STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

EDUCATION/LICENSING COMMITTEE MEETING

AGENDA

Hilton Los Angeles Airport
5711 West Century Blvd.
Los Angeles, CA 90045
(310) 410-4000

January 8, 2015

Thursday, January 8, 2015 09:00 am – 12:00 noon

7.0 CALL TO ORDER

7.1 VOTE ON WHETHER TO APPROVE MINUTES:
7.1.1 October 9, 2014

7.2 VOTE ON WHETHER TO RECOMMEND RATIFICATION OF MINOR CURRICULUM REVISION
7.2.1 United States University Entry Level Master's Degree Nursing Program
7.2.2 University of California, Irvine Baccalaureate Degree Nursing Program
7.2.3 De Anza College Associate Degree Nursing Program
7.2.4 Imperial Valley College Associate Degree Nursing Program
7.2.5 Merced College Associate Degree Nursing Program
7.2.6 Pasadena City College Associate Degree Nursing Program
7.2.7 Sacramento City College Associate Degree Nursing Program
7.2.8 Saddleback College Associate Degree Nursing Program
7.2.9 San Joaquin Valley College Associate Degree Nursing Program
7.2.10 Santa Barbara City College Associate Degree Nursing Program
7.2.11 Stanbridge College Associate Degree Nursing Program
7.2.12 Loma Linda University Nurse Practitioner Program
7.2.13 University of Phoenix Nurse Practitioner Program, Sacramento Valley Campus and Costa Mesa Campus (Ontario, Pasadena, Diamond Bar Learning Centers)

Acknowledge Receipt of Program Progress Report:
7.2.14 California Baptist University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
7.2.15 Charles Drew University Entry Level Master's Degree Nursing Program
7.2.16 CNI College Associate Degree Nursing Program
7.2.17 College of the Desert Associate Degree Nursing Program
7.2.18 East Los Angeles College Associate Degree Nursing Program
7.2.19 Kaplan College Associate Degree Nursing Program
7.2.20 Santa Ana College Associate Degree Nursing Program

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

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

7.3.1 Loma Linda University Baccalaureate Degree Nursing Program
7.3.2 Western Governors University Baccalaureate Degree Nursing Program
7.3.3 Bakersfield College Associate Degree Nursing Program
7.3.4 Fresno City College Associate Degree Nursing Program
7.3.5 Los Angeles Valley College Associate Degree Nursing Program
7.3.6 Merritt College Associate Degree Nursing Program
7.3.7 Riverside City College Associate Degree Nursing Program

7.4 VOTE ON WHETHER TO RECOMMEND CONTINUATION OF APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

7.4.1 Loma Linda University Nurse Practitioner Program

7.5 VOTE ON WHETHER TO RECOMMEND APPROVAL OF MAJOR CURRICULUM REVISION

7.5.1 California State University, Los Angeles Baccalaureate Degree Nursing Program and Entry Level Master's Degree Nursing Program

7.6 VOTE ON WHETHER TO RECOMMEND ACCEPTANCE OF FEASIBILITY STUDY FOR PRELICENSURE NURSING PROGRAM

7.6.1 Chamberlain College of Nursing Baccalaureate Degree Nursing Program
7.6.2 Career Care Institute Associate Degree Nursing Program

7.7 VOTE ON WHETHER TO RECOMMEND CHANGING PROGRAM APPROVAL STATUS FOR EVEREST COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

7.8 VOTE ON WHETHER TO RECOMMEND GRANTING AN EXTENSION OF THE DEADLINE FOR INITIAL PROGRAM APPROVAL UNTIL JUNE 2015 FOR FOUR-D COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

7.9 VOTE ON WHETHER TO RECOMMEND APPROVAL OF THE EDUCATION/ LICENSING COMMITTEE 2015-2017 GOALS AND OBJECTIVES

7.10 2013-2014 ANNUAL SCHOOL SURVEY REPORTS (DRAFT)

7.11 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

7.12 ADJOURNMENT

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

NOTICE: All times are approximate. Meetings may be canceled without notice. For verification of meeting, call (916) 574-7600 or access the Board's Web site www.rn.ca.gov under "Meetings."
The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

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

BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE MINUTES

DRAFT

DATE: October 9, 2014

TIME: 0900-1200

LOCATION: Hilton Garden Inn San Francisco/Oakland Bay Bridge
1800 Powell Street
Emeryville, CA 94608

PRESENT: Michael Jackson, MSN, RN, Chairperson
Beverly Hayden-Pugh, MA, RN
Raymond Mallel
Jeanette Dong

STAFF PRESENT: Louise Bailey, Executive Officer; Stacy Berumen, AEO; Miyo Minato, SNEC; Katie Daugherty, NEC; Shelley Ward, NEC; Kay Weinkam, NEC; Laura Shainian, NEC; Janette Wackerly, SNEC; Lori Chouinard, NEC; Carol Velas, NEC; Susan Engle, NEC; Carol Mackay, NEC; Badrieh Caraway, NEC; Leslie A. Moody, NEC.

7.0 CALL TO ORDER

Michael Jackson called the meeting to order at 0910 AM and Committee members introduced themselves.

7.1 VOTE ON WHETHER TO APPROVE MINUTES

ACTION: The minutes of May 7, 2014 and August 7, 2014 were approved as presented.
M/S/C: Michael Jackson/Beverly Hayden-Pugh.
Public input: None.

7.2 VOTE ON WHETHER TO RATIFY MINOR CURRICULUM REVISION AND ACKNOWLEDGE RECEIPT OF PROGRAM PROGRESS REPORT

7.1.1 Loma Linda University Baccalaureate Degree Nursing Program
7.1.2 Biola University Baccalaureate Degree Nursing Program
7.1.3 Bakersfield College Associate Degree Nursing Program
7.1.4 Los Angeles Trade Technical College Associate Degree Nursing Program
7.1.5 San Joaquin Valley College Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

7.1.6 California Baptist University Baccalaureate Degree Nursing Program
7.1.7 Concordia University, Irvine Baccalaureate Degree Nursing Program
7.1.8 Holy Names University LVN to RN Baccalaureate Degree Nursing Program
7.1.9 Carrington College LVN to RN Associate Degree Nursing Program
7.1.10 Southwestern College Associate Degree Nursing Program

Leslie A. Moody, NEC presented this report.
ACTION: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report as presented.
M/S/C: Michael Jackson/Jeanette Dong.
Public input: None.

7.3 VOTE ON WHETHER TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

7.3.1 American University of Health Sciences Baccalaureate Degree Nursing Program.

Dr. Anita Bralock, Dean/Program Director, Dr. Joyce Newman Giger, President, and Pastor Gregory Johnson, COO, represented the program.

Leslie A. Moody, NEC presented this report. The program is being presented to ELC subsequent to the Board's action on February 6, 2013 to defer action to continue approval of AUHS BSN Program for the non-compliance finding related to CCR Section 1431 Licensing Pass Rate Standard lower than 75%. An initial plan for corrective actions, which included revising admission standards and a major curriculum revision, was Board approved June 2013. In August 2013 the Board received a progress report that provided a detailed analysis of student profiles, data, and plan for continuing improvement based on their evaluation. The school identified that comprehension of English language was one major concern for their students - 88.9% of graduates who failed the NCLEX-RN exam in 2012-2013 were of Asian ethnicity with English as a second language. Further program corrections focused on improving students' comprehension, interpretation, and deciphering of questions, in addition to their testing strategies. Subsequently, the program submitted a third progress report providing a detailed update on their plan to improve student success which reflected ongoing monitoring of students' achievement and included multiple improvement measures. The 2013-14 annual report for AUHS NCLEX-RN exam outcomes reflects an 80% pass rate placing the program in full compliance with CCR Section 1431.

ACTION: Continue Approval of American University of Health Sciences Baccalaureate Degree Nursing Program.

M/S/C: Michael Jackson/Jeanette Dong.

Public input: None.

7.3.2 De Anza College Associate Degree Nursing Program.

Ms. Judith Clavijo, Program Director.

Susan Engle, NEC presented this report. A continuing approval visit was conducted April 22-24, 2014 by Nursing Education Consultants Kelly McHan and Susan Engle. The program was found to be in compliance with regulation and BRN guidelines. Six recommendations related to three regulations were made; CCR Section1425.1(a) with reference to 1424(d) and 1414(h) Faculty, CCR Section 1424(b)(1) Total Program Evaluation Plan, and CCR 1424(d) Resources. Resources include a nursing skills lab with beds, headwalls, mannequins, and other anatomical models and training units to accommodate the student enrollment. Separate lab rooms for maternal/child simulators and high-fidelity adult simulators are adjacent. The college is in the process of enhancing simulation experiences through the addition of 4 video cameras in the high-fidelity simulation lab and installing a viewing/debriefing room with four screens and other technological resources for enriched learning through human simulator technology. A health careers resource center shared with other disciplines in the Biological Sciences Division, but located in the nursing department, contains study tables, computers, current textbooks and videos for student use. The program utilizes an online course management system. Strengths: The program enjoys a stable full-time faculty and students voiced admiration for faculty's clinical expertise in their respective nursing areas. Students affirm that faculty members are responsive and supportive, with particular appreciation directed toward the program director. Challenges: The program has experienced decreasing clinical sites as some facilities have withdrawn affiliation.

NCLEX outcomes have ranged from 76% to 90% over academic years 2009/2010 – 2012-2013.

	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	ANNUAL RATE
2009-2010	18 taken; 16 passed 88.89%	8 taken; 5 passed 62.50%	24 taken; 20 passed 83.33%	35 taken; 32 passed 91.43%`	85 taken; 73 passed 85.88%

2010-2011	23 taken; 14 passed 60.87%	4 taken; 2 passed 50%	21 taken; 16 passed 76.19%	27 taken; 25 passed 92.59%	75 taken; 57 passed 76.0%
2011-2012	21 taken; 20 passed 95.24%	3 taken; 1 passed 33.33%	18 taken; 18 passed 100%	18 taken; 15 passed 83.33%	60 taken; 54 passed 90.00%
2012-2013	20 taken; 18 passed 90.0%	4 taken; 4 passed 100%	18 taken; 16 passed 88.89%	17 taken; 14 passed 82.35%	59 taken; 52 passed 88.14%
2013-2014	19 taken; 13 passed 68%	6 taken; 3 passed 50.0%	8 taken; 6 passed 75%	**18 taken; 14 passed 77.78%**	**52 taken; 36 passed 69.23%**

Since the continuing approval visit, the 2013/14 NCLEX pass rates were made available. The finding for DeAnza College Nursing program does not meet the threshold of 75%. The program director received written notice of the program's non-compliance with CCR Section 1431 Licensing Examination Pass Rate Standard. Management of Pre-licensure Nursing Program Substandard NCLEX-RN Performance procedure will be followed.

Ms. Clavijo reported that the sim lab is now better equipped and multiple steps have been taken to improve NCLEX. Beverly Hayden-Pugh and Jeanette Dong asked questions regarding the program's efforts to thoroughly analyze the issues related to English language problems and whether the program was utilizing the college's resources to support students with learning disabilities. Ms. Clavijo assured that all student services resources will be accessed. Susan Engle, NEC clarified that this was the program's first year of noncompliance with the minimum 75% NCLEX pass rate (CCR Section 1431) and that the Board procedure would be followed for managing this area of concern.

ACTION: Continue Approval of De Anza College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Beverly Hayden-Pugh.
Public input: None.

7.4 VOTE ON WHETHER TO APPROVE MAJOR CURRICULUM REVISION

7.4.1 University of San Francisco Baccalaureate Degree Nursing Program.

Dr. Judith Karshmer, Professor and Dean of the School of Nursing and Health Professions, Dr. Patricia Lynch, Associate Dean, and Ms. Octavia Struve, Assistant Director, represented the program .

Kay Weinkam, NEC presented this report. The Board granted continuing approval to the University of San Francisco Baccalaureate Degree Nursing Program on September 23, 2009. There were no areas of non-compliance. The average NCLEX pass rates for the academic years 2008-2009 through 2012-2013 is 88%. The Board also approved a major curriculum change for the baccalaureate degree nursing program in September 2009. Since then, there have been three approved minor curriculum changes, the most recent in June 2013. Although the program presented new curriculum forms with its proposal, and they are included in these materials, the curriculum replicates what has already been last approved in 2013 for the baccalaureate degree program. The University of San Francisco has operated a branch campus in Sacramento for over thirty years, offering bachelors' and masters' degree programs, and is requesting approval to offer its Board-approved baccalaureate in nursing program at this Sacramento campus. The School of Nursing and Health Professions has established a partnership with the VA Northern California Health Care System (VANCHCS) and is one of three national partnerships to receive funding from the VA with a Veterans Administration Nursing Academic Partnership Grant. This grant will to enable the partnership to collaboratively prepare a nursing workforce that has experience with the growing patient population of veterans. The program will enroll twenty students once a year. Although it will provide priority admission to veterans, the program will also be attractive to those students who are committed to providing professional nursing care to the veteran population. This would then have the effect of increasing the number of baccalaureate-prepared nurses for the eleven sites within the VANCHCS. There will be an assistant director on site to provide support and supervision for the Sacramento campus. The faculty will coordinate the skills lab, including supervision of skills practice during the open lab time. There will be a half-time program assistant available the first year of the program. The Program has addressed the resources

available in its original proposal as well as supplemental material. The clinical sites that will be used for this program are: The outpatient clinic, Center for Rehabilitation and Extended Care, Community Living Center, and ambulatory surgery center in Martinez; the outpatient clinic at McClellan; the Sacramento VA Medical Center; and the David Grant USAF Medical Center at Travis AFB. Each cohort for clinical rotations will consist of five students.

Michael Jackson asked about pediatric rotations to which the program representative clarified that peds rotations are scheduled in settings primarily outpatient which have strong RN roll and will provide appropriate experiences including such as IV therapy. The program director confirmed that military veterans will receive a discount and that VA funding as well as faculty sharing provide program support. Ray Mallel asked whether recruitment of students targeted veterans to which the program director replied that recruitment efforts included activities at veteran's centers and the Joining Forces Campaign for all service branches. Committee members asked about credit for prior military coursework and experience. Program representative advised that evaluation of all prior coursework and experience is managed by the college's evaluation center, and that military course credit was usually found to apply to the college's EMT program but not equivalent for nursing courses. Michael Jackson asked whether non-citizen students would be excluded since the program uses military clinical facilities. The program director advised it would not be prohibitive but would take longer to process these students.

ACTION: Approve Major Curriculum Revision for University of San Francisco Baccalaureate Degree Nursing Program.

M/S/C: Michael Jackson/Jeanette Dong.

Public input: Dr. Tammy Altmann from San Francisco State University expressed concerns regarding the impact on clinical placements for existing programs also utilizing the military clinical facilities, reporting that SFSU clinical placements were already affected. It was clarified that SFSU had been asked to change their regular schedule to an alternate day for one semester. Jeanette Dong advised that this conflict is not within the authority of the BRN to resolve, and that concerns should be discussed with the VA and then with the congressional representative for assistance if needed.

7.4.2 Antelope Valley College Associate Degree Nursing Program

Dr. Karen Cowell, Dean, Health Sciences, Director of Nursing represented the program.

Laura Shainian, NEC presented this report. The program has submitted a major curriculum revision proposal to be implemented Fall 2015. The revision is being made to strengthen the program and align the curriculum with the transfer model curriculum. There have been two previous major curriculum revisions (1980 and 2008). This proposal involves extensive changes that reflect revisions to the program philosophy & conceptual framework, graduate learning outcomes, the curricular plan and hours, course content and units, and the evaluation process. The changes will apply to generic, LVN-to-RN, and 30-unit option students.

A summary of changes was presented. The revised units are: Nursing Units decreased from 40.5 to 36 units: Theory decreased from 20.5 to 18 units; Clinical decreased from 20 to 18 units. Total Units for Licensure decreased from 65.5 to 61 units. No changes to Communication and Science units. Other degree requirements increased from 7 to 13 units to align with requirements for the transfer model curriculum, as well as CSU and AVC graduation requirements. Total Units for Graduation increased from 72.5 to 74. This proposal meets BRN rules and regulations and details of the curriculum changes are outlined in the attachments to this Agenda Item Summary.

Dr. Cowell added that this revision will better align the program curriculum with CSU requirements for transfer, and will also provide an improved experience for LVN to RN students.

ACTION: Approve Major Curriculum Revision for Antelope Valley College Associate Degree Nursing Program.
M/S/C: Michael Jackson/Beverly Hayden-Pugh.
Public input: None.

7.4.3 East Los Angeles College Associate Degree Nursing Program
Ms. Lurelean Gaines, Program Director/Chairperson represented the program.
Shelley Ward, NEC presented this report. The program submitted a major curriculum revision as required by the Board (letter dated July 31, 2014), responding to the area of non-compliance - CCR Section 1426 (b) Required Curriculum, identified during the October 2013 continuing approval visit. The faculty defined four goals to influence achieving the ADN program mission, and to guide student instruction and the achievement of program/objectives outcomes; redeveloped vision and values statements; and revised the program philosophy statement, program outcome indicators and terminal outcomes/objectives that serves as the basis of the curriculum. The revisions focus on the major initiatives of incorporating all curriculum plan required elements as stated in Nursing Practice Act regulation with NCLEX-Test Plan elements, and ensuring it is reflective of current healthcare trends and initiatives. The curriculum was redesigned to include seven major concepts in which related competencies are clearly defined. The intent is to position students to have the knowledge, skills and abilities to function and meet the minimum competency standards of a registered nurse. All theory and clinical courses have been modified to include the major concepts and the specific competencies required to meet course objectives and program outcomes. All program syllabi have been revised. The clinical evaluation tool has been redesigned to reflect the concepts; sub-concepts within the context of (5) course specific performance levels defined as Fundamental, Beginning Novice, Novice, Intermediate Novice, and Advanced Beginner consistent with the program's philosophy. Each course contains the specific theory and clinical course objectives, and competencies to measure student performance. The program intends to strengthen a student- centered approach for the integration of theory and clinical practice with the use of simulation and with the variety of planned learning experiences in the clinical setting. The program uses an 18-week semester system. The units of theory and clinical instruction remain the same and are as follows: Total nursing units: 41.5 (theory units: 23.5; clinical units: 18); Communication Units: 6; Science Units: 21 or 22; Total Units for Licensure: 68.5 or 69.5; Other Degree Requirements: 12; Total Units for Graduation: 80.5 or 81.5. Faculty intends to implement the curriculum with newly enrolled students in Spring 2015. The major curriculum revision meets BRN requirements.
Michael Jackson asked for clarification regarding whether the program remains on Defer Action To Continue Approval status. Shelley Ward advised that the program remains on Defer Action related to the substandard NCLEX performance and will return to ELC at the August 2015 meeting for a progress report.
ACTION: Approve Major Curriculum Revision for East Los Angeles College Associate Degree Nursing Program.
M/S/C: Jeanette Dong/Michael Jackson.
Public input: None.

7.4.4 Santa Rosa Junior College Associate Degree Nursing Program
Dr. Anna Valdez, Director ADN Program represented the program.
Janette Wackerly, SNEC presented this report. The director and faculty are requesting approval to change the conceptual framework for the ADN curriculum from Orem's Self Care Deficit Theory to the "Readiness for Practice" model. The rationale for revising the conceptual framework is that faculty determined the new model will better prepare the graduates for contemporary nursing practice. The

proposed model consists of seven major concepts that form the framework for the curriculum and five integrated processes are threaded through all levels in the curriculum. The seven major concepts include Safety, Quality Improvement, Informatics and Evidence- based Practice, Collaboration and Teamwork, Patient and Family -Centered Care, Psychosocial Integrity and Physiological Integrity. The five integrated process threaded through all levels in the curriculum are Nursing Process, Critical Thinking, Pharmacological and Parental Therapies, Health Promotion, and Teaching and Learning. Both the conceptual framework and the integrated processes draw heavily from two primary sources: The Quality and Safety in Nursing Education (QSEN) Prelicensue Knowledge, Skills and Attitudes; Client Needs as set forth in the current edition of the National Council of State Boards (NCSBN) of Nursing's NCLEX-RN Test Plan. The proposed revisions to the conceptual framework will allow for better alignment with the concepts outlined in CCR 1426. The request for revision does not require any changes to the total curriculum plan. Course numbers, descriptions, and primary content will remain unchanged. Changes include removal of Orem's Theory language/instruction and greater emphasis placed on concepts of safety, collaborative and evidence-based practice and information technology.

Michael Jackson and Raymond Mallel asked for further information regarding Orem's Self-Care Deficit Theory and differences between contemporary theories. Dr. Valdez provided additional information.

ACTION: Approve Major Curriculum Revision for Santa Rosa Junior College Associate Degree Nursing Program.

M/S/C: Michael Jackson/Jeanette Dong.

Public input: Dr. Joyce Giger expressed concern that the program's new model may not address culturally competent care and advised that the goal should be to teach nursing care rather than teaching to the test. Dr. Valdez agreed to the importance of culturally competent care and elaborated that one of the program's seven core concepts included patient centered culturally competent care.

7.5 VOTE ON WHETHER TO CHANGE WARNING STATUS WITH INTENT TO WITHDRAW APPROVAL FOR SAN JOAQUIN VALLEY COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Dr. Janine Spencer, Program Director, and Tammy Olsen, Academic Dean represented the program.

Susan Engle, NEC presented this report. Dr. Janine Spencer, SJVC nursing program director, has submitted a request to remove the program from warning status and to enroll thirty-six LVN-RN students. The Board, at its November 6, 2013 meeting, placed San Joaquin Valley College nursing program on "Warning Status with Intent to Withdraw Program Approval" and to "restrict program admissions to twenty-four LVN-RN students January 2014 until the program's December 2013 LVN-RN students NCLEX-RN results are available and found to be at or above the minimum pass rate of 75%." The finding for the December 2013 LVN-RN NCLEX-RN pass rate is 70.8% (24 taken). This pass rate is not in compliance with the Board action. The program restricted enrollment of the LVN-RN students January 2014 to twenty-four. The program implemented a Board approved major curriculum revision in January 2014 which was purposefully developed with a focus on improving outcomes for the LVN-RN cohort. The impact of the curriculum revision will not be evident until the January 2014 LVN-RN students graduate December 2014 and have taken the NCLEX exam in 2015. The program has received ongoing consultation from the NEC assigned to the program. On April 9, 2014 Kelly McHan and I met with the Dr. Spencer, program director; Kathy Defede, assistant director; Donald Wright, Campus Director; Greg Osborn, Director of Corporate Compliance at which time the program's NCLEX pass rate and the BRN standard were discussed. On September 15, 2014 I spoke with Dr. Spencer and Greg Osborn. Dr. Spencer

and Greg Osborn are aware of the Board's action for the LVN-RN December 2013 graduates NCLEX pass rate requirement. Initial program approval was granted for an LVN-RN program in 2005 and in June 2008 approval was granted for a generic program. A regularly scheduled continuing approval visit was conducted in October 2011 resulting in findings of noncompliance in six areas, including CCR Section 1431. Licensing Examination Pass Rate Standard which requires a minimum performance of 75% pass for first time NCLEX-RN test-takers, with the program's performance 2010/11 53.95%. By April 2012 all areas of noncompliance were resolved with the exception of the NCLEX-RN pass rate which continued to be substandard with 2011-12 pass rate of 60.29%. A progress report was presented at the October 2013 Education/Licensing Committee meeting which identified that the program had conducted an analysis and identified that it was primarily the LVN-RN students experiencing difficulty with NCLEX-RN passing. Corrective measures were implemented but LVN-RN NCLEX-RN performance had not yet achieved minimum performance threshold. Consequently, on November 6, 2013, the Board placed the program on Warning Status with Intent to Withdraw Program Approval and restricted program admission of LVN-RN students to only one additional LVN-RN cohort limited to twenty-four (24) students in January 2014 with no further additional enrollment of LVN-RN students until NCLEX-RN results of LVN-RN cohort graduating December 2013 are available and found to be at or above the minimum pass rate of 75%.
Jeanette Dong asked for clarification of the NCLEX pass rate information. Dr. Spencer explained that the data presented in the report reflected improved pass rate by cohort for students recently completed. Susan Engle additional clarified that compliance with the required minimum 75% pass rate is measured by annual pass rate, and not by cohort performance. Dr. Spencer added that there have been signification changes implemented and that prior students who performed poorly on NCLEX were those who had significant delays between graduation and NCLEX examination.
ACTION: Grant Continuing Approval to San Joaquin Valley College Associate Degree Nursing Program with LVN-RN student enrollment limited to twenty-four per year.
M/S/C: Michael Jackson/Raymond Mallel. Jeanette Dong abstained from voting.
Public input: None.

7.6 VOTE ON WHETHER TO GRANT INITIAL APPROVAL OF PRELICENSURE NURSING PROGRAM

7.6.1 American Career College Associate Degree Nursing Program

Ms. Ellen M. Lewis, Program Director, Mr. Thomas McNamara, President, and Darcy Dauderis, Vice President represented the program.

Shelley Ward, NEC presented this report. The feasibility study for the proposed program was accepted by the Board at the February 6, 2014 meeting. An initial program approval site visit for the American Career College Associate Degree in Nursing program at the Los Angeles campus location was conducted on August 5, 2014 by Shelley Ward, NEC. The program was found to be in compliance with the Board's rules and regulations. A history of the college was presented and noted that American Career College (ACC) is a private post-secondary institution approved by way of accreditation (institutional) to operate and offer Associate Degree programs by the State of California's Bureau for Private Postsecondary Education (BPPE). ACC has been accredited by the Accrediting Bureau of Health Education Schools (ABHES) since 1982, and accreditation is granted through December 2017. The college offers both diploma and associate degree programs in twelve (12) specialized allied health disciplines, in which programmatic accreditation when applicable, is maintained and is in good standing. American Career College has locations in Los Angeles, Orange County, Long Beach, Lynwood (at St. Francis Medical Center) and Ontario. The college offers a vocational nursing education program. The college has provided notification to both ABHES and to BPPE regarding the establishment of the ADN program.

The Los Angeles campus of American Career College physical characteristics, campus resources, program leadership and faculty were described. A faculty hiring and staffing plan based on the enrollment of (30) students twice a year for the first two years of the program has been generated. The program intends to initiate the program with generic student enrollment (February 2015 and September 2015). The generic ADN program curriculum is intended to be completed in (20) continuous months (1.6 years), and includes the content required for licensure and college degree requirements. It is designed to offer an Associate of Science in Nursing Degree upon program completion. The curriculum plan was explained. Use of clinical simulation is included in the curriculum design. Clinical sites were reviewed and it was noted that some new facilities have replaced agencies presented in the feasibility study in part related to changes in the organizational structure at certain facilities. During site visits clinical facility representatives expressed that satisfaction with other American Career College education programs as being a factor in deciding to accept the ADN program students, and that adding the students would not displace other R.N. program students. NCLEX/PN First-Time Pass Rates for the Los Angeles campus were reviewed. The ADN program will have a full-time retention specialist with similar qualifications as nursing faculty to promote student success and anticipates future enrollment of LVN-ADN curriculum option students.
ACTION: Grant Initial Approval for the American Career College Associate Degree Nursing Program, Los Angeles Campus, with enrollment of thirty students twice per year.
M/S/C: Michael Jackson/Jeanette Dong.
Public input: None.

7.6 BRN 2013-2014 ANNUAL SCHOOL SURVEY
Leslie A. Moody, NEC presented this information only report written by Julie Campbell-Warnock, Research Program Specialist. The BRN 2013-2014 Annual School Survey is available online for nursing programs to complete. The BRN requests nursing programs to complete the survey as soon as possible so data can be compiled and reported in a timely manner. The deadline for submitting responses is November 14, 2014. The time period for the data being collected is from August 1, 2013 to July 31, 2014 and the survey census date is October 15, 2014. All nursing program directors in California should have received e-mail notification of the survey on October 1, 2014. In order for schools to obtain access to the survey in a timely manner, they are asked to notify the BRN of any program director email address changes as soon as possible, or if email notification regarding the survey is not received. The survey collects data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. While much of the content remains similar, revisions are made in order to collect more accurate data or to obtain information on current issues. The UCSF research center completes the data collection and reporting on behalf of the BRN. Reports compiled from data collected from previous surveys can be found on the BRN Web site at http://rn.ca.gov/forms/pubs.shtml. Assistance for survey respondents is available from the BRN's Nursing Education Consultants and research specialist for content and from UCSF staff for technical issues. The Board anticipates that a draft statewide report will be available for the January/February 2015 Education Licensing Committee meeting and regional reports in March/April 2015. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas.
Public input: None.

7.8 PUBLIC COMENT FOR ITEMS NOT ON THE AGENDA
Public input: None.

7.9 ADJOURNMENT
Meeting adjourned at 11:15am.

Submitted by:

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

Accepted by:

Michael Jackson, MSN, RN
Chairperson

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2
DATE: January 8, 2015

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

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

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

Minor Curriculum revisions include the following categories:

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

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

7.2.1 United States University Entry Level Master's Degree Nursing Program
7.2.2 University of California, Irvine Baccalaureate Degree Nursing Program
7.2.3 De Anza College Associate Degree Nursing Program
7.2.4 Imperial Valley College Associate Degree Nursing Program
7.2.5 Merced College Associate Degree Nursing Program
7.2.6 Pasadena City College Associate Degree Nursing Program
7.2.7 Sacramento City College Associate Degree Nursing Program
7.2.8 Saddleback College Associate Degree Nursing Program
7.2.9 San Joaquin Valley College Associate Degree Nursing Program
7.2.10 Santa Barbara City College Associate Degree Nursing Program
7.2.11 Stanbridge College Associate Degree Nursing Program
7.2.12 Loma Linda University Nurse Practitioner Program
7.2.13 University of Phoenix Nurse Practitioner Program, Sacramento Valley Campus and Costa Mesa Campus (Ontario, Pasadena, Diamond Bar Learning Centers)

Acknowledge Receipt of Program Progress Report:

7.2.14 California Baptist University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
7.2.15 Charles Drew University Entry Level Master's Degree Nursing Program
7.2.16 CNI College Associate Degree Nursing Program
7.2.17 College of the Desert Associate Degree Nursing Program
7.2.18 East Los Angeles College Associate Degree Nursing Program
7.2.19 Kaplan College Associate Degree Nursing Program
7.2.20 Santa Ana College Associate Degree Nursing Program

NEXT STEP: Place on Board Agenda.

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

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 8, 2015

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
United States University Entry Level Master's Degree Nursing Program	L. Moody	12/09/2014	NUR 340/340L Nursing Care of the Critically Ill Adult and Older Adult and clinical will be re-sequenced to be the next to the last program course. NUR 460 Nursing Leadership and NUR 460L clinical will be the terminal program course. This will provide remediation time prior to program end for any students who have difficulty with the content of NUR340/340L. There is no change in units or content for either course. A one-time revision in program delivery will be allowed for cohort 9 which is the only student cohort currently in progress. The terminal program course will be delayed 8 weeks during which students will have a break 4/27-6/28/2014 from coursework and the program will provide NCLEX prep activities. This will allow students to be in the final course and still enrolled when CCNE conducts the program accreditation visit in September. All cohort students have requested and agreed to this revision that results in delay of program completion as they wish to have the benefit of graduating from an accredited program. Cohort 10 students will complete the program on 9/4/2015.
University of California, Irvine Baccalaureate Degree Nursing Program	C. Velas	12/05/2014	The program reported a decrease in units/hours for two courses. NS175L-Clinical Preceptorship currently 8 units will decrease to 6 units with a reduction in clinical hours from 240 to 180. NS140-Human Behavior and Mental Health, currently 8 units will decrease to 7 units with a reduction in clinical hours from 120 to 90. Program cited difficulty in clinical placements with current requirement. This change will decrease total clinical units from 30 to 27 quarter units. CRL/TCP forms updated to reflect the change.
De Anza College Associate Degree Nursing Program	S. Engle	11/24/2014	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 69.23% for 52 first time test takers. The program has submitted a comprehensive assessment and action plan to improve the annual pass rate.
Imperial Valley College Associate Degree Nursing Program	L. Chouinard	10/07/2014	Starting with the class admitted Fall 2015, IVC will delete one (1) unit Nursing Trends course. Content is covered in other Medical-Surgical courses, specifically Nursing 227 in the fourth semester. This change will decrease the

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 8, 2015

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			number of total nursing units required from 38.5 to 37.5 and is closer to the 36 units currently recommended in the newly proposed state community college Transfer Model Curriculum. CRL/TCP forms updated to reflect the change.
Merced College Associate Degree Nursing Program	K. Daugherty	10/28/14	Decrease the total number of units in the CRL science area from 30 to 27 units. Program students no longer have to take coursework in B1 and B2 to graduate. The college now has only a B area thus the program was able to eliminate the need for the previous B1 Physical Science requirement (3 units Chem). Total nursing theory and clinical units unchanged at 41 units. This change reduces the CRL and graduation requirements from 78 to 75 units.
Pasadena City College Associate Degree Nursing Program	B. Caraway	10/29/2014	The program reported proposed change in admission policy. The Pasadena City College (PCC) RN program has previously admitted 60 beginning students (NURS50) to the program each Fall and Spring semester for total 280 RN students. Student enrollment will be reduced from total of 280 to 260, for spring 2015 and 250 for Fall 2015. Program will admit 40 beginning students (NURS 50) Spring 215, and 50 beginning students (NURS 50) Fall 2015. Decreasing enrollment will allow the program to resolve several issues currently facing, such as clinical placement, decrease number of faculty due to illness, and limited class rooms and skills lab space availability due to nursing program move to the Continuing Education Center in 2012. The PCC RN program also admits 20 LVN career ladder students into NURS52 each semester. This admission policy will not change. There are no changes in units, and courses of the proposed curriculum.
Sacramento City College Associate Degree Nursing Program	K.Daugherty	11/24/14	Effective Spring 2015 only, clinical placements for all four semesters for the main and extended campus options will be adjusted/changed placing students at alternate facilities to accommodate the implementation of the EMR at Sutter General and Sutter Memorial Hospitals.
Saddleback College Associate Degree Nursing	B. Caraway	09/17/2014	Program is changing the teaching modality of N161: Life cycle 11: Growth and Development course to include online internet capability. This change will

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 8, 2015

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Program			assist the student in accessing a required nursing course on line and allows the program to offer both the on campus classes as well as internet versions of the class. The course content and objectives will remain unchanged. The revised curricular changes have no impact on the total program units. This change will be implemented beginning Fall 2014.
San Joaquin Valley College Associate Degree Nursing Program	S. Engle	11/21/2014	Change in course numbers to RN 24, 24L Beginning M/S, 23, 23L Maternal/Newborn, 37, 37L Pediatrics, 46, 46L Adv. M/S, 44 Leadership for the LVN-RN option and 44 Leadership for Generic RN program. No changes were made to course content, sequencing or program units. These revisions will be noted in curriculum and college materials.
Santa Barbara City College Associate Degree Nursing Program	C. Velas	10/29/2014	The program reported the change to BMS127-Medical Microbiology course from 5units to 4units and added BMS157-General Microbiology-4units so students have the option to take one of the two Microbiology courses as a prerequisite to the nursing program. This change will decrease the Science Units from 19units to 18units. CRL/TCP forms updated to reflect the change. This change will become effective January, 2015.
Stanbridge College Associate Degree Nursing Program	B. Caraway	10/24/2014	The program reported changes to admission requirements. GPA is being lowered from 2.7 to 2.5 and they are accepting courses beyond their cut off of five years for sciences for those individuals who have a baccalaureate and involved in biology field. There are no changes in units, and courses of the proposed curriculum.
Loma Linda University Nurse Practitioner Program	C. Mackay	10/22/2014	Multiple curricula changes reported involving course numbers, titles, and units. The new courses are: NRSG 515 Health Policy 3 units; NSRG 547 Nursing Leadership: Principles and Practice 3 units; RELE 524 Bioethics and Society 3 units; PHSL 588 Pathophysiology 4 units; NRSG 652 Family Nurse Practitioner-1 4 units 2 didactic, 2 clinical; and, NRSG 535 Pediatrics-1 4 units, didactic. NRSG 684 Research Methods is now offered over one quarter instead of two. AGNP track replaced NRSG 624 with NRSG 564 Primary Care Adult-Gerontology: Fragile Elders 4 units: 3 didactic, 1 clinical. FNP track added NRSG 650 Family Nurse Practitioner; Child and Adolescent 5 units: 3 didactic,

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 8, 2015

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			2 clinical. A new population track, Psychiatric Nurse Practitioner, was added to the NPP. The new track reflects national Psychiatric NP standards and meets BRN requirements. The course work is organized similar to the other NP tracks. The graduate MSN core courses and the 3 Ps (Pharmacology in Advanced Practice 1 & 2, Pathophysiology, and Advanced Physical Assessment) are successfully completed prior to advancing to the concurrent theory and clinical population focus courses. The MSN Psychiatric NP track requires 70 academic quarter units; 19 units of clinical practice (570 hours).
University of Phoenix Nurse Practitioner Program, Sacramento Valley Campus and Costa Mesa Campus (Ontario, Pasadena, Diamond Bar Learning Centers)	J. Wackerly	12/8/2014	University of Phoenix has offered the Master of Science in Nursing-Family Nurse Practitioner(FNP) Program, along with post Master's FNP certificate since 1998 as the listed locations. In summary the changes are 1) the addition of 2 credits taking the program from 47 to 49 credits, and 2) updates to the content to be congruent with the latest AACN Masters' Essentials. Clinical courses are split into didactic and clinical components to improve the processes of evaluation of student performance in the clinical setting. The Division of Nursing has elected to add simulation experiences above and beyond the required 500 faculty directed, direct patient care hours. The additional simulation hours, therefore, increased from a total clinical hours in the program from 720 to 765.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 8, 2015

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
California Baptist University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs.	L.Shainian	10/13/2014	The nursing department at California Baptist University, Riverside, has added 20,000 square feet of new simulation/flex classroom/laboratory and faculty office space that opened Fall 2014. The newly renovated 2-story building is located adjacent to the current nursing building. There are newly designed classrooms, lounge/study areas, student simulation areas/control room/debriefing room, skills lab, procedure/assessme lab, supply & storage rooms, faculty offices, faculty work room, mail room, faculty conference room, a simulation "studio"/debriefing conference room/actors (instructior patient) theatrical department, and a fully equipped primary care out-patient area (patient waiting area/exam rooms) that is also wired for simulation. This innovative layout and design, coupled with advanced technological capabilities, supports the application of evidence based teaching methodologies that improve student learning ar position the program to move forward into the future of nursing education.
Charles Drew University Entry Level Master's Degree Nursing Program	L. Shainian	12/03/2014	As required per BRN CCR 1431 NCLEX Pass Rate policy. The program has received written notification of non-compliance with CCR 1431 an annual pass rate <75%. Program pass rate for July 1, 2013-June 30, 2014 was 47.62% (63 taken; 30 passed). The program has submitted a comprehensive assessment and action plan to improve the annual pass rate. The most recent program pass rate for July 1, 2014 – September 30, 2014 was 59.09% (22 taken; 13 passed).
CNI College Associate Degree Nursing Program	M. Minato	10/22/2014	Initial program approval follow-up visit with the graduating group of Cohort 1 was conducted. Program admitted 21 students on January 2013 and 17 are graduating on October 29, 2014 (three are behind class, one failed). The students reported they received instruction and clinical experiences and feel that they are ready to assume the RN roles on graduation. Students expressed concerns related to scheduling and organizations, which were discussed with administration. Program plans to review the curriculum and consider suggestions made by the students.
College of the Desert Associate Degree Nursing Program	L. Moody	12/01/2014	NCLEX pass rate for the 2013-14 year was below the required performance threshold (CCR 1431) at 74.51% (51 taken; 38 passed). The program was notified of this noncompliance and responded with an acceptable comprehensive assessment and action plan. First quarter results for 2014-15 NCLEX outcomes is 92% pass (25 taken; 22 passed), an improvement reflective of corrective actions implemented.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 8, 2015

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
East Los Angeles College Associate Degree Nursing Program	S. Ward	12/08/2014	The program submitted a progress report (#1) on 12-2-2014. It provides updates on implementation of the plan of correction previously submitted to the Board for areas of non-compliance.
Kaplan College Associate Degree Nursing Program	L. Moody	12/01/2014	NCLEX pass rate for the 2013-14 year was below the required performance threshold (CCR 1431) at 63.91% (169 taken; 108 passed). The program has submitted an updated progress report describing ongoing implementation of corrective actions including measures to improve course content, assessment of student knowledge, student remediation and support for both current and graduated students, and faculty development. Curriculum is being reviewed under the guidance of an expert consultant. First quarter results for 2014-15 NCLEX outcomes is 66.67% (24 taken; 16 passed).
Santa Ana College Associate Degree Nursing Program	L. Shainian	10/24/2014	As required per BRN CCR 1431 NCLEX Pass Rate policy. The program has received written notification of non-compliance with CCR 1431 an annual pass rate <75%. Program pass rate for July 1, 2013-June 30, 2014 was 72.45% (98 taken; 71 passed). The program has submitted a comprehensive assessment and action plan to improve th annual pass rate. The most recent program pass rate for July 1, 2014 – September 30, 2014 was 85.71% (35 taken; 30 passed).

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.1
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Loma Linda University (LLU) Baccalaureate Degree Nursing Program (BSN)

REQUESTED BY: Badrieh Caraway, RN, MS, MEd
Nursing Education Consultant

BACKGROUND: Marilynn M .Herrmann, PhD, RN was appointed Dean of the Loma Linda University School of Nursing and Program Director on January 1, 2006. Dr. Herrmann has 100% release time to administer the nursing program.A regularly scheduled continuing approval visit was conducted by Nursing Education Consultants Badrieh Caraway, Carol Velas, and Carol Mackay, on October 20-21-2014. This visit was conducted concurrently with a continuing approval review of the LLU NPP program, the results of which are presented in a separate report. The LLU BSN program was found to be in compliance with BRN rules and regulations. Two recommendations were given in the areas of CCR Section 1425.1(a) – Faculty Responsibilities. Further detail regarding the recommendations is provided in the Consultant Approval Report and in the summary Report of Findings. Additionally, the letter from LLU BSN program dated November 14, 2014 responding to the two recommendations is provided.

The Loma Linda University School of Nursing has a fine and long standing history of education. The School of Nursing (SN) undergraduate prelicensure programs include a generic "Basic "BSN degree option. Master level programs include: nurse practitioners (5 specialties), Clinical Nurse Specialist (CNS), Nurse Administration, Nurse Educator. Other advanced degrees offered are the Doctor of Philosophy (PhD), and the Doctor of Nursing Practice (DNP) program in 2010.
The university is regionally accredited by the Western Association of Schools and Colleges (WASC). The LLU school of Nursing is approved by the BRN and the Commission on Collegiate Nursing Education (CCNE).

At the time of the site visit a total of 485 students were enrolled in undergraduate nursing program. Total yearly admissions are 168 students. 60 admitted into the fall, 54 are admitted into winter quarter, and 54 are admitted into spring quarter. A total of 125 faculty (excluding the director and assistant director) are teaching in the BSN program, 44 full time and 85 part time faculty members. All faculty are competent in their assigned teaching and clinical areas. Over 33% of FT faculty members hold Doctorates and 25% are engaged in a doctorate study. The majority of remaining faculty hold Master degrees.

Program strengths include stable long term leadership provided by the director and assistant director of the program (both appointed in 2006). The program director has been very influential and successful in securing a variety of grants and donations, and in building partnerships with

clinical agencies to improve and expand program resources in many significant ways. This has resulted in increased physical space, equipment and capacity for offering nursing program options and meeting specific instructional needs of students. In a well-attended meeting, the faculty described a high level of involvement by both full and part-time faculty with program monitoring and improvement as well as instructional delivery. Meeting were held with students of all levels, they all conveyed satisfaction with their many opportunities for involvement with the program review and change recommendation. Some students of all levels reported inconsistency among faculty in the review and grading of care plans. Students also felt challenged by the Medical- Surgical courses and expressed concerns with volume and density of materials presented. These concerns were shared with the faculty and administration team. Students Survey is conducted and the reviews of the Medical-Surgical courses are underway to determine what revision may be necessary to ensure students success.
Separate meeting was held with Dr. Richard Hart, President and Dr. Herrmann, Dean School of Nursing. Both reported that there was no current plan to change the enrolment or delivery pattern of the nursing program. Dr. Hart expressed concern related to replacement of the program director who will be retiring in 2015. The ongoing recruitment efforts are underway to fill the program director position. The future plan includes the expansion of the University programs to meet the current trends in health care services.

NCLEX- RN examination outcome scores for the first –time test takers has exceeded BRN requirements in a sustained manner over the last six years, ranging from 85.71% to 82.64% (BRN records academic years 2009 - 2014).

At this time, the LLU BSN program is being delivered in compliance with the BRN rules and regulations and is recommended for continuing approval.

NEXT STEPS:	Place on Board agenda.
PERSON(S) TO CONTACT:	Badrieh Caraway, RN, MS, MEd, CHES Nursing Education Consultant (909) 599-8720

Report of Findings
Loma Linda University Baccalaureate Degree Nursing Program
Continuing Approval Visit
October 20 & 21, 2014

Non- Compliance:

None

Recommendations:

CCR Section 1425.1(a) Faculty Responsibilities:

1. Establish consistency among faculty in review and grading of care plan across all program courses.
2. Consider review and revision of all Medical –Surgical course contents for complexity(from simple to complex) and appropriate sequencing to enhance students progression in meeting program objectives.

CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: Loma Linda University BSN

DATES OF VISIT: October 20-22-14

WORK COPY

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications:	X		Marilynn M .Herrmann, PhD, RN was appointed Dean of the School of Nursing and Program Director on January 1, 2006. Prior to that Dr. Herrmann was the Associate Dean for the Undergraduate Program for 15 years. Dr. Herrmann has 100% release time to administer the nursing program.
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		PhD in Higher Education- Claremont Grad School University MSN In Community Health Nursing-- LLU (1980) BS in Nursing _ Columbia Union College
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);	X		Meets all regulation requirements for the DN Director.
(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or			
(5) Equivalent experience and/or education as determined by the board.	X		
SECTION 1425(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		Dynnette Hart, Dr. PH, RN, CPNP was appointed Associate Dean/Undergraduate Program and Assistant Director of the nursing program January 23, 2006. The Associate Dean Assistant Director is a FT administrative position. Meets all regulation requirements for the ADN Director.
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		Dr. Hart has 100% release time to support Dr. Herrmann in the administration of the nursing program which includes evaluation of faculty.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The Assistant Director has direct reporting responsibilities to the Dean/Program Director for the administration of the nursing program and has the ability to assume the position of authority over the nursing program in the absence of the Program Director.
SECTION 2: TOTAL PROGRAM EVALUATION			
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.	X		Program policy and procedures are written and reflect the philosophy, institution and program learning outcomes.
(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		Written evaluation plan is in place. The required feedback from students, graduates & employers is collected and analyzed by faculty on an ongoing basis. Implementation of the plan directs changes made to the program. There is a systematic total program evaluation plan that analyzes timely program completion, attrition, NCLEX pass rates, graduation and employment rates; as well as student satisfaction with courses, instructors, and total program satisfaction with graduates and alumni at one, three, and five years of employment. Kaplan Nursing Assessment Test © is used as a NCLEX predictor tool with a remedial plan for students scoring below 68% and for faculty to identify areas of the curriculum that students have difficulty in. Loma Linda University provides administrative staff to assist with data analysis. Students complete online surveys at the end of each quarter. Results of surveys are analyzed and discussed at Undergraduate Faculty Council and Curriculum Committee's and drive program changes.
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		There is a well-defined student grievance policy written in the college catalog and nursing student handbook. There have been no grievances during the current approval period.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		There is an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and the clinical agencies.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES 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.			**Enrollment:** 485 students are currently enrolled in undergraduate nursing programs. Total yearly admissions into the School of Nursing are 168 students. Sixty students are admitted into the Fall Quarter (September 22), 54 students admitted into Winter (January 5) and 54 students admitted into Spring quarter (March 30). **Faculty:** Total 125 Faculty (excluding director and assistant director) 40 Full time (FT) and 85 Part Time (PT) Instructors (I)- 29 Assistant Instructor (AI) - Called " Contract Clinical Instructor"- 96 Clinical Teaching Assistant (CTA)- Program has no CTA, since per program policy Clinical Instructor must have BSN degrees. Six (6) FT-Faculty are not categorized as I or AI because they do not teach clinical courses. The remaining four (4) PT, faculty are teaching in the learning assistance program. All faculty are meeting BRN requirements. **Physical Space/equipment:** To accommodate for the growth in nursing programs (undergraduate and graduate) provided at LLU, the school has moved to "West Hall" with structural changes and renovations taking place in 2013. The space has increased from 28,487 sq. ft. to 57,116 sq. ft. Classrooms increased from 7 to 11, faculty offices increased from 16 to 48, and conference rooms increased from 2 to 7. Also, as part of program growth, there is an expanded skills/simulation lab with more high fidelity simulators, task masters, equipment, and supplies. 26 new computers and 64 laptops were purchased. Updated computer software and new programs including CANVAS-learning management system, N-track, and Exam Soft© as well as a new electronic medical records system (developed by two undergraduate faculty), and barcode scanning equipment for medication administration were purchased. EMR technology used at LLUMC is shared with the school.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		**Staff and student Support Services:** There are numerous and sufficient staff .They include the Assistant Director of Records (clinical placements, maintains student database, degree compliance reports, state licensure forms). two (2) Administrative Assistants, three (3)full-time IT-Techs, student support resources including the academic and family counseling services. **Library:** Del Webb is the main library on campus with several satellite libraries across the 480 acre campus. It supports research and curricular needs of 7 professional schools including nursing. There is a Master's prepared librarian dedicated to the school of nursing that assists with student and faculty needs. The library has 28 study rooms, computer labs, and laptops that can be checked out. Students have access to the electronic database with 439 journals for article retrieval. Interlibrary loans are available to faculty and students at a cost of $11.00 per article. The library also belongs to Link+, a consortium with other university library that allows LLU students and faculty to borrow books not available at their library. **Drayson Center:** There is a Campus Life center that includes fitness, recreation, social activities and programs that emphasize and promote physical, intellectual, emotional and spiritual wholeness. **Simulation and Skills Laboratories:** The school converted three faculty offices and an existing computer lab in a mid- technology simulation skills lab. This simulation skills lab includes three exam rooms; each equipped with a patient bed, mid- level technology simulation model, electronic charting equipment, ceiling cameras for video capability, monitoring room, and an area for student debriefing. The area will begin functioning in the fall quarter, 2014. Several upper -division nursing courses are using the LLU Medical Simulation Center (MSC). The MSC offer students , faculty and other members of interprofessional disciplines opportunities to practice their clinical judgment and decision making skills, procedural techniques, teamwork, and communication skills in a "virtual" environment using a variety of patient simulators.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The MSC also provides an opportunity for students, faculty members and health care professionals to conduct research in areas such as Health care professional education, patient safety, and quality of care outcomes. Several beginning and advanced nursing courses integrate simulation into curriculum (NRSG 214, 308, 317, 408, 418).
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS			
SECTION 1425 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:	X		All faculty are meeting or exceeding the Board requirements.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		All nursing faculty meet monthly during the academic year for the purposes of developing departmental procedures and practices, planning, organizing, implementing, and evaluating all aspects of the nursing program. The full-time faculty regularly participate on various committees such as on the Admissions Committee, and the Curriculum Committee. Changes in curriculum are then brought forward in the Faculty Council committee. The Faculty Council committee members meet monthly making administrative decisions regarding curriculum, admissions, student progression, and faculty roles. Contract faculty work in the clinical setting and few are able to attend faculty meetings, however, they are communicating via phone and e-mails to address the issues on hand and provide feedback as needed.
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.	X		Qualified content experts are represented for each of the five major content areas. Faculty report forms showed CE courses completed by faculty members including courses related to content areas for the assigned nursing area.
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		The organizational chart, meeting minutes and reports of the director and faculty support that this structure is being followed.
SECTION 1425(c) An instructor shall meet the following minimum qualifications:			
(1) The education requirements set forth in subsection (a) (1).	X		29 Instructors.
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:	X		All faculty are meeting BRN requirements.
(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	X		
(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	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:			96 Assistant Instructors. All faculty are meeting BRN requirements.
(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;	X		
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:	X		
(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or	X		
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.	X N/A		Program does not utilize clinical teaching assistants

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X X X		CONTENT EXPERTS Medical/Surgical: Zelne Zamora DNP, MS, BSN Obstetrics: Marian Llaguno DNP, MSN, BSN Pediatrics: Karen Ripley MS, BS Psych/Mental Health: KC Carrigg EdD, MS, BS Geriatrics: Alycia Bristol MS, BS All Content Experts meet the BRN qualification requirements.
Section 5: CURRICULUM SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. .	X		The School of Nursing supports the philosophy that education and healthcare are integral to the development of wholeness in those served. Individuals, created by God to reflect the wholeness of God's character, have been impaired by the entrance of sin, disease, and death. God's purpose is the restoration of each person to the original state of Creation. God works through human agencies to facilitate individual wholeness. Neuman's Systems Model for Nursing provides the structure and unifying theme for the development of the curriculum's framework. The curriculum is based on the California Board of Registered Nursing Scope and Standards of Practice. The curriculum allows students to build upon prior learning, progressing from simple to increasingly complex levels of knowledge and skills. The nursing process includes legal/ethical principles, life phases, cultural diversity, and environmental influences. The core competencies are critical thinking, cultural diversity, life skills, communication, information technology, civic responsibility, and professionalism. The organizing framework is congruent with the nursing philosophy and student learning outcomes.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Minutes reflect Faculty involvement in planning & implementing of the curriculum. However, students reported inconsistency among faculty in review and grading of the care Plan. The majority of students raised concern regarding high attrition rate in NRSG 308 (Adult Health Nursing -1) Advanced Medical - Surgical course and difficulty in progression from beginning to advance in other Medical-Surgical courses. Faculty feedback confirmed student's concerns on both issues presented. The need for establishing consistency among faculty in review and grading of care plan for all program courses as well as consideration for content review and sequencing of Medical -Surgical courses were discussed with faculty, and administration team members. **Recommendations:** 1. Establish consistency among faculty in review and grading of care plan across all program courses. 2. Consider review and revision of all Medical- Surgical course contents for complexity and sequencing to enhance students' progression in meeting program objectives.
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.	X		Each course consists of a lead Instructor/ course coordinator and other full- time and part- time faculty. Faculty meet and share their course findings at the Faculty Committee (including all faculty). Course Coordinators are responsible for clinical and classroom teacher orientation. Written materials include; New Faculty Orientation Handbook, Loma Linda University Faculty Handbook, School of Nursing Faculty and Supplemental Handbook, and Student Handbook
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.	X		
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.	X		Last major curriculum change was in October 2003 with a minor curriculum change in August 2014. The curriculum utilizes QSEN, IOM, Evidence Based Practice and National Patient Safety Goals. Simulation has been threaded throughout the curriculum.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		Unifying theme –involves concepts of: • Holistic nature of the individual- Modified Betty Neumann Systems Model 5- step Nursing Process; Wholeness. • Nursing Process –Standards of competent performance Thread includes: –nutrition, pharmacology, cultural diversity, growth development, communication, critical thinking, leadership and management. Concept: Simple to complex. Theory: Adult Learning, Leadership Management (Delegation & Coordination), Accountability (Role-Legal. Ethical Issues, Advocacy).
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 at least the following number of units in the specified course areas:	X		Content for Licensure: 130 quarter units Other Degree requirements: 63 quarter units Graduation: 193 quarter units 10 week: quarter
(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.	X		Total Nursing units- 92 quarter units Theory: 56 units Clinical: 36 units
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	X		Communication-13 quarter units COMM 104 - 4 units ENGL111 – 3 units ENGL112 - 3 units ENG 113 - 3 units
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		Related Sciences- 25quarter units BIOL 131, 132 A&P- 8 units total BIOL 185 Micro- 5 units SOCI 104 or PSYC 226- 4 units PSYC 104 and PSYC 234- 8 units total

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		All theory and clinical courses are conducted concurrently. Course syllabi identified terminal outcomes reflected in all courses.
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.	Course Syllabi		All concepts are integrated throughout the curriculum.
(1) nursing process;	X		
(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;			
(3) physical, behavioral and social aspects of human development from birth through all age levels;	X		
(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;			
(5) communication skills including principles of oral, written and group communications;	X		
(6) natural sciences including human anatomy, physiology and microbiology; and	X		
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1426.1 PRECEPTORSHIP			
A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:	X		Nursing 418, and 419 Leadership & Management Concepts/ Preceptorship is a capstone course that includes 210 hrs, of clinical experience in preceptorship. There is a Preceptor Handbook that will be used for this course. Preceptor records were well defined and accurately documented. The program has written policies kept on file for the preceptorship.
(a) The course shall be approved by the board prior to its implementation.			
(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:	X		
(1) Identification of criteria used for preceptor selection;	X		
(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;	X		
(3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:	X		
(A) An active, clear license issued by the board; and	X		
(B) Clinically competent and meet the minimum qualifications specified in section 1425 (e);	X		
(C) Employed by the health care agency for a minimum of one (1) year; and	X		
(D) Completed a preceptor orientation program prior to serving as a preceptor;	X		
(E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.	X		
(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:	X		
(A) The frequency and method of faculty/preceptor/student contact;	X		
(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;	X		
(1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.	X		
(2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:	X		
(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;	X		
(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;	X		
(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.	X		
(7) Plan for ongoing evaluation regarding the continued use of preceptors.			
(c) Faculty/student ratio for precetorship shall be based on the following criteria:	X		
(1) Student/preceptor needs;			
(2) Faculty's ability to effectively supervise;	X		
(3) Students' assigned nursing area; and			
(4) Agency/facility requirements.	X		
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:	X		Course hours are calculated using 10 week quarterr. I hour of Theory = 1 unit 3 hours of clinical =1 unit Hours for theory and clinical practice meet Board requirements.
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.			
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Clinical faculty supervises only students enrolled in the nursing program.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		Non-faculty members are used in preceptorship program and other special areas, such as clinical and community service agencies.
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		Program utilizes Board approved clinical agencies.
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.	X		Written clinical objectives are presented to each clinical site. Sites are evaluated by course coordinators quarterly to ensure the clinical experiences meet course objectives. Students evaluate clinical sites at the end of each course; results are reviewed and discussed by the Undergraduate Faculty Council.
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:	X		Program maintains contracts with approved clinical facilities.
(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;	X		Clinical agency contracts have implemented CCR Section 1427(c) requirements.
(2) Provision for orientation of faculty and students;	X		
(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		
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;			
(5) Provisions for continuing communication between the facility and the program; and	X		
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	X		
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		LLU Dean, Associate Dean, and faculty are active participants in the Inland Empire Consortium.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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		Ratio used for faculty to student is 1:8; it varies when facility requires different ratio. Some clinical affiliates request a limit of 8 students while others can accommodate up to 10 students.
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Evaluation tools are specific for each course and developed by course and clinical faculty members. Tool includes both qualitative and quantitative assessments. Evaluation tools are currently under revision to include QSEN competencies.
SECTION 7: STUDENT PARTICIPATION **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: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X		Students are invited to attend several committees' including Undergraduate Faculty Council, Spiritual Life and Wholeness Committee, Diversity Committee and Today's Nursing Technology Committee. Student may also attend open sessions with the dean and participate in student nursing governance through the student nurse association. Student complete quarterly course, faculty, and clinical surveys and participate in end of program exit interviews.
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS **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.	X		Program offers non-degree, 45 unit option for LVNs. LVNs may choose to complete a bachelor degree or the 45 quarter units. Printed in College Catalog pg. 667 Currently there are 8 LVN in the 45 unit option.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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 applicants academic deficiencies, irrespective of the time such courses were taken.	X		LVNs are advised of the academic options available by the Associate Dean of Undergraduate Programs.
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 be fulfill the additional education requirement. Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		**45 unit option:** NRSG 225-4 units NURS 217-6 units NRSG 308-8 units NRSG 317-8 units NRSG 420-2 units BIOL 132--- 4 units BIOL 185 - 5 units Plus---------- 8 units Total unit 37+ 8= 45 May choose 8 units from the following courses: NRSG 314-6 units NRSG 315-6 units NRSG 316-4 units NRSG 408-6 units NRSG 409-3 units
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Printed in college catalog pg. 672

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD	X		For the past 5 years, LLU has consistently been above the BRN required first time licensing exam rate.
SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.			
(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.	X		
(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.			
(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.	X		

2009-2010	85.71%
2010-2011	80.00%
2011-2012	81.82%
2012-2013	83.61%
2013-2014	82.64%

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 11: CHANGES TO AN APPROVED PROGRAM			**WORK COPY**
SECTION 1432 (a) Each nursing program holding a certificate of approval shall:	X		
(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.			
(2) Notify the board within ten (10) days of any:	X		
(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.	X		
(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.	X		
(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:	X		
(1) Change in location.			
(2) Change in ownership.			
(3) Addition of a new campus or location.			
(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

LOMA LINDA UNIVERSITY SCHOOL OF NURSING
Medical Surgical Faculty Meeting
Minutes

November 5, 2014

PRESENT:	Zelne Zamora, Chair. Michelle Ballou, Alycia Bristol, Sabine Dunbar, Lana Kanacki, Erin Heim, Briana Maynor, Keri Medina, Nancy Sarpy, Michelle Sharp, Shaunna Siler, Sylvia Stewart, Kathi Wild, Ann Yukl
TOPIC: California BRN EXIT REPORT – October 22, 2014	DISCUSSION: CCR (California Code of Regulation) – Section 1425.1(a) Faculty Responsibilities: *Each faculty member shall assure responsibility and accountability for Instruction, evaluation of students, and planning and implementing curriculum content.* 1. Establish consistency among faculty in review and grading of care plan across all program courses. 2. Consider review and revision of all medical-surgical course contents for complexity and sequencing to enhance students progression in meeting program objectives.
PROCESS TO BETTER UNDERSTAND STUDENT CONCERNS	Since the concerns included in the BRN Exit Report were not related to the Self-Study Report, they seem to have come from student concerns. To better understand what concerns students had regarding the above recommendations, the following process was decided: A. Prepare an anonymous student survey asking: 1. Do you have concerns regarding consistency among clinical faculty in the review and grading of care plans? 2. If yes, please provide specific examples of concerns. 3. What suggestions do you have for improvement in the review and grading of care plans? 4. Do you have concerns regarding all medical/surgical course content for complexity and sequencing to enhance student progression? 5. If yes, please provide examples of specific concerns. 6. What suggestions do you have for improvement in medical/surgical course content?

	B. Distribute the survey during the first 5 minutes of the class by the Associate Dean for the Undergraduate Program to the following classes: 1. NRSG 308, Adult Health Care Nursing I – Monday, November 10, 9:00. 2. NRSG 317, Adult Health Nursing Care II – Wednesday, November 12, 1:00 PM 3. NRSG 408, Critical Care Nursing – Monday, November 10, 9:00 AM 4. NRSG 314, Obstetrical and Neonatal Nursing – Monday, November 10, 11:00 AM 5. NRSG 416, Public Health, Friday, November 14, 8:00 AM. C. Students will turn in the survey to an envelope provided in the classroom or to the Administrative Assistant to the Associate Dean for the Undergraduate Program's office. D. Results of the survey will be discussed at Curriculum Committee, Undergraduate Faculty Council, and the Open Session with the Dean.
RECOMMENDATION #1	**Establish consistency among faculty in review and grading of care plan across all program courses**. Feedback from the student survey will help to provide a better understanding of what student concerns are related to this recommendation. 1. This topic is to be more specifically discussed during the Clinical Instructors Symposium. Emphasis should be placed on consistency and grading among the clinical instructors within the same course. 2. It is true that some clinical instructors are more particular and "grade harder" in some areas of the care plans than other clinical instructors. a. Clinical instructors need to clearly explain and emphasize at the beginning of the quarter regarding their expectations for care plans. b. Efforts should be taken to work with clinical instructors to provide more consistency in grading care plans. i. Give examples of care plans to students to assist them to be aware of course expectations. ii. Give examples of graded care plans to clinical instructors to assist in grading consistency. iii. Provide/Develop rubrics for grading care plans for use by the clinical instructors. a) The following courses have care plan grading rubrics: i) NRSG 309 – Gerontological Nursing ii) NRSG 408 – Critical Care Nursing iii)

RECOMMENDATION #2	**Consider review and revision of all medical-surgical course contents for complexity and sequencing to enhance student's progression in meeting program objectives.** Feedback from the student survey will help to provide a better understanding of what students concerns are related to this recommendation. NRSG 308 and NRSG 317 have previously talked together about sequencing of content from more simple to complex. Course faculty from these two courses will collaborate again to examine this concern. Suggestion was made to look at the Kaplan Integrated Testing Scores from these two courses to possibly identify content areas students are struggling with. It will also be useful to see if there is a correlation between students Kaplan Integrated Testing Scores and their exam results. Assist faculty to become proficient at the Kaplan Remediation Process to help students possibly improve course exam results. Continue to work with students who receive a C or C+ in NRSG 214, Fundamentals of Nursing and NRSG 216, Basic Skills and Health Assessment to enroll into NRSG 244 – Strategies for Academic Success the following 2 quarters. Collect data to see if this improves success in NRSG 308. Consider a policy for students demonstrating academic challenges during first quarter to reduce the academic load during the second and third quarter to spread the courses over 3 quarters.
NURSING SKILL REMEDIATION	Students have expressed concerns regarding loosing competency in their nursing skills, especially when a quarter of nursing without in-hospital clinical experience occurs between quarters with courses with hospital based clinical experiences. 1. Suggest have additional hours in the West Hall Simulation Lab for an open lab where students can demonstrate nursing skill procedures during the quarters when they are not participating in hospital clinical experiences (Second quarter and seventh quarter). 2. Panicha Kittipha has offered to provide this opportunity. She has been a critical care nurse for several years. She also has been a clinical instructor for several quarters with NRSG 308. 3. Arrangements will be made with Michelle Sharp for the open lab times. 4. Zelne will send out a message to students regarding the level of interest and what times would be best. 5. Students will have to sign up for a specific time frame. 6. Suggest having a ½ hour block per student. 7. The mannequins will be left in the simulation rooms.

	8. NRSG 317 may also begin using the West Hall Simulation Lab for required clinical skills and remediation.
NEXT MEETING	Early in Winter quarter, 2015 – after student survey results are available.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.2
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Western Governors University Baccalaureate Degree Nursing Program

REQUESTED BY: Shelley Ward, M.P.H., R.N., NEC

BACKGROUND: Alice Martanegara, MSN/Ed, RN, State Director of Nursing, California was approved as BRN program director 12-2-2014. A continuing approval visit was conducted at the Western Governors University Baccalaureate Degree Nursing Program on July 25, 26 and 28, 2014, by Shelley Ward, NEC and Carol Mackay, NEC. This is the first continuing approval visit for the program since its inception in 2009. The program was found to be in non-compliance with CCR Sections 1424 (b) – Policies/Procedures Admission Requirement, 1424 (h) – Faculty Geriatrics Approval, 1426 (g) (2) – Required Curriculum Instructional Hours & % Simulation, and 1427 (c) - Clinical Facilities Contract Execution. Three recommendations were rendered. The program submitted a progress report to address the areas of non-compliance and the recommendations.

The university website states that "Western Governors University is a nonprofit online university founded and supported by 19 U.S. governors. Created to expand access to higher education through online, competency-based degree programs, WGU's mission has remained one of helping hardworking adults meet their educational goals and improve their career opportunities." Competency-based programs are described by the university as "allowing students to demonstrate through assessments that they have acquired the set of competencies (levels of knowledge, skill or ability) required for a particular degree or certificate". The model reflects the premise that" adult students have often acquired many of the skills necessary for a degree through their life or previous work experience".

Western Governors University is regionally accredited by the Northwest Commission on Colleges and Universities. The bachelor's and master's degree nursing programs are accredited by the Commission on Collegiate Nursing Education *(CCNE).*

The University offers baccalaureate and master's degree programs through its Teachers College, College of Business, College of Information Technology and the College of Health Professions. In addition to the prelicensure BSN program, the university offers an RN to BSN program, and master's degrees in nursing education and leadership/management options. Nursing programs are also offered in Texas, Florida, Indiana and Utah.

At the time of the visit (103) students were enrolled, (72) had graduated, and the overall attrition rate was 23% since 2009. Students are enrolled and progress together in cohorts of (10) students every seven to nine months based on the clinical facility partner agreements. Student cohorts

remain at the same clinical partner sites for most clinical courses.

The framework for the design of the prelicensure nursing program curriculum is based on the CTUS (C - Content Knowledge, T- Task Skill Knowledge, U- Situated Use of Knowledge, S- Synthesis of Knowledge and Ethical Comportment) model. Professional standards and guidelines used in the development of the curriculum include the Essentials of Baccalaureate Education for Professional Nursing Practice, Institute of Medicine's (IOM) Recommendations for the Education of Health Care Professionals, and Quality and Safety Education for Nurses (QSEN) competencies. The curriculum incorporates ATI and Mosby's skills learning resources.

The course of instruction is composed of (5) six-month terms to be completed in 2.5 years. Progression sequence is designed so that the student completes the didactic course assessments and skills/ simulation lab assessments before progressing to the clinical facility rotations (intensives) within the same term. All theory courses are delivered via an online distance education format.

The BRN approved curriculum is based on a 15-week semester system. WGU uses the term "competency" units which are calculated in the same manner as semester units. Content Required For Licensure is approved for a total of (93) semester units. Total Units For Graduation: (120) Semester Units.

The organizational structure employed by the university for the administration of the nursing program is delineated so that there is overall consistency in areas such as program policies/procedures, curriculum design and content for states in which nursing programs exist. Other administrative functions such as clinical affiliation agreements maintenance are operationalized centrally outside of California. State Directors of Nursing (i.e. BRN program director) provide input into the development and revision of these elements, and are responsible for assuring that state specific regulatory requirements are met. Areas of regulatory differentiation, such as the LVN 30-Unit Option, led to changes in information that is made available for the California- based program subsequent to the approval visit. A California BSRN Catalog is available via a link on the program website, to describe applicable differences.

A "disaggregated faculty model" is in use in which the faculty role is comprised of different types of experts that all together comprise the faculty at WGU. Course Mentors are responsible for theory course content completion, Clinical Instructors are responsible for clinical evaluation, Lab Instructors are responsible for campus-based skills/simulation labs, and Clinical Coaches are paired 1:1 with students at facilities where a partnership model is employed to facilitate students in meeting clinical course competencies. Clinical instructors and coaches at partnership facilities are employees of the facility and are joint-appointment faculty at WGU. Course Mentors are licensed R.N.'s in California, however do not generally reside in CA. The CA- based program had (190) faculty, of which (145) were clinical teaching assistants (coaches) at the time of the visit.

Significant changes since 2009 include: the on-ground physical resources were significantly enhanced by moving the program location in 2012 into a newly renovated 4,000 square-foot facility. Riverside Community Hospital is no longer a partner facility, however does accept students at times for specifically agreed to clinical rotations. Additionally, the program now employs the use of non-partnership clinical facilities at (3) additional locations. Changes in

partnership agreements, changes in clinical services offered at partner facilities (i.e. mental health/psych), census variability in obstetrics / pediatrics and availability of coaches are some of the factors that influenced the use of additional clinical facilities.

The NCLEX-RN examination annual pass rates for first-time test takers have been consistently above the 75% regulatory threshold since the initial reporting period.

2013-2014 – 87.50%
2012-2013 – 81.48%
2011-2012 – 100% (First Annual Scoring Period)

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Shelley Ward, M.P.H., R.N., NEC
Nursing Education Consultant

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

WESTERN GOVERNORS UNIVERSITY BACCLAUREATE DEGREE NURSING PROGRAM

Visit Dates: July 25, 26, 28, 2014

NON-COMPLIANCE(S):

CCR SECTION 1424(b) – Administration/Organization - Policies and Procedures
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.

One of the admission requirements is successful completion of a clinical course that is approved as content required for licensure (AWA 1- Introduction to Nursing Clinical Skills).

CCR SECTION 1424(h) - Administration/Organization - Faculty
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 listed in 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.

The majority of faculty teaching in the (4) courses that integrate medical-surgical and geriatrics are not BRN approved in geriatrics.

CCR SECTION 1426(g) (2) – Required Curriculum
The course of instruction shall be presented in semester or quarter units under the following formula:

1) **One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.**
2) **Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.**

The program is implementing less than the approved clinical hours in one clinical course, and is implementing more than the approved hours in (6) clinical courses, as stated in the approved BRN curriculum plan. The clinical courses are designed to provide less than the required 75% of direct patient care.

CCR SECTION 1427(c) – Clinical Facilities
Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
(2) Provisions for orientation of faculty and students;

(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients.
(5) Provisions for continuing communication between the facility and the program; and
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

One written agreement was not available by the conclusion of the visit, at a facility where students are currently in clinical practice.

RECOMMENDATIONS:

CCR SECTION 1425 – Faculty Qualifications
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 Section 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:

Establish and improve the system for maintaining a current list of BRN approved faculty.

CCR 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.

Revise the curriculum unifying theme to include the faculty's definition of the nursing process.

CCR SECTION 1430 – Previous Education Credit
An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make information available in published documents, such as the college catalog or student handbook, and online.

Clarify and improve both electronic information and academic counseling related to the availability of pre-requisite courses at Western Governors University, advance placement options for LVN's and other health care providers, and transfer credit for registered nursing courses.

State of California

Department of Consumer Affairs
Board of Registered Nursing

CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: WESTERN GOVERNORS UNIVERSITY BSN PROGRAM

DATES OF VISIT: July 25, 26, 28 2014

WORK COPY

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications:	X		Virginia Katherine Townsend was approved as the program director on March 19, 2009.
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		University of California Los Angeles, MS in Nursing. NOVA University Ed.D.
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);	X		
(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or	X		
(5) Equivalent experience and/or education as determined by the board.	X		
SECTION 1425(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		The program has two assistant program directors. Alice Martanegara was approved as assistant program director on May 21, 2014. She graduated from the University of Phoenix with an MSN in Nursing Education. Jami Kemp , was approved as assistant program director on October 28, 2013. She graduated from California State University, Long Beach with a MSN in Nursing.
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The program director is a 100% administrative position. Alice Martanegara has 100% release time for program administration, and has no teaching responsibilities at this time. Jami Kemp is dedicated 10% release time for administrative responsibilities specific to the prelicensure nursing program.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The program provided an updated position description during the approval visit to include the role of the assistant director assuming responsibility for the program in the director's absence.
SECTION 2: TOTAL PROGRAM EVALUATION **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.		X	The program description available to applicants and students includes two phases of the nursing program. The first phase is known as the Bachelor of Science, Pre-Nursing Registered Nursing (BSPRN). The second phase is described as Bachelor of Science Registered Nursing Program (BSRN). Information available on the program's website, in the self-study report and described by program representatives indicates that when students are enrolled in the (BSPRN) program phase they apply for admission to the BSRN program. Admission to the BSRN program phase includes successful completion of Introduction to Nursing Clinical Skills (AWA 1), which is a BRN approved as a (1) unit clinical course required for licensure, and is not a program admission requirement. The course syllabus states that passing this course assessment is a requirement for admission to the prelicensure clinical nursing program. The program's approved curriculum is composed of (18) clinical semester units that includes the AWA 1 course. **Non- Compliance:** One of the admission requirements is successful completion of a clinical course that is approved as content required for licensure (AWA 1 – Introduction to Nursing Clinical Skills).
(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The nursing program uses a well-developed Systematic Program Evaluation Plan. There is evidence that the plan is implemented and used for program improvement, such as several minor curriculum revisions since the program was approved. The program Director provided the most current information on the attrition rate for California only students during the visit. The overall attrition rate is 23% since 2009.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		Grievance procedures are outlined in the Nursing Student Handbook.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The organizational chart for the program was included in the self-study report. The program director's line of authority and communication with pre-licensure Course Mentors (theory faculty) was clarified. A revised organizational chart was provided at the visit.

APPROVAL CRITERIA	Compliance	Non-Compliance	WORK COPY COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES **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.	X		WGU being an online university uses a virtual platform to provide student services and to implement all aspects of the curriculum. The "My WGU" portal website provides enrolled students with access to course schedules, synchronous and asynchronous communication tools, and resources for completion of courses. University-wide information technology support services are available to students. One unique feature of the university support services is pairing each student with a Student Mentor for the duration of their time as students at the university. Their role is to support student progression goals through a variety of ongoing academic advising and student success services. Course Mentors (theory faculty) also support student academic progress in nursing specific courses when needed by providing advising/tutoring services. The university Central Library is available to students 24/7, including access to librarian subject matter experts. The program added additional nursing journals to the library holdings in March 2013. Students have access to electronic versions of textbooks which are included in tuition and fee expenses. There are additional student services such as the Registrar and wellness counseling services. Faculty are also supported by a variety of program managers who provide planning and coordination services. Students expressed satisfaction during the visit with the student support services, library services and for online services in general. The On-Ground physical resources were significantly enhanced by moving the program location in 2012 into a newly renovated 4,000 square-foot facility. There are (2) simulation lab suites with (2) high-fidelity simulators, and space for debriefing. Remote simulation viewing and video recording of clinical course lab sessions is available. Additional hospital style space and equipment with (2) beds is dedicated for skills training with low fidelity simulators. A supply room is on-site and staffed by a technician who maintains the supplies. Two simulation technicians are available to support faculty during simulation teaching. The program director and assistant director have separate office space. There is shared space for part-time faculty. A private conference room and an open conference space with pc's is available. Applicants are informed that they have the responsibility to acquire an iTouch unit or handheld device that is compatible with Nursing Central Software. Course competency assessments can be taken at home via online proctoring services or at a designated testing site.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS **SECTION 1425** 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:	X		The program director completes the faculty approval forms and facilitates the submission of faculty approval forms to the BRN for all program faculty via email. Numerous faculty approvals / resignations have been completed in the few months preceding the visit. Fourteen faculty approvals were completed during the visit. The program director described reasons for faculty changes such as students transitioning from medical-surgical courses into specialties such as OB, Pediatrics, and Mental/Health Psychiatric Nursing, joint-appointment faculty who are working as clinical facility staff and as adjunct faculty make career/life changes requiring replacements. Theory course lead faculty may also change roles at the university. The method used to maintain an ongoing list of total active BRN approved faculty is unclear, especially given the number of faculty positions. Also See CCR Section 1424 (h) **Recommendation:** Establish and improve the system for maintaining a current list of BRN approved faculty.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The program employs what is described as a disaggregated faculty model. To implement the competency-based curriculum model the program defines the role and function of four faculty categories. Course Mentors are responsible for theory course content completion, Clinical Instructors are responsible for clinical evaluation, Lab Instructors are responsible for campus-based skills/simulation clinical labs, and Clinical Coaches are paired 1:1 with students at facilities where a partnership model is employed to facilitate students meeting clinical course objectives and competencies. Clinical instructors and coaches at partnership facilities are employees of the facility and are joint-appointment faculty at WGU. Faculty involvement is organized into university and nursing program committees, teams, and work groups in the areas of policies and procedures, faculty, curriculum and program effectiveness. The program director and theory course faculty (Course Mentors) participate in various committees that support the nursing program at the national level. The decisions rendered at the national level are also implemented at the CA-based program. Course mentors also have informal methods of providing input into curriculum development and program evaluation. Theory and clinical faculty communicate with each and with students through the use of course specific online learning communities. Facility based clinical instructors and coaches communicate on a regular basis at the clinical site where students are located to monitor and evaluate student progress.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.		X	The self-study report indicated that the program has a total of (190) faculty. This included (23) instructors, (22) assistant instructors, and (145) clinical teaching assistants. The report describes that (8) are full-time and (182) are part-time. The program has content experts identified for each of the (5) nursing areas. The curriculum includes (4) courses that integrate medical-surgical and geriatric nursing content (CASAL I, CASAL II, Chronic Care, Critical Care). The courses include faculty teaching theory, campus based lab and clinical at health care facilities. Of the (42) faculty assigned to teach the course at the time of the approval visit, (41) were not BRN approved in the geriatric nursing area. **Non Compliance:** The majority of faculty teaching in the (4) courses that integrate medical-surgical and geriatrics are not BRN approved in geriatrics.
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		The BRN approved faculty who reside in CA fall directly under the director and/or assistant director's line of authority. There are BRN approved instructors (Course Mentors) who also reside outside of CA. The program director's line of authority and communication extends to the BRN approved instructors who are not located in CA. See 1424 (c)
SECTION 1425(c) An instructor shall meet the following minimum qualifications:	X		BRN approved faculty who teach theory courses (Course Mentors) are instructors. The majority of faculty teaching campus labs and clinical lab are classified at the instructor level. At partnership hospitals the clinical instructors are joint-appointment faculty. At non-partnership clinical facilities the clinical instructors are university hired faculty.

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

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X X X X X		There are content experts identified for each of the (5) nursing areas. The content expert for obstetrics was modified after discussion during the visit. Content experts identified themselves and how they function as content experts during the online faculty meeting. Medical/Surgical: Dee Atkins Obstetrics: Alice Martanegara Pediatrics: Dolores Northrup Mental Health/Psych: Jennie Long Geriatrics: Jennie Long
Section 5: CURRICULUM SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.	X		The program Philosophy and Mission Statement provides the basis for the development of expected student outcomes (Program Outcomes), and for development of the curriculum. Professional standards and guidelines used in the development of the curriculum include the Essentials of Baccalaureate Education for Professional Nursing Practice, Institute of Medicine's (IOM) Recommendations for the Education of Health Care Professionals, and Quality and Safety Education for Nurses (QSEN) competencies.
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.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Faculty have specific defined roles and responsibilities related to student instruction, evaluation, and input into the program. The program also employs subject matter experts (non-faculty) who numerically score and provide written feedback to students for course competency assessment requirements.
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.	X		Program consultants met with faculty through an online meeting platform during the visit. Faculty described that a faculty orientation program is in place. Clinical coaches have a specialized orientation specific to their role and function.
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.	X		Consultants explained the expectations for maintaining clinical competency to include faculty that only teach theory (Course Mentors) during the online meeting with faculty.
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.	X		The program has signed approved curriculum plan forms. The last minor curriculum revision program submission date is 10/26/12. The forms were signed by the NEC on 12/20/12.
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.	X		The unifying theme/conceptual model is a Journey to Well-Being and is derived from Patricia Benner's Three Apprenticeships of Cognitive Knowledge, Clinical Reasoning and Ethical Comportment. It includes competencies recommended by the Institute of Medicine (IOM) and Quality and Safety Education For Nurses (QSEN). It describes the role of the nurse as detective, scientist and manager of the healing environment. Ten unifying themes included are: Compassionate Patient Centered Care, Evidence- Based Practice, Genomics/Genethics, Informatics/Technology, Leadership/ Education, Safety & Quality, Cultural Competency, Communications, Professional/Legal/Ethical and Teamwork & Collaboration. The unifying theme has supported the development of program outcomes and development of program competencies. Although the components of the nursing process can be identified in the expected course competencies it is not described in the unifying theme/conceptual model or in program outcomes. **Recommendation**: Revise the curriculum unifying theme to include the faculty's definition of the nursing process.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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 at least the following number of units in the specified course areas:	X		Content Required For Licensure (BRN forms signed 12-20-2012) is approved for a total of (93) semester units. Total course hours are based on a 15- week semester system. WGU uses the term competency units which are calculated in the same manner as semester units.
(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.	X		Nursing Unit Total = (65) semester units Nursing Theory = (47) semester units Nursing Clinical = (18) semester units
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	X		Communication Unit Total: (7) semester units
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		Science Unit Total: (21) semester units Other Degree Requirements: (27) semester units Total Units For Graduation: (120) Semester Units
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.	X		Nursing theory and clinical courses are scheduled concurrently in the same six- month term for each of the (5) nursing areas. The curriculum is designed for the student to complete the didactic course assessments and skills/lab assessments before progressing to the clinical facility rotations (intensives) within the same term.
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.	X		Courses reflect the required integrated content.
(1) nursing process;	X		
(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;	X		
(3) physical, behavioral and social aspects of human development from birth through all age levels;	X		
(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(5) communication skills including principles of oral, written and group communications;	X		
(6) natural sciences including human anatomy, physiology and microbiology; and	X		
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	WORK COPY COMMENTS
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:			The program uses preceptors instead of Coaches (joint-appointment faculty) for implementing the Nursing Clinical Practicum Course (DBT1). This course is offered in the final semester (term) of the pre-licensure program. The course is approved for total of (180) clinical hours.
(a) The course shall be approved by the board prior to its implementation.	X		
(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:	X		
(1) Identification of criteria used for preceptor selection;	X		
(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;	X		
(3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:	X		Qualifications are stated for each preceptor on the Preceptor Data Form.
(A) An active, clear license issued by the board; and	X		
(B) Clinically competent and meet the minimum qualifications specified in section 1425 (e);	X		
(C) Employed by the health care agency for a minimum of one (1) year; and	X		
(D) Completed a preceptor orientation program prior to serving as a preceptor;	X		The program documents preceptor orientation completion on the Preceptor Data Form for each individual preceptor.
(E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.	X		
(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:	X		
(A) The frequency and method of faculty/preceptor/student contact;	X		
(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;	X		
(1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.	X		
(2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	X		Clinical Instructors are available to preceptors.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:	X		
(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;	X		
(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;	X		
(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.	X		Preceptor records are maintained in an online tracking system. Methods for tracking preceptor/student assignments were reinforced during the visit.
(7) Plan for ongoing evaluation regarding the continued use of preceptors.	X		
(c) Faculty/student ratio for precetorship shall be based on the following criteria:	X		
(1) Student/preceptor needs;	X		
(2) Faculty's ability to effectively supervise;	X		
(3) Students' assigned nursing area; and	X		
(4) Agency/facility requirements.	X		
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:	X		The BRN approved curriculum is based on a 15-week semester system. The program uses the word term to identify the sequence of instruction time periods. The curriculum is composed of (5) six-month terms to be completed in 2.5 years. Students are enrolled in cohorts of (10) students every seven to nine months based on the clinical facility partner agreement. All theory courses are delivered via an online distance education format.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.	X		The theory and clinical courses are distinctly numbered and named on the approved BRN curriculum plan. Clinical units for each course are calculated based on total hours to include both lab and the clinical facility rotation component. Student clinical rotation schedules specify days of the week for completion of the lab component assessments which are required prior to the student entering the clinical rotation phase, referred to as a clinical intensive. Course syllabi (Courses of Study) are developed for each clinical lab (skills/simulation), and each clinical facility rotation. Syllabi also describe an approximate time it will take to complete the clinical course in the competency-based delivery implementation model. The program provided additional information to quantify the amount of time that students are scheduled in lab, simulation and clinical facility rotations (intensives) during the visit.
(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.		X	Introduction to Nursing Clinical Skills - BRN Plan hours (45), scheduled Hours (17); CASAL 1 – BRN Plan hours (90), scheduled hours (92 total; 32 lab); CASAL II- BRN Plan hours (90), scheduled hours (94 hours; 16 lab, 18 simulation); Chronic Care- BRN Plan hours (90), scheduled hours (97; 4 lab, 21 simulation); Care of the Developing Family – BRN Plan hours (67.5), scheduled hours (72, 24 simulation); Nursing Care of Children –BRN Plan hours (67.5), scheduled hours (72, 24 simulation), Critical Care – BRN Plan hours (90), scheduled hours 100, 28 simulation). **Non-Compliance:** The program is implementing less than the approved clinical hours in one clinical course, and is implementing more than the approved hours in (6) clinical courses, as stated in the approved BRN curriculum plan. The clinical courses are designed to provide less than the required 75% of direct patient care.
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The program uses preceptors at facilities in which students have clinical rotations primarily to implement the Nursing Clinical Practicum course. The clinical coach model is not employed for this course. A preceptor-type model is also used at clinical facilities that do not implement the clinical coach/student partnership agreement.
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		The program director submitted (9) clinical facility approval forms for signature for the clinical facilities the program uses or intends to use for clinical placements, since the forms for facilities that the program has been using could not be located. One approval form signature is pending verification of a finalized clinical affiliation agreement. (see CCR Section 1427 (c). The program also has arrangements with other educational institutions that can accommodate students when additional skills/simulation lab space is needed.
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.	X		Two partner clinical facilities were visited by consultants. Cedars-Sinai Medical Center in Los Angeles and Huntington Memorial Hospital in Pasadena.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:		X	The program uses two written clinical affiliation template types. The Professional Nursing Clinical Education Affiliation Agreement for partner facilities who implement the specific student cohort rotation model. The current partner facilities are: Cedars-Sinai Med. Center, Huntington Memorial Hospital, and (3) Tenet System hospitals (Fountain Valley Regional Med. Center, Los Alamitos Med. Center, Lakewood Regional Med. Center). Riverside Community Hospital is no longer a partner facility, however does accept students at times for specifically agreed to clinical rotations. Additionally, the program now employs the use of non-partnership clinical facilities at (3) additional locations to include: St. Francis Med. Center, Providence Little Company of Mary- San Pedro, and Exodus Recovery. Changes in partnership agreements, changes in clinical services offered at partner facilities (i.e. mental health/psych), census variability in obstetrics / pediatrics and availability of coaches are some of the factors that influenced the use of additional clinical facilities. The Professional Nursing Clinical Education Affiliation Agreement For Community Sites is used in this situation. Consultants recommended a change to this agreement template related to including a provision for faculty orientation which was completed during the visit. The executed agreements are maintained by university staff located outside of CA. Numerous attempts to acquire a fully executed copy of the Lakewood Regional Med. Center agreement (partner hospital), was not achieved by the conclusion of the three-day visit. Students are scheduled for clinical rotations at this facility.
(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;		X	**Non-Compliance:** One written agreement was not available by the conclusion of the visit, at a facility where students are currently in clinical practice.
(2) Provision for orientation of faculty and students;		X	
(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	
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;		X	
(5) Provisions for continuing communication between the facility and the program; and		X	

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.		X	
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		The program has updated Facility Verification Forms.
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		In partnership hospitals the assigned clinical instructor (joint-appointment faculty) is responsible for (10) students and their assigned coaches (joint-appointment faculty) for a total of (10) student/coach dyads. In non-partnership clinical facilities the clinical instructor (university faculty) are assigned to less than (10) students and communicate with staff coaches that were previously trained or staff servicing as preceptors. Student clinical rotation hours follow the coaches work schedule.
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Clinical Coaches use the Coach Observation Form to provide feedback on student performance to the clinical instructor. The Clinical Instructor Form is used by the clinical instructor for final grading of clinical rotations (intensives). The forms reflect the expected competencies stated in clinical courses and in program outcomes.
SECTION 7: STUDENT PARTICIPATION			
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:	X		Students provide input into the program through the submission of course, learning resources and Course Mentor evaluations. Additionally, program graduates and alumni complete surveys. The program also adopted the use of student focus groups in 2012. Feedback from students has resulted in recent changes in learning resources and clarification regarding assessments.
(a) Philosophy and objectives;	X		
(b) Learning experience; and	X		
(c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS			
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.	X		
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 applicants academic deficiencies, irrespective of the time such courses were taken.	X		The program director is charged with the responsibility for providing objective counseling and for review of prior coursework.
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 be fulfill the additional education requirement.	X		The curriculum for the LVN 30 - Unit Option is comprised of a total of (30) semester units. Critical Care of the Adult (6) Psychiatric/Mental Health Nursing (5) Chronic Care/Chronic Case Simulation & Clinical (6) Nursing Practicum (4) Human Physiology/Anatomy and Physiology Lab (5)
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.	X		Clinical Microbiology/Clinical Microbiology Lab (4)
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		The university offers the required prerequisite courses for admission to the nursing program. The RN Program Guide made available to prospective applicants online describes that prerequisite course except Biochemistry must be met by transferring course credit. The program guide also states that requirements in the domains that can be considered the degree major cannot be cleared through transfer. The self-study report indicates that LVN's and transfer students can challenge courses previously completed by taking ATI exams. Enrollment counselors conveyed that pre-requisite courses are transferred in, and were not aware or unsure of advance placement entry and nursing course transfer options. Students including LVN's and a student who described having completed the first year of nursing courses at a CA community college explained that completing prerequisite courses at other institutions was their understanding of the admission process requirements, and that they had to take the entire course of instruction from the first term of the program at WGU. **Recommendation:** Clarify and improve both electronic information and academic counseling related to the availability of pre-requisite courses at Western Governors University, advance placement options for LVN's and other health care providers, and transfer credit for registered nursing courses.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD **SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.	X		The program reports that (72) students have graduated since 2009. Program documentation indicated that (103) students are enrolled. NCLEX Pass Rates For First Time Candidates have exceeded the 75% minimum pass rate. July 2011- June 2012 – 100% (15 taken, 15 passed) July 2012- June 2013 – 81.48% (27 taken, 22 passed) July 2013- June 2014 – 87.50% (24 taken, 21 passed)

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 11: CHANGES TO AN APPROVED PROGRAM SECTION 1432			
(a) Each nursing program holding a certificate of approval shall:	X		Consultants discussed future plans that the university is considering for the addition of clinical partnership locations in California with program administration. Notification of the assigned NEC was advised in advance of the expansion of the program. Availability of clinical placements for students is one of the reasons for this notification.
(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.	X		
(2) Notify the board within ten (10) days of any:			
(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.	X		
(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.	X		
(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:	X		
(1) Change in location.	X		
(2) Change in ownership.	X		
(3) Addition of a new campus or location.	X		
(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

WESTERN GOVERNORS UNIVERSITY
ONLINE. ACCELERATED. AFFORDABLE. ACCREDITED.

Chairman
Jim Geringer
Governor, Wyoming 1995-2003

Chairman Emeritus
Michael O. Leavitt
Governor, Utah 1993-2003

Member Governors
Governor Parnell
Alaska
Governor Brewer
Arizona
Governor Brown
California
Governor Hickenlooper
Colorado
Governor Calvo
Guam
Governor Abercrombie
Hawaii
Governor Otter
Idaho
Governor Pence
Indiana
Governor Bullock
Montana
Governor Heineman
Nebraska
Governor Sandoval
Nevada
Governor Martinez
New Mexico
Governor Dalrymple
North Dakota
Governor Fallin
Oklahoma
Governor Kitzhaber
Oregon
Governor Daugaard
South Dakota
Governor Perry
Texas
Governor Herbert
Utah
Governor Inslee
Washington
Governor Mead
Wyoming

September 2, 2014

California Board of Registered Nursing
PO Box 944210,
Sacramento, CA 94244-2100

Phone: (916) 322-3350
Fax: (916) 574-8637

Subject: Western Governors University Pre Licensure Nursing Program Response to the Continuing Approval Visit for the Western Governors University Prelicensure Baccalaureate Nursing Program

Following the most recent visit, the BRN nursing education consultants, Shelley Ward and Carol Mackay, found the program in non-compliance with four (4) provisions of Title 16, California Code of Regulations. This response addresses the areas of non-compliance, indicating the regulation section, statement of regulation, area of non-compliance, and program response with evidence of compliance. These items are as follows:

Corrections of Areas of Non-Compliance:

1. CCR SECTION 1424(b) – Administration/Organization - Policies and Procedures
   a. Page 13 in the California Institutional Catalog was developed to address the wording of the first prelicensure nursing term which includes the clinical course *Introduction to Nursing*. The word pre-nursing has been removed and the language suggesting it is an admission requirement has been deleted.
2. CCR SECTION 1424(h) - Administration/Organization - Faculty
   b. A remediation plan was developed to ensure current faculty teaching geriatrics are in compliance with the current BRN regulations. Input was sought from Jennifer Long, approved Geriatric Content Expert, for approval of CE Direct courses that align with the approved competencies of the BRN.
3. CCR SECTION 1426(g) (2) – Required Curriculum
   c. The distribution of clinical and skills/simulation lab hours in the courses are now listed as 1 clinical unit = 45 hours and each Medical Surgical course is 2.0 clinical units= 90 hours. All calculations are based on a 2.0 CU value of 90 hours. All changes in distribution of clinical and simulation hours now meet the 75% of direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.
4. CCR SECTION 1427(c) – Clinical Facilities
   a. The Lakewood Medical Center Affiliation Agreement was not available at the time of the visit. The agreement is listed on p. 6 of this report and there is now an established process for monitoring contracts at the University level. Contracts will be readily available in the University's Student Relationship Management (SRM) moving forward.

WESTERN GOVERNORS UNIVERSITY®
ONLINE. ACCELERATED. AFFORDABLE. ACCREDITED.

Chairman
Jim Geringer
Governor, Wyoming 1995-2003

Chairman Emeritus
Michael O. Leavitt
Governor, Utah 1993-2003

Member Governors
Governor Parnell
Alaska
Governor Brewer
Arizona
Governor Brown
California
Governor Hickenlooper
Colorado
Governor Calvo
Guam
Governor Abercrombie
Hawaii
Governor Otter
Idaho
Governor Pence
Indiana
Governor Bullock
Montana
Governor Heineman
Nebraska
Governor Sandoval
Nevada
Governor Martinez
New Mexico
Governor Dalrymple
North Dakota
Governor Fallin
Oklahoma
Governor Kitzhaber
Oregon
Governor Daugaard
South Dakota
Governor Perry
Texas
Governor Herbert
Utah
Governor Inslee
Washington
Governor Mead
Wyoming

Areas of Recommendation:

1. CCR SECTION 1425 – Faculty Qualifications
   a. The process for monitoring and maintaining current active BRN approved faculty will be readily available in the Student Relationship Management (SRM) system at the University level.
2. CCR SECTION 1426(b) – Policies and Procedures
   a. The revision of the unifying theme (known as the Conceptual Model) to include the nursing process has been included in the California Institutional Catalog (see page 49).
3. CCR SECTION 1430 – Previous Education Credit
   a. Availability of prerequisite courses at Western Governors University, advance placement options for LVNs and other health care providers, and transfer credit for registered nursing courses is now reflected in the California Institutional Catalog (see pp. 12-14).

Thank you for allowing Western Governors University the opportunity to provide additional input and clarification regarding our recent continuing approval visit.

Sincerely,

V. Katherine Townsend

V. Katherine Townsend, Ed.D, MSN, BSN
Director of Nursing, California
Western Governors University

4001 SOUTH 700 EAST, SUITE 700, SALT LAKE CITY, UTAH 84107-2533 | *phone* 801.274.3280 | *fax* 801.274.3305 | www.wgu.edu

December 5, 2014

TO: Shelley Ward, MPH, RN
Nursing Education Consultant
CA Board of Registered Nursing (BRN)

FROM: Alice Martanegara, MSN/Ed, RN
Director of Nursing, California
Western Governors University

RE: Evidence of Compliance Following Continuing Approval Visit for the California Baccalaureate Degree Nursing Program (Updated from 8/26/2014)

The Continuing Approval Visit for the Western Governors University Prelicensure Baccalaureate Nursing Program occurred on July 25, 26, & 28, 2014. Following this visit, the BRN nursing education consultants, Shelley Ward and Carol Mackay, found the program in non-compliance with four (4) provisions of *Title 16, California Code of Regulations* and offered three areas of recommendation under *Title 16, California Code of Regulations*. This response addresses the areas of non-compliance and recommendations. The regulation section, statement of regulation, area of non-compliance, and program response with evidence of compliance are as follows:

NON-COMPLIANCE — ITEM ONE

CCR SECTION 1424(b) – Administration/Organization - Policies and Procedures

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.

One of the admission requirements is successful completion of a clinical course that is approved as content required for licensure (AWA1- Introduction to Nursing Clinical Skills).

Response:

The courses in the prelicensure nursing program were re-sequenced, which resulted in a 5th term being added to the prelicensure nursing program. This sequencing occurred to allow students to complete several non-nursing courses during this first term, together with the *Introduction to Nursing* course that includes the basic nursing skills boot camp lab assessment for entering students. The boot camp lab replaced the previous CNA requirement and was previously approved as a minor curriculum change. This first term was subsequently named a pre-nursing term and had to be satisfactorily completed prior to entering the second term. The consultants pointed out that the language attached to this term referred to it as an admission requirement for the second term. However, it is not an *admission* requirement, but actually a *progression* requirement, in that the students must satisfactorily complete all components of this term before progressing to the second term. All subsequent terms mirror this type of progression in that all components of the second term must be satisfactorily completed prior to progressing to the third term. Satisfactory completion of this first term includes not only the nursing course *Introduction to Nursing*, with its accompanying skills assessment, but the non-

nursing courses of *Nutrition*, *Medication Dosage Calculations*, *Organizational Systems: Safety and Regulation*, *Biochemistry*, *and Pharmacology*, as well as the background check and drug testing (Note: Biochemistry, Pharmacology and Statistics credits can be transferred by students who have previously taken these three courses).

Actions:

1. The pre-nursing designation has been removed from this term and language referring to it as an admission requirement has been deleted.

2. Development of the California Institutional Catalog. This catalog was uploaded to the prelicensure nursing program website under the California tab on August 28, 2014 and will be monitored and evaluated on an annual basis to ensure that program information is updated.

Documentation of Support:

Evidence: California Institutional Catalog (p.13)

NON-COMPLIANCE — ITEM TWO

CCR SECTION 1424(h) - Administration/Organization - Faculty

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 listed in 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.

The majority of faculty teaching in the four (4) courses that integrate medical-surgical and geriatrics are not BRN approved in geriatrics.

Response:

The faculty members listed below have been assigned to teach *Caring Arts and Science Across the Lifespan Part I* (CASAL 1), *Caring Arts and Science Across the Lifespan Part II* (CASAL II), *Chronic Care of the Adult*, *Critical Care Nursing,* and *Nursing Role Transitions* this term.

- Jennifer Long, BRN approved faculty in Medical-Surgical and Geriatrics
- Lorie Hacker, BRN approved faculty in Medical-Surgical and Geriatrics
- Dee Ann Adkins, BRN approved faculty in Medical-Surgical (has remediated for Geriatrics and approval form has been submitted).

Action:

Remediate all Medical-Surgical faculty in Geriatrics based on current approved remediation plan.

1. The remediation content provided was reviewed by our Geriatric content expert Jennifer Long, as well as by our clinical facility preceptor and State Director.

Gerontology courses are offered through Continuing Education (CE) Direct Nursing Education based on previously approved competencies by BRN Nursing Education Consultant Shelley Ward.

2. The remediation plan includes the following:
   a. Faculty member completes thirteen, one- to seven-hour gerontology education modules (18.8 CEU total) by September 20, 2014 (Credit verified by CE Direct).
   b. Faculty member submits Geriatric Clinical Remediation Checklist form by September 30, 2014 (to WGU Nursing Director).
   c. WGU submits to BRN a letter of verification that remediation plan has been completed, signed by WGU Nursing Director, geriatric content specialist, and/or clinical facility staff person.

Documentation of Support:

Evidence: Remediation Plan Course Information

1. Faculty who recently completed the Geriatric Remediation Program:
   - Michael Kirkland completed program on 08/21/2014.

BRN Faculty Approval submitted on 09/04/2014 and pending approval from NEC Ward.

Documentation of Support:

Evidence: Michael Kirkland's Completion of Geriatric Remediation Program

Evidence: Michael Kirkland's BRN Faculty Approval Request Form

NON-COMPLIANCE — ITEM THREE

CCR SECTION 1426(g) (2) – Required Curriculum

The course of instruction shall be presented in semester or quarter units under the following formula:

1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

The program is implementing less than the approved clinical hours in one clinical course, and is implementing more than the approved hours in (6) clinical courses, as stated in the approved BRN curriculum plan. The clinical courses are designed to provide less than the required 75% of direct patient care.

Response:

Have revised the distribution of clinical and skills/simulation lab hours in the courses listed below:

1 clinical unit = 45 hours

Each Medical Surgical course is 2.0 clinical units= 90 hours

All calculations are based on a 2.0 CU value of 90 hours. All changes in distribution of clinical and simulation hours are **effective September 1, 2014** to meet the 75% of direct patient care in an area specified in section 1426(d) in a board-approved clinical setting. Students will be notified of their new lab and clinical schedules using the scheduling communication methods currently in place.

All lab and simulation hours for CASAL I, CASAL II, Chronic Care, OB and PEDS, and Critical Care are decreased to 25% non-direct patient care of the 90 clinical hours.

1. CASAL I and CASAL II clinical hours are increased from 60 hours to 68 hours to meet the requirement of 75% direct patient care clinical hours. Students will complete an additional 8 hour day at the clinical facility for CASAL I and CASAL II respectively. Students will complete 5.5 hours per day for 4 days for a total of 22 hours in lab/simulation.
2. Chronic Care and Critical Care clinical hours remain at 72 hours to meet the requirement of 75% direct patient care clinical hours. Students will complete 6 hours per day for 3 days for a total of 18 hours in lab/simulation.
3. Obstetrics and Pediatrics clinical hours are increased from 48 hours to 51.5 hours to meet the requirement of 75% direct patient care clinical hours. Students will complete 8 hours per day for 2 days (16 hours) in lab/simulation.
4. Mental Health, and Role Transitions remain the same.

Clinical hours added to clinical courses are approved by clinical sites and do not have impact on clinical placement.

Documentation of Support:

Evidence: Program Clinical and Lab/Simulation Course Hours Division

NONCOMPLIANCE — ITEM FOUR

CCR SECTION 1427(c) – Clinical Facilities

Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;

(2) Provisions for orientation of faculty and students;

(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;

(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients.

(5) Provisions for continuing communication between the facility and the program; and

(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

One written agreement was not available by the conclusion of the visit, at a facility where students are currently in clinical practice.

Response:

1. The clinical affiliation agreement that was unavailable at the time of the visit was fully executed on 07/29/2014. A copy of the signed agreement with Lakewood Regional Medical Center is attached as evidence of compliance.
2. The process for monitoring contracts will be accomplished at the University level and the contracts will be readily available in the University's Student Relationship Management (SRM) system.
3. Fully executed written agreements are now on file for each facility the WGU prelicensure nursing program uses for student placement. Students are placed at a facility where their objectives can be met. If a partner facility does not have a specific unit to meet program's objectives, i.e. Pediatrics, Obstetrics, or Psych/Mental Health, than another partner hospital is used or contracts are obtained from non-partner hospitals or clinics where students can be placed using a coach or preceptor model. All agreements entered into with the facilities used by WGU include the BRN requirements listed under Section 1427(c) (1 through 7). The following provisions are made for faculty and student orientation at each of the facilities:
   - *Cedars-Sinai Medical Center:* Students complete a live, on-site orientation prior to the start of each clinical. Each orientation lasts 4-6 hours. Students also complete a one-time, two-day computer class (8 hours per day) prior to the start of the first clinical notation. No faculty orientation is needed since the Clinical Instructor is an employee of the facility.
   - *Huntington Memorial Hospital:* Students complete a full hospital orientation on-site prior to the start of the first clinical rotation. The orientation runs from

Monday through Friday 8 hours per day including computer instruction. No faculty orientation is needed since the Clinical Instructor is an employee of the facility.

- *Fountain Valley Regional Medical Center:* Students complete a self-study/orientation packet that is submitted to the Education Director prior to the first clinical rotation. The assigned Clinical Instructor also completes an orientation packet as well as a physical orientation to the facility when first assigned to the facility.
- *Los Alamitos Medical Center:* Students work directly with the Education Coordinator to complete a Clinical Profile and student orientation packet prior to the first clinical rotation. The assigned Clinical Instructor completes a faculty orientation packet as well as a physical orientation to the facility when first assigned to the facility.
- *Lakewood Regional Medical Center:* Students complete a live, on-site orientation during their first clinical shift. No faculty orientation is needed since the assigned Clinical Instructor is an employee of the facility.
- *St. Francis Medical Center:* Students complete a self-study/orientation packet that is submitted to the Education Director prior to the first clinical rotation. The assigned clinical instructor completes a faculty orientation packet as well as a physical orientation to the facility when first assigned to the facility. The orientation day for new faculty is scheduled every month on the same day of the week each month.
- *Exodus Recovery Center:* Students and faculty complete a self-study/orientation packet that is submitted to the Education Director prior to the first clinical rotation or when clinical instructor is first assigned to the facility.
- *Little Company of Mary, San Pedro:* Not currently used for student clinical placement.

Continuous communication occurs between the facility and the nursing program through clinical instructor and course mentor interaction, as well as the scheduler and the Director of Nursing. Regular conference calls are scheduled between the clinical instructor and the course mentor, as well as dialogue exchanges that occur within the community during a clinical rotation. This communication exchange between the facility and the nursing program is shown on the California Organizational Chart.

Coaches and preceptors receive an orientation into their roles and responsibilities through an online module or a scheduled face-to-face training that contains the same information as the module, as part of their onboarding activities and prior to scheduling them with a student. Clinical instructors also receive an orientation into their roles and responsibilities as part of their training prior to being scheduled with a student cohort.

Documentation of Support:

Evidence: Lakewood Medical Center Signed Clinical Affiliation

Evidence: California Organizational Chart

RECOMMENDATIONS

RECOMMENDATIONS — ITEM ONE

CCR SECTION 1425 – Faculty Qualifications

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 Section 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:

Establish and improve the system for maintaining a current list of BRN approved faculty.

Response:

The process for monitoring and maintaining current active BRN approved faculty will be readily available in the Student Relationship Management (SRM) system at the University level.

RECOMMENDATIONS — ITEM TWO

CCR SECTION 1426(b)-Policies and Procedures

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.

Revise the curriculum's unifying theme to include the faculty's definition of the nursing process.

Response:

Completed the revision of the unifying theme (known as the Conceptual Model) to include the faculty's definition of the nursing process, and included it in the California Institutional Catalog on 08/01/2014 as an additional visual demonstration of what is already present in the curriculum as noted by NEC S. Ward in the site visit report.

Documentation of Support:

Evidence: California Institutional Catalog (p.49)

RECOMMENDATIONS — ITEM THREE

CCR SECTION 1430 – Previous Education Credit

An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge

examinations, or other methods of evaluation. The program shall make information available in published documents, such as the college catalog or student handbook, and online.

Clarify and improve both electronic information and academic counseling related to the availability of prerequisite courses at Western Governors University, advance placement options for LVN's and other health care providers, and transfer credit for registered nursing courses.

Response:

Availability of prerequisite courses at Western Governors University, advanced placement options for LVNs and other health care providers, and transfer credit for registered nursing courses are reflected in the California Institutional Catalog as of 08/01/2014.

Documentation of Support:

Evidence: California Institutional Catalog (pp.12-14).

Western Governors University

California BSRN Catalog

August 25, 2014

Introduction to the Western Governors University & CA BSRN Catalog 7

Electronic Table of Contents 7

Western Governors University Overview 8
- **An Online University with a Mission** 8
- **About Our Students** 8
- **Competency-based Education** 8
- **Accreditation** 9
  - Regional Accreditation 9
  - CCNE Accredited 9
  - CAHIIM Accredited 9
- **Governance** 9
  - Board of Trustees 10
- **Academic Program Governance** 10
- **Faculty Composition** 11
  - Student Mentors 11
- **Faculty Directory** 11

Institutional Calendar 11
- **Programs Begin the First of Every Month** 12

Institutional Enrollment Procedures and Entrance Requirements 12
- **General Admissions Requirements** 12
  - Special requirements for WGU's B.S. Nursing (Prelicensure) California 12
  - LVN Advanced Placement for California Students 13
  - 30-Unit Option for California Students 13
  - Challenge Credit for California Students 13

Policies and Procedures 14
- **Institutional Attendance Policy** 14
  - We Let Students Choose When and Where They Study 14
- **Learning Resources** 14
  - WGU Bookstore 14
  - Online Learning Resources. 14
- **On Time Progress to Graduation** 14
- **Tuition and Financial Aid** 15
  - Satisfactory Academic Progress Policy 15
  - Maintaining Satisfactory Academic Progress 16
  - Financial Aid Appeal for SAP 16
  - Financial Aid Reinstatement 17
  - Tuition and Fees Information 17
- **The WGU Grading System** 17
- **Progress Reporting** 18

"Your Personal Degree Plan" 19
How Your Degree Plan Works 19
Term Enrollment 20
Start and End Dates 20

Policy on Student Conduct; Cause for Dismissal; Conditions on Readmissions 20

Rights and Responsibilities 21
Academic Authenticity 21
Code of Student Conduct 21

Description of Each Program Offered 29
WGU public Web Site Link to All Programs 30
Bachelor of Science in Nursing (Prelicensure) 30

Course Descriptions 32

Alumni and Career Services 37
Delivery of Services 37
Resources for Students/Graduates 37

ADA Support Services 38

Description of the Facilities and Equipment Used for Educational Programs 39
How You'll Complete Your Degree 39
Computer System Requirements 40

Records and Academic Services 40
Policy for Granting Credit for Previous Education, Training, and Experience 40
General Transfer Guidelines 40
Taken Some Courses or Completed Your Degree? 40
Program Specific Transfer Guidelines 41
Health Professions Guidelines 41
Transferring from WGU 41
Refund and Cancellation Policy and Procedures 41
From the Web site: 41
When do new terms begin? 42
Is tuition refundable if I withdraw? 42
Tuition and Fees Refund 42
Determining Withdrawal Dates 42
Calculating the Refund 42
Refunds 42
Tuition Refund Appeal 42
Student Grievance and Complaint Procedure 42
Grievance and Complaint Procedure 43

Access to Electronic and Hard Copy Catalog **44**

Attachment 1: CA BSRN Transfer Evaluation Guidelines **45**

Attachment 2: Conceptual Model, Nursing Program **49**

Remediation Plan for Geriatric Approval - MICHAEL KIRKLAND

I. Complete continuing education hours that include but are not limited to the following:
   a. Identify the normal physiological changes in the elderly.
   b. Identify psychological changes in the elderly.
   c. Define ageism and its ramifications for receiving health care.
   d. Identify the signs of physical and psychological abuse in the elderly.
   e. Demonstrate knowledge of the legal and ethical responsibilities of the nurse in reporting abuse.
   f. Identify how age impacts the elderly patients' response to pain.
   g. Identify the special considerations of pharmacological management specific to the elderly (i.e. drug interactions, changes to medication clearance, pain management, herbal therapy).
   h. Demonstrate knowledge of the use of advanced directives for health care and end-of-life requests for the elderly.
   i. Identify the older adult vulnerable to breakdowns in care as they transition between care settings due to chronic conditions and complex therapies.
   j. Analyze healthcare trends related to the independence and autonomy of older adults.
   k. Compare the foundational principles, goals, and methods of identified government programs and other community health initiatives available to older adults.

II. Satisfactorily meet the attached clinical objectives by providing safe, competent nursing care to the elderly.

III. Provide validation that theory and clinical objectives have been completed and competency is demonstrated at the level of a staff RN.

The faculty member identified below has completed all components of the remediation plan and demonstrates the competency level of a staff RN in Geriatrics.

MICHAEL KIRKLAND
Faculty Member

KRISTIN LANTIS, RN, MSN, OCN
Preceptor/Content Expert/Director

VCU HEALTH SYSTEM
Name of Facility

8/21/2014
Date

1250 EAST MARSHALL ST
RICHMOND VA 23298

804-305-3221
VCU MASSEY CANCER CENTER
401 COLLEGE ST
PO BOX 980037
RICHMOND VA 23298

REMEDIATION OBJECTIVES – GERONTOLOGY - MICHAEL KIRKLAND

1. Understands principles of adult teaching/learning to meet the needs of elderly clients.
2. Identifies factors that influence the aging process, common cognitive changes of the older adult and strategies for behavioral management.
3. Ability to assess the elderly client in all categories – physiologic, psychologic, social, cultural and spiritual.
4. Identifies the nursing strategies appropriate to the elderly client when providing nursing care.
5. Knowledgeable about the importance of client's culture and cultural adherence when providing nursing care.
6. Understands how to use the nursing process in providing safe, age related nursing care to elderly clients.
7. Identifies signs of physical and psychological abuse in the elderly.
8. Adheres to advanced directives for health care and end-of-life requests.
9. Knowledgeable about pharmacology, pharmacokinetics and polypharmacy when caring for the elderly client.
10. Integrates critical thinking and evidence-based research in selecting nursing interventions and developing a plan of care for the elderly client.
11. Uses therapeutic communication in a purposeful way to promote, maintain, or restore mental well being in the elderly client.
12. Understands the importance of working collaboratively with health team members when providing care to elderly clients.
13. Identifies common health concerns, safety measures and ways to access appropriate healthcare for elderly clients.
14. Understands the ethical and legal framework established for elderly clients.
15. Treats elderly clients and their families with respect and dignity.

All clinical objectives have been met: Kristin Lantis
Signature of Evaluator

Kristin Lantis RN, MS, OCN
Printed Name and Title of Evaluator

804-305-3221

VCU Health System
Organization Information

VCU MASSEY CANCER CENTER
401 COLLEGE ST
PO BOX 980037
RICHMOND VA
23298

1250 EAST MARSHALL ST.
RICHMOND VA, 23298

CEdirect

Transcript

User: Michael Kirkland
User License(s): Registered Nurse VA 0001206660
Facility: Western Governor University

Title	Course Number	Course Type	Completed	Contact Hrs	Score
Interprofessional Case No. 1 *Reggie Mantel, An Older Adult Recovering from Knee Replacement and CVA*	CE677	CE Course	08/20/2014	1.50	94
The Hospitalized Older Adult *Entering a Danger Zone*	CE533	CE Course	08/20/2014	1.00	100
Advance Directives: Conversations Matter	CE715	CE Course	08/20/2014	1.00	83
Aging Immune Systems Make Older Adults More Vulnerable to Attack	CE494	CE Course	08/19/2014	1.00	92
Elderly Want to 'Age in Place'	CE371-60	CE Course	08/19/2014	1.00	75
Polypharmacy in the Elderly	CE214-60	CE Course	08/19/2014	1.00	100
Everyday Ethics for Nurses	60097	CE Course	08/18/2014	7.30	100
Elder Abuse *Mistreatment of Older Americans on the Rise*	CE511	CE Course	08/13/2014	1.00	100
Fall Prevention Among the Elderly	CE151-60	CE Course	08/13/2014	1.00	100
End-of-Life Issues	CE257-60	CE Course	08/13/2014	1.00	100
Mental Health & Older Adults, Part 2 *Mental Illness in Later Life*	CE519	CE Course	08/13/2014	1.00	92
Mental Health & Older Adults, Part 1 *What to Expect with Aging*	CE518	CE Course	08/12/2014	1.00	83

POWERED BY
continuingEDUCATION.com
A division of Gannett Healthcare Group.
Copyright © 2000-2014. All rights reserved.

Western Governors University

Cohort Calendar: Clinical Site

2014-2016

Calendar & dates subject to change pending clinical partner availability

INTRODUCTION TO NURSING

June-14							July-14							August-14							September-14							October-14							November-14						
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
						1		1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1	2
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30

LAB AND CLINICAL INTENSIVE DATES

6/1	Start Date			Start Date
6/2-6/6	Virtual Lab Hours			Lab
6/7-6/8	Intro Lab Days 1 & 2			Assessment
6/10-6/11	Virtual Lab Hours			First Attempt Assessment
6/14	Intro Assessment			Clinical Assessment

CASAL I (68 Hours) / CASAL II (68 Hours)

December-14							January-15							February-15							March-15							April-15							May-15						
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
1	2	3	4	5	6	7				1	2	3	4							1							1			1	2	3	4	5					1	2	3
8	9	10	11	12	13	14	5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
15	16	17	18	19	20	21	12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
22	23	24	25	26	27	28	19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
29	30	31					26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	
	31																				30	31																			

LAB AND CLINICAL INTENSIVE DATES

12/20-12/21	CASAL I Lab Day 1 & 2	3/28-3/29	CASAL II Lab Day 1 & 2	Start Date
1/10-1/11	CASAL I Lab Day 3 & 4	4/11-4/12	CASAL II Lab Day 3 & 4	Lab
1/17	CASAL I First Attempt Assessment	4/18	CASAL II First Attempt Assess	Assessment
1/18	CASAL I Assessment	4/19	CASAL II Assessment	First Attempt Assessment
1/26-2/8	CASAL I Clinical Intensive	4/27-5/10	CASAL II Clinical Intensive	Clinical Assessment

CHRONIC CARE (72 Hours) / PSYCH (90 Hours)

June-15							July-15							August-15							September-15							October-15							November-15						
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
1	2	3	4	5	6	7			1	2	3	4	5						1	2		1	2	3	4	5	6				1	2	3	4							1
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30						27	28	29	30	31			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
														31																					30						

LAB AND CLINICAL INTENSIVE DATES

6/27	Chronic Lab Day 1	10/5-10/25	Psych Clinical Intensive	Start Date
7/11-7/12	Chronic Lab Day 2 & 3			Lab
7/18	Chronic First Attempt Assess			Assessment
7/19	Chronic Assessment			First Attempt Assessment
7/27-8/16	Chronic Clinical Intensive			Clinical Assessment

OB/PEDS (51.5 Hours Each) / Community (90 Hours)

December-15							January-16							February-16							March-16							April-16							May-16						
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7		1	2	3	4	5	6					1	2	3							1
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22
28	29	30	31				25	26	27	28	29	30	31	29							28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29
																																			30	31					

LAB AND CLINICAL INTENSIVE DATES

12/12-12/13	OB Lab Day 1 & 2			Start Date
12/19	OB Lab Day 3			Lab
12/28-1/10	OB Clinical Intensive			Assessment
1/30-1/31	Peds Lab Day 1 & 2			First Attempt Assessment
2/6	Peds Lab Day 3			Clinical Assessment
2/8-2/21	Peds Clinical Intensive			

CRITICAL CARE (72 Hours) / NURSING ROLE TRANSITIONS (180 Hours)

June-16							July-16							August-16							September-16							October-16							November-16						
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4							1	2		1	2	3	4	5	6
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30				25	26	27	28	29	30	31	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30				
																												31													

LAB AND CLINICAL INTENSIVE DATES

6/18	Critical Care Lab Day 1	10/3-11/6	Nursing Role Transitions Intensive	Start Date
6/25-6/26	Critical Care Lab Day 2 & 3			Lab
7/9	Critical Care First Attempt			Assessment
7/10	Critical Care Assessment			First Attempt Assessment
7/18-8/7	Critical Care Clinical Intensive			Clinical Assessment

Program Clinical and Lab-Simulation Course Hours Division

Total Competency Units (CUs)					
Clinical Course	**Current Hours Simulation**	**Current Hours Clinical**	**Current Hours Lab**	**(25%) NEW non-direct patient care hours (lab/Simulation)**	**(75%) NEW direct patient care clinical hours**
Introduction to Nursing Clinical Skills *(FAST Start)*	0	0	17	45	
Caring Arts and Science Across the Lifespan Part I Clinical Skills	0	0	32	22	
Caring Arts and Science Across the Lifespan Part I Clinical	0	60			68
Caring Arts and Science Across the Lifespan Part II Clinical Skills	18	0	16	22	
Caring Arts and Science Across the Lifespan Part II Clinical	0	60			68
Chronic Care Clinical Simulation	21	0	4	18	
Chronic Care Clinical	0	72			72
Care of the Developing Family Clinical and Simulation	24	48	0	16	51.5
Nursing Care of Children Clinical and Simulation	24	48	0	16	51.5
Psych/Mental Health Clinical	0	90	0		90
Community Health Nursing Practicum	0	90	0		90
Critical Care Nursing Clinical Simulation	28	0	4	18	
Critical Care Nursing Clinical	0	72			72
Nursing Clinical Practicum	0	180	0		180
Totals	**115**	**720**	**73**	**157**	**743**

*Assessment is a designated scheduled appointment on a different day for a maximum of 30 minutes.

AFFILIATION AGREEMENT

THIS AFFILIATION AGREEMENT ("Agreement") is made and entered into as of the later of August 1, 2014, or the execution of the Agreement by both parties (the "Effective Date") between Western Governors University ("School"), and Lakewood Regional Medical Center, Inc., a California corporation, doing business as Lakewood Regional Medical Center ("Hospital").

RECITALS:

A School offers to enrolled students a degree program in the field of nursing.

B Hospital operates a comprehensive inpatient facility licensed in the State of California ("State").

C School desires to provide to its students a clinical learning experience through the application of knowledge and skills in actual patient-centered situations.

D Hospital has agreed to undertake training activities and to make its facility available to identified students of School for such purposes.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties hereby agree as follows:

1. RESPONSIBILITIES OF SCHOOL.

a. **Clinical Program.** School shall be responsible for the implementation and operation of the clinical component of its program at Hospital ("Program"), which Program shall be approved in advance by Hospital. Such responsibilities shall include, but not be limited to, the following (i) orientation of students to the clinical experience at Hospital; (ii) provision of classroom theory and practical instruction to students prior to their clinical assignments at Hospital; (iii) preparation of student/patient assignments and rotation plans for each student and coordination of same with Hospital; (iv) continuing oral and written communication with Hospital regarding student performance and evaluation, absences and assignments of students, and other pertinent information; (v) supervision of students and their performance at Hospital; (vi) participation, with the students, in Hospital's Quality Assurance and related programs; and (vii) performance of such other duties as may from time to time be agreed to between School and Hospital.

All students, faculty, employees, agents and representatives of School participating in the Program while on Hospital premises ("Program Participants") shall be accountable to Hospital's Administrator. School shall be responsible for causing all Program Participants to comply with the terms of this Agreement.

b. **Student Statements.** School shall require each Program Participant to sign a Statement of Responsibility in the form attached hereto as Exhibit A, and a Statement of Confidentiality in the form attached hereto as Exhibit B.

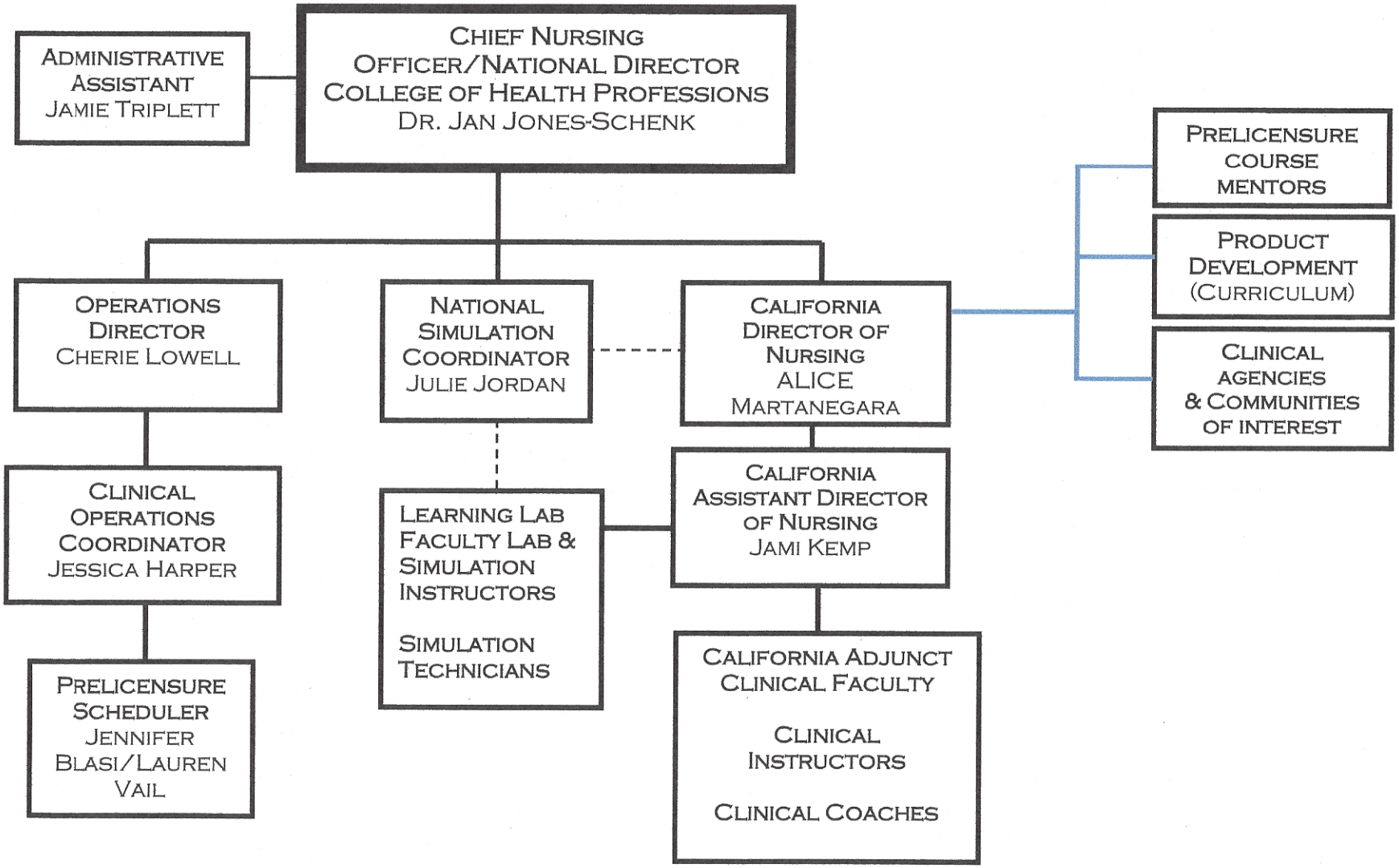
("Screened Persons") against (a) the United States Department of Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities (available through the Internet at http://www.oig.hhs.gov), (b) the General Services Administration's System for Award Management (available through the Internet at http://www.sam.gov); and (c) any applicable state healthcare exclusion list (collectively, the "Exclusion Lists") to ensure that none of the Screened Persons are currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal healthcare programs or in Federal procurement or nonprocurement programs, or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an "Ineligible Person"). If, at any time during the term of this Agreement any Screened Person becomes an Ineligible Person or proposed to be an Ineligible Person, School shall immediately notify Hospital of the same. Screened Persons shall not include any employee, contractor or agent who is not providing services under this Agreement.

LAKEWOOD REGIONAL MEDICAL CENTER, INC.

By: _____
Ronald J. Galonsky, Jr., FACHE
Chief Executive Officer
Date: 7.29.14
3700 E. South Street
Lakewood, CA 90712

SCHOOL:

By: Jan Jones-Schenk
Name: Jan Jones-Schenk
Title: Chief Nursing Officer
Date: 7/29/14
Address: 4001 S. 700 E., Suite 700
Salt Lake City, UT 84107


Administrative Assistant
Jamie Triplett
Chief Nursing Officer/National Director College of Health Professions
Dr. Jan Jones-Schenk
Operations Director
Cherie Lowell
National Simulation Coordinator
Julie Jordan
California Director of Nursing
ALICE
Martanegara
Prelicensure course mentors
Product Development (Curriculum)
Clinical agencies & Communities of interest
Clinical Operations Coordinator
Jessica Harper
Learning Lab Faculty Lab & Simulation Instructors
Simulation Technicians
California Assistant Director of Nursing
Jami Kemp
Prelicensure Scheduler
Jennifer Blasi/Lauren Vail
California Adjunct Clinical Faculty
Clinical Instructors
Clinical Coaches

12/2014

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.3
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Bakersfield College Associate Degree Nursing Program

REQUESTED BY: Shelley Ward, M.P.H., R.N., NEC

BACKGROUND: Cindy Collier, RN, MSN, Dean, Nursing/Allied Health

A continuing approval visit was conducted at the Bakersfield College Associate Degree Nursing Program on September 10th and 11th, 2014, by Shelley Ward, NEC, Badrieh Caraway, NEC and Carol Velas, NEC. The program was found to be in non-compliance with CCR Section 1425 (f) – Content Expert. Three recommendations were rendered. The program submitted a progress report addressing the areas of non-compliance and the recommendations.

The Bakersfield College Associate Degree in Nursing Program is located in the Kern County Community College District. The college currently implements the ADN program at the main campus in Bakersfield and at space provided through Cerro Coso Community College, which serves as an alternate program location. This college is located approximately 145 miles northeast of Bakersfield in Ridgecrest, CA.

The ADN program established this alternate program site in fall 2005 to provide the opportunity for students to complete the LVN to RN curriculum option in their local community, and to meet a District wide initiative to provide nursing education growth opportunities in the Kern Community College District, which covers over 24, 000 square miles. Approximately (10) LVN-RN students are admitted annually in the fall at this location through a partnership with the college and Ridgecrest Regional Hospital. Historically, Porterville College was also an alternate campus location of the Bakersfield College ADN program from 2003 through fall of 2010, when the college was established an independent ADN program.

LVN students located at the Cerro Coso alternate campus are admitted to Bakersfield College, follow the same program policies/procedures, curriculum, and are graduates of Bakersfield College. The Cerro Coso Community college has an existing LVN program. An equipped skills lab has resources comparable to the main campus. Dedicated faculty are assigned teaching and coordinating responsibilities at this location. Instruction for theory nursing courses is provided through a distance education platform via a live interactive closed television broadcast system, as well as in person at designated times in the semester. The program tracks evaluation data specifically for students at this site as well as for the program at large.

The program has been faced with responding to resource challenges since the last continuing approval visit. Classroom space availability is limited for class sizes above (40) students, and space needed for skills lab and simulation created the need to use additional off-campus space a short distance away at the Weill Center. Students have access to state of the art technology such

as adult/ pediatric/ OB simulation, medication dispensing system, bedside pc's and a variety of equipment/software upgrades.

The Bakersfield ADN program experienced significant turnover of faculty and support staff in the last five years and with the support of the college replaced (15) positions. Additionally, the college has approved a new Associate Dean of Nursing position and allocated 20% administrative release time for the two program assistant directors, given the program director's administrative responsibilities for several other allied health programs.

Grant funding and community partnerships totaling in excess of 7.2 million dollars, is credited with funding key support positions including clinical teaching assistants, the Educational Advisor, Simulation Coordinator, and Success Coach. External funds have also a provided for equipment and technology upgrades and faculty development. The advisement and remediation services provided by this funding resulted in the implementation of Early Identification of At Risk Students initiative which is with positively influencing attrition and NCLEX – RN examination testing outcomes. College administration voiced their commitment to continue to provide the program with needed resources should granting funding sources discontinue.

Although faculty and staff turnover has been challenging, faculty continue to revise the curriculum to stay current with trends in nursing education and healthcare evidenced by NCLEX –RN examination scores.

NCLEX Pass Rates First Time Candidates:

2013-2014 – 91.40%
2012-2013 - 97.98%
2011-2012 – 93.10%
2010-2011 – 88.10%
2009-2010 – 93.16%

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Shelley Ward, M.P.H., R.N., NEC
Nursing Education Consultant

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

BAKERSFIELD COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Visit Dates: SEPTEMBER 10 & 11, 2014

NON-COMPLIANCE:

Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:
(1) A master's degree in the designated nursing area; or
(2) A master's degree that is not in the designated nursing area and shall:
(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

The content expert for pediatrics does not meet the theoretical and clinical qualifications.

RECOMMENDATIONS:

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.

Evaluate the sufficiency of clerical support services for faculty at the Cerro Coso Community College alternate program location

SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

Evaluate the effectiveness of the teaching methodology and the clinical evaluation tool utilized in NURS B25 Mental Health - Psychiatric Nursing course for consistency with the curriculum framework.

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

BAKERSFIELD COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Visit Dates: SEPTEMBER 10 & 11, 2014

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.

Evaluate the NURS B70 Role Transition: Bridging Nursing Theory to Practice course for LVN students in regards to sequence in the curriculum plan.

CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: Bakersfield College Associate Degree Nursing Program

DATES OF VISIT: September 10 & 11, 2014

WORK COPY

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications:	X		Cindy Collier, MSN, Dean, Nursing/Allied Health is the program director, and was appointed in July 2001.
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);	X		
(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or	X		
(5) Equivalent experience and/or education as determined by the board.			
SECTION 1425(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		There are two assistant program directors, Debra Kennedy appointed in July 2007, and Carla Gard appointed in August 2013.
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The program director is a 12- month 100% educational administrative position. The position has direct oversight and program director responsibilities for the ADN (including LVN-RN's at Cerro Coso Community College alternate program location), LVN, and EMT- Basic programs. She provides administrative oversight for Radiologic Technology, EMT-Paramedic, CNA/HHA, Fire Technology and the Student Health Center. The BRN program director works with other program specific directors and/or coordinators for the administration of non-nursing programs. A Nursing Department Chair is assigned 70% release time primarily related to college-wide functions. Since the last interim visit each of the two assistant director positions were allocated 20% release time for ADN program administration.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The Assistant Director, ADN Program Job Description states that the position is responsible for continuing the administration of the ADN nursing program in the absence of the program director. Some of their assigned duties include preparing program reports, committee related activities, supporting student needs/ issues, and LVN-RN option related duties.
SECTION 2: TOTAL PROGRAM EVALUATION			
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.	X		Policies and procedures that govern the nursing program are available to students in the Bakersfield College Catalogue, the Associate Degree Nursing Student Handbook, and online.
(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The nursing faculty have a detailed Total Evaluation Plan that is used for evaluating student and program processes and outcomes. Data is collected and analyzed in the aggregate for the nursing program and specific to the Cerro Coso Community College student cohorts. In years 2009-2013 overall program attrition was at 19% in 2009, 17% in 2013, with the lowest at 4% in 2012. NCLEX- RN examination first time pass rates were consistently above the 75% threshold, due to implementing a variety of student success initiatives. Faculty use data from ATI testing results in the program evaluation process. A recent focus has been on improving response rates from alumni and employers through targeted strategies developed with seniors in their leadership coursework. Improvement in on-time completion rates is an ongoing theme. (60% in 2013). The faculty are also determining how to revise the nursing program evaluation processes with the college-wide program review requirements to streamline the workload and enhance data collection.
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		The Associate Degree Nursing Student Handbook describes the policy and procedure for informal and formal complaints. The program has a mechanism for tracking student complaints.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The organization chart was reviewed and updated during the visit to illustrate the program director's relationship to the Cerro Coso Community College alternate program location, clinical facilities and faculty.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 3: SUFFICIENCY OF RESOURCES **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.	X		Total program enrollments included (238) generic, (11) LVN-RN, (15) LVN-RN C6 grant funded cohort, and (8) LVN-RN students who are located at Cerro Coso Community College which serves as an alternate program location. The program participates and receives grant/community partnership funding to support enrollments from (5) state, federal and hospital partnership sources. The nursing program has received 7.2 million dollars in grant funding in the last five years. External funds have provided for clinical teaching assistants, equipment/technology upgrades and maintenance, key support staff and faculty development. Key support positions including the Simulation Coordinator, Educational Advisor and Success Coach are not currently funded through the college general funds. The college has appropriated funds to add a new Associate Dean of Nursing position (currently under recruitment), and for replacement of (15) Full-time faculty/ classified/support staff positions due to significant turnover (retirements/life changes) since the last BRN approval visit. There are (4) administrative/clerical support positions (3) of which are provided for through college funds. Recruitment to fill vacancies for some of the clerical positions is in progress. Physical Space/Library: Classroom space at the college is noted as challenging with the most classrooms accommodating (40) students, and one for sixty. The program uses an off- campus site location, the Weill Center, which is in close proximity for additional classroom and nursing skills lab space. Cerro Coso Community College provides classroom, and nursing skills lab space as well as college -wide campus resources for Bakersfield College nursing program students. Classrooms are equipped with smart technology. Faculty offices and equipment have been upgraded. The skills labs collectively are well enabled with task trainers, new VitaSim mannequins, and high-fidelity simulation capability (adult, pediatric and OB), as well as other technology based learning resources for students such as medication delivery devices and bedside pc's. Library resources are available to students at the main campus, at Cerro Coso Community College and via remote internet access.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		Technology: Wi-Fi access has been expanded. The Luminas Portal provides students with access to needed program and college resources. Nursing student software has been upgraded and is available to students on pc's in a variety of locations. One distinctive technology feature at the college is that theory instruction for nursing courses is provided via distance education for students located at the Cerro Coso Community College location via a live interactive closed television broadcast system. It can also be used to facilitate student/faculty meetings. Faculty: (2) part-time faculty and other assigned faculty are supporting skills lab due to the recent loss of (2) permanent staff. One recently hired BRN approved faculty member is the assigned clinical faculty/coordinator at Cerro Coso Community College. A second BRN approved faculty member, who is also the Director of the Vocational Nursing program at this location, assists with space/technology coordination functions for students at this campus. The NEC who visited the Cerro Coso Community College campus location spoke with faculty and students at this location about the adequacy of program resources. It was noted that additional clerical assistance would be beneficial, in part due recent faculty/coordinator changes. Students have access to peer tutoring, specialized advisement/remediation services, and nursing support groups that are facilitated by a Licensed Marriage and Family Counselor. NECs discussed future plans for maintenance of essential student advisement/remediation and skills lab support services identified by the program as a concern given grant funding with program administration, who offered their commitment to ensure that adequate program resources would continue if grant funding changed. **Recommendation:** Evaluate the sufficiency of clerical support services for faculty at the Cerro Coso Community College alternate program location.
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS			

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1425 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:	X		Approval forms are filed and were available during the visit.
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.	X		The Nursing Faculty Council is the faculty organizational structure that is used as a meeting forum to implement faculty responsibilities. Changes in program policies, curriculum and program evaluation activities are coordinated via this structure. A few of the many examples of faculty engagement include: changes made in 2011 to the program philosophy and conceptual framework, revisions to the clinical evaluation tool in 2012, incorporating QSEN competencies into the curriculum levels. The faculty have initiated a major curriculum revision process to change to a Concept-based curriculum. Part-time faculty given irregular work schedules participate in bi-annual nursing faculty retreats for program level participation. Lead faculty have the responsibility to coordinate theory and clinical courses with part-time faculty to facilitate consistency in course implementation. Course instructors establish and maintain ongoing communication with part-time faculty during course implementation. Faculty also have selected times during the semester to teach theory courses at Cerro Coso Community College program location and broadcast the class to the main campus to allow for face-to face time with students located here.
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.	X		The program has (47) total faculty excluding the director position. There are (16) full-time and (31) part-time BRN approved faculty. Some BRN approved full-time faculty are not teaching in the ADN program at this time, and some part-time faculty positions are designated as substitutes. The majority of assistant instructors are responsible for teaching clinical courses. See CCR Section 1425 (f)

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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		The table of organization structure and the faculty assignments are consistent with requirements.
SECTION 1425(c) An instructor shall meet the following minimum qualifications:	X		Faculty designated as Instructors meet requirements. The program has (11) Instructors.
(1) The education requirements set forth in subsection (a) (1).	X		
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:	X		
(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	X		
(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	X		
(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:	X		Assistant Instructors meet requirements. The program has (17) Assistant Instructors.
(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;	X		
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:	X		
(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or	X		
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.	X		Clinical Teaching Assistants meet requirements. There are (19) Clinical Teaching Assistants.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.		X	The program report describes that the content experts are assigned to teach both theory and clinical courses in their area of specialization, and have the responsibility for overseeing instruction and for assuring curriculum alignment. The following faculty were identified as the assigned content experts: Carla Gard- Medical Surgical Christine Dunn- Obstetrics Alisha Loken –Pediatrics Ann Marie Michalski- Mental Health/Psychiatric Traci Hill- Geriatrics The full-time faculty member assigned as a content expert in pediatrics is BRN approved as an instructor in the Medical/Surgical and Pediatric nursing areas. The Report On Faculty Form (EDP-P-10a) describes each content expert's education and experience. Evidence that the assigned pediatric content expert met the pediatric nursing area specific education and clinical practice experience qualification requirements could not be validated during the course of the visit. **Non-Compliance:** The content expert for pediatrics does not meet the theoretical and clinical qualifications.
Section 5: CURRICULUM 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.	X		The philosophical statement, Terminal Objectives, Nursing Program and Student Learning Outcomes serve as the basis of the curriculum structure. Alignment with the mission of the college and the ADN program is evident. The philosophical statement describes that the purpose of the nursing program is to educate men and women to become entry level registered nurses as providers of care, managers of care and members of the profession. The physiological statement reflects faculty beliefs about the value of caring. It describes using the nursing process as the organizing framework, the provision of nursing education in institutions of higher education, student advancement/ support; and the ongoing process that faculty embrace for integrating the program mission, philosophy, organizing framework, threads and learning outcomes. The philosophy, terminal objectives and learning outcomes clearly articulate B& P Code Section 2725, the Practice of Nursing Defined and the Standards of Competent Performance stated in CCR Section 1443.5.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Consultants met with students in year 1 of the program in one group and year 2 in a separate group. When asked about the consistency in implementation of the curriculum across the program many students expressed having difficulty in 2nd semester adjusting to the teaching/learning methodology used in the NURS B25 Mental Health- Psychiatric Nursing theory course as compared to other courses. NURS B 25 is a (3.5) unit course (2 units theory, 1.5 units clinical) They described the approach as focused on applying impendent course reading to case scenario application while in class with minimal lecture, as challenging and different than other courses at the same semester level. The course theory syllabus includes that a variety of instructional methods may be used Some students indicated that they were not achieving success as anticipated on the course related ATI tests. The evaluation tool used for the clinical component of the course has a different design and performance level descriptions than the tools used in other courses. The program self-study report indicated that faculty were "piloting" this tool in Fall 2013/Spring 2014. **Recommendation:** Evaluate the effectiveness of the teaching methodology and the clinical evaluation tool utilized in NURS B25 Mental Health - Psychiatric Nursing course for consistency with the curriculum framework.
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.	X		New faculty are provided with orientation and often paired in faculty office settings with incumbent faculty to facilitate orientation and mentoring. The Nursing Department Chair is a key resource for new faculty orientation. Two vacant full-time faculty positions were filled in Summer 2014.
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.	X		
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.	X		The program submits curriculum revisions to the NEC and the Board. The most recent minor revision was submitted in July 2014.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The curriculum has a well-defined conceptual framework that reflects the philosophy and defines the nursing process as organizing framework. The curriculum advances in a simple to complex approach as the role of the student nurse progresses from a foundational level (semester 1) to an integrative level (semester 4). The organizing framework embeds consistent threads and key concepts into each semester level. NURS B70 Role Transition: Bridging Nursing Theory to Practice is a two- unit course that contains a theory and clinical skills lab component in the advance placement LVN-ADN/ 30-Unit option curriculum plans. It is offered in the first semester of nursing courses that LVN's take with NURS B26 Medical Surgical Nursing 3, and NURS B25 Mental Health-Psychiatric Nursing courses. LVN students in different admission cohorts described taking the course when it was offered at the beginning of the semester and others who took it concurrently during the semester with other nursing courses. Students expressed varying perspectives on course sequencing approaches related to overall successful program progression. The faculty have previously explored various options for sequencing this course given the different LVN student admission cohorts. **Recommendation:** Evaluate the NURS B70 Role Transition: Bridging Nursing Theory to Practice course for LVN students in regards to sequence in the curriculum plan.
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 at least the following number of units in the specified course areas:	X		Total Units For Licensure (71) semester units. Total Units For Graduation (81) semester units.
(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.	X		Total Nursing is (41) semester units Theory (21.5) units Clinical (19.5) units
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	X		Communication (6) semester units

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		Sciences (24) semester units.
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.	X		Nursing courses with a clinical component combine theory and clinical into one course in a semester. Syllabi contain theory and clinical course components. Faculty strategies for ensuring concurrency and consistency include curricular review by lead instructors/content experts, the use of simulation, preparatory meetings with clinical faculty prior to course initiation. QSEN competencies are incorporated into each level in the curriculum.
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.	X		The Total Curriculum Plan (EDP-P-05a) and Required Curriculum: Content Required For Licensure Forms (EDP-P-06) contain the required elements. Course content meets requirements. The faculty has developed tools and matrices to support curriculum content distribution by semester level.
(1) nursing process;	X		
(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;	X		
(3) physical, behavioral and social aspects of human development from birth through all age levels;	X		
(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;	X		
(5) communication skills including principles of oral, written and group communications;	X		
(6) natural sciences including human anatomy, physiology and microbiology; and	X		
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements: (A) An active, clear license issued by the board; and (B) Clinically competent and meet the minimum qualifications specified in section 1425 (e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor; (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; (1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. (2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	Not applicable		The program does not offer a preceptorship course at this time. Consultants clarified the use of the term preceptorship with program faculty.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships. (7) Plan for ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for precetorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements.	Not applicable		The program does not offer a preceptorship course at this time.
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:	X		One semester unit of theory equals (18) hours of instruction, and one unit of clinical equal (54) hours of instruction. Total theory and clinical course hours are based on this calculation. Nursing theory courses are delivered over 16 weeks and the clinical courses are implemented in 16 or less weeks depending on the course and semester level.
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.	X		
(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		.
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The faculty have defined responsibilities for community-based clinical experiences.
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		BRN Clinical Facility Approval Forms (EDP-P-08) are completed and on file.
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.	X		Program strengths include the level of community support for the program and the variety of clinical sites that offer students a wide variety of experiences. Students at the Cerro Coso Community College program location receive the majority of their clinical experience at Ridgecrest Regional Hospital, and continue to utilize clinical facilities in Bakersfield for mental health/psychiatric and selected advanced medical surgical clinical experiences. NECs visited students located at Bakersfield Memorial Hospital.
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:	X		The program has in effect agreements on file for clinical placements. The generic program clinical affiliation agreement "Allied Health Education Program Agreement – Kern Community College District" contains the required elements.
(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;	X		
(2) Provision for orientation of faculty and students;	X		
(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		
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;	X		
(5) Provisions for continuing communication between the facility and the program; and	X		
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		The program uses the Centralized Clinical Placement System (CCPS) for acquiring clinical site placements. Faculty are also involved with appropriate site selection.
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 X X X X X X		The faculty define student/faculty ratio's in the clinical setting to ensure patient safety and so that student can meet clinical objectives, taking into account the clinical agency's requirements. Clinical course sections have (10) or less students.
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		The program clinical evaluation tools define level outcomes for each of the four semesters in the program and are designed to meet program outcomes. See CCR 1425.1 (a)
SECTION 7: STUDENT PARTICIPATION			
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: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X X X X		Students have a variety of formal and informal avenues to participate in the program. Course, faculty, clinical facility and program completion evaluation processes are available to all students. Students serve on various committees serving as representatives and elected officers, including Cerro Coso campus students. This includes representation on the Nursing Faculty Council Committee. A chapter of NSNA has recently been established by the program. Faculty are working on methods to improve student submission of course evaluations. The BRN program director also meets periodically with students at the Cerro Coso Community College program location site.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS			
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.	X		Information regarding this option is contained in the college catalogue, on the Allied Health website, and in the nursing program office. The transcripts submitted to the BRN designate that the student is eligible to sit for the NCLEX-RN examination. There were no students enrolled in this option at this time.
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 applicants academic deficiencies, irrespective of the time such courses were taken.	X		Advisement sessions are offered for prospective nursing program students at which time the option is described. Any student who is interested in applying for this option meets with the ADN Program director who provides details about selection of the option.
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 be fulfill the additional education requirement.	X		The LVN 30- Unit Option curriculum includes a total of (29) semester units of required science and nursing courses.
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.	X		
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		Nursing courses include a (2) unit Role Transition Course.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Policies and procedures for granting transfer credit for both non-nursing courses and nursing courses are clearly specified in the college catalogue and the ADN Student Handbook. Challenge examination policies and procedures for nursing courses (theory and clinical) are available to students. Advance placement entry options are available for LVN's who enter third semester med. /surg. level coursework.
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD **SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.	X		NCLEX-RN examination pass-rates have exceeded the 75% requirement since the previous continuing approval visit. The program has provided a variety of resources to students and faculty to enhance NCLEX examination success through grant funded sources. The program adopted an Early Identification of At-Risk Students initiative which provides for advisement, counseling and remediation services. Students and faculty use ATI/CARP (Comprehensive Assessment and Review Program) resources. Semester specific remediation courses have been developed and are implemented based on criteria. Students have access to a NCLEX review course. Updates to skills lab resources and software have been instituted. NCLEX Pass Rates First Time Candidates (BRN Records): 2013-2014 – 91.40% 2012-2013 - 97.98% 2011-2012 – 93.10% 2010-2011 – 88.10% 2009-2010 – 93.16%
(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. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.	X		
(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.	X		
(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 11: CHANGES TO AN APPROVED PROGRAM SECTION 1432			
(a) Each nursing program holding a certificate of approval shall:	X		
(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.	X		
(2) Notify the board within ten (10) days of any:	X		Consultants discussed contacting the NEC as a resource to determine if future changes in the organizational structure or in funding sources for the program would require a report to the Board.
(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.	X		
(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.	X		
(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:	X		
(1) Change in location.	X		
(2) Change in ownership.	X		
(3) Addition of a new campus or location.	X		
(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

Bakersfield
COLLEGE

November 3, 2014

Shelley Ward, MPH, RN
Nursing Education Consultant
California Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Shelley,

Enclosed in these materials are the Continuing Approval Progress Report and supporting documentation materials for the continued approval of the Associate Degree Nursing Program at Bakersfield College.

Please email or call me if you have any questions regarding this documentation at ccollier@bakersfieldcollege.edu or 661-395-4282.

Sincerely,

Cindy Collier, RN, MSN
Dean, Nursing/Allied Health

BAKERSFIELD
COLLEGE
1913 – 2013

Progress Report of Associate Degree Nursing Program

To Board of Registered Nursing
State of California

For Continuing Approval

November 1, 2014

BAKERSFIELD COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

PROGRESS REPORT TO THE BOARD OF REGISTERED NURSING

Table of Contents

Areas of Non-Compliance 3

CCR Section 1425(f) – 3

Action taken to correct the problem 3

Recommendations 3

CCR SECTION 1424(d) 3

Action taken to correct the problem 3

Process for monitoring and evaluating effectiveness 5

Documentation to support action 5

CCR SECTION 1425.1(a) 5

Plans for action, including timeframe 5

Documentation to support action 6

CCR SECTION 1426(b) 6

Plans for action, including timeframe 6

Documentation to support action 6

Appendices

Appendix A - Report on Faculty EDP-P-10a

Appendix B - KCCD Form B - Full-Time Faculty Classroom Observation

Appendix C - KCCD Form E - Full-Time Student Evaluation for Faculty

Appendix D - NURS B25 Clinical Evaluation Tool

Areas of Non-Compliance

CCR Section 1425(f) –

A content expert shall be an instructor and shall possess the following:
(1) A master's degree in the designated nursing area; or
(2) A master's degree that is not in the designated nursing area and shall:
(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

- The content expert for pediatrics does not meet the theoretical and clinical qualifications.

Action taken to correct the problem

Since the site visit the content expert for Pediatrics has completed a total of 33.7 units in Pediatric continuing education. She continues to demonstrate clinical competence by working during the last 5 years as a per diem staff RN in the ICU (which serves pediatric and adult patients) as well as the ED. Form EDP-P-10a, *Report on Faculty* included with this progress report. In addition, we have also hired a masters prepared pediatric faculty member who once she gains 1 year full-time experience will move into the role of Content Expert.

Recommendations

CCR 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.

- Evaluate the sufficiency of clerical support services for faculty at the Cerro Coso Community College alternate program location

Action taken to correct the problem

In order to evaluate the sufficiency of clerical support services for faculty at the alternate program location the Program Director met with students and faculty to determine the specific concerns.

Students identified that the clerical support issues centered on the in-taking into the Program process and were mainly in regards to miscommunication. The faculty members identified clerical support services were adequate but could be streamlined. In order to improve the services, the Program has implemented the following:

- Utilizing the college information portal, InsideBC, the Program would post student information via the *Announcements* section and the Faculty member would also post to her class site (refer to image 1 & 2).

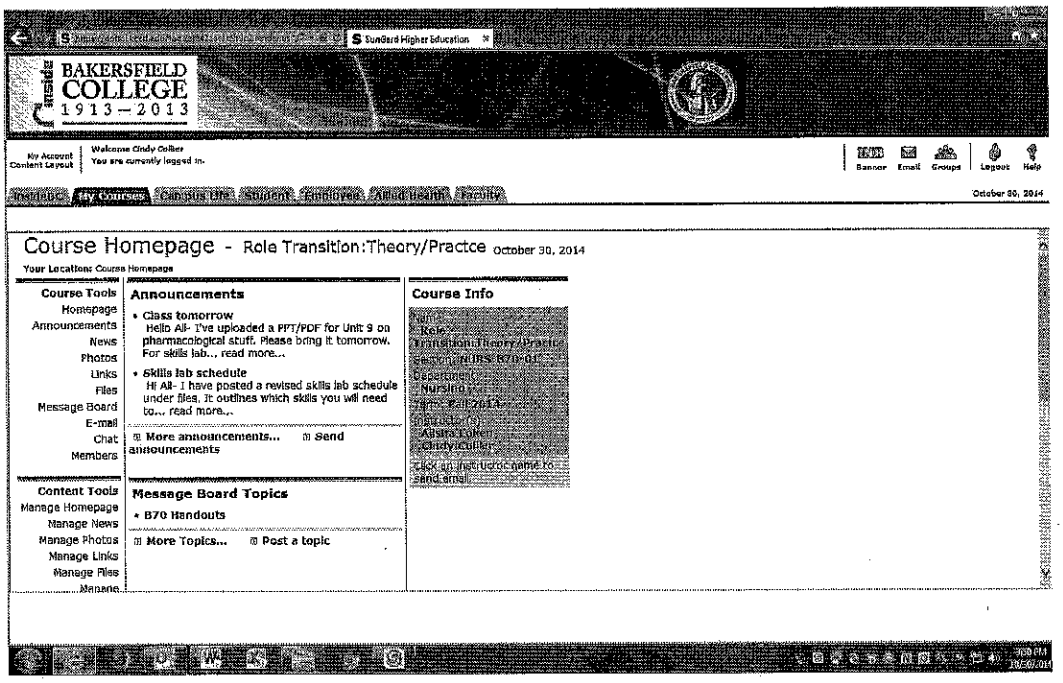


Image 1

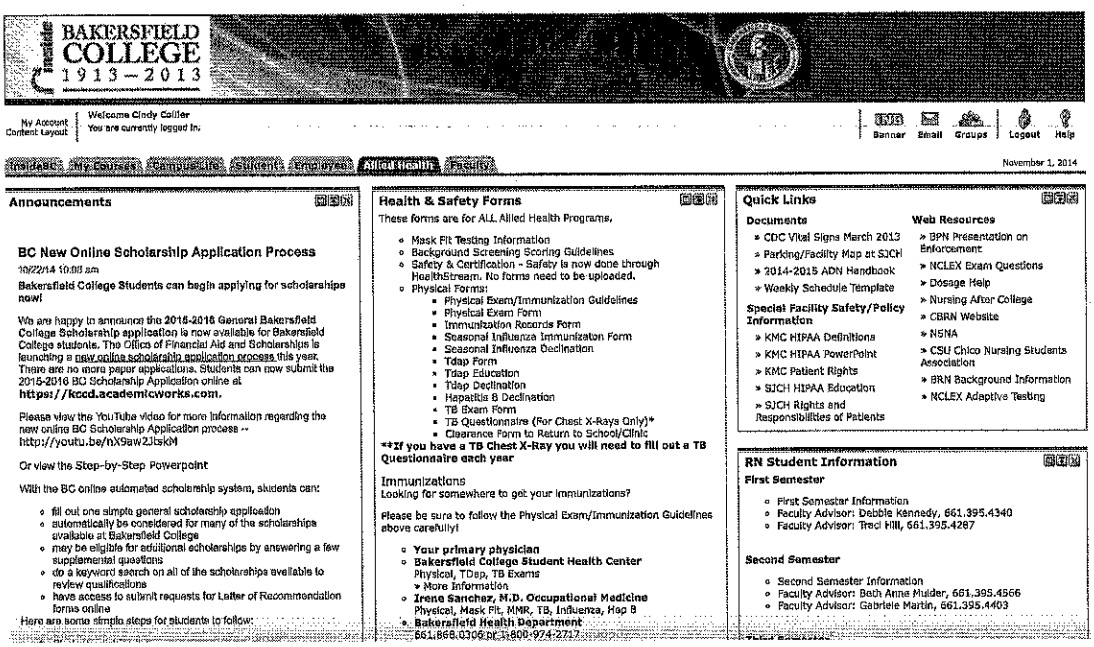


Image 2

- The future in-taking process for the alternate site students would be held separately from the main campus students and would be conducted during week zero by the Program Director and the primary instructor with a focus on specifics needs of the alternate site students.
- Student files will be maintained electronically, rather than hard copy, thus enabling the faculty members to scan and email documents between sites.

Process for monitoring and evaluating effectiveness

As part of the ADN Student Program Review process, the Program Director will discuss the adequacy and effectiveness of clerical support services with all graduating students. In addition, as part of the College Annual Program Review process all aspects of resources are evaluated; including but not limited to, budget, personnel, equipment and facilities.

Documentation to support action

- ADN Student Program Review Minutes
- College Annual Program Review document

CCR SECTION 1425.1(a)

Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

- Evaluate the effectiveness of the teaching methodology and the clinical evaluation tool utilized in NURS B25 Mental Health - Psychiatric Nursing course for consistency with the curriculum framework.

Plans for action, including timeframe

The effectiveness of the teaching methodology in NURS B25 will be evaluated during the Fall 2014 semester utilizing the following components:

- Three tenured faculty members will independently evaluate the classroom instruction utilizing the standard faculty evaluation (KCCD Form B – Full-time Faculty Evaluation Materials Review and Classroom Instruction Observation) form. The faculty members evaluating the course were chosen due to their level in the Program and their work with "flipped classrooms"; 1 faculty member is from 1st semester, 1 from 3rd semester and 1 from 4th semester.
- The faculty will evaluate the effectiveness of teaching a flipped classroom level perspective. The faculty will also evaluate the introduction provided to the novice nursing students who are learning in a flipped classroom, student readiness to learn in this environment, and the specific teaching methodologies presented.
- Anonymous student evaluations will also be conducted during the 12th-14th week of fall semester utilizing the standard student evaluation (KCCD Form E – Student Evaluation for Instructional Faculty) form.
- Results of the evaluation will be analyzed at the end of the fall semester and any changes necessary will be implemented during the spring semester 2015.

- During the spring 2015 semester, as part of the scheduled faculty evaluation process, the NURS B25 instructor and course will be evaluated again. The evaluation process consists of the standard faculty observations, student evaluations and an administrative evaluation.

Until the entire faculty can evaluate the effectiveness of the current clinical evaluation tool, the NURS B25 instructors will utilize the evaluation tool as agreed to by all Program faculty members (tool included with this report). Program administration will conduct random student file reviews to determine that compliance is maintained.

Documentation to support action

- Fall 2014 Evaluation Summary
- Faculty Mode B Evaluation
- Student Files – Clinical Evaluation Tools

CCR 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.

- Evaluate the NURS B70 Role Transition: Bridging Nursing Theory to Practice course for LVN students in regards to sequence in the curriculum plan.

Plans for action, including timeframe

Immediately following the BRN site visit, the faculty teaching the alternate site courses, in conjunction with the Program Director and Assistant Directors discussed the NURS B70 Role Transition Course in regards to: sequence in the curriculum, overall content of the course, student needs as it related to skills and content mastery, and overall assessment of the LVN to RN students. The team determined that the content as listed in the approved curriculum was adequate, but there was a need to strengthen the lesson plans associated with the approved curriculum content. More specifically, tailoring lesson plans to to include an increased focus on required level competencies, skill performance, medication administration, IV therapy, assessment and nursing process. The revision of lesson plans will occur prior to the next cohort admission in Fall 2015.

Since the admission cycle of the alternate site is annually each fall semester, it was decided that the Role Transition (NURS B70) course would be offered during the summer session so that students would be provided with the opportunity to learn the content, as well as practice the skills, prior to the start of the NURS B25 and NURS B26 courses.

The Program will evaluate the effectiveness of the change to lesson plans and the course scheduling as part of the Total Program Evaluation process at the end of the fall semester 2015.

Documentation to support action

- Class Schedule

- Student Class Climate Results – Course Evaluation
- Course Grades
- Annual Program Review document
- Curriculum Meeting minutes

State of California

Department of Consumer Affairs
Board of Registered Nursing

REPORT ON FACULTY

VERSION 2

(916) 322-3350

Name: Alisha Loken Title: MSN, RN California RN license number and expiration date: 568099 11/2015 BRN approved as: Classification (I, AI, CTA): Clinical area(s) (M/S, O, C, PMH, G) (from form EDP-P-02):	Date of Appointment to Current Position: Indicate full-time or part-time status:	Education preparation from initial degree/diploma through highest earned degree: (List degree and year received)	Professional experience and continuing education activities for the past 5 Years: (List year(s), course title, and number of units/contact hours earned) (List employment other than as faculty)	Teaching assignment(s) (List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both) If designated content expert, please indicate for which clinical area(s):
Instructor	Aug. 2011	2000-ADN LAC-USC College of	**Employment:** 2005-2013 KMC ICU	**Content Expert:** Pediatrics
M/S, Pediatrics	Full-Time	Nursing and Allied	2013-present KMC ER	**Theory:**
		Health	2008-2010 BC CTA	NURS B26
		2005-BSN University of	2010-2011 BC Adjunct	NURS B70
		Phoenix	**Current Cert's:**	**Clinical:**
		2012-MSN Walden	CCRN	NURS B26-M/S 3
		University	BLS, ACLS, PALS	
			CEU's:	
			2014: How nurses can prevent child maltreatment 7 hours Biting bugs 1 hour Meeting the challenge of pediatric pain management 2.9 hours	

			Autism spectrum disorders 1 hour Pediatric respiratory infections 5.8 hours Adolescent dating violence 1 hour ABCs of emergency burn management 1 hour Keeping adolescents on a health track 4 hours Common pediatric problems in ambulatory care 5 hours	
			2013: KMC "Because We Care" 8 hours The critical care work environment and HCAI 1 hour Pharmacotherapy of pediatric advanced life support and toxicological emergencies 1 hour Abdominal compartment syndrome in children 1 hour Preventing ventilator associated pneumonia in children 1 hour Understanding health care professional's views of family presence during pediatric resuscitation 1	

			hour Salvage antibiotic lock therapy in critically ill pediatric patients 1 hour PROACT Restraint Cert 20 hours National Teaching Institute and Critical Care Exposition 17 hours CVNE Conference 5 hours	
			2012: Meeting the National Patient Safety Goals in the ICU and PCU 0.75 hours There's a Pediatric Patient in My ICU, What's the Plan? 1.25 hours QSEN National Forum 11.5 hours ATI Nurse Educator Summit 11 hours Mosby Education Conf. 18 hours Test Development and Item Writing 17.5 hours	
			2011:	
			-CLABSI/HCIN 2.5	
			-Sepsis 2	
			-VTE 1.5	

			-Hourly Rounding 4	
			-HAPU 2	
			-BC CTA Retreat Aug 6	
			-BC CTA Retreat Jan 6	
			2010:	
			-Pulmonary Artery	
			Catheter Project, Part 1	
			15	
			-Pulmonary Artery	
			Catheter Project, Part 2 7.5	
			-BC CTA Retreat Aug 6	
			-BC CTA Retreat Jan 6	
			2009:	
			-BC CTA Retreat Aug 6	
			-BC CTA Retreat Jan 6	

KCCD
KERN COMMUNITY COLLEGE DISTRICT
2100 Chester Avenue
Bakersfield, CA 93301-4099
(661) 336-5100

Article 6 - Form B/FT

- ☐ Bakersfield College
- ☐ Cerro Coso College
- ☐ Porterville College

KCCD Full-time Faculty Evaluation
Materials Review and Classroom Instruction Observation

Evaluee		Evaluator
Course	CRN	Date
Topic for the Day		

☐ Mode A Year 1 ☐ Mode A Year 2 ☐ Mode A Year 3 ☐ Mode A Year 4
☐ Mode B ☐ Mode C ☐ Temporary Faculty ☐ COF Faculty

Materials Review
The evaluee will provide the class materials to the evaluators.

Each evaluator should review a different class syllabus and samples of class materials (where applicable) using the criteria below. Evaluators should review the curriculum document of record relevant to the course materials. The following items should be referred to objectively.

Materials Review:	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
Course Organization:						
1. The syllabus describes the course content.	O	O	O	O	O	
2. The syllabus includes an outline or calendar of topics to be covered, in a logical sequence.	O	O	O	O	O	
3. Time given to course topics and assignments is appropriate.	O	O	O	O	O	
4. The syllabus effectively describes student assignments, grading criteria, course policies.	O	O	O	O	O	
5. The faculty member's expectations and policies are appropriate for the course level.	O	O	O	O	O	
6. The syllabus states availability of accommodations for students with disabilities.	O	O	O	O	O	
7. The assignments and assessment activities reflect course goals.	O	O	O	O	O	

Summary Comments of Materials Review:

Classroom Instruction Observation

Each evaluator should observe a class session and evaluate the following aspects of the learning environment. The following items should be referred to objectively during the observation. If the observation does not include all of the items, use the "Unable to Assess" item.

Classroom Instruction Observation	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
Structure and Goals:						
1. Activity shows clear signs of planning and organization.	O	O	O	O	O	
2. Multiple instructional elements (e.g. lecture, handouts, technology) are used, if appropriate.	O	O	O	O	O	
3. When multiple instructional elements are used, they are effectively integrated.	O	O	O	O	O	
4. Class time is used effectively.	O	O	O	O	O	
5. Faculty creates a learning environment.	O	O	O	O	O	
6. Presentation is clear, and transitions between topics are effective.	O	O	O	O	O	
Behaviors:						
7. Delivery is effective and understandable.	O	O	O	O	O	
8. Faculty maintains effective eye contact.	O	O	O	O	O	
9. Oral delivery is clear and easy to follow.	O	O	O	O	O	
10. Rate and tone of oral delivery are effective.	O	O	O	O	O	
11. Faculty exhibits a poised demeanor.	O	O	O	O	O	
12. Faculty is enthusiastic about course content.	O	O	O	O	O	
13. Language used is understandable and at the appropriate level for the course.	O	O	O	O	O	
Faculty and Student Rapport:						
14. Faculty treats students equitably.	O	O	O	O	O	
15. Students are attentive.	O	O	O	O	O	
16. Questions are encouraged.	O	O	O	O	O	
17. Questions are answered clearly.	O	O	O	O	O	
18. Faculty and students demonstrate respect for each other.	O	O	O	O	O	

Classroom Instruction Observation	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
Professional Expertise:						
19. Faculty demonstrates adequate and up-to-date knowledge of the topics presented.	O	O	O	O	O	
20. Material is appropriate for setting and course level.	O	O	O	O	O	

21. What specific strengths did you identify in this instructor?

22. Please list any specific changes needed to strengthen this instructor's effectiveness.

23. List any other suggestions for improvement.

24. Other comments or suggestions?

Materials Review and Classroom Instruction Observation Assessment

☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

Evaluator's Signature	Date

Thank you for your participation.

KCCD
KERN COMMUNITY COLLEGE DISTRICT
2100 Chester Avenue
Bakersfield, CA 93301-4099
(661) 336-5100

Article 6 - Form E/FT

☐ Bakersfield College
☐ Cerro Coso College
☐ Porterville College

KCCD Full-time Faculty Evaluation

Student Evaluation for Instructional Faculty

Instructor's Name		
Course	CRN	Date

This information is confidential and your responses will be anonymous. *FILL IN THE ENTIRE CIRCLE THAT CORRESPONDS TO YOUR ANSWER FOR EACH QUESTION. ERASE MARKS COMPLETELY TO MAKE A CHANGE.*

	Strongly Agree	Agree	Neither agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
1. The instructor's syllabus explains course objectives and grading criteria.	O	O	O	O	O	O
2. The instructor clearly states the course expectations and student responsibilities.	O	O	O	O	O	O
3. The instructor clearly communicates dates and directions for assignments and tests.	O	O	O	O	O	O
4. The instructor demonstrates knowledge of the subject.	O	O	O	O	O	O
5. The instructor encourages questions.	O	O	O	O	O	O
6. The instructor answers questions effectively.	O	O	O	O	O	O
7. The instructor encourages participation.	O	O	O	O	O	O
8. The instructor is enthusiastic about the subject.	O	O	O	O	O	O
9. The instructor encourages creative and/or critical thinking.	O	O	O	O	O	O
10. The instructor creates a positive environment for learning.	O	O	O	O	O	O
11. The instructor uses technology that is appropriate for this type of course.	O	O	O	O	O	O
12. The instructor presents material in a variety of ways.	O	O	O	O	O	O
13. The instructor explains concepts clearly and effectively.	O	O	O	O	O	O
14. The instructor encourages me to be responsible for my own learning.	O	O	O	O	O	O
15. The instructor grades the assignments for all students in a fair and consistent manner.	O	O	O	O	O	O
16. The instructor returns exams and assignments in a timely manner.	O	O	O	O	O	O
17. The instructor provides useful feedback on exams and assignments.	O	O	O	O	O	O

Full-time Faculty Student Evaluation for Instructional Faculty (continued)

	Strongly Agree	Agree	Neither agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
18. The instructor is available during office hours.	O	O	O	O	O	O
19. The instructor treats me courteously and fairly.	O	O	O	O	O	O
20. The instructor demonstrates respect for individuals, regardless of their cultural background, ethnicity, race, gender, religion, disability, age, sexual orientation, or socioeconomic status.	O	O	O	O	O	O
21. I would recommend this instructor to other students.	O	O	O	O	O	O
Compared to courses you have taken here, or at other colleges, rate the following items in this course with regard to:	**Much higher than other courses**	**Higher than other courses**	**The same as other courses**	**Lower than other courses**	**Much lower than other courses**	**No other college courses completed**
22. Expectations for student work are:	O	O	O	O	O	O
23. Quality of instructor feedback is:	O	O	O	O	O	O

COMMENTS SECTION

24. What specific changes could this instructor make to help future students succeed in this course?

25. List specific course activities that have helped you learn the most.

26. Other comments?

Thank you for your participation.

Bakersfield College Associate Degree Nursing Program
Clinical Laboratory Evaluation – Student Learning Outcomes
Level 2

Student Name:_____

NURS B25 **Rotation dates**_____ **Lead Instructor: Ann Marie Michalski**

Directions: *Clinical evaluations are completed at the end of the Clinical rotation. This is a 2-part evaluation consisting of a student self-evaluation and an instructor evaluation of clinical performance. There will be an initial, mid-rotation and final evaluation by both student and faculty. The evaluation process is designed to keep the student informed of their progress throughout the rotation. The student will complete the self-evaluation and will return the clinical evaluation to the instructor 1 week prior to the mid-rotation point of the clinical rotation and again 1 week prior to the end of the clinical rotation. Time frames may need to be adjusted by the lead instructor depending upon the length of the clinical rotation..*

Key:

(I)-	**Independent:**	Performs accurately and safely each time without supportive cues from the instructor.
(S)-	**Supervised:**	Performs accurately and safely each time; requires supportive or directive cues occasionally.
(A)-	**Assisted:**	Performs accurately and safely each time; requires frequent supportive cues; takes longer; occasionally late.*
(P)-	**Provisional:**	Performs safely under supervision; not always accurate; requires continuous supportive and directive cues; wastes time due to ineffectiveness.*
(U)-	**Unsafe:**	Performs in an unsafe manner; unable to demonstrate behavior; requires continuous and supportive directive cues.*
(N/O)	**No opportunity:**	Not observed or does not apply

***Must include Comments**

Number of Absences: _____ **Time made up? Yes No**

Interpersonal Recording : _____

Biopsychosocial Assessment: _____

PROVIDER OF CARE

The student will provide safe nursing care through therapeutic nursing interventions to clients that have anticipated and unexpected outcomes. The care is characterized by the ability to cluster nursing activities, recognize abnormal data and report the findings appropriately, develop and implement nursing care plans, utilize effective communication skills during unexpected situations, demonstrate respect for diverse cultures, as well as anticipate and implement the nurse's role as health educator and client advocate.

1. Patient Centered Care: Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Develops and implements an individualized plan of care for clients in a mental health setting with a focus on planning and implementation.																								
2. Supports and respects individual patient expression of values, preferences, and expressed needs during interactions and interviews with patients in the mental health setting by establishing a therapeutic nurse-client relationship through communication techniques.																								
3. Examines pathophysiology of patient conditions and associated pharmacological interventions																								
4. Provides emotional support to patients in the mental health care setting																								
5. Demonstrates skills at the expected level																								
6. Engages in learning opportunities with patients in various mental health care settings																								
7. Demonstrates appropriate considerations for confidentiality in the mental health care system (HIPAA).																								

2. Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Examine factors that create a culture of safety in the mental health care setting																								
2. Demonstrates safe, timely administration of medications, stating pharmacologic implications and correlating supportive data and pathophysiology																								
3. Facilitates effective use of strategies to reduce risk of harm to self or other in the mental health care setting																								
4. Displays safety in communication and interview techniques in the mental health care setting																								
5. Incorporates national patient safety goals in the delivery of care.																								

MANAGER OF CARE

The student will provide safe nursing care utilizing critical thinking skills for clients who have anticipated and unexpected outcomes. The care is characterized by the mastery of basic care skills, as well as the ability to modify care when unexpected events occur, operate area specific equipment, maintain cost effectiveness by utilizing supplies appropriately and minimizing waste and demonstrate team-leading skills under the guidance of an instructor

3. Teamwork and Collaboration: Functions effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Communicates effectively with the patient and health care team to acquire and convey information about the mental health patient.																								
2. Participates in post-conferences/ discussions communicating relevant data to the team.																								
3. Examines the roles, responsibilities, perspectives, and expertise of the health care team in the mental health setting as a team member.																								
4. Identifies and initiates actions to resolve conflict																								
5. As team leader, establishes working relationship with team members, acting with integrity, consistency and respect for differing views.																								
6. Demonstrates the ability to delegate with good time management skills.																								
7. Establishes working relationship with team members, acting with integrity, consistency and respect for differing views.																								
8. Identifies and initiates need for help when appropriate to situation																								
9. Functions competently within own scope of practice as a member of the health care team.																								

4. Evidence-based Practice (EBP): Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Integrates evidence-based practice in the formulation of an individualized plan of care for the mental health patient.																								
2. Differentiates clinical opinion from research and evidence.																								
3. Uses reliable sources to locate evidence reports related to current level of clinical practice																								

5. Quality Improvement (QI): Uses data to monitor the outcomes of care processes and uses improvement methods to design and test changes to continuously improve he quality and safety of health care systems.

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Evaluates the effectiveness of interventions and changes interventions as needed by chart audits.																								
2. Considers own and others' contributions to outcomes of care, in the assigned mental health care settings.																								
3. Identifies cost containment and time saving measures that can be used individually or as a team.																								

6. Informatics: The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making.

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Retrieve and record pertinent information within the electronic medical record where applicable to clinical setting.																								
2. Apply technology and information management tools to support safe processes of care where applicable to clinical setting.																								
3. Manage data, information, and knowledge of technology in an ethical manner.																								
4. Protect confidentiality of electronic medical record.																								

MEMBER OF THE PROFESSION

The student will assume basic responsibility and accountability in providing quality care within the legal and ethical boundaries of nursing. The student will develop a beginning recognition of self-limitations, as well as define caring behaviors.

7. Professionalism: The skill, competence, or character expected of a member of the profession of nursing

COMPETENCY	Student Self Evaluation												Faculty Evaluation											
	Mid-rotation						Final						Mid-rotation						Final					
	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O	I	S	A	P	U	N/O
1. Consistently demonstrates the professional nursing values of caring, integrity, altruism, social justice, and honesty.																								
2. Receives constructive feedback, purposely utilizes self-reflection and develops a plan of action for improvement.																								
3. Consistently arrives punctually to clinical setting, fully prepared for clinical experience.																								
4. Assumes full accountability for professional behavior during the clinical experience, maintaining ethical/ legal norms.																								
5. Conducts nursing practice in accordance with college. state, and federal practice laws and standards.																								
6. Assumes responsibility for their own learning, and helps promote an atmosphere which facilitates maximum learning for classmates.																								
7. Demonstrates clinical reasoning at the expected level, actively participating and contributing throughout clinical experience.																								
8. Consistently journals feelings about working with psychiatric or emotionally disturbed individuals.																								

Nursing 25 –Initial Evaluation

Instructor Comments:

_____

_____

_____

Student Comments:

_____

_____

_____

Student: _____ Date: _____

Clinical Instructor: _____ Date: _____

Lead Instructor: _____ Date: _____

Nursing 25 – Mid-rotation Evaluation

Instructor Comments:

_____

_____

_____

Student Comments:

_____

_____

_____

Student: _____ Date: _____

Clinical Instructor: _____ Date: _____

Lead Instructor: _____ Date: _____

Bakersfield
COLLEGE

December 1, 2014

Shelley Ward, MPH, RN
Nursing Education Consultant
California Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Shelley,

In follow-up to your email regarding verification of pediatric clinical competency for Ms. Alisha Loken; Ms. Loken has been employed as a staff RN in the ICU and ER at Kern Medical Center (KMC), a 222-licensed bed acute care teaching hospital and designated Level II Trauma Center, since 2005.

Upon full-time employment at Bakersfield College in August 2010, Ms. Loken changed her employment status at KMC from full-time to per diem where she has averaged approximately 300 hours of employment per year: 12 hours every 2 weeks during the academic year and 36 hours every 2 weeks during the summer recess. I have enclosed copies of her 2013-2014 pay stubs for verification of hours.

In regards to verification of responsibilities as a staff nurse at KMC I have included a copy of the job description for your review, however as you will note it is very generic. As a staff RN in the ICU and ER, pediatric competency is demonstrated by maintenance of RN licensure, Pediatric Advanced Life Support, CCRN certification (the exam includes adult, pediatric and neonatal content), EKG Interpretation and Waive testing. I have included a letter from Ms. Loken's current clinical supervisor as to her currency and employment at Kern Medical Center as verification.

In summary, I am confident that with this documentation as well as the continuing education units in Pediatrics, Ms. Loken meets the same standards of competency as a staff nurse in Pediatrics.

Please email or call me if you have any further questions regarding this documentation at ccollier@bakersfieldcollege.edu or 661-395-4282.

Sincerely,

Cindy Collier

Cindy Collier, RN, MSN
Dean, Nursing/Allied Health

Kern Community College District
1801 Panorama Drive · Bakersfield, CA 93305 · www.bakersfieldcollege.edu · Fax 661.395.4241 · Phone 661.395.4011

KERN MEDICAL CENTER

AFFILIATED WITH UNIVERSITY OF CALIFORNIA SCHOOLS
OF MEDICINE AT LOS ANGELES AND IRVINE

November 21, 2014

Shelley Ward, RN, MPH
Nursing Education Consultant
California Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Ms. Ward,

The following information is provided in response to the request from Cindy Collier, Dean of Nursing at Bakersfield College regarding verification of Ms. Alisha Loken's competency in pediatric nursing. Ms. Loken is a per diem RN in the Emergency Care Center at Kern Medical Center. Kern Medical Center Emergency Care Center provides twenty-four hour basic emergency and trauma care services to our community. It is a designated Level II Trauma Center for the County of Kern, and as such, it will manage and accept all trauma cases that meet Trauma Triage Criteria. In regards to the pediatric population served, we serve the following age groups:

- Neonates (0-28 days)
- Newborns (0-7 days)
- Infants (28 days – 3 years)
- Pediatric (4 – 12 years)
- Adults (13 years +)
- Geriatrics (65 years +)

In reviewing the data from the previous 2 months, it reveals that the Emergency Care Center treated 580 pediatric or younger cases in the month of September and 590 cases in the month of October. These months are good indicators for the average high volume pediatric or younger population served on a monthly basis here at the Kern Medical Center Emergency Care Center.

Our registered nurses, such as Alisha Loken, the Bakersfield College Content Expert in Pediatrics, must be certified in ACLS and PALS within their 1st year of employment. In addition, their unit specific competencies include, but are not limited to: EKG (Basic) interpretation and Waive testing. Responsibilities of the registered nurse within our department include: planning, supervising, and evaluating nursing care of each patient using the nursing process. All registered nurses must be qualified to care for all of the age groups served by the Kern Medical Center Emergency Care Center. Although a per diem registered nurse, Alisha has worked in our Emergency Care Center approximately 300 hours since June of 2013 and has fulfilled all of the expectations of a registered nurse within our department.

If you should need any further information please don't hesitate to contact me at maderos@kernmedctr.com

Sincerely,

Susanne Marderosian

Susanne Marderosian
Clinical Supervisor, Emergency

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.4
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Fresno City College Associate Degree Nursing Program

REQUESTED BY: Kay Weinkam, Nursing Education Consultant

BACKGROUND: Stephanie Robinson, M.H.A., RN is the program director. Elizabeth Day, D.N.P., M.S.N, CHPN is the assistant director. Fresno City College is a college of the State Center Community College District (SCCCD) and, established as Fresno Junior College in 1910, was California's first community college. It is now one of the state's 112 community colleges and enrolls over 19,000 students. The FCC Nursing Program enrolls between 80-100 students in each of the fall and spring semesters and about 60 in the summer. The program indicates that, since 2008, its retention rate is 96-98%; the program completion rate ranges from 91-94%.

A regularly scheduled continuing approval visit was conducted from September 24-26, 2014, by this consultant, with an additional meeting scheduled with the director on October 3. In addition to the self-study prepared for the BRN, the program also provided another Self-Study Report that was prepared as part of Fresno City College's own review process. The program was found to be in noncompliance with CCR Sections 1424(h), 1425, and 1425.1(d) Faculty Qualifications; 1425.1(b) Faculty Responsibilities; 1427(c) Clinical Facilities; 1429(b) LVN 30-unit Option; and 1431 Licensing Examination Pass Rate Standard. Recommendations were made related to CCR 1424(b)(1) Total Program Evaluation; 1424(d) Resources; 1424 Administration and Organization of the Nursing Program; 1425.1 Faculty Responsibilities; 1426(a) Curriculum; 1427(a) Clinical Facilities; and 1428 Student Participation. The Report of Findings is attached for Committee consideration.

The program submitted a progress report in November that addressed the findings. This report, minus the Appendices, is also attached along with the plan developed by faculty to address the low NCLEX scores. The program has steadily worked on the remediation of those faculty who needed to demonstrate qualifications to teach in the specialty of geriatrics because geriatrics is integrated into the medical/surgical courses. The director can address today how many faculty, if any, still are engaging in remediation. If there are none, then the program is in compliance with CCR 1424(h), 1425, and 1425.1 Faculty Qualifications. The program has presented a plan that formalizes the orientation for new faculty, and is now in compliance with CCR 1425.1(b). Information submitted related to the LVN 30-unit Option is accepted, and the program is now in compliance with CCR 1429(b). The template that was presented now addresses the six components of CCR 1427(c). The table provided in Appendix C indicates that approval by all facilities will be completed by January 5, 2015. The director can discuss today what the status is to date.

The program submitted its action plan to address the low NCLEX pass rate. In addition to reviewing the report, the President also met with faculty to discuss this plan. Of the 97 students who took the licensing exam between July and September 2014, 71 passed, or 73%. The program is not yet in compliance with CCR 1431.

The progress report also addresses each of the Recommendations.
Resources: The Nursing Department is located in a building dedicated to Health Science.
The program, as did all community colleges in California, worked under budget constraints caused by the 16 million dollars reduction to the State Center Community College District and other reductions from 2009-2013.

The number of full-time faculty (thirteen) has not increased as admission cohorts have increased over time. Three full time categorical faculty were hired through an LVN-to-RN grant, and additional adjunct faculty were hired primarily to provide clinical supervision. One faculty member is on leave from Fresno City College so that she can assist the other program within the SCCCD that also has an RN program, Reedley College at Madera Community College Center.

The program offers a skills lab component in each of its four semesters. Since 2008, over 7 million dollars have been received in state and federal grants by the Program to support the nursing department for purchasing equipment, instructional supplies, simulation equipment and providing faculty Flex Day activities and student tutorial and library services. The program has identified a need for more low fidelity mannequins to use for procedures during the class and lab time and open lab sessions. There are twelve IV arms for student training, three central line chest mannequins, and chest tube simulators, and donated IV pumps. The large number of students who need to test each week make it difficult to provide stations for other students to use for practice as they wait their turn for testing. The program has increased the availability of the skills lab time by hiring two part-time RNs to keep the lab open each class day until 7:00 p.m. and on Saturday and Sunday for up to four hours. However, with over 500 students using the lab each week, additional space is needed for a skills/simulation lab. The program is discussing possibilities for additional space that include the use of portable trailers and the use of space at the SCCCD's North Center. There are four hi-fidelity simulation mannequins: 2 SimMan; 1 OB; and 1 SimJr. The skills lab is available to students during assigned class times, by scheduling appointments with the lab assistants, or by attending the open lab time scheduled throughout the semester.

An enrollment growth grant supported the creation of a new computer lab, and added fifty-five computerized workstations. In 2013, seventy-five laptops were purchased that allow for a mobile computer lab for electronic testing. Faculty will have the advantage of the programs that will allow them to develop quality valid and reliable test items. With the new computer lab, all twelve nursing theory courses, as well as elective courses, will be able to implement computerized testing.

For the five academic years of 2009-2010 through 2013-2014, the average NCLEX pass rate for first-time test takers was 77% with a range of 66% (2013-2014) to a high of 83% in 2011-2012. As mentioned earlier, the pass rate for the first quarter of the academic year 2014-2015 is 73%.

A minor curriculum change was approved in April of 2014 that takes effect fall of 2014. It reflected the faculty's reallocation of course objectives for the medical/surgical nursing course sequence to

coincide with the NCLEX blue print and to improve separation of content from simple to complex to critical nursing care.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Kay Weinkam, M.S., RN, CNS
(916) 574-7680

Report of Findings

Fresno City College
Associate Degree Nursing Program
Approval Visit
September 24-26, 2014

Areas of Non-compliance:

SECTION 1424(h), 1425, and 1425.1(d) Faculty Qualifications
Geriatrics is integrated in the medical/surgical courses. Faculty were hired or assigned to teach geriatric content who had not received BRN-approval for this teaching area, or were not approved at all.

SECTION 1425.1(b) Faculty Responsibilities
Not all faculty members have received such orientation.

SECTION 1427(c) Clinical Facilities
The agreement with one facility expired in 2012. The template as presented in the self-study does not contain the addendum that was developed after the 2008 approval visit, and does not reflect all of Section (1)-(6) content. Not all contracts reviewed address the items (1)-(6).

SECTION 1429(b) LVN 30-Unit Option
The nursing student handbook and other documents do not accurately reflect this option.

SECTION 1431 Licensing Examination Pass Rate Standard
The pass rate for the 2013-2014 academic year is 66%.

Recommendation:

SECTION 1424(b)(1) Total Program Evaluation
The program develop a mechanism for summarizing, on an annual basis, action taken related to the issues identified by the data collected for the total program evaluation plan and from students' evaluations of theory and clinical courses.

SECTION 1424(d) Resources
Ensure that all skills lab equipment is functional. When repairs are needed, establish timelines for their maintenance and repair. Ensure that the high fidelity mannequins are usable so that students have the benefit of using the scenarios developed to date by faculty.

SECTION 1424 Administration and Organization of the Nursing Program:

SECTION 1424(g) Continue to maintain effective working relationships with the counselors from the Health Sciences Division.

SECTION 1424(j) Develop a mechanism for consistent communication throughout the semester between the course instructor and those faculty who are adjunct faculty for that course.

SECTION 1425.1 Faculty Responsibilities

SECTION 1425.1 (a) Faculty consistently evaluate the information available from NCSBN NCLEX reports for use in curriculum modification as appropriate.

SECTION 1425.1(b) Consider assigning a seasoned faculty member to be a mentor for the new faculty person.

SECTION 1426(a) Curriculum
Because the program admits students three times a year, and in order for the student to know what to expect for the two years when enrolled in the program, the program provide each cohort of matriculated students a curriculum pattern that reflects the sequence of the four semesters of the program in relation to the spring, summer, and fall academic semesters of the year. Develop a policy to cover deviations from the curriculum pattern if this becomes necessary due to changes in budget, availability of courses, etc.

SECTION 1427(a) Clinical Facilities
Ensure all facilities are BRN-approved and that contracts that meet CCR 1427's requirements are in place prior to placing students in the facilities for clinical experience.

SECTION 1428 Student Participation
Formalize the mechanism by which students participate in meetings such as the Curriculum Committee, Policy and Procedure Committee, and with the full faculty.

CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: Fresno City College Associate Degree Nursing Program

DATES OF VISIT: April 24-26, 2014

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications:			Stephanie Robinson, RN, B.S.N., M.H.A., CPHQ was appointed Director on March 17, 2008.
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		M.H.A.- Chapman University
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);	X		
(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or	X		
(5) Equivalent experience and/or education as determined by the board.			N/A
SECTION 1425(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		Elizabeth Day, RN, D.N.P., CHPN was appointed Assistant Director on July 1, 2014. D.N.P.- University of Phoenix M.S.N. – Virginia Commonwealth University/Medical College of Virginia
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The Director has 100% release time to administer the program. The Assistant Director is the elected Chair of the Nursing Department and has 20% release time.
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.	X		The program has statements related to the duties and responsibilities of the Director and the Department Chair (Assistant Director).

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 2: TOTAL PROGRAM EVALUATION			
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.	X		Policies and procedures can be found in the college catalog and the Nursing Student Handbook. FCC's Nursing Program is impacted. The program's *Academic Summary Form Information Sheet* contains information that describes its current computerized statistical lottery selection process for admission. The faculty is in the process of exploring the use of the multi-criteria screening process.
(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The program presented its total program evaluation plan that covers the years 2008-2014. It uses the standards of Program Mission and Administrative Capacity; Faculty and Staff; Students; Curriculum; Resources; and Outcomes. The program indicates it has a benchmark of 85% of all graduates passing the NCLEX-RN on the first attempt as its expected level of achievement for the Outcomes standard. **Recommendation:** The program develop a mechanism for summarizing, on an annual basis, action taken related to the issues identified by the data collected for the total program evaluation plan and from students' evaluations of theory and clinical courses.
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		There is information related to grievance procedures in the College Catalog. The Nursing Student Handbook also contains information related to students' using the "chain of command" in the nursing program and then pursuing the issue at the College level if dissatisfied with the attempted resolution by the nursing program. The program provided a report of ten student complaints since the last approval visit. Seven have been resolved, and three are pending resolution.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		Anthony Cantú, M.A. is President of Fresno City College. Timothy Woods, Ph.D., is the Vice President of Instruction. They both participated in meeting with the NEC. The Nursing Program Director reports to Lorraine Smith, MBA in Healthcare Administration, who is the Interim Dean of Instruction, Health Sciences.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES			
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.	X		Eileen Smith, B.S.N., RN is the Nursing Skills Lab Resources Assistant. There are two part-time assistants. Kathy Braze is the full-time Nursing Department Secretary. Phyllis Willits is the administrative secretary to the Allied Health, Physical Education and Athletics Division and provides assistance to the Director, Nursing Department, and students. Student assistants staff the reception area and work as assigned for the Division and its departments. The Director of Institutional Research Effectiveness, Lijuan Zhai,Ph.D., assists the program in analyzing data related to TEAS and to student success as measured by the NCLEX pass rate. Four counselors from the Division conduct orientations, meet individually with students, and evaluate applicant files. They participate in faculty meetings. The Nursing Skills Lab is open Monday through Friday from 7:30 a.m. to 4:30 p.m. and on Saturday and Sunday for partial days. It is staffed by a full-time instructor/coordinator and resource assistants who are RNs. The SimMan mannequin was non-functional at the time of the visit, but repairs were expected the week of 9/29. The program had previously used video cameras in the skills lab to record a student's performance of skills for review, but this is no longer being done. Students purchase Skill Lab Kits from the FCC Bookstore. Students indicate that supplies provided by the program are available and adequate. Each classroom is equipped with SMART technology and document viewing devices. Full-time faculty have private offices and have computers,

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
			access to printers, copier machines with scanning capability for faxes, and telephone access. In addition to the materials available through the FCC Library and Learning Resource Center, students also have access to hospital libraries whose librarians can assist students with research. The *Class Schedule* and catalog provide extensive descriptions of the resources available to students. A grant supports the availability of a full-time accountant. **Recommendation**: Ensure that all skills lab equipment is functional. When repairs are needed, establish timelines for their maintenance and repair. Ensure that the high fidelity mannequins are usable so that students have the benefit of using the scenarios developed to date by faculty.
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS **SECTION 1425** 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 (see 1425 (c)-(e), below):		X	**Finding:** Geriatrics is integrated in the medical/surgical courses. Faculty were hired or assigned to teach geriatric content who had not received BRN-approval for this teaching area, or were not approved at all. This is also a finding for sections 1424(h) and 1425.1(d), below.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
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.	X		Faculty have established a Curriculum Review Committee. They indicate they also participate in committees such as: Policy and Procedure; Scholarship; Program Review; and Student Success. They meet monthly as a full faculty. **Recommendation**: Continue to maintain effective working relationships with the counselors from the Health Sciences Division.
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.	X		There are fourteen full-time and thirty-five part-time faculty teaching this semester. Content experts are listed in 1425(f), below.
Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.		X	Geriatrics is integrated in the medical/surgical courses. The Program developed a Course for Instructors in geriatrics for those faculty who qualify for BRN approval in med/surg but not in geriatrics. The course is part of the remediation plan for faculty seeking to be approved for geriatrics. **Finding:** See 1425, above, and 1425.1(d), below.
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		The Assistant Director/Nursing Department Chair meets with the director weekly and as needed. **Recommendation:** Develop a mechanism for consistent communication throughout the semester between the course instructor and those faculty who are adjunct faculty for that course.
SECTION 1425(c) An instructor shall meet the following minimum qualifications:			There are 14 BRN-approved Instructors teaching this semester.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
(1) The education requirements set forth in subsection (a) (1).	X		
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:	X		
(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	X		
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and			
(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:			There are 23 BRN-approved Assistant Instructors this semester.
(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;	X		
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:	X		
(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or			
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.			
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.	X		There are 12 BRN-approved Clinical Teaching Assistants this semester.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		Content experts: Medical/Surgical: Alicia Lozano, M.S.N. Elnora Bugay, M.S.N. Obstetrics: Gretchen Nelson, M.N. Pediatrics: Gretchen Ezaki, M.S.N. Psych/Mental Health: Bridget Heyne, Ed.D., RN Geriatrics: Brett Hood, MBA, RN
Section 5: CURRICULUM SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.	X		The program's philosophy statement addresses: person/client, environment, health, nursing, education, students, and nursing faculty members. The program objectives are presented as threads related to Nurses as Providers of Care: caregiver, decision maker, communicator, professional, advocate, teacher, and manager/leader.
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.	X		
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		The faculty handbook is explicit regarding these responsibilities. **Recommendation**: Faculty consistently evaluate the information available from NCSBN NCLEX reports for use in curriculum modification as appropriate.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
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.		X	The program developed the *Clinical Adjunct Faculty Handbook*. **Finding:** Not all faculty members have received such orientation. **Recommendation:** Consider assigning a seasoned faculty member to be a mentor for the new faculty person.
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.		X	**Finding**: See 1425 and 1424(h), above.
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.	X		The Board approved one major curriculum revision in 2009. The program has submitted four minor curriculum revisions since the 2008 approval visit. A minor curriculum change approved in 2013 provided for an LVN-RN pilot program that would ensure the LVN could complete the ADN program in two semesters. This program that was a result of a federal grand ended summer of 2014. **Recommendation:** Because the program admits students three times a year, and in order for the student to know what to expect for the two years when enrolled in the program, the program provide each cohort of matriculated students a curriculum pattern that reflects the sequence of the four semesters of the program in relation to the spring, summer, and fall academic semesters of the year. Develop a policy to cover deviations from the curriculum pattern if this becomes necessary due to changes in budget, availability of courses, etc.
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.	X		The conceptual framework is an expansion of the roles identified in Nurses as Providers of Care, incorporates the nursing process, and incorporates the definitions contained in the philosophy statement.
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 at least the following number of units in the specified course areas:	X		The Program awards the Associate in Science degree. 86.5 units are required for the degree.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
(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.	X		42.5 semester units (23 theory, 19.5 clinical)
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	X		7 semester units
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		37 semester units
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.	X		Course syllabi reflect this content. According to the program evaluation plan, faculty profiles reflect that faculty participate in application and integration of evidence-based practice in the classroom. The program states that the National Patient Safety Goals are included in every level of the curriculum.
SECTION 1426€ The following shall be integrated throughout the entire nursing curriculum. (1) nursing process; (2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) physical, behavioral and social aspects of human development from birth through all age levels; (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) communication skills including principles of oral, written and group communications; (6) natural sciences including human anatomy, physiology and microbiology; and	X		Course syllabi reflect this content.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.			
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum.			N/A: The program does not offer a preceptorship program. This remainder of this section has been deleted from the report.
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X X		The College uses an 18-week fall and spring semester. The semester offered over the summer is 10 weeks. The program does not exceed the 25% maximum for simulation in its clinical courses.
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		
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.			N/A; there are no preceptors in this program.
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		One facility had been used for clinical placement prior to BRN approval. That facility has since been approved. **Recommendation**: Ensure all facilities are BRN-approved and that contracts that meet CCR 1427's requirements are in place prior to placing students in the facilities for clinical experience.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
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.	X		Faculty new to the facility also introduce themselves to the unit's manager and staff and inform them of the students' level/type of course being taught and the objectives. Clinical sites visited: Clovis Community Medical Center: OB and Med/Surg/Geri Community Behavioral Health Center: Psychiatric/Mental Health
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;		X	**Findings:** The agreement with one facility expired in 2012. The template as presented in the self-study does not contain the addendum that was developed after the 2008 approval visit, and does not reflect all of Section (1)-(6) content. Not all contracts reviewed address the items (1)-(6).
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and			
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program. SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.			
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	X		Fundamentals of Nursing: 10 to 1. Otherwise, 12 to 1. The program was advised in 2008 to consider reducing the student/faculty ration to less than 12:1 in view of the increased complexity of the patient population in the acute-care facilities.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
6) Requirements established by the clinical agency.			
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		The Program has developed a skills lab check-off booklet that students are expected to have with them in clinical.
SECTION 7: STUDENT PARTICIPATION			
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: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X		The Program holds a student-faculty meeting every nine weeks during the semester. The student handbook informs the students of their right to "Offer constructive input regarding the instructional process and overall curriculum of the program." One faculty member serves as the faculty advisor to the Student Nurses' Association. **Recommendation:** Formalize the mechanism by which students participate in meetings such as the Curriculum Committee, Policy and Procedure Committee, and with the full faculty.
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS			
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.			LVNs who complete this option are eligible receive the Nursing Department's pin, and may participate along with the other students in the pinning ceremony.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
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 applicants academic deficiencies, irrespective of the time such courses were taken.		X	**Finding:** The nursing student handbook and other documents do not accurately reflect this option.
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 be fulfill the additional education requirement.	X		BIOL 22 Physiology 5 semester units BIOL 31 Microbiology 5 units Nursing courses 51, 52, 52A, 53, 61, 62, 62A, 65, 66, 101, and 102 20 units Total: 30 semester units
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.	X X		
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		The process is described in the college catalog, and students then contact each department to discuss the specifics as they relate to particular programs.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD **SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.		X	**Finding:** The pass rate for the 2013-2014 academic year is 66%. The program addressed this in the self-study, and provided the Improvement Action Plan that had already been presented to the President in August. It is included as an attachment to this report. The Program will provide additional information in the Progress Report that will be presented at the January 2015 ELC meeting.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 11: CHANGES TO AN APPROVED PROGRAM SECTION 1432 (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

Katherine A. Weinkam, M.S., RN, CNS
Nursing Education Consultant and Legislative Liaison
California Board of Registered Nursing

Fresno City College
Associate Degree Nursing Program
Approval Visit
September 24-26, 2014

Areas of Non-Compliance:

Section 1424(h), 1425, and 1425.1(d) Faculty Qualifications

Geriatrics is integrated in the medical/surgical courses. Faculty were hired or assigned to teach geriatric content who had not received BRN-approval for this teaching area, or were not approved at all.

Geriatrics for all faculty hired or assigned to teach Medical Surgical Nursing have been remediated to meet the requirements for faculty qualifications. (See attached documentation of faculty approvals and remediation plans for pending approvals in Appendix A).

SECTION 1425.1(b) Faculty Responsibilities

Not all faculty members have received such orientation.

A formal orientation process has been drafted. A "Point Person" has been identified with Dr. Diane Benefiel. She will be the working to organize an online orientation, a resource to the nursing faculty for questions and answers, updates will be provided to the orientation manual, tutorials will occur for Blackboard and Web Advisor. (See attached detailed document Appendix B).

SECTION 1427(c) Clinical Facilities

The agreement with one facility expired in 2012. The template as presented in the self-study does not contain the addendum that was developed after the 2008 approval visit, and does not reflect all of Section (1)-(6) content. Not all contracts reviewed address the items (1)-(6).

The revised Agreement for Clinical and Observational Programs has been revised to reflect the six elements of 1427 (c). SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
(2) Provisions for orientation of faculty and students;
(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients.

(5) Provisions for continuing communication between the facility and the program; and
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.
(See attached revised contract agreement and a matrix table for revised contracts from each healthcare institution in Appendix C).

SECTION 1429(b) LVN 30-Unit Option

The nursing student handbook and other documents do not reflect this option accurately.

Recommended revisions were received from Katherine Weinkam have been incorporated into the Spring 2015 RN Student Handbook. (See attached revised document Appendix D).

SECTION 1431 Licensing Examination Pass Rate Standard

The pass rate for the 2013-2014 academic year is 66%.

The pass rate for the 2014 to 2015 1st quarter has improved and is at 73.20%. An action plan was submitted prior to the September 24, 25, 26, 2014 BRN Accreditation visit. (See attached document Appendix E).

Recommendation:

SECTION 1424(B)(1) Total Program Evaluation

The program develop a mechanism for summarizing, on an annual basis, action taken related to the issues identified by the data collected for the total program evaluation plan and from students' evaluations of theory and clinical courses.

The Total Program Evaluation will be completed on an annual basis with faculty and staff involvement based upon assignments. The Director of Nursing and Department Chair will help to facilitate the oversight with the nursing faculty to ensure completion of monthly assignments and that yearly evaluation of summarized data has been presented to the nursing faculty with an action taken based upon the results identified.

SECTION 1424(d) Resources

Ensure that all skills lab equipment is functional. When repairs are needed, establish timelines for their maintenance and repair. Ensure that the high fidelity mannequins are usable so that students have the benefit of using the scenarios developed to date by the faculty.

Skills lab equipment that is not functional will be reported when discovered so that the appropriate maintenance and repairs are completed. The high fidelity mannequins will be serviced yearly based upon financial service agreements paid to the vendors for maintenance and repair. Training will be provided by Laerdal to the faculty based upon agreed times and dates. (See attached invoices in Appendix F).

SECTION 1424 Administration and Organization of the Nursing Program

SECTION 1424(g) Continue to maintain effective working relationships with the counselors from the Health Sciences Division.

The Multi-screening criteria will be developed with counselor involvement. The State Chancellor's Office Criteria will be followed and Sacramento City College will be the model reviewed before implementation. The Policy and Procedure Committee will work with assigned staff to review potential options for success. Data will be obtained from the Institutional Review Board to look at the multi-screening criteria for current students enrolled from Spring 2010 to present, and then taken the NCLEX-RN examination to evaluate patterns of practice and success. Lijuan Zhan, Director of Institutional Research, Assessment, & Planning at Fresno City College will assist the committee in researching the information necessary for analysis of this project. The counselors have been involved in the monthly RN Faculty meetings, the Multi-screening Program Enrollment Criteria, weekly Staff Meetings for the nursing program, monthly Division Meetings, and monthly Counselor Meetings.

SECTION 1424(j) Develop a mechanism for consistent communication throughout the semester between the course instructor and those faculty who are adjunct faculty for that course.

The theory instructor will assist the assigned adjunct faculty who participate in the semester assigned to ensure the approved curriculum is implemented throughout the semester. Faculty Content Experts have also been identified and are to assist adjunct faculty when needed. When adjunct need further assistance, a "Point Person" has been identified with Dr. Diane Benefiel. She will be the working to organize an online orientation, a resource to the nursing faculty for questions and answers, updates will be provided to the orientation manual, tutorials will occur for Blackboard and Web Advisor. (See attached detailed document Appendix B).

SECTION 1425.1 Faculty Responsibilities

SECTION 1425.1(a) Faculty consistently evaluate the information available from NCSBN NCLEX reports for use in curriculum modification as appropriate.

The yearly NCSBN reports are provided to the RN Faculty on a yearly basis. Faculty will work to identify trends and analyze ways to improve upon the identified areas of concern. ATI Content Mastery Examinations and the RN Comprehensive Predictor will be utilized to obtain details of performance from semester to semester. The curriculum will then be evaluated based upon performance by the RN Curriculum Committee. An update on any changes will be submitted to the RN Faculty Meeting for further discussion and approval.

SECTION 1425.1(b) Consider assigning a seasoned faculty member to be a mentor for the new faculty person.

The appropriate content expert or theory instructor will be assigned to mentor the new faculty person hired into the RN Program. The mentor who is assigned by the Director of Nursing will provide an orientation focused on the curriculum assignment to meet the assigned objectives of the course(s) of the new faculty hired. The Point Person (Dr. Diane Benefiel) will add additional structured orientation

for new faculty to address key processes involved in an academic setting. (See detailed information related to the role of the Point Person in Appendix B).

SECTION 1426(a) Curriculum

Because the program admits students three times a year, and in order for the student to know what to expect for the two years when enrolled in the program, the program provide each cohort of matriculated students a curriculum patter that reflects the sequence of the four semesters of the program in relation to the spring, summer, and fall academic semesters of the year. Develop a policy to cover deviations from the curriculum pattern if this becomes necessary due to changes in budget, availability of courses, etc.

The nursing students will receive a printed copy of their entry schedule and the remaining courses to be taken by semester for the remaining schedule with an assigned graduating date at the first Mandatory Orientation. Further explanation of the sequencing of the Spring, Summer, and Fall semesters will be provided in detail to the students. There will not be any guarantees that the student will be attending the summer sessions. If summers are provided, students who want to attend summers will have an opportunity if funding is available from the regular budget or through grant funding. Those students who do not wish to attend summers must let the office know of their requests prior to March 1 of the year assigned to attend. Those students who do wish to attend summer must also let the office know of their request prior to March 1 of the year assigned. Assignment of preference will be based on a first come, first serve basis.

SECTION 1427(a) Clinical Facilities

Ensure all facilities are BRN-approved and that contracts that meet CCR 1427's requirements are in place prior to placing students in the facilities for clinical experience.

Prior approval from the BRN NEC will be obtained prior to placing student at the facility site.

SECTION 1428 Student Participation

Formalize the mechanism by which students participate in meetings such as the Curriculum Committee, Policy and Procedure Committee, and with the full faculty.

At the beginning of each assigned semester students will be invited to attend the various committees within the RN Program. Students will be asked to participate from 1st, 2nd, 3rd, and 4th semesters from both the Generic Program and the LVN to RN program tracks. Students will be asked to participate on Curriculum Committee, Policy & Procedure Committee, RN Program Review Committee, and the RN Faculty Meeting. Meeting Dates, Times and Conference Room will need to be available ahead of time to allow for students' to schedule these meetings on their calendar. Public access to this information will be given to the RN Students' Blackboard site for ease in identifying where the meetings are held with the date, time, and place.

August 29, 2014

President Tony Cantu
Fresno City College
1101 University Blvd
Fresno, Ca 93741

Dear Mr. Cantu,

The Nursing Department Faculty has prepared and attached the FCC NCLEX-RN Improvement Action Plan to increase the first time pass rates to greater than 85%. We look forward to providing additional details during our meeting Sept 16, 2014.

Respectfully Submitted,

Elizabeth Day, RN, MSN, CHPN
Department Chair
Nursing Department
Representing the Nursing Faculty

NCLEX-RN Improvement Plan

Responsibility	Activities	Intended Impact	Timeline
Dean of Instruction Allied Health, Physical Education & Athletics **Director of Nursing** **Nursing Faculty**	Currently there are 706 students eligible for the lottery. • Fifth time in the lottery: 98 students. • Fourth time in the lottery: 107 students • Third time in the lottery: 192 students • Second time in the lottery: 198 students • First time lottery applicants (not yet evaluated): 111 students Pending eligibility approval, the students will be assigned a semester: • Accept 98 students' fifth time lottery students in Spring 2015. • 100 Students Fall 2015 • 100 Students Spring 2016 • 100 Students Fall 2016 • 100 Students Spring 2017 • 100 Students Fall 2017	To decrease the lottery wait list. The goal is to meet our educational obligation to our current students, and to allow time to develop criteria for selecting future students. Select students from the current eligible list for each cohort and provide online modules (math competency, reading comprehension, medical terminology, etc.) that must be completed prior to enrollment in core nursing program courses.	Applications held until Fall 2016.
Dean of Instruction Allied Health, Physical Education & Athletics **Director of Nursing** **Nursing Faculty**	Research findings provided by Fresno City College Institutional Data department concluded that student cohorts enrolled in one or more nursing program summer sessions had poorer outcomes compared to student cohorts with no summer session attendance. Student cohorts who attended two summer sessions fared worse compared to students who attended only one summer session. LVN to RN cohorts also performed considerably poorer in exam and NCLEX pass rates compared to their Traditional RN cohort counterparts.	Eliminate Summer cohorts after Summer 2015. **Note:** This may not be needed if the first recommendation is adopted.	Summer 2015

	An examination of the FCC nursing program's NCLEX pass rates between July 1st , 2013 and March 30th, 2014 revealed a 58% pass rate among LVN to RN students (n=122), compared to a 78% pass rate among Traditional RN students (n=156). (See Appendix A).	A detailed and thorough examination of all nursing program course content will provide insight into what courses could potentially be offered during the summer. Courses which are required but are not content heavy, or have a concurrent clinical and skills labs component, may be better suited for the summer period. This approach would allow students to focus on the more challenging RN core courses.	Summer 2015
Policy & Procedure Committee **Director of Nursing** **Nursing Faculty**	A committee meeting is scheduled for September 2, 2014. This meeting will focus on clarifying and updating the language of the student and faculty handbooks to reflect and enforce faculty department decisions made over the past five years. Specifics include: • Only one course failure is allowed in the nursing program. • A total of two failures at any time throughout the program will result in dismissal from the program.	The retention of students who are prepared and capable of completing the course work is crucial to the program's success. The nursing program's robust and rigorous curriculum prepares student for first time success on NCLEX-RN. The FCC nursing program aims to recapture an NCLEX-RN pass rate >85%, and to educate nurses to become lifelong learners as they provide the highest level of care to our community	Handbook update: Spring 2015

	Establish a Screening Criteria for admission similar to Sacramento Community College Nursing Program with an emphasis on GPA, reading and science grades. (See Appendix B). Sacramento Community College Nursing Program has an NCLEX –RN five year pass rate at 95%.	To provide a student pool for selection to the nursing program that has a high probability of passing their state board exams.	Screening criteria to be in place prior to accepting Fall 2016 applicants.
Student Success Committee Members **Director of Nursing** **Nursing Faculty**	This committee is scheduled to meet in October post the BRN visit Sept 24-26. This committee will meet monthly to plan quarterly nursing faculty professional development and integrate research findings provided by Fresno City College Institutional Data department, student learning outcomes and program review surveys. This committee will review ways to effectively support and assist new faculty and adjunct faculty in their teaching roles. Transfers and International Students	To ensure the standardization of the curriculum content. To integrate new methods of evidence based practices into the curriculum that represent current nursing practice methods. To develop a formal plan to mentor and orient new tenure -track and adjunct faculty to the standards of clinical and theoretical class-room practices. A subcommittee of four faculties and the Director of Nursing will be evaluate transcripts, documentation course descriptions and if applicable the BRN letter of courses needed by	Faculty meetings have been rescheduled to Tuesdays when the majority of faculty does not have teaching obligation. Committee reports and crucial department decisions can be made with the majority of faculty in attendance. The number of students accepted are 12 students with the Director of Nursing, Dean, and faculty agreeing upon the number to

		International Students to meet the programs requirements for enrollment.	enroll each time the Transition Course(RN101, 102) is offered.
	Student Success Committee to meet with Director of Nursing, Department Chair and Faculty to discuss improved communication between administration, students and faculty, especially related to: • faculty teaching assignments, • completed rosters on first day, • appropriate classrooms, and • available space and time to accomplish clinical requirements.	To create a professional environment of transparency, inclusion, mutual respect and support. This will improve faculty/administration rapport, increase collegial collaboration and by extension improve the culture within the department.	Professional development for flex day Jan 2015. October 2014
	The TEAS V will be required of all nursing students for entry into the RN program at Fresno City College.	Generic traditional students were meeting the requirement of TEAS V at 62% prior to entry into the program. The LVN to RN students didn't start this requirement until the fall 2014.	The TEAS V will be required of all traditional students, Transfers, and LVN to RN Students with a 62% or higher pass rate for entry.

Curriculum Committee **Director of Nursing** **Nursing Faculty**	Change current program admission requirements to: • A minimum grade point average of 3.0 in Anatomy, Physiology and Microbiology • A minimum grade point average of 2.5 in other prerequisite courses	Integrated with other criteria and placed in a screening tool will optimize student success. The inclusion of a more stringent admission requirement will assist in the admission of students who are prepared, and have a greater likelihood to succeed in the nursing program and NCLEX	Fall 2016
	Examine how to align the current curriculum more closely with the NCSBN NCLEX-RN test plan.	Increase awareness of how effective our curriculum is or could be. To assist in improving the nursing department's first time NCLEX-RN pass rates. This will make the curriculum change to strengthen the safe delivery of care to our community and country. Improves the quality of curriculum presentation and the retention of knowledge by students.	Fall 2015
	Consider the integration of QSEN (Quality, Safety, and Education in Nursing) standards	The integrating of QSEN to the curriculum, in addition to	Fall 2015

	into the curriculum. In addition, professional development purposed to improve the quality of instruction through application of education standards and teaching strategies.	proposed curriculum and department changes will increase students' working knowledge of the practice of nursing with an outcome of improvement in safe and knowledgeable nursing care.	

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.5
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Los Angeles Valley College Associate Degree Nursing Program

REQUESTED BY: Laura Shainian, Nursing Education Consultant

BACKGROUND: Mary Cox has been the Program Director since 2004, and previously the Assistant Program Director for four years. A regularly scheduled continuing approval visit was conducted on September 29-30, 2014, by Nursing Education Consultants Laura Shainian, Leslie Moody, and Lori Chouinard. There was one finding of non-compliance for Inadequate Resources: CCR 1424(d) Sufficiency of Resources, and related section CCR 1424(h) Program Administration and Faculty Qualifications; and one recommendation: CCR 1424(e) Program Director/Assistant Director. (The non-compliance and recommendation are detailed in the Report of Findings and the Consultant's Report).

The program has submitted a progress report for the non-compliance and recommendation.

Los Angeles Valley College was founded in 1949, and is located in the eastern San Fernando Valley of Los Angeles County. The nursing program began in 1960, and is accredited by ACEN through Fall 2016. The program had been admitting fifty students each Fall and Spring semester since 2006, however, beginning Fall 2014, admission was decreased to forty students twice a year due to decreased budget and fulltime equivalent faculty (FTEF). Current enrollment is 177 students.

Since the 2012 interim visit, the program has experienced difficulty filling fulltime faculty vacancies. Changes in the college presidency and administration resulted in a lack of continuity and support for the nursing program, and a low ranking for college hiring. Recently there has been the retirement of a fulltime faculty which now totals three fulltime faculty vacancies in addition to a skills lab coordinator position.

In response to this need, college administration has approved the hire of three fulltime nursing faculty now in order to ensure adequate faculty resources for the implementation of the program. In addition, there will be provision for a skills lab staff assignment until the college is able to institutionalize the position as a fulltime skills lab coordinator. NEC will follow-up with the program to ensure all plans have been implemented.

Program resources include a large skills/simulation area which houses two 8-bed state-of-the art skills lab areas with high/low-fidelity mannequins, and six hospital mirrored high-fidelity simulation rooms. There is a Pyxis station, Virtual IV lab simulators, fifty computers on wheels (COWS), nursing library and a separate 24-terminal computer lab. Grant funding has paid for equipment, supplies and technology, however, there has been no program funding to maintain warranties for all

of the lab equipment. Therefore, the college has agreed to allocate funds to pay for equipment warranties and computer software updates, and to review ongoing equipment/supply needs submitted annually by the program director.

Programs events include a collaborative with Valley Presbyterian Hospital/COPE Solutions which provided for the enrollment of an additional 20 students in 2008-2010. This coming Spring 2015, collaboration with California State University Northridge (CSUN) will begin with students selected to participate in a three year ADN-BSN program. The collaboration is the result of a ten-year long process. ADN students will be concurrently enrolled in both programs.

Community support remains strong. Nurse recruiters from the Los Angeles Department of Health Services (DHS) visited the LAVC campus in May to recruit graduates. DHS had announced it would be hiring over 700 registered nurses starting in 2014. LAVC nursing program is a recipient of DHS grant-funding.

The program had a minor curriculum revision approved this past Summer 2014.

NCLEX scores are : 2009-2010: 88.07%
2010-2011: 91.86%
2011-2012: 95.89%
2012-2013: 90.54%
2013-2014: 92.06%

Students attribute their success to grant-funded workshops and faculty support. LAVC graduates are well received in the community and are finding employment within 6 months of graduation. Those not securing employment within 6 months of graduation reported returning to school for a bachelor's degree.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Laura Shainian, RN, MSN
Nursing Education Consultant
310-371-8481

REPORT OF FINDINGS

LOS ANGELES VALLEY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

CONTINUING APPROVAL VISIT
September 29-30, 2014

NON-COMPLIANCE:

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

> **RELATED SECTION 1424(h) – PROGRAM ADMINISTRATION AND FACULTY QUALIFICATONS -** 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.

FINDINGS: ***Inadequate resources related to faculty, lab staff, program funding and supplies to meet program objectives.***

RECOMMENDATIONS:

SECTION 1424(e) PROGRAM DIRECTOR/ASSISTANT DIRECTOR – The director and assistant director shall dedicate time for the administration of the program.
Evaluate adequacy of allotted release time for Assistant Program Director.

CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME:

DATES OF VISIT: September 29-30, 2014

FINAL COPY

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications: (1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h); (3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or (5) Equivalent experience and/or education as determined by the board.	X		Mary A. Cox, MSN, PHN, RN has been the program director since October 2004, and was previously the Assistant Director for 4 years. BRN approval form on file. Duty statement for position meets all functions, authority, and responsibility in 1420(h) and 1424(e).
SECTION 1425(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		Adrianne Maltese, MN, RN, GCNS-BC has been the Assistant Director since July 2007, and has been teaching at LAVC since 1992. She meets all qualifications and was BRN approved prior to being assigned this position. Duty statement for position meets all functions, authority, and responsibility in 1420(c) and 1424(e).
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The program director has 100% release time during the traditional school year, and also has administrative responsibility for the Respiratory Therapy program. Adrianne Maltese, assistant director, has allotted release time of 0.2 FTEF (6-7 hours per week) during the school year. Nursing Task Force recommended in 2009 MOU to increase reassigned time for Assistant Director to 0.5 FTEF (17.5 hours per week). **Recommendation:** **Evaluate adequacy of allotted release time for Assistant Program Director.**

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
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.	X		Credentials of Assistant Director meet BRN qualifications for 1425(b). Job description for Assistant Director provides for functions described in CCR section 1420(c) to include administering the department of nursing in the absence of the director. Nursing Department organizational chart reflects Assistant Director's role.
SECTION 2: TOTAL PROGRAM EVALUATION			
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.	X		Policies and procedures are presented in writing and are available to students in the nursing student handbook, the college catalogue, and online at the college website.
(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.			Total program evaluation is conducted in accordance with a well-developed systematic evaluation plan. The plan and design are regularly evaluated. Evidence is provided that data is regularly collected, analyzed and utilized to develop revisions to the program and instruction. Documentation provides evidence of responsiveness to data collected and analyzed. The use of an online survey tool was implemented which improved response rates to course and program evaluations. In addition, a new online survey tool has recently been developed and will be implemented to improve graduate and employer response rates since the program has experienced a low return.
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		Grievance procedure is presented in the nursing student handbook and in the college catalogue which is available in print and online at the website. The program has had no formal grievances filed in the period since the last BRN visit.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The organizational chart reflects that relationships within the nursing department meet requirements, and depicts relationships between the program and college administration. The program director reports to the Dean of Academic Affairs Career and Technical Education and submits resource requests to that administrator.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
SECTION 3: SUFFICIENCY OF RESOURCES			
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.		**X**	**Allied Health Sciences Building - The Nursing Department** is housed in two three-story state-of-the-art LEED buildings that were completed in 2008. In one building, on first floor, is a reception area & front office, 18 private faculty offices, a nursing library (connected to campus library) with seven computers, storage room, conference room, work room , staff lounge, three main laser printers, two industrial Xerox copiers/FAX machines, a Scantron analyzer, a PAR Test/Score machine, two shredders, and office supplies. On the third floor, are the nursing skills lab and simulation area. The other building houses hi-tech classrooms and laboratories. **Staff**: One full-time department secretary (Rosaline Loussararian) and five part-time student helpers supported per grant funding. The college budget for the department provides minimal support to maintain the front office which includes the senior office assistant (department secretary) and paper for copying and print. This does not cover supplies. **Campus Resources**: New campus library (2012) with study rooms, computer workstations, internet-accessible stations, printed books, electronic databases, e-books, available 24/7/365. Databases include Medline, Academic, QuestionPoint and CINAHL. The academic resource center includes writing center, math lab, and tutoring services. There are workshops at the writing/reading center (test-taking and study skills). The biology department and text book representatives also provide workshops. IT Department services are primarily related to network and technological issues involving computers, campus telephones, audio-visual and media equipment, computer applications, hardware, nursing software and servers. Professional Development Center provides employee and faculty workshops/training. Student Services building and annex provides financial aid, counseling, SSD, veteran services, and international student office. Student Health Center. Psychological Services – 12 free visits per semester. **Learning Resources:** Resources that accompany and augment text; classroom clickers; PartEst and ParScore; ClassClimate on-line evaluations. Haiku, LAVC Portal, and Etudes are platforms for posting class/course information and linking web-enhanced learning modalities.

	Compliance	Non-Compliance	COMMENTS
			Skills/Simulation Lab: There are two 8-bed state-of-the art skills lab with hi-and low fidelity simulation mannequins, six hi-fidelity simulation hospital mirrored areas/rooms, a Pyxis station, 24-terminal computer lab, nursing supplies, and six virtual IV lab simulators, and fifty computers on wheels (COWS). There is no skills lab coordinator to oversee the lab and supplies, no instructional assistant to work with faculty and assist students in the lab, no simulation lab technician to set-up, run, and trouble-shoot ongoing needs of simulation equipment. There is no funding to maintain warranties (expired) for lab equipment. There is one grant-funded (20 hours/week) part-time technical assistant who assists with various program needs such as classroom technical devices, testing, PowerPoint, the high/low fidelity manikins and accompanying computers. **Supplies/Other**: Grant funding pays for equipment and supplies; to invest in technology and learning resources; to pay faculty salaries for supplemental student workshops, intercession clinical, faculty tutoring, and open skills lab; for free NCLEX-RN review course; and for remediation in order to support student learning. **Faculty:** There are 8 fulltime faculty (not including the program director) and 25 part-time faculty. Since 2012, the need for two fulltime faculty members has gone unfilled during the college's search for a President which has just now been filled. There was a resultant lack of continuity of support for the nursing program and a low priority ranking for college hiring during this time. Beginning fall 2014, nursing program admission has been decreased from 50 to 40 students due to the decreased FTEF. With one recent fulltime faculty retirement, there is now a need for three full-time faculty. **Noncompliance:** **Inadequate resources related to faculty, lab staff, program funding and supplies to meet program objectives.** **Related Section: 1424(h)**

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS			
SECTION 1425 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:	X		Signed BRN approvals are on file for the director, assistant director and all faculty. The program submits change notices as required. The program director tracks licensure of all faculty.
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.	X		Faculty meets regularly for general program business as well as for committee business. All full-time faculty are required to attend and part-time faculty are encouraged to attend (PT required to attend one committee meeting a month or six meetings a semester). Meeting minutes are emailed to all faculty.
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.		**X**	There are 8 full-time faculty (not including the program director) of which all are Instructor approved and have a Master's degree in Nursing. Two are Nurse Practitioners (PNP/FNP). 25 part-time faculty: 2 are instructor (Master's degree in Nursing) 15 are assistant instructor (7 Master's/5 NPs; 8 BSNs) 3 are clinical teaching assistants (BSNs) All content areas have at least one full-time instructor level faculty and all faculty maintain current competency through clinical practice or instruction, and continuing education. Since 2012, there has been a need for two fulltime faculty, however with the recent retirement of a fulltime faculty, there is now a need for three fulltime faculty - **Refer to section 1424(d)**

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
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		Compliant relationships of authority and communication are depicted in the organizational chart and articulated in job descriptions.
SECTION 1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a) (1). (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		BRN approvals with evidence of meeting all qualifications requirements are on file for all instructor faculty.
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		BRN approvals with evidence of meeting all qualifications requirements are on file for all assistant instructor faculty.
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.	X		BRN approvals with evidence of meeting all qualifications requirements are on file for all clinical teaching assistants.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		MS: Mary Cox, Wendy Durfor, Cynthia Heister, Hermel Nuyda, Josephine Ross OB: Kim Hollingshead Peds: Preethamol Puthiakunnel Psych: Adrianne Maltese, Geraldine Weber Geriatrics: Adrienne Maltese Evidence demonstrates content experts are qualified by current experience and education per requirements. The content expert role is established by program policy to review, guide, and make recommendations for curriculum content, textbooks, learning activities, and continuing education for faculty. The program plans to ensure that one/two qualifying faculty are assigned the content expert role in the curriculum implementation.
Section 5: CURRICULUM 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.	X		The program philosophy and conceptual framework address all required elements.
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Regular faculty and committee meetings are held to discuss and make decisions regarding the program, and minutes are kept of these meetings. Both full-time and part-time faculty participate.
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.	X		There is a structured orientation process for new faculty.
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.	X		Faculty maintain clinical competence through active clinical practice and/or instruction. Program document s support current clinical competence for all faculty.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
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.	X		The program has consistently sought BRN approval prior to implementation of curriculum revisions.
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.	X		The program philosophy explains the beliefs regarding teaching and learning, nursing, health, person, and environment. The conceptual framework is grounded in the NLN Educational Competencies for ADN, the American Nurses Association Standards of Practice, and QSEN. Curriculum threads are identified, mapped across the curriculum and frame course content. There is consistency between the frameworks and specific course content. Program outcomes reflect the achievement of course competencies and student learning outcomes that address multiple dimensions of nursing competency including application of the nursing process.
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 at least the following number of units in the specified course areas:	X		
(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication. (3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		The BRN approved curriculum is presented in semester units (16 week semesters) and meets requirements: Nursing: 39.5 units (20 theory; 19.5 clinical) Communication: 6 units Science: 21 units Total Units for Licensure: 66.5 Other Degree Requirements: 7 Total Units For Graduation: 73.5

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
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.	X		There is a theory course with a concurrent clinical course for the five content areas and required content is found within the learning objectives for these courses.
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum. (1) nursing process; (2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) physical, behavioral and social aspects of human development from birth through all age levels; (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) communication skills including principles of oral, written and group communications; (6) natural sciences including human anatomy, physiology and microbiology; and (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All required elements are found in courses across the program curriculum.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements: (A) An active, clear license issued by the board; and (B) Clinically competent and meet the minimum qualifications specified in section 1425 (e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor; (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; (1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. (2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	NA		A Preceptorship is not utilized in this program.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; (6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships. (7) Plan for ongoing evaluation regarding the continued use of preceptors. (c) Faculty/student ratio for precetorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements.			
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The program is mapped in semester units following the prescribed formula for units/instructional hours.
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		
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.	NA		Non-faculty are not utilized in the program.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		The program has obtained approval for all clinical training sites.
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.	X		Visited clinical sites had student learning objectives and daily assignment clearly posted on each unit where students were assigned, and students and facility staff were aware of the learning objectives.
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;	X		The template utilized for clinical facility agreements contains all required elements.
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and			
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.			
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		The program has participated in a centralized clinical placement system (CCPS). However, placements requests are more commonly communicated between the program's clinical instructor and the agency liaisons.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
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 BRN criteria for establishing student : teacher ratio is referenced in the program's written policy where the maximum student : teacher ratio is set at 8:1 in clinical. Pg21
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Tools for evaluation of student achievement are presented for each course and specific to that course's learning/performance objectives.
SECTION 7: STUDENT PARTICIPATION **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: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X		Students in each semester elect a class representative who will have a voice in weekly meetings (faculty/student council committee; curriculum committee; policy committee; program review committee), however, all students are invited to attend and have a recognized vote for decision-making in the committees. There is a monthly "Breakfast with the Chair" for students as another opportunity to receive student input/feedback. Clinical facilities, courses, skills lab, instructor and program are evaluated by students each semester, and that input is evaluated and acted upon.
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS **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.	X		This option is presented in the BRN approved program curriculum. To date, the program has not had any students apply for admission under this option.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
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 applicants academic deficiencies, irrespective of the time such courses were taken.	X		Prospective students who inquire about this option are directed to the program director that provides complete and objective information verbally and in print.
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 be fulfill the additional education requirement.	X		
Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.	X		
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Policies and procedures are presented in the college catalogue which is available in print and online at the university's website. Licensed Vocational Nurses may be admitted as advanced placement students on a space available basis as outlined in college catalog and online website.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD **SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.	X		Pass rate is consistently above minimum performance threshold: 2007-8 87.67% (73/64) 2008-9 90.14% (71/64) 2009-10 88.07% (109/96) 2010-11 91.86% (86/79) 2011-12 95.89% (73/70) 2012-13 90.54% (74/67) 2013-14 92.06% (63/58)

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **FINAL COPY**
SECTION 11: CHANGES TO AN APPROVED PROGRAM SECTION 1432			
(a) Each nursing program holding a certificate of approval shall:	X		
(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.	X		
(2) Notify the board within ten (10) days of any:	X		
(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.	X		
(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.	X		
(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:	X		
(1) Change in location.	X		
(2) Change in ownership.	X		
(3) Addition of a new campus or location.	X		
(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

Los Angeles Valley College

5800 Fulton Avenue
Valley Glen, California 91401-4096
818.947.2600 www.lavc.edu

November 18, 2014

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

Mary Cox, MSN, PHN, RN
Director of Nursing
Los Angeles Valley College

Dear Laura,

First, thank you for the extended time to provide our Progress Report. Please find attached the Progress Report for the non-compliance in resources and the Recommendation in Section 1424(e).

The process of negotiation was a challenge at best. However, I do feel that the new President is trying to do the best for the program with the limitation she has regarding the campus financial deficit. I'm excited that I was able to get approval for three full-time faculty. We will keep plugging along on a yearly basis for all other resources.

If you have any question, please call or email me. Much thanks to you and your team for a painless visit.

Respectfully,

Mary Cox MSN, PHN, RN
Director of Nursing
Los Angeles Valley College

Los Angeles Valley College

5800 Fulton Avenue
Valley Glen, California 91401-4096
818.947.2600 www.lavc.edu

DATE: November 18, 2014

TO: Laura Shainian, MSN, RN
Nursing Education Consultant
Board of Registered Nursing

FROM: Mary Cox, MSN, PHN, RN
Chair, Health Science Department/Director of Nursing
Los Angeles Valley College
Associate Degree Nursing Program

SUBJECT: Progress Report

Areas of non-compliance - RESOURCES

Violation: CCR 1424(d) – Related Section 1424(h)
PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS

Findings: ***Inadequate resources related to faculty, lab staff, program funding and supplies to meet program objectives.***

Action: Regarding Skills/Simulation staffing: The Director of Nursing has met several times with the Dean of Career & Technical Education and the President to address the non-compliance regarding the ability to hire **a skills lab coordinator and a simulation lab technician**. While the college is not in the financial position to hire a full-time skills lab Coordinator and a full-time Simulation Technician at this time, the college is taking a phased approach to address this deficiency.

In Phase 1, Perkins funding will be allocated to set-up a non-teaching hourly assignment for a skills lab position. Approximately 250 hours will be funded for the remaining duration of FY 2014-2015. The majority of these hours wil be used during the spring 2015 Semester since this will ensure the maximum benefit for the students.

Phase 2, for FY 2015-2016, Perkins funding will be allocated to hire a 0.5 skills lab position for the entire year.

There is a potential that Perkins can contribute to funding of this position for an additional two years. In the meantime, the Nursing Director will explore other grant funding to pay for the remaining 0.5 skills lab position or a simulation technician.

Administration advises that if the financial situation improves for the college, every effort will be made to institutionalize these positions to ensure continued sustained funding.

Los Angeles Valley College

5800 Fulton Avenue
Valley Glen, California 91401-4096
818.947.2600 www.lavc.edu

Action: Regarding Maintenance of **warranties** and **software**. The nursing program has developed an excel document with supporting documents for all nursing software and warranties for the Presidents review. The President has allocated $22,000 from Prop 20 and Block Grant Funds for warranties and software, FY2014-2015. Moving forward the Nursing Director will write in the yearly Program Review Goals Module for additional warrantee coverage for equipment and supplies. This will occur on a yearly basis to ensure that all software and warrantees are up-to-date.

In regards to **equipment**, the college's plan is to review yearly equipment needs through the program review allocation process. The Nursing Director will submit in the technology modules yearly equipment needs and supplies. At this time there is no immediate need for equipment.

Action: Regarding full-time **faculty**. The Nursing Director requested in the Goals Module the need for three full-time faculty. That request was sent to the Hiring Prioritizing Committee (HPC). HPC provided a time slot for the Nursing Director to meet with HPC and discuss the need to hire three full-time faculty. HPC ranks each position using an approved Rubric and a list was sent to the President and to the Academic Senate President. The Senate will discuss the HPS list at their November 20, 2014 meeting with a vote to approve. The approved list then goes back to the President. During the HPC process, the Nursing Director met with the President and discussed the District allocation for college full-time faculty hires which appears hopeful.

Last night, the President advised that she is tentatively agreeing to support the three nursing position now. The President has advised that she does not want the Academic Senate to see this decision as subverting the process which she believes in. However, due to the timeline of the Progress Report, the President has approved three full-time nursing faculty.

Area of Recommendation:

Recommend: Section 1424(e) program Director/Assistant Director

Findings: ***Evaluate adequacy of allotted release time for Assistant Program Director***

Action: In regards to allocation of release time for the Assistant Program Director, the Presidents response was to review the recommendation for possible implementation FY 2015-2016.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.6
DATE: January 8, 2015

ACTION REQUESTED: Vote on Whether To Recommend Continuation Of Approval For Merritt College Associate Degree Nursing Program

REQUESTED BY: Kay Weinkam, Nursing Education Consultant

BACKGROUND: Dawn Williams, M.S.N., RN is the program director. The assistant director is Lynn Bratchett, M.B.A., RN.

The Peralta Community College District (PCCD) in Alameda County is comprised of four colleges. Merritt College is located in Oakland, and is the only college in the district that offers the associate degree in a nursing program. The program admits students once a year, and currently enrolls 79 students in its nursing program.

A regularly scheduled continuing approval visit was conducted from November 19-21, 2012, with findings of four areas of non-compliance (CCR Sections 1424(a) Philosophy; 1424(c) Administration; 1424(d) Resources; and 1427(c) Clinical Facilities) and the issuance of one recommendation, (CCR 1424(b)(1) Total Program Evaluation. The Board granted Deferred Action at its April 10, 2013, meeting.

The Program submitted Progress Reports as directed that were presented to the Education/Licensing Committee and then ratified by the Board in November 2013 and in February and April 2014. Program representatives then attended the May 2014 ELC meeting to address the Committee. The remaining areas of non-compliance were determined to be CCR 1424(c) Administration and 1424(d) Resources. The Committee recommendation was to continue deferred action with a Progress Report to be submitted in November. The Board acted on this recommendation at its May 7, 2014, meeting. Ms. Williams submitted the Progress Report in November, and it is included with this report.

Administration: The report suggests that the improvements that have occurred in the channels of communication between the Program and the Administration bring the Program into compliance with CCR 1424(c). What is unclear is whether policies and practices have been put into place that are independent of whoever is in the positions of Dean or Vice President of Instruction so that, in the future, the Director and faculty can focus on the responsibilities of offering the nursing program and use the established practices, including those that intersect with the PCCD, to acquire the faculty, resources, and support needed for the program.

Regarding CCR 1424(d) Resources, the progress report indicates that issues related to the safety and environment of the modular units have been resolved, and that the mannequins for use in the labs are fully functioning. The faculty vacancies were not filled, however, and the program has

reduced admissions to 40 students per year as a result. If administration's plans are for the Program to both focus on retention of students and to also increase admissions once the Program has moved into the Barbara Lee Science and Allied Health Center in spring 2015 with classes to start in fall 2015, no assurance is contained in the report that the Program will be given priority for hiring the faculty to accomplish this. As of the date of the report, the Program is still functioning without the senior clerical assistant. The burden then rests with the director and faculty for clerical work and students assistance. Of note, however, is that the budget for 2014-2015 reflects a 32% increase from that of the previous year.

The Program's NCLEX pass rate for the academic years of 2009-2010 to 2013-2014 range from 92% to 100%, with an average of 98%. The rate for the first quarter of the 2014-2015 academic year is 100%.

The College indicates it will focus more on retention, and the Program reported that for this fall semester, retention is 93% for the first semester students.

The next regularly scheduled continued approval visit will occur in fall 2017.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Kay Weinkam, M.S., RN, CNS
(916) 574-7600

Merritt College
Associate Degree Nursing (ADN) Program

Final Progress Report
November 2014

This progress report is submitted in response to the Consultant Approval Report – November 19-21, 2012 and Report of Findings.

SCHOOL NAME	AREA OF NON-COMPLIANCE	PROGRESS REPORT	Documentation	Action Plan
Merritt College Associate Degree Nursing Oakland, California	Section 1424 (a): Philosophy	The statement does not address students' individual learning styles. The terminal objectives indicate that the student will have entry-level competencies that allow practice "under the supervision of an experienced nurse."	Minutes of January 28, 2013 Faculty Meeting to change Philosophy and Terminal Objectives	These changes have been incorporated and are now reflected in our Student Handbook with the revision disseminated to all ADN faculty, staff, and students. Changes were made to the website**.**
Merritt College Associate Degree Nursing Oakland, California	Section 1424(c): Administration	There is no organization chart that identifies the relationships within the program, with the administrative segments of the college, or with the clinical agencies. College publications such as the catalog present inaccurate information because parties responsible for those communication modalities are not directed to consult with, or do not consult the program director for updates. The Director pointed out that the BRN requested a copy of the Director's and Assistant Director's job descriptions, as she	Email communication Merritt College Organization Chart ADN Organization Chart Talking points with Interim VP Black/VPI Bugg Email communication with Human Resources and VP Black As noted above in CCR 1424(c), there has been significant turnover in the deans for allied health programs at the college. There has also been great turnover in the college administration as at the district level since 2006, thus affecting the program's ability to, among other things, order, track the processing of equipment and supplies requests, and acquire needed	On **January 16th, 2013** the Program Director met with the Vice President of Instruction and discussed the turnover of the administration and the strategies that can be used to improve communication with new administrators as they come onboard. Regularly scheduled meetings with the Division Dean (Tuesdays at 11:00 am) to ensure a comprehensive response to BRN findings and to continually ensure the ADN program needs are being addressed. Biannual meetings with the Dean and

		did not have a copy in her Department records. The Director followed-up with Human Resources to obtain a copy and HR is researching the matter. The inaccuracies of the college catalog and schedule of classes were noted. It was recommended to have better communication with all parties responsible, prior to submission of the final draft for campus-wide publication. ADN faculty/staff will attend campus curriculum committee meetings to ensure consistency going forward. Since 2006, there have been seven different deans, or no dean in which case the director reported to the Vice President of Instruction. Many of the deans have no experience administering programs that are subject to regulatory requirements common for medical/health care professions. Although in the position of Program Director, the director is classified as faculty, no administration, and requires the support of the dean for appropriate, timely, and effective administration of the nursing program. Because of lower level administration's unfamiliarity with the nursing program's "clinical grievance procedure", the faculty member involved in one of the two students' grievances needs the Director's support to go through the process of defending not only her	items because the previously established contact/networks dissolve with each change of administrators. Email communication with the Union, present Dean Mansur and President Meeting with College President Meeting with the Dean and VPI. Draft of Program Director's Job Description	Director of Business Services as it relates to the financial needs of the department has also been implemented to strengthen the resources required for the ADN program. Continued follow-up with the VPI and College President are ongoing. **The Peralta Community College District HR Department approved a job description for the ADN Program Director position at Merritt College. Per the PCCD Director of HR, the job's description is posted on the District's website for public view.** Additionally, there are procedures in place for the ordering of supplies, staffing requests, acquisitions of resource materials, and research on best practices for the nursing program. The regular assessment process will be evident in the ADN's program review and annual program updates. A demonstrated commitment from the college administration was a recent meeting with the new Vice President Bugg and his involvement in responding to the findings of the BRN

This progress report is submitted in response to the Consultant Approval Report – November 19-21, 2012 and Report of Findings.

		actions but department policy and procedure.		memo dated September 3, 2013. February 4-8, 2013: Follow-up meeting with President and Vice President to outline further steps to address these issues. February 18-22, 2013: Follow-up with Administration for status update. Continued commitment by Dean Mansur and VPI Bugg is evidenced by accompanying the Director to the ELC Meeting, April 2014 and the assistance in the completion of this report. **The Director updated and corrected the Organization Charts to show relationships within the program, with the administrative segments of the college, and with clinical facilities.** **Continued face-to-face communication with present Dean Mansur as resulted in his strategic support with the comprehensive admissions process. He has doggedly addressed the areas of compliance; pushed the completion of the Director's job description, worked with the Business manager on the issue of AC/Heating of the**

This progress report is submitted in response to the Consultant Approval Report – November 19-21, 2012 and Report of Findings.

				portables, and participating on the hiring committee for the senior clerical assistant replacement.
Merritt College Associate Degree Nursing Oakland, California	Section1424 (d): Resources	Due to the number of years of budget cuts and hiring freezes originating from the District, faculty "recognized that there had to be a renewed commitment with fewer resources to still be able to maintain a high standard of services. Therefore, there has been a reduction in the number of students accepted into the program from 90 in 2008…50 in 2012." The number of applications that must be considered, however, remains at over 400 per year. The program relies heavily on grant funding, but this source of funding is becoming more restricted due to the current state and national economic situations. The one faculty member who is quite skilled in obtaining these grants is now retired although she graciously demonstrates her commitment to the program by continuing to be available to the program. One demonstration of the resourcefulness of the program is that it obtained a grant that allowed it purchase two modular units from the Oakland Unified School District. One serves as a classroom, and the other provides a student study hall, simulation lab, skills lab,	Email communication Justification of Program Specialist Grant funding was reduced for 2014-15. New enrollment was reduced to reflect that change. VP Black requested a detailed department budget. We also prepared a response sheet regarding budget questions. The 0.5 FTE position of Senior Clerical Assistant was created as a result of the previous approval visit. She assists the director in administrative operation of the program, has set up the databases which allow the program to track student information and provide data related to the program, and provides faculty support. Another 0.5 FTE is grant funded for this Senior Clerical Assistant position. In addition to the need for this additional 0.5 FTE position being continually funded,	The 2012-13 budget was $995,902.88 with an increase in .78% for this coming year of 2013-14 with a budget of 1,003,637.06. **The 2014-15 budget is 1,330,098.00. This is a continual increase from the previous year.** **The ADN Clerical Assistant position has recently undergone advertising, hiring committee selection and the initial candidate screening process. The final phase of interviews and candidate selection is slated for November**

		and education resource area. Although appropriate in space and equipment, these units lack desk phones or alarm system (except for fire notification), and most faculty and students' mobile phones do not have access to their carrier's service due to the topography of the location; the skills lab, etc., units are located at the boundary of the campus which opens to a wooded area.	the position might be considered for reclassification to Program Specialist due to its actual responsibilities. In 2007, the position of the full-time Senior Clerical Assistant for the Allied Health Department was expected to dedicate three full days out of five full days solely to the ADN Program. This is no longer the practice.	**2014. We are currently in interviews.** **All instructors within the nursing department have received security badges to Smart classrooms. Keys to the nursing office and all other vital rooms that are in use in the nursing department have been distributed.** Continued commitment from the VPI & Business Manager regarding active need for additional classroom and learning lab space. **Phones, AC & heating, internet and security in the modular units are fully functioning and operational.** **The high-fidelity mannequins in the Simulation Lab are fully functioning and operational.** The **nursing department's** budget requests will go through the campus budget development process to adhere to a budget consistent with the BRN findings.
		Due to the sudden unavailability of two full-time faculty, the director and assistant director assumed responsibility to cover teaching	Requesting two full-time faculty to replace vacancies. VP Black instructed the Director to prepare a	

		assignments for the spring and fall 2012 semester. The director has not been informed when the search can begin for faculty. Faculty again has limited ability to obtain keys for faculty and staff areas, classrooms, and support areas. The ADN Department relies heavily on grant funding and we are not considered in the campus's budget to the extent that we are not allotted monies in the general fund. We are requesting that sustained funding be allocated for the program in the event that grant funds are reduced or depleted. .	Justification Memo for her approval. The VPI has committed to attend the Faculty Senate to advocate for nursing faculty. On September 11, 2013 the Vice-President, Dean and I discussed the need for two faculty members as a requirement for compliance. The President has called for a justification that can be integrated into the faculty prioritization process and which includes the Academic Senate. Those recommendations from the faculty Senate will be forwarded to the president for Spring recruitment and Fall hiring (2014).	The VPI will continue to work with the Director to examine current and future staffing needs for the department**.** **As of December 1, 2014, three (3)** full-time instructor positions will not be replaced prior to the move to the new Allied Health Building. Admissions numbers have been adjusted to account for reduced faculty**. We will admit 40 students.** The new Barbara Lee Allied Health building slated for a **May 2015** move will support an increase in faculty and students within the program. The college is committed to that increase. **Instruction in the building will begin Fall 2015.** On **January 16th and 17th, 2013** the Program Director and Assistant Director met with the Vice President and Dean to discuss the following items: 0.5 FTE Senior Clerical Assistant position. This position is insufficient to support the ADN Program and we have been supplementing with 0.5 FTE from grant funds. Requesting increase to 1.0 FTE, as well as reclassify to

This progress report is submitted in response to the Consultant Approval Report – November 19-21, 2012 and Report of Findings.

	Section 1427 (c): Clinical Facilities	The template does not address the orientation of faculty. Although this community college district uses boilerplate agreements to cover its medical/health care programs use of facilities/agencies, these agreements do not address all components of this regulation. Not all of the contracts reviewed contained all elements of this regulation.	Email communication with General Counsel regarding clinical facilities contract amendment. Completed: Attached Table of Clinical Facilities	Program Specialist in accordance with the responsibilities of the position. VP Black suggested long-term opportunities for funding of position through Bond Measure funds. Additionally, there are Proposition 30 monies available, but the Bond Measure funds can be up to 8 years. Regarding reclassification of the position, she asked that we prepare a Justification Memo citing specifics. **In May 2014, our new Dean Mansur and VPI Bugg have established themselves as collaborative administrators, initiating partnerships with the University of Phoenix, East Bay Career Pathways and Diversity in Health Training Institute.** On **January 15th, 2013** the Director began communication with Thuy Nguyen at the District Office of the General Counsel. We have continued communication with counsel staff to collaborate and educate on mandates for the contract amendment that must

This progress report is submitted in response to the Consultant Approval Report – November 19-21, 2012 and Report of Findings.

				include all elements of the BRN regulation 1427(c). All BRN Clinical approved facilities are listed in the attached hospital grid. **All contracts presently meet the requirements of CCR 1427 (c).** Continued communication and timely updates.
Merritt College Associate Degree Nursing Oakland, California	Section 1424 (b) (1): Total Evaluation Plan	1) For other than criteria evaluated annually, establish a baseline date on which the frequency of review will be based. 2) On a periodic basis, and at least annually, summarize the decisions, changes, or both, made as a result of evaluation of the data.	Total Program Evaluation, Form EDP-P-16	Changes have been made to the Total Program Evaluation Plan incorporating baseline dates and annual review of changes made as result of evaluating data.

distributed to ELC members at meeting

Merritt College

12500 Campus Drive • Oakland, California 94619 • (510) 531-4911 • FAX (510) 436-2514

January 5, 2015

Board of Registered Nursing
Education/Licensing Committee

Mr. Michael Jackson, Chairperson

This letter is written for your consideration of the continuation of Merritt College's Pre-licensure Nursing Program.

First, Merritt College is proud to provide a nursing program that offers students the educational and professional skills required for the medical work environment. Our students come from diverse backgrounds that care to make a difference in the well begin of others in their own community. As long time practitioners within our community, our faculty prepare students with soft and hard skills, knowledge and confidence. We are extremely proud of the 100% pass rates of our Nursing graduates and our faculty on their accomplishment to increase the number diverse practitioners to the medical profession.

Second, the college is exploring new partnerships with local health/medical providers and four-year institutions of higher education for our recent graduates and our incoming new students interested in the future of health professions. Our Nursing program continues to successfully collaborate with several other medical/ health related training programs available on campus, e.g. radiologic science, nutrition, dietetics, medical assisting, genomics, microscopy, and histotechnology. The program is further enhanced with the excellent basic science course offerings from Biology, Chemistry, and Physics.

Lastly, a quick update on the two areas that required the college's attention were CCR 1424(c)-Administration and CCR 1424(d)-Resources.

College update:

Administration: CCR 1414(c) The college's nursing program staff, faculty and the college's administration have engaged in regular meetings with specific expected outcomes for each meeting that addressed clarity of operations, student progress, facilities, equipment, etc. The Director of Nursing program organizes and develops the agenda for the meetings.

The college is guided by the District Policies and procedures as approved by the Board of Trustees. In addition, the district adheres to collective bargaining agreements for faculty and classified staff. Several of the occupational programs are also guided by the licensure boards for these programs.

Further, the Nursing program is one of several instructional programs within the college highly engaged in the participatory governance process whereby all voices are heard. The Director of Nursing is a member of one of highest leadership groups on campus, referred to as the Council of Department Chairs and Program Directors (CDCPD). This group works closing with the Academic Senate and Vice President of Instruction in the delivery of quality programs and services.

Resources: CCR 1424(d) – The College recognized the level of administrative support required for its Nursing Program operations and approved, a year ago the announcement and filling of staffing position needed. According to the Human Resource calendar, first level interviews are scheduled for the week of January 12th with expected final interviews to conclude by January 23, 2015. The Nursing program is scheduled to move into the "state of art" science facility this summer 2015.

As a community college of higher learning, we understand the importance of excellence and compliance to standards. We will continue to strive for the achievement of maximum opportunities for our students and community. Should you require further information or any clarification, you may contact me at 510 436-2501.

Sincerely,

Norma Ambriz-Galaviz,

President
Merritt College
Nambrizgalaviz@peralta.edu

Cc Janette Wackerly, Consultant
Dawn Williams, Merritt College, RN Director
Dr. Elmer Bugg, Vice President of Instruction

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.7
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Riverside City College (RCC) Associate Degree Nursing Program

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Dr. Sandra Baker, Dean-School of Nursing, has served as program director since June 2003, and prior to that in various other program positions for many years. Ms. Tammy Vant Hul, Assistant Department Chair is the assistant program director and has also worked with the RCC school of nursing for many years. A regularly scheduled continuing approval visit was conducted October 14-15, 2014 by Nursing Education Consultants Loretta Chouinard and Leslie A. Moody. The program was found to be operating in full compliance with BRN regulations. There were no findings of noncompliance and no recommendations.

The RCC school of nursing admitted their first students in 1957. The college is WASC-ACCJC accredited, and the program is ACEN accredited with 8-year reaccreditation awarded in Fall 2013. Across the past five years the program has admitted between 170-220 students annually, with approximately half entering in each Fall and Spring semester. Admissions vary based on level of resources available, particularly grant funds. In 2012 the school of nursing occupied the newly constructed building which is Leadership in Energy and Environmental Design (LEED) certified and tripled the square footage dedicated to nursing education. In Fall 2013 the program received a national award from the American Assembly for Men in Nursing identifying the RCC SON as one of the 2013 Best Schools of Nursing for Men. The program has applied grant funds to present such programs as the CNA-RN-BSN (collaborative with CSU Fullerton), FLEX (VN-RN) programs using technology to video stream instruction, and the Transition to Practice program for selected graduates initiated in 2011. The program partners with local high schools to provide a High School Fast-Track program which guarantees program admission to those high school graduates meeting criteria, with CSU Fullerton for a concurrent enrollment option to facilitate ADN graduates' completion of BSN within one year of ADN completion, and is exploring with California Baptist University and University of Phoenix to develop ADN to BSN and MSN pathways.

This is a mature prelicensure program with experienced program and college leadership, expert faculty, and contemporary instructional and student support resources. Although some of the current student and curriculum support services and faculty are financed with grant funds, college administration recognizes the need to continue to provide program resources at current levels from the general fund if grant funds become unavailable. Students express a high degree of satisfaction with all program elements and actively participate in program governance. NCLEX outcomes are consistently well above the minimum required performance threshold and employment of program graduates within the first year following program completion is >95%.

NEXT STEPS: Place on Board agenda.
PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd, Nursing Education Consultant

REPORT OF FINDINGS

Riverside City College Associate Degree Nursing Program

CONTINUING APPROVAL VISIT: October 14-15, 2014

NON-COMPLIANCE: **None.**

RECOMMENDATIONS: **None.**

CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: Riverside City College Associate Degree Nursing Program

DATES OF VISIT: October 14-15, 2014

WORK COPY

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications: (1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h); (3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or (5) Equivalent experience and/or education as determined by the board.	X		Sandra Baker, DNP, RN, CNE, Dean-School of Nursing, has served as program director since June 2003, and prior to that in various other program positions for many years. Dr. Baker meets all qualifications requirements.
SECTION 1425(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.			Ms. Tammy Vant Hul, PhD(c), RN, ACNP, CNE, Assistant Department Chair is the assistant program director since 2008 and meets all qualifications requirements.
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The program director has 100% designated time for administration of the RN and VN programs, reporting 80% of her time is devoted to the RN program with no required instructional responsibility. The assistant director is allotted 50% release time during the 10 months spanning the traditional school year with additional 16 hours/week during winter and summer intersessions, to assist the program director with administration of the RN program, and also fills the 0.5FTE student support position (SOS). Per program report and evaluation of the program, the director and assistant director have sufficient time for program administration.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		Ms. Vant Hul has served in the assistant director role for several years, and is knowledgeable and current regarding the program. Delegation of authority for the assistant director to perform director duties in the director's absence is stated in relevant policy found in the Faculty Handbook.
SECTION 2: TOTAL PROGRAM EVALUATION			
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.	X		Program policies and procedures are made available to students in the ADN Student Handbook, online at the college website, the RCC Student Handbook and in the college catalogue. Admission/selection procedures and other program policy/procedure that would be of interest to prospective program applicants are presented online at the college website nursing segment.
(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The total program evaluation plan includes all required elements and is being systematically conducted to ensure data collection and analysis, review by all stakeholders, development and implementation of action plans, and follow-up evaluation. There is comprehensive inclusion of appropriate stakeholders when seeking input regarding the program delivery and outcomes.
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		Process for managing grievance both within the nursing department and, if necessary, moving up through the college process is described and diagrammed in the ADN Student Handbook, RCC Student Handbook and the college catalogue.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The RCC and School of Nursing organizational charts depict compliant reporting relationships, lines of authority and channels of communication.

	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES **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.	X		The program has a full-time non-instructional director, an assistant director with half-time instructional assignment, 22 full-time faculty (all with minimum of master's degree in nursing) and 33 part-time faculty (>50% with master's degree in nursing and remainder at least BSN). All faculty are BRN approved. Since 2007 there has been a decrease of five full-time faculty positions for various reasons which has necessitated a reduction in enrollments. The program determines enrollment limit for each period according to available/funded resources. Faculty resources are adequate to provide instruction and fulfill other faculty responsibilities to ensure effective delivery of the program as approved. The college provides adequate budget for program delivery with additional funds obtained via Perkins funds and grants to enhance the quality of student support services, faculty, equipment and supplies, and enroll additional students. Program students, staff and faculty have extensive nursing related library resources available in print and digital formats, physically and online, within the nursing department as well as from the college library and via inter-library loan from other colleges and community partner facilities. Paul Moores, Librarian, in consultation with program faculty, ensures that extensive current nursing specific print resources are maintained. Digital resources can be accessed on- and off-campus 24/7. Physical college library access is more than 54 hours/week during the Fall and Spring semesters, and reduced hours during summer and winter intersession periods. School of nursing support staff include: Clinical Placement Coordinator (0.2FTE), full-time Administrative Assistant, part-time Health Coordinator, full-time Instructional Department Specialist, full-time Nursing Educational Advisor, full-time Nursing Enrollment and Evaluation Specialist, full-time Nursing Simulation Lab Specialist, full-time Nursing Skills Laboratory Technician, 2 part-time student

	Compliance	Non-Compliance	COMMENTS
SECTION 1424(d) Resources (continued)			workers. Support services for students and faculty include: Resources Specialist (0.9FTE), RCC School of Nursing Student Outcome Specialist (0.5FTE), Nursing Education Web Page which also includes Nursing Faculty Knowledge Management page providing access to faculty resources, student health and psychological services, counseling center, student financial services, disabled student program and services, college tutoring services, career & job placement center, and more. The newly built LEED certified school of nursing building occupied in Spring 2012 contains provides state-of-the-art instructional spaces for theory and lab, as well as program leadership and faculty office spaces, student study space, conference and meeting rooms, and computer lab. Contemporary technology (hardware, software, services, resources) is in place for all aspects of program delivery and support services. Software utilized by the program is regularly evaluated by the Learning Resources Committee and includes student input. Both the Nursing Computer Lab and the Learning Lab space configurations are flexible so that they can each be used as single large spaces or each divided into smaller spaces as needed based on planned instructional/learning activities. Video streaming has been used to present such programs as the CNA-ADN-BSN and FLEX (VN-ADN) special grant-funded programs. The skills lab space is a realistic care environment equipped with mid- and hi-fidelity mannequins, standard hospital equipment, headwalls with suction and oxygen, WOW (workstation on wheels) units for practice with electronic health record. The Virtual Hospital provides hi-fidelity simulators in four suites (L&D, peds, ICU, M/S) that resemble a true hospital environment with all related furnishings and equipment, a nurses' station, medication room (with automated med dispensing), WOW in each room, and a control room.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS			
SECTION 1425 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:	X		The director, assistant director and all faculty have been found to meet BRN requirements and have been BRN approved prior to assignment. Changes are routinely and timely reported by the program director as they occur.
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.	X		Policies, job descriptions, meeting minutes and discussion with faculty provide evidence that faculty has primary responsibility for program curriculum, policy/procedure, instruction, student evaluation, and program evaluation. Multiple faculty committees, each charged with a specific aspect of program delivery, review and analyze data/input from stakeholders and develop recommendations that are forwarded to the general faculty for discussion/adoption consideration. Ad hoc committees are formed as needed.
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.	X		Program faculty are 22 full-time (1 teaches for both RN and VN programs) and 33 part-time. Content approvals are: 49 M/S (24 I; 25 AI), 6 OB (5 I; 1 AI), 13 peds (8 I; 5 AI), 6 Psych (5 I; 1 AI), 27 Geri (19 I; 8 AI). Some faculty are approved for multiple content areas. Faculty are adequate in type and number to deliver the program as approved by the BRN. Faculty maintain clinical competency through teaching nursing, active clinical practice and continuing education. Clinical faculty will be increased to accommodate clinical facility requirement of smaller student cohorts in some clinical units.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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		The school of nursing organizational chart and school of nursing policies reflect compliant reporting relationships. Regular course team meetings are held to ensure content coordination between theory and clinical instruction, and to ensure consistency of instruction and student evaluation.
SECTION 1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a) (1). (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		All instructor faculty are BRN approved and meet qualifications requirements with minimum master's degree, and most hold or are working toward completion of terminal degrees.
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		All assistant instructor faculty are BRN approved and meet qualifications requirements.
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.	n/a		The program does not employ clinical teaching assistant level faculty.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		Content experts are identified at time of visit as: Med/Surg: Donna Schutte Obstetrics: Denise Indermuehle Pediatrics: Gloria Leifer Psych/Mental Health: Mel Moncrieff Geriatrics: Patricia Tutor All content experts meet qualifications and competency requirements. The program's Nursing Content Expert Committee meets regularly at least once per semester to review curriculum content. Content experts are elected by the faculty every three years with selection including consideration for BRN qualification requirements.
Section 5: CURRICULUM 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.	X		A major review/revision of all structures and content of the curriculum was completed, received BRN approval and was implemented in Spring 2012. Contemporary standards and competencies from appropriate industry authorities including the BRN, NCSBN, NLN-AC, IOM, AACN, QSEN, NPSG. were applied in development of the revised curriculum. The resulting philosophy, structure, content and student performance evaluation tools are informed and framed by values of tradition of excellence, passion for learning, respect for collegiality, appreciation of diversity, dedication to integrity, and commitment to caring, accountability and the nursing paradigm (NLN), and the nursing process. Seven concepts organize content: quality/safe/ evidence-based patient-centered care, professionalism, leadership, caring, collaboration/ communication, critical thinking, informatics. Knowledge- Skill-Attitude (KSA) format is used to structure student learning activities.
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		See 1424(g)

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		New program faculty are provided a structured orientation, both to the college and to the school of nursing, which includes all required elements. Faculty are additionally paired with an experienced instructor mentor.
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.	X		Report On Faculty documents for each faculty reflect current competency for instructional assignments.
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.	X		The program is being delivered in accordance with the most current BRN approved curriculum. A major curriculum revision was approved 11-16-2012 and the most recent minor curriculum revision was approved 3/1/2012. Curriculum revisions are consistently submitted for approval prior to implementation.
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.	X		See 1424(a)
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 at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication. (3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		The BRN approved curriculum meets all requirements. Nursing: 40 units (18.5 theory; 21.5 clinical) Communication: 7 units Science: 18 units Total Units for Licensure: 65 units Other Degree Requirements: 9 units Total Units for Graduation: 74

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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.	X		The program's BRN approved curriculum meets all requirements for concurrency of theory/clinical, outcomes and content.
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum. (1) nursing process; (2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) physical, behavioral and social aspects of human development from birth through all age levels; (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) communication skills including principles of oral, written and group communications; (6) natural sciences including human anatomy, physiology and microbiology; and (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		All required content elements are represented in outcome statements, learning objectives, and course content presented in the syllabi across the curriculum.
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum.	n/a		
SECTION 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.	X		Course hours are based on an 18-week semester compressed into a 16-week time frame. The formula used to calculate course hours per units is compliant with 1426(g) and is presented in semester units.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(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.			
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Per policy and clinical facility agreement.
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.	X		Non-faculty preceptors are used for some specifically defined observation/learning experiences in the terminal semester. The program identifies those clinical facility staff, verifies licensure and other qualifications, provides orientation to the facility staff, and maintains related documentation in program files. BRN approved faculty oversee all learning experiences.
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		All clinical facilities utilized by the program have been BRN approved prior to scheduled student clinical rotations and current clinical facility agreements are maintained.
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.	X		Clinical facilities are provided written objectives for student learning and students are assigned to appropriate clinical settings.
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;	X		Clinical facility agreements are maintained for all sites utilized by the program for student clinical rotations. The agreement format utilized by the program addresses all required elements.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.			
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		The program has a designated Clinical Placement Coordinator (a member of the full-time program faculty given 0.2FTE reassigned time) who manages the clinical facility placements, including evaluation of placement opportunities and collaborates with other schools of nursing to negotiate clinical rotation schedules. The program participates in the Inland Empire Consortium for clinical placement.
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		Assignment of student:instructor ratio decision-making basis includes required criteria per program policy.
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Tools used for assessment of student clinical performance are formatted consistent with the curricular frameworks. Evaluation of student performance is framed by levelled performance expectations (outcomes) specific to each course, clearly stated and presented to students in the RN Student Handbook. Skill mastery is identified specific to each course/level and relevant information is provided in course syllabi and the RN Student Handbook.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 7: STUDENT PARTICIPATION			
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: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X		Students have multiple opportunities to share in program review and governance: membership in Student Nurses' Organization which meets bi-monthly with the Intercollegiate Council; National Student Nurses Association, California Student Nurses Association, and Men in Nursing chapters; student representation on nursing department committees including Learning Resources, ADN Curriculum, and ADN Pinning Committee; regularly conducted student surveys of each course and clinical experience; participation in joint Student/Faculty/Clinical Agency Advisory Committee meetings held each semester; Current Student, End of Program and Alumni surveys. Evidence provided in the self-study and confirmed during the visit demonstrates that student input affects decisions regarding program policies/procedures and delivery.
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS			
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.	X		The Nursing Enrollment Committee has designated up to 10% of available spaces in Nursing 21for admission of LVN 30-Unit Option students each semester. Applicants are counseled regarding potential benefits and detriments related to this education/licensing option, and information is available to students in the college catalogue, RN Student Handbook, and online at the college website. The 30-unit option course requirements are delineated
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 applicants academic deficiencies, irrespective of the time such courses were taken.	X		in the program's BRN approved Required Curriculum: Content Required For Licensure (EDP-P-06) document, and total 30 semester units. Required content is consistent with that identified by regulation and includes instructional content to prepare graduates for competent performance prescribed in section 1443.5.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
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 be fulfill the additional education requirement.	X		
Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.	X		
The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X		
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		Policies and procedures for obtaining transfer credit and methods of challenging nursing courses are available in the college catalogue and other student publications. All program courses may be challenged. Applicants are evaluated on an individual basis.
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD **SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.	X		NCLEX-RN pass rates have been consistently well above the required minimum performance threshold. 2009-10 92.70% 2010-11 91.79% 2011-12 90.40% 2012-13 97.66% 2013-14 91.78%

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS **WORK COPY**
SECTION 11: CHANGES TO AN APPROVED PROGRAM SECTION 1432 (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		The program consistently and appropriately notifies the BRN of changes as required.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4.1
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For Loma Linda University University Nurse Practitioner Program

REQUESTED BY: Carol Mackay, Nursing Education Consultant

BACKGROUND: Dr. Elizabeth Bossert is Director of the Loma Linda University (LLU) Nurse Practitioner Program (NPP). The LLU MSN NP degree program offers five primary care NP tracks: Adult-Gerontology, Family, Pediatric, Neonatal, and Psychiatric NP tracks. Three of these NP tracks were being offered at the time of the visit: Adult-Gerontology, Family, and Pediatric NP tracks. The Neonatal NP track was last offered in 2006. The Psychiatric NP track graduated its first two students in September 2014. LLU also offers a Post Master's NP Certification Program in all population tracks and a DNP Program (post MSN NP).

A regularly scheduled continuing approval visit was conducted by Nursing Education Consultants Carol Mackay, Badrieh Caraway and Dr. Carol Velas on October 20-22, 2014. This visit was conducted concurrently with a continuing approval review of the LLU BSN program, the results of which are presented in a separate report. The LLU NPP was found to have no areas of non-compliance. Four recommendations were made in two areas: Section 1484 (d) (11) arranging for clinical instruction and supervision for students; and, Section 1484 (d) (12) (P) legal implications of advanced practice. Further detail regarding the recommendations is provided in the Consultant Approval Report and in the summary Report of Findings. Also, the letter from LLU NNP dated November 14, 2014 responding to the recommendations is provided.

At the time of the site visit a total of 18 students were enrolled in the LLU NPP: AGNP – 2 students; FNP – 8 students; and PNP – 8 students. A total of 14 faculty members teach in NPP: 8 full time and six part time faculty members. All faculty are competent in their assigned teaching area and all clinical faculty are currently in NP practice.

The LLU MSN NPP unit requirements vary by population track. The AGNP and PNP tracks require a total of 70 academic quarter units. The FNP track requires 69 academic units and the PNP track requires 70 academic units. All NP tracks in the NPP exceed the required clinical hours.

The LLU NPP curriculum reflects national NP educational standards. MSN core and the 3-P courses (Advanced Physical Assessment, Pharmacology, and Pathophysiology) are completed prior to the students progressing to the concurrent theory and clinical courses in their respective population track. The final course in each NP track is an intensive clinical practicum, no theory.

The LLU NPP is held in high esteem by the campus administration, the local health care community, and it students. The program director and NP faculty are dedicated professionals with expertise in NP education and practice. The NP students are mature RNs seeking advanced nursing education.

At this time, the LLU NPP is being delivered in compliance with the BRN rules and regulations and is recommended for continuing approval.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Carol Mackay, MN, RN
Nursing Education Consultant

REPORT OF FINDINGS

Loma Linda University
NP Program
October 20-22, 2014

NON-COMPLIANCE

None

RECOMMENDATIONS

Section 1484 (d) (11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.

Ensure the majority of clinical practicums in each population track are with NP preceptors.

Continue efforts to secure clinical preceptors at the LLMC.

Clarify to both NP students and preceptors the faculty expectation that they discuss each patient seen according to the SOAP format.

Section 1484 (d) (12) (P)

The curriculum shall include, but is not limited to: Legal implications of advanced practice.

Strengthen instruction in writing Standardized Procedures in the NP program.

BOARD OF REGISTERED NURSING
CONSULTANT APPROVAL REPORT
NURSE PRACTITIONER PROGRAM

PROGRAM: Loma Linda University (LLU)
Nurse Practitioner Program

VISIT DATES: October 20-22, 2014

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
Section 1484. Standards of Education. The program of study preparing a nurse practitioner shall meet the following criteria: SECTION 1484(a) Purpose, Philosophy and Objectives (1) have as its primary purpose the preparation of registered nurses who can provide primary health care;	X		The LLU MS NP program includes five primary care NP tracks. Three of these tracks are currently being offered: the Adult-Gerontology, Family, and Pediatric NP tracks. The Neonatal NP track was last offered in 2006. The Psychiatric Mental Health NP track graduated its first two students September 2014. October 2014 Enrollment NP Clinical Courses AGNP – 2 FNP – 8 PNP – 8 Total - 18
(2) have a clearly defined philosophy available in written form;	X		
(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.	X		
SECTION 1484(b) Administration (1) be conducted in conjunction with one of the following:			

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine or public health.	X		LLU is a health science university. The SON is composed of two departments: the undergraduate and graduate. The graduate department has three programs: Masters, Doctor of Nursing Science and Doctor of Philosophy. The SON also offers a post-master's NP Certificate Program.
(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.	NA		
(2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.	X		SON MS NP Program policies are available in writing in the University Catalogue 2013-2014 and admission requirements are also found on the SON Fact Sheet for each NP track.
(3) Have written policies for clearly informing applicants of the academic status of the program.	X		LLU is accredited by WASC. The LLU SON graduate programs are accredited by CCNE. The NP program is approved by the California Board of Registered Nursing.
(4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.	X		LLU NP graduates are awarded a Master's of Science degree in nursing or a post-master's certificate of completion. LLU official transcripts include the NP population track.
(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.	X		Permanent academic records are maintained by the University Records Office. Administration and faculty records are kept in the Dean's office. Student transcripts are maintained by the Registrar's Office.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.	X		Ongoing program evaluation is conducted by the graduate nursing faculty. Elements of evaluation include: Student evaluation of courses; Master's program curriculum review; Student Exit Interview data; ACCN/EBI Master's Level Exit Assessment; and Alumni Survey.
SECTION 1484(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.	X		The total number of faculty teaching in the NP program is 14: eight full-time and six part-time.
(1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.	X		All faculty are competent in their assigned teaching area.
(2) The director or co-director of the program shall: (A) be a registered nurse;	X		Dr. Elizabeth Bossert, Associate Dean SON and Chair of the Graduate Nursing Program, administers the LLU NP Program. CA RN # 224886
(B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;	X		Dr. Bossert 1990 – PhD University of California San Francisco 1977 MS Loma Linda University BS Walla Walla College
(C) Have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.	X		Faculty member in LLU graduate program since 1993.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.	X		Each of the NP tracks has a designated Lead Faculty who is responsible for providing essential input into both the theory and clinical components of their respective tracks. Each of the Lead Faculty are nationally certified as a NP in their respective population. Dr. Lisa Roberts, FNP, is the Lead Faculty for the AGNP and FNP tracks. Dr. Robert’s practice includes both the family and elderly patients. Dr. Fayette Nguyen Truax, PNP, is the Lead Faculty for the PNP track. Brenda Boyle, PMHNP, serves as Lead Faculty for the PMHNP track. All faculty teaching in the NP program hold either a master’s or doctorate degree.
(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.	X		A total of 10 faculty members teach in the clinical management courses in the NP program. All clinical faculty are in current NP practice.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.	X		Clinical instructors (CI) are appropriately assigned to courses based on their expertise. CI responsibilities include overseeing the NP/preceptor dyad, monitoring Typhon, evaluating student OSCE, visiting clinical practicum at least once per quarter, and computing student's clinical grades. Preceptors provide direct supervision and evaluation of NP students in the clinical setting.
SECTION 1484(d) Curriculum (1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.			The NP curricula are based on BRN requirements and multiple national standards (NCSBN, NONPF, and AACN) related to NP practice and education.
(2) The program shall provide evaluation of previous education and/or experienced in primary health care for the purpose of granting credit for meeting program requirements.	X		Per LLU policy, students may transfer credits up to 20% of the units required by the degree program.
(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.	X		Syllabi include objectives to detect and control symptoms and minimization of disease progression.
(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.	X		Faculty consult a number of sources to ensure curriculum is current.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.	X		
(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.	X		The LLU catalogue and SON NP fact sheets are available for future students.
(7) The program may be full-time or part-time and shall be comprised of not less than (30) semester units,[forty-five (45) quarter units], which shall include theory and supervised clinical practice.	X		The LLU NP program is offered on a full time and part time basis. The time limit for program completion is five years. The MS NP quarter unit requirements vary by population track. AGNP and PMHNP Tracks - 70 units. FNP track - 69 units. PNP track - 71 units.
(8) The course of instruction shall be calculated according to the following formula: (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.	X		Contact hours in the didactic and clinical courses conform to the BRN formulas.
(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.	X		
(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.	X		LLU is on the quarter system. Each quarter equals 10 weeks.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(9) Supervised clinical practice shall consist of two phases: (A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.	X		The first four to five courses in each NP track include both theory and clinical practice. The final clinical course in each NP track is an intensive clinical practicum.
(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience sand instruction in an appropriate clinical setting.	X		Following foundational courses in Advanced Role Development, Physical Assessment, Pharmacology, and Pathophysiology, NP students progress to concurrent theory and clinical courses in their respective population tracks.
(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.	X		FNP - 22 quarter units, 660 hrs. AGNP, PNP, PMHNP – 19 quarter units, 570 hrs.
(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.	X		Instruction in diagnostic and treatment procedures begins in the Advanced Physical Assessment course. Instruction in office procedures was also taught in AGNP/FNP theory class.

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.	X		**Recommendation:** Ensure the majority of clinical practicums in each population track are with NP preceptors. Continue efforts to secure clinical preceptors at LLMC. Clarify to both NP students and preceptors the faculty expectation that they discuss each patient seen according to SOAP format.
(12) The curriculum shall include, but is not limited to: (A) Normal growth and development	X		The required content areas are integrated throughout the NP theory and clinical courses.
(B) Pathophysiology	X		
(C) Interviewing and communication skills	X		
(D) Eliciting, recording and maintaining a developmental health history	X		
(E) Comprehensive physical examination	X		
(F) Psycho-social assessment	X		
(G) Interpretation of laboratory findings	X		
(H) Evaluation of assessment data to define health and developmental problems	X		
(I) Pharmacology	X		
(J) Nutrition	X		
(K) Disease management	X		
(L) Principles of health maintenance	X		

APPROVAL CRITERIA	COMP	NON-COMP	WORK COPY COMMENTS
(M) Assessment of community resources	X		
(N) Initiating and providing emergency treatments	X		
(O) Nurse practitioner role development	X		
(P) Legal implications of advanced practice	X		**Recommendation:** Strengthen instruction in writing Standardized Procedures in the NP program.
(Q) Health care delivery systems	X		
(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.	NA		

November 14, 2014

Badrieh Caraway, RN, MS, MEd
Nursing Education Consultant
California Board of Registered Nursing

Dear Mrs. Caraway:

This letter is in response to the Nurse Practitioner Masters Program recommendations from your visiting team of October 20-23, 2014. The NP (nurse practitioner) faculty have met in person, by phone and through e-mail discussion in developing the response to the recommendations. Faculty involved include:

AGNP/FNP: Lisa Roberts, Anjali David
PNP: Fayette Truax, Kim Buck

Faculty unable to participate:

AGNP: Megan Volkov due to pending surgery
Psych NP: Brenda Boyle due to death of mother

RECOMMENDATIONS

Section 1484 (d) (11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.

Ensure the majority of clinical practicums in each population track are with NP preceptors.

Goal: to increase the number of NP preceptors by 10% per year until the majority of preceptors are nurse practitioners

Action Plan:

Talk with California Associate of Nurse Practitioners (CANP) to determine if it is possible to obtain a list of all Nurse Practitioners in Southern California. Note: the President of CANP is a contract faculty at LLUSN, so contacting her with this question will be quite feasible.

Talk with the Southern California National Association of Pediatric Nurse Practitioners (NAPNAP) at a coming meeting to determine if it is possible to obtain a list of all Pediatric Nurse Practitioners in Southern California.

Develop a list of Nurse Practitioners in specialty outpatient clinics in the Loma Linda University system and other medical organizations in the nearby area, contact the NP's and determine willingness to serve as preceptors. Develop a policy that will allow students to gain experience in one selected specialized area. The policy will include the assessment of performance in the primary care clinic as readiness for specialized experience, timing of the specialized experience to ensure the student has basic competency in primary care settings, and minimum and maximum number of clinical practice hours in the setting for best learning.

Continue communication with the Director of Advanced Practice Nursing at LLUMC to identify new NPs hired to work within the system. Meet the new NP's and determine future interest in serving in the preceptor role. Follow-up at the appropriate time.

Instill in current students understanding of the professional responsibility to help prepare the next generation of nurse practitioners, so that in a few years they will be ready and agree to serve as preceptors

Continue efforts to secure clinical preceptors at the LLMC.

Goal: to increase the number of clinical practicum sites within the Loma Linda University Health system.

Action Plan:

Repeated from above: Develop a list of Nurse Practitioners in specialty outpatient clinics in the Loma Linda University system and develop a policy that will allow student to gain experience in one selected specialized area. The policy will include the assessment of performance in the primary care clinic as readiness for specialized experience, timing of the specialized experience to ensure the student has basic competency in primary care settings, and minimum and maximum number of clinical practice hours in the setting for best learning.

Repeated from above: Continue communication with the Director of Advanced Practice Nursing at LLUMC to identify new NPs hired to work within the system. Meet the new NP's and determine future interest in serving in the preceptor role. Follow-up at the appropriate time.

Keep in communication with NP's within the LLU system who have requested a "break" from precepting to determine appropriate timing to reassign students.
Follow-up with physicians who have given some tentative indication of willingness to serve as preceptors in primary care settings such as the LLU Faculty Medical Office and the LLU Family Medicine.
Follow up with the President of Loma Linda University Health about the need for equal access to physician preceptors in LLU clinical facilities, rather than priority being given to medical students and residents.
Discuss with the President of Loma Linda University Health the plan for inclusion of NP's in the new community out-reach health facility to be built in San Bernardino

Clarify to both NP students and preceptors the faculty expectation that they discuss each patient seen according to the SOAP format.
Goal: Students and preceptors will consistently follow the SOAP format in the reporting of patient evaluation and plan of management
Action Plan:
The SOAP format will continue to be taught and practiced in the Advanced Physical Assessment course and in the subsequent NP clinical courses.
A letter will be sent by 11- 21-14 to all NP students reminding them that the SOAP format must be used when reporting the evaluation and plan of management to their preceptor for every patient. See accompanying letter.
A letter will be sent by 11- 21-14 to all preceptors reminding them that the students must use the SOAP format when reporting the evaluation and plan of management to the preceptor for every patient. See accompanying letter.
Section 1484 (d) (12) (P)
The curriculum shall include, but is not limited to: Legal implications of advanced practice.
Strengthen instruction in writing Standardized Procedures in the NP program.
Goal: Students will learn and use the Standardized procedure requirements as detailed by the California Board of Registered Nursing, NPR-B-20 12/1998.
Action Plan:
The Standardized Procedure Requirements, California Board of Registered Nursing, NPR-B-20 12/1998, will be used to guide the students learning of the requirement and appropriate use of the Standardized Procedure in all patient encounters.
The LLU Nurse Practitioner faculty will meet by December 19, 2014 to discuss a common approach to facilitate student learning of the Standardized Procedure Requirement through reading, discussion and written course assignments.
The revised approach to student learning of the Standardized Procedure Requirement will be implemented in Winter quarter 2014.
Thank you for your recommendations during your recent visit to Loma Linda University School of Nursing.

Cordially,

Elizabeth Bossert, PhD, RN
Associate Dean, Graduate Nursing and Academic Affairs

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Approval Of Major Curriculum Revision for California State University, Los Angeles (CSULA) Baccalaureate Degree Nursing (BSN) Program and Entry Level Master's Degree (ELM) Nursing Program

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Lorie H. Judson, PhD, RN, NP Director and Professor School of Nursing is the program director. The CSULA prelicensure programs had a regularly scheduled continuing approval visit in 2012 with no findings of noncompliance and continuing approval was granted. During the visit discussions were held regarding data that indicated many ELM students were unable to complete the program on time for various reasons related to employment needs and personal life demands. The program spent the past two years evaluating possible alternative approaches culminating in this major curriculum revision proposal.

The program requests approval to indefinitely suspend ELM program enrollment and instead add an Accelerated Baccalaureate Degree Option (ABSN) to the existing generic BSN program. This new option, like the ELM program, would accommodate students who have earned a prior Baccalaureate Degree by not requiring repetition of general academic coursework. The nursing curriculum for this new option will be the same as for the prelicensure portion of the ELM program with only two revisions, updating of content to the N434 Nursing Case Management of Clients with Chronic Illness Across the Life Span course, and re-sequencing of some courses between quarters without change in units or content. ABSN prerequisite requirements (aside from the previously earned Baccalaureate Degree requirement) and nursing course content will match that of the existing generic BSN program. ABSN prelicensure nursing coursework will be completed in the same 15-month timeframe as was the pacing for the ELM prelicensure portion. The ABSN option curriculum proposed in the BRN curriculum forms Total Curriculum Plan (EDP-P-05) and Required Curriculum: Content Required For Licensure (EDP-P-06) submitted by the program meets BRN requirements.

Student benefits include being awarded a BSN degree on completion of prelicensure coursework to facilitate employment and the choice to delay entry into a graduate degree program. Currently enrolled program students were informed of this potential revision at the time of admission and support the change. Current or future students who wish to continue with pursuit of the MSN degree will have that option if they meet the existing admission requirement of graduation with an overall GPA of 3.0 and no less than a grade of "C" in any course. Past ELM program students who have "stopped out" with an approved Leave Of Absence (LOA) may resume progress in the program within allowances of university policy existing at the time the LOA was awarded and in compliance with the requirements of the LOA.

The program reports required approvals of this revision have been obtained from both the CSU Chancellor's office and the CSULA campus, and wishes to implement this revision immediately upon receipt of approval from the Board.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

COLLEGE OF HEALTH AND HUMAN SERVICES
School of Nursing

Program Modification Report
California State University, Los Angeles
School of Nursing
From an Entry Level Master's in Nursing (ELMN) Program to an
Accelerated Bachelor's of Science in Nursing (ABSN) Program

In October of 2012, a scheduled BRN approval visit took place at CSULA's school of nursing. While the final report by the accreditation team was extremely positive, one concern that was brought up was the fact that our current ELMN student timeframe to program completion exceeded the expected duration of two years time to attain a master's degree in nursing. Statistics showed that our students took a minimum of three years, but often took up to four or five years to finish the entire program. Our ELMN program had been designed in such a way that the pre-licensure portion of the program alone was 15 months in duration. The most common course for these students included continuing on to attain their MSN in one of our nurse practitioner options. Due to the fact that the majority of our students fall between the ages of 25 to 35 years of age, it has not been uncommon for students to temporarily take a leave sometime during the program due to getting hired into a new grad program, or getting married and having a child.

A suggestion was made at the accreditation visit to consider restructuring our program so that we could have a graduation timeframe in line with the two year definition of a standard ELMN program. In January of 2013, the ELMN program coordinator went to New Orleans to attend AACN's CNL (clinical nurse leader) Summit in order to explore this role as a possible option for our program, as this type of curriculum is able to be completed in two years. Following attendance at this meeting, a report given by the ELMN program coordinator was delivered at one of the school of nursing faculty meetings. After some faculty discussion, it was decided that this type of program was not an endeavor that CSULA's school of nursing wanted to invest the time, resources, and dollars to, for the following reasons:

1) A school of nursing in the nearby vicinity already had a well established CNL program
2) The hospitals that CSULA works most closely with were not looking for these type of nursing graduates, but rather, those with strong clinical skills who would work as traditional bedside staff nurses

Another employment trend that CSULA's school of nursing has noted over the last three years is the increase in the number of hospitals who are not only requiring a minimum of a BSN for hiring purposes, but that a BSN is required regardless of whether the nursing graduate has a

5151 State University Drive, Los Angeles, CA 90032-8171 (323) 343-4700 FAX: (323) 343-6454 www.calstatela.edu

The California State University: Bakersfield, Channel Islands, Chico, Dominguez Hills, East Bay, Fresno, Fullerton, Humboldt, Long Beach, Los Angeles, Maritime Academy, Monterey Bay, Northridge, Pomona, Sacramento, San Bernardino, San Diego, San Francisco, San Jose, San Luis Obispo, San Marcos, Sonoma, Stanislaus

bachelor's degree in a discipline other than nursing AND a MSN degree. Due to the fact that our nursing students were encountering difficulties finding employment upon completion of their pre-licensure portion of the program, this was really the main impetus behind the school of nursing re-thinking the structure of our ELMN program.

Since the ELMN program's inception back in 2004, our school of nursing has continued to attract applicants who are interested in becoming nurse practitioners. After much thought and discussion by the school of nursing, the only logical solution seemed to be to modify the existing ELMN program by having a program that starts and ends with a BSN, rather than having the pre-licensure piece and nurse practitioner program be an all-inclusive one. The restructured ABSN program would really be almost identical to the existing ELMN program in terms of the curriculum and timeframe, but what we didn't know was whether this new "concept" would be approved by the CSULA campus and the CSU system itself. The process to find that out took approximately a year and a half, after much documentation, committee meetings, and revisions. It was finally approved by the CSU Chancellor's office in June of this year.

The two difference between the existing ELMN program and the new ABSN option are an expansion of the current four unit N434 *Nursing Case Management of Clients with Chronic Illness Across the Life Span* course to now include content on health care systems. This course will be called, N434 *Nursing Case Management of Clients/Nursing and the Health Care System* and will still be a four unit class. The class will take place during the second quarter of their program (fall 2014). The reason behind this content change was simply to bring the program into alignment with that of the content being covered in our traditional BSN program. The second change is re-sequencing the second and third quarter courses. As with the existing ELMN program, the pre-licensure course work will be completed within the same 15 month period. Our plan is to allow the students to graduate with a BSN at that time upon successful completion of the required coursework, and to then sit for the NCLEX-RN. Those students who graduate with an overall GPA of 3.0 (and no less than a "C" in any course) will have the option to apply to and begin the traditional MSN program at our campus.

In regards to our existing ELMN students, there would be no new requirements imposed on them. All of these students are now past the pre-licensure portion of the program, as of September 6, 2014 (our cohort 10 who began their program summer of 2013) will be taking the NCLEX-RN this fall and starting the traditional MSN program. The status of the remaining ELMN students are as follows:

<u>ELMN Cohort 7 (start date of June 2010)</u> - 15/22 have already graduated with their MSN
5 are still actively pursuing their MSN
2 left the program after getting their RN licensure

ELMN Cohort 8 (start date of June 2011) - 16/22 have already graduated with their MSN
6 are still actively pursuing their MSN

ELMN Cohort 9 (start date of June 2012) - 19/20 are still actively pursuing their MSN
1 left the program and is working as a bedside RN

ELMN Cohort 10 (start date of June 2013) - 21/21 just completed their pre-licensure portion of the program and will be sitting for the NCLEX-RN this fall

ELMN students were verbally informed of the plan to transition the entry level master's in nursing program to an accelerated BSN program by the ELMN program coordinator during their pre-licensure capstone course. An online posting was made in November 2014 with the caveat-approval pending.

Nursing students have the ability to go through an official leave of absence (LOA) petition within the school of nursing, with the ability to resume their nursing degree program as per the approved petition. All CSULA students may take a leave of up to two consecutive quarters and then resume their coursework without the need to reapply to the university (summer quarter is not counted as a required quarter of attendance). Those who do not get an approved LOA and take a leave for more than two consecutive quarters must reapply to the university.

On behalf of the school of nursing at CSULA, we thank you for your review of our program modification application. Please let us know if you need any additional information or documents.

Respectfully submitted,

Kathleen W. Hinoki

Kathleen W. Hinoki, Ph.D.(c), MSN, RN, CNS
ELMN Program Coordinator
School of Nursing
CSULA

State of California

Department of Consumer Affairs
Board of Registered Nursing

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

Name of Program: CSULA SON Accelerated BSN	Date Submitted: Dec 9, 2014
Type of Program: ☐ Entry Level Master's ☒ ABSN Option Baccalaureate ☐ Associate Degree	**For BRN Office Use Only** ☐ Approved ☐ Not Approved By: _____ Date: _____

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

Check appropriate year: ☒1 ☐2 ☐3 ☐4

Check: ☐ Semester ☒ Quarter

Quarter/Semester Summer	M	S	O	C	P	G	Total Units	Theory Units	Theory Hr/Wk	Lab Units	Lab Hr/Wk	Total Hrs/qu Theory	Total Hrs/qu Lab
N320 Fundamentals	☒	☒	☐	☐	☐	☒	5	5.0	5			50	
N321 Fund. Lab	☒	☒	☐	☐	☐	☒	5			5.0	15		150
N328 Pathophys.		☐	☐	☐	☐	☐	3	3.0	3			30	
N362 Health Assess.	☒	☒	☐	☐	☐	☒	3	3.0	3			30	
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							16	11.0	11	5.0	15	110	150

Quarter/Semester Fall	M	S	O	C	P	G						Total Hrs	
N324 Childbearing	☐	☐	☒	☐	☐	☐	3	3.0	3			30	
N325 Childbearing Lab	☐	☐	☒	☐	☐	☐	3			3.0	9		90
N360 Pharm	☐	☐	☐	☐	☐	☐	2	2.0				20	
N434 Case Manage.	☐	☐	☐	☐	☐	☒	4	4.0	4			40	
N424 Research (3)	☐	☐	☐	☐	☐	☐	3	3.0	3			30	
	☐	☐	☐	☐	☐	☐							
Total							15	12.0	10	3.0	9	120	90

Quarter/Semester Winter	M	S	O	C	P	G						Total Hrs	
N322 Nsg Care Adult/Old	☒	☒	☐	☐	☐	☒	6	6.0	6			60	
N323 Nsg Care Adult/ Lab	☒	☒	☐	☐	☐	☒	6			6.0	18		180
N440 Psych	☐	☐	☐	☐	☒	☐	3	3.0	3			30	
N441 Psych Lab	☐	☐	☐	☐	☒	☐	3			3.0	9		90
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							18	9.0	9.0	9.0	27	90	270

State of California

Department of Consumer Affairs
Board of Registered Nursing

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

Name of Program: CSULA SON Accelerated BSN	Date Submitted: Dec 9, 2104
Type of Program: ☐ Entry Level Master's ☒ Baccalaureate (ABSN Option) ☐ Associate Degree	**For BRN Office Use Only** ☐ Approved ☐ Not Approved By: _____ Date: _____

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

Check appropriate year: ☒1 ☐2 ☐3 ☐4

Check: ☐ Semester ☒ Quarter

Quarter/Semester Spring	M	S	O	C	P	G	Total Units	Theory Units	Theory Hr/Wk	Lab Units	Lab Hr/Wk	Total Hrs Theory	Total Hrs Lab
N326 Peds	☐	☐	☐	☒	☐	☐	3	3.0	3			30	
N327 Peds	☐	☐	☐	☒	☐	☐	3			3.0	9		90
N444 Adv. Nsg	☒	☒	☐	☐	☐	☐	4	4.0	4			40	
N445 Adv. Nsg Lab	☒	☒	☐	☐	☐	☐	4			4.0	12		120
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							14	7.0	7	7.0	21	70	210

Quarter/Semester Summer 2	M	S	O	C	P	G						Total Hrs	
N442 Comm Health (4)	☐	☐	☐	☐	☐	☐	4	4				40	
N443 Comm Health Lab (4)	☐	☐	☐	☐	☐	☐	4						
N498 Co-op Ed	☒	☒	☐	☐	☐	☐	3			3.0	24		240
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							11			3.0	24	40	240

Quarter/Semester Pre-requisites	M	S	O	C	P	G						Total Hrs	
BIOL 200 A & B	☐	☐	☐	☐	☐	☐	10						
CHEM 151 /LAB	☐	☐	☐	☐	☐	☐	5						
MICRO 201/202	☐	☐	☐	☐	☐	☐	6						
SOC 201 or Anthro 250	☐	☐	☐	☐	☐	☐	4						
Psych 160	☐	☐	☐	☐	☐	☐	4						
NUTRS 250 or 317	☐	☐	☐	☐	☐	☐	4						
Total													

State of California

Department of Consumer Affairs
Board of Registered Nursing

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

Name of Program: CSULA SON Accelerated BSN	Date Submitted: Dec 9, 2014
Type of Program: ☐ Entry Level Master's ☒ Baccalaureate (ABSN option) ☐ Associate Degree	**For BRN Office Use Only** ☐ Approved ☐ Not Approved By: _____ Date: _____

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

Check appropriate year: ☒1 ☐2 ☐3 ☐4

Check: ☐ Semester ☒ Quarter

Quarter/Semester	M	S	O	C	P	G	Total Units	Theory Units	Theory Hr/Wk	Lab Units	Lab Hr/Wk	Total Hrs Theory	Total Hrs Lab
Pre-reqs cont.													
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Critical Thinking	☐	☐	☐	☐	☐	☐	4						
Stats	☐	☐	☐	☐	☐	☐	4						
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total							41						

Quarter/Semester	M	S	O	C	P	G	Total Units	Theory Units	Theory Hr/Wk	Lab Units	Lab Hr/Wk	Total Hrs Theory	Total Hrs Lab
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total													

Quarter/Semester	M	S	O	C	P	G	Total Units	Theory Units	Theory Hr/Wk	Lab Units	Lab Hr/Wk	Total Hrs Theory	Total Hrs Lab
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total													

State of California

Department of Consumer Affairs
Board of Registered Nursing

REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE

(916) 322-3350

Submit in DUPLICATE.

Program Name: CSULA SON Accelerated BSN	**For Board Use Only**
Type of Program: BSN Option ☐Entry Level Master ☒Baccalaureate ☐Associate	Approved by:_____, NEC
Requesting new Curriculum Approval: ☒Major ☐Minor Date of Implementation:	Date Dec 9, 2014 ☐ BRN Copy ☐ Program Copy
Academic System: ☐Semester _____ weeks/semester ☒Quarter 10 weeks/quarter	

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

	Semester Units	Quarter Units	**Current BRN-Approved Curriculum**	**Proposed Curriculum Revision** *Place asterisk next to proposed change
Nursing	**36**	**54**		63
Theory	(18)	(27)		(36)
Clinical	(18)	(27)		(27)
Communication Units	6	9		4
Science Units	16	24		33
TOTAL UNITS FOR LICENSURE	**58**	**87**		100
Other Degree Requirements: Stats (4); N424Res.(3); N442 CommHlth(4); N443 CommHlthLab(4)				15
TOTAL UNITS FOR GRADUATION				115

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	N362, N440/441 N324/325	Health Assessment, Psychiatric Nursing, Nursing Care of Women, Childbearing Families & Infants
Personal Hygiene	N320/321, N324/325, N326/327	Fundamentals of Nursing, Nursing Care of Women, Childbearing Families & Infants, Nursing Care of Children
Human Sexuality	N362, N324, N326	Health Assessment, Nursing Care of Women, Childbearing Families & Infants, Nursing Care of Children
Client Abuse	N362, N324, N326, N442	Health Assessment, Nursing Care of Women, Childbearing Families & Infants, Nursing Care of Children, Community Health Nursing
Cultural Diversity		Integrated throughout all courses
Nutrition	NTRS 317 or 250	Fundamentals of Human Nutrition or Human Nutrition-Additional nutritional content integrated throughout applicable courses
Pharmacology	N360	Pharmacology, applicable courses

Legal Aspects	N320, N444	Fundamentals of Nursing, Advanced Nursing Concepts and Leadership
Social/Ethical Aspects	N320	Fundamentals of Nursing, integrated throughout curriculum
Management/Leadership	N444, N434	Advanced Nursing Concepts and Leadership, Nursing Case Management of Clients/Nursing and the Health Care System

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

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Medical-Surgical	N320/321, N322/323, N444/445, N362, N498	Fundamentals of Nursing, Nursing Care of Adults and Older Adults, Advanced Nursing Concepts and Leadership, Health Assessment, ABSN Cooperative Education	36
Obstetrical	N324/325	Nursing Care of Women, Childbearing Families & Infants	6
Pediatric	N326/327	Nursing Care of Children	6
Psych/Mental Health	N440/441	Psychiatric Nursing	6
Geriatrics	N320/321, N322/323, N362, N434	Fundamentals of Nursing, Nursing Care of Adults and Older Adults, Health Assessment, Nursing Case Management of Clients and the Health Care System	4
Other- Pharmacology	N360	Pharmacology	2
Pathophysiology	N328	Pathophysiology	3
Total			63
BASIC SCIENCES			
Anatomy	BIOL 200 A & B	Human Anatomy and Physiology I & II or any Human Anatomy with Lab	5
Physiology	BIOL 200 A & B	Human Anatomy and Physiology I & II or any Human Physiology with Lab	5
Microbiology	MICR 201/202	Microbiology for Health Related Sciences or any 4 semester unit Microbiology with Lab	6
Societal/Cultural Pattern	SOC 201 or ANTHRO 250	Intro to Sociology or Cultural Anthropology	4
Psychology	PSY 160	Human Growth and Development	4
Nutrition	NTRS 250 or 317	Human Nutrition or Fundamentals of Nutrition	4
Chemistry	Chem 151	Chemistry with Lab	5
Total			33
COMMUNICATION			
Group	N320/321, N325, N327, N323, N445	Class presentations and client education integrated throughout nursing curriculum	
Verbal		COMM 150 or equivalent (4u Credit given for first baccalaureate degree)	
Written		Critical Thinking	4
		*** TOTAL UNITS**	100

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

LVN 30/46 UNIT OPTION

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Advanced Medical-Surgical	NURS 444	Advanced Nursing Concepts and Leadership	4
	NURS 445	Practicum: Advanced Nursing Concepts and Leadership	4
Psych/Mental Health	NURS 440	Psychiatric and Mental Health Nursing	3
	NURS 441	Practicum: Psychiatric and Mental Health Nursing	3
Geriatrics	NURS 322	Nursing Care of Adults and Older Adults	6
	NURS 323	Practicum: Nursing Care of Adults and Older Adults	6
Management/Leadership	NURS 444	Advanced Nursing Concepts and Leadership	
	NURS 445	Practicum: Advanced Nursing Concepts and Leadership	
BASIC SCIENCES			
Physiology	BIOL 200A	Human Anatomy and Physiology	5
	BIOL 200B	Human Anatomy and Physiology	5
Microbiology	MICR 201	Microbiology for Health Related Sciences	4
	MICR 202	Microbiology Laboratory for Health Related Sciences	2
		TOTAL UNITS	42 quarter units

Signature Program Director/Designee:	Date:
Per e-submission Dr. Lori Judson	December 22, 2014

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

Educational Requirements
for a Public Health Nurse Certificate

Name of Nursing Program: Accelerated Baccalaureate in Science Nursing (ABSN) Option

Completed by: Lorie Judson Date: 9/10/2014

California Code of Regulations Section 1491(4)(A)-(L), 1491(7) identify theoretical content and Section 1491(6)(A)-(C) clinical experiences required for a PHN Certificate.

Please list courses in which the required PHN content is covered.

CCR 1491(4)(A) – (L): Required Theoretical Content	**Course No. and Title**
A. Physical, mental, and developmental assessment: child and adult	N 320 Fundamentals of Nursing; N 321 Practicum: Fundamentals of Nursing; N 323 Practicum: Nursing Care of Adults; N 324 Nursing Care of Women, Childbearing Families and Infants; N 325 Practicum: Nursing Care of Women, Childbearing Families and Infants; N 326 Nursing Care of Children; N 327 Practicum: Nursing Care of Children; N 362 Health Assessment; N 440 Psychiatric Nursing; N 441 Practicum: Psychiatric Nursing; N 445 Practicum: Advanced Nursing Concepts and Leadership
B. Surveillance and epidemiology: chronic and communicable diseases	N 442 Community Health Nursing; N 443 Practicum: Community Health Nursing; N 434 Nursing Case Management of Clients/ Nursing and the Health Care System
C. Health promotion and disease prevention	N 320 Fundamentals of Nursing; N 324 Nursing Care of Women, Childbearing Families and Infants; N 326 Nursing Care of Children; N 442 Community Health Nursing; N 443 Practicum: Community Health Nursing; N 362 Health Assessment
D. Multicultural nursing concepts	N 320 Fundamentals of Nursing; N 321 Practicum: Fundamentals of Nursing; N 322 Nursing Care of Adults and Older Adults; N 323 Practicum: Nursing Care of Adults; N 325 Practicum: Nursing Care of Women, Childbearing Families and Infants; N 327 Practicum: Nursing Care of Children; N 441 Practicum: Psychiatric Nursing ; N 443 Practicum: Community Health Nursing
E. Research methodology and statistics	N 424 Intro to Nursing Research
F. Health teaching concepts and strategies	N 320 Fundamentals of Nursing; N 322 Nursing Care of Adults and Older Adults; N 324 Nursing Care of Women, Childbearing Families and Infants; N 326 Nursing Care of Children; N 362 Health Assessment

G. Population based practice: assessment and development of community collaboration at the level of systems, community and family/individual	N 320 Fundamentals of Nursing; N 326 Nursing Care of Children; N 440 Psychiatric Nursing; N 442 Community Health Nursing; N 443 Practicum: Community Health Nursing
H. Assessment of health needs of individuals and families, to include environment, and interventions across the lifespan	N 320 Fundamentals of Nursing; N 324 Nursing Care of Women, Childbearing Families and Infants; N 326 Nursing Care of Children
I. Legal and health care financing issues	N 320 Fundamentals of Nursing; N 434 Nursing Case Management of Clients/ Nursing and the Health Care System; N 441 Practicum: Psychiatric Nursing; N 444 Advanced Nursing Concepts and Leadership; N 445 Practicum: Advanced Nursing Concepts and Leadership
J. Family violence, e.g., child, adult, domestic, elder abuse, etc.	N 324 Nursing Care of Women, Childbearing Families and Infants; N 326 Nursing Care of Children; N 442 Community Health Nursing
K. Case management/care coordination	N 434 Nursing Case Management of Clients/ Nursing and the Health Care System; N 440 Psychiatric Nursing
L. Emergency preparedness and response	N 320 Fundamentals of Nursing; N 327 Practicum: Nursing Care of Children
CCR 1491(7)	**Course No. and Title**
Training in the prevention, early detection, intervention, California reporting requirements, and treatment of child neglect and abuse that shall be at least seven (7) hours in length…	N 326 Nursing Care of Children; N 442 Community Health Nursing; N 443 Practicum: Community Health Nursing

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

CCR Section 1491(6)(A)-(C): Supervised clinical experience must be:	**Course(s)**
A. In public health settings with individuals, families, and community	
B. Concurrent with or following acquisition of theoretical knowledge prescribed by the curriculum	
C. A minimum of 90 hours (Total # Clinical Hours)	120 clinical hours total

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6.1
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Acceptance Of Feasibility Study For Chamberlain College Of Nursing Baccalaureate Degree Nursing Program

REQUESTED BY: Carol Mackay, Nursing Education Consultant

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 the first FS, the BRN requested additional information to demonstrate compliance with the BRN requirements. CCN response to the request is dated November 14, 2014.

The following summary describes how CCN plans to meet 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 (AND, 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%; 201383.48%; 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

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. Chamberlain's activities in advertising and recruiting students will follow the model established for all Chamberlain locations.

CCN plans to admit 25 students three times per year. New program implementation will occur no latter than two years from BRN acceptance of the CCN FS (2/2017).

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 Facility Verification Forms are:

Colusa Regional medical Center (Small Acute)
Dameron Hospital (Acute)
Heritage Oaks Hospital (Acute Psych)
Norwood Pines Alzheimer Center ((SNF)
Sierra Vista Hospital (Acute Hospital with large Psych unit-100 patients)
Sutter Medical Center Sacramento (Acute Care & Psych, MS, OB, Peds, and Psych placements)
Vibra Hospital (LTAC)
Bristol Hospice
Doctors Hospital of Manteca (Acute)
Marshall Medical Center (Acute and Home Care)
NorthBay Medical Center (Acute)

Pro-Care Home Health SVC
Queen of the Valley Community Outreach
Snowline Hospice
Saint Claire's Nursing Center (SNF)
Sutter VNA and Hospice

The FS demonstrates availability of inpatient clinical placement for all BRN required clinical areas (M/S, OB, Peds, Psych, and Geri). The Psychiatric clinical facilities provide inpatient services for the full range of psychiatric conditions across the lifespan.

Conclusion

The Chamberlain College of Nursing Feasibility Study meets all BRN Feasibility Study requirements.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Carol Mackay, MN, RN
Nursing Education Consultant

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

August 23, 2014

Dr. Jan DeMasters, Senior Manager
State Licensing and Regulation
Chamberlain College of Nursing
3005 Highland Parkway
Downers Grove, IL60515-5799

Chamberlain College of Nursing Feasibility Study dated August 9, 2014 for a Baccalaureate Degree Nursing Program

Dear Dr. DeMasters,

The following is in reference to the Chamberlain College of Nursing (CC) Feasibility Study (FS) dated August 9, 2014. This document has been reviewed to determine if the information, which it presents, meets the requirements of the California Board of Registered Nursing (BRN).

At this time, the Chamberlain College of Nursing Feasibility Study does not meet all the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]*. In order to meet outstanding requirements, the following additional information is required.

Description of the Institution

Please provide a description of the building which will house the proposed program.

Accreditation

Please provide copies of official documentation of accreditation from both the North Central Association of Colleges and Schools and the Commission on Collegiate Nursing Education.

Has Chamberlain College applied for approval of the college and the proposed BSN program from the California Bureau of Private Postsecondary Education (BPPE)? At a minimum, a copy of an official letter from BPPE indicating that the Chamberlain College of Nursing application for approval is in process is required during the Feasibility Study review.

Geographic Area

What are the current population and growth projections, demographics, and health care needs of the proposed program's service area?

Start Date

Please adjust the program's start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process. Further, this enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

Enrollment

Are student enrollment numbers for entry into the prerequisite Science/GE courses or the nursing courses?

How many students will be admitted three times a year?

According to the Table on Page 13 of the FS, the program is planning rapid growth. The first student admission in the last quarter of FY 2016 is 40 students. This will jump to admitting 160 students FY 2017. Is this realistic? Were availability of qualified faculty and adequate clinical placements considered in these projections? Please describe.

Proposed Prelicensure Program

Please provide a brief description of all courses in the proposed BSN program.

Resources

What is the projected total number of faculty needed to implement the program at full enrollment? Of this number, how many are projected to be full-time faculty and how many part-time? What is the time line for adding faculty to the program based on the evolving program needs?

Will the building housing the proposed program require renovations? If yes, please provide details such as classroom capacity, number of bed side units in the skills lab, simulation lab configuration, staff and equipment, number of computers in the computer lab, number of faculty offices, housing for professional and administrative staff, etc. Also, please include floor plans and a project time line.

Budget

How much money has Chamberlain College (CC) allocated for program development? To date how much of much of those funds has been spent? What are the projected costs from now until the program is ready to admit students? Please provide a breakdown of program development costs.

What is the projected tuition for the BSN program (total, not cost per unit)?

What will the salary be for the BSN faculty? It is not possible to determine if the budget line for projected faculty costs is adequate in the absence of projected faculty numbers.

Clinical Facilities

What is the planned faculty /student ratio in the clinical setting?

There are multiple questions related to discrepancies between the Table 8 Clinical Placements (page 31 of FS) and the Facility Verification Forms in Appendix I.

The Table indicates that Dameron Hospital can place six students in both pediatrics and OB. The clinical facility form for Dameron Hospital does not indicate student placement in these areas. Further, the reported census in those areas can not support a clinical placement (OB census 5 and Pediatric census of 2).

The Table indicates that Heritage Oaks Hospital can place 24 in mental health. However on the BRN form the facility indicates it can place 4 students.

The Table indicates Marshall Medical Center can place 8 students in MS. The BRN form indicates that the facility can place 4-6 students in MS.

The Table indicates Northbay Medical Center can place 8 students in OB. The BRN form indicates that the facility can place 3 students in OB.

The Table indicates Norwood Pines Alzheimer Center can place 40 students in Fund and 8 students in mental health. The BRN form indicates the facility can place 6 students in mental health.

The Table indicates that Sierra Vista Hospital can place 12 students in mental health. The BRN form indicates that the facility can place 2 students in mental health.

The Table indicates that Pro Care home Service can place 16 students in pediatrics. The BRN form indicates that the facility can place 2-8 students in MS. The facility does not report any student placements for pediatrics.

The Table indicates Vibra Hospital-Sacramento can place 24 students in MS. The BRN form indicates the facility can accommodate 8 students in MS.

What types (conditions, patient ages, etc.) of psychiatric services are provided by Heritage Oaks Hospital, Sierra Vista Hospital, and Sutter Center for Psychiatry?

With respect to the Sutter Health contract, it expires December 31, 2014. Please provide written documentation that Sutter Health intends to renew the contract. Also, a separate BRN form should be completed for each Sutter facility where clinical will be held. Sutter facilities without clinical placements should be deleted from Table 8 Clinical Placements.

In conclusion, in the absence of clarification regarding the discrepancies noted between the proposed program's Table and the BRN forms as well as other requested information, it is not possible to determine if a minimum of one clinical rotation which can support a student cohort of 8-10 students is available in each of the BRN required content areas (MS, OB, Pediatrics,

Psych/Mental Health, and Geriatrics. Also note, the proposed programs Table did not include a column for geriatrics.

Next Steps

According to the BRN *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, institutions are limited to two Feasibility Study submissions to demonstrate compliance with the BRN requirements. This means that Chamberlain College of nursing has one more opportunity to satisfactorily meet BRN requirements.

If the second Chamberlain College of Nursing FS is successful, the FS will be placed on an Education Licensing Committee (ELC) agenda. The next ELC meeting is scheduled for October 9, 2014 in Emeryville (Northern California). In order to be placed on this agenda, your response to the questions and requests in this document must be submitted no later than September 11, 2014.

If the second Chamberlain College of Nursing FS is unsuccessful, the entire process must be started again with a *Letter of Intent*, etc. These *Instructions* … can be viewed on the BRN web site.

Please submit two hard copies and one electronic version of the revisions to the Chamberlain College of Nursing FS to the Sacramento office.

I trust this information is helpful. Should you have questions, please Miyo Minato, Supervising NEC at Miyo.Minato@dca.ca.gov.

Sincerely,

Carol Mackay, MN, RN
Nursing Education Consultant
Board of Registered Nursing
Carol_Mackay@dca.ca.gov
760-583-7844

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6.2
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Acceptance Of Feasibility Study For Career Care Institute Associate Degree Nursing Program

REQUESTED BY: Carol Mackay, Nursing Education Consultant

BACKGROUND: Angela Moore, MSN, RN, Assistant Director of Nursing, and Stirlie Cox, Ed, RN, consultant, submitted the Feasibility Study (FS) for a new Associate Degree Nursing Program at Career Care Institute (CCI). Dr. Roberta Ramont and a team of consultants assisted in the development of the FS.

Career Care Institute has been working with the BRN for many years to start a new RN program. The CCI FS dated April 9, 2013 is the first FS submitted since the BRN lifted the moratorium on accepting FS April 1, 2013. Following review of this document, the BRN requested submission of a revised FS to demonstrate compliance with the BRN requirements. The CCI revision was received December 3, 2014.

The following summary describes how the proposed program meets BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10).*

Description of the Institution

Career Care Institute is a privately owned school established in 1998 and incorporated in 2001. The school president is president of the corporation and sole proprietor. CCI is located at 43770 15th St West, Suite 115 Lancaster, CA 93534. The corporation owns the building housing the school.

CCI currently offers four health related programs: Vocational Nursing, Medical Assisting, Dental Assisting, and Limited Permit X-ray Technician. At the time of submission of the FS, student enrollment in all programs was 68 (30 VN students). The proposed RN program will be the first degree program on the campus. CCI awards a diploma to VN graduates. Certificates are awarded to graduates of the other programs.

CCI was initially granted institutional accreditation by the Council of Occupational Education (COE) on December 15, 2010. A *Show Cause Order* was placed on the school in 2012. This *Show Cause Order* was removed by COE on September 15, 2014. CCI is now accredited by COE through June 30, 2015.

The Bureau of Private Postsecondary Education (BPPE) initially approved CCI in 1999. The current BPPE approval is in effect through September 26, 2017. The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) approval of CCI extends through April 2015.

The NCLEX-PN pass rates for graduates of CCI vocational nursing program for the past five years are: 2010-70% (77), 2011-68% (73), 2012-76% (87), 2013-63% (72), and 2014 Year to Date-73% (45). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates for the NCLEX-RN is 75%. CCI has initiated an intensive remediation plan to improve it pass rates.

Geographic Area

The CCI FS includes an overview of the demographics for the Antelope Valley region (Northern LA County and Eastern Kern County), plus a description of its health care needs.

Type of Program

The proposed program will be a generic ADN program. All general education, science, and nursing courses will be offered. The proposed program will be offered year round: six terms of fifteen weeks. The total program can be completed within two calendar years. The proposed program meets the BRN requirement that an approved prelicensure nursing program not be less than two academic years.

Applicant Pool

CCI will recruit students from local high schools, graduates from the VN program, and employees of Ridgecrest Hospital. The CCI FS includes a description of its marketing plan.

CCI plans to enroll 32 students annually. The LVN Advanced Placement students will be integrated into the ongoing generic program. Maximum program enrollment will be 64 students. The proposed start date is September 2016.

Curriculum

The CCI proposed curriculum consists of 76 academic semester units: 31 GE and science units and 45 nursing units (24 nursing theory and 19 clinical practice). The FS includes brief course descriptions and the proposed course sequence.

Resources

The CCI campus consists of a two story building (32,000 square feet total). The second floor of the building will house the new RN program. Some renovation is required. There are four classrooms: two designated for nursing and the remaining two for GE and science classes (wet lab). The program director and assistant director will have private offices. Faculty offices will be in cubicles in one large office. The existing VN skills lab (4 patient stations) will be expanded to six. The new Simulation Lab (1500square feet) will have 10 patient units and three

high fidelity mannequins. The computer lab will increase the number of computers from 28 to 32. CCI is also planning on purchasing a larger and more effective virtual library in 2015. It will contain materials relevant to ADN education.

A full array of student support services is in place at CCI: Admissions, Financial Aid, Student Services Department, Career Services Department, Student Success Seminars, tutoring, and student advising.

CCI plans to hire four full time and two part time faculty to teach the didactic portion of the program. Clinical faculty will be hired to maintain a one to eight faculty student ratio in the clinical area. The one exception is the Pediatric clinical rotations which will require additional faculty.

Budget

CCI has sufficient fiscal resources to sustain the new RN program. The tuition for the CCI ADN program will be $62,500.

Funds to develop and support initial program implementation come from corporation savings. It is expected that the program will be self-sufficient in its third year of operation. CCI has an annual reserve fund of $1,000,000.

Clinical Placements

The CCI FS includes Facility Verification Forms from nine health care facilities. They are:

Glendale Adventist Medical Center (acute care – MS, OB, Psych, and Geri placements);
San Joaquin Community Hospital (acute care – MS, OB, and Peds placements);
Perris Valley Clinica Medica Famillia (OB and Peds outpatient);
Ena Rideau Johnson Family Home – (six-bed subacute pediatric facility);
San Fernando Post Acute Hospital (MS and Geri placements);
Antelope Valley Care Center (SNF);
Mayflower Gardens Convalescent Hospital (SNF);
Landmark Medical Center (institute for mental disease, average daily census-95, provide care for adults with acute and chronic psychiatric diagnosis);
Tehachapi Hospital (small acute)

The FS also included a letter from Antelope Valley which denied clinical placement at this time due to a construction project.

The FS demonstrated inpatient clinical placement for all BRN required clinical areas (MS, OB, Psych, Peds, and Geri).

Currently, the LA County region does not have a clinical placement consortium. CCI has made contact with the California Institute for Nursing and Health Care (CINHC) which administers a centralized clinical placement service for LA. Not all schools of nursing or health care facilities

in LA use this service which requires an annual membership fee ($1758). Once a school of nursing is established it can apply for membership. CCI will evaluate if this service would be beneficial after BRN approval of the new RN program.

Conclusion

The Career Care Institute Feasibility Study meets all BRN Feasibility Study requirements. Remaining concerns for the Self Study phase of the initial approval of new RN programs include: NCLEX-PN pass rates and Council of Occupational Education accreditation.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Carol Mackay, MN, RN
Nursing Education Consultant

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

July 10, 2013

Corrine O. Stevens, RN, BSN, MSN, PHN
Career Care Institute
43770 15th Street West, Suite 115
Lancaster, CA 93534

RE: Career Care Institute Feasibility Study dated April 9, 2013 for an Associate Degree Nursing Program

Dear Ms. Stevens,

The following is in reference to the Career Care Institute (CCI) Feasibility Study (FS) dated April 9, 2013. This document has been reviewed to determine if the information, which it presents, meets the requirements of the California Board of Registered Nursing (BRN).

At this time, the Career Care Institute Feasibility Study does not meet all the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]*. In order to meet outstanding requirements, the following additional information is required.

(Please note, a major portion of the April 9, 2013 CCI-FS was a copy with few changes of the CCI-FS submitted to the BRN on March 11, 2010. This was problematic for two reasons: the deficiencies in the 3/10/2010 FS were not addressed, and the 4/9/2013 CCI-FS did not utilize the Board's current *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]*.)

<u>Description of the Institution</u>

What is the organizational structure at Career Care Institute's main campus in Lancaster? Please attach an organizational chart.

What is the current student enrollment at CCI Lancaster campus?

With respect to the health related programs offered on CCI Lancaster campus, what is the current number of enrolled students by program, the most recent number of graduates by program, and if applicable, the number and type of degrees awarded. Also, if any of the health related programs have a licensing or certification exam, please provide information on pass rates for these exams for the past five years.

Accreditation

In addition to Accreditation by the Bureau of Health Education Schools (ABHES), who are the accrediting bodies for Career Care Institute and its programs? Please provide official verification of accreditation(s), as well as the current status of all accreditation(s). Also, if there are any problems related to your accreditation(s), please explain.

Does CCI currently award any degrees for its programs?

Has CCI applied to the BPPE for approval of an associate degree nursing program? If yes, what is the status of this application? What degree do you plan to award?

Geographic Area

What are the health care needs of the current and future residents of the Antelope Valley area of Los Angeles?

Start Date

Please adjust the program's start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process. Further, this enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

Applicant Pool

Please provide a description of the anticipated applicants for the generic track and advanced placement track. Are these applicant pools sustainable? Has CCI collected statistics on individuals interested in the proposed program?

Curriculum

The CCI FS presents two different proposals for the curriculum: the first curriculum proposal follows the first Tab in the FS labeled Curriculum; and, the second curriculum proposal is found in Exhibits F and H from the March 11, 2010 FS.

The following comments refer to materials found in the FS Curriculum Tab on page 4, consider: increasing the number of semester units in semesters one and two of the proposed generic track; moving GE course(s) from semesters five and six into semesters one and two; and, reordering GE and science courses in semesters one and two. Also, please clarify the distribution of the nursing theory and clinical units in the nursing course (in some instances hours are referenced instead of units).

According to the FS Clinical Instruction Tab, the program intends to use the preceptor model for clinical instruction in Nursing 211 (the second to last medical/surgical nursing course) and in Nursing 213 (the last medical/surgical nursing course). This does not meet BRN regulations. The BRN permits the use of the preceptor instructional model in the preceptor component of the last medical/surgical nursing course in a program, but not in prior medical /surgical nursing courses (CCR Section 1426.1).

How many semester credit units (GE, Science and Nursing theory and Clinical) are included in the LVN Advance Placement track?

Where in the LVN Advanced Placement curriculum track and the 30-Unit Option track do LVN students receive instruction in geriatric nursing?

Resources

Please provide details regarding the space (classrooms, skills/simulation lab, computer lab, faculty offices, etc.) available on the CCI Lancaster campus for the proposed program's use? How will a three bed skills lab accommodate a class of 24 students? According to the FS, CCI has a simulation lab. Please describe the Simulation Lab, as well as how it will be utilized by the proposed program. How many computers are available for student use? Are these resources sufficient to accommodate the proposed program?

In addition to renovations for science labs, are there any other renovations needed on the CCI main campus to support the proposed program? Please include timeline(s) for renovation(s).

What plans does CCI Lancaster campus have for expanding its existing holdings in the library, skills/sim lab, and AV/computer lab to meet the learning needs of professional RN students?

Is the existing number of staff in the CCI student support services (Admissions, Financial Aid, etc.) adequate to accommodate the student growth related to the new program?

Faculty resources are not described in the FS. How many full-time and part-time faculty will be needed to implement the proposed program? What is the time line for hiring faculty for the program based on the evolving program needs (enrollment growth and course focus)? Also the budget proposal allows for two theory faculty and two clinical faculty, please explain.

What recruitment strategies will be used to hire faculty for the new program?

Budget

How much money has Career Care Institute allocated for ADN program development? To date, how much money has CCI spent on program development? How much more money does CCI

project will be spent before the program is ready to admit students? Please provide a breakdown of program development expenses.

Is the $50,000 tuition and fees for generic students or LVN advanced placement students? Please clarify the tuition for both categories.

What are the projected revenues and expenses for the first five years of the program?

Tab-Exhibit I (Budget) FS indicates: "CCI will invest $1 million dollars annually in the program for the first two years…" "By year two, CCI expects that student tuition… will offset a substantial portion of the operating expenses and will use a significant portion of the tuition revenues for program improvements…" Please reflect these monies in the projected five year budget.

What are the yearly reserve funds for the proposed program in the event of an emergency? How are these funds generated?

Clinical Facilities

The Facility Verification Forms (FS Tab: Clinical Sites) do not meet BRN requirements. Two of the three Facility Verification Forms indicated their intention to offer clinical placements to the new program, but only 3-4 students will be on the unit at one time. No clinical placement form for pediatric nursing was submitted.

The BRN requires Facility Verification Forms (EDP-I-01) to demonstrate the availability of clinical rotations in all the BRN required clinical areas (M/S, OB, Peds, Psych and Geri). Placements should be sufficient to support instruction of an average size clinical cohort (8-10 students).

Is there a regional clinical placement consortium for the Lancaster and LA area? If yes, is CCI participating in this consortium?

Next Steps

According to the BRN *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, institutions are limited to two Feasibility Study submissions to demonstrate compliance with the BRN requirements. This means that Career Care Institute has one more opportunity to satisfactorily meet BRN requirements.

If the second CCI-FS is successful, the FS will be placed on an Education Licensing Committee (ELC) agenda. This may not be the next occurring ELC meeting. Placement on the ELC agenda will be decided based on the committee workload and BRN staff availability. If the second CCI-FS is unsuccessful, the entire process must be started again with a *Letter of Intent*, etc. These *Instructions* … can be viewed on the BRN web site.

Should you decide to prepare a second Feasibility Study for Career Care Institute, the following suggestions are offered in order to assist the Board members reviewing your FS.

- Prepare a stand-alone Feasibility Study that meets all BRN requirements.
- Organize the FS according to the BRN's most recent *Instructions for Institutions* …
- Delete reference documents, i.e. published reports, etc., from the FS.

Please submit two hard copies and one electronic version of the second Career Care Institute FS.

I trust this information is helpful. Should you have questions, please contact me.

Sincerely,

Carol Mackay, MN, RN
Nursing Education Consultant
Board of Registered Nursing
Carol_Mackay@dca.ca.gov
760-583-7844

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Changing Program Approval Status For Everest College Associate Degree Nursing Program

REQUESTED BY: Badrieh Caraway, MS, MEd, RN
Nursing Education Consultant

BACKGROUND:

Linda Sperling MSN, DHA, RN was previously the Director of Nursing Program until December 19, 2014. Ruth Ngati, MSN, DNP, RN, new Director of Nursing Program was appointed on December 16, 2014, to start on January5, 2015, two assistant directors are: Aurora Gumamit, MSN, DNP, RN was appointed December 10, 2014, and Jehad Abu- Kamleh was appointed December, 12, 2014, all meeting BRN requirements.

A non-routine site visit to Everest College was conducted on December 9, 2014, in response to the Dec. 4th letter from Dr. Sperling on the concerns related to operations of the Everest College ADN Program. The BRN staff coordinated this site visit with the Bureau of Private Postsecondary Education (BPPE). Badrieh Caraway, NEC, Miyo Minato, SNEC, and Roxana Aalberts of BPPE met with the college representatives: Dr. Linda Sperling, Director; Dina Fauchet, Regional Director; and Mr. Greg Waite, Interim President Everest College and Regional Vice President of Operations. Roxana Aalberts addressed Bureau's concerns.

Meeting focused on the compliance concerns related to nursing program director, clinical placements for current students for Spring 2015 quarter, and plans related to new Spring 2015 admission and their clinical placement that were concerns raised in the previous director's letter to the BRN.

Everest College instituted personnel changes between the time of BRN's receipt of the director's letter and the visit on December 9. Dr. Sperling extended her last day from Dec. 12 to Dec. 19 and Aurora Gumamit, MSN, DNP, RN, and Jehad Abu- Kamleh, MSN, RN were approved as Assistant Directors for the college.

On Dec. 15, Dr. Sperling submitted a progress report to update the situation at Everest College. There are two assistant directors in place, they were approved on Dec. 10, and Dec. 12, the newly hired director was approved on Dec. 16, and will start on Jan. 5, 2015. The assistant directors will perform the director functions between Dec. 22 and Jan. 5, while school is out for a winter break. A clinical coordinator position for the nursing program was approved and recruitment to fill this position has started. The report showed efforts being made by the career placement coordinators and the nursing department to contact and make visits to more than 25 clinical agencies.

Shortage of clinical sites for the January quarter include Care of Adult II (3 groups) and Pediatric clinical placement for one group. The lack of clinical placement is anticipated to increase in the following quarter that starts in April. The progress report also noted that admission number for the new enrollment for January is being evaluated, pending acquiring additional clinical spaces. The

program's decision will be not to admit 40 students in January unless and until all clinical sites have been identified and have signed contracts by January 5, 2015.

The changes made to the college administration, i.e., appointment of the Interim Campus President and replacement of the Administrative Assistant, have addressed concerns raised in the initial letter to the BRN. Issues related to implementation of admission policies and procedures and transfer of credits and the responsible individuals making final decisions for the nursing program administration are being addressed and corrective actions taking place. However, clinical placements issues for January 2015 Quarter, have not been resolved and the program's efforts have not been successful in securing any other clinical sites at this time. The program will be continuing all efforts in securing new clinical sites. Program needs more definitive actions to meet Board rules and regulations.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Badrieh Caraway, RN, MS, MEd
Nursing Education Consultant
909-599-8720

Date: December 15, 2014

To: Badrieh Caraway – Nursing Education Consultant
Miyo Minato – Supervising Nursing Education Consultant
Roxana Aalberts, BPPE program analyst

From: Linda Sperling, DHA, MSN, RN

Subject: Update to December 9, 2014 Visit

During a campus visit by the BRN and BPPE, the following concerns were addressed. This is a follow-up to provide an update to how the concerns are being addressed by Everest.

1. Campus Nursing Director – Dr. Linda Sperling will remain on as Campus Nursing Director until Friday, December 19, 2014. The students are on holiday break starting Tuesday, December 23 to January 5. Ruth Ngati has been interviewed and the plan is to have her start on January 5.
2. Assistant Campus Nursing Director – We have two BRN approved Assistant Campus Nursing Directors.
3. Clinical Placements for January 2015 Quarter-We have not been successful in securing any other clinical sites at this time but will continue to look for opportunities. The Interim Campus President has approved hiring a clinical coordinator for the nursing program. A requisition is currently in place. We will not admit 40 students in January unless and until all clinical sites have been identified and are under contract by January 5, 2015.
4. Campus President and Nursing Department Administrative Assistant administering nursing program. – Richard Mallow, past Campus President, is no longer with the company. We are currently seeking a new Campus President. Greg Waite is interim Campus President. He will review the policy/procedures being implemented at the College including the Administrative Assistant's job functions and take corrective actions that are needed. Mr. Waite has had discussions with Nursing Administrative Assistant informing her of her job description and role. She will be provided a current job description to sign and will be placed in her file. All decisions for the nursing program will be made by the Campus Nursing Director and Campus President.
5. Prior Education and Transfer Credits – The academic department is going through all previous student files as well as current potential admissions to determine that all previous transfer credits have been determined applicable to the admission of the student. The Campus President and Campus Dean will discuss the findings to ensure in the future that policies are followed.

    a. Transfer Policy: Transfer credit shall be given for related previous education completed within the last five years. This includes the following courses:
        - Registered nursing courses from an accredited college/school of nursing
        - Other courses the school determines to be equivalent to courses in the program

Thank you for your visit and the opportunity to continue our nursing program. We will be happy to address any other issues or concerns that you may have. Please let us know if there is anything else that we can provide. We will continue to update you as we improve our situation.

Linda Sperling, DHA, MSN, RN
Campus Nursing Director
Everest College – Ontario Metro

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.8
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Granting An Extension Of The Deadline For Initial Program Approval Until June 2015 For Four-D College Associate Degree Nursing Program

REQUESTED BY: Shelley Ward, M.P.H., R.N., NEC

BACKGROUND: Rosemary Haggins, DHA, RN, Director of Nursing
Approved as BRN Program Director 6-27-2013

The Board voted at its May 19, 2010 meeting to accept the Feasibility Study for Four-D College Associate Degree Nursing Program. The Board subsequently issued a letter to the college from the action voted at its February 6, 2013 meeting specifying the actions and timeline for the establishment of the program. The letter is attached and states in part; "If Board acceptance of the Self-Study and enrollment of students has not occurred by February 2015, the Four-D College Associate Degree Nursing Program application for new program approval will be considered abandoned".

The approval process steps are specified in the, Instructions For Institutions Seeking Approval of New Prelicensure Registered Nursing Program (Business and Professions Code Section 2786; California Code of Regulations Sections 1421, 1422, and 1423) (Effective 10/21/10), and is attached. Step 7 (Self-Study Report and Site Visit) of this document states that, "At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations".

The BRN received first Self-Study report for the proposed program on November 12, 2014. The Nursing Program Initial Approval Application & Cover Data Sheet indicates a proposed start date of March 16, 2015 for generic and LVN to RN Option Students.

NECs (S. Ward, M. Minato) met with college and the proposed program representatives on 11/2/10 to clarify questions about the initial program approval process requirements. The assigned NEC has maintained ongoing communication with program and college representatives since that time.

The Self-Study report is under review by the NEC. The proposed prelicensure program will not be able to be initiated by February 2015.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Shelley Ward, M.P.H., R.N., NEC
Nursing Education Consultant

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
BOARD OF REGISTERED NURSING
P.O. Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 / www.rn.ca.gov
Louise Bailey, MEd, RN, Interim Executive Officer

May 20, 2010

Ms. Linda Smith, RN
President and CEO
Four D College
1020 East Washington Street
Colton, CA 92324

Dear Ms. Linda Smith:

The Board of Registered Nursing, at its May 19, 2010 meeting in Costa Mesa, California voted the following action:

"To accept the Feasibility Study for Four D College Associate Degree Nursing Program."

The assigned consultant to Four D College is Miyo Minato, who will assist your program with the next phase of the initial approval process. The contact telephone number is 323-890-9950 and e-mail address is miyo_minato@dca.ca.gov. If further assistance is needed, feel free to contact your nursing education consultant.

Sincerely,

BOARD OF REGISTERED NURSING

Miyo Minato

Miyo Minato, MN, RN
Nursing Education Consultant

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

March 7, 2013

Linda L. Smith
President/CEO
Four-D College
1020 East Washington Street
Colton, CA 92324

Re: NEW PRELICENSURE NURSING PROGRAM PROPOSAL

Dear Ms. Smith:

The Board of Registered Nursing, at its February 6, 2013 meeting in Garden Grove, California voted the following action:

"BRN staff are directed to enforce Section 1421(a)(4) *After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.*"

The Board is allowing a two-year period for schools with new prelicensure nursing program proposals currently in process to comply with submission of an acceptable Self-Study and begin student enrollment in the program. If Board acceptance of the Self-Study and enrollment of students has not occurred by February 2015, the Four-D College Associate Degree Nursing Program application for new program approval will be considered abandoned. The school would need to begin the new program proposal process anew with submission of a Letter of Intent if that is desired.

Please feel free to contact Shelley Ward, NEC, at (818) 558-5062 with any questions.

Sincerely,

BOARD OF REGISTERED NURSING

Miyo Minato

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Shelley Ward, NEC

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW PRELICENSURE REGISTERED NURSING PROGRAM (Business and Professions Code Section 2786; California Code of Regulations Sections 1421, 1422, and 1423) (Effective 10/21/10)

PURPOSE

The Instructions specify the requirements and process for an institution seeking approval of a new prelicensure registered nursing program (program applicant) pursuant to Business and Professions Code (B&PC) section 2786. The document is incorporated by reference in California Code of Regulations (CCR) section 1421.

STEPS IN THE APPROVAL PROCESS

In accordance with B&PC section 2786(a), the program applicant must be an institution of higher education or affiliated with an institution of higher education (hereafter referred to as affiliated institution). Affiliated institutions must make an agreement with an institution of higher education in California in the same general location, i.e., within 50 miles, to grant degrees to students who complete the registered nursing program. Such written agreement must be made prior to seeking approval from the Board. A copy of this agreement must be submitted with the feasibility study, described in Step 2.

The institution of higher education offering the program or the institution of higher education granting the degree for the new affiliated institution must have the authority to grant an associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program. ***An institution that wishes to start a new program must meet this requirement prior to submission of an application.***

STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the Board of Registered Nursing (BRN) at least one year in advance of the anticipated date for admission of students. The letter must specify the name of the institution seeking approval; contact person; type of nursing program, e.g., associate degree, baccalaureate degree, entry-level master's, etc., and its location; and proposed start date. The letter is to be addressed to:

Executive Officer
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

The Board will acknowledge receipt of the letter of intent.

STEP 2 –Submit Feasibility Study

Submit a feasibility study to the BRN documenting the need for the program and the program applicant's ability to develop, implement, and sustain a viable prelicensure registered nursing program. The feasibility study shall include the following:

a) Description of the institution and the institution's experience providing nursing or other health-related educational programs. The description must include:
1. History, organizational structure and programs (attach an organization chart), funding sources
2. Accreditation status and history, (i.e., date of initial accreditation, denials, revocations, warnings) for the institution and any programs offered by the institution
3. Type of nursing or other health-related programs including number: of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency
4. If the applicant does not have a nursing program or other health-related programs, provide a statement related to the processes and resources it will utilize to start and sustain a prelicensure registered nursing program.

b) Geographic area (community) served by the institution and a description of the community and its population.

c) Description of the type of program being proposed (e.g., associate, baccalaureate, entry-level master's, etc.), the intended start date, projected size of the first class and enrollment projection for the first five years, and method for determining the projected enrollment.

d) Information on the applicant pool and sustainability of enrollment for the proposed new prelicensure registered nursing program. Include data on existing nursing programs preparing students for licensure (vocational, associate, baccalaureate, or entry level master's) within a 50-mile radius. Include a statement on plans for promoting the proposed program.

e) Description of proposed provisions for required subject matter and support areas, including faculty and resources. The proposed program must be at least two academic years, not less than 58 semester or 87 quarter units, and must include ***all course areas*** specified in CCR 1426. Consult CCR section 1426, Required Curriculum, for required subject matter. Support areas include such items as the library, skills learning lab, computer labs, simulation labs, and tutorial and counseling services.

f) Budget projection that demonstrates initial and sustainable budgetary provisions for a full enrollment of the initial cohort. The projected budget demonstrates building of reserves to sustain the proposed program.

g) Evidence of availability of clinical placements for students of the proposed program. Include a list of the clinical facilities that may be utilized for learning experiences and a description of any plans for future addition or expansion of health facilities. Provide a completed "Facility Verification Form" (EDP-I-01 Rev 3/10) for each health care facility that has agreed to provide clinical placement for students of the proposed program. When available, verification shall include the accommodations specifying shift and days.

Note: Clinical placements of the new program must take into consideration the impact on the use of the clinical facility by existing prelicensure registered nursing programs and must be coordinated with any process for clinical placement, such as consortium for regional planning.

Include a description of your collaboration and coordination efforts with any existing registered nursing programs and any regional planning consortium.

Affiliate Program Agreement with Institution of Higher Education

An affiliate program must submit an agreement with an institution of higher education that has authority to grant an associate of arts degree or a baccalaureate or higher degree in nursing to individuals who complete an additional course of study approved by the board. The institution of higher education must be in California and within 50 miles of the nursing program. The agreement must include:

1) The type of degree to be conferred by the institution of higher education
2) The additional course of study required to obtain the degree
3) Process and procedures for nursing program students to enroll in the required courses
4) Approximate cost and timeframe for students to complete the requirements
5) Role and responsibility of the nursing program, institution of higher education, and the student
6) Resources available to students at the institution of higher education.

The program applicant may include any additional information that it believes might reasonably affect the Board's decision to accept the feasibility study.

STEP 3 – Review of Feasibility Study

It is the responsibility of the program applicant to have staff or a consultant(s) who possess the requisite knowledge and expertise to complete a feasibility study that conforms to the requirements specified in the Instructions. Upon submission of the feasibility study, a BRN staff member will review the study, and will work with the planners of the proposed nursing program to clarify issues. Close communication with BRN staff must be maintained during this time period. The process for initial review usually takes three to four weeks. In the event the initial review time will exceed this time period, BRN staff will notify the program applicant of the approximate time for the initial review. Priority will be given to first-time applicants for program approval.

The following action will be taken:

1) If BRN staff determines that the feasibility study is complete and complies with requirements specified in these Instructions, staff will submit the feasibility study to the Education /Licensing Committee (ELC), (Step 4).
2) If the feasibility study is deemed incomplete, staff will notify the program applicant, in writing, of any deficiencies and a date for submission of a completed feasibility study. If BRN staff deems the revised feasibility study is complete, it will be submitted to the ELC (Step 4).
3) If staff deems the revised feasibility study incomplete, it will be returned to the program with a written notice of the deficiencies, and will not be submitted to the ELC. The ELC and Board will be notified, at a regularly scheduled meeting, of the name of the program applicant, the return of the feasibility study, and the deficiencies that resulted in the feasibility study being returned. If the applicant still wishes to start a prelicensure registered nursing program, the applicant must restart the process at Step 1.
4) If the revised feasibility study is returned because it is incomplete and the applicant still wishes to seek approval of a prelicensure registered nursing program, the applicant must restart at Step 1. The Letter of Intent must include a statement summarizing the BRN staff's reason(s) for not accepting the prior revised feasibility study and subsequent corrective action the applicant has taken.

STEP 4 –Education/Licensing Committee Recommendation on the Feasibility Study

When the feasibility study is deemed complete, it will be submitted to the Board's Education/Licensing Committee for discussion and action at a regularly scheduled meeting. The meeting is open to the public, and there are opportunities for public comment. The BRN will notify the program applicant of the ELC meeting date at which the Committee will discuss and take action on the feasibility study. A representative of the program must be present at the ELC meeting to respond to any questions from the Committee regarding the feasibility study. The ELC will recommend to the Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ELC meeting. If the ELC defers action, the program applicant will be notified in writing within ten (10) days of the deferred action, reason(s) for the deferral, and date for submission of any additional information and/or documents. The ELC considers the following criteria in determining its recommendation to the Board:

1) Evidence of applicant's ability to initiate and maintain a prelicensure registered nursing program.
2) Evidence of initial and sustainable budgetary provisions for the proposed program.
3) Institution of higher authority to grant an associate of arts, baccalaureate, or higher degree.
4) For affiliated institutions, the agreement with an institution of higher education within 50 miles to grant an associate of arts degree or baccalaureate or higher degree to students completing the nursing program.
5) Evidence of availability of clinical placements for students of the proposed program.
6) Plans for administrative and faculty recruitment to staff the proposed program.

STEP 5 - Board Action on the Feasibility Study

The ELC's recommendation on the feasibility study will be submitted for Board discussion and action at a regularly scheduled Board meeting. The Board meeting is also open to the public, with opportunities for public comment. The Board may accept or not accept the study, or may defer action on the study to provide the program applicant with an opportunity to provide additional information. The Board considers the criteria specified in Step 4 in rendering its decision.

The following action will be taken:

1) Within ten (10) days after the Board decision on the feasibility study, the Board will notify the program applicant in writing of its decision.
2) If the feasibility study is accepted, the program applicant may proceed to Step 6.
3) If the feasibility study is not accepted, the Board notice will include the basis for its decision.
4) If action on the feasibility study is deferred, the notice shall specify what additional information and/or documents are needed from the program applicant in order for the feasibility study to be deemed complete and a due date for submission of the materials. The revised feasibility study will be considered at regularly scheduled ELC and Board meetings after the due date for submission of materials. If the revised feasibility study is not accepted, the Board will notify the applicant in writing within ten (10) days; the notice will include the basis for the Board's decision.
5) An applicant whose initial or revised feasibility study is not accepted, and who still wishes to seek approval of a prelicensure registered nursing program must restart with Step 1. The Letter of Intent must include a statement summarizing the Board's reason(s) for not accepting the prior feasibility study and subsequent corrective action the applicant has taken.

STEP 6 - Appointment of Program Director

Upon acceptance of the feasibility study, the program applicant shall appoint a director who meets the requirements of CCR section 1425(a).

STEP 7 - Self-Study Report and Site Visit

Upon Board acceptance of the feasibility study, a BRN Nursing Education Consultant (NEC) will be assigned as the BRN liaison for the proposed program. The program director will have responsibility for preparing the self-study for the proposed program and coordinating the site-visit. At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations. The attached *Preparing the Self-Study Report for Approval of Initial Prelicensure Nursing Program* (EDP-I-19 Rev 01/09) and *Criteria and Guidelines for Self-Study* (EDP-R-03 Rev 01/09) must be used to compile the self-study.

The NEC will review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the NEC has verified the self-study satisfactorily addresses the applicable rules and regulations, the NEC will schedule an on-site visit. The NEC will visit selected clinical sites the program plans to use as part of the on-site visit. Clinical site visits may be deferred depending on the start date of the proposed program. The NEC will complete a written report of findings.

STEP 8 – ELC and Board Actions related to Approval of the Proposed Program

The NEC's written report is submitted to the Board's ELC for discussion and action at a regularly scheduled Committee meeting. The Committee may recommend that the Board grant or deny approval, or may defer action on the initial program approval to provide the program applicant a specified time period to resolve any problems and to resubmitted to the ELC. A representative of the proposed program must be present at the ELC meeting(s) to respond to any questions from the Committee.

The Board will take action at a regularly scheduled meeting following the ELC meeting. Representatives of the proposed program are encouraged to be present at the Board meeting(s) to respond to any questions. The action the Board may take includes the following:

1) Grant initial approval;
2) Deny approval;
3) Defer action on the approval to permit the program applicant a specified time period to resolve area(s) of non-compliance. After resolution of the area(s) of non-compliance, the proposed program must be submitted for Board action at another regularly scheduled meeting.

Any material misrepresentation of fact by the program applicant in any required information is grounds for not accepting the feasibility study or denial of initial approval.

STEP 9 - Certificate of Approval

A certificate of approval will be issued by the BRN once the Board grants initial approval.

ABANDONMENT OF APPLICATION

A program applicant who does not take any action to complete the application process within one year of submitting a Letter of Intent or receipt of notice of Board action not accepting the program's feasibility study shall be deemed to have abandoned the application.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

Name of the School:	Name of Director/Designee: Telephone Number: E-Mail Address:
Name of health care facility: Type of health care facility (Acute, OPD, SNF, etc.) Average Daily Census for the agency:	Name of Director of Nursing/Designee: Telephone Number: E-Mail Address: Address of Facility:

	Medical-Surgical	**Obstetrics**	**Pediatrics**	**Psych – Mental Health**	**Geriatrics**
Type of units where students can be placed in the health care facility (Place X in the column)					
Average daily census for each area					
Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)					
Number of students placed in the unit at any one time.					
Identify shifts and days available for placement of students in the program					

Provide the following information on all other schools utilizing your facility: **Attach additional sheets if needed.**

Schools	Category of students (RN, LVN, CNA, etc.)	Number of students	Days & Hours	Semesters (Fall, Spr.)	Units used

☐ *This agency does not have spaces to offer clinical spaces to the new program.*

☐ *This agency intends to offer clinical placement(s) to this new program.*

Agency Representative completing this form	Date

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

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

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

Name of the School:	Name of Director/Designee: Telephone Number: E-Mail Address:
Name of health care facility: Type of health care facility (Acute, OPD, SNF, etc.) Average Daily Census for the agency:	Name of Director of Nursing/Designee: Telephone Number: E-Mail Address: Address of Facility:

	Medical-Surgical	**Obstetrics**	**Pediatrics**	**Psych – Mental Health**	**Geriatrics**
Type of units where students can be placed in the health care facility (Place X in the column)					
Average daily census for each area					
Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)					
Number of students placed in the unit at any one time.					
Identify shifts and days available for placement of students in the program					

Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.

Schools	Category of students (RN, LVN, CNA, etc.)	Number of students	Days & Hours	Semesters (Fall, Spr.)	Units used

☐ *This agency does not have spaces to offer clinical spaces to the new program.*

☐ *This agency intends to offer clinical placement(s) to this new program.*

Agency Representative completing this form Date

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.9
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Approval Of The Education/Licensing Committee 2015-2017 Goals And Objectives

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

BACKGROUND: Education/Licensing Committee goals and objectives are reviewed biennially and revised as needed. The 2013-15 ELC Goals and Objectives have been reviewed and revised to produce the attached recommended DRAFT - 2015-2017 ELC Goals and Objectives. Substantive changes include addition of Objective 1.9 under Goal1; Objective 2.8 under Goal 2; addition of Goal 6 and related objectives; addition of Objective 7.4 under Goal 7. If approved, these goals/objectives will be applied and tracked beginning July 2015.

NEXT STEPS: Place on Board agenda.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

Board Approved:__DRAFT___

BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE

2015-2017 GOALS AND OBJECTIVES

GOAL 1

Ensure that nursing education programs meet regulatory requirements, and that the curriculum content addresses contemporary political, technical, economic, healthcare and nursing practice developments.

1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine compliance with regulatory requirements and Board policy, and if content reflects current trends in healthcare and nursing practice.

1.2 Maintain BRN policy statements that reflect current statute, regulation and policy.

1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum, and that advanced practice education program curriculum additionally includes Article 7 Standardized Procedure Guidelines.

1.4 Maintain awareness of current political, technical, economic, healthcare and nursing practice trends through attending and participating in educational conferences, committees and other events within California and nationally, for development of regulation and policy.

1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.

1.6 Monitor nursing program curriculum structure and content for application of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, the Quality and Safety Education for Nurses (QSEN) Competencies, The Essentials of Baccalaureate Education in Nursing, The Essentials of Master's Education in Nursing and other such works from established sources that present generally accepted standards.

1.7 Evaluate proposed new programs to ensure regulatory compliance and ability to secure necessary resources with timely program implementation adhering to the application process and timeline identified in regulations and policy.

1.8 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009.

1.9 Encourage nursing programs to schedule student attendance at a BRN disciplinary hearing when possible to increase awareness of licensure responsibilities.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

2.1 Support creative approaches to curriculum and instructional delivery, and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet current nursing and community needs.

2.2 Review Nursing Practice Act regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education.

2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
2.4 Evaluate the use of technology in teaching activities such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.
2.5 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.
2.6 Collaborate with the BRN Nursing Practice Committee to review, evaluate and recommend revision as needed of regulations pertinent to advanced practice nursing education.
2.7 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.
2.8. Encourage programs to evaluate curriculum for inclusion of objectives and content to support learning emerging nursing roles of care coordinator, faculty team leader, informatics specialist, nurse/family cooperative facilitator, and primary care partner.

GOAL 3

Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others, and are utilized in nursing program design.

3.1 Collaborate with the BRN contracted provider retained to conduct the consolidated online annual school survey of the prelicensure nursing education programs in California, and publish survey results on the BRN Website.
3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.
3.3 Provide information about nursing programs to the public.
3.4 Maintain information related to each prelicensure program and update periodically.
3.5 Provide data to assist nursing programs in making grant or funding applications.
3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness of their nursing education programs in preparing graduates for practice.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice nursing education programs.

4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors of prelicensure programs.
4.2 Maintain open communication and provide consultation and support services to prelicensure and advanced practice nursing programs in California.
4.3 Present BRN updates at COADN Directors' Meetings, annual CACN/COADN Meeting, and other venues as appropriate.
4.4 Conduct meetings as needed with advanced practice program directors to seek input, provide updates and foster discussions regarding current issues, regulatory reform and other topics pertinent to advanced practice in California, such as the implications of the Health Care Reform Act of 2009.

GOAL 5

Monitor and evaluate the NCLEX-RN examination construction, process and test-taker outcomes, and maintain a collaborative relationship with the National Council of State Boards of Nursing.

5.1 Participate in periodic review of the NCLEX-RN examination process to ensure established security, test administration procedures and other testing standards are met.
5.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
5.3 Participate in NCSBN committees and conferences to maintain representation from California.
5.4 Monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.
5.5 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

GOAL 6

Maintain licensure and certification application processes in compliance with regulation and to ensure applicants meet all licensure and certification requirements.

6.1 Monitor licensure/certification activities to ensure compliance with regulations and policy, and implement improvements as needed.
6.2 Track and trend areas of concern regarding application/certification, and communicate significant findings to the Board and stakeholders as appropriate.
6.2 Continue work on implementation and improvement of the online licensure and tracking system to ensure timely, efficient and accurate processing of applications, and capability for data retrieval in report formats.
6.3 Provide instructions to licensure/certification applicants regarding application requirements and process.

GOAL 7

Provide ongoing monitoring of the Continuing Education (CE) Program and verify compliance with BRN requirements by licensees and providers.

7.1 Review and consider for approval CE provider applications to ensure regulatory compliance.
7.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
7.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.
7.4 Review existing continuing education regulation, policy and guidelines in regards to allowable continuing education topics and other identified concerns, and propose revision as needed.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.10
DATE: January 8, 2015

ACTION REQUESTED: 2013-2014 Annual School Survey Reports (Draft)

REQUESTED BY: Julie Campbell-Warnock
Research Program Specialist

BACKGROUND:

The BRN 2013-2014 Annual School Survey was conducted from October 1, 2014 to November 17, 2014. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Center for the Health Professions at the University of California, San Francisco. The BRN received 100% participation from all of the nursing programs and we would like to thank all of the schools for their participation and prompt responses to the survey.

BRN and UCSF staff work each year with nursing program directors representing various prelicensure programs from around the state who review and edit the survey questions if needed. This allows the survey to be a current document that can be used to capture data on new and emerging trends.

The draft of the statewide Annual School Reports includes data on new and continuing student enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. There are two reports; one is a trend report which includes historical data for the past ten years on some of the more significant data and the second includes current year data from most all of the questions asked on the survey.

NEXT STEPS: Place on Board agenda.

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

California Board of Registered Nursing
2013-2014 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

January 2, 2015

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

PREFACE

Nursing Education Survey Background

Development of the 2013-2014 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

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

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2013 through July 31, 2014. Demographic information and census data were requested for October 15, 2014.

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

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

Availability of Data

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

Value of the Survey

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

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

Survey Participation[1]

[1] In this 2014 report there are 131 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2013-2014 survey, 131 nursing schools reported data for 141 pre-licensure programs at 162 different locations.

DRAFT

All California nursing schools were invited to participate in the survey. In 2013-2014, 131 nursing schools offering 141 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	36	36	100%
ELM	16	16	100%
Total Programs	141	141	100%

DRAFT

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

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, a total of 141 pre-licensure nursing programs reported students enrolled in their programs. The decline in the number of programs this year is due to the consolidation of several independent schools into one school with multiple satellite campuses. Most pre-licensure nursing programs in California are public. While the share of public programs has shown an overall decrease in the last ten years, the share of public programs has remained about the same (75%) over the past two years.

Table 2. 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
Total Nursing Programs*	**109**	**117**	**130**	**132**	**138**	**139**	**145**	**142**	**143**	**141**
ADN	76	77	82	84	86	86	89	87	88	89
BSN	24	26	32	32	36	37	39	39	40	36
ELM	9	14	16	16	16	16	17	16	15	16
Public	90	96	105	105	105	105	107	106	107	106
Private	19	21	25	27	33	34	38	36	36	35
Total Number of Schools	**102**	**105**	**117**	**119**	**125**	**125**	**131**	**132**	**133**	**131**

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

DRAFT

The share of nursing programs that partner with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2013-2014, 49% of nursing programs (n=67) collaborated with another program that offered a higher degree than offered at their own program. Of nursing programs that had these collaborations in 2013-2014, 52% (n=35) had formal agreements and 69% (n=46) had informal agreements.

Table 3. Partnerships, by Academic Year

Partnerships*	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Schools that partner with another program that leads to a higher degree	9	9	9	19	35	44	50	64	67
Formal collaboration								45.3%	52.2%
Informal collaboration								67.2%	68.7%
Total number of programs that reported	**117**	**130**	**132**	**138**	**139**	**145**	**142**	**141**	**137**

*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

The number of spaces available for new students in nursing programs reached a high of 12,812 in 2008-2009 and has shown an overall decline since then with a more significant decline in 2013-2014. In 2013-2014, there were 10,691 spaces available for new students and these spaces were filled with a total of 12,365 students. This year represents the fourth consecutive year in which new student enrollments declined, after having increased every year in the five years prior to the 2010-2011 academic year. The share of nursing programs that reported filling more admission spaces than were available decreased, from 48% (n=68) in 2011-2012 to 43% (n=60) in 2013-2014. The most frequently reported reason for doing so was to account for attrition.

Table 4. Availability and Utilization of Admission Spaces, 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	9,026	10,523	11,475	11,773	12,812	12,797	12,643	12,391	12,739	10,691
New Student Enrollments	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677	13,181	12,365
% Spaces Filled with New Student Enrollments	**98.9%**	**105.8%**	**110.8%**	**110.1%**	**109.2%**	**111.2%**	**110.3%**	**110.4%**	**103.5%**	**115.7%**

DRAFT

Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications nursing programs received in 2013-2014 decreased 16% (n=5,472) over the previous year. In 2013-2014, 58% of the 29,569 qualified applications to California nursing education programs did not enroll. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

Table 5. Student Admission Applications*, by Academic Year

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Qualified Applications	**20,405**	**28,410**	**28,506**	**34,074**	**36,954**	**41,634**	**37,847**	**38,665**	**35,041**	**29,569**
ADN	14,615	19,724	19,559	25,021	26,185	28,555	24,722	23,913	19,979	16,664
BSN	4,914	7,391	7,004	7,515	8,585	10,680	11,098	12,387	12,476	10,707
ELM	876	1,295	1,943	1,538	2,184	2,399	2,027	2,365	2,586	2,198
% Qualified Applications *Not* Enrolled	**56.3%**	**60.8%**	**55.4%**	**62.0%**	**62.1%**	**65.4%**	**63.2%**	**64.6%**	**62.4%**	**58.2%**

*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.

New student enrollments have been decreasing since 2009-2010 and are currently at levels seen in 2006-2007. In 2013-2014, 12,365 new students enrolled in registered nursing programs. ADN programs had a similar number of new students enroll in those programs over the last two years, while both BSN and ELM programs had enrollment declines. Both public and private programs had declines in the number of new students enrolling in their programs over the last three years. Public programs have seen their enrollments decline by 20% (n=2,019) in the last seven years, while private programs had enrollment growth until 2011-2012, when enrollment declines were experienced in those programs as well.

Table 6. New Student Enrollment 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
New Student Enrollment	**8,926**	**11,131**	**12,709**	**12,961**	**13,988**	**14,228**	**13,939**	**13,677**	**13,181**	**12,365**
ADN	6,160	7,778	8,899	8,847	9,412	8,594	7,688	7,411	7,146	7,135
BSN	2,371	2,709	3,110	3,404	3,821	4,842	5,342	5,445	5,185	4,423
ELM	395	644	700	710	755	792	909	821	850	807
Private	1,614	2,024	2,384	2,704	3,774	4,607	4,773	4,795	4,642	4,059
Public	7,312	9,107	10,325	10,257	10,214	9,621	9,166	8,882	8,539	8,306

DRAFT

Student Census Data

The total number of students enrolled in California nursing programs on October 15, 2014 decreased in comparison to the previous year and is lower than any year since 2008. All program types saw decreases during this time period. Of the total student body in California's pre-license nursing programs at the time of the 2014 census, 49% (n=11,502) were in ADN programs, 45% (n=10,574) in BSN programs, and 6% (n=1,473) in ELM programs.

Table 7. Student Census Data*, by Year

Program Type	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
ADN	11,117	12,632	14,191	14,304	14,987	14,011	13,041	11,860	12,070	11,502
BSN	6,285	6,799	7,059	7,956	9,288	10,242	11,712	12,248	12,453	10,574
ELM	659	896	1,274	1,290	1,405	1,466	1,778	1,682	1,808	1,473
Total Nursing Students	**18,061**	**20,327**	**22,524**	**23,550**	**25,680**	**25,719**	**26,531**	**25,790**	**26,331**	**23,549**

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

Student Completions

Student completions declined by 5% (n=609) in 2013-2014. Both ADN and BSN programs contributed to this decline, while ELM programs had a slight increase in student completions over the last year. ADN graduates continue to represent a majority (55%) of all students completing a pre-licensure nursing program in California.

Table 8. Student Completions, by Academic Year

Program Type	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
ADN	4,769	5,351	5,885	6,527	7,075	7,690	6,619	6,162	6,164	5,916
BSN	1,664	1,861	2,074	2,481	2,788	3,157	3,330	3,896	4,364	3,998
ELM	244	316	358	572	663	665	717	756	764	769
Total Student Completions	6,677	7,528	8,317	9,580	10,526	11,512	10,666	10,814	11,292	10,683

DRAFT

Retention and Attrition Rates

The attrition rate among nursing programs has declined from its high of 20.5% in 2004-2005 to 13.0% in 2013-2014, one of the lowest rates in ten years. Of the 9,987 students scheduled to complete a nursing program in the 2013-2014 academic year, 77% (n=7,695) completed the program on-time, 10% (n=991) are still enrolled in the program, and 13% (n=1,301) dropped out or were disqualified from the program.

Table 9. Student Retention and Attrition, by Academic Year

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Students Scheduled to Complete the Program	**8,507**	**8,208**	**8,852**	**9,769**	**10,630**	**10,162**	**10,007**	**9,595**	**11,579**	**9,987**
Completed On Time	6,055	6,047	6,437	7,254	7,990	7,845	7,742	7,570	9,389	7,695
Still Enrolled	710	849	996	950	1,078	928	742	631	762	991
Attrition	1,742	1,312	1,419	1,565	1,562	1,389	1,523	1,394	1,428	1,301
Completed Late‡						615	487	435	573	657
Retention Rate*	71.2%	73.7%	72.7%	74.3%	75.2%	77.2%	77.4%	78.9%	81.1%	77.1%
Attrition Rate**	20.5%	16.0%	16.0%	16.0%	14.7%	13.7%	15.2%	14.5%	12.3%	13.0%
% Still Enrolled	8.3%	10.3%	11.3%	9.7%	10.1%	9.1%	7.4%	6.6%	6.6%	9.9%

‡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.
*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 vary by program type and continue to be lowest among ELM programs and highest among ADN programs. In the last four years, attrition rates have improved in ELM programs, stayed about the same in BSN programs, and shown overall improvement in ADN programs (although there was a slight increase in the average attrition rate in these programs over the last year). In 2013-2014, the average attrition rate for ELM programs was at its lowest (4.7%) in ten years. Attrition rates in public programs have been higher than those in private programs over the past ten years. In the last year, private programs had a slight drop in their average attrition rate while public programs had an increase.

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

Program Type	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
ADN	23.7%	18.3%	19.0%	19.0%	17.6%	16.6%	18.1%	17.7%	14.0%	15.7%
BSN	11.0%	10.5%	8.7%	8.6%	9.0%	8.1%	10.0%	9.7%	10.3%	10.3%
ELM	14.3%	5.0%	7.2%	5.6%	5.2%	5.6%	8.9%	7.3%	4.9%	4.7%
Private	15.9%	14.6%	7.9%	9.2%	10.0%	8.9%	12.4%	10.9%	11.9%	11.4%
Public	21.2%	16.2%	17.7%	17.5%	16.0%	14.8%	15.9%	15.5%	12.5%	13.7%

*Changes to the survey that occurred in 2004-2005 and 2005-2006 may have affected the comparability of these data over time.

DRAFT

Retention and Attrition Rates for Accelerated Programs

Attrition rates for accelerated programs were much higher in 2010-2011 and 2012-2013 than in other years. The data for 2013-2014 show an average attrition rate of 7.9%, lower than last year's rate and lower than the 13.0% attrition rate reported for traditional programs in the same year.

Table 11. Student Retention and Attrition for Accelerated Programs*, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Students Scheduled to Complete the Program	**686**	**784**	**1,159**	**1,040**	**1,281**	**1,035**	**959**
Completed On Time	569	674	1,059	878	1,156	875	868
Still Enrolled	88	83	71	69	53	63	15
Attrition	28	27	29	93	72	97	76
Completed Late‡			45	34	72	45	38
Retention Rate**	82.9%	86.0%	91.4%	84.4%	90.2%	84.5%	90.5%
Attrition Rate***	4.1%	3.4%	2.5%	8.9%	5.6%	9.4%	7.9%
% Still Enrolled	12.8%	10.6%	6.1%	6.6%	4.1%	6.1%	1.6%

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

Attrition rates in accelerated programs have varied over the last seven years. Both accelerated ADN and BSN programs had better attrition rates in 2013-2014 than in 2012-2013. The average attrition rate for accelerated ADN programs was about the same as for traditional ADN programs, while accelerated BSN programs had a lower average attrition rate than traditional BSN programs.

Table 12. Attrition Rates by Program Type for Accelerated Programs*, by Academic Year

Program Type	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
ADN	24.7%	18.5%	6.6%	7.9%	6.3%	21.6%	15.4%
BSN	6.8%	7.0%	5.8%	9.2%	5.4%	8.7%	5.6%

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

DRAFT

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates have typically been higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years. In 2013-2014, the highest average NCLEX pass rate was for ADN graduates. All program types had declines in their NCLEX pass rates in 2013-2014 in comparison to the previous year.

Table 13. First Time NCLEX Pass Rates*, by Academic Year

Program Type	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
ADN	85.0%	87.3%	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%	88.8%	83.1%
BSN	83.3%	83.1%	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%	87.1%	82.3%
ELM	92.0%	92.4%	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%	91.8%	81.9%

*NCLEX pass rates for students who took the exam for the first time in 2013-2014.

NCLEX pass rates for students graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs. While the pass rates for both types of programs have fluctuated over time, students who graduated from accelerated ADN programs had the lowest average pass rate in 2013-2014, while graduates of accelerated BSN programs had higher average pass rates than their traditional counterparts.

Table 14. First Time NCLEX Pass Rates for Accelerated Programs*, by Academic Year

Program Type	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
ADN	86.7%	93.7%	89.0%	83.9%	85.8%	93.5%	68.8%
BSN	89.4%	92.1%	88.5%	90.9%	89.9%	83.9%	85.7%

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

DRAFT

Employment of Recent Nursing Program Graduates[2]

The largest share of RN program graduates work in hospitals, even though this share has been decreasing from a high of 88% in 2007-2008. In 2013-2014, programs reported that 56% of graduates where employed in hospitals. The share of new graduates working in nursing in California had been declining, from a high of 92% in 2007-2008 to a low of 64% in 2012-2013. In 2013-2014, there was an increase in the share of graduates working in California, to 69%. Nursing programs reported that 14% of their 2013-2014 graduates had been unable to find employment by October 2014, which has declined slightly from that reported a year ago.

Table 15. Employment of Recent Nursing Program Graduates, by Academic Year

Employment Location	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Hospital	80.1%	84.3%	88.0%	71.4%	59.0%	54.4%	61.1%	56.7%	56.0%
Long-term care facilities	0.8%	3.7%	2.7%	8.4%	9.7%	7.8%	8.3%	7.9%	7.1%
Community/public health facilities	2.4%	3.4%	2.2%	5.4%	3.9%	4.5%	3.6%	3.6%	3.7%
Other healthcare facilities	1.8%	2.9%	3.1%	5.6%	6.0%	5.0%	5.2%	4.7%	6.0%
Pursuing additional nursing education[Ŧ]								7.1%	10.5%
Other	1.4%	6.1%	4.0%	15.6%	14.8%	6.5%	4.2%	1.7%	3.4%
Unable to find employment*					27.5%	21.8%	17.6%	18.3%	13.7%
Employed in California	77.5%	87.8%	91.5%	83.4%	81.1%	68.0%	69.6%	63.7%	68.8%

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

DRAFT

[2] Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2012-2013, on average, the employment setting was unknown for 22% of recent graduates.

Clinical Simulation in Nursing Education

Between 8/1/13 and 7/31/14, 126 of California's 131 nursing schools reported using clinical simulation[3]. Of the five schools not using clinical simulation, two schools plan to begin using simulation this year and three others plan to start using it next year.

The most frequently reported reasons for why schools used a clinical simulation center in 2013-2014 were to reinforce didactic and clinical training and clinical decision making, provide clinical experience not available in a clinical setting, to standardize clinical experiences, and to check clinical competencies. Of the 126 schools that used clinical simulation centers in 2013-2014, 55% (n=69) plan to expand the use of simulation.

Table 16. Reasons for Using a Clinical Simulation Center*, by Academic Year

Reason	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
To reinforce didactic and clinical training and clinical decision making							88.5%
To provide clinical experience not available in a clinical setting	73.5%	70.3%	85.1%	85.0%	78.9%	85.9%	83.6%
To standardize clinical experiences	80.9%	75.7%	82.5%	90.0%	85.9%	84.4%	77.9%
To check clinical competencies	69.1%	73.9%	80.7%	71.7%	74.2%	74.2%	72.1%
To make up for clinical experiences	55.9%	56.8%	62.2%	58.3%	58.6%	60.9%	65.6%
To provide interprofessional experiences					44.5%	53.1%	54.1%
To provide remediation							45.9%
To increase capacity in your nursing program	22.1%	14.4%	13.8%	16.7%	14.1%	13.3%	13.9%
To provide faculty development						21.9%	13.9%
To provide collaborative experiences between hospital staff and students					10.9%	11.7%	9.0%
Number of schools that reported reasons for using clinical simulation	**68**	**111**	**116**	**120**	**128**	**128**	**122**

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

[3] 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.

DRAFT

Clinical Space & Clinical Practice Restrictions[4]

The number of California nursing programs reporting they were denied access to a clinical placement, unit or shift decreased to 81 programs, the lowest in four years. Just under half of all nursing programs in the state (43%, n=61) indicated they were denied access to clinical placements, while 40% (n=57) were denied access to clinical units and 24% (n=34) were denied access to a clinical shift during the 2013-2014 academic year. The clinical site offered fewer alternatives for lost placements and units in 2013-2014 than in the previous three years but offered about the same number of alternative shifts. Access to an alternative clinical site depended on the type of space denied. A quarter of programs denied clinical placement were offered an alternative, compared to 47% of programs denied a clinical unit, and 74% of programs denied a clinical shift. The lack of access to clinical space resulted in a loss of 293 clinical placements, 118 units and 48 shifts, which affected 2,195 students.

Table 17. RN Programs Denied Clinical Space, by Academic Year

	2010-11	2011-12	2012-13	2013-14
Number of Programs Denied a Clinical Placement, Unit or Shift	**93**	**85**	**90**	**81**
Programs Denied Clinical Placement	**72**	**65**	**70**	**61**
Programs Offered Alternative by Site	17	21	23	15
Placements Lost	270	266	227	293
Number of programs that reported	142	140	143	81
Programs Denied Clinical Unit	**66**	**65**	**62**	**57**
Programs Offered Alternative by Site	35	29	31	27
Units Lost	118	131	106	118
Number of programs that reported	142	139	143	81
Programs Denied Clinical Shift	**41**	**37**	**39**	**34**
Programs Offered Alternative by Site	31	31	24	25
Shifts Lost	77	54	133	48
Number of programs that reported	141	139	143	81
Total number of students affected	**2,190**	**1,006**	**2,368**	**2,195**

[4] 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.

DRAFT

Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason has been declining since 2009-2010.

Table 18. Reasons for Clinical Space Being Unavailable*, by Academic Year

Reasons for Clinical Space Being Unavailable	2009-10	2010-11	2011-12	2012-13	2013-14
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	54.5%	46.9%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%
Closure, or partial closure, of clinical facility		23.7%	25.9%	26.7%	25.9%
No longer accepting ADN students	26.0%	16.1%	21.2%	20.0%	23.5%
Implementation of Electronic Health Records system			3.5%	32.3%	22.2%
Visit from Joint Commission or other accrediting agency				21.1%	21.0%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%
Change in facility ownership/management		11.8%	12.9%	21.1%	14.8%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.5%	11.1%
Facility moving to a new location					6.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					4.9%
Other	20.8%	9.7%	10.6%	11.1%	11.1%
Number of programs that reported	**77**	**93**	**85**	**90**	**81**

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.

DRAFT

Reasons for lack of access to clinical space vary by program, although one of the predominant reasons among all program levels remains competition from the increased number of nursing students. Staff nurse overload/insufficient qualified staff was also a frequently cited reason by all program types, and the most frequently reported reason for ELM programs. About one-third of ADN programs reported that clinical sites no longer accepting ADN students was a reason for losing clinical space. While 4.9% of nursing programs reported that the facility began charging a fee for the placement, only one nursing program reported paying a fee for a clinical placement. That program offered to pay the fee and was not asked by the facility to do so.

Table 19. Reasons for Clinical Space Being Unavailable, by Program Type, 2013-2014

Reasons for Clinical Space Being Unavailable	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	46.4%	47.4%	50.0%	46.9%
Staff nurse overload or insufficient qualified staff	44.6%	42.1%	66.7%	45.7%
Displaced by another program	46.4%	42.1%	16.7%	43.2%
Decrease in patient census	21.4%	42.1%	50.0%	28.4%
Closure, or partial closure, of clinical facility	21.4%	31.6%	50.0%	25.9%
No longer accepting ADN students	33.9%	0.0%	0.0%	23.5%
Implementation of Electronic Health Records system	16.1%	31.6%	50.0%	22.2%
Visit from Joint Commission or other accrediting agency	19.6%	15.8%	50.0%	21.0%
Nurse residency programs	16.1%	26.3%	16.7%	18.5%
Change in facility ownership/management	10.7%	26.3%	16.7%	14.8%
Clinical facility seeking magnet status	16.1%	0.0%	0.0%	11.1%
Facility moving to a new location	5.4%	10.5%	0.0%	6.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	1.8%	10.5%	16.7%	4.9%
Other	12.5%	10.5%	0.0%	11.1%
Number of programs that reported	**56**	**22**	**12**	**90**

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (67%) or at a new clinical site (57%). The share of schools replacing the lost placement with a new clinical site has been increasing since 2011-2012. Reducing student admission is an uncommon practice for addressing the loss of clinical space.

Table 20. Strategies to Address the Loss of Clinical Space*, by Academic Year

Strategy to Address Lost Clinical Space	2011-12	2012-13	2013-14
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%
Added/replaced lost space with new site	48.2%	53.3%	56.8%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%
Clinical simulation	29.4%	34.4%	32.1%
Reduced student admissions	8.2%	2.2%	7.4%
Other	9.4%	4.4%	1.2%
Number of programs that reported	**85**	**90**	**81**

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

DRAFT

Forty-one (29%) nursing programs in the state reported an increase in out-of-hospital clinical placements in 2013-2014. For the last three years, the most frequently reported non-hospital clinical site to see an increase in placements was a public health/community health agency, reported by 54% of all responding programs in 2013-2014. Skilled nursing/rehabilitation facilities are also common alternatives for hospital clinical placements. Since 2010-2011, the shares of nursing programs using hospice sites and school health service as alternatives for hospital placements have been increasing.

Table 21. Alternative Clinical Sites Offered to RN Programs that Lost Clinical Space, by Academic Year

Alternative Clinical Sites*	2010-11	2011-12	2012-13	2013-14
Public health or community health agency	43.6%	51.8%	55.0%	53.7%
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%	43.9%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%	39.0%
School health service (K-12 or college)	30.9%	30.4%	22.5%	39.0%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%	34.1%
Home health agency/home health service	30.9%	32.1%	35.0%	29.3%
Hospice	25.5%	25.0%	27.5%	29.3%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%	19.5%
Case management/disease management	7.3%	12.5%	5.0%	12.2%
Urgent care, not hospital-based	9.1%	12.5%	5.0%	7.3%
Correctional facility, prison or jail	5.5%	7.1%	5.0%	7.3%
Renal dialysis unit	12.7%	5.4%	5.0%	4.9%
Occupational health or employee health service	5.5%	5.4%	0%	2.4%
Other				12.2%
Number of programs that reported	**55**	**56**	**40**	**41**

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

DRAFT

In 2013-2014, 71% (n=93) of 131 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restrictions students faced continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and access to bar coding medication administration. Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, and IV medication administration.

Table 22. Common Types of Restricted Access in the Clinical Setting for RN Students, by Academic Year

Common Types of Restricted Access for RN Students	2009-10	2010-11	2011-12	2012-13	2013-14
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%
Student health and safety requirements		39.0%	43.6%	45.3%	43.0%
Some patients due to staff workload		31.0%	37.6%	30.5%	41.9%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%
Number of schools that reported	**94**	**100**	**101**	**95**	**93**

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 insufficient time for clinical site staff to train students (69%) and clinical site staff still learning the system (68%). Schools reported that students were restricted from using medication administration systems due to liability (61%) and limited time for clinical staff to train students (42%).

Table 23. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration, 2013-2014

Reason	Electronic Medical Records	Medication Administration
Insufficient time to train students	68.8%	41.7%
Staff still learning and unable to assure documentation standards are being met	67.5%	33.3%
Liability	46.8%	61.1%
Staff fatigue/burnout	35.1%	34.7%
Cost for training	32.5%	22.2%
Patient confidentiality	31.2%	16.7%
Other	15.6%	16.7%
Number of schools that reported	**77**	**72**

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

DRAFT

Schools compensate for training in areas of restricted student access by providing training in SIM lab (81%) and in the classroom (63%) and ensuring that all students have access to sites that train them in the area of restricted access (55%).

Table 24. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% Schools
Training students in the SIM lab	81.1%
Training students in the classroom	63.2%
Ensuring all students have access to sites that train them in this area	54.7%
Purchase practice software, such as SIM Chart	41.1%
Other	9.5%
Number of schools that reported	**95**

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

Faculty Census Data[5]

The total number of nursing faculty continues to increase. On October 15, 2014, there were 4,204 total nursing faculty[6]. Of these faculty, 36% (n=1,498) were full-time and 62% (n=2,619) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2014, schools reported 432 vacant faculty positions. These vacancies represent a 9.3% faculty vacancy rate, which is the highest vacancy rate reported in ten years.

Table 25. Faculty Census Data, by Year

	2005*	2006*	2007*	2008	2009	2010	2011	2012	2013*	2014*
Total Faculty	**2,432**	**2,723**	**3,282**	**3,471**	**3,630**	**3,773**	**4,059**	**4,119**	**4,174**	**4,204**
Full-time	930	1,102	1,374	1,402	1,453	1,444	1,493	1,488	1,521	1,498
Part-time	959	1,619	1,896	2,069	2,177	2,329	2,566	2,631	2,640	2,619
Vacancy Rate**	**6.0%**	**6.6%**	**5.9%**	**4.7%**	**4.7%**	**4.9%**	**4.9%**	**7.9%**	**5.9%**	**9.3%**
Vacancies	154	193	206	172	181	196	210	355	263	432

*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)

In 2013-2014, 99 of 131 schools (76%) reported that faculty in their programs work an overloaded schedule, and 95% (n=94) of these schools pay the faculty extra for the overloaded schedule.

Table 26. Faculty with Overloaded Schedules*, by Academic Year

	2008-	2009-	2010-11	2011-	2012-	2013-14
Schools with overloaded faculty	81	84	85	87	94	99
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%	95.0%
Total number of schools	**125**	**125**	**131**	**132**	**133**	**131**

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

[5] Census data represent the number of faculty on October 15th of the given year.
[6] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in California nursing schools.

DRAFT

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 109 programs in 2004-2005 to 141 programs in 2013-2014. In the past nine years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree increased from 9 to 67.

After a three-year period of declining availability of admission spaces, California RN programs reported an increase in admission space available in 2012-2013, followed by a decrease to 10,691 admission spaces in 2013-2014. New student enrollments increased by 60% in the ten-year period between 2004-2005 and 2009-2010, but have been declining since then. In each of the past four years California's pre-licensure nursing programs have reported fewer new student enrollments than the previous year. While nursing programs continue to receive more qualified applications than they can admit, qualified applications have decreased by 24% (n=9,096) since 2011-2012. This decline was due to fewer qualified applications to ADN programs.

Pre-licensure RN programs reported a 60% increase in student completions over the last ten years, to a total of 10,683 completions in 2013-2014. After five consecutive years of growth in the number of graduates from California nursing programs, programs reported fewer students graduating from their programs in 2010-2011 compared to the previous year. Between 2010-2011 and 2012-2013, the number of graduates increased modestly, followed by a 5% decline in student completions in the last year.

The 2012-2013 retention rate of 77% was the highest in the past ten years. If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 14% of new nursing program graduates were unable to find employment, which is a decline from the high of 28% in 2009-2010.

Clinical simulation has become widespread in nursing education, with 96% (n=126) of schools reporting using it in some capacity. It is seen by schools as an important tool for reinforcing didactic and clinical training and clinical decision making, providing clinical experiences that are otherwise not available to students, and for standardizing students' clinical experiences and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing an increase in out-of-hospital clinical placements and programs continuing to report being denied access to clinical placement sites that were previously available to them. In addition, the majority of schools – 71% in 2013-2014 – reported that their students had faced restrictions to specific types of clinical practice.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has increased by 73% in the past ten years, from 2,432 in 2005 to 4,204 in 2014, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2014, 432 faculty vacancies were reported, representing a faculty vacancy rate of 9.3%. This vacancy rate is the highest reported in the last ten years.

DRAFT

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College - Compton Education Center
El Camino College
Everest College
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
ITT Technical Institute
Kaplan College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing & Allied Health
Los Angeles Harbor College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
†Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount Saint Mary's College
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
†Pacific Union College
Palomar College
Pasadena City College
Pierce College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
*Stanbridge College
Ventura College
Victor Valley College
West Hills College Lemoore
†Yuba College

DRAFT

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (36)[∓]

American University of Health Sciences
†Azusa Pacific University
Biola University
California Baptist University
CSU Bakersfield
†CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
†CSU San Marcos
†CSU Stanislaus
Concordia University Irvine
Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
University of California Irvine
University of California Los Angeles
†University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at San Jose State University
†West Coast University
Western Governors University

ELM Programs (16)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Charles R. Drew University
†Samuel Merritt University
†San Francisco State University
*United States University
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses
* - New programs in 2013-2014
∓ - In 2013-14, the 3 programs at West Coast University were consolidated into one main campus with 2 satellite campuses and Humboldt State University graduated its last cohort of BSN students in 2012-13, reducing the total number of BSN programs.

APPENDIX B – BRN Education Issues Workgroup Members

Members	**Organization**
Loucine Huckabay, Chair	California State University, Long Beach
Judee Berg	California Institute for Nursing and Health Care
Audrey Berman	Samuel Merritt University
Brenda Fong	Community College Chancellor's Office
Marilyn Herrmann	Loma Linda University
Deloras Jones	Independent Consultant, Former Executive Director of California Institute for Nursing and Health Care
Stephanie Leach	Kaiser Permanente National Patient Care Services
Judy Martin-Holland	University of California, San Francisco
Vicky Maryatt	American River College
Tammy Rice	Saddleback College
Paulina Van	California State University, East Bay

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing

California Board of Registered Nursing

2013-2014 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

January 2, 2015

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

TABLE OF CONTENTS

PREFACE ***3***

Nursing Education Survey Background 3
Organization of Report 3
Availability of Data 3
Value of the Survey 3
Survey Participation 4

DATA SUMMARY – Pre-Licensure Programs ***5***

Number of California Nursing Programs 5
Applications to California Nursing Programs 5
Number of Students who Enrolled in California Nursing Programs 6
Nursing Student Admission Spaces Supported by Donor Partners and Grants 6
Newly Enrolled Nursing Students 7
Currently Enrolled Nursing Students 9
Students who Completed a Nursing Program 12
Faculty Data 20
Nursing Program Data 28
School Data 40

APPENDICES ***50***

APPENDIX A – List of Survey Respondents by Degree Program 50
APPENDIX B – Definition List 52
APPENDIX C – BRN Education Issues Workgroup Members 55

DRAFT

PREFACE

Nursing Education Survey Background

Development of the 2013-2014 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

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

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2013 through July 31, 2014. Demographic information and census data were requested for October 15, 2014.

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

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

Availability of Data

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

Value of the Survey

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

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

DRAFT

Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2013-2014, 131 nursing schools offering 141 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	36	36	100%
ELM	16	16	100%
Total Programs	141	141	100%

DRAFT

[1] In this 2014 report there are 131 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2013-2014 survey, 131 nursing schools reported data for 141 pre-licensure programs at 162 different locations.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs[2]

- 63% of California pre-licensure nursing programs that reported data are ADN programs.

Table 2. Number of California RN Programs

Program Type	#	%
ADN	82	58.2%
LVN to ADN	7	5.0%
BSN	36	25.5%
ELM	16	11.4%
Total	**141**	**100%**

Applications to California Nursing Programs

- 43% of the 29,569 qualified applications to pre-licensure nursing education programs received in 2013-2014 were accepted. Since these data represent applications – and an individual can apply to multiple nursing programs – the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California.
- ADN programs had the highest percentage of qualified applications *not* accepted

Table 3. Applications for Admission by Program Type

Applications*	ADN	LVN to ADN	BSN	ELM	Total
Total Received	25,765	843	21,613	3,714	51,935
Screened	21,155	693	17,647	3,348	42,843
Qualified	16,242	422	10,707	2,198	29,569
Accepted	6,516	278	5,029	982	12,805
% Qualified Applications Accepted	**40.1%**	**65.9%**	**47.0%**	**44.7%**	**43.3%**

*Since the data represent applications and not individual applicants, the number of applications is presumably greater than the number of individuals applying to nursing school.

[2] In this 2014 report there are 131 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2013-2014 survey, 131 nursing schools reported data for 141 pre-licensure programs at 162 different locations.

DRAFT

Number of Students who Enrolled in California Nursing Programs

- Of the total number of applications accepted to RN programs, an average of 97% of students enrolled. ELM programs had the lowest share of students enroll into programs for which they were accepted (82%), while both ADN and LVN to ADN programs enrolled more students than they accepted.
- As in recent years pre-licensure nursing programs enrolled more students in 2013-2014, overall, than the number of admission spaces that were available.
- 43% (n=60) of pre-licensure programs reported that they filled more admission spaces than were available.
- The most frequently reported reason for over enrolling was to account for attrition.

Table 4.1. Share of Accepted Applications that Enrolled by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Applications Accepted	6,516	278	5,029	982	12,805
New Student Enrollments	6,834	301	4,423	807	12,365
% Accepted Applications that Enrolled	104.9%	108.3%	87.9%	82.2%	96.6%

Table 4.2. Share of Admission Spaces Filled with New Student Enrollments by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,338	299	3,262	792	10,691
New Student Enrollments	6,834	301	4,423	807	12,365
% Spaced Filled with New Students Enrollments	107.8%	100.7%	135.6%	101.9%	115.7%

Nursing Student Admission Spaces Supported by Donor Partners and Grants

- Approximately 12% of admission spaces (n=1,269) to pre-licensure nursing programs were supported by either donor partners or grants.
- In general, grant funding plays a bigger role in supporting admission space compared with donor support, particularly in ADN programs. In 2013-2014, 16% (n=1,023) of total admission spaces in generic ADN programs were supported by either donor partners or grants, but 85% of these 1,023 supported spaces were the result of grant funding.

Table 5. Donor Partner and Grant Support for Admission Spaces by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,338	299	3,262	792	10,691
% Supported by Donor Partners	2.4%	0%	3.7%	0%	2.5%
% Supported by Grants	13.8/%	24.1%	1.6%	0%	9.3%

DRAFT

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students

- 61% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.
- ELM programs enrolled the greatest share of Hispanic students (25%).

Table 6. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.8%	0.5%	1.4%	0.5%	0.5%
Asian	8.8%	21.9%	24.7%	13.0%	13.0%
Asian Indian	9.6%	3.0%	0.7%	1.2%	1.2%
Filipino	13.1%	6.6%	2.1%	8.6%	8.6%
Hawaiian/Pacific Islander	8.1%	3.4%	1.1%	1.3%	1.3%
African American	6.5%	3.8%	1.8%	5.6%	5.6%
Hispanic	9.6%	14.5%	19.6%	25.3%	25.3%
Multi-race	0.4%	4.1%	8.1%	2.2%	2.2%
Other	3.5%	1.7%	0.1%	2.9%	2.9%
White	39.6%	40.4%	40.3%	39.3%	39.3%
Total	**6,270**	**260**	**4,249**	**713**	**11,492**
Ethnic Minorities*	60.4%	59.6%	59.7%	60.7%	60.7%
# Unknown/ unreported	564	41	174	94	873

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Gender Distribution of Newly Enrolled Nursing Students

- 19% of students who enrolled in a pre-licensure program for the first time were male.
- Generic ADN and BSN programs have greater shares of men enrolling in their programs for the first time than LVN to ADN or ELM programs.

Table 7. Gender Distribution of Newly Enrolled Nursing Students by Program Type

Gender	ADN	LVN to ADN	BSN	ELM	Total
Male	20.6%	12.5%	17.6%	15.9%	19.0%
Female	79.4%	87.5%	82.4%	84.1%	81.0%
Total	**6,713**	**279**	**4,403**	**807**	**12,202**
# Unknown/ unreported	121	22	20	0	163

DRAFT

Age Distribution of Newly Enrolled Nursing Students

- 68% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the program.

Table 8. Age Distribution of Newly Enrolled Nursing Students by Program Type

Age Group	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	2.0%	0.0%	17.7%	0.0%	7.8%
21 – 25 years	26.8%	19.3%	42.2%	32.1%	33.8%
26 – 30 years	28.7%	31.9%	18.8%	30.7%	26.4%
31 – 40 years	26.7%	25.9%	11.0%	20.3%	21.5%
41 – 50 years	10.9%	11.3%	3.7%	6.8%	8.4%
51 – 60 years	2.7%	3.3%	0.5%	1.6%	1.9%
61 years and older	0.2%	0.3%	0.0%	0.0%	0.1%
Total	**6,698**	**277**	**4,152**	**739**	**11,866**
# Unknown/ unreported	136	24	271	68	499

Newly Enrolled Students by Degree Type

- The majority (55%) of students who enrolled in a pre-licensure nursing program for the first time continue to be generic ADN students.

Table 9. Newly Enrolled Students by Degree Type

Program Type	% Enrollment
ADN	55.3%
LVN to ADN	2.4%
BSN	35.8%
ELM	6.5%
Total	**12,365**

Newly Enrolled Students by Program Track

- 80% of all newly enrolled nursing students are in the generic program track.
- 17% of BSN students are enrolled in an accelerated track.

Table 10. Newly Enrolled Students by Program Track

Program Track	ADN	LVN to ADN	BSN*	ELM*	Total
Generic	83.4%	0.0%	77.0%	100.0%	80.1%
Advanced Placement	13.2%	99.7%	3.8%	0.0%	11.2%
Transfer	0.6%	0.0%	2.3%	0.0%	1.2%
30-Unit Option	0.2%	0.3%	0.0%	0.0%	0.1%
Accelerated	2.6%	0.0%	16.8%	0.0%	7.5%
Total	**6,834**	**301**	**4,415**	**752**	**12,302**

*****The program track was not reported for all students in BSN and ELM programs.

DRAFT

Newly Enrolled Students Concurrently Enrolled in an ADN to BSN Program

- 22 programs reported enrolling a total of 268 students in an ADN to BSN program in which students are concurrently enrolled in both programs.

Table 11. New Students Enrolling in ADN to BSN Programs

	ADN	LVN to ADN	BSN	Total
# Students Concurrently Enrolled	204	8	56	268
# Programs	19	1	2	22

Currently Enrolled Nursing Students

Nursing Student Census Data

- On October 15, 2014, a total of 23,549 nursing students were enrolled in a California nursing program that leads to RN licensure.
- Generic ADN programs had the greatest share of students enrolled, at 47% of all nursing students enrolled on October 15, 2014.

Table 12. Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total Nursing Students	11,174	328	10,574	1,473	23,549

DRAFT

Ethnic Distribution of Nursing Student Census Data

- Overall, 61% of students enrolled in a pre-licensure nursing program as of October 15, 2014 represented an ethnic minority group.
- The share of ethnic minority nursing students was greatest at the LVN to ADN level (63% of all students enrolled in a LVN to ADN program).
- Generic ADN programs had the greatest share of Hispanic students (26%).

Table 13. Ethnic Distribution of Nursing Student Census Data by Program Type

Race/Ethnicity	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.7%	0.7%	0.7%	0.9%	0.7%
Asian	12.2%	6.9%	23.7%	24.4%	18.1%
Asian Indian	1.3%	11.1%	1.9%	0.7%	1.6%
Filipino	8.5%	11.5%	6.9%	1.5%	7.4%
Hawaiian/Pacific Islander	1.0%	3.1%	3.1%	1.2%	2.0%
African American	5.1%	4.9%	3.6%	8.8%	4.6%
Hispanic	25.7%	16.7%	17.2%	18.1%	21.3%
Multi-race	2.9%	4.5%	3.9%	6.3%	3.6%
Other	2.8%	3.5%	1.4%	0.5%	2.0%
White	39.9%	37.2%	37.7%	37.6%	38.7%
Total	**10,511**	**288**	**10,007**	**1,378**	**22,184**
Ethnic Minorities*	60.1%	62.8%	62.3%	62.4%	61.3%
# Unknown/ unreported	663	40	567	95	1,365

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Gender Distribution of Nursing Student Census Data

- Men represented 19% of all students enrolled in a pre-licensure nursing program as of October 15, 2014.
- Generic ADN programs had the greatest share of men enrolled.

Table 14. Gender Distribution of Nursing Student Census Data by Program Type

Gender	ADN	LVN to ADN	BSN	ELM	Total
Male	19.7%	15.7%	17.6%	16.5%	18.5%
Female	80.3%	84.3%	82.4%	83.5%	81.5%
Total	**10,986**	**306**	**10,552**	**1,457**	**23,301**
# Unknown/ unreported	188	22	22	16	248

DRAFT

Age Distribution of Nursing Student Census Data

- 70% of students enrolled in a pre-licensure nursing program as of October 15, 2014 were younger than 31 years old.

Table 15. Age Distribution of Nursing Student Census Data by Program Type

Age Group	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	1.1%	0.0%	19.1%	0.0%	9.0%
21 – 25 years	27.6%	23.4%	48.5%	28.3%	36.9%
26 – 30 years	29.3%	28.9%	16.7%	39.3%	24.3%
31 – 40 years	28.1%	28.9%	11.2%	23.5%	20.3%
41 – 50 years	11.5%	14.1%	3.6%	7.4%	7.8%
51 – 60 years	2.3%	3.8%	0.8%	1.4%	1.6%
61 years and older	0.1%	1.0%	0.1%	0.0%	0.1%
Total	**10,813**	**291**	**10,054**	**1,396**	**22,554**
# Unknown/ unreported	361	37	520	77	995

DRAFT

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,029 students enrolled in their programs on October 15, 2014 had declared a disability. Since only 32 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with disabilities and those who have received accommodations may be underreported here.
- For 35% of those 1,029 students, the specific disability declared by the student was unknown to the nursing program. Of those students for whom the declared disability was known, general learning disabilities (19%) and psychiatric disabilities (11%) were the most commonly reported.

Table 16. Declared Disabilities among Students Enrolled in Nursing Programs by Program Type

Disability	ADN	LVN to ADN	BSN	ELM	Total
Autism/Asperger's Spectrum	0.0%	0.0%	0.7%	0.0%	0.2%
ADD/ADHD	5.1%	0.0%	15.1%	34.2%	8.9%
Blind or Visually Impaired	0.7%	0.0%	0.4%	0.0%	0.6%
Brain Injuries	0.6%	0.0%	0.4%	0.0%	0.5%
Deaf/Hard-of Hearing	1.9%	0.0%	2.8%	5.3%	2.2%
Intellectual Disabilities	4.6%	0.0%	8.8%	10.5%	5.9%
Learning Disabilities	25.3%	0.0%	4.2%	21.1%	19.1%
Medical Disabilities/ Chronic Illness	1.4%	0.0%	2.8%	2.6%	1.8%
Physical Disabilities	1.1%	0.0%	4.9%	0.0%	2.1%
Psychiatric Disabilities	7.1%	0.0%	18.3%	26.3%	10.9%
Communication/Speech and Language Disabilities	2.7%	14.3%	0.7%	7.9%	2.4%
Test Anxiety	5.6%	0.0%	0.0%	0.0%	3.8%
Other	36.7%	0.0%	26.8%	23.7%	33.2%
Unknown	42.1%	85.7%	21.5%	0.0%	35.2%
Total	700	7	284	38	1,029

DRAFT

- 949 students were provided accommodations for a declared disability. Exam accommodations (82.1%) are the most frequently reported accommodations nursing program provide students with disabilities. Academic counseling and advising is provided for almost half (46.7%) of students with disabilities for whom accommodations were provided.

Table 17. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type

Accommodation	ADN	LVN to ADN	BSN	ELM	Total
Academic Counseling/Advising	61.2%	100.0%	20.4%	2.6%	46.7%
Disability-Related Counseling/Referral	22.0%	100.0%	4.2%	2.6%	16.3%
Adaptive Equipment/Physical Space/Facilities	11.9%	0.0%	2.1%	2.6%	8.4%
Interpreter and Captioning Services	1.1%	0.0%	0.3%	2.6%	0.9%
Exam Accommodations (Modified/Extended Time/Distraction Reduced Space)	91.0%	100.0%	61.6%	89.7%	82.1%
Assistive Technology/Alternative Format	8.0%	0.0%	7.6%	5.1%	7.7%
Note-Taking Services/Reader/Audio Recording/Smart Pen	24.4%	0.0%	3.5%	33.3%	18.2%
Priority Registration	17.4%	85.7%	3.5%	0.0%	13.0%
Reduced Courseload	0.0%	0.0%	1.0%	0.0%	0.3%
Transportation/Mobility Assistance and Services/Parking	0.0%	0.0%	1.4%	0.0%	0.4%
Other	9.6%	85.7%	21.1%	7.7%	13.6%
Unknown	3.3%	0.0%	0.0%	0.0%	2.1%
Total	614	7	289	39	949

DRAFT

Students who Completed a Nursing Program

Student Completions by Degree Earned

- In 2013-2014, a total of 10,683 students complete a nursing program in a California.
- Generic ADN programs graduated the greatest number of students (53%, n=5,648), followed by BSN program (37%, n=3,998).

Table 18. Nursing Student Completions by Program Type

	AND	LVN to ADN	BSN	ELM	Total
Total Nursing Students	5,648	268	3,998	769	10,683

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 59% of students who completed a pre-licensure nursing program were ethnic minorities.
- ELM programs have the greatest share of ethnic minorities (64%) among students who completed a nursing program.
- Generic ADN programs have the greatest share of Hispanics (23%) who completed nursing programs.

Table 19. Ethnic Distribution of Students who Completed a Nursing Program by Program Type

Race/Ethnicity	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.8%	0.0%	0.3%	1.0%	0.6%
Asian	12.7%	6.8%	22.7%	26.4%	17.2%
Asian Indian	0.9%	11.9%	1.0%	1.0%	1.2%
Filipino	7.7%	13.1%	9.2%	2.8%	8.0%
Hawaiian/Pacific Islander	1.0%	0.0%	1.1%	1.5%	1.1%
African American	4.9%	4.2%	3.2%	10.0%	4.6%
Hispanic	23.0%	14.8%	15.6%	13.9%	19.4%
Multi-race	6.0%	6.4%	2.7%	7.1%	4.9%
Other	1.7%	5.1%	1.7%	0.1%	1.7%
White	41.2%	37.7%	42.7%	36.1%	41.3%
Total	**5,286**	**236**	**3,597**	**717**	**9,836**
Ethnic Minorities	58.8%	62.3%	57.3%	63.9%	58.7%
# Unknown/ unreported	362	32	401	52	847

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

DRAFT

Gender Distribution of Students who Completed a Nursing Program

- 19% of all students who completed a pre-licensure nursing program were male.
- About the same share of males (19%) completed ADN and ELM programs compared to other pre-licensure programs.

Table 20. Gender Distribution of Students who Completed a Nursing Program

Gender	ADN	LVN to ADN	BSN	ELM	Total
Male	18.9%	13.4%	19.3%	17.7%	18.8%
Female	81.1%	86.6%	80.7%	82.3%	81.2%
Total	**5,439**	**247**	**3,838**	**769**	**10,293**
# Unknown/ unreported	209	21	160	0	390

Age Distribution of Students who Completed a Nursing Program

- 62% of students who completed a pre-licensure nursing program in 2013-2014 were younger than 31 years of age when they completed the program.
- The largest share of students who were at least 41 years of age completed an LVN to ADN (21%), or an ADN program (16%).

Table 21. Age Distribution of Students who Completed a Nursing Program by Program Type

Age Group	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	0.8%	0.0%	2.7%	0.0%	1.4%
21 – 25 years	19.9%	20.8%	51.7%	24.8%	32.0%
26 – 30 years	30.2%	26.7%	24.2%	41.0%	28.7%
31 – 40 years	32.9%	31.7%	15.2%	23.6%	25.6%
41 – 50 years	12.9%	16.3%	4.5%	9.3%	9.6%
51 – 60 years	3.2%	3.8%	1.4%	1.3%	2.4%
61 years and older	0.2%	0.8%	0.2%	0.1%	0.2%
Total	**5,308**	**240**	**3,673**	**713**	**9,934**
# Unknown/ unreported	340	28	325	56	749

Student Completions by Degree Type

- ADN programs are the largest segment of pre-licensure nursing programs and ADN graduates represented 53% of all students who completed a pre-licensure nursing program in 2013-2014.

Table 22. Student Completions by Degree Type

Program Type	%
ADN	52.9%
LVN to ADN	2.5%
BSN	37.4%
ELM	7.2%
Total	**10,683**

DRAFT

Student Completions by Program Track

- 77% of nursing students completed nursing programs in the generic program track.
- BSN programs had the highest share of students (16%) complete the program in an accelerated track.
- ADN programs had the highest share of readmitted students.

Table 23. Student Completions by Program Track

Program Track	ADN	LVN to ADN	BSN	ELM	Total
Generic	78.2%	0.0%	75.4%	99.7%	76.7%
Advanced Placement	14.3%	98.9%	4.7%	0.0%	11.8%
Transfer	0.6%	0.0%	3.6%	0.0%	1.6%
30-Unit Option	0.2%	0.4%	0.0%	0.0%	0.1%
Readmitted	6.2%	0.7%	0.3%	0.3%	3.4%
Accelerated	0.6%	0.0%	16.1%	0.0%	6.3%
Total	**5,648**	**268**	**3,998**	**769**	**10,683**

DRAFT

Declared Disabilities among Students who Completed Nursing Programs

- Nursing programs reported that 475 students who completed their programs in 2013-2014 had declared a disability. Since only 32 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with disabilities and those who have received accommodations may be underreported here.
- For 42% of those 475 students, the specific disability declared by the student was unknown to the nursing program. Of those students for whom the declared disability was known, general learning disabilities (17%) and ADD/ADHD (12%) were the most commonly reported.

Table 24. Declared Disabilities among Students who Completed Nursing Programs by Program Type

Disability	ADN	LVN to ADN	BSN	ELM	Total
Autism/Asperger's Spectrum	0.0%	0.0%	0.0%	0.0%	0.0%
ADD/ADHD	12.1%	0.0%	13.5%	11.1%	12.4%
Blind or Visually Impaired	0.6%	0.0%	0.8%	0.0%	0.6%
Brain Injuries	0.3%	0.0%	0.0%	0.0%	0.2%
Deaf/Hard-of Hearing	0.9%	0.0%	0.0%	11.1%	0.8%
Intellectual Disabilities	5.3%	0.0%	0.8%	0.0%	4.0%
Learning Disabilities	19.8%	0.0%	8.7%	22.2%	16.8%
Medical Disabilities/ Chronic Illness	1.5%	0.0%	7.9%	22.2%	3.6%
Physical Disabilities	0.9%	0.0%	1.6%	0.0%	1.1%
Psychiatric Disabilities	7.4%	0.0%	6.3%	11.1%	7.2%
Communication/Speech and Language Disabilities	1.2%	50.0%	0.0%	0.0%	1.1%
Test Anxiety	12.7%	0.0%	0.0%	0.0%	9.1%
Other	4.7%	50.0%	5.6%	0.0%	5.1%
Unknown	32.5%	50.0%	69.0%	22.2%	42.1%
Total	338	2	126	9	475

DRAFT

- 475 students that completed a nursing program in 2013-2014 received at least one accommodation for a declared disability. Exam accommodations (82%) are the most frequently reported accommodations nursing program provide students with disabilities. Academic counseling and advising was provided for 28% of students with disabilities for whom accommodations were provided.

Table 25. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type

Accommodation	ADN	LVN to ADN	BSN	ELM	Total
Academic Counseling/Advising	35.5%	100.0%	8.5%	0.0%	28.4%
Disability-Related Counseling/Referral	22.5%	50.0%	2.5%	0.0%	17.3%
Adaptive Equipment/Physical Space/Facilities	10.4%	0.0%	0.8%	11.1%	8.0%
Interpreter and Captioning Services	1.4%	0.0%	0.0%	11.1%	1.3%
Exam Accommodations (Modified/Extended Time/Distraction Reduced Space)	92.8%	100.0%	48.3%	88.9%	81.7%
Assistive Technology/Alternative Format	8.7%	0.0%	3.4%	11.1%	7.4%
Note-Taking Services/Reader/Audio Recording/Smart Pen	15.3%	0.0%	5.1%	22.2%	12.8%
Priority Registration	16.5%	0.0%	0.0%	0.0%	12.0%
Reduced Courseload	0.0%	0.0%	0.0%	0.0%	0.0%
Transportation/Mobility Assistance and Services/Parking	0.3%	0.0%	0.0%	0.0%	0.2%
Other	4.3%	0.0%	52.5%	22.2%	16.6%
Total	346	2	118	9	475

Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 13.0% in 2013-2014.

Table 26. Completion, Retention and Attrition Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	5,622	292	3,242	831	9,987
Completed On-time	4,257	236	2,520	682	7,695
Still Enrolled	456	37	388	110	991
Dropped Out	909	19	334	39	1,301
Completed Late	343	3	302	9	657
Retention Rate*	75.7%	80.8%	77.7%	82.1%	77.1%
Attrition Rate**	16.2%	6.5%	10.3%	4.7%	13.0%

*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)

DRAFT

- The attrition rate for accelerated tracks within ADN nursing programs was 15.4% in 2013-2014.
- Accelerated BSN programs had a comparatively low attrition rate at 5.6%.

Table 27. Completion, Retention and Attrition Data for Accelerated Programs by Program Type

	ADN	BSN	Total
Students Scheduled to Complete the Program	227	732	959
Completed On-time	188	680	868
Still Enrolled	4	11	15
Dropped Out	35	41	76
Completed Late	10	28	38
Retention Rate*	82.8%	92.9%	90.5%
Attrition Rate**	15.4%	5.6%	7.9%

*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

Employment of Recent Nursing Program Graduates[3]

- On average, 56% of recent RN graduates employed in nursing in October 2014 were working in hospitals.
- Graduates of BSN programs were the most likely to work in hospitals (72%), while graduates of ADN programs were the least likely (48%).
- Statewide, 14% of nursing students were unable to find employment by October 2014, with ELM programs reporting the highest share of recent graduates (16%) unable to find employment.
- Nursing schools reported that 68.8% of their recent RN graduates employed in nursing, were employed in California.

Table 28. Employment of Recent Nursing Program Graduates

Employment Location	ADN	LVN to ADN	BSN	ELM	Total
Hospital	47.7%	54.6%	72.0%	57.2%	56.0%
Long-term care facility	9.7%	17.3%	2.2%	2.1%	7.1%
Community/Public Health Facility	3.2%	5.2%	4.8%	3.6%	3.7%
Other Healthcare Facility	7.1%	8.0%	2.8%	8.3%	6.0%
Pursuing additional nursing education	14.9%	6.8%	1.6%	12.3%	10.5%
Other setting	4.4%	0.8%	2.9%	0.4%	3.4%
Unable to find employment	13.6%	7.4%	14.0%	16.1%	13.7%

[3] 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 29% (n=3,060) of recent graduates.

DRAFT

Faculty Data

Analysis of faculty data by degree type is not available because the faculty data are reported by school, not by degree type.

Full-time and Part-time Faculty Data

- On October 15, 2014, there were 4,204 nursing faculty[4]. The majority are part-time faculty (62%, n=2,619).
- The faculty vacancy rate in pre-licensure nursing programs is 9% (432 vacant positions).

Table 29. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total Faculty	4,204	432	9.3%
Full-time Faculty	1,498	203	11.9%
Part-time Faculty	2,619	229	8.0%

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

- Nearly all full-time and most part-time faculty are budgeted positions funded by the school's general fund. However, a greater share of part-time faculty is paid with external funding.

Table 30. Funding of Faculty Positions

Funding of Faculty Positions*	% Full-time Faculty	% Part-time Faculty
Budgeted positions	90.7%	82.4%
100% external funding	1.5%	7.3%
Combination of the above	2.3%	5.1%
Total Faculty	1,490	2,608
Unknown	8	11

- The majority of full-time faculty (79%) teach both clinical and didactic courses, while the majority of part-time faculty (74%) teach clinical courses only.

Table 31. Faculty Teaching Assignments

Teaching Assignment	% Full-time Faculty	% Part-time Faculty
Clinical courses only	9.5%	74.2%
Didactic courses only	11.9%	6.8%
Clinical & didactic courses	79.2%	20.4%
Total Faculty	1,490	2,608
Unknown	8	11

[4] 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.

DRAFT

Faculty for Next Year

- 39% of schools reported that their externally funded positions will continue to be funded for the 2014-2015 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of only 9,051 students across all pre-licensure RN programs in 2014-2015, which would be a 37% decrease in new enrollments compared to the 12,365 new students that enrolled in RN programs in 2013-2014.

Table 32. External Funding for Faculty Next Year

External Funding for Faculty Next Year	% Schools
Will continue	39.1%
Will not continue	2.3%
Unknown	13.3%
Not applicable	45.3%
Number of schools reporting	**128**

Faculty Demographic Data

- Nursing faculty remain predominately white (62%) and female (90%), and 23% of faculty are between 41 and 50 years of age. More than a third (37%) of faculty are over 56 years of age.

Table 33. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.5%
Asian	8.7%
Asian Indian	0.7%
Filipino	6.3%
Hawaiian/Pacific Islander	0.6%
African American	9.3%
Hispanic	9.2%
Multi-race	1.6%
Other	1.2%
White	61.8%
Number of faculty	3,940
Ethnic Minorities*	38.2%
Unknown/unreported	264

DRAFT

Table 34. Faculty Gender and Age

Gender	% Faculty
Men	10.4%
Women	89.6%
Number of faculty	4,075
Unknown/unreported	129
Age	**% Faculty**
30 years or younger	4.8%
31 – 40 years	18.1%
41 – 50 years	23.2%
51 – 55 years	17.4%
56 – 60 years	18.1%
61 – 65 years	12.6%
66 – 70 years	4.4%
71 years and older	1.5%
Number of faculty	3,941
Unknown/unreported	263

Education

- On October 15, 2014, almost all full-time faculty (97%) held a master's or doctoral degree, while only 64% of part-time faculty held either of those degrees.
- 9% of all active faculty (n=386) were reported as pursuing an advanced degree as of October 15, 2014.

Table 35. Highest Level of Education of Faculty

Highest Degree Held	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	0.3%	5.0%
Baccalaureate degree in nursing (BSN)	1.6%	29.4%
Non-nursing baccalaureate	1.0%	1.2%
Master's degree in nursing (MSN)	62.8%	53.7%
Non-nursing master's degree	5.0%	4.0%
PhD in nursing	15.8%	2.7%
Doctorate of Nursing Practice (DNP)	7.0%	2.0%
Other doctorate in nursing	1.4%	0.6%
Non-nursing doctorate	5.0%	1.3%
Number of faculty	**1,477**	**2,582**
Unknown/unreported	21	37

DRAFT

Methods Used to Prepare Part-time Faculty to Teach

- Program policies and faculty orientations were the most frequently reported methods used to prepare part-time faculty to teach.
- Mentoring programs, specific orientation programs, curriculum review, and administrative policies were also frequently reported methods.

Table 36. Methods Used to Prepare Part-time Faculty to Teach

Methods	% Schools
Program policies	93.7%
Faculty orientation	92.1%
Mentoring program	81.1%
Specific orientation program	73.2%
Curriculum review	66.1%
Administrative policies	63.0%
Teaching strategies	59.8%
External training program	8.7%
Other	12.6%
None	0.0%
Number of schools that reported	**127**

Faculty Attrition

- Nursing schools reported a total of 174 full-time and 251 part-time faculty members as having retired or left the program in 2013-2014.
- Programs reported an additional 155 faculty members (81 full-time and 74 part-time) are expected to retire or leave the school in 2014-2015.
- The most frequently cited reason for having a faculty member leave the program in 2013-2014 was retirement.

Table 37. Reasons Faculty Leave Their Positions

Reason for Faculty Leaving	% Schools
Retirement	56.7%
Termination (or requested resignation)	22.7%
Resigned	21.6%
Relocation of spouse or other family obligation	18.6%
Career advancement	15.5%
Return to clinical practice	15.5%
Salary/Benefits	11.3%
Workload	7.2%
Layoffs (for budgetary reasons)	1.0%
Other	22.7%
Number of schools that reported	**97**
Number of schools that gave no reason	0

DRAFT

Faculty Hiring

- 103 schools reported hiring a total of 681 faculty members (165 full-time and 516 part-time) between August 1, 2013 and July 31, 2014.
- 37% (n=252) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (75%) that hired a faculty person in the last year reported that their newly hired faculty had prior experience as a nurse educator in a clinical setting, and 65% had experience teaching at another nursing school.
- 43% of schools that hired a new faculty member last year reported that the new hire had no previous teaching experience.
- 10 schools reported they were under a hiring freeze for active faculty at some point between August 1, 2013 and July 31, 2014, and 70% of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Table 38. Characteristics of Newly Hired Faculty

Characteristics of Newly Hired Faculty	% Schools
Experience teaching as a nurse educator in a clinical setting	74.8%
Experience teaching at another nursing school	65.0%
Completed a graduate degree program in last two years	60.2%
No teaching experience	42.7%
Experience student teaching while in graduate school	37.9%
Experience teaching in a setting outside of nursing	30.1%
Other	6.8%
Number of schools that reported	**103**

- The most frequently reported reason for hiring faculty was to replace faculty that had retired or left the program (85%).
- 18% of the schools that hired faculty reported that the hiring was due to program expansion.

Table 39. Reasons for Hiring Faculty

Reasons for Hiring Faculty	% Schools
To replace faculty that retired or left the program	84.5%
To fill longstanding faculty vacancies (positions vacant for more than one year)	26.2%
To reduce faculty workload	23.3%
Due to program expansion	17.5%
Other	14.6%
Number of schools that reported	**103**

DRAFT

Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials and non-competitive salaries and were the most frequently reported barriers to faculty recruitment.
- 39% of schools reported that the workload responsibilities of being faculty were a barrier to recruitment.
- Only 10% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Table 40. Barriers to Recruiting Faculty

Barriers to Recruiting Faculty	% Schools
Insufficient number of faculty applicants with required credentials	83.5%
Non-competitive salaries	74.8%
Workload (not wanting faculty responsibilities)	39.4%
BRN rules and regulations	32.3%
Private, state university or community college laws, rules or policies	20.5%
Overall shortage of RNs	10.2%
Other	7.1%
No barriers	5.5%
Number of schools that reported	**127**

Difficult to Hire Clinical Areas

- Pediatrics (60%) and Psych/Mental Health (47%) were the clinical areas in which schools had the most difficulty recruiting new faculty.
- 14% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 41. Difficult to Hire Clinical Areas

Clinical Areas	% Schools
Pediatrics	59.8%
Psych/Mental Health	47.2%
Obstetrics/Gynecology	40.9%
Medical-surgical	29.1%
Geriatrics	12.6%
Critical Care	11.0%
Community Health	7.1%
Other	0.8%
No clinical areas	14.2%
Number of schools that reported	**127**

DRAFT

Schools that Hired Adjunct or Part-time Clinical Faculty Over 67% Time

- The "67% Rule" that was part of Senate Bill 1309 allowed nursing schools to hire adjunct or part-time clinical nursing faculty over 67% time. 27 schools hired faculty per the 67% Rule, while 98 schools did not.
- For those schools that didn't use the 67% Rule when hiring faculty, the majority (58%, n=57) reported that they had no need to hire part-time faculty more than 67% time and 39% (n=38) of schools reported that their schools did not allow them to hire over 67% time.

Table 42. Nursing School Use of the 67% Rule

Faculty Hired per 67% Rule	# Schools
Hired Faculty per 67% Rule	27
Did not Hire Faculty per 67% Rule	98
No need to hire >67%	57
Not allowed to hire >67%	38
Number of schools that reported	**125**

- 27 nursing schools reported that they hired a total of 295 faculty per the 67% Rule since 2010-2011. 74% (n=20) of the schools that hired faculty per the 67% Rule did so to provide consistent faculty within clinical courses, and 44% (n=12) did so to have fewer part-time faculty. Two schools reported that they hired faculty under this rule since full-time positions were not budgeted.

Table 43. Faculty Hired per 67% Rule by Year

Year Hired	# Faculty
2013-14	78
2012-13	77
2011-12	71
2010-11	69
Number of schools that reported	**27**

- The majority of schools that hired faculty per the 67% Rule offer ADN programs.

Table 44. Faculty Hired per 67% Rule

Degree Program Offered*	# Schools
ADN	21
BSN	5
ELM	4
Number of schools that reported	**27**

*Some schools offer more than one degree program. Therefore, the sum of the number of schools by degree type does not equal the total number of schools that reported.

DRAFT

Faculty Salaries

- On average, full-time faculty with doctoral degrees earn more than those with master's degrees.

Table 45. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned

Length of Academic Appointment	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	$66,069	$87,143	$76,521	$103,509
10 months	$62,258	$87,901	$76,291	$97,798
11 months	$79,888	$92,987	$89,588	$113,496
12 months	$75,109	$96,843	$83,056	$113,588

DRAFT

Nursing Program Data

Program Offerings

- Overall, most nursing programs (88%, n=119) offered a traditional nursing program in 2013-2014.
- Accelerated programs were the most commonly reported non-traditional programs offered at nursing schools.
- One of the 25 programs that reported an accelerated track offers it via distance education.

Table 46. Program Offerings by Program Type

Program Offerings	ADN	LVN to ADN	BSN	ELM	Total
Traditional Program	97.5%	71.4%	82.9%	50.0%	88.1%
Accelerated Track	7.4%	0.0%	31.4%	66.7%	18.5%
Collaborative/Shared Education	9.9%	0.0%	0.0%	0.0%	5.9%
Evening Program	4.9%	14.3%	5.7%	0.0%	5.2%
Extended Campus	3.7%	0.0%	2.9%	16.7%	4.4%
Weekend Program	6.2%	0.0%	0.0%	0.0%	3.7%
Distance Education	1.2%	0.0%	8.6%	0.0%	3.0%
Part-time Program	1.2%	0.0%	0.0%	0.0%	0.7%
Contract Education	0.0%	0.0%	0.0%	0.0%	0.0%
Other	4.9%	28.6%	8.6%	0.0%	6.7%
Number of programs that reported	**81**	**7**	**35**	**12**	**135**

Frequency of Student Admission

- Most LVN to ADN and ELM programs admit students once per year, while most generic ADN programs admit students twice per year. Admitting students once or twice per year is common for BSN programs.

Table 47. Frequency of Student Admission by Program Type

Frequency of Student Admission	ADN	LVN to ADN	BSN	ELM	Total
Once per year	27.5%	71.4%	44.4%	100%	36.5%
Twice per year	65.0%	0%	38.9%	0%	52.4%
Three times per year	5.0%	28.6%	5.6%	0%	6.4%
Other	2.5%	0%	11.1%	0%	4.8%
Number of programs that reported	**80**	**7**	**36**	**3**	**126**

DRAFT

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative grade point average (GPA), and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was also an important criterion for ADN, LVN to ADN, and BSN programs.
- A personal statement from the applicant was a factor in admission for many BSN and ELM programs.

Table 48. Admission Criteria by Program Type

Admission Criteria	ADN	LVN to ADN	BSN	ELM	Total
Completion of prerequisite courses	82.7%	100.0%	80.6%	86.7%	83.5%
Minimum/Cumulative GPA	74.1%	85.7%	83.3%	80.0%	77.7%
Minimum grade level in prerequisite courses	64.2%	71.4%	83.3%	73.3%	70.5%
Score on pre-enrollment exam	71.6%	85.7%	72.2%	26.7%	67.6%
Repetition of prerequisite science courses	50.6%	57.1%	41.7%	13.3%	44.6%
Validated prerequisites	63.0%	85.7%	0.0%	0.0%	41.0%
Health-related work/volunteer experience	35.8%	28.6%	50.0%	53.3%	41.0%
Recent completion of prerequisite courses	25.9%	42.9%	27.8%	26.7%	27.3%
Personal statement	7.4%	14.3%	41.7%	80.0%	24.5%
Criteria as defined in California Assembly Bill 1559	37.0%	14.3%	0.0%	0.0%	22.3%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	30.9%	0.0%	0.0%	0.0%	18.0%
Geographic location	1.2%	0.0%	25.0%	13.3%	8.6%
Other	13.6%	57.1%	52.8%	53.3%	30.2%
None	0.0%	0.0%	0.0%	6.7%	0.7%
Number of programs that reported	**81**	**7**	**36**	**15**	**139**

DRAFT

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- ELM programs frequently reported using the interview as a selection criterion, and ELM programs were more likely than other programs to consider an applicant's goal statement.

Table 49. Selection Process for Qualified Applications by Program Type

Selection Criteria	ADN	LVN to ADN	BSN	ELM	Total
Ranking by specific criteria	46.3%	71.4%	85.7%	92.9%	62.5%
Random selection	35.0%	42.9%	0.0%	0.0%	22.8%
Interviews	7.5%	14.3%	28.6%	64.3%	19.1%
Goal statement	3.8%	14.3%	17.1%	57.1%	13.2%
Modified random selection	17.5%	0.0%	0.0%	0.0%	10.3%
First come, first served from the waiting list	12.5%	0.0%	2.9%	7.1%	8.8%
Rolling admissions (based on application date for the quarter/semester)	2.5%	14.3%	5.7%	0.0%	3.7%
Other	6.3%	14.3%	17.1%	21.4%	11.0%
Number of programs that reported	**80**	**7**	**35**	**14**	**136**

Waiting List

- 40 programs reported having students on waiting list. Of these programs, 48% keep students on the waiting list until they are admitted and 13% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled.
- 3,969 applicants[5] to pre-licensure nursing programs were placed on a waiting list in 2013-2014. It took an average of 3.8 quarters/semesters for a student to enroll after being placed on the waiting list.

Table 50. Waiting Lists by Program Type

Waiting Lists	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	3,770	60	129	10	3,969
Average number of quarters/semesters to enroll after being placed on the waiting list	4.25	4.7	NA	1.0	3.8

[5] Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

DRAFT

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to decrease slightly next year and then remain at that level in 2015-2016.
- Over the next two years, generic ADN and ELM programs expect to see slight declines in enrollment, while LVN to ADN and BSN programs expect to see some enrollment growth.

Table 51. Capacity of Program Expansion by Program Type

Current and Projected New Student Enrollment	ADN	LVN to ADN	BSN	ELM	Total
2013-2014 new student enrollment	6,834	301	4,423	807	12,365
Expected new student enrollment given current resources					
2014-2015	6,302	371	4,726	763	12,162
2015-2016	6,244	411	4,777	745	12,177

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 79% of all programs).
- Non-competitive faculty salaries was also a frequently reported barrier to expansion.
- Of the 139 programs that responded, only one program reported no barriers to expansion.

Table 52. Barriers to Program Expansion by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Insufficient number of clinical sites	84.0%	85.7%	75.0%	60.0%	79.1%
Faculty salaries not competitive	60.5%	57.1%	36.1%	13.3%	48.9%
Insufficient number of qualified classroom faculty	49.4%	57.1%	41.7%	26.7%	45.3%
Insufficient number of qualified clinical faculty	46.9%	28.6%	38.9%	40.0%	43.2%
Insufficient funding for faculty salaries	45.7%	71.4%	33.3%	20.0%	41.0%
Insufficient number of physical facilities and space for skills labs	27.2%	28.6%	16.7%	33.3%	25.2%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	21.0%	71.4%	19.4%	20.0%	23.0%
Insufficient number of physical facilities and space for classrooms	23.5%	14.3%	19.4%	13.3%	20.9%
Insufficient support for nursing school by college or university	16.0%	14.3%	13.9%	0.0%	13.7%
Insufficient number of allocated spaces for the nursing program	12.3%	0.0%	16.7%	6.7%	12.2%
Insufficient financial support for students	8.6%	0.0%	5.6%	0.0%	6.5%
Other	11.1%	14.3%	19.4%	33.3%	15.8%
No barriers to program expansion	0.0%	0.0%	2.8%	0.0%	0.7%
Number of programs that reported	**81**	**7**	**36**	**15**	**139**

DRAFT

Program Expansion Strategies

- 97% (n=107) of the 110 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies were use of human patient simulators, twelve-hour, community-based/ambulatory care centers, and evening and weekend shifts.
- The use of regional computerized clinical placement systems were strategies frequently reported by ELM programs.

Table 53. Program Expansion Strategies by Program Type*

	ADN	LVN to ADN	BSN	ELM	Total
Human patient simulators	75.8%	66.7%	77.8%	37.5%	72.9%
Twelve-hour shifts	71.2%	33.3%	70.4%	75.0%	69.2%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	60.6%	83.3%	85.2%	62.5%	68.2%
Evening shifts	68.2%	100.0%	59.3%	50.0%	66.4%
Weekend shifts	62.1%	66.7%	63.0%	75.0%	63.6%
Innovative skills lab experiences	59.1%	83.3%	59.3%	50.0%	59.8%
Preceptorships	40.9%	33.3%	59.3%	25.0%	43.9%
Regional computerized clinical placement system	39.4%	50.0%	40.7%	75.0%	43.0%
Non-traditional clinical sites (e.g. correctional facilites)	24.2%	16.7%	29.6%	12.5%	24.3%
Night shifts	15.2%	0.0%	22.2%	25.0%	16.8%
Other	6.1%	0.0%	11.1%	0.0%	6.5%
Number of programs that reported	**66**	**6**	**27**	**8**	**107**

DRAFT

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2013-2014, a total of 81 programs reported that they were denied access to a clinical placement, unit, or shift.
- The majority of programs (75%, n=61) that reported data indicated they were denied access to clinical placements, while 70% (n=57) were denied access to clinical units and 42% (n=34) were denied access to a clinical shift during the 2013-2014 academic year.
- 25% (n=15) of programs denied clinical placement were offered an alternative, compared to 47% (n=27) of programs denied a clinical unit, and 74% (n=25) of programs denied a clinical shift.
- The lack of access to clinical space resulted in a loss of 293 clinical placements, 118 units and 48 shifts, which affected 2,195 students.

Table 54. RN Programs Denied Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Programs Denied Clinical Placement	**41**	**3**	**12**	**5**	**61**
Programs Offered Alternative by Site	8	0	4	3	15
Placements Lost	162	12	108	11	293
Number of programs that reported	52	4	19	6	81
Programs Denied Clinical Unit	**33**	**3**	**17**	**4**	**57**
Programs Offered Alternative by Site	17	0	9	1	27
Units Lost	48	7	45	18	118
Number of programs that reported	52	4	19	6	81
Programs Denied Clinical Shift	**21**	**2**	**8**	**3**	**34**
Programs Offered Alternative by Site	15	0	7	3	25
Shifts Lost	33	3	8	4	48
Number of programs that reported	52	4	19	6	81
Total number of students affected	**1,389**	**113**	**543**	**150**	**2,195**

- Programs most frequently reported lost placement sites in Medical/Surgical clinical areas.

Table 55. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Medical/Surgical	76.9%	75.0%	89.5%	50.0%	77.8%
Obstetrics	23.1%	25.0%	31.6%	83.3%	29.6%
Pediatrics	23.1%	50.0%	31.6%	66.7%	29.6%
Psychiatry/Mental Health	21.2%	25.0%	31.6%	33.3%	24.7%
Critical Care	15.4%	0.0%	31.6%	50.0%	21.0%
Geriatrics	19.2%	0.0%	15.8%	0.0%	16.0%
Community Health	11.5%	0.0%	21.1%	16.7%	13.6%
Other	1.9%	0.0%	10.5%	16.7%	4.9%
Number of programs that reported	**52**	**4**	**19**	**6**	**81**

DRAFT

Reasons for Clinical Space Being Unavailable

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space
- No longer accepting ADN students was the most common reason LVN to ADN programs reported for clinical space being unavailable. Being displaced by another program was reported more frequently by ADN programs compared to other programs. Staff nurse overload or insufficient qualified staff was the most common reason among ELM programs.
- While 4.9% of nursing programs reported that the facility began charging a fee for the placement, only one nursing program reported paying a fee for a clinical placement. That program offered to pay the fee and was not asked by the facility to do so.

Table 56. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	46.2%	50.0%	47.4%	50.0%	46.9%
Staff nurse overload or insufficient qualified staff	44.2%	50.0%	42.1%	66.7%	45.7%
Displaced by another program	48.1%	25.0%	42.1%	16.7%	43.2%
Decrease in patient census	21.2%	25.0%	42.1%	50.0%	28.4%
Closure, or partial closure, of clinical facility	23.1%	0.0%	31.6%	50.0%	25.9%
No longer accepting ADN students	30.8%	75.0%	0.0%	0.0%	23.5%
Implementation of Electronic Health Records system	17.3%	0.0%	31.6%	50.0%	22.2%
Visit from Joint Commission or other accrediting agency	21.2%	0.0%	15.8%	50.0%	21.0%
Nurse residency programs	15.4%	25.0%	26.3%	16.7%	18.5%
Change in facility ownership/management	11.5%	0.0%	26.3%	16.7%	14.8%
Clinical facility seeking magnet status	17.3%	0.0%	0.0%	0.0%	11.1%
Facility moving to a new location	13.5%	0.0%	10.5%	0.0%	6.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	5.8%	0.0%	10.5%	0.0%	4.9%
Other	1.9%	0.0%	10.5%	16.7%	11.1%
Number of programs that reported	**52**	**4**	**19**	**6**	**81**

- Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (67%) or at a new clinical site (57%).

Table 57. Strategy to Address Lost Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	67.3%	75.0%	57.9%	83.3%	66.7%
Added/replaced lost space with new site	53.8%	75.0%	63.2%	50.0%	56.8%
Replaced lost space at same clinical site	44.2%	25.0%	47.4%	66.7%	45.7%
Clinical simulation	32.7%	0.0%	36.8%	33.3%	32.1%
Reduced student admissions	5.8%	0.0%	10.5%	16.7%	7.4%
Other	0.0%	0.0%	5.3%	0.0%	1.2%
Number of programs that reported	**52**	**4**	**19**	**6**	**81**

DRAFT

Alternative Clinical Sites

- 41 programs reported an increase in out-of-hospital clinical placements in 2013-2014.
- Public health agencies were reported as the most frequently used alternative clinical placement sites overall and in ELM programs. Outpatient mental health facilities were used more frequently by generic ADN and LVN to ADN programs, while school health services were the most frequently used by BSN programs.

Table 58. Alternative Clinical Sites by Program

	ADN	LVN to ADN	BSN	ELM	Total
Public health or community health agency	45.0%	33.3%	61.5%	80.0%	53.7%
Skilled nursing/rehabilitation facility	50.0%	33.3%	46.2%	20.0%	43.9%
Outpatient mental health/substance abuse	55.0%	66.7%	23.1%	0.0%	39.0%
School health service (K-12 or college)	20.0%	0.0%	69.2%	60.0%	39.0%
Medical practice, clinic, physician office	35.0%	33.3%	38.5%	20.0%	34.1%
Home health agency/home health service	30.0%	33.3%	30.8%	20.0%	29.3%
Hospice	30.0%	0.0%	38.5%	20.0%	29.3%
Surgery center/ambulatory care center	15.0%	0.0%	30.8%	20.0%	19.5%
Case management/disease management	15.0%	0.0%	15.4%	0.0%	12.2%
Urgent care, not hospital-based	15.0%	0.0%	0.0%	0.0%	7.3%
Correctional facility, prison or jail	10.0%	0.0%	0.0%	20.0%	7.3%
Renal dialysis unit	10.0%	0.0%	0.0%	0.0%	4.9%
Occupational health or employee health service	5.0%	0.0%	0.0%	0.0%	2.4%
Other	15.0%	0.0%	7.7%	20.0%	12.2%
Number of programs that reported	**20**	**3**	**13**	**5**	**41**

DRAFT

LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 82 generic ADN programs, 26% (n=21) reported having a separate track for LVNs and 82% (n=67) admit LVNs to the generic ADN program on a space available basis.
- 28 of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2014 there were a total of 626 LVNs on an ADN program waitlist. These programs reported that on average, it takes 2.8 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are a bridge course and a skills lab course to document competencies.

Table 59. LVN to RN Articulation by Program Type

	ADN	LVN to ADN	BSN	Total
Bridge course	76.9%	57.1%	25.0%	65.7%
Use of skills lab course to document competencies	57.7%	57.1%	40.0%	54.3%
Direct articulation of LVN coursework	35.9%	57.1%	30.0%	36.2%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	37.2%	42.9%	20.0%	34.3%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	29.5%	28.6%	20.0%	27.6%
Specific program advisor	14.1%	57.1%	25.0%	19.0%
Other	11.5%	14.3%	40.0%	17.1%
Number of programs that reported	**78**	**7**	**20**	**105**

DRAFT

LVN to BSN Education

- 13 BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school. Only 11 of these programs reported criteria for admission to these programs.
    - These programs received 185 qualified applications for 190 admission spaces available for LVN to BSN students. None of these spaces were supported by grant or donor funding.
    - The most common criteria for admission to an LVN to BSN program were minimum/cumulative GPA and minimum grade level in prerequisite courses, followed closely by completion of prerequisite courses.

Table 60. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Minimum/Cumulative GPA	6
Minimum grade level in prerequisite courses	6
Completion of prerequisite courses	5
Score on pre-enrollment test	4
Repetition of prerequisite science courses	3
Health-related work experience	2
Geographic location	1
Recent completion of prerequisite courses	2
Personal statement	2
Other	2
None	0
Number of programs that reported	**11**

- Ranking by specific criteria and interviews were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

Table 61. LVN to BSN Selection Criteria

	# LVN to BSN Programs
Ranking by specific criteria	5
Interviews	3
Rolling admissions (based on application date for the quarter/semester)	0
Goal statement	0
First come, first served from the waiting list	0
Other	1
Number of programs that reported	**7**

DRAFT

Partnerships

- 67 nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree. ADN programs have the greatest number of collaborative programs.

Table 62. Number of RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Collaborative/shared programs leading to higher degree	57	3	7	0	67
Formal collaboration	30	3	2	-	35
Informal collaboration	41	0	5	-	46

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (33%) of ADN programs reported having ACEN accreditation. CCNE does not accredit LVN to ADN or ADN programs.
- 97% of BSN programs and 94% of ELM programs have CCNE accreditation.

Table 63. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN to ADN	BSN	ELM
ACEN (formerly NLNAC)	32.9%	0%	2.8%	0%
CCNE	NA*	NA*	97.2%	93.8%
Not accredited by ACEN or CCNE	0%	0%	2.8%	6.3%
Number of programs that reported	**79**	**7**	**36**	**16**

* NA – Not Applicable, CCNE does not accredit ADN programs.

DRAFT

First Time NCLEX Pass Rates

- In 2013-2014, 82.7% (n=8,109) of nursing students who took the NCLEX for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from ADN programs.

Table 64. First Time NCLEX Pass Rates by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	83.4%	75.5%	82.3%	81.9%	82.7%
# Students that took the NCLEX	5,268	229	3,738	569	9,804
# Students that passed the NCLEX	4,395	173	3,075	466	8,109

*These data represent nursing students who took the NCLEX for the first time in 2013-14.

- Overall, pass rates in accelerated programs were slightly higher than those in traditional programs; 83.8% (n=793) of nursing students in an accelerated track who took the NCLEX for the first time in 2013-2014 passed the exam.
- In 2013-2014, accelerated ADN programs had a lower average pass rate than their traditional counterparts, while the rate for accelerated BSN programs was higher than that of traditional BSN programs.

Table 65. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	Total
First Time NCLEX* Pass Rate	68.8%	85.9%	83.8%
# Students that took the NCLEX	112	834	946
# Students that passed the NCLEX	77	716	793

*These data represent nursing students who took the NCLEX for the first time in 2013-14.
** No LVN to ADN or ELM programs reported data in this area.

DRAFT

School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not reported by degree type. As a result, this breakdown is not available.

Nursing Program Directors

- On average, directors spend 42.4 hours per week administering the RN program(s).
- Directors also spend time on staffing (8%), administration of other programs (7%), and counseling (7%).

Table 66. Nursing Program Director's Time

	% of Time Spent
RN program administration	47.0%
Staffing	7.7%
Administration of other programs	7.2%
Counseling	7.0%
Curriculum development	5.9%
Budget	5.6%
Teaching	5.2%
Development (fundraising, grant writing, etc.)	5.1%
Service	2.8%
Scholarship	2.0%
Research	1.6%
Coordination of preceptors/nurse residency programs	1.0%
Other	2.9%
Number of Schools that Reported	**130**

- CNA, LVN and graduate programs were the most commonly reported programs also administered by the RN program director.

Table 67. Other Programs Administered by the RN Program Director

Other Programs Administered by the RN Program Director	Number of Schools
CNA	23
LVN	23
Graduate programs	17
EMT	14
HHA	14
Health sciences	13
Technician (i.e. psychiatric, radiologic, etc.)	10
Health professions	5
Paramedic	4
Respiratory therapy	4
Medical Assistant program	4
RN to BSN programs	1
Other	13
Number of Schools that Reported	**68**

DRAFT

Other Program Administration

- The majority of nursing programs (64%) have one assistant director. On average, assistant directors have 13 hours allocated to administering the nursing program and spend 14 hours of their time actually administering it.
- Nursing programs have an average of 2.4 individuals working as clerical staff working an average of 36 hours per week.

Table 68. Number of Assistant Directors

	%
0	2.3%
1	63.9%
2	26.2%
3	5.4%
More than 3	2.3%
Number of Schools that Reported	**130**

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- 49% (n=60) of the 123 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 31% (n=38) of schools reported that personal reasons had the greatest impact on student attrition.

Table 69. Factors Impacting Student Attrition

	Average Rank*
Academic failure	1.8
Personal reasons(e.g. home, job, health, family)	2.1
Clinical failure	3.0
Financial need	3.1
Change of major or career interest	3.6
Transfer to another school	3.9
Number of schools that reported	123

*The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

DRAFT

Methods Used to Increase Student Retention

- Student success strategies such as mentoring, remediation, tutoring, and personal counseling were reported as the most common methods used to increase student retention.

Table 70. Methods Used to Increase Student Retention

	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	97.7%
Personal counseling	86.8%
Program revisions (e.g. curriculum revisions)	51.9%
New admission policies instituted	40.3%
Increased financial aid, including scholarships	33.3%
Coordinator	5.4%
Early alert system	3.1%
Scholarship	3.1%
Increased child care	1.6%
Other	14.0%
None	1.6%
Number of schools that reported	129

Innovations Used to Expand the Nursing Program

- Simulation training, use of adjunct faculty, and grants were reported as the most common methods used to expand the nursing program.

Table 71. Innovations Used to Expand the Nursing Program

	% Schools
Simulation training	66.4%
Use of adjunct faculty	66.4%
Grants	53.1%
Weekend schedule	31.3%
Evening schedule	25.8%
Distance Education (e.g. online, interactive video)	16.4%
Accelerated/ year-round program	15.6%
Shared faculty	10.2%
Extended campuses	8.6%
Part-time program	3.9%
Other	5.5%
None	16.4%
Number of schools that reported	**128**

DRAFT

Access to Prerequisite Courses

- 55 nursing schools (42% of the 130 that reported these data) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students.
- Adding science course sections, offering additional prerequisite courses on weekends, evenings and in the summer, and agreements with other schools for prerequisite courses, were reported as the most common methods used to increase access to prerequisite courses for these students.

Table 72. Access to Prerequisite Courses

	% Schools
Adding science course sections	69.8%
Offering additional prerequisite courses on weekends, evenings, and summers	50.9%
Agreements with other schools for prerequisite courses	43.4%
Accepting online courses from other institutions	35.8%
Providing online courses	30.2%
Transferable high school courses to achieve prerequisites	11.3%
Prerequisite courses in adult education	1.9%
Other	13.2%
Number of schools that reported	**53**

Restricting Student Access to Clinical Practice

- 93 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and electronic medical records.
- Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, automated medical supply cabinets, and IV medication administration.

Table 73. Share of Schools with Restricted Access in the Clinical Setting for RN Students

Type of Restricted Access	Very Uncommon	Uncommon	Common	Very Common	N/A	# Schools
Clinical site due to visit from accrediting agency (Joint Commission)	2.2%	19.8%	40.7%	34.1%	3.3%	91
Bar coding medication administration	10.3%	21.8%	44.8%	17.2%	5.8%	87
Electronic Medical Records	5.6%	22.2%	45.6%	23.3%	3.3%	90
Student health and safety requirements	21.1%	30.0%	21.1%	23.3%	4.4%	90
Glucometers	21.1%	35.6%	23.3%	12.2%	7.8%	90
Automated medical supply cabinets	21.6%	47.7%	15.9%	9.1%	5.7%	88
IV medication administration	21.6%	47.7%	15.9%	9.1%	5.7%	88
Some patients due to staff workload	7.8%	45.6%	31.1%	12.2%	3.3%	90
Direct communication with health team	36.0%	41.6%	7.9%	3.4%	11.2%	89
Alternative setting due to liability	19.5%	37.9%	12.6%	6.9%	23.0%	87

DRAFT

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (69%) and staff still learning the system (68%).
- Schools reported that students were restricted from using medication administration systems due to liability (61%) and limited time to train students (42%).

Table 74. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

Reason	Electronic Medical Records	Medication Administration
Insufficient time to train students	68.8%	41.7%
Staff still learning and unable to assure documentation standards are being met	67.5%	33.3%
Liability	46.8%	61.1%
Staff fatigue/burnout	35.1%	34.7%
Cost for training	32.5%	22.2%
Patient confidentiality	31.2%	16.7%
Other	15.6%	16.7%
Number of schools that reported	**77**	**72**

- Schools compensate for training in areas of restricted student access by providing training in SIM lab (81%) and in the classroom (63%) and ensuring that all students have access to sites that train them in the area of restricted access (55%).

Table 75. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% Schools
Training students in the SIM lab	81.1%
Training students in the classroom	63.2%
Ensuring all students have access to sites that train them in this area	54.7%
Purchase practice software, such as SIM Chart	41.1%
Other	9.5%
Number of schools that reported	**95**

DRAFT

- The most common clinical practice areas in which students faced restrictions were Medical/Surgical, Pediatrics, and Obstetrics.

Table 76. Clinical Area in which Restricted Access Occurs

	% Schools
Medical/Surgical	89.2%
Pediatrics	86.0%
Obstetrics	77.4%
Psychiatry/Mental Health	65.6%
Critical Care	64.5%
Geriatrics	46.2%
Community Health	21.5%
Other Department	4.3%
Number of schools that reported	**93**

Collection of Student Disability Data

- Of the 129 nursing schools that reported how they collect disability data for their students, 20% (n=26) reported that they collect student disability data as part of the admissions process, 70% (n=90) of schools do not collect these data during admissions, and 10% (n=13) do not know if disability data are collected.
- 32 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey. Of the 26 schools that collect student disability data during admission, 46% (n=12) can get aggregate data on students with disabilities to report with this survey.
- Nursing schools were asked how they collect disability data. Of the 104 schools that reported how these data are collected, 76% (n=79) collect these data when a student discloses the disability for an accommodation. Many nursing programs (25%) reported that they do not collect these data themselves but have a centralized office that collects the data so that student confidentiality regarding their specific disability can be maintained.

Table 77. How Schools with RN Programs Collect Student Disability Data

	% Schools
Upon student disclosure	76.0%
Centralized office collects these data (i.e. Disabled students and program service center)	25.0%
Upon admission	20.2%
Data not collected by nursing program	8.7%
Ongoing throughout program	7.7%
When requested by program	1.9%
On admission – as it relates to meeting essential functions	1.9%
Other	2.9%
Unknown	1.0%
Number of schools that reported	**104**

DRAFT

Funding of Nursing Program

- On average, schools reported that 81% of funding for their nursing programs comes from the operating budget of their college or university, while 14% of funding comes from government sources.

Table 78. Funding of Nursing Programs

Funding of Nursing Program	% Schools
Your college/university operating budget	81.1%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	13.9%
Industry (i.e. hospitals, health systems)	2.3%
Foundations, private donors	1.3%
Other	1.5%
Number of schools that reported	**129**

RN Refresher Course

- In 2013-2014, seven nursing schools offered an RN refresher course, and 126 students completed one of these courses.

Clinical Simulation Center

- 126 of 131 nursing schools (96%) reported using a clinical simulation center in 2013-2014.
- Of the 126 schools that used clinical simulation centers in 2013-2014, 55% (n=69) plan to expand the center.
- Clinical scenarios, debriefing and dialoguing, hi-fidelity mannequins, students in uniform, and a student preparation phase are all very common educational techniques used as part of the clinical simulation experience.

Table 79. Educational Techniques of Clinical Simulation

	% Schools
Clinical scenarios	100.0%
Debriefing as part of the simulation experience	96.8%
Hi-fidelity mannequin	94.4%
Students in uniforms	93.5%
A student preparation phase as part of the simulation experience	88.7%
Enclosed simulation room replicating the clinical environment with observation window(s)	72.6%
Videotaping	68.5%
Number of schools that reported	**124**

DRAFT

Location

- 98% of schools that use a clinical simulation have facilities on campus at the nursing school.

Table 80. Location of Clinical Simulation

	% Schools
On campus at the nursing school	97.6%
Through arrangement at another facility (i.e. clinical affiliate, nursing program)	3.3%
Other	3.3%
Number of schools that reported	**123**

Staffing

- Schools most frequently staff clinical simulation with full-time or part-time staff or a clinical simulation coordinator.

Table 81. Staffing Clinical Simulation

	% Schools
Full-time or part-time staff	71.0%
RN clinical simulation coordinator (in addition to RN course faculty)	58.9%
Clinical simulation technician	42.7%
Other	16.1%
Number of schools that reported	**124**

DRAFT

Reasons for Using Simulation

- The most frequently reported reasons for using a clinical simulation center were to reinforce didactic and clinical training and clinical decision making (89%), to provide clinical experience not available in a clinical setting (84%), to standardize clinical experiences (78%), and to check clinical competencies (72%).

Table 82. Reasons for Using a Clinical Simulation Center

	% Schools
To reinforce didactic and clinical training and clinical decision making	88.5%
To provide clinical experience not available in a clinical setting	83.6%
To standardize clinical experiences	77.9%
To check clinical competencies	72.1%
To make up for clinical experiences	65.6%
To provide interprofessional experiences	54.1%
To provide remediation	45.9%
To increase capacity in your nursing program	13.9%
To provide faculty development	13.9%
To provide collaborative experiences between hospital staff and students	9.0%
Other	0.8%
Number of schools that reported	**122**

Scenario Development

- Most hi-fidelity scenarios used in California nursing schools are developed by faculty, purchased, or modified from purchased scenarios.
- 32% of hi-fidelity scenarios are developed through participation in regional or statewide alliances.

Table 83. Development of Hi-Fidelity Scenarios

	% Schools
By faculty	78.2%
Modified from purchased scenarios	74.2%
Purchased	66.1%
Regional or statewide alliance	32.3%
Shared with another nursing program	9.7%
Other	3.2%
Number of schools that reported	**124**

DRAFT

Content Areas Taught in Simulation

- Medical/Surgical and fundamentals are the most common areas in which schools use clinical simulation.
- On average, nursing schools use clinical simulation centers for 30 hours of clinical time in medical/surgical, 12 hours in fundamentals, and 7 hours in both pediatrics and obstetrics.

Table 84. Average Hours Spent in Clinical Training by Content Area*

Content Area	Direct Patient Care	Non-Direct Patient Care (excluding simulation)	**Clinical Simulation**	Total Clinical Hours
Medical/Surgical	165.2	29.7	**29.9**	224.8
Fundamentals	80.3	48.5	**11.5**	140.3
Pediatrics	66.2	7.4	**7.2**	80.8
Obstetrics	69.8	6.5	**6.8**	83.1
Psychiatry/Mental Health	78.9	4.6	**4.2**	87.7
Geriatrics	67.1	3.8	**4.1**	75.0
Leadership/Management	61.5	5.3	**2.8**	8.1
Other	18.8	1.0	**1.0**	20.8

DRAFT

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College - Compton Education Center
El Camino College
Everest College
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
ITT Technical Institute
Kaplan College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing & Allied Health
Los Angeles Harbor College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
†Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount Saint Mary's College
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
†Pacific Union College
Palomar College
Pasadena City College
Pierce College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
*Stanbridge College
Ventura College
Victor Valley College
West Hills College Lemoore
†Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (36)[∓]

American University of Health Sciences
†Azusa Pacific University
Biola University
California Baptist University
CSU Bakersfield
†CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
†CSU San Marcos
†CSU Stanislaus
Concordia University Irvine
Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
University of California Irvine
University of California Los Angeles
†University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at San Jose State University
†West Coast University
Western Governors University

ELM Programs (16)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Charles R. Drew University
†Samuel Merritt University
†San Francisco State University
*United States University
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses
* - New programs in 2013-2014
[∓] - In 2013-14, the 3 programs at West Coast University were consolidated into one main campus with 2 satellite campuses and Humboldt State University graduated its last cohort of BSN students in 2012-13, reducing the total number of BSN programs.

APPENDIX B – Definition List

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

Accelerated Program: An Accelerated Program's curriculum extends over a shorter time-period than a traditional program. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.

Active Faculty: Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.

Adjunct Faculty: A faculty member that is employed to teach a course in a part-time and/or temporary capacity.

Advanced Placement Students: Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but does not include students who transferred or were readmitted.

Assembly Bill 1559 Criteria: Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.

Assistant Director: A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.

Attrition Rate: The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2013 and July 31, 2014, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2014.

Clinical Placement: A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

Clinical Simulation: 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.

Collaborative/Shared Education: A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

Completed on Schedule Students: Students scheduled on admission to complete the program between August 1, 2013 and July 31, 2014.

Contract Education: A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.

Distance Education: Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).

Entry-level Master's (ELM): A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

Evening Program: A program that offers all program activities in the evening (i.e. lectures, etc.).This does not include a traditional program that offers evening clinical rotations.

Full-Time Equivalents (FTEs): One FTE is equal to 40 hours per week.

Full-Time Faculty: Faculty that work 1.0 FTE, as defined by the school.

Generic Pre-licensure Students: Students who enter the program in the first nursing course.

Hi-Fidelity Mannequin: A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.

Home Campus: The campus where your school's administration is based. Include data here about any satellite campuses if they are located in the same county as your home campus.

Hybrid Program: Combination of distance education and face-to-face courses.

LVN to BSN Program: A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.

LVN 30 Unit Option Students: LVNs enrolled in the curriculum for the 30-unit option.

Part-Time Faculty: Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.

Readmitted Students: Returning students who were previously enrolled in your program.

Retention Rate: The total number of generic students who completed the program between August 1, 2012 and July 31, 2013 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Satellite/Alternate campus: A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.

Screened applications: The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/13 and 7/31/14.

Shared Faculty: A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2013 and July 31, 2014.

Time Period for the Survey: August 1, 2013 - July 31, 2014. For those schools that admit multiple times a year, combine all student cohorts.

Traditional Program: A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

Transfer Students: Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

Validated Prerequisites: The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

Waiting List: A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

Weekend Program: A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Education Issues Workgroup Members

Members	**Organization**
Loucine Huckabay, Chair	California State University, Long Beach
Judee Berg	California Institute for Nursing and Health Care
Audrey Berman	Samuel Merritt University
Brenda Fong	Community College Chancellor's Office
Marilyn Herrmann	Loma Linda University
Deloras Jones	Independent Consultant, Former Executive Director of California Institute for Nursing and Health Care
Stephanie Leach	Kaiser Permanente National Patient Care Services
Judy Martin-Holland	University of California, San Francisco
Vicky Maryatt	American River College
Tammy Rice	Saddleback College
Paulina Van	California State University, East Bay

Ex-Officio Member	
Louise Bailey	California Board of Registered Nursing

Project Manager	
Julie Campbell-Warnock	California Board of Registered Nursing