research in such areas as Adult and Family Nurse Practitioners, Health Informatics, Health Promotion, Health Policy/Politics, Leadership, Applied Health Care Economics/Finance and Health Systems/Systems Change, Interdisciplinary/ Interprofessional Discussion-based/ Active Learning Education, Clinical Pharmacy, Physician Assistants, Clinical Psychology and Neuroscience, Research, Physicians specializing in Endocrinology, Diabetes, Metabolism, Microbiology/Immunology and Women's Health Research, and a Physician Scientist.</p> <p>Faculty teaching any of the MEPN program CRL theory and clinical courses/course components will be BRN approved. Three of the 14 existing BIMSON RN faculty are immediately eligible for BRN approval at the instructor level in the specialty areas of (medical surgical, psych/mental health, and gerontology. Five other existing SON RN faculty will be eligible for approval in at least one of the 5 specialty areas following completion of requisite faculty enhancement/remediation to meet BRN requirements. Additionally, 5 of the 6 of the faculty to be newly hired full time faculty to staff the MEPN program have been identified and are in the final stages of the hiring process with a planned program start date of fall 2015. The MEPN faculty member for Pediatrics has been interviewed and an offered made.</p> <p>The initial and ongoing faculty-staffing plan for the MEPN program includes a total of 11-14 BRN approved doctorally prepared full time FTEs. In 2018 the program will reach a steady enrollment pattern with a total of up to 96 students enrolled in the program and an estimated 12 FTE faculty will be assigned to the MEPN program and a group of 2-18 part time clinical will be recruited and retained quarterly to provide clinical instruction to maintain a faculty to student ratio (1:8) of one clinical instructor to eight students in all clinical courses/course components.</p> <p>A group of 11-14 full time faculty (FTE) including the program director and assistant director will be in place (hired) no later than the start of the fall 2015. The identified staffing pattern provides sufficient back up faculty and ensures ample faculty time to become familiar with UCD, the BIMSON and faculty specific teaching assignments for the MEPN program. A series of MEPN program specific faculty development/orientation activities have been outlined; additional faculty enhancement/remediation activities will also be completed prior to the anticipated program start in June 2016. From faculty hire date and forward, faculty will teach across all graduate programs in the SON in their respective areas of subject matter expertise.</p> <p>The projected number of SON faculty FTE needed to support all five graduate programs at full enrollment(~440 students); PhD=48; MS-L=50; NP=100; PA=140; MEPN=96) totals 48. As the program grows additional program faculty will be hired to ensure sufficient numbers of qualified BRN approved faculty are available to meet planned and unplanned faculty changes.</p>
SS pg. 47 Apps J, X, CC SS tab 5 Table 9	X		<p>For program courses such as NRS 422,423,424 and 426, the appropriate non-faculty will be carefully selected and the required non-faculty responsibilities and course related documents developed by the faculty prior to the course (most likely Fall 2015-Spring 2016). When non-faculty instruct and supervise MEPN students in any clinical setting, IOR will ensure student and non-faculty responsibilities, faculty contact information etc. is clearly defined in writing , distributed to the students and non-faculty agency staff at the clinical site in a timely manner prior to placement of students and kept on file by the nursing program.</p> <p>The ultimate responsibility for clinical learning and supervision of students will remain with the clinical faculty and course instructor of record. Students will have access to clinical faculty by cellphone and pager. Back up faculty will also be in place to respond to urgent questions/issues if assigned clinical faculty is working with other students in the clinical area.</p>

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EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		Written evidence and site interviews verify compliance.
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:  1) Acuity of patient needs; 2) Objectives of the learning experience; 3) Class level of the students; 4) Geographic placement of students; 5) Teaching methods; and 6) Requirements established by the clinical agency.	X		The planned student to faculty ratio in all CRL clinical courses is 8 students to 1 clinical instructor. Clinical site visits during the initial program approval process validate the planned ratio is appropriate for the clinical sites and units to be used by the program and the program's plan is clearly supported by the clinical agencies providing program placements. Cohort #1 ( Summer 2016 admission/24 students)=3 clinical sections for each CRL clinical course/course component Cohort # 2( Summer 2017-32 students)=4 clinical sections Cohort #3 and beyond(Summer 19 and beyond-48 students)=6 clinical sections

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p><b>II. FACULTY QUALIFICATIONS AND CHANGES</b></p> <p><b>SECTION 1425</b> All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty member, director and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:</p>	<p>SS pg. 52 BRN Director approval forms SS tabs 1-2 Apps H-K, P-Q, W- X</p>	<p>X</p>		<p>Self-study materials and visit interviews/ information provide sufficient compliance evidence. The program clearly understands its responsibility and accountability for timely Board (BRN) notification relative to CCR 1425 as well as other noticing the Board of other program changes as specified in CCR 1432 once the program is granted initial approval and holds a certificate of program approval.</p>
<p><b>SECTION 1425(a)</b> The director of the program shall meet the following minimum qualifications:</p>	<p>SS pgs. 41, 52 Apps H, J, P</p>	<p>X</p>		<p>Theresa A. Harvath, PHD, RN, FAAN was appointed the Program Director effective 5/29/14. Dr. Harvath was appointed by the BIMSON Dean, Dr. Young, in consultation with the Associate Dean for Academic Programs in the SON. Initial program approval evidence demonstrates Dr. Harvath has the authority and responsibility to administer the program as defined in CCR 1420 (h). Dr. Harvath also has the position description title as the Director for Clinical Education and Clinical Professor that reflects her non-ladder vs. ladder rank faculty position in the SON. Dr. Harvath's MEPN Director position is for a three-year term that is renewable annually.</p>
<p>(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p>	<p>SS pg. 52 Apps H, J, W, X</p>	<p>X</p>		<p>Dr. Harvath has a PhD (1990) and an MS in Aging Family Nursing (1986) from Oregon Health Sciences University (OHSU), Portland, Oregon. Her educational preparation is exceptional.</p>

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EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420 (h);	X		Dr. Harvath was the Program Director, Advanced Practice Gerontological Nursing Program at OHSU from December 2005 to February 2014. She brings an impressive and exemplary set of leadership, teaching, and advanced practice clinical nurse specialist skills and experiences to her MEPN Program Director position and teaching roles.
(3) Two (2) years' experience teaching in pre-or post-licensure registered nursing programs; and;	X		Dr. Harvath has a very rich and extensive teaching background and experience at both the undergraduate and graduate levels at OHSU as an Associate Professor 9/00-6/10 and as a full Professor 7/10-2/14. She was also an Assistant Professor at University of Wisconsin, Milwaukee from 8/92-8/95.
(4) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse; or	X		Dr. Harvath functioned as an RN staff nurse at Methodist Health Care Center 6/81-8/83 and at OHSU University Hospital Portland Oregon 8/83-5/85.
(5) Equivalent experience and/or education as determined by the board.	N/A		
(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a) (4) above, or such experience as the board determines to be equivalent.	X		<p>Dr. Ackerman-Barger meets all the requirements for immediate approval as the program's Assistant Director once initial program approval is granted by the Board. Dr. Ackerman-Barger is currently an Assistant Adjunct Professor teaching in the M.S and Ph.D. Nursing Science and Health Care Leadership degree programs.</p> <p>Dr. Ackerman-Barger completed a PhD in Nursing Education in 2012 at the University of Northern Colorado. In addition to an MSN in Nursing Education from California State University Sacramento (2006). Dr. Ackerman-Barger currently teaches Nursing Science and Health Care Leadership master's degree and doctoral students in the graduate degree programs at UCD BIMSON and has done so full time since April 2013 as an Assistant Adjunct Professor. Additionally, she previously served as an Assistant Professor at Humboldt State University from 1/06-8/12 and a nursing instructor at College of the Redwoods.</p>
<p>SECTION 1425(c) An instructor shall meet the following minimum qualifications:</p> <p>(1) The education requirements set forth in subsection (a)(1); and</p> <p>(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>	X		The faculty staffing plan includes the hiring of 11-14 FTE nursing faculty, prepared at the doctorate level, and eligible for BRN approval in at least one of the five specified specialty areas. Hired faculty teaching in the MEPN program will be BRN approved and only teach theory and clinical course components in the CRL course in the specialty area(s) as BRN approved. In addition to teaching in the pre-licensure MEPN program, hired faculty will teach in the other SON graduate programs, teaching load and schedule permitting. This is particularly relevant for the fall 2015-spring 2016 prior to the planned start of the MEPN program in June 2016.

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EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(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</p> <p>(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</p> <p>(3) Completion of at least one (1) year of experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p>	X		
<p>SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:</p>	X		<p>No Assistant Instructors are identified at this time. Plans are to only use a few BRN approved Assistant Instructors (AIs) on a limited basis for clinical supervision in the event an approved instructor is not available due to illness or resignation. A thorough orientation of AIs clinical course faculty providing clinical supervision of students will be will be facilitated by the course Instructor Of Record (IOR).</p> <p>Selection of possible AI faculty will likely occur between Fall 2015-Spring 2016 once the majority of full time faculty have been hired.</p>
<p>(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;</p>	X		<p>As stated in CCR 1425 (d) comments section.</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(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:</p> <p>(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</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p>	X		As stated in the CCR 1425 (d) comments section.
<p>SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year's continuous full time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.</p>	N/A		There are no plans to hire any CTA level faculty. Graduate program faculty qualifications require higher degree preparation to teach at UCD.

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EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>SECTION 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 a 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>X</p>		<p>As part of the program planning processes, content expert and various faculty work group meetings have already occurred since evidence indicates several existing SON RN faculty and several recently interviewed potential program faculty are eligible to be designated the program's required content experts in the five specialty areas:</p> <p><b><u>Gero &amp; Mental Health/Psych:</u></b> Dr. Harvath; eligible as of 5/29/13</p> <p><b><u>Med-Surg:</u></b> Dr. P. Hodge; already teaching in SON, eligible immediately upon initial program approval</p> <p><b><u>Obstetrics:</u></b> Potential new full time faculty member already interviewed/offer accepted; to start fall 2015</p> <p><b><u>Pediatrics:</u></b> Interview /selection completed, offer made, expected to be hired no later than fall 2015</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p><b>II. a. FACULTY RESPONSIBILITIES</b></p> <p>SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p> <p>SECTION 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.</p> <p>SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.</p> <p>SECTION 1425.1 (d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.</p>	<p>SS pgs. 25-26, 48-49, 59-60, 62-67 Apps R-T, AA,EE Table 8 FHB-GSA HB</p> <p>SS pgs. 59-60 App AA</p> <p>SS pgs.48-49, 59-60,110 SS tab 5 Apps X-1-2 Apps AA</p> <p>SS pgs. 59-60 Apps H, J, V-W, X-1-2, Z, AA-1-3</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>		<p>Faculty performance expectations including responsibilities and accountability for MEPN program functions are clearly defined.</p> <p>An appropriate list of faculty orientation/development topics has been already developed.</p> <p>Faculty teaching in the MEPN CRL clinical courses/course components will only be responsible for the supervision of MEPN students.</p> <p>The program will develop necessary processes to ensure all CRL faculty remain clinically competent.</p>
<p><b>III. REQUIRED CURRICULUM</b></p> <p>SECTION 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>SS pgs.6, 61-68 SS tabs 2-3 CRL/TCP forms Apps X, BB, CC Table 10</p>	<p>X</p>		<p>MEPN program curriculum consists of a total of 132 units. Only individuals with a baccalaureate degree in another field and 40 units of the specified program prerequisite courses will be admitted to the program. After admission the student will complete a total of 28 UCD graduate courses and a total of 92 units in the program of study.</p> <p>Fourteen of the 28 program courses are CRL courses (99 units of CRL coursework include prerequisite courses) and the other 14 courses are designated and counted as other degree non-CRL courses (33 units).</p> <p>Upon completion of the required 132 units of course work, the MEPN program graduate is conferred a Master's of Science in Nursing (MSN), is eligible to sit the for NCLEX-RN examination and to apply for initial licensure by examination in California as well as other State Boards of Nursing jurisdictions throughout the U.S.</p>

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SECTION 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.

SECTION 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:

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
SS pgs. 9, 14, 69-81 SS tabs 2-3 CRL/TCP forms Tables 10-14a Figures 1-3 App X Course syllabi	X		<p>The program's unifying theme was developed using current and projected health care needs of Californians at the individual, community and population levels to ensure a curriculum designed to provide patient-centered care that ensures the students/graduates understand the context/environment in which nursing care is delivered. Key themes threaded throughout the entire program of study include as depicted on the SS page 70 Figure 1 schematic:</p> <ul style="list-style-type: none"> <li>• Clinical reasoning</li> <li>• Interprofessional teamwork</li> <li>• Evidenced based practice</li> <li>• Information technology</li> <li>• Cultural Inclusiveness</li> </ul> <p>Fink's Taxonomy for Significant Learning (2013) was used to design the student-centered curriculum that enables program students to:</p> <ul style="list-style-type: none"> <li>• Understand and remember key concepts, terms, relationships etc.</li> <li>• Know how to use content</li> <li>• Relate subject matter to other subjects</li> <li>• Understand the personal and social implications of knowing about nursing, health care, inter-professional practice etc.</li> <li>• Value the subjects and further learning in the subject areas</li> <li>• Know how to keep on learning about the subject after the course is over</li> </ul> <p>The taxonomy is used to ensure program courses are developed to reflect student-centered learning that ensures student acquisition and master of six types of knowledge. These include: foundation knowledge, application, integration, human dimension, caring and learning how to learn. The MEPN curriculum has been designed on a foundation of concept and case-based learning, using problem based learning strategies for active student learning in contrast to older curriculum designs that used predominately lecture/ passive teaching-learning modes.</p> <p>The program has identified eight major expected student-learning outcomes (SLOs) as a basis for the MEPN curriculum. The MEPN curriculum is designed to prepare nurse generalists with the knowledge, skills, and behaviors to achieve the eight identified SLOs. Self-study documents indicate integration of BPC 2725 and CCR 1443.5 KSAs/competencies have been included in the program of study as required by this regulation.</p> <p>The curriculum integrates the expected nursing competencies based on national accreditation standards provided by American Association of Colleges of Nursing (AACN) in <i>The Essentials of Baccalaureate Education for Advanced Practice (2008)</i> and <i>The Essentials of Master's Education for Advanced Practice Nursing (2011)</i>.</p>
SS pgs. 9, 61-62, 82 SS tabs 2-3 CRL/TCP forms App X-3,4 Course syllabi	X		<p>The 132 units MEPN degree program includes 40 units of prerequisite courses prior to nursing program admission, 59 units of CRL and 33 units of other degree course work are taken once admitted to the pre-licensure MEPN program.</p> <p>Select "other degree" courses are taken by students enrolled in the other graduate programs within the SON.</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p>	X		<p>MEPN CRL nursing curriculum consists of a total of 59 units of nursing theory and clinical course hours/content; this includes 32 units of nursing theory and 27 units of CRL clinical course hours/content. Students complete a total of 810 hours of CRL clinical coursework plus another 270 hours (community health/PHN and collaborative practice courses) of non-CRL required clinical hours for a total of 1080 hours of clinical preparation for degree completion.</p> <p>CRL nursing courses include: NRS series-221, 223,224, 225, 272, 273, 420, 421, 422, 423, 424,425, 426, and 428. Other Degree MEPN courses include: NRS series-201, 202, 203, 212,220, 222A-B, 227, 427 and 429A-F. The requisite BRN PHN Education Requirements form demonstrating compliance with CCR 1491 is included in self-study evidence.</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>	X		<p>Besides having a bachelor's degree with at least a 3.0 grade point average (GPA) on a 4.0 scale, applicants must complete a total of 40 units of program prerequisite courses prior to program admission and satisfy UCD requirements for graduate admission.</p> <p>Program admission prerequisites include completion of 9 units of college level communication courses including verbal, 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		<p>CRL required science units total 31 units and include courses as listed below.</p> <p>All prerequisite science courses must include a lab (General Chemistry, Anatomy, Physiology, and Microbiology), be completed with at least a 2.7 GPA in all courses, and preferably be taken within the last 7 years. Additionally, completion of college level prerequisite courses (Statistics or Epidemiology, Human Development Across the Lifespan, General Psychology, Introduction to Sociology or Cultural Anthropology) social and behavioral science courses are required prior to program admission.</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>SECTION 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>	X		<p>Curriculum forms and course syllabi materials evidence compliance with this regulation. The program's other degree collaborative clinical practice courses, N429 A-F, are designed to provide MEPN students inter-professional, experiential learning activities to facilitate integration of key concepts presented throughout the program of study. Concepts include communication, person-centered care, ethical decision-making, end-of-life decisions, culturally appropriate care, quality and safety, social justice and professionalism.</p> <p>Refer to section CCR 1426 (c) (1) for applicable courses</p>
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p>	X		<p>Compliance evidenced. The concept, case-study, and problem-based curriculum is designed to promote patient-centered care for individuals, communities and populations.</p>
<p>(1) The nursing process;</p>	X		<p>Compliance evidenced.</p>
<p>(2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;</p>	X		<p>A comprehensive competency skills list has been developed. Course syllabi will clearly indicate the skills all students are expected to demonstrate competency in performing. Students are expected to keep track of the skills checklists and work with their assigned academic adviser to meet program requirements and personal professional career goals. Course faculty designated as the course instructor of record (IOR) will work closely with clinical faculty to ensure students demonstrate required skills for each course.</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
(3) physical, behavioral and social aspects of human development from birth through all age levels;	X		Clear evidence of integration evidenced.
(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;	X		As stated in subsection (3) above.
(5) communication skills including principles of oral, written and group communications;	X		As stated in subsection (3) above.
(6) natural sciences including human anatomy, physiology and microbiology; and	X		As stated in subsection (3) above.
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		As stated in subsection (3) above.
(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		<p>Students receive a letter grade in the theory and clinical course components. Student must receive at least a 73% C in theory and in the clinical component/course to pass the course. Students receiving a D or F in the clinical component will receive a failing grade for the entire course. To remain in good academic standing, a student must maintain an overall GPA of 3.0.</p> <p>Course syllabi include formal assessment of student engagement in problem-based learning using an assessment tool created by Lusardi, Levangie &amp; Fein, 2002, and a case study grading rubric based on the criteria of noticing/assessment/nursing care priorities/interpretation/nursing care problems, response/interventions and evaluation/documentation of sources (based on the Tanner Clinical Judgment Model).</p> <p>A set of clinical benchmarks from the Oregon Consortium for Nursing Education (OCNE) have been adapted to identify the behavioral indicators for 11 specified clinical competencies at beginning (Qtrs.1&amp;2), intermediate (Qtrs.3&amp;4) and advanced levels (Qtrs.5&amp;6) of student progression as reflected on the three clinical evaluation tools that will be used for midterm and final evaluations in each clinical course throughout the curriculum.</p>
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:	X		<p>UCD operates on a 10 weeks quarter system. MEPN students will complete six consecutive 10 weeks quarters of instruction. Students will be admitted to the program once a year in June/Summer quarter and complete the program 18 months later, graduating at the end of the fall quarter in December each year.</p> <p>Enrollment and graduation patterns will be:</p> <ul style="list-style-type: none"> <li>• Cohort #1 Summer 2016 (24 students); expected graduation end of fall quarter December 2017</li> <li>• Cohort #2 Summer 2017 (32 students); expected graduation December 2018</li> <li>• Cohort #3 2018 and <u>beyond</u> (48 students); expected graduation December 2019</li> </ul> <p>At capacity there will be a total of 96 MEPN students enrolled in the program each Fall quarter</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>SS pgs. 61-67, 85-88 SS tabs 2-3,5 CRL/TCP forms App X 3-4 Course syllabi CAT</p>	X		Each quarter is 10 weeks in length. One hour of didactic instruction per week is equal to one theory unit.
<p>(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> <p>SS pgs. 61-67,85-88, 91-94 SS tabs 2-3,5 CRL/TCP forms Apps O, BB Course syllabi CAT</p>	X		<p>Three hours of clinical practice per week equals 1 quarter unit.</p> <p>Clinical learning using simulation will be used throughout the program as specified in regulation. The first quarter course(s) teaching basic nursing skills include N420 Foundations and N421 Health assessment will use the maximum number of clinical hours in simulation allowed per regulation but also include direct patient care experiences at the University Retirement Center. The facility has the capability to provide clinical learning experiences across the wellness to illness continuum of care. This clinical site includes resident apartments/independent living, assist living, skilled nursing and memory care services for residents. The clinical site visit to the facility validated the facility's capacity to provide appropriate numbers, variety, depth, breadth, level of complexity and quality of care being for student placements. This facility will also be used on a select basis in other clinical course components such as N422 Nursing Care of Chronic and Disabling Conditions and N424 Care of the Older Adult because of the excellent nursing, inter-disciplinary, team-based learning experiences available.</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP.	NON-COMP	COMMENTS
<p>SECTION 1426.1 PRECEPTORSHIP</p> <p>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.</p> <p>(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:</p> <p>(1) Identification of criteria used for preceptor selection;</p> <p>(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;</p> <p>(3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:</p> <p>(A) An active, clear license issued by the board; and</p> <p>(B) Clinically competent and meet the minimum qualifications specified in section 1425 (e); and</p> <p>(C) Employed by the health care agency for a minimum of one (1) year; and</p> <p>(D) Completed Self Study</p>	<p>SS pgs.9, 95-97,105 SS tabs 2-3,5 CRL/TCP forms Apps BB, CC 1-2 Tables 17-19 Course syllabus</p>	X		<p>The MEPN Capstone Clinical Nursing Practicum course (NRS 428- 8 clinical units) includes 240 hours of clinical learning experiences working with an RN facility staff preceptor. The course occurs in the sixth and final quarter of the program. It is also noted, the planned number of hours in this course was favorably commented on by agency staff during NEC initial program approval clinical facility site visits.</p> <p>Course materials are well developed and in compliance with CCR 1426.1.</p>

APPROVAL CRITERIA	EVIDENCE · Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
<p>SECTION 1426.1 PRECEPTORSHIP (continued)</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> <ol style="list-style-type: none"> <li>1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.</li> <li>2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.</li> </ol>	<p>SS pgs. 9, 95-97, 105 SS tabs 2-3, 5 CRL/TCP forms Apps BB, CC 1-2 Tables 17-19 Course syllabus Preceptor HB</p>	<p>X</p>		<p>Compliance evidence for all regulation approval sections and subsections (4) as listed on this page of the report.</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
<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 evaluation of the student with input from the preceptor;</p> <p>(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.</p> <p>(7) Plan for ongoing evaluation regarding the continued use of preceptors.</p> <p>(c) Faculty/student ratio for preceptorship shall be based on the following criteria:</p> <p>(1) Student/preceptor needs;</p> <p>(2) Faculty's ability to effectively supervise;</p> <p>(3) Students' assigned nursing area; and</p> <p>(4) Agency/facility requirements.</p>	<p>SS pgs. 95-97 Apps BB, CC 1-2 Tables 17-19 Course syllabi</p>	<p>X</p>		<p>Compliance evidenced for regulation approval criteria (5)-(7) as listed in the approval criteria sections on this page.</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p><b>IV. CLINICAL FACILITIES</b></p> <p>SECTION 1427(a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.</p>	<p>SS pgs. 98-110 SS tabs 5-7 Apps X 5-6, FF Tables 18-21</p>	<p>X</p>		<p>SS phase clinical site approval and clinical verification information evidences compliance. The BIMSON has over 100 written agreements in place to support the existing graduate degree nursing programs. As necessary existing signed agreements are being revised or an Addendum or Memorandum of Understanding written agreement has been signed or is in the final signature stages to support MEPN program clinical placements including the following clinical sites:</p> <ul style="list-style-type: none"> <li>• Heritage Oaks Acute Inpatient Psych/Mental Health (written agreement in process)</li> <li>• Sierra Vista Acute Inpatient Psych/Mental Health (complete)</li> <li>• UCD Health Systems Acute Care and Ambulatory Care Services, Health Management/Care Coordination and Education, Home Health and Hospice, UCD-MIND Institute, (all documentation complete)</li> <li>• Kaiser South Sacramento/Elk Grove (all documentation complete )</li> <li>• VA Northern CA Health Care System- Mather (documentation for specific sites to be used initially is complete; others under consider/development will be finalized as needed)</li> <li>• University Retirement Community/Center (clinical site approval and verification complete; signed written agreement in process)</li> </ul> <p>SS site visits made to all of the above clinical sites by the NEC. Individually and collectively the identified sites above demonstrate appropriate and sufficient type and number of available placements as well as the appropriate depth, breadth, variety, and complexity of direct patient care learning opportunities necessary to support full implementation of the program and expected student progression for program cohorts of 24(Cohort 1-2016), 32 (Cohort -2017), and 48 (Cohort 3 and beyond) as well as he stated maximum number of 96 students to be in the program at program capacity beginning 2018.</p>
<p>SECTION 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.</p>	<p>SS pgs. 25, 98-110 SS tabs 5-7 Apps X 5-6, FF Tables 18, 20, 21</p>	<p>X</p>		<p>Refer to section CCR 1427(a).</p>
<p>SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:</p>	<p>SS pgs. 98-110 SS tabs 5-7 App X 6-7</p>	<p>X</p>		<p>Refer to section CCR 1427(a).</p>
<p>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;</p>	<p>SS pgs. 98-110 SS tabs 5-7 Apps X 5-6, EE, FF</p>	<p>X</p>		<p>Refer to section CCR 1427(a).</p>
<p>(2) Provision for orientation of faculty and students;</p>	<p>SS pgs. 98-110 SS tabs 5-7, Apps X 5-6, FF</p>	<p>X</p>		<p>Refer to section CCR 1427(a).</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
(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;	X		Refer to section CCR 1427(a).
(4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients;	X		Refer to section CCR 1427(a).
(5) Provisions for continuing communication between the facility and the program; and	X		Refer to section CCR 1427(a).
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	X		Refer to section CCR 1427(a).
(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		<p>Dr. Harvath has been participating in the Sacramento region Healthy Community Forum (HCF) group since her appointment in May 2014. She is also participating in the VA Northern CA Health Systems Advisory group and the Sacramento Psych/Mental Health regional clinical placement planning groups as well. Effective February 2015, Dr. Harvath will also be participating in Kaiser's regional planning group.</p> <p>Her ongoing participation ensures ongoing communication and collaboration with other nursing programs currently using some of the proposed clinical agencies that the UCD MEPN program will be using beginning in June 2016 if initial program approval is granted by the BRN.</p> <p>NEC interviews/discussions with all clinical site representatives verifies unanimous support for the planned clinical placements for the MEPN program in addition to verbally confirming in person, the planned MEPN clinical placements were not going to displace other nursing programs clinical placements. Moving forward it is anticipated and expected all clinical agencies will continuously be evaluating existing clinical placements/schedules to maximize use of all available clinical learning opportunities being provided to the nursing education programs by the clinical agency.</p>
<p><b>V. STUDENT PARTICIPATION</b></p> <p>SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p>	X		<p>The BIMSON has already established a very robust number of student participation opportunities for students enrolled in the SON. Students participate in program governance as non-voting members of the Graduate Group. The SON Graduate Nursing Council (GNC) is the primary group representing student interests. The GNC is advised by SON faculty member. MEPN program students elected by their peers each fall quarter and will be included as representatives on the GNC and included in quarterly student focus groups. The GNC will also program representation to the MEPN Curriculum subcommittee to ensure student input into the MEPN curriculum, instruction, and program evaluation.</p> <p>Quarterly participation opportunities include:</p> <ul style="list-style-type: none"> <li>• Student focus groups</li> <li>• Confidential course and faculty evaluations</li> <li>• Graduate Nursing Council (GNC) that includes representation on the MEPN Curriculum subcommittee</li> <li>• Graduate Surveys</li> </ul> <p>Quarterly feedback is reviewed by key BIMSON administrative staff including the MEPN Program Director, Associate Dean of Academic Programs, the Director of Strategic Educational Planning, and appropriate faculty, faculty workgroups and committees. Timely ongoing program improvements in the MEPN and faculty teaching are an expected priority from program inception forward.</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
( a) Philosophy and objectives;	SS pg.111 Apps F, EE	X		As stated above.
( b) Learning experience; and	SS pg.111 Apps F, EE	X		As stated above.
(c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	SS pg. 111 Apps F,EE	X		Students will be provided ongoing opportunities to participate on the MEPN Curriculum subcommittee to meet this regulation.
<b>VI. LICENSED VOCATIONAL NURSES THIRTY/45 UNIT OPTION</b>  SECTION 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.	SS pg. 113 SS tab 2 CRL form App X CAT	X		Interested LVNs wanting to complete the LVN 30 unit option will be instructed to contact the SON MEPN Program Director's Office to arrange for mandatory objective counseling and for advising about space availability before the student submits a program admission application. This option is offered on a space-available basis. Pertinent information about this option will be published on the SON website following initial program approval.  The series of courses taken in the 45 unit LVN option are: 5 unit Physiology with lab, 3 unit Microbiology with lab (8 units) plus NRS 223, 224, 225, 272, 273, 421, 423, 424, 426, and 7 of 8 units of NRS 428 (totaling 37 units).

APPROVAL CRITERIA

SECTION 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.

SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
SS pgs. 114-155 Apps C-D CAT	X		Resources are in place to provide necessary counseling. Per the UCD Graduate Affairs policy transfer credit course work must be taken in an accredited academic institution. The Office of Graduate Students allows students to receive credit by exam. The Credit by Exam petitions are available through the Office of the University Registrar. It is the student's responsibility to provide adequate evidence of their ability to prepare for the exam, meet the minimum requirements for UCD BIMSON and the MEPN program.
SS pgs. 113-115 SS tab 2 CRL form App X Course syllabi	X		Refer to CCR 1429 (b) and other supporting self-study documents.

**APPROVAL CRITERIA**

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.

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
<p>SS pgs. 83-94,113-115 SS tab 2 CRL form, SS tab 5 App X Course syllabi</p> <p>SS pgs. 61-94 SS tabs 2-3 CRL/TCP forms Course syllabi</p>	<p>X</p>		<p>Refer to section CCR 1429 (b) and other supporting self-study documents.</p>
<p><b>VII. PREVIOUS EDUCATION CREDIT</b></p>			
<p><b>Section 1430</b> 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>X</p>		<p>Refer to section CCR 1429 (b) and other supporting self-study documents.</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<b>VIII. LICENSING EXAMINATION PASS RATE STANDARD</b>				
<p>Section 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.</p> <p>(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</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>	SS pgs.14-15, 112	X		<p>The program has a comprehensive exam requirement in place. Components of the comprehensive exam include submission of a portfolio (evidence of meeting the MEPN program clinical competencies) and a passing score on the written exam must be achieved in quarter six. The MEPN program's Comprehensive Exam Committee must, by unanimous vote, pass the student. Should the student fail to pass either or both portions of the exam, one re-examination within the same quarter will be permitted if the student's assigned Graduate Advisor concurs with the committee's recommendation for one re-test opportunity.</p> <p>Faculty will select an external predictive exam vendor (e.g. ATI, HESI, or Kaplan) that is a strong predictor of student success on first attempt on the NCLEX-RN exam, The final decision relative to vendor selection will most likely occur during the fall or winter 2015 quarters but well in advance of the program's anticipated June 2016 start date. Early selection of the predictive test vendor by the total MEPN faculty group will permit sufficient time for program faculty to be oriented and familiar with the selected predictive exam materials, reports etc. before instruction begins.</p> <p>Not applicable at this time.</p> <p>Not applicable at this time.</p>

# Ed./Licensing Committee Materials

Betty Irene Moore School of Nursing  
Master's Entry Program in Nursing

Table 10. MEPN Curriculum Plan							
1 <sup>st</sup> Year Courses				2 <sup>nd</sup> Year Courses			
1 <sup>st</sup> Quarter – Summer (Orientation)		T	CL	4 <sup>th</sup> Quarter – Spring		T	CL
H				H			
NRS 220	Social, Cultural & Behavioral Determinants of Health	2		NRS 202	Implementation Science & System Change	4	
NRS 221	Biophysical Concepts in Nursing	3		NRS 223	Quality and Safety Education in Health Care	2	
NRS 222A	Research, Quality Improvement, & Evidence-based Practice	2		NRS 426	Nursing Care of Adults with Complex Illness or Injury	4	4
NRS 272	Foundations of Pharmacology	2		NRS 429D	Collaborative Practice IV		1
NRS 420	Foundations of Clinical Nursing Practice		3				
NRS 421	Health Assessment across the Lifespan	1	2				
NRS 429A	Collaborative Practice I		1				
<b>Total</b>		<b>10</b>	<b>6</b>	<b>Total</b>		<b>10</b>	<b>5</b>
2 <sup>nd</sup> Quarter – Fall		T	CL	5 <sup>th</sup> Quarter – Summer (Advance to Candidacy)		T	CL
H				H			
NRS 222B	Research, Quality Improvement, & Evidence-based Practice	2		NRS 224	Developing Future Nurse Leaders	2	
NRS 273	Pharmacology Concepts for Nursing Practice	2		NRS 424	Nursing Care of Older Adults	2	1
NRS 422	Nursing Care of Individuals with Chronic & Disabling Conditions	3	3	NRS 427	Fostering Healthy Communities	4	3
NRS 423	Psychosocial Wellness & Illness	3	2	NRS 429E	Collaborative Practice V		1
NRS 429B	Collaborative Practice II		1				
<b>Total</b>		<b>10</b>	<b>6</b>	<b>Total</b>		<b>8</b>	<b>5</b>
3 <sup>rd</sup> Quarter - Winter		T	CL	6 <sup>th</sup> Quarter – Fall (Comprehensive Exam)		T	CL
H				H			
NRS 203	Leadership in Health Care	4		NRS 201	Health Status & Care Systems	4	
NRS 212	Technology and Innovations in Health Care	2		NRS 225	Professional Nursing Role Formation (Culmination)	3	
NRS 425	Family Focused Nursing	5	4	NRS 428	Capstone Clinical Nursing Practicum		8
NRS 429C	Collaborative Practice III		1	NRS 429F	Collaborative Practice VI		1
<b>Total</b>		<b>11</b>	<b>5</b>	<b>Total</b>		<b>7</b>	<b>9</b>
<b>Program Subtotal</b>						<b>56</b>	<b>36</b>
<b>PROGRAM TOTAL</b>						<b>92</b>	
	<i>Content Required for Licensure</i>	<i>Other Degree Requirements</i>	<i>Total</i>				
Admission Prerequisites	40	0	40				
Nursing Theory	32	24	57				
Clinical	27	9	35				
Program Total	99	33	132				

Please refer to the course names and descriptions below.

**REQUIRED CURRICULUM:  
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in **DUPLICATE**.

Program Name: Betty Irene Moore School of Nursing at UC Davis	<b>For Board Use Only</b>  Approved by: _____, NEC  Date: _____  <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy
Type of Program: <input checked="" type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate	
Requesting new Curriculum Approval: <input checked="" type="checkbox"/> Initial Program Approval Date of Implementation: Summer, 2016	
Academic System: <input type="checkbox"/> Semester _____ weeks/semester <input checked="" type="checkbox"/> Quarter      10 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	36	54	59	
Theory	(18)	(27)	32	
Clinical	(18)	(27)	27	
Communication Units	6	9	9	
Science Units	16	24	31	
<b>TOTAL UNITS FOR LICENSURE</b>	<b>58</b>	<b>87</b>	<b>99</b>	
Other Degree Requirements			33	
<b>TOTAL UNITS FOR GRADUATION</b>			<b>132</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	NRS 423	Psychosocial Wellness & Illness
Personal Hygiene	NRS 420 NRS 423	Foundations of Clinical Nursing Practice Psychosocial Wellness & Illness
Human Sexuality	NRS 425 NRS 423 NRS 424	Family Focused Nursing Psychosocial Wellness & Illness Care of Older Adults
Client Abuse	NRS 421 NRS 422 NRS 425 NRS 424 NRS 420	Health Assessment Care of Chronic Conditions Family Focused Nursing Care of Older Adults Foundations of Clinical Nursing Practice
Cultural Diversity	NRS 420 NRS 422 NRS 426 NRS 424 NRS 425	Foundations of Clinical Nurse Practice Nursing Care of Individuals with Chronic or Disabling Conditions Nursing Care of Adults with Complex Illness or Injury Nursing Care of Older Adults Family Focused Nursing

Nutrition	NRS 420 NRS 422 NRS 426 NRS 424 NRS 425	Foundations of Clinical Nurse Practice Nursing Care of Individuals with Chronic or Disabling Conditions Nursing Care of Adults with Complex Illness or Injury Nursing Care of Older Adults Family Focused Nursing
Pharmacology	NRS 272 NRS 273	Foundations of Pharmacology Pharmacology in Nursing
Legal Aspects	NRS 420 NRS 425 NRS 424 NRS 225	Foundations of Clinical Nursing Practice Family Focused Nursing Nursing Care of Older Adults Professional Nursing Role Formation
Social/Ethical Aspects	NRS 420 NRS 422 NRS 426 NRS 425 NRS 424	Foundations of Clinical Nursing Practice Nursing Care of Individuals with Chronic or Disabling Conditions Nursing Care of Adults with Complex Illness or Injury Family Focused Nursing Nursing Care of Older Adults
Management/Leadership	NRS 224 NRS 225	Developing Future Nurse Leaders Professional Role Formation

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 <sup>1</sup>	Course Number	Course Title	Units
<b>NURSING</b>			
Medical-Surgical	NRS 420	Foundations of Clinical Nursing Practice	3
	NRS 421	Health Assessment Across the Lifespan	3
	NRS 272	Foundation of Pharmacology	2
	NRS 273	Pharmacology Concepts for Nursing Practice	2
	NRS 221	Biophysical Concepts in Nursing	3
	NRS 223	Quality & Safety Education in Health Care	2
	NRS 426	Nursing Care of Adults with Complex Illness or Injury	8
	NRS 422	Nursing Care of Ind. w/ Chronic or Disabling Conditions	6
	NRS 428	Capstone Clinical Nursing Practicum	8
	NRS 224	Developing Future Nurse Leaders	2
Obstetrical	NRS 225	Professional Nursing Role Formation	3
	NRS 425	Family Focused Nursing	9
Pediatric	NRS 428	Capstone Clinical Nursing Practicum	(8)
	NRS 421	Health Assessment Across the Lifespan	(3)
	NRS 425	Family Focused Nursing	(9)
	NRS 422	Nursing Care of Ind. w/ Chronic or Disabling Conditions	(6)
Psych/Mental Health	NRS 428	Capstone Clinical Nursing Practicum	(8)
	NRS 423	Psychosocial Wellness & Illness	5
	NRS 421	Health Assessment Across the Lifespan	(3)
Geriatrics	NRS 428	Capstone Clinical Nursing Practicum	(8)
	NRS 424	Nursing Care of Older Adults	3
	NRS 421	Health Assessment Across the Lifespan	(3)
	NRS 422	Nursing Care of Ind. w/ Chronic or Disabling Conditions	(6)
<b>Subtotal Required Nursing Content</b>			<b>59</b>

<sup>1</sup> In order to be eligible to sit for the NCLEX exam, students must complete ALL degree requirements.

<b>PROGRAM PREREQUISITES</b>			
<b>BASIC SCIENCES</b>			
General Chemistry w/ Lab	<i>See Attached</i>	General Chemistry	5
Human Anatomy w/ Lab		Human Anatomy	5
Human Physiology w/ Lab		Human Physiology	5
Microbiology w/ Lab		Microbiology	3
Statistics or Epidemiology		Statistics or Epidemiology	4
Societal/Cultural Pattern		Sociology (or Anthropology 2)	3
Psychology		General Psychology	3
Human Development		Human Development Across Lifespan	3
<b>COMMUNICATION</b>			
Group	<i>See Attached</i>	Interpersonal Communication	3
Verbal		Introduction to Public Speaking	3
Written		Expository Writing	3
<b>Subtotal Program Admission Prerequisites</b>			<b>40</b>
<b>* TOTAL UNITS</b>			<b>99</b>

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

**LVN 45 UNIT OPTION**

<b>REQUIRED CONTENT</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Units</b>
<b>NURSING</b>			
Advanced Medical-Surgical	421	Health Assessment Across the Lifespan	3
	272	Foundations of Pharmacology	2
	273	Pharmacology in Nursing	2
	426	Care of Adults with Complex Illness or Injury	8
	428	Capstone Practicum	7 of 8
Psych/Mental Health	423	Psychosocial Wellness & Illness	5
Geriatrics	424	Care of Older Adults	3
Management/Leadership	224	Developing Future Nurse Leaders	2
	225	Professional Role Formation	3
Other requirements	223	Quality & Safety Education in Health Care	2
<b>BASIC SCIENCES</b>			
Physiology	NPB 101	Physiology	5
Microbiology	MIC 101	Microbiology	3
<b>TOTAL UNITS</b>			<b>45</b>
Signature Program Director/Designee:		Date:	

**MEPN Program: Other Degree Requirements**

Other Degree Requirements	NRS 222A	Research Quality Improvement & Evidence-Based Practice A	2
	NRS 222B	Research Quality Improvement & Evidence-Based Practice B	2
	NRS 220	Social Cultural & Behavioral Determinants of Health	2
	NRS 212	Technology & Innovations in Health Care	2
	NRS 203	Leadership in Health Care	4
	NRS 202	Implementation Science & System Change	4
	NRS 427	Fostering Healthy Communities	8
	NRS 201	Health Status & Care Systems	4
	NRS 429A-F	Collaborative Practice I – VI	6
<b>Subtotal Other Degree Requirements</b>			<b>33</b>

# TOTAL CURRICULUM PLAN

Executive Officer  
(916) 322-3350

**Submit in duplicate**

Name of Program: <p style="text-align: center;">Betty Irene Moore School of Nursing at UC Davis</p>	Date Submitted:
Type of Program:  <input checked="" type="checkbox"/> Entry Level Master's <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate Degree	<p style="text-align: center; font-size: small;">For BRN Office Use Only</p> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____ Date: _____

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

Check appropriate year:	1	2	3	4	Check: <input type="checkbox"/> Semester <input checked="" type="checkbox"/> Quarter	Total Units	Theory		Lab		Total Hrs		
							Units	Hr/Wk	Units	Hr/Wk	Theory	Lab	
Program Admission Requirements													
	M	S	O	C	P	G							
General Chemistry w/ Lab	<input type="checkbox"/>	<input type="checkbox"/>	5	4	4	1	3	40	30				
Human Anatomy <sup>2</sup> w/ In-Person Lab	<input type="checkbox"/>	<input type="checkbox"/>	5	4	4	1	3	40	30				
Human Physiology <sup>1</sup> w/ In-Person Lab	<input type="checkbox"/>	<input type="checkbox"/>	5	4	4	1	3	40	30				
Microbiology or Bacteriology w/ Lab	<input type="checkbox"/>	<input type="checkbox"/>	3	2	2	1	3	20	30				
Statistics or Epidemiology	<input type="checkbox"/>	<input type="checkbox"/>	4	4	4	0	0	40	0				
Sociology or Anthropology	<input type="checkbox"/>	<input type="checkbox"/>	3	3	3	0	0	30	0				
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	3	3	3	0	0	30	0				
Lifespan Human Development	<input type="checkbox"/>	<input type="checkbox"/>	3	3	3	0	0	30	0				
Group Communication	<input type="checkbox"/>	<input type="checkbox"/>	3	3	3	0	0	30	0				
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	3	3	3	0	0	30	0				
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	3	3	3	0	0	30	0				
<b>Total</b>							<b>40</b>	<b>36</b>	<b>36</b>	<b>4</b>	<b>12</b>	<b>360</b>	<b>120</b>

<sup>2</sup> Students may complete a combined human anatomy and human physiology series course. Series courses are offered in two parts and are completed over the course of two quarters or two semesters. Series courses must be completed in full, and must include an in-person lab component.

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

Check appropriate year:	Check:	Total Units	Theory		Lab		Total Hrs	
<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Semester <input checked="" type="checkbox"/> Quarter		Units	Hr/Wk	Units	Hr/Wk	Theory	Lab
Quarter 1								
	M S O C P G							
420 Foundations	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3	0	0	3	9	0	90
421 Hlth Assmnt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	3	1	1	2	6	10	60
220 C/S/B Health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
221 Biophys Cncpts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3	3	3	0	0	30	0
222A Rsrch/QI/EBP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
272 Fndtns Pharm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
429A Collab. Prct 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	0	0	1	3	0	30
<b>Total</b>		16	10	10	6	18	100	180
Quarter 2								Total Hrs
	M S O C P G							
422 Chronic Illness	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	6	3	3	3	9	30	90
423 Psych Nursing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	5	3	3	2	6	30	60
222B Rsrch/QI/EBP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
273 Pharm Cncpts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
429B Collab Prct 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	0	0	1	3	0	30
<b>Total</b>		16	10	10	6	18	100	180
Quarter 3								Total Hrs
	M S O C P G							
425 Family Nursing	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9	5	5	4	12	50	120
212 Tech & Innov	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
203 Ldrshp in HC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4	4	4	0	0	40	0
429C Collab Prct 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	0	0	1	3	0	30
<b>Total</b>		16	11	11	5	15	110	150

# TOTAL CURRICULUM PLAN

Executive Officer  
(916) 322-3350

Submit in duplicate

Name of Program: Betty Irene Moore School of Nursing at UC Davis	Date Submitted:
Type of Program:  <input checked="" type="checkbox"/> Entry Level Master's <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate Degree	<div style="text-align: right; font-size: small;">For BRN Office Use Only</div> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____ Date: _____

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

Check appropriate year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	Check: <input type="checkbox"/> Semester <input checked="" type="checkbox"/> Quarter	Total Units	Theory		Lab		Total Hrs	
			Units	Hr/Wk	Units	Hr/Wk	Theory	Lab
Quarter 4								
	M S O C P G							
426 Cmplx Adlt Nrsg	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8	4	4	4	12	40	120
223 Qual & Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
202 Impl Science	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4	4	4	0	0	40	0
429D Collab Prct	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	0	0	1	3	0	30
<b>Total</b>		15	10	10	5	15	100	150
Quarter 5								Total Hrs
	M S O C P G							
427 Commtty Nrsg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7	4	4	3	9	40	90
224 Nrsg Leaders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2	2	2	0	0	20	0
424 Nrsg Old Adlts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	3	2	2	1	3	20	30
429E Collab Prct	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	0	0	1	3	0	30
<b>Total</b>		13	8	8	5	15	80	150
Quarter 6								Total Hrs
	M S O C P G							
428 Clin Practicum	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8	0	0	8	24	0	240
225 Prof Role Frm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3	3	3	0	0	30	0
201 Hlth Systems	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4	4	4	0	0	40	0
429F Collab Prct	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	0	0	1	3	0	30
<b>Total</b>		16	7	7	9	27	70	270

## Master's Entry Program in Nursing – Course Descriptions

### *Quarter 1 – Summer*

220. Social, Cultural, and Behavioral Determinants of Health (2 units lecture) – Health is not merely the absence of disease, but instead represents a state of physical, mental and social well-being. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. The purpose of this course is to help students understand and synthesize the impact of these circumstances on population health and the well-being of individuals across the lifespan. The effect of globalization, social, economic, and political systems, local and global economies, culture, race, class, gender, and sexuality on population health will be examined. Bio-psycho-social factors associated with personal health across the life span will be assessed.

221. Biophysical Concepts (3 units lecture) – This course is an introduction to concept-based learning. In this course, students learn pathophysiological processes that contribute to different disease states across the lifespan and human responses to those processes. Students will explore authentic case studies in order to learn to make selective clinical decisions using current, reliable sources of pathophysiology information.

222A. Research Quality Improvement and Evidence Based Practice (2 units lecture) – This theory course provides students with important foundational knowledge and skills needed in order to provide safe, competent and compassionate care in a highly technical and digital environment. Students will enhance their capacity to apply concepts related to safety, quality and research to clinical practice. They will also develop skills in navigating the electronic health record and in managing a variety of electronic equipment used in nursing practice.

272. Foundations of Pharmacology (2 units lecture) – This course introduces the theoretical background that enables students to provide safe and effective care related to drugs and natural products to persons throughout the lifespan. It includes the foundational concepts of principles of pharmacology, and additional classes of drugs. Students will learn to make selected clinical decisions in the context of nursing regarding using current, reliable sources of information, understanding of pharmacokinetics and pharmacodynamics, developmental physiologic considerations, monitoring and evaluating the effectiveness of drug therapy, teaching persons from diverse populations regarding safe and effective use of drugs and natural products, intervening to increase therapeutic benefits and reduce potential negative effects, and communicating appropriately with other health professionals regarding drug therapy. Drugs are studied by therapeutic or pharmacological class using an organized framework.

420. Foundations of Clinical Nursing Practice (3 units lab) – This foundational course introduces students to core concepts of clinical nursing, including clinical reasoning, professional ethics, therapeutic communication and activities of daily living. Students will begin to develop the knowledge, skills and attitudes required for the provision of safe, high quality, culturally-sensitive, person-centered care across the lifespan. Students will also develop beginning competency in fundamental psychomotor and technological skills used by nurses in a variety of health care settings to promote patient health and independence.

421. Health Assessment Across the Lifespan (1 unit lecture, 2 units lab) – This course prepares students to conduct a health history assessment using developmentally and culturally

appropriate approaches for individuals across the lifespan. Students will acquire the knowledge, understanding, and skills needed to perform, interpret and communicate a health history using motivational interviewing and physical exam, identifying obvious deviations from normal in adult, elderly, and pediatric populations.

429A. Collaborative Practice I (1 unit lab) – This interprofessional course uses a wide variety of experiential learning activities including simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not limited to; communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.

#### *Quarter 2 – Fall*

222B. Research Quality Improvement and Evidence Based Practice (2 units lecture) – This theory course builds on the important foundational knowledge and skills needed in order to provide safe, competent and compassionate care in a highly technical and digital environment. Students will enhance their capacity to apply concepts related to safety, quality and research to clinical practice.

273. Pharmacology Concepts in Nursing (2 units lecture) – This course builds on foundational concepts of pharmacology and helps students learn how to apply those principles for safe and effective use of medications and natural products. Students will learn to use current, reliable information regarding pharmacokinetics, pharmacodynamics and developmental physiology in order to make selected clinical decisions. They will also learn how to monitor and evaluate the effectiveness of drug therapy, teaching patients from diverse populations regarding safe and effective use of medications and natural products, how to intervene to increase therapeutic benefits and reduce potential negative effects and communicate appropriately with other health professionals regarding drug therapy. The course is organized by therapeutic or pharmacological class of drugs.

422. Care of Adults with Chronic Conditions (3 units lecture, 3 units clinical) – This combined theory and clinical nursing course introduces students to concepts central to the effective management of a variety of common chronic illness and disabling conditions across the lifespan in a variety of different settings. Students will practice using motivational interviewing techniques in order to conduct an in-depth health assessment of individuals with chronic conditions that is person-centered and both developmentally and culturally appropriate. They will also learn how to partner with individuals, their families and other health professionals in order to manage chronic conditions and make desired changes in health behavior to reduce the long-term risks.

423. Psychosocial Wellness & Illness (3 units lecture, 2 units clinical) – This combined theory and clinical nursing course explores the biological, psychological, cultural, societal, and environmental factors that affect psychological wellness and illness. Students will develop beginning competencies in providing nursing care to individuals and families experiencing disruptions in mental health secondary to physical or psychiatric illness, trauma or loss.

429B. Collaborative Practice II (1 unit lab) – This interprofessional course uses a wide variety of experiential learning activities including simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not

limited to; communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.

#### *Quarter 3 – Winter*

203. Leadership in Healthcare (4 units lecture) – This course is a critical examination of leadership using theoretical and philosophical perspectives. Focus is placed on specific challenges in health care and leadership in various levels (e.g., unit, organizational, and policy levels), as well as in a variety of organizational settings and environments. Small and large group discussions, individual reflection, shared experiences and case studies will be used to explore the complexity of leadership styles in both highly successful and less successful leaders. The goal of this class is for students to form a practical foundation for building or enhancing their own leadership skills and style.

212. Technology & Innovations in Health Care (2 units lecture) – This interprofessional course on technology and innovations in health care will incorporate a multidisciplinary approach including nursing, medicine, social and behavioral sciences, as well as information technology and engineering perspectives to stimulate new thinking in the practice, process, and delivery of health care. The goal of the course is to stimulate thinking about new processes, technologies, and strategies designed to improve overall health outcomes.

425. Family Focused Nursing (5 units lecture & 4 units clinical) – This combined nursing theory and clinical course will focus on the family as the unit of nursing and interprofessional care. Content includes the roles and influences of family on health and illness, reproductive and gender/sexuality issues across the lifespan, pregnancy, birth and child-rearing, as well as the health and illness in children and youth.

429C. Collaborative Practice III (1 unit lab) – This interprofessional course uses a wide variety of experiential learning activities including simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not limited to; communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.

#### *Quarter 4 – Spring*

202. Implementation Science (3 units lecture) – Change processes in healthcare from political, historic, economic and sociologic frameworks. Historic and current examples of transformative change in the health care system. Skills for system transformation through health policy, practice, research and education are emphasized.

223. Quality and Safety Education in Healthcare (2 units lecture) – This theory course builds on the important foundational knowledge and skills needed in order to provide safe, competent and compassionate care in a highly technical and digital environment. Students will enhance their capacity to apply concepts related to safety, quality and research to clinical practice.

426. Nursing Care of Adults with Complex Illness or Injury (4 units lecture & 4 units clinical) – The combined theory and clinical nursing course prepares the student to provide comprehensive, patient-centered nursing care for patients with acute or complex illness and injury. Building on a foundation from the natural and behavioral sciences as well as content

from previous MEPN courses, the theory part of this course will focus on concepts associated with complex physiological alterations. In addition, students will have an opportunity to address a variety of psychosocial and professional concepts through the use of case studies and in the clinical setting.

429D. Collaborative Practice IV (1 unit lab) – This interprofessional course uses a wide variety of experiential learning activities including simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not limited to; communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.

#### *Quarter 5 – Summer*

224. Developing Future Nurse Leaders (2 units lecture) – The focus of this theory course is on the development of skills necessary for effective decision making, fiscal and environmental stewardship, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration, care coordination, delegation and supervision, and conflict resolution.

424. Nursing Care of Older Adults (2 units lecture; 1 unit clinical) – This combined theory and clinical nursing course will use a combination of case-based learning, simulation and clinical in order to help build skills in the management of complex clinical situations involving older adults. Students will also build skills in administering and interpreting standardized assessment tools used with older adults. Working individually and in groups, students will develop plans of care for older adults experiencing a variety of geriatric syndromes.

427. Fostering Healthy Communities (4 units lecture & 3 units clinical) – The focus of this combined nursing theory and clinical course is on populations/communities as the unit of nursing and interprofessional care, with an emphasis on working with diverse communities in providing health promotion, chronic disease management, transitional support and crisis intervention. The course emphasizes the development of skills needed to critically analyze and shape health policy and develop accessible community resources based on a culturally-sensitive assessment of need in order to promote health equity.

429E Collaborative Practice V (1 unit lab) – This interprofessional course uses a wide variety of experiential learning activities including simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not limited to; communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.

#### *Quarter 6 – Fall*

201. Health Status and Care Systems (4 units lecture) – This graduate-level core course examines comparative health status data and major current health issues around the globe, in the US, and in northern and central California from a variety of perspectives, including social, political and economic determinants of health. Health care systems and health data at a variety of levels are examined and evaluated with regard to whether and how they support health. Small groups will examine data to assess health from multiple perspectives either in a geographic area e.g.

California counties) or relevant to health intervention (e.g. child maltreatment prevention programs).

225. Professional Nursing Role Formation (3 units lecture) – This seminar is designed to facilitate the transition from nursing student to professional nurse. Concepts include ethical comportment, professional values of social justice, autonomy, advocacy, altruism, human dignity, and integrity. Students will be required to pass a mastery exit examination in nursing and to complete a graduate level capstone project.

428. Capstone Clinical Nursing Practicum (8 units clinical) – This Practicum experience is designed to facilitate transition to professional practice. Students have an opportunity to choose a clinical practice area of interest and to work with a preceptor with expertise in that area. Student may choose from experiences in rural health, acute care, ambulatory care, mental health and community health. Emphasis is on the synthesis of previous and concurrent learning, development of independence in nursing practice, skill in clinical decision-making and application of nursing leadership and management theory and skills.

429F. Collaborative Practice VI (1 unit lab) – This interprofessional course uses a wide variety of experiential learning activities including simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not limited to; communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.

The MEPN curriculum uses a combination of concept-based and problem-based learning. In addition, students will engage in select interprofessional learning activities to enhance their skills in participating in collaborative practice.

### *Definition of Terms*

#### Concept-Based Learning:

- Focus is on CONCEPT (e.g., pain, perfusion, stress)
- Exemplars provide content knowledge in different contexts
- Application of content to interrelated concepts is explored
- Application of other content to the Concept is explored
- Process by which students learn how to organize information in logical mental structures
- Example: If the concept is “oxygenation” students might look at how oxygenation issues are similar and different in a variety of clinical situations (e.g., child with asthma, older adult with pneumonia, patient with COPD or heart failure, an athlete after an intense work-out). Faculty might explore what students are finding in their different clinical assessments, asking them to explain why each individual is experiencing shortness of breath.

#### Problem-Based Learning

- A student-centered pedagogy that actively involves students in solving authentic problems from real world situations.
- An active learning approach that helps students develop knowledge that is contextualized for better clinical grasp.
- Example: students receive a “thick” description of a clinical case with as many details as possible in order to enhance authenticity. Students are asked to engage in solving different problems or address specific situations related to the case. (see cases listed syllabus for NRS 422 for examples)

#### Inter-Professional Education

- According to the Centre for the Advancement of Interprofessional Education (IPE), “Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.”
- This can happen in clinical, simulation and/or didactic environments.
- Example: medical students and nursing students engage in a code situation; pairs of medical and nursing students make home visits to older adults and work together to develop a plan of care.

## Section 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.*

The MEPN curriculum reflects the unifying theme developed by the faculty of the Betty Irene Moore School of Nursing (see Figure 1). The curriculum and individual courses were constructed by first identifying the current and projected health care needs of Californians at the individual, community and population level in order to ensure patient-centered care. For example, the case studies used in NRS 422 Nursing Care of Individuals with Chronic & Disabling Conditions reflect the most prevalent chronic conditions. Students will also be required to hone skills in motivational interviewing, an evidence-based strategy designed to promote patient-centered care (e.g., NRS 421, NRS 422, NRS 423, NRs 425, NRS 424).

It is essential that nurses understand the **environment** or context in which nursing care is delivered. Our curriculum is designed to ensure that students have multiple opportunities to explore how the context of care influences patient outcomes (e.g., NRS 220, NRS 420, NRS 203, NRS 202, NRS 201 and NRS 225). There are also important themes that are threaded throughout the curriculum related to **clinical reasoning** (all clinical courses), **interprofessional teamwork** (see NRS 429A-F), **evidence-based practice** (introduced in NRS 222A & 222B, reinforced in all subsequent courses), **quality improvement** (introduced in NRS 222A & 222B, reinforced in NRS 202 & NRS 223), **information technology** (introduced in NRS 222A & 222B, reinforced in NRS 212, NRS 202 & NRS 223) and **cultural inclusiveness** (in all courses). These themes are also reflected in the MEPN program goals and the student learning outcomes.

At the heart of our curriculum is **student-centered learning**. Our curriculum has been designed using Fink's Taxonomy for Significant Learning (Fink, 2013). According to Fink, in a course with significant learning, students will:

1. Understand and remember the key concepts, terms, relationships, etc.
2. Know how to use the content.
3. Be able to relate this subject to other subjects.
4. Understand the personal and social implications of knowing about this subject.
5. Value this subject and further learning about it.
6. Know how to keep on learning about this subject, after the course is over.

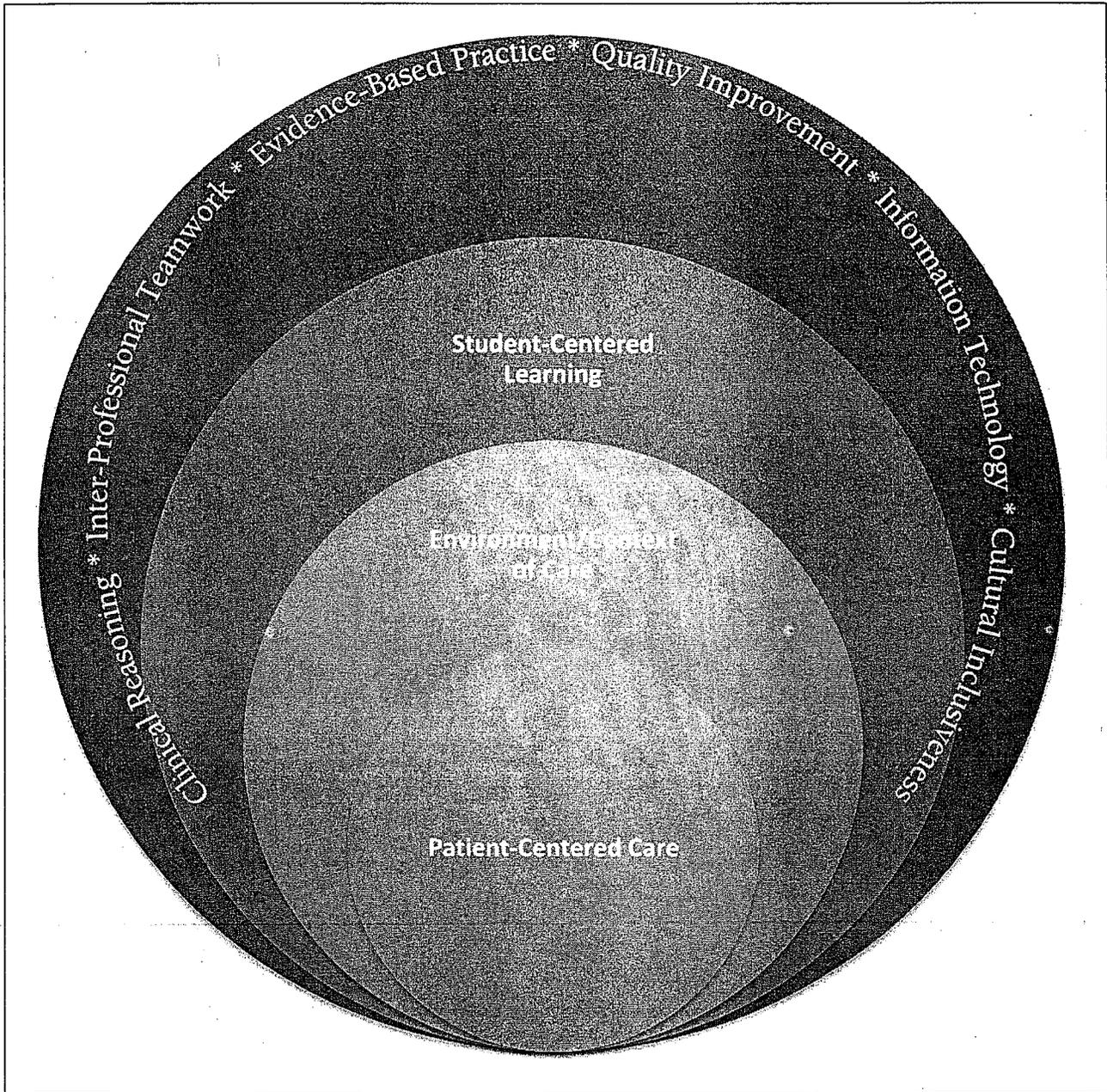


Figure 1. Unifying theme to achieve student learning outcomes.

The taxonomy developed by Fink is based on Blooms Taxonomy, but extends it to include more application. The taxonomy includes six types of knowledge:

Foundation Knowledge (Verbs: remember, understand, identify)

1. What key information (i.e., facts, concepts, terms, relationships) is important for student to understand and remember in the future?
2. What key ideas or perspectives are important for student to understand in this course?

Application (Verbs: use, critique, manage, solve, assess, judge do, imagine, analyze, calculate, create, coordinate, make decisions about...)

1. What kinds of thinking are important for student to learn in this course?
2. Critical thinking in which students analyze and evaluate?
3. Creative thinking in which student imagine and create?
4. Practical thinking in which students solve problems and make decisions?
5. What important skills do students need to learn?
6. What complex projects do students need to learn how to manage?

Integration (Verbs: connect, identify the interaction between, relate, compare, integrate, identify the similarities or differences between...)

1. What connections (similarities and interactions) should student recognize and make among ideas within this course?
2. What connections should students recognize and make among the information, ideas and perspectives in this course and those in other courses?
3. What connections should students recognize and make between material in this course and their own personal, social and work lives?

Human Dimension (Verbs: come to see themselves as; interact with others regarding; understand others in terms of; decide to become...)

1. What can or should students learn about themselves through this course?
2. What can or should students learn about interacting with people they may actually encounter in the future?

Caring (Verbs: get excited about; be more interested in; value...)

1. What changes would you like to see in what students care about as a result of this course:
  - a. Interests?
  - b. Values?
  - c. Feelings?

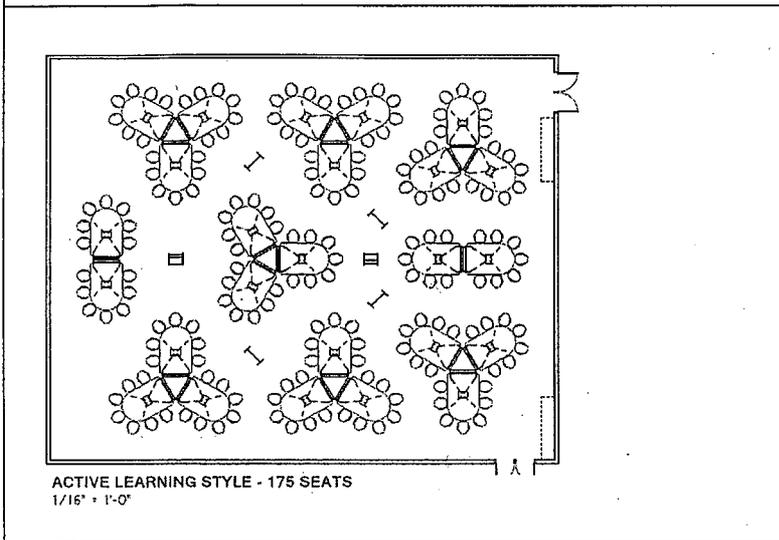
Learning how to Learn (Verbs: read and study effectively; set a learning agenda; identify sources of information on; be able to construct knowledge about; frame useful questions; create a learning plan...)

2. What would you like for students to learn about how to be a good student in a course like this?
3. What would you like for students to learn about how to engage in inquire and construct knowledge with this subject matter?

4. What would you like for students to learn about how to become a self-directing learner relative to this subject? In other words, how to create a learning agenda of what else they need and want to learn and a plan for learning it?

The fundamental question Fink asks faculty to consider is, "What impact do I want this course experience to have on students that will persist a year or more after the course if over?" This framework encourages the construction of courses that reflect student-centered learning.

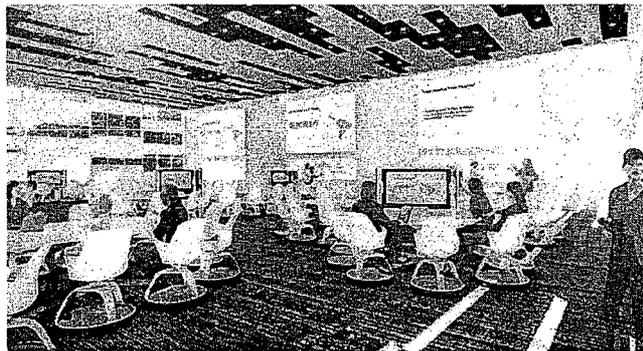
Figure 2. Classroom Design for Small Group Learning

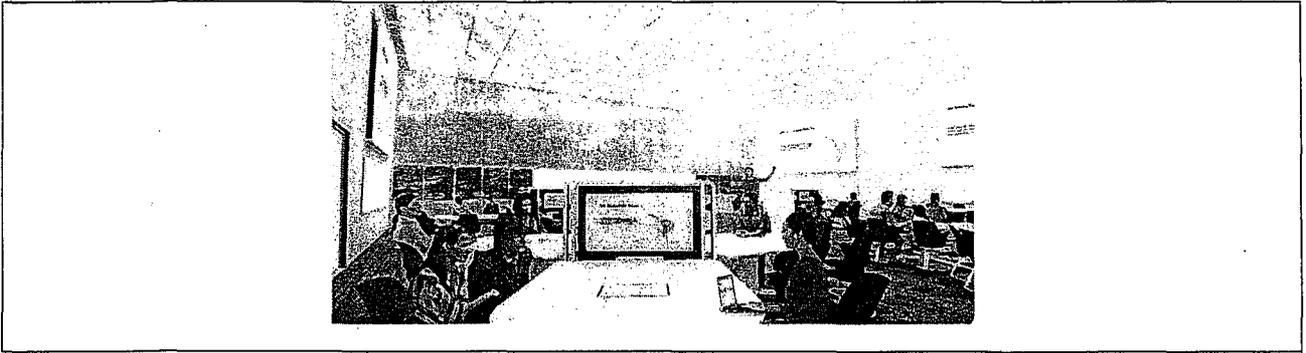


Our commitment to student-centered learning is also reflected in the principles of adult learning that permeate our curriculum and our approach to didactic learning. Our curriculum was designed on a foundation of concept- and case-based learning (e.g., see NRS 221, NRS 420 and NRS 422), using problem-based learning strategies to move away from the "sage on the stage" style of instruction and use instead, the strategies for active learning. Students will be asked to come to class prepared to engage in team-based learning around concepts and realistic cases in order

to contextualize their knowledge (see cases in NRS 422 syllabus for examples). The classrooms that are being renovated in ASB and designed in the new HSE will support active learning. Students will sit at propeller tables in groups of 5-7 in order to engage in small group work that will facilitate learning (see Figures 2 & 3).

Figure 3. Propeller Tables





We have engaged in a series of mapping exercises to ensure that the philosophy, core attributes, program goals and curriculum are cohesive (see Tables 11 – 13).

Table 11. Mapping SLOs to Core Attributes & Masters of Science – Nursing Goals

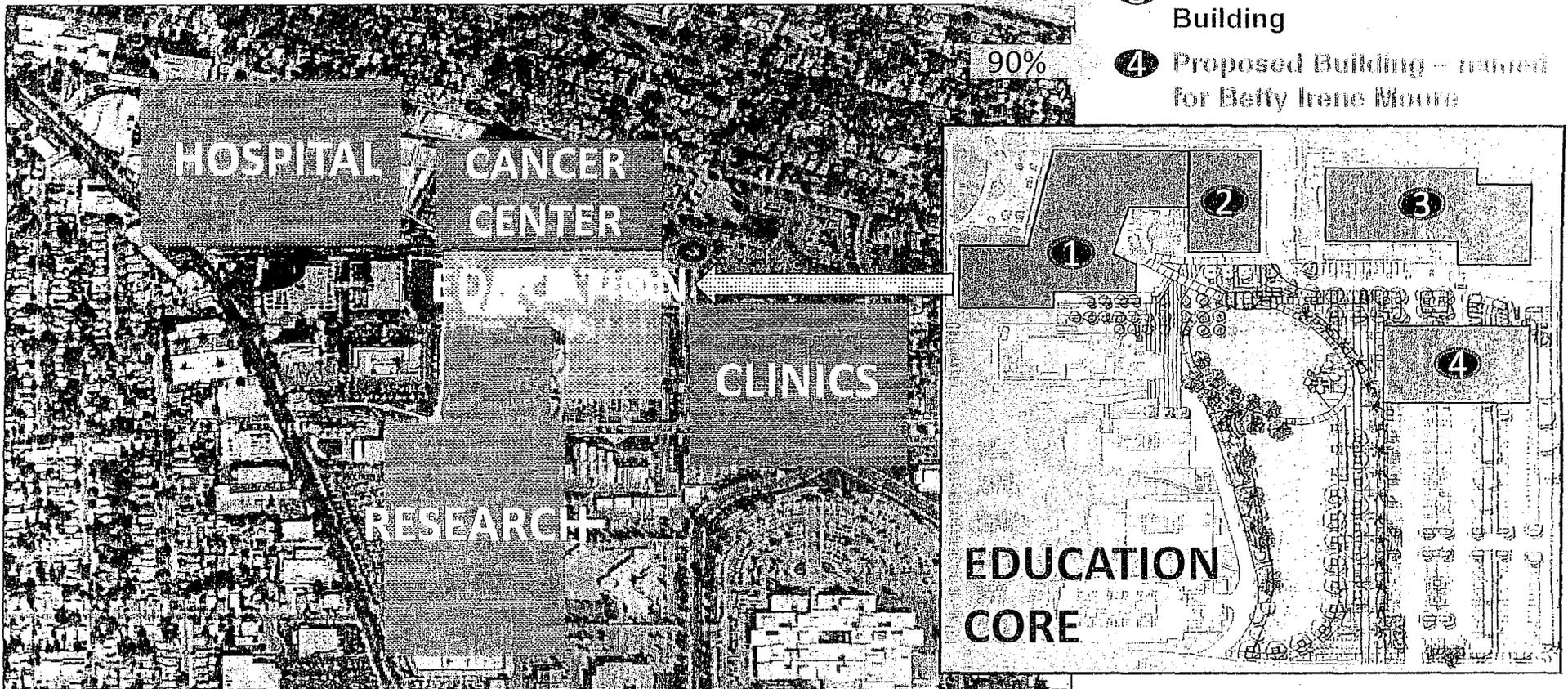
<p><b>Mission &amp; Core Attributes</b></p> <p>The Betty Irene Moore School of Nursing at the University of California, Davis, fosters nursing excellence through a comprehensive educational model that incorporates scientific rigor and immersive, inter-professional training for its students. Its graduates will lead healthcare teams that advance patient care and safety, prevent and treat diseases, and improve access to and quality in an ever-changing and increasingly complex healthcare system nationwide. Five core attributes advance the mission of the Betty Irene Moore School of Nursing:</p> <ul style="list-style-type: none"> <li>• Leadership development</li> <li>• Interprofessional education</li> <li>• Transformative research</li> <li>• Cultural inclusiveness</li> <li>• Innovative technology</li> </ul>	<p><b>Masters of Science – Nursing Goals</b></p> <p>Consistent with the Betty Irene Moore School of Nursing Mission and Vision the program goals for the Masters of Science – Nursing are to prepare graduate nurses to:</p> <ol style="list-style-type: none"> <li>1. Apply leadership skills to transform health care</li> <li>2. Utilize multiple interprofessional/interdisciplinary perspectives to work and communicate as teams</li> <li>3. Apply nursing science to improve health and reshape health systems through transformative research with an emphasis on aging, rural health and diverse communities</li> <li>4. Practice cultural inclusiveness in research, practice, leadership and community engagement</li> <li>5. Create engaged and interactive approaches to nursing education, research and practice using innovative technology</li> </ol>
<p><b>Revised Expected Student Learning Outcomes</b></p> <ol style="list-style-type: none"> <li>1. Integrate scientific findings from the liberal arts, and the natural and behavioral sciences in their nursing practice.</li> <li>2. Provide evidence-based, innovative, person-centered care, with diverse populations, across a wide range of settings utilizing leadership, clinical reasoning, technology, an appreciation for cultural and social differences, and health literacy.</li> <li>3. Influence policy development through the implementation of strategies designed to promote social justice and promote equity in health and health care.</li> <li>4. Communicate and collaborate effectively as a member of the health care team to deliver, integrate, coordinate and evaluate care for individuals, families, communities and populations.</li> <li>5. Improve health care quality, value and access through the utilization of evidence-based quality improvement methodologies and by implementing evidence-based practice changes.</li> <li>6. Apply leadership skills, stewardship, and ethical decision making to promote high quality, accessible and safe patient care across a wide range of settings.</li> <li>7. Participate in population-based health promotion and disease prevention strategies with diverse individuals, families, communities, and populations.</li> <li>8. Demonstrate a commitment to life-long learning and continuous professional development in addressing the needs of diverse individuals, families, communities and populations in an ever-evolving health care system.</li> </ol>	
<p><b>Student Learning Outcomes</b></p>	<p><b>BIMSON Attributes &amp; Program Goals</b></p>

Table 18. Clinical Agency by Quarter by Cohort	Q1	Q2		Q3	Q4	Q5	Q6
	NRS 421	NRS 422	NRS 423	NRS 425	NRS 426	NRS 424	NRS 428
<i>Cohort #1 (n=24)</i>							
Heritage Oaks			X				X
Kaiser South							
Mather VA							
Sierra Vista			X				X
UCDHS Health Management & Education		X					
UCDHS MIND Institute		X	X	X			
UCDMC Home Care Services		X				X	X
UCDMC Inpatient		X	X	X	X		X
University Retirement Center	X		X			X	X
<i>Cohort #2 (n=32)</i>							
Heritage Oaks			X				X
Kaiser South							
Mather VA		X			X	X	X
Sierra Vista			X				X
UCDHS Health Management & Education		X					
UCDHS MIND Institute		X	X	X			
UCDMC Home Care Services		X				X	X
UCDMC Inpatient		X	X	X	X		X
University Retirement Center	X		X			X	X
<i>Cohort #3 (n=48)</i>							
Heritage Oaks			X				X
Kaiser South		X		X	X	X	X
Mather VA		X			X	X	X
Sierra Vista			X				X
UCDHS Health Management & Education		X					
UCDHS MIND Institute		X	X	X			
UCDMC Home Care Services		X				X	X
UCDMC Inpatient		X	X	X	X		X
University Retirement Center	X		X			X	X

# EDUCATION CORE

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Expected 2017 Use



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

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**AGENDA ITEM: 7.4**

**DATE: April 2, 2015**

**ACTION REQUESTED:** Vote On Whether To Accept Feasibility Study For Chamberlain College of Nursing Baccalaureate Degree Nursing Program.

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

**BACKGROUND:** Jan DeMasters, PhD, MSN, RN is responsible for the development of a new Baccalaureate Degree Nursing (BSN) program for Chamberlain College of Nursing (CCN) in California. Her title at CCN is Senior Manager, State Licensing and Regulation.

The Chamberlain College of Nursing Feasibility Study dated August 9, 2014 is the first FS submitted by CCN. Following review of this FS, the BRN requested additional information to demonstrate compliance with the BRN requirements. CCN submitted a revised FS November 14, 2014.

CCN FS was on the agenda of the January 8, 2015 BRN Education Licensing Committee (ELC) meeting held in Los Angeles. The ELC, however, postponed the CCN FS report until the March 5, 2015 meeting in Northern California. The purpose of the postponement was to provide the opportunity for existing nursing programs in the geographic area where the new program will be located to attend the ELC meeting.

The following summary describes how CCN meets the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV03/10))*.

**Description of the Institution**

Chamberlain College of Nursing, formerly Deaconess College of Nursing, is a private degree granting institution of higher learning. The roots of the College date back to 1889, and over the years the College has evolved into an institution that provides professional nursing education at all levels (ADN, BSN, MSN, and DNP). In March 2005, DeVry Education Group Inc. acquired Deaconess College of Nursing. In 2006, the name was changed to Chamberlain College of Nursing.

CCN is a multi-state organization. The college currently offers the onsite BSN degree program on 16 campuses in eleven states. The administrative offices for DeVry Education Group and Chamberlain College of Nursing are located in Downer's Grove, Illinois.

The CCN FS is seeking approval for an onsite prelicensure BSN degree program in Sacramento, California. The proposed Chamberlain campus will be located at 10971 Sun Center Drive, Rancho Cordova, CA 95670.

CCN is institutionally accredited by the Higher Learning Commission (HCL) and is a member of the North Central Association of Colleges and Schools (NCACS). The next ten-year reaffirmation visit by NCACS will be in 2015-2016. Chamberlain's BSN degree program is accredited by the Commission on Collegiate Nursing Education (CCNE). A ten-year reaccreditation visit was conducted in February 2014, and the results of the review are expected in November 2014. CCN is exempt from approval by the California Bureau of Private Postsecondary Education based on the College's NCACS accreditation.

In Fall 2013, 5,320 students were enrolled in the prelicensure BSN degree program across 13 Chamberlain campuses in nine states. In 2013, CCN awarded 1,126 prelicensure BSN degrees. The CCN NCLEX-RN pass rates for 2010-2014: 2010-84.19%; 2011-89.04%; 2012-92.32%; 2013-83.48%; and, 2014 2Q- 86.07%.

### **Geographic Area**

The CCN FS includes an overview of the Sacramento area, including a description of the community and its population.

### **Type of Program**

CCN intends to implement its existing prelicensure BSN program on the Sacramento campus. CCN offers the BSN program on a year round basis: three 16-week semesters per year. The nine semester BSN program can be completed in three years of full time enrollment.

### **Applicant Pool**

The greater Sacramento area has a total of seven nursing programs: six ADN and one BSN. In addition, two universities have satellite campuses located in Sacramento: Samuel Merritt University (BSN/ELM) and University of San Francisco (BSN). A large applicant pool exists in the Sacramento region. In 2012-2013, existing RN programs in the area received 2,680 qualified applications for just 600 spaces.

The CCN Sacramento campus enrollment and admissions projections were developed based on CCN admission experience on other campuses. Factors influencing projections include: attrition and retention data; availability of faculty and clinical placement; direct admission into the nursing program; program offered on a year round basis; and, new student cohort admitted three times a year.

An additional factor applied to nursing course enrollment projections are the trends based on CCN past experience: 10% of each cohort will enroll with no GE transfer credit and take nine semesters to complete the program; 40% will enroll with some GE transfer credit and complete the program in

eight semesters; and, 50% will enroll with significant amount of GE transfer credit and complete the program in seven semesters.

In the CCN projection model, the number of students admitted each semester in a year varies: for example in YR 1, 25 students - SEM 1, 40 students - SEM 2, and 45 students - SEM 3. The number of students admissions also increases each year: for example in YR 4, 55 students - SEM 1, 60 students - SEM 2, and 65 students - SEM 3. Based on the proposed CCN admission numbers, the total nursing course enrollment YR 4 of the program would be 276 students. These projection numbers include both GE and nursing courses.

In order to determine student enrollment in nursing clinical courses, CCN was asked to prepare a Table reflecting student placement needs for clinical nursing courses. The Table, Clinical Placement Need Projection, is attached to this report. The first clinical nursing course in the CCN BSN program occurs in YR 2 – SEM 1. Clinical course placement needs for the total program increase yearly as follows: 3/2017 – 13 placements; 3/2018 – 105; 3/2019 – 200; 3/2020 – 244; and, 3/2021 – 271. By years 2020 and 2021, CCN will be admitting 51-55 students three times per year to the first clinical nursing course.

Concern was communicated with CCN regarding the high enrollment numbers and the rapid program growth. It was explained that typically the BRN approves a fixed number for student admissions and program growth is slow. The requirement that Schools of Nursing must seek BRN approval to make changes in enrollment numbers was also clarified.

New program implementation will occur no later than two years from BRN acceptance of the CCN FS (4/2017).

## **Curriculum**

The CCN course of instruction is presented in semester credit hours. A CCN semester credit hour is equivalent to the BRN semester credit unit. The CCN BSN program consists of 129 credit hours: 60 credit hours in liberal arts and sciences provided through a consortium agreement with DeVry university, and 69 credit hours in the nursing major. The FS includes a description of the courses and the course sequence.

## **Resources**

CCN is leasing 24,262 square feet of a building located in Rancho Cordova to house the proposed program. The space was empty when the lease was executed. The space was allocated for all instructional and support services following established Chamberlain guidelines for a campus. The renovation will be completed in February 2015. Space has been allocated for faculty and administrative offices, six classrooms, library, Center for Academic Success, conference rooms, laboratories (wet science lab, SIMCARE CENTER, and Nursing Learning Labs), and space for private student advisement.

Also in line with student support services on other Chamberlain campuses, the Sacramento campus will provide the following services: admissions advisors; Student Service Advisors; Center for

Academic Success; library; computer lab; simulation lab; Registrar; counseling services; and, technology resources.

Essential faculty positions are filled in advance of campus start-up, and are expanded as the campus grows. Chamberlain creates a specific staffing plan for each campus. Faculty FTEs were projected for the first five years of Sacramento campus operations. Thirteen (13) FTEs will be required by year 4 of program implementation to support the proposed student enrollment.

### **Budget**

CCN has sufficient fiscal resources to support a BSN program in Sacramento. Net income from all Chamberlain program and campus operations is held in reserve to sustain a new program and campus during its initial years. Ultimately, resources for the development and sustainability of a new campus are insured by DeVry Educational Group.

Total program tuition and fees will be \$80,915. It is projected that the program revenues and expenses will be approximately equal by Year 4 of program implementation.

### **Clinical Facilities**

The Chamberlain clinical support team has done extensive work securing clinical placements in the Sacramento area for the proposed program. When meeting with the clinical facilities, the team discussed with the facility if there was capacity for additional student placement without displacing any existing student placements.

The FS included 17 BRN Facility Verification Forms and 12 executed contracts for clinical placement. The following summarizes the information from the Facility Verification Forms.

- 1) Colusa Regional Medical Center (Average daily census-10; MS 2 student placement, OB 1 student placement & Geri 1 student placement)
- 2) Dameron Hospital (Acute; MS-average daily census 100, OB average daily census 5, & Peds average daily census 2)
- 3) Heritage Oaks Hospital (Acute Psych; average daily census 100; 4 student placement)
- 4) Norwood Pines Alzheimer Center ((SNF – Alzheimer’s Dementia; average daily census 150; 6 student placement on day and evening shifts)
- 5) Sierra Vista Hospital (Acute Hospital with large Psych unit-100 patients; 2 student placement)
- 6) Sutter Medical Center Sacramento (Acute Care & Psych; average daily census acute care 341 & psych 52; MS 2-6 each unit, OB Cohort of 10, Peds Cohort of 12, and Psych Cohort of 10)
- 7) Vibra Hospital (LTAC; average daily census 40; MS 8 student placement)
- 8) Bristol Hospice (Average daily census 160; community health placement)
- 9) Doctors Hospital of Manteca (Acute; MS census 25 - 4 student placement, OB census 6 - 2 student placement)
- 10) Marshall Medical Center (Acute; MS census 50/ place 4-6 students)
- 11) Marshall Medical Center (Home Care – average daily census 80-100/ place one student)

- 12) NorthBay Medical Center (Acute; MS – average daily census 65/place 8 students, OB - average daily census 10/place 3 students)
- 13) Pro-Care Home Health SVC (Home Health; 130 patients per month/place 2-8 students)
- 14) Queen of the Valley Community Outreach (Community Health; serves 400 patients per year/ place 1 student in spring, 1 in summer and 1 in fall)
- 15) Snowline Hospice (Hospice - average daily census 70; RCFE – census varies/ place one student; SNF 65-99 average daily census/place one student)
- 16) Saint Claire’s Nursing Center (SNF; average daily census 95)
- 17) Sutter VNA and Hospice ( average daily census 450; Home Health/place 2 students)

**Table 19 Clinical Placements** (CCN FS page 61) documents the total number of secured placements and the clinical facilities for each nursing course. Based on this Table, there is evidence of inpatient clinical placement for all BRN required clinical areas (M/S, OB, Peds, Psych, and Geri). Mental Health nursing clinical learning will occur at four sites at which a wide variety of services are provided to adolescent, adult, and geriatric patients.

Of note, the secured clinical placement numbers reported in Table 19 do not match the number of student placements available on the Facility Verification Forms. The availability of all reported clinical sites will be thoroughly evaluated during the Self Study phase of the initial approval process for new nursing programs.

**Conclusion**

The Chamberlain College of Nursing Feasibility Study meets all BRN Feasibility Study requirements. Outstanding concerns are the admission and enrollment projections and the availability of clinical placements.

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

**PERSON TO CONTACT:** Carol Mackay, MN, RN  
Nursing Education Consultant

Chamberlain College of Nursing - Sacramento Campus  
Six-Year Projection of Clinical Student Placement Needs in Nursing Clinical Courses

Session	Year 1: 2016 Planned admissions in May (n=25) and September (n=45) with no students registered in clinical nursing courses						Year 2: 2017 Clinical experiences begin in March with a projected 13 students in Fundamentals course						Year 3: 2018 Student clinical course enrollment now distributed across all nursing courses						Jan
	Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	
Fundamentals	0	0	0	0	0	0	0	13	0	28	0	37	0	37	0	41	0	46	0
Adult Health 1	0	0	0	0	0	0	0	0	12	0	27	0	36	0	36	0	40	0	44
Adult Health 2	0	0	0	0	0	0	0	0	0	12	0	26	0	34	0	35	0	38	0
Maternal	0	0	0	0	0	0	0	0	0	0	6	6	13	12	17	16	17	16	19
Pediatrics	0	0	0	0	0	0	0	0	0	0	6	6	13	12	17	16	17	16	19
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	5	5	12	11	16	15	16
Critical Care	0	0	0	0	0	0	0	0	0	0	0	0	5	5	12	11	16	15	16
Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5	11	11	15
Collaborative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5	11	10
Capstone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0
<b>Total Clinical Students</b>	0	0	0	0	0	0	0	13	12	40	39	75	72	105	99	140	122	177	139

Note: This projection table assumes 3% general attrition session-over-session. Historically, admitted students come to the program with a varied amount of transfer credits so each group admitted has students who start at different points in the program and therefore enter clinical courses at different times.

Chamberlain College of Nursing - Sacramento Campus  
Six-Year Projection of Clinical Student Placement Needs in Nursing Clinical Courses

Year 4: 2019					Year 5: 2020						Year 6: 2021					
Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov
43	0	46	0	53	0	52	0	52	0	55	0	55	0	51	0	54
0	42	0	44	0	51	0	50	0	50	0	53	0	53	0	49	0
43	0	41	0	43	0	50	0	49	0	49	0	52	0	51	0	48
18	21	20	20	19	21	20	24	23	24	23	24	23	25	24	25	24
18	21	20	20	19	21	20	24	23	24	23	24	23	25	24	25	24
15	17	17	20	19	19	18	20	19	23	22	22	21	22	22	24	23
15	17	17	20	19	19	18	20	19	23	22	22	21	22	22	24	23
14	15	14	16	16	19	18	17	17	18	18	21	21	21	20	21	20
14	14	14	14	16	15	18	17	17	16	18	17	21	20	20	20	20
20	0	27	0	27	0	30	0	34	0	32	0	34	0	39	0	38
200	147	216	154	231	165	244	172	253	178	262	183	271	188	273	188	274

## Chamberlain College of Nursing

### Clinical Placements and Distance from Proposed Sacramento Campus to Clinical Sites

Course	Maximum Number of Placements Needed	Estimated Session, Year of Maximum Need	Total Number Secured Placements	Facilities Providing Placements for Course with (distance from campus)
NR-226 Fundamentals Patient Care	52	March, 2021	55	Dameron Hospital (51)  Delta Rehabilitation and Care Center (40)  Fairfield Post-Acute Rehab (55)  Norwood Pines Alzheimer's Center(16)  Sutter Roseville Medical Center (13)
NR-325 Adult Health I	50	May, 2021	60	Colusa Regional Medical Center (80)  Dameron Hospital (51)  Marshall Medical Center (30)  Northbay Medical Center (55)  Sutter Amador Hospital (39)  seville Medical Center (13)  Vibra Hospital – Sacramento (10)
NR-325 Adult Health II	48	July, 2021	60	See facility list above for Adult Health
NR-321 Maternal- Child Nursing	23	September, 2021	41	Colusa Regional Medical Center (80)  Dameron Hospital (51)  Northbay Medical Center (55)  See facility list above for Adult Health   Sutter Amador Hospital (39)  Sutter Memorial Hospital (11)  Sutter Roseville Medical Center (13)
NR-322 Pediatric Nursing	23	September, 2021	24	Pro-Care Home Health (18)  Sutter Memorial Hospital (11)
NR-320 Mental- Health Nursing	20	January, 2021	52	Heritage Oaks Hospital (11)  Norwood Pines Alzheimer's Center (16)  Sierra Vista Hospital (20)  Sutter Center for Psychiatry (9)
NR-340 Critical- Care Nursing	20	January, 2021	57	Colusa Regional Medical Center((80)  Dameron Hospital (51)  Doctors' Hospital of Manteca (62)  Marshall Medical Center (30)  Northbay Medical Center (55)

				Sutter Amador Hospital (39) Sutter Memorial Hospital (11) Sutter Roseville Medical Center (13) Vibra Hospital – Sacramento (10)
NR-442 Community Health Nursing	19	May, 2021	29	Advanced Home Health Inc. (11)  Bristol Hospice (12) Colusa Regional Medical Center (80) Doctors’ Hospital of Manteca (62)  Marshall Medical Center-Home Care (30)  Pro-Care Home Health (18) Snowline Hospice(26) Sutter Care At Home (12) Sutter Solano Medical Center (69)
NR-446 Collaborative Healthcare	18	July, 2021	36	Dameron Hospital (51)  Doctors’ Hospital of Manteca (62) Fairfield Post-Acute Rehab (55) Marshall Medical Center (30) Northbay Medical Center (55) Sutter Care At Home (12) Sutter General Hospital (13) Sutter Memorial Hospital (11) Sutter Roseville Medical Center (13)
NR-452 Capstone Course	33	November, 2021	51	Dameron Hospital (51)  Doctors’ Hospital of Manteca (62) Fairfield Post-Acute Rehab (55) Northbay Medical Center (55) Sutter Auburn Faith Hospital (30)

Chamberlain College of Nursing  
 Student Demographic Distribution by Ethnicity  
 Snapshot – February, 2015

Ethnicity	Number of Students in 2/15 Snapshot	Percentage of Total Students	Percentage of Total Students excluding "Unknown or Non-resident Alien"
American Indian/Alaskan Native	20	0.11	0.12
Asian	702	3.96	4.13
Black	1,543	8.72	9.10
Hawaiian/Pacific Islander	35	0.20	0.21
Hispanic	1008	5.70	5.94
Two or More Ethnicities	91	0.51	0.54
Non Resident Alien or Unknown	732	4.14	4.32
White	13,555	76.64	79.95
TOTALS	17,686	-----	16,954

# CHAMBERLAIN COLLEGE *of* NURSING

March 20, 2015

Carol Mackay, RN, MN  
Nurse Education Consultant  
California Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

Dear Ms. Mackay:

In response to California Board of Registered Nursing, Education/Licensing Committee concerns, Chamberlain respectfully submits the three attached documents including a new Projected Enrollments Table, a Supportive Facilities Table and current Facility Verification Forms (FVF). As you review these documents, please consider the following:

- Chamberlain's annual enrollment projections in clinical nursing courses were revised and are displayed in the attached Projected Enrollments Table which displays anticipated enrollments in clinical nursing courses each term for the first three years of the program. Chamberlain is projecting admissions of 30 students three times a year for the first three years of operation.
- Chamberlain is actively reaching out to each clinical agency to ensure a current FVF is on file including updated signatures where needed. Copies of FVFs are attached and facility commitment will be confirmed in the self-study phase of the approval process.
- Some FVFs display a higher number of student placements offered by the clinical agency than Chamberlain will utilize. This results in discrepancies between the number of students on some FVFs and the attached Supportive Facilities Table. Chamberlain's rules for implementing clinical were applied to the creation of the Supportive Facilities Table.
- Sutter Sacramento Sierra Region placements were developed via the consortium calendars managed by Sutter Health. The FVF reflects these placements which are clarified on the Supportive Facilities Table.

Should you have any questions or require additional information, please feel free to contact me directly at 314-322-6785 or via email at [jdemasters@chamberlain.edu](mailto:jdemasters@chamberlain.edu). Thank you for your assistance in the application process and we look forward to working closely with you, the Education/Licensing Committee, and the California Board of Registered Nursing as we continue the campus approval process.

Sincerely,



Jan DeMasters, PhD, MSN, RN  
Senior Manager  
State Licensing and Regulation



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

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**AGENDA ITEM: 7.5**

**DATE: April 2, 2015**

**ACTION REQUESTED:** Guideline: “CA RN Licensure qualifications for persons serving in Medical Corps of Armed Services”

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

**BACKGROUND:** Persons with prior healthcare related military education and service frequently have questions regarding eligibility for RN licensure. This guideline will be posted to the BRN website to provide convenient access to information for these potential applicants.

**NEXT STEPS:** Post to BRN website.

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

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## CA RN Licensure qualifications for persons serving in Medical Corps of Armed Services

### Background:

The BRN has occasionally received applications from persons who have obtained training in providing medical services while in military service and are seeking RN licensure per BPC 2736.5. These applicants often are found not eligible for RN license after an evaluation.

This guideline provides information for veterans with military medical training seeking RN licensure.

### California RN Licensure Eligibility:

RN licensure regulations do not allow for challenge of licensure requirements. Based in part on the 2013 report of a study conducted by the NCSBN with consultation from leading experts in the areas of nursing and military education (see excerpt below in this document), and with regard to California requirements, **the educational training of corpsmen and airmen is not equivalent to RN precensure nursing curriculum, and therefore, does not meet the minimum educational requirements for RN license** described in CCR 1426.

### RN Precensure Nursing Education Requirements:

**BP 2786** Approval of schools...course of instruction "covering not less than two academic years"

**CCR 1426** requires the following to be included in the curriculum:

- A. Precensure content: not less than **58 semester** units (87 quarter units)
  - Nursing: Theory – **18 semester** units (27 quarter units)  
Clinical – **18 semester** units (27 quarter units)
  - Communications: Written and Oral **6 semester units** (9 quarter units)
  - Behavioral and Natural Sciences: **16 semester units** (24 quarter units). Usual courses include: Anatomy, Physiology, Microbiology, and courses in sociology, psychology, cultural diversity.
- B. Courses include five content areas: **Med-Surg, OB, Peds, Geri, Psy-MH.**
  - 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.
  - Content to integrate: Nursing process; Basic intervention skills, Human development (birth to aged); Communication and interpersonal skills; Cultural patterns and diversity issues; Health and Illness concepts.

- C. Hours of instruction: Minimum hours for nursing curriculum:  
(CCR 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:  
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.  
(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
- Nursing Theory (For example 18 semester units – 16 wk semester) = 288 hrs.
  - Nursing Clinical (For example 18 semester units – 16 wk semester) = 864 hrs.

**National Council of State Boards of Nursing (NCSBN) - Excerpt from: NCSBN (2013) NCSBN Analysis: A Comparison of Selected Military Occupations Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum (2013) p13:**

*Talking Points: Military Training Exception*

*NCSBN supports veterans entering the nursing profession. We would like these hard working individuals to succeed and experience long and rewarding careers in the field of nursing.*

*The roles and responsibilities of registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) are different from that of health care specialists (medics), corpsmen and airmen. Thus, the training for these military occupations is different from that of nursing education programs.*

*Even within the military, RNs and LPNs have separate roles and responsibilities from health care specialists (medics), corpsmen or airmen. The military requires RNs working in military facilities to hold a bachelor's degree in nursing and meet all the requirements of a civilian nursing program approved by a board of nursing (BON). A health care specialist (medic) or corpsman can only become an RN in the military by completing an RN program. Educational exemptions are not offered based on experience or another type/level of training.*

*Currently, the Army is the only service with an LPN occupational specialty. Certain MOS 68W soldiers (Army combat medics) can attend a course to become an entry level LPN. Students are required to sit for the NCLEX-PN® Examination and obtain licensure as an LVN. Thus, LPNs in the Army receive a substantial amount of additional education above and beyond training as a health care specialist (medic), corpsman or airman.*

**California BRN Recommendations:**

1. Schedule an appointment with an advisor at a nursing program to obtain evaluation of previous education or other acquired knowledge in the field of nursing. The school will determine whether course credit can be awarded and which nursing program and other required college courses will be required for program completion and college graduation.
2. Because of their training and experience, veterans may qualify for LVN licensure. Information on LVN License Application and LVN curriculum are available at [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov). LVN licensure may allow advanced placement entry into an RN education program at the discretion of the nursing program.

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

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**AGENDA ITEM: 7.6**

**DATE: April 2, 2015**

**ACTION REQUESTED:** 2013-2014 Regional Annual School Reports

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

**BACKGROUND:**

The Regional Annual School Reports present the historical analyses of nursing program data from the 2004-2005 BRN Annual School Survey through the 2013-2014 survey for the nine economic regions in California. Each region has a separate report. All data are presented in aggregate form, and describe the overall trends in these regions over the specified time periods. The data items addressed include the numbers of nursing programs, enrollments, completions, retention rates, student and faculty census information, simulation centers and student access to clinical sites and experiences.

The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura Counties), (9) Southern California II (Orange, Riverside, and San Bernardino Counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding report. The Central Sierra (Region 6) does not have any nursing programs and was, therefore, not included in the analyses.

The San Francisco Bay Area Report (Region 4) is attached as a sample. Final reports will be made available to the public on the BRN website after review by the full Board.

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

**PERSON TO CONTACT:** Julie Campbell-Warnock  
Research Program Specialist  
(916) 574-7681

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# California Board of Registered Nursing

## 2013-2014 Annual School Report

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Data Summary and Historical Trend Analysis

### **Bay Area**

February 9, 2015

Prepared by:  
Renaë Waneka, MPH  
Timothy Bates, MPP  
Joanne Spetz, PhD  
University of California, San Francisco  
3333 California Street, Suite 265  
San Francisco, CA 94118

## PREFACE

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Each year, the California Board of Registered Nursing (BRN) requires all pre-licensure registered nursing programs in California to complete a survey detailing statistics of their programs, students and faculty. The survey collects data from August 1 through July 31. Information gathered from these surveys is compiled into a database and used to analyze trends in nursing education.

The BRN commissioned the University of California, San Francisco (UCSF) to develop the online survey instrument, administer the survey, and report data collected from the survey. This report presents ten years of historical data from the BRN Annual School Survey. Data analyses were conducted statewide and for nine economic regions<sup>1</sup> in California, with a separate report for each region. All reports are available on the BRN website (<http://www.rn.ca.gov/>).

This report presents data from the 10-county Bay Area. Counties in the region include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. All 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. Additional data from the past ten years of the BRN Annual School Survey are available in an interactive database on the BRN website.

Beginning with the 2011-2012 Annual School Survey, certain questions were revised to allow schools to report data separately for satellite campuses located in regions different from their home campus. This change was made to more accurately report student and faculty data by region, but it has the result that data which were previously reported in one region are now being reported in a different region. This is important because changes in regional totals that appear to signal either an increase or a decrease may in fact be the result of a program reporting satellite campus data in a different region. Data tables impacted by this change will be footnoted. In these instances, comparing data after 2011-2012 to data from previous years is not recommended. When regional totals include satellite campus data from a program whose home campus is located in a different region, it will be listed in Appendix A.

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<sup>1</sup> The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Los Angeles Area (Los Angeles and Ventura counties), (9) Inland Empire (Orange, Riverside, and San Bernardino counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding regional report. The only data reported for the Central Sierra (Region 6) were for one satellite campus program. Therefore, data for that satellite campus program are grouped with that program's home campus region (Region 5, San Joaquin Valley).

## DATA SUMMARY AND HISTORICAL TREND ANALYSIS<sup>2</sup>

This analysis presents pre-licensure program data from the 2013-2014 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

### Trends in Pre-Licensure Nursing Programs

#### *Number of Nursing Programs*

In 2013-2014, the Bay Area had a total of 30 pre-licensure nursing programs. Of these programs, 18 are ADN programs, 8 are BSN programs, and 4 are ELM programs. The number of programs in the region has remained about the same over the last seven years. Nearly three-quarters (73%) of pre-licensure nursing programs in the Bay Area are public. However, the share of private programs has been increasing over the last ten years, from 21% (n=6) in 2004-2005 to its current share of 27% (n=8) in 2013-2014.

**Table 1. Number of Nursing Programs\*, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>Total Nursing Programs</b>	<b>28</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>30</b>
ADN	16	16	17	18	18	18	18	18	18	18
BSN	7	7	7	7	7	7	8	8	8	8
ELM	5	5	5	5	5	5	5	4	4	4
Public	22	22	22	23	23	23	23	22	22	22
Private	6	6	7	7	7	7	8	8	8	8
Total Number of Schools	<b>24</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>26</b>	<b>26</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>

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

<sup>2</sup> Starting in 2011-2012, data may be influenced by satellite campus data being reported and allocated to their proper region for the first time. Tables affected by this change are noted, and we caution the reader against comparing data collected before and after this change.

In 2013-2014, 53% (n=16) of Bay Area nursing programs collaborated with another program that offered a higher degree than offered at their own school. Of nursing programs that had these collaborations in 2013-2014, half (n=8) had formal agreements and 69% (n=11) had informal agreements. While there has been some fluctuation in the share of programs that partner with other schools, these collaborations have increased dramatically over the last nine years.

**Table 2. Partnerships\*, by Academic Year**

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Programs that partner with another program that leads to a higher degree	2	1	3	8	13	15	12	14	16
Formal collaboration								42.9%	50.0%
Informal collaboration								71.4%	68.8%
<b>Total number of programs that reported</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>30</b>

\*These data were collected for the first time in 2005-2006.

Note: Blank cells indicate the information was not requested

### *Admission Spaces and New Student Enrollments*

Over the last three years, the Bay Area has seen the number of spaces available for new students in pre-licensure nursing programs and the number of students enrolling in these spaces decrease. The number of spaces available decreased by 7% (n=176) – from 2,380 to 2,204 – over the last year. Enrollment of new students in those spaces declined from 2,411 to 2,361 during the same time period. Despite these recent declines, Bay Area nursing programs continue to enroll more students than they have spaces available. The number of programs that reported overenrolling students decreased from 43% (n=13) of programs in 2011-2012 to 23% (n=7) of programs in 2013-2014. The most frequently reported reason for overenrolling was to account for attrition.

**Table 3. Availability and Utilization of Admission Spaces<sup>†</sup>, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Spaces Available	2,060	2,193	2,319	2,368	2,513	2,152	2,523	2,375	2,380	2,204
New Student Enrollments	2,091	2,250	2,521	2,752	2,874	2,640	2,805	2,545	2,411	2,361
<b>% Spaces Filled with New Student Enrollments</b>	<b>101.5%</b>	<b>102.6%</b>	<b>108.7%</b>	<b>116.2%</b>	<b>114.4%</b>	<b>122.7%</b>	<b>111.2%</b>	<b>107.2%</b>	<b>101.3%</b>	<b>107.1%</b>

<sup>†</sup>Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

Bay Area nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. While the Bay Area received more qualified applications to its nursing programs in 2013-2014 than in the previous year, declines in the number of spaces available and in the number of students programs enrolling for the first time led to a greater share of applications that did not enroll. Of the 7,060 qualified applications received in 2013-2014, 67% did not enroll.

**Table 4. Student Admission Applications\*<sup>†</sup>, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>Qualified Applications</b>	<b>5,445</b>	<b>6,623</b>	<b>8,070</b>	<b>7,910</b>	<b>8,077</b>	<b>8,063</b>	<b>7,574</b>	<b>7,812</b>	<b>6,595</b>	<b>7,060</b>
ADN	2,819	3,424	4,429	4,603	4,363	4,572	4,212	4,422	3,143	2,944
BSN	1,961	2,579	2,605	2,485	2,665	2,522	2,567	2,724	2,366	3,488
ELM	665	620	1,036	822	1,049	969	795	666	1,086	628
<b>% Qualified Applications Not Enrolled</b>	<b>61.6%</b>	<b>66.0%</b>	<b>68.8%</b>	<b>65.2%</b>	<b>64.4%</b>	<b>67.3%</b>	<b>63.0%</b>	<b>67.4%</b>	<b>63.4%</b>	<b>66.6%</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.

<sup>†</sup>Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

New student enrollment in Bay Area nursing programs has declined over the last two years, from 2,545 in 2011-2012 to 2,361 in 2013-2014. The distribution of new enrollments by program type was 47% ADN (n=1,118), 45% BSN (n=1,067), and 7% ELM (n=176). A majority of the new students enrolled are at one the region's public programs, accounting for 56% (n=1,333) of total new student enrollments in 2013-2014.

**Table 5. New Student Enrollment by Program Type<sup>†</sup>, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>New Student Enrollment</b>	<b>2,091</b>	<b>2,250</b>	<b>2,521</b>	<b>2,752</b>	<b>2,874</b>	<b>2,640</b>	<b>2,805</b>	<b>2,545</b>	<b>2,411</b>	<b>2,361</b>
ADN	1,039	1,113	1,332	1,378	1,426	1,313	1,284	1,130	1,107	1,118
BSN	777	846	872	1,043	1,173	1,031	1,246	1,179	1,090	1,067
ELM	275	291	317	331	275	296	275	236	214	176
Private	592	664	764	900	1,042	1,037	1,189	1,096	1,025	1,028
Public	1,499	1,586	1,757	1,852	1,832	1,603	1,616	1,449	1,386	1,333

<sup>†</sup>Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

## Student Census Data

The total number of students enrolled in Bay Area nursing programs has shown a slow rate of decline – from 5,343 students on October 15, 2012 to 4,982 students on the same date in 2014. The composition of currently enrolled students shows 37% (n=1,826) of students were enrolled in ADN programs, 54% (n=2,678) in BSN programs, and 10% (n=478) in ELM programs.

**Table 6. Student Census Data\*† by Program Type, by Year**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>ADN</b>	1,885	1,621	1,935	2,208	2,176	2,072	1,964	1,786	1,872	1,826
<b>BSN</b>	2,251	2,431	2,179	2,556	2,790	2,890	2,851	3,029	2,886	2,678
<b>ELM</b>	472	422	586	601	592	542	664	528	507	478
<b>Total Nursing Students</b>	4,608	4,474	4,700	5,365	5,558	5,504	5,479	5,343	5,265	4,982

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

†Starting in 2012, data may be influenced by the allocation of satellite campus data to their proper region.

## Student Completions

The Bay Area has seen fluctuations in the number of students enrolling in its nursing programs over the last couple of years. There was a slight decline (3%, n=64) in the number of students completing programs in the region in the last year. In 2013-2014, 2,193 students completed a nursing program in the Bay Area. Of these students, 43% earned an ADN (n=966), 48% a BSN (n=1,046), and 10% an ELM (n=211).

**Table 7. Student Completions† by Program Type, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>ADN</b>	821	903	863	993	1,055	1,148	1,124	961	968	936
<b>BSN</b>	569	639	697	973	979	986	1,017	965	1,060	1,046
<b>ELM</b>	205	210	228	227	285	290	200	222	229	211
<b>Total Student Completions</b>	1,595	1,752	1,788	2,193	2,319	2,424	2,341	2,148	2,257	2,193

†Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

## Retention and Attrition Rates

Of the 2,050 students scheduled to complete a Bay Area nursing program in the 2013-2014 academic year, 85% (n=1,749) completed the program on-time, 4% (n=87) are still enrolled, and 10% (n=214) dropped out or were disqualified from the program. The 10.4% attrition rate in 2013-2014 is one of the lowest reported in the last ten years.

**Table 8. Student Retention and Attrition<sup>†</sup>, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>Students Scheduled to Complete the Program</b>	<b>2,023</b>	<b>1,781</b>	<b>1,965</b>	<b>2,205</b>	<b>2,293</b>	<b>2,165</b>	<b>2,113</b>	<b>2,159</b>	<b>2,051</b>	<b>2,050</b>
Completed On Time	1,496	1,427	1,591	1,746	1,827	1,717	1,688	1,781	1,662	1,749
Still Enrolled	120	101	137	153	158	153	100	68	132	87
Attrition	407	253	237	306	308	295	325	310	257	214
Completed Late <sup>‡</sup>						97	102	62	84	85
<b>Retention Rate*</b>	73.9%	80.1%	81.0%	79.2%	79.7%	79.3%	79.9%	82.5%	81.0%	85.3%
<b>Attrition Rate**</b>	20.1%	14.2%	12.1%	13.9%	13.4%	13.6%	15.4%	14.4%	12.5%	10.4%
<b>% Still Enrolled</b>	5.9%	5.7%	7.0%	6.9%	6.9%	7.1%	4.7%	3.1%	6.4%	4.2%

<sup>‡</sup>Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either retention or attrition rates.

<sup>†</sup>Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

\*Retention rate = (students completing the program on-time) / (students scheduled to complete)

\*\*Attrition rate = (students dropped or disqualified who were scheduled to complete) / (students scheduled to complete the program)

Note: Blank cells indicate the information was not requested

Attrition rates among the region's pre-license nursing programs vary by program type. Average attrition rates declined for all program types in 2013-2014 from the previous year but the most significant declines were in ELM and private programs. ADN programs continue to have the highest attrition rates.

**Table 9. Attrition Rates by Program Type\*<sup>†</sup>, by Academic Year**

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>ADN</b>	24.3%	18.9%	17.0%	21.0%	17.8%	18.4%	18.2%	19.3%	18.0%	16.9%
<b>BSN</b>	15.2%	10.5%	6.5%	6.3%	8.9%	7.2%	13.6%	10.4%	7.2%	4.2%
<b>ELM</b>	16.3%	5.0%	8.8%	5.5%	7.1%	7.2%	6.0%	5.1%	5.9%	0.5%
<b>Private</b>	19.2%	12.3%	9.6%	6.1%	10.2%	10.8%	17.7%	13.4%	11.2%	7.1%
<b>Public</b>	20.5%	15.0%	13.1%	17.2%	14.9%	14.7%	14.3%	14.8%	13.2%	12.3%

\* Changes to the survey that occurred prior to 2005-2006 may have affected the comparability of these data to data in subsequent years.

<sup>†</sup>Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

### Retention and Attrition Rates for Accelerated Programs

The average retention rate for accelerated BSN programs<sup>3</sup> in the Bay Area was 95.5% in 2013-2014, which is much higher when compared with traditional programs. Similarly, the average attrition rate was 1.8%, which is considerably lower than the average rate for traditional programs.

**Table 10. Student Retention and Attrition for Accelerated Programs\*†, by Academic Year**

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>Students Scheduled to Complete the Program</b>	<b>222</b>	<b>254</b>	<b>332</b>	<b>261</b>	<b>223</b>	<b>222</b>	<b>220</b>
Completed On Time	213	244	321	249	208	208	210
Still Enrolled	4	4	3	7	11	12	6
Attrition	5	6	8	5	4	2	4
Completed Late‡			8	6	14	4	1
<b>Retention Rate**</b>	95.9%	96.1%	96.7%	95.4%	93.3%	93.7%	95.5%
<b>Attrition Rate***</b>	2.3%	2.4%	2.4%	1.9%	1.8%	0.9%	1.8%
<b>% Still Enrolled</b>	1.8%	1.6%	0.9%	2.7%	4.9%	5.4%	2.7%

\*These data were collected for the first time in 2007-2008.

†Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

‡Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

\*\*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

\*\*\*Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

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

### NCLEX Pass Rates

Over the last ten years, NCLEX pass rates in the Bay Area have been higher for ELM graduates than for ADN or BSN program graduates. In 2013-2014, the highest average NCLEX pass rate was for ELM graduates. All program types had declines in their NCLEX pass rates in 2013-2014 in comparison to the previous year. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing rates in 2012-2013 and 2013-2014.

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

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
<b>ADN</b>	82.4%	90.9%	86.8%	84.3%	87.1%	87.0%	86.8%	88.8%	89.0%	83.1%
<b>BSN</b>	82.2%	81.0%	90.3%	85.3%	86.2%	89.0%	86.6%	87.7%	86.6%	80.1%
<b>ELM</b>	91.6%	92.1%	96.2%	93.8%	91.4%	93.0%	90.5%	92.8%	93.2%	87.0%

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

<sup>3</sup> BSN programs were the only type of accelerated programs in the Bay Area for which attrition rates were reported.

### Employment of Recent Nursing Program Graduates<sup>4</sup>

Hospitals have historically been the most common employment setting for recent RN graduates. While hospitals continue to employ the largest share of new graduates in the Bay Area, this share has been declining and no longer represents the majority of recent RN graduates in the region. In 2013-2014, the region’s programs reported that 38% of recent graduates were working in a hospital setting. Programs also reported that 15% of students had not found employment in nursing at the time of the survey, which is about half as many as the previous year. However, it was also reported that 24% were pursuing additional nursing education, which is a significant increase from 2012-2013. Slightly more than half (56%) of recent Bay Area RN graduates were employed in California, a share that has declined from its high of 90% of graduates in 2007-2008.

**Table 12. Employment Location for Recent Nursing Program Graduates<sup>†</sup>, by Academic Year**

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
<b>Hospital</b>	64.6%	76.5%	89.3%	84.5%	53.8%	42.7%	34.5%	48.4%	37.0%	37.9%
<b>Long-term care facilities</b>	0.5%	0.4%	0.8%	1.8%	13.4%	12.6%	12.3%	9.7%	8.2%	10.0%
<b>Community/public health facilities</b>	4.5%	1.9%	4.3%	1.0%	3.0%	1.8%	5.7%	4.8%	3.5%	6.5%
<b>Other healthcare facilities</b>	1.3%	1.4%	2.1%	1.5%	8.6%	5.4%	7.4%	7.3%	5.6%	6.4%
<b>Pursuing additional nursing education<sup>‡</sup></b>									13.3%	23.9%
<b>Other</b>	0%	19.8%	11.5%	11.2%	43.7%	15.3%	14.3%	3.3%	2.0%	0.9%
<b>Unable to find employment<sup>*</sup></b>						37.6%	41.8%	26.5%	30.3%	15.4%
<b>Employed in California</b>	51.6%	71.6%	89.9%	89.8%	70.5%	75.6%	56.4%	54.0%	50.8%	56.3%

\*This option was added to the survey in 2009-10.

<sup>†</sup>Starting in 2011-2012, data may be influenced by the allocation of satellite campus data to their proper region.

<sup>‡</sup>This option was added to the survey in 2012-13.

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

<sup>4</sup> Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2013-2014, on average, the employment setting was unknown for 33% of recent graduates.

### Clinical Simulation in Nursing Education

Between 8/1/13 and 7/31/14, 26 of the 27 Bay Area nursing schools reported using clinical simulation<sup>5</sup>. The one school not using simulation reported that they started using it after 7/31/14. As in the previous year, the most frequently reported reasons for why schools used a clinical simulation center in 2013-2014 were to provide clinical experience not available in a clinical setting (92%), to reinforce didactic and clinical training and clinical decision making (85%), to standardize clinical experiences (73%), and to check clinical competencies (69%). In 2013-2014, the majority of schools also reported using clinical simulation to make up missed clinical experiences (69%). Of the 26 schools that used clinical simulation in 2013-2014, 46% (n=12) plan to expand its use.

**Table 13. Reasons for Using a Clinical Simulation Center\*, by Academic Year**

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
To provide clinical experience not available in a clinical setting	88.9%	76.9%	80.8%	88.9%	81.5%	88.5%	92.3%
To reinforce didactic and clinical training and clinical decision making							84.6%
To standardize clinical experiences	88.9%	76.9%	84.6%	92.6%	81.5%	84.6%	73.1%
To make up for clinical experiences	44.4%	38.5%	46.2%	51.9%	48.1%	65.4%	69.2%
To check clinical competencies	55.6%	53.8%	76.9%	63.0%	63.0%	65.4%	65.4%
To provide interprofessional experiences						50.0%	42.3%
To provide remediation							26.9%
To provide faculty development						26.9%	19.2%
To increase capacity in your nursing program	22.2%	11.5%	7.7%	7.4%	7.4%	7.7%	11.5%
To provide collaborative experiences between hospital staff and students						3.8%	3.8%
<b>Number of schools that use a clinical simulation center</b>	<b>18</b>	<b>26</b>	<b>26</b>	<b>27</b>	<b>27</b>	<b>26</b>	<b>26</b>

\*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.

Note: Blank cells indicate that those data were not requested in the given year.

<sup>5</sup> Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

### *Clinical Space & Clinical Practice Restrictions<sup>6</sup>*

The majority (80%, n=24) of Bay Area nursing programs reported being denied access to a clinical placement, unit or shift in 2013-2014. Of these programs, 75% (n=18) reported being denied access to clinical placements, 71% (n=17) were denied access to a clinical unit, and 42% (n=10) were denied access to a clinical shift. Access to an alternative clinical site depended on the type of space denied. Programs that were denied a previously secured clinical shift were offered alternatives by the same clinical site more frequently than were programs that had been denied a clinical placement or unit. In 2013-2014, 17% of programs that had been denied clinical placements, 35% of units and 80% of shifts were offered an alternative by the same clinical site. The lack of access to clinical space resulted in a loss of 76 clinical placements, 43 units and 12 shifts, which affected 619 students.

**Table 14. RN Programs Denied Clinical Space, by Academic Year**

	2010-2011	2011-2012	2012-2013	2013-2014
<b>Number of Programs Denied a Clinical Placement, Unit or Shift</b>	<b>23</b>	<b>16</b>	<b>24</b>	<b>24</b>
<b>Programs Denied Clinical Placement</b>	18	14	19	18
Programs Offered Alternative by Site	5	3	6	3
Placements Lost	112	39	74	76
Number of programs that reported	31	30	30	30
<b>Programs Denied Clinical Unit</b>	15	12	16	17
Programs Offered Alternative by Site	2	6	8	6
Units Lost	37	25	24	43
Number of programs that reported	31	30	30	30
<b>Programs Denied Clinical Shift</b>	10	7	11	10
Programs Offered Alternative by Site	7	7	7	8
Shifts Lost	11	4	17	12
Number of programs that reported	31	30	30	30
<b>Total number of students affected</b>	<b>694</b>	<b>152</b>	<b>592</b>	<b>619</b>

<sup>6</sup> Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

The share of Bay Area programs reporting competition for clinical space due to the number of nursing students in the region has been declining over the past five years and is no longer one of the most frequently reported reasons for clinical space being unavailable. In 2013-2014, staff nurse overload or insufficient qualified staff, implementation of electronic health records, visit from Joint Commission or other accrediting agency, and closure – or partial closure – of clinical facility were the most commonly reported reasons why Bay Area programs were denied clinical space. No Bay Area programs reported that the facility charging a fee for the placement was a reason for clinical space being unavailable.

**Table 15. Reasons for Clinical Space Being Unavailable\*, by Academic Year**

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Staff nurse overload or insufficient qualified staff	52.6%	65.2%	68.8%	45.8%	41.7%
Implementation of Electronic Health Records system			6.3%	45.8%	37.5%
Visit from Joint Commission or other accrediting agency				37.5%	33.3%
Closure, or partial closure, of clinical facility		26.1%	6.3%	20.8%	33.3%
Competition for clinical space due to increase in number of nursing students in region	79.0%	73.9%	50.0%	50.0%	29.2%
Decrease in patient census	36.8%	43.5%	37.5%	29.2%	29.2%
Displaced by another program	63.2%	39.1%	31.3%	33.3%	25.0%
Nurse residency programs	31.6%	13.0%	25.0%	0.0%	20.8%
Change in facility ownership/management		8.7%	18.8%	12.5%	16.7%
Facility moving to a new location					16.7%
No longer accepting ADN students	36.8%	17.4%	18.8%	16.7%	12.5%
Clinical facility seeking magnet status	47.4%	8.7%	18.8%	12.5%	4.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					0%
Other	10.5%	17.4%	18.8%	4.2%	8.3%
<b>Number of programs that reported</b>	<b>19</b>	<b>23</b>	<b>16</b>	<b>24</b>	<b>24</b>

\*Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

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

ADN programs reported staff nurse overload as the most frequently reported barrier to finding clinical space. For BSN programs, implementation of electronic health records, competition for clinical space due to increase in number of nursing students in the region, and change in facility ownership or management were the most commonly reported barriers to securing clinical space. For ELM programs, closure – or partial closure – of a clinical facility was the most commonly reported reason for unavailable clinical space, followed by staff nurse overload and implementation of electronic health records.

**Table 16. Reasons for Clinical Space Being Unavailable, by Program Type, 2013-2014**

	ADN	BSN	ELM	Total
Staff nurse overload or insufficient qualified staff	46.7%	16.7%	66.7%	41.7%
Implementation of Electronic Health Records system	20.0%	66.7%	66.7%	37.5%
Visit from Joint Commission or other accrediting agency	33.3%	33.3%	33.3%	33.3%
Closure, or partial closure, of clinical facility	26.7%	16.7%	100.0%	33.3%
Competition for clinical space due to increase in number of nursing students in region	20.0%	50.0%	33.3%	29.2%
Decrease in patient census	26.7%	33.3%	33.3%	29.2%
Displaced by another program	26.7%	33.3%	0.0%	25.0%
Nurse residency programs	20.0%	33.3%	0.0%	20.8%
Change in facility ownership/management	0.0%	50.0%	33.3%	16.7%
Facility moving to a new location	13.3%	33.3%	0.0%	16.7%
No longer accepting ADN students	20.0%	0.0%	0.0%	12.5%
Clinical facility seeking magnet status	6.7%	0.0%	0.0%	4.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	0.0%	0.0%	0.0%	0%
Other	13.3%	0.0%	0.0%	8.3%
<b>Number of programs that reported</b>	<b>15</b>	<b>6</b>	<b>3</b>	<b>24</b>

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. In 2013-2014, the most frequently reported strategy (75%) was to replace the lost clinical space at a different clinical site currently used by the nursing program. This strategy has become more common among Bay Area programs over the last three years. At least half of the programs also reported being able to add or replace lost space with a new site (58%) or replace lost space at the same clinical site (50%).

**Table 17. Strategies to Address the Loss of Clinical Space\*, by Academic Year**

	2011-2012	2012-2013	2013-2014
Replaced lost space at different site currently used by nursing program	56.3%	58.3%	75.0%
Added/replaced lost space with new site	56.3%	41.7%	58.3%
Replaced lost space at same clinical site	62.5%	45.8%	50.0%
Clinical simulation	50.0%	54.2%	45.8%
Reduced student admissions	6.3%	0.0%	0.0%
Other	6.3%	0.0%	0.0%
<b>Number of programs that reported</b>	<b>16</b>	<b>24</b>	<b>24</b>

\*Data collected for the first time in 2011-12.

The share of Bay Area nursing programs that reported using out-of-hospital clinical placements has declined over the past three years. In 2013-2014, only 23% (n=7) of Bay Area nursing programs reported an increase in out-of-hospital clinical placements. This represents a decrease from the 45% (n=14) of nursing programs reporting an increase in out-of-hospital clinical placements in 2010-2011. In 2013-2014, the most frequently reported non-hospital site was a public health/community health agency (reported by 71% of all responding programs). School health service and outpatient mental health or substance abuse facilities were also frequently reported as alternative clinical placement sites.

**Table 18. Alternative Clinical Sites Offered to RN Programs that Lost Clinical Space\*, by Academic Year**

	2010-2011	2011-2012	2012-2013	2013-2014
Public health or community health agency	57.1%	70.0%	50.0%	71.4%
School health service (K-12 or college)	50.0%	30.0%	37.5%	42.9%
Outpatient mental health/substance abuse	50.0%	50.0%	0.0%	28.6%
Skilled nursing/rehabilitation facility	42.9%	40.0%	25.0%	14.3%
Medical practice, clinic, physician office	14.3%	30.0%	25.0%	14.3%
Hospice	28.6%	30.0%	12.5%	14.3%
Home health agency/home health service	28.6%	20.0%	0.0%	14.3%
Case management/disease management	14.3%	0.0%	0.0%	14.3%
Surgery center/ambulatory care center	35.7%	20.0%	0.0%	0%
Renal dialysis unit	14.3%	10.0%	0.0%	0%
Occupational health or employee health service	7.1%	0.0%	0.0%	0%
Urgent care, not hospital-based	0.0%	0.0%	0.0%	0%
Correctional facility, prison or jail	0.0%	0.0%	0.0%	0%
Other		40.0%	0.0%	28.6%
<b>Number of programs that reported</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>7</b>

\*These data were collected for the first time in 2010-2011.

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

The number of Bay Area nursing schools reporting that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities has remained about the same over the last five years. The most common types of restrictions students faced continue to be access to the clinical site due to a visit from the Joint Commission or other accrediting agency (81%), access to electronic medical records (57%) and bar coding medication administration (57%).

**Table 19. Common Types of Restricted Access in the Clinical Setting for RN Students, by Academic Year**

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Clinical site due to visit from accrediting agency (Joint Commission)	72.7%	91.7%	77.3%	78.3%	81.0%
Electronic Medical Records	68.2%	41.7%	63.6%	69.6%	57.1%
Bar coding medication administration	68.2%	70.8%	68.2%	56.5%	57.1%
Glucometers	40.9%	54.2%	22.7%	43.5%	47.6%
Some patients due to staff workload		37.5%	59.1%	30.4%	47.6%
Automated medical supply cabinets	54.5%	37.5%	40.9%	52.2%	42.9%
Student health and safety requirements		50.0%	31.8%	43.5%	38.1%
IV medication administration	36.4%	45.8%	31.8%	30.4%	23.8%
Alternative setting due to liability	22.7%	16.7%	27.3%	17.4%	14.3%
Direct communication with health team	18.2%	12.5%	9.1%	13.0%	9.5%
<b>Number of schools that reported</b>	<b>22</b>	<b>24</b>	<b>22</b>	<b>23</b>	<b>21</b>

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

Schools reported that restricted student access to electronic medical records was due to clinical site staff still learning the system (80%) and insufficient time for clinical site staff to train students (60%). Schools reported that students were restricted from using medication administration systems due to liability (62%), clinical site staff still learning the system (46%), and limited time for clinical staff to train students (46%).

**Table 20. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration, 2013-2014**

	Electronic Medical Records	Medication Administration
Staff still learning and unable to assure documentation standards are being met	80.0%	46.2%
Insufficient time to train students	60.0%	46.2%
Liability	15.0%	61.5%
Staff fatigue/burnout	30.0%	30.8%
Cost for training	35.0%	38.5%
Patient confidentiality	25.0%	7.7%
Other	0%	0%
<b>Number of schools that reported</b>	<b>20</b>	<b>13</b>

Note: Data collected for the first time in 2013-2014.

The majority of nursing schools in the Bay Area compensate for training in areas of restricted student access by providing training in simulation lab (70%). Almost half (48%) of schools in the region ensure that all students have access to sites that train them in the area of restricted access.

**Table 21. How the Nursing Program Compensates for Training in Areas of Restricted Access**

% Schools	
Training students in the simulation lab	70.4%
Ensuring all students have access to sites that train them in this area	48.1%
Training students in the classroom	40.7%
Purchase practice software, such as SIM Chart	40.7%
Other	0%
<b>Number of schools that reported</b>	<b>27</b>

Note: Data collected for the first time in 2013-2014.

### Faculty Census Data<sup>7</sup>

On October 15, 2014, there were 938 total nursing faculty<sup>8</sup> teaching at Bay Area nursing program, 34% of whom (n=322) were full-time while 63% (n=591) were part-time. In addition, there were 92 vacant faculty positions. These vacancies represent an 8.9% faculty vacancy rate overall (10.8% for full-time faculty and 8.2% for part-time faculty).

**Table 22. Faculty Census Data<sup>†</sup>, by Year**

	2005*	2006	2007*	2008	2009	2010	2011	2012 <sup>‡</sup>	2013	2014*
<b>Total Faculty</b>	<b>623</b>	<b>652</b>	<b>802</b>	<b>855</b>	<b>836</b>	<b>875</b>	<b>932</b>	<b>788</b>	<b>885</b>	<b>938</b>
Full-time	190	237	334	333	321	319	314	244	283	322
Part-time	201	415	466	522	515	556	618	544	602	591
<b>Vacancy Rate**</b>	<b>5.5%</b>	<b>10.7%</b>	<b>4.8%</b>	<b>3.5%</b>	<b>3.9%</b>	<b>2.9%</b>	<b>4.1%</b>	<b>14.4%</b>	<b>9.7%</b>	<b>8.9%</b>
Vacancies	36	78	40	31	34	26	40	133	95	92

<sup>†</sup>Starting in 2012, data may be influenced by the allocation of satellite campus data to their proper region.

\*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>‡</sup>One program in the region did not report faculty data for the 2011-2012 survey.

In 2013-2014, the majority (89%, n=24) of Bay Area nursing schools reported that their faculty worked overloaded schedules. Of these schools, 92% (n=22) pay the faculty extra for the overloaded schedule.

**Table 23. Faculty with Overloaded Schedules\*, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Schools with overloaded faculty	17	17	21	19	20	24
Share of schools that pay faculty extra for the overload	94.1%	94.1%	90.5%	84.2%	90.0%	91.7%
<b>Total number of schools</b>	<b>26</b>	<b>26</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>

\*These data were collected for the first time in 2008-09.

<sup>7</sup> Census data represent the number of faculty on October 15<sup>th</sup> of the given year.

<sup>8</sup> Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

## Summary

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Over the past decade, the number of Bay Area pre-licensure nursing programs has grown by 7%, from 28 programs in 2004-2005 to 30 programs in 2013-2014. Despite this overall growth, the number of programs in the region has remained relatively constant over the last seven years. The number of nursing programs that partner with other schools that offer programs that lead to a higher degree has increased dramatically over the last nine years – from only 2 schools in 2005-2006 to 16 schools in 2013-2014.

Bay Area programs reported a total of 2,204 spaces available for new students in 2013-2014, which were filled with a total of 2,361 students. This represents the tenth consecutive year pre-licensure nursing programs in the Bay Area enrolled more students than were spaces available. Qualified applications to the region's programs in 2013-2014 totaled 7,060, 67% of which did not enroll.

In 2013-2014, pre-licensure nursing programs in the Bay Area reported 2,193 student completions. If new student enrollments continue to decline – as they have for the past four years – and retention rates remain between 80% and 85%, there will likely be fewer graduates from Bay Area nursing programs in the future. At the time of the survey, 24% of recent graduates from Bay Area RN programs were pursuing additional nursing education and 15% were unable to find employment in nursing.

Clinical simulation has become widespread in nursing education, with all but one nursing school in the Bay Area reporting using it in some capacity. Simulation is seen by schools as an important tool for providing clinical experiences that are otherwise unavailable to students, reinforcing didactic and clinical training and clinical decision making, standardizing students' clinical experiences, and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing that the majority (80%) of Bay Area programs are being denied access to clinical placement sites that were previously available to them. In addition, 78% of Bay Area nursing programs (n=21) reported that their students faced restrictions to specific types of clinical practice during the 2013-2014 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has increased significantly in the past ten years, faculty hires have not kept pace with the growth in Bay Area pre-licensure nursing programs. In 2013-2014, 92 faculty vacancies were reported, representing an 8.9% faculty vacancy rate overall (10.8% for full-time faculty and 8.2% for part-time faculty).

## APPENDICES

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### APPENDIX A – Bay Area Nursing Education Programs

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#### *ADN Programs (15)*

Cabrillo College  
Chabot College  
City College of San Francisco  
College of Marin  
College of San Mateo  
Contra Costa College  
De Anza College  
Evergreen Valley College

Los Medanos College  
Merritt College  
Napa Valley College  
Ohlone College  
Pacific Union College  
Santa Rosa Junior College  
Solano Community College

#### *LVN to ADN Programs Only (3)*

Gavilan College  
Mission College  
Unitek College

#### *BSN Programs (8)*

CSU East Bay  
Dominican University of California  
Holy Names University  
Samuel Merritt University  
San Francisco State University

Sonoma State University  
University of San Francisco  
The Valley Foundation School of Nursing at  
San Jose State University

#### *ELM Programs (4)*

Samuel Merritt University  
San Francisco State University  
University of California San Francisco  
University of San Francisco

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

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

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**AGENDA ITEM: 7.7**  
**DATE: April 2, 2015**

**ACTION REQUESTED:** Licensing Program Report

**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 within our regulation timeframes. Spring graduation is approaching and the Board is expecting another successful season.

The vacant Licensing Program manager position has been filled by Long Dau. Long was promoted on February 24<sup>th</sup> and brings with him his wealth of licensing knowledge having started with the BRN in 2006 with the Licensing Unit and worked diligently from a support staff to an analyst. He will continue his role as a BreEZe Subject Matter Expert by participating in DCA's BreEZe Report User Group and his new role as the chair of the Licensing User Group. With his promotion, the Board is currently working on revamping the vacated Associate Governmental Program Analyst position in Licensing. The position will continue to focus on Advanced Practice evaluations with emphasis on licensing statistics and training current and new staff on all business processes. The board has also advertised for a Supervising Program Technician I and Staff Services Analyst in the Licensing Unit.

We continue to improve processes within the Licensing Program and released the Nurse Anesthetist application online at the end of February. Once an applicant or licensee has created a BreEZe profile they can apply and pay for the Nurse Anesthetist certification application. The next application scheduled to go online is the Clinical Nurse Specialist certification. This is currently in the development/testing phase and expected to be released sometime in June 2015.

Licensing's Subject Matter Experts will meet with the DCA's SOLID Training and Planning Solutions Strategic Planners to map the Board's licensing types. The purpose of mapping the Board's licensing types will give us a better understanding of the licensing cycle processing times, additional ways to streamline process to ensure efficiency and will assist in determining the need for additional staff.

**STATISTICS:**

Board management and staff continue to work collaboratively on statistics with the Department of Consumer Affairs BreEZe Reports Team. Executive Order B-13-11 requires DCA to

establish licensing performance measures to implement a performance-based budgeting model for all Boards and Bureaus. The FY 2015-16 Budget states DCA will establish licensing performance measures and targets for all exam and initial license applications. The language also states that DCA will differentiate between incomplete applications and complete applications. This requires a standard method in Breeze for all Boards and Bureaus to differentiate between a complete and incomplete application and be able to measure how long the application was deficient in order to identify process efficiencies and inefficiencies as part of performance-based budgeting.

The BreZE system does not have a standard tool for all Boards and Bureaus to mark all exam and initial license applications as complete or deficient at time of initial review. To remedy this DCA is in the process of making changes to the BreZE system to include the addition of action steps which will allow the manual entry of deficiency start and end dates. This information is vital in providing statistical information for the licensing performance measures as well as assisting the BRN with determining timeliness in application processing. These changes are expected to be in place in July 2015 to ensure Boards are able to obtain an entire fiscal year worth of data.

**NEXT STEPS:** None.

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