



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 Garden Inn San Francisco/Oakland Bay Bridge
1800 Powell Street
Emeryville, CA 94608
Top of the Bay Room
(510) 658-9300

March 5, 2015

Thursday, March 5, 2015 09:00 am – 12:00 noon

7.0 CALL TO ORDER

7.1 VOTE ON WHETHER TO APPROVE MINUTES:

7.1.1 January 8, 2015

7.2 VOTE ON WHETHER TO RECOMMEND RATIFICATION OF MINOR CURRICULUM REVISION

7.2.1 National University Baccalaureate Degree Nursing Program

7.2.2 University of San Francisco Entry Level Master's Degree Nursing Program

7.2.3 Carrington College LVN to RN Associate Degree Nursing Program

7.2.4 Rio Hondo Associate Degree Nursing Program

7.2.5 San Diego State University Nurse Practitioner and Nurse Midwifery Programs

7.2.6 United States University Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

7.2.7 California State University, San Marcos Baccalaureate Degree Nursing Program

7.2.8 Dominican University of California Baccalaureate Degree Nursing Program

7.2.9 Holy Names University LVN to Baccalaureate Degree Nursing Program

7.2.10 Mt. Saint Mary's College Baccalaureate Degree Nursing Program

7.2.11 San Diego State University Baccalaureate Degree Nursing Program

7.2.12 Carrington College LVN to RN Associate Degree Nursing Program

7.2.13 East Los Angeles College Associate Degree Nursing Program

7.2.14 ITT Technical Institute, Rancho Cordova Associate Degree Nursing Program

7.2.15 Mission College Associate Degree Nursing Program

7.2.16 Unitek 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 National University Baccalaureate Degree Nursing Program
- 7.3.2 Cuesta College Associate Degree Nursing Program
- 7.3.3 Mt. San Jacinto College, MVC Associate Degree Nursing Program

7.4 VOTE ON WHETHER TO RECOMMEND APPROVAL OF MAJOR CURRICULUM REVISION

- 7.4.1 College of Marin Associate Degree Nursing Program

7.5 VOTE ON WHETHER TO RECOMMEND GRANTING INITIAL APPROVAL OF PRELICENSURE NURSING PROGRAM

- 7.5.1 University of California, Davis Betty Irene Moore School of Nursing 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

7.7 GUIDELINE: CA RN LICENSURE QUALIFICATIONS FOR PERSONS SERVING IN MEDICAL CORPS OF ARMED SERVICES

7.8 2013-14 REGIONAL ANNUAL SCHOOL REPORTS

7.9 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

7.10 ADJOURNMENT

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: January 8, 2015
TIME: 0900-1200
LOCATION: Hilton Los Angeles Airport
5711 West Century Blvd.
Los Angeles, CA 90045
PRESENT: Michael Jackson, MSN, RN, Chairperson
Jeanette Dong
Raymond Mallel

ABSENT: Beverly Hayden-Pugh, MA, RN

STAFF PRESENT: Louise Bailey, Executive Officer; Stacy Berumen, AEO; Miyo Minato, SNEC; Katie Daugherty, NEC; Shelley Ward, NEC; Laura Shainian, NEC; Janette Wackerly, SNEC; Lori Chouinard, NEC; Carol Velas, NEC; Susan Engle, NEC; Carol Mackay, NEC; Badrieh Caraway, NEC; Linda Sperling, NEC; Leslie A. Moody, NEC; Julie Campbell-Warnock, Research Program Specialist.

7.0 CALL TO ORDER

Michael Jackson called the meeting to order at 0915 AM and Committee members introduced themselves.

7.1 VOTE ON WHETHER TO APPROVE MINUTES

ACTION: The minutes of October 9, 2014 were approved as presented.

Motion: Jeanette Dong			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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

ACTION: Recommend Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report as presented.

Motion: Jeanette Dong			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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

7.3.1 Loma Linda University Baccalaureate Degree Nursing Program.

Marilynn M .Herrmann, PhD, RN, Dean/Program Director, and Elizabeth Bossert, PhD, Associate Dean SON and Chair of the Graduate Nursing Program represented the program.

Badrieh Caraway, NEC presented this report. The university is regionally accredited by the Western Association of Schools and Colleges and school of is accredited by 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. 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, and 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. Meetings 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. A meeting was held with Dr. Richard Hart, President and Dr. Herrmann, Dean School of Nursing where both reported that there was no current plan to change the enrollment or delivery pattern of the nursing program. Dr. Elizabeth Bossert will become the program director to replace Dr. Herrmann who is retiring. The future plan includes the expansion of the University programs to meet the current trends in health care services.

NCLEX outcomes have exceeded BRN requirements in a sustained manner over the last six years, ranging from 85.71% to 82.64%. At this time, the LLU BSN program is being delivered in compliance with the BRN rules and regulations and is recommended for continuing approval.

Ms. Dong asked for additional information on issues with med/surg courses. Dr. Hermann explained that the students had provided feedback prompting the faculty to begin an evaluation of the med/surg courses' content and sequencing to identify opportunities for improvement.

ACTION: Recommend Continue Approval of Loma Linda University Baccalaureate Degree Nursing Program.

Motion: Michael Jackson			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

7.3.2 Western Governors University Baccalaureate Degree Nursing Program.

Alice Martanegara, MSN/Ed, RN, State Director of Nursing, and Dr. Jan Jones-Schenk, National Director College of Health Professions represented the program.

Shelley Ward, NEC presented this report. Western Governors University (WGU) is a nonprofit online university founded and supported by 19 U.S. governors. WGU is regionally accredited by the Northwest Commission on Colleges and Universities. The nursing program is accredited by the Commission on Collegiate Nursing Education. A continuing approval visit was conducted at the WGU 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 which addressed the areas of non-compliance and recommendation. 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 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 and Total Units For Graduation are 120 semester units. 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. 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. NCLEX annual pass rates for first-time test takers have been consistently above the 75% regulatory threshold since the initial reporting period.

Mr. Mallel asked for additional information regarding student clinical experiences. Ms. Martanegara and Ms. Ward clarified that clinical coaches, who are often clinical facility staff, meet the same qualifications as BRN requires for clinical teaching assistants, and although they are not paid a salary they sometimes receive additional employer provided benefits and can receive education benefits from WGU after a period of service. In response to question regarding student

clinical hours the program director advised that students complete more than 800 clinical hours. Ms. Dong asked for additional program details and the program director responded with the following: attrition of 23% was cumulative for years 2009-2014 which is hoped to be reduced through more stringent admission criteria as well as remediation services for students; students are predominantly ethnic minorities and 1st generation college students with 40% receiving financial aid; program cost is \$18,000 including all expenses; faculty were primarily recruited outside CA as to ensure the program did not impact CA supply of qualified faculty; CA program students have not been displaced in clinical facilities by the WGU program.

ACTION: Recommend Continue Approval of Western Governors University Baccalaureate Degree Nursing Program.

Motion: Michael Jackson			
Second: Jeanette Dong			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: Virginia Ander-Zelmore, NP commented that when students are assigned to a facility nurse there is no corresponding reduction in the nurse's patient assignment.

7.3.3 Bakersfield College Associate Degree Nursing Program.

Cindy Collier, RN, MSN, Dean, Nursing/Allied Health represented the program.

Shelley Ward, NEC presented this report. 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. 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 at Cerro Coso Community College where there is an LVN program, and to meet a District wide initiative to provide nursing education growth opportunities in the Kern Community College Districts. Approximately 10 LVN-RN students are admitted annually in the fall at this location through a partnership with the college and Ridgecrest Regional Hospital. 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 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 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 has positively influenced 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. 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%.

Mr. Mallel asked about the source of faculty for the program and distances students must travel for clinical experiences. Ms. Collier informed that the students are local for the most part and the program attempts to match student with closest facility, and that they often “grow their own” to develop program faculty. Ms. Dong asked for confirmation that student support services would be continued by the college through alternative funding if grant funds become unavailable, and Ms. Ward confirmed that college leadership had made commitment to continuing services.

ACTION: Recommend Continue Approval of Bakersfield College Associate Degree Nursing Program.

Motion: Michael Jackson			
Second: Jeanette Dong			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

7.3.4 Fresno City College Associate Degree Nursing Program

Stephanie Robinson, M.H.A., RN, Program Director, and Lorraine Smith, Interim Dean of Instruction represented the program.

Leslie A. Moody, NEC presented this report. Fresno City College (FCC) 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. The 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, with an additional meeting scheduled with the director on October 3. 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 program submitted a progress report in November that addressed the findings and areas of noncompliance, including a plan developed by faculty to address the low NCLEX scores which continues an area of noncompliance. NCLEX pass rate for first-time test takers 2009-10 77.92%; 2010-11 81.11%; 2011-12 82.61%; 2012-13 78.01%; 2013-14 66%; 1st quarter 2014-2015 is 73%.

Ms. Robinson reviewed the program’s action plan for improvement which includes implementing a multi-criteria admission requirement, change from ATI to Elsevier for standardized testing instruments, decrease enrollments, increase support for failing students, update policies/procedures, and ensure resources are adequate to support faculty. In response to Committee member questions, Ms. Robinson provided the following: students are mostly 20-35 years old; most common factors for failure are life and academic challenges for which the school provides student support services; graduates who fail NCLEX are offered a review course.

ACTION: Recommend Defer Action To Continue Approval of Fresno City College Associate Degree Nursing Program. Progress report to be presented at the October 2015 Education/Licensing Committee meeting.

Motion: Michael Jackson			
--------------------------------	--	--	--

Second: Jeanette Dong			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

7.3.5 Los Angeles Valley College Associate Degree Nursing Program

Mary Cox, MSN, PHN, RN, Program Director represented the program.

Laura Shanian, NEC presented this report. 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 program has submitted a progress report for the non-compliance and recommendation. 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. 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. NCLEX scores are : 2009-2010: 88.07%; 2010-2011: 91.86%; 2011-2012: 95.89%; 2012-2013: 90.54%; 2013-2014: 92.06%.

ACTION: Recommend Continue Approval of Los Angeles Valley College Associate Degree Nursing Program.

Motion: Raymond Mallel			
Second: Jeanette Dong			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

7.3.6 Merritt College Associate Degree Nursing Program

Dawn Williams, M.S.N., RN, Program Director and Dr. Elmer Bugg, V-P Instruction represented the program.

Leslie A. Moody presented this report. 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 that were presented to the Education/Licensing Committee and the Board in November 2013, and February, April and May 2014. The remaining areas of non-compliance were determined to be CCR 1424(c) Administration and 1424(d) Resources. Board action at the May 7, 2014, meeting was to continue deferred action with a Progress Report to be submitted in November 2014. Ms. Williams submitted a progress report in November and a verbal update was given at this meeting: improvements that have occurred in the channels of communication between the Program and the Administration bring the Program into compliance with CCR 1424(c); issues related to the safety and environment of the modular units have been resolved and mannequins for use in the labs are fully functioning regarding CCR 1424(d) Resources; faculty vacancies were not filled and the program has reduced admissions to 40 students per year as a result; the hiring process to fill the senior clerical assistant position is almost complete with interviews currently underway; the budget for 2014-2015 reflects a 32% increase from that of the previous year. These actions bring the program into compliance with Board rules and regulations. 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. NCLEX pass rates 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%.

A letter to the Committee from Norma Ambriz-Galaviz, President Merritt College was distributed to Committee members. The letter provided information in response to previous findings regarding the program and will be added to archived meeting agenda packet materials.

ACTION: Recommend Continue Approval of Merritt College Associate Degree Nursing Program with enrollment pattern of forty students per year.

Motion: Michael Jackson		
Second: Raymond Mallel		
MJ: Aye	RM: Aye	JD: Jeanette Dong recused herself from discussion and voting on this item due to prior professional relationship with the organization.

Public Input: None.

7.3.7 Riverside City College Associate Degree Nursing Program.

Sandra Baker, DNP, RN, CNE, Dean-School of Nursing, and Ms. Tammy Vant Hul, Assistant Department Chair represented the program.

Leslie A. Moody, NEC presented this report. 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 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. Notable program events of since the last visit were identified. 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 of program completion is >95%.

ACTION: Recommend Continue Approval of Riverside City College Associate Degree Nursing Program.

Motion: Jeanette Dong			
Second: Michael Jackson			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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

7.4.1 Loma Linda University Nurse Practitioner Program.

Elizabeth Bossert, PhD, Associate Dean SON and Chair of the Graduate Nursing Program, and Marilynn M. Herrmann, PhD, RN, Dean/Program Director represented the program.

Badrieh Caraway, NEC presented this report. 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). 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. 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. 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. 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. The program provided a response to the recommendations. At this time, the LLU NPP is being delivered in compliance with the BRN rules and regulations and is recommended for continuing approval.

ACTION: Recommend Continue Approval of Loma Linda University Nurse Practitioner Program.

Motion: Michael Jackson			
Second: Jeanette Dong			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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.

Lorie H. Judson, PhD, RN, NP, Director and Professor School of Nursing, and Kathleen Hinoki, PhD, RN, Coordinator ELM Program represented the program.

Leslie A. Moody, NEC presented this report. 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. Specifics of the new ABSN option curriculum were presented. 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 has obtained required approvals of this revision 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.

ACTION: Recommend Approval of Major Curriculum Revision for California State University, Los Angeles Baccalaureate Degree Nursing Program and Entry Level Master’s Degree Nursing Program.

Motion: Michael Jackson			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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.

Jan DeMasters, PhD, MSN, RN, Senior Manager, State Licensing and Regulation for Chamberlain College.

Carol Mackay, NEC presented this report. 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. A summary was presented to describe 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))*. Institutional history and accreditation was described. The CCN FS is seeking approval for an onsite prelicensure BSN degree program in Sacramento, California. The CCN FS includes an overview of the Sacramento area, including a description of the community and its population. CCN intends to implement its existing prelicensure BSN program on the Sacramento campus 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. The proposed curriculum plan was described. Plans for physical plant, faculty, student support and other resources were described. Information was presented to demonstrate CCN has sufficient fiscal resources to support a BSN program in Sacramento. Total program tuition and fees will be \$80,915. Information regarding Chamberlain’s work to secure clinical facilities was described. The FS demonstrates availability of inpatient clinical placement for all BRN required clinical areas (M/S, OB, Peds, Psych, and Geri). The Chamberlain College of Nursing Feasibility Study meets all BRN Feasibility Study requirements.

Mrs. Mackay updated that the program is requesting permission to enroll 25 students in the first cohort, 40 in the second cohort, and 45 in the third cohort, for a total program enrollment of 110 in the first year. Mr. Mallel asked about distance students will travel to classes and clinical facilities to which the school representative responded that additional clinical placement options are being sought and that attempt would be made to assign students to the closest facility. Mr. Jackson expressed concern

that existing Sacramento area nursing programs may not have been able to travel to this meeting to give input, and so suggested that consideration of this agenda item should be deferred to the March ELC meeting agenda as that meeting will be held in Northern California.

ACTION: Recommend to defer agenda item to March ELC agenda to allow further review of feasibility study.

Motion: Michael Jackson			
Second: Jeanette Dong			
MJ: Aye	RM: Nay	JD: Aye	

Public Input: None.

7.6.2 Career Care Institute Associate Degree Nursing Program

Corrine O. Stevens, RN, BSN, MSN, PHN, Angela Moore, MSN, RN, Assistant Director of Nursing, and Stirlie Cox, Ed, RN, Consultant.

Carol Mackay presented this report. Feasibility Study (FS) was submitted for a new Associate Degree Nursing Program at Career Care Institute (CCI). 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. A summary was presented describing 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))*. An overview of the school’s history, leadership, accreditation and other healthcare science program offerings was provided, including review of existing VN program NCLEX pass rates. The proposed RN program will be the first degree program on the campus. The CCI FS includes an overview of the demographics for the Antelope Valley region (Northern LA County and Eastern Kern County), and a description of regional health care needs. The proposed program will be a generic ADN program offered year round (six terms of fifteen weeks), to be completed within two calendar years, and all general education, science, and nursing courses will be offered. CCI plans to enroll 32 students annually. Maximum program enrollment will be 64 students. The proposed start date is September 2016. The tuition for the CCI ADN program will be \$62,500. The CCI FS includes Facility Verification Forms from nine health care facilities. The FS demonstrated inpatient clinical placement for all BRN required clinical areas (MS, OB, Psych, Peds, and Geri). 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.

Ms. Dong asked about the number of existing programs in the region of the proposed program and Mrs. Mackay reported she will add that information in the report for the February 2015 Board meeting.

ACTION: Recommend Acceptance of Feasibility Study For Career Care Institute Associate Degree Nursing Program.

Motion: Michael Jackson			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Abstain	

M/S/C: Michael Jackson/Raymond Mallel. Jeanette Dong abstained from voting on this item.

Public Input: A member of the public spoke about her concerns regarding inadequacy of available nursing program seats in the region of the proposed program.

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

Ruth Ngati, MSN, DNP, RN, Program Director, and Greg Waite, Regional Vice President of Operations and Acting Campus President for Everest College represented the program.

Badrieh Caraway, NEC presented this report. 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 January 5, 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. 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. **Program representatives reported that approval request forms for additional clinical sites were sent to the NEC the day prior to this meeting and that they were aware that the NEC was away from the office on that day for other BRN meetings. The Committee asked whether the additional clinical sites were planned for existing or future student needs and the program responded that new facilities would meet the needs of both. The NEC has not had opportunity to review the new information to determine whether the program has adequate resources and has completely addressed all areas of noncompliance. The Committee directed that the program cannot admit additional students until adequate resources are verified to support both current and additional students, and that the program condition can be updated in the report to be presented at the February 2015 Board meeting.**

ACTION: Education/Licensing Committee Recommendation:

- **Defer consideration of action regarding program approval status pending further review at the March 2015 Education/Licensing Committee meeting.**

- **Suspend admission of new students planned for January 2015 and forward until adequate program resources are verified and approved by the Board.**

Motion: Michael Jackson			
Second: Jeanette Dong			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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

Rosemary Haggins, DHA, RN, Director of Nursing represented the program.

Shelley Ward, NEC presented this report. Rosemary Haggins, DHA, RN, Director of Nursing was 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. Step 7 of the document Self-Study Report and Site Visit 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.

Ms. Ward reported that the self-study submitted by the program in November 2014 is under review to ensure the program currently has adequate resources to implement and maintain the program. The program director clarified that the program location will be in Colton, CA.

ACTION: Recommend granting an extension of the deadline for initial program approval to June 2015 with the condition that if initial approval is granted the program will be prepared to begin enrolling students no later than September 2015.

Motion: Jeanette Dong			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

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

Leslie A. Moody, NEC presented this report. 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.

ACTION: Recommend Approval of the Education/Licensing Committee 2015-2017 Goals And Objectives.

Motion: Michael Jackson			
Second: Raymond Mallel			
MJ: Aye	RM: Aye	JD: Aye	

Public Input: None.

7.10 2013-2014 ANNUAL SCHOOL SURVEY REPORTS (DRAFT)

Julie Campbell-Warnock, Research Program Specialist presented this report. 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 141 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 reflects a decline in enrollments, census and graduation overall. 71% of schools continue to report facility imposed restrictions to some clinical practice for students. A new question was added to the survey to collect information about why student access has been restricted to electronic medical records and bar coding medication with reasons cited as insufficient training time and liability respectively. A slight increase in number of faculty was reflected with more than half part-time. The second report includes current year data from most all of the questions asked on the survey. This year questions were added regarding student disabilities in response to a request from staff at the California Committee on Employment of People with Disabilities. Some questions in other areas were added or edited and data will be presented in the data summary report. Both reports will be available on the BRN website sometime in February.

Mr. Mallel asked whether these reports indicate student perceptions of their clinical experiences and Mrs. Campbell-Warnock reported that the BRN will be conducting a survey of students in the near future that will capture that type of information.

Public Input: None.

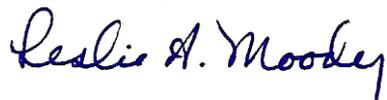
7.11 PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Ms. Celeste Pederson, former United States University student commented on her experiences with the nursing program at that school.

7.12 ADJOURNMENT

The meeting was adjourned at 1235.

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: March 5, 2015

ACTION REQUESTED: Vote On Whether To Recommend Ratification Of Minor Curriculum Revision 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 National University Baccalaureate Degree Nursing Program
- 7.2.2 University of San Francisco Entry Level Master's Degree Nursing Program
- 7.2.3 Carrington College LVN to RN Associate Degree Nursing Program
- 7.2.4 Rio Hondo Associate Degree Nursing Program
- 7.2.5 San Diego State University Nurse Practitioner and Nurse Midwifery Programs
- 7.2.6 United States University Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- 7.2.7 California State University, San Marcos Baccalaureate Degree Nursing Program
- 7.2.8 Dominican University of California Baccalaureate Degree Nursing Program
- 7.2.9 Holy Names University LVN to Baccalaureate Degree Nursing Program
- 7.2.10 Mt. Saint Mary's College Baccalaureate Degree Nursing Program
- 7.2.11 San Diego State University Baccalaureate Degree Nursing Program
- 7.2.12 Carrington College LVN to RN Associate Degree Nursing Program
- 7.2.13 East Los Angeles College Associate Degree Nursing Program
- 7.2.14 ITT Technical Institute, Rancho Cordova Associate Degree Nursing Program
- 7.2.15 Mission College Associate Degree Nursing Program
- 7.2.16 Unitek 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: March 5, 2015

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

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 5, 2015

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

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

DATE: March 5, 2015

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

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 5, 2015

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

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 5, 2015

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

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 5, 2015

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

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.1

DATE: March 5, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation Of Approval For National University (NU) Baccalaureate Degree Nursing Program

REQUESTED BY: Leslie A. Moody, Nursing Education Consultant

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

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

The primary campus site in San Diego was visited on November 12-13, 2014 by NECs Leslie Moody, Carol Mackay and Carol Velas, where an overall evaluation of the program's structure, resources and delivery was completed in addition to evaluation of site specific resources. Meetings were held with university and program leadership, admissions staff, faculty and students, the campus was toured, program documents were reviewed and clinical sites were visited. Areas of concern identified at this site included:

- Inconsistencies were identified in data reported by the program. The self-study submitted prior to the visit identified attrition as being 3.8% but re-evaluation of data during the visit revealed attrition to be possibly more than 20%. Retention was reported at 90% but during the visit was identified as possibly as low as 60% for the past two years. Multiple

data elements were found to be missing or inaccurate in the program's annual reports to the BRN for 2012 and 2013. Some of the difficulty maintaining records seemed due to the lack of clerical support assigned to the program director. A clerical staff is now assigned to support the program director. The program has provided updated data to the BRN and strengthened systems for regular and accurate data collection, analysis and reporting, which has resolved these concerns.

- BRN approval had not been obtained for some faculty, and assistant instructor faculty were assigned as lead faculty and teaching without required supervision. Some content experts did not meet qualifications. These issues were resolved by the end of the visit.
- BRN approval and clinical affiliation agreements were not in place for all clinical facilities. All were corrected by the end of the visit.
- The organizational chart lacked recognition of clinical agencies and did not identify reporting relationships of lab and remediation staff/faculty to the program director. The program director role and authority was divided into two positions of department chair and director which was a return to a division previously corrected following BRN direction to consolidate the role. These issues were resolved by the end of the visit.
- The assistant director did not demonstrate adequate understanding of program oversight and delivery to carry out the role, and expressed concern that 40% release time was not adequate to fulfill expectations of the position. Assistant director release time had been 80% in the past but was reduced to 40% in 2013. These issues have now been resolved through mentoring of the assistant director with regular ongoing development activities and reduction of the assistant director's instructional load.
- New faculty orientation has not been consistently provided in the same depth and scope for all new program faculty. All new faculty are now being provided a thorough orientation in a consistent manner as reported by the program.
- The need for additional classroom and lab space was identified by students who reported difficulty arranging space to meet with faculty for tutoring sessions, a faculty member who was sometimes required to hold class sessions in a library meeting room due to lack of classroom space, and limited open skills lab hours when the Health Assessment course was in session 4 days/week in the lab. Faculty plan to increase the use of simulation and staff have been hired to coordinate and oversee the labs, but additional lab space is needed to meet current and additional planned usage. An office suite has now been designated for tutoring sessions and the university has leased substantial additional space in an adjacent building which provides additional classroom, computer lab and skills/sim lab space. On February 3, 2015 the new spaces for tutoring, instruction and skills/sim lab were toured by the NEC and found adequate to meet program delivery needs.
- Students reported late receipt of course schedules, receiving them 1-2 weeks in advance and in one case less than 24 hours prior to first class session. The program's stated goal is to publish the course schedule no less than four weeks prior to start date, but reported difficulty filling faculty positions was a factor causing delays. The program identified that there were nine full-time faculty vacancies.
- Learning objectives were not available at the clinical sites and students reported being assigned to a facility staff nurse who directed their clinical activities. Less than 75% of scheduled clinical hours for the current pediatric clinical rotation were being spent in direct patient care activities due to limited hours allotted for time on the patient care unit. These issues have now been corrected.

- Students, faculty and admissions staff were confused about the program curriculum, and the BRN had recently received student complaints about variable direction given regarding course requirements and program length. Inconsistent information had been disseminated during Spring 2014 by the program about course requirements relative to curriculum revisions that had been approved by the Board in 2013 and 2014 but which were never systematically implemented. It was determined that the program had not taken appropriate steps to implement the revisions and thus should return to the prior curriculum approved in 2012 and any future desired revisions must be resubmitted to the BRN for review. The program has resumed the 2012 curriculum at this time.

The Los Angeles extended campus was visited on December 10, 2014 by Carol Velas, NEC and Miyo Minato, SNEC. Meetings were held with the program director and site assistant director, admissions staff, students and faculty, and the physical plant was toured. Ms. Jocelyn Corrao, assistant director at this site, was knowledgeable regarding the program and reported the allotted 40% release time was adequate to perform assigned duties. Students at this site voiced concern about a lack of consistent information and direction regarding the required program curriculum.

The extended campus in Fresno was visited by Leslie A. Moody, NEC on December 11, 2014. Meetings were held with the program director and site assistant director, admissions staff, students and faculty, and the physical plant was toured with the following noted:

- Dr. Wider was appointed assistant director in October 2014 without BRN approval. The approval was completed during the visit with Dr. Wider found to meet qualifications.
- The psych/mental health course beginning in three weeks did not have adequate clinical facilities scheduled. The lead faculty was exploring alternative sites since the previously used facility reduced the allotment of clinical placements to accommodate only ten of the current cohort of twenty students. This was subsequently corrected, but arrangements for all clinical experiences was not accomplished until two weeks after the course start.
- Some students reported the university's San Diego Spectrum Library remote services are not always timely in supplying materials needed for course assignments. This has been corrected through improved instruction to students regarding use of university library services and identification of supplemental university library resources in the region.

Summary visit findings are mapped in the chart below by campus and explained in greater detail in the Consultant Visit Report and the Report of Findings.

Section	Description	Campus		
		SD	LA	Fresno
Noncompliance				
1424(f)	Assistant program director knowledge	X		
1424(d)	Inadequate faculty	X	X	X
	clinical facilities	X		X
	physical space	X		
1427(b)	learning objectives in clinical facilities	X		
Recommendation				
1424(e)	sufficient time allotted for assistant director	X		
1424(b)(1)	total program evaluation	X	X	X
1424(d)	library			X
	student support services	X	X	X

1425/1424(h)	faculty approvals	X	X	X
1425.1(a)	part-time faculty participation in program governance	X		X
1425.1(b)	faculty orientation	X	X	X
1426(g)(2)	clinical direct patient-care activities	X		
1426(f)	student performance evaluation	X	X	X
1428	student participation	X	X	X

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

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

Program faculty are competent and knowledgeable in their respective content areas, and maintain strong collaboration between full-time and part-time faculty to ensure instructional continuity and consistency. Many have been teaching in the program for several years, and all demonstrate strong commitment to student success and management of the curriculum, ensuring that course content reflects current best practice standards. Technology is increasingly used to conduct program meetings and communicate to across the three campuses to ensure effective coordination. Many improvements have been made in the past five years to student support services and instructional content/design to improve graduates’ critical thinking and address attrition/retention concerns. Graduates’ NCLEX outcomes are above minimum required performance threshold, and have steadily improved across the past three years: 2009-10 77.70%; 2010-11 75.53%; 2011-12 81.56%; 2012-13 92.34%; 2013-14 92.92%; 2014-15 1st quarter (Jul-Sept) 95.12%, 2nd quarter (Oct-Dec) 94.67%.

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

The program has submitted an acceptable corrective plan of action and progress report that reflects most areas of noncompliance and recommendation have been resolved. Process is ongoing for hiring of additional faculty. NEC recommendations:

- Defer action to continue approval with program to provide progress report reflecting actions completed to achieve full compliance for presentation at May 2015 ELC meeting.
- NEC to conduct an Interim Visit Fall 2016 with Self-Study required.

NEXT STEPS:

Place on Board agenda.

PERSON(S) TO CONTACT:

Leslie A. Moody, RN, MSN, MAEd,
Nursing Education Consultant

REPORT OF FINDINGS

National University Baccalaureate Degree Nursing Program

San Diego Campus: November 12-13, 2014

Los Angeles Campus: December 10, 2014

Fresno Campus: December 11, 2014

NONCOMPLIANCE:

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.

The San Diego campus assistant director has not demonstrated an understanding of program requirements and BRN regulations.

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.

- **The program does not have adequate faculty and clinical facility resources for consistent and timely planning of program delivery.**
- **The program does not have adequate physical space at the San Diego campus to deliver the program at current enrollment level.**

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.

Learning objectives are not maintained at the clinical facilities to direct clinical learning experiences.

RECOMMENDATIONS:

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

Evaluate the assistant director duties to determine whether 40% release time is adequate.

SECTION 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

Continue work to improve processes so that accurate data is available timely and applied to ensure complete implementation of the total program evaluation plan and effective targeted program improvement.

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.

- **Improve library services access for students at the Fresno campus.**
- **Review the Student Learning Support Plan process and forms to ensure it is uniformly applied and that all students and faculty understand the purpose.**

SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board (and related Section 1424(h))

Review process for maintenance of BRN faculty approval and program course assignment rosters to ensure appropriate instructional assignment.

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

Review practices regarding self-governance and committee infrastructure to identify ways to include part-time faculty more fully in program review processes.

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.

Strengthen and formalize the faculty orientation process and ensure it is provided to all new faculty.

SECTION 1426(g)(2) 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.

Review practices related to clinical scheduling to ensure students consistently spend at least 75% of clinical hours in direct patient care activities.

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.

Review policies, practices and tools pertaining to student assessment and remediation, and revise as needed to ensure effective consistent application.

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.

Continue improvement of processes for communication between students, faculty and program leadership to ensure timely and accurate communication.

**CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW**

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

(916) 322-3350

PROGRAM NAME: National University Baccalaureate Degree Nursing Program

DATES OF VISIT: San Diego Campus: Nov 12-13, LA Campus Dec 10,
Fresno Campus: December 11, 2014

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR</p> <p>SECTION 1425(a) The director of the program shall meet the following minimum qualifications:</p> <p>(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p> <p>(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);</p> <p>(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or</p> <p>(5) Equivalent experience and/or education as determined by the board.</p> <p>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.</p>	X		<p>Diane Breckenridge, PhD, MSN, RN, ANEF was assigned as program director 10/10/2014 and is BRN approved, meeting all qualification requirements.</p> <p>Richard Guertin, MSN, RN was program director from February 2014 to October 2014.</p> <p>Julie Johnson, PhD, RN, FAAN was program director from June 2013 to February 2014.</p> <p>Mary Kracun, PhD, RN was program director from January 2013 to June 2013 during the period of search for a new director following Dr. McHugh's resignation.</p> <p>Mary McHugh, PhD, RN was program director from December 2010 to January 2013.</p> <p>All persons serving as program director have been BRN approved.</p>	
	X		<p>Rich Guertin, DHA, MSN, CHCE, RN became assistant director at the Rancho Bernardo campus on 10/10/2014 after serving as program director since 02/19/2014; Jocelyn Corrao has been assistant director at the Los Angeles campus since 9/2012; Jennifer Holt was assistant director at the Fresno campus since 9/2013. At the beginning of this visit Elizabeth Wider had been newly appointed Assistant Director of the Fresno Campus without BRN approval. This has now been corrected with Dr. Wider found to meet BRN requirements and approved as Assistant Director.</p>	

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		<p>The program director has 100% release time and is responsible for oversight of the prelicensure program offered at 3 campuses which are geographically distant from each other. The program director is additionally assigned oversight of the school's RN-BSN, DNP and FNP programs, each of which have their own program director. The DNP and FNP programs are still in development phase and are not yet accepting students. The program has periodically changed roles of Department Chair and Director, Department of Nursing to make them separate roles which has split the authority and responsibilities of the Program Director. In 2010 and again in 2012 BRN staff directed the program regarding the required authority of the Program Director role. This role has again been clarified and consolidated by the program as a result of this current visit. Each of the 3 campuses have an assigned assistant director who is given 40% release time to perform duties in support of the program director which is a reduction from the 80% release time for assistant directors noted at the 2012 Interim Visit. The program director reports that assistant directors should be assigned to teach no more than four or five 45-hour courses per year as their additional instructional assignment. It is unclear whether this amount of release time is adequate in light of evolving roles of assistant directors and historical frequent change of program director. Additionally the San Diego campus has a much higher enrollment than the two extended campuses which requires additional time of the assistant director for administration of the program.</p> <p>RECOMMENDATION: Evaluate the assistant director duties to determine whether 40% release time is adequate.</p>

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
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	Dr. Guertin, assistant director for the Rancho Bernardo-San Diego campus has not demonstrated the ability to ensure the program is conducted in compliance with BRN regulations. The university's job description for the assistant director role includes scheduling courses, overseeing contractual arrangements for clinical facilities, recruitment and development of faculty. Faculty and clinical facility approval requests have not been completed/submitted properly, unapproved faculty have been assigned to teach, there has been irregular implementation of approved curriculum, and students report that their course schedules with designation of course days/hours/textbook/location for both theory and clinical are regularly provided only one week prior to first class date and in one case not until 12 hours prior to the first clinical meeting date. NONCOMPLIANCE: The San Diego campus assistant director has not demonstrated an understanding of program requirements and BRN regulations.
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/procedures are consistent with the philosophy and objectives of the program and are available to students in the college catalogue and the nursing student handbook.

APPROVAL CRITERIA

			WORK COPY
	Compliance	Non-Compliance	COMMENTS
(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		<p>The total program evaluation plan includes evaluation of all required elements. Internal surveys are completed by students online at the end of each course and upon completion of the program. Survey data is collated and analyzed by university experts external to the department of nursing with summary reports provided for review and action by program leadership and faculty. An external vendor is used for collecting post-graduation data from graduates and employers at one year and five years post-graduation, and providing consequent reports which also compare results against other school's programs. The program continues work to improve response rates for the post-graduation surveys as return rate has been low. Faculty meeting minutes reflect discussion of data and development of action plans. The program has identified student dissatisfaction with quality of nursing instruction as an area that requires attention. There was no evidence that grievance data had been analyzed and applied to overall program improvement. Irregularities in attrition/retention data between that presented in the BRN Annual Survey, the Self-Study report and other data sources which revealed an estimated actual attrition of approximately 26% and retention of 55-60%. Systems utilized to capture program evaluation data appeared to be unable to provide accurate timely data. The program director is working with college leadership and departments to improve data collection, analysis and application for program review.</p> <p><u>RECOMMENDATION:</u> Continue work to improve processes so that accurate data is available timely and applied to ensure complete implementation of the total program evaluation plan and effective targeted program improvement.</p>

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.</p>	X		<p>The university catalogue and department of nursing student handbook provide instruction regarding handling of concerns and grievances, which includes decision appeals process. From 2010-14 there have been 89 student grievances filed by nursing program students with 20 that were subsequently withdrawn. The most frequent reasons were questions of grading fairness, change of grade without instructor explanation, incorrect grade entered in gradebook, inadequate communication from instructor. Most grievances were resolved in favor of the student. The program adhered to the university policy for management of grievances.</p>
<p>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.</p>	X		<p>The organizational chart submitted with the self-study did not include clinical agencies, and did not reflect a reporting relationship between skills/sim lab staff/faculty and nursing support services staff who provide instruction and tutoring to program students. The authority and responsibility inherent to the role of program director was split between two roles of department chair and nursing director. These areas were corrected during the visit with appropriate relationships now reflected in policy, job descriptions and the organizational chart.</p>

	Compliance	Non-Compliance	COMMENTS
<p>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.</p>			<p>The approved admission pattern is 50 generic students four times/year (Oct, Jan, Apr, July) and 20 LVN-RN advanced placement students two times/year at the San Diego campus; and 20 students twice yearly (Oct, Apr) at each of the Los Angeles and Fresno campuses.</p> <p>Current Enrollment total all campuses is 507: San Diego campus: 346 students (year 1: 149; year 2: 197) Los Angeles campus: 77 (year 1: 38; year 2; 39) Fresno campus: 84 (year 1: 42; year 2: 42)</p> <p>The program was recently awarded a HRSA grant to fund nursing program spaces and support services for military veterans. The grant was submitted to indicate 20 vets would be admitted twice per year for a three year period. The program has not yet sought BRN approval for enrollment expansion and has identified their first veteran’s cohort from existing admissions. University and college leadership expressed understanding that any increase in enrollment required following the major curriculum revision proposal process.</p> <p>At the time of visit, the program did not have a systematic plan to allow the approximately 30-50 “wait-listed” students re-entry following temporary stop-out from the program. The program has now contacted all wait-listed stop-out students to determine who wishes to re-enter and has developed a plan to offer them program re-entry into the appropriate point in the program sequence.</p> <p>Faculty: Total faculty for all campuses is 126. Full-time=29, Contract (part-time)=2, Adjunct=95 Instructors=68, Assistant Instructors=58, CTAs=0 18 full-time faculty members hold terminal degrees.</p> <p>Total faculty Los Angeles: 18 (FT: 7, PT: 11; Instructor: 11, Assistant Instructor: 7; more than one Instructor approved faculty for each content area).</p> <p>Total faculty Fresno: 14.5 (FT: 6.5 (incl AD), PT: 8; all FT faculty are Instructor level and there is at least one Instructor approved faculty for each content area).</p> <p>There are nine (9) full-time faculty positions currently vacant with active searches in progress. Assistant instructor faculty have been assigned as lead faculty for courses. The program director reports inadequate faculty at this time with a plan in place to fill faculty vacancies. Dr. Gloria McNeal, Dean,</p>

Compliance	Non-Compliance	COMMENTS
	X	<p>provided a written statement indicating the BSN program is approved to hire an additional 9 full-time faculty, but also advising that if these positions were not filled by June 30, 2015 the positions would be returned to the university's open pool of faculty positions to be filled. There have been delays in scheduling of nursing course clinical experiences due to difficulty securing faculty assignments which has contributed to students receiving course/class schedules usually only 1-2 weeks prior to course start and in one recent case as late as 12 hours prior to the beginning of a clinical rotation. A clinical cohort at the Fresno campus recently had two clinical faculty providing instruction on alternating clinical days because the program was unable to secure a single faculty to teach all days of the cohort's clinical rotation for that course. Course schedules are frequently changed after publication and often not published until less than one week prior to the course beginning date. In one case the course schedule was published on the Sunday night before students were to begin on Monday morning. On the dates of the November 12-13 visit at the San Diego campus students were scheduled to begin their Pharmacology course on November 24 and had not received the course schedule. At the Fresno campus the psych/mental health course scheduled to begin in three weeks had not yet been finalized for clinical placements due to lack of scheduled clinical facilities.</p> <p><u>NONCOMPLIANCE:</u> The program does not have adequate faculty and clinical facility resources for consistent and timely planning of program delivery.Library: Library orientation and instruction is provided for students and faculty at the San Diego campus resources include a full array of electronic resources (health, medical, and nursing databases), print resources, access to media equipment support for classroom and group activities, and use of a multimedia lab, and there is a liaison for the School of Health and Human Services and a Help Desk. Students at the Los Angeles and Fresno campuses do not have access to a physical library with their library needs being met through on-line and remote service from the university's Spectrum library in San Diego. Los Angeles students report library services meet their needs; Some Fresno campus students report that library services have not been adequate to consistently meet their needs in a timely manner for research material. Timeliness is an issue</p>

Resources (continued)	Compliance	Non-Compliance	COMMENTS
			X

Compliance	Non-Compliance	COMMENTS
		<p>Student Learning Support Plan process was created by the faculty and implemented, however, faculty and students report inconsistent application of the process and forms.</p> <p>RECOMMENDATION: Review the Student Learning Support Plan process and forms to ensure it is uniformly applied and that all students and faculty understand the purpose.</p> <p>Administrative/clerical support staff for the program director, assistant director and faculty at the San Diego campus was variable and did not report to the program director. This limited the ability of the program director to ensure required program records and processes are maintained.</p> <p>Administrative support staff are three at the Los Angeles campus and three at the Fresno campus providing adequate support per report of the Assistant Directors. By the end of the extended visit period a full-time clerical/administrative support staff had been placed in a position reporting directly to the program director at the San Diego campus and two other support staff reporting had been realigned so that the program director now has three clerical support staff.</p> <p>Equipment/Technology: Office of Information Technology provides IT support for students, faculty and staff. The BlackBoard Learning Management System is being implemented to replace e-college and will provide multiple digital learning/teaching modalities. Program responsiveness to student needs was recently demonstrated when students reported frequent failures of connectivity when working via the campus Wifi – the university quickly responded by creating a large hardwire computer lab with adequate workstations to accommodate students.</p>

APPROVAL CRITERIA

		WORK COPY
Compliance	Non-Compliance	COMMENTS
X		<p>Elizabeth Wider was appointed as assistant director of the Fresno campus without BRN approval. A request was submitted following the visit, this candidate was found to meet requirements and is now BRN approved. Assistant Instructor faculty have been assigned as lead course faculty and have provided instruction without required supervision. Faculty approvals and assignments were updated by the end of the extended visit period.</p> <p><u>RECOMMENDATION: (and related CCR Section 1424(h))</u> Review process for maintenance of BRN faculty approval and program course assignment rosters to ensure appropriate instructional assignment.</p>

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	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		The faculty is responsible for governance and the development of policies and procedures of the nursing program, which are reviewed and updated annually. The full-time faculty regularly participates on committees (Undergraduate Council-monthly meeting, Undergraduate Admissions Committee and Curriculum Committee) making administrative decisions regarding curriculum, admissions, student progression, and faculty roles. Contract faculty work in the clinical setting and few attend faculty meetings. Faculty members, through the Curriculum Committee, participate in curriculum review at the beginning and end of the academic year. Changes in curriculum are then brought forward in the Undergraduate Council committee. An Advisory Council, with membership of community professionals, meets annually to collaborate on utilization of graduates, development of agency clinical experiences, discussion of interdisciplinary issues affecting students and faculty, and fundraising opportunities and efforts. There are 3 standing committees for the NU nursing program; Curriculum Development, Faculty Development, and Student Experience. The Curriculum and Faculty Development committees are self-explanatory. The purpose of the Student Experience Committee is to facilitate communication between students and faculty and to interpret and implement procedures regarding admission, recruitment, retention, grade appeals, financial aid, and student awards. Meetings of committees and general faculty utilize communication technology to allow participation of faculty from all three campuses in real time. During the extended approval visit period the program revised policies regarding program director, faculty and committee roles.
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		Four assistant instructors had been assigned lead course faculty roles – their reclassification as Instructor is now BRN approved. Six clinical instructors did not have BRN approval - all have now been approved. (see Recommendation under CCR Section 1425)

APPROVAL CRITERIA

			WORK COPY
	Compliance	Non-Compliance	COMMENTS
SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		The organizational chart reflects required reporting relationships between most staff and the program director/assistant director, however the following nursing program faculty were reporting directly to the Dean of the School of Health & Human Services: Regional Lab Director, Campus Lab Directors, Simulation Lab Tech, Nursing Tutors. By the end of the extended approval visit period the organizational structure was revised to create relationship between these nursing program faculty and support services, and the organizational chart was correspondingly revised.
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		By completion of the approval visit period all current instructor faculty were BRN approved and met qualifications requirements.
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;	X		All current assistant instructor faculty are BRN approved and meet qualifications requirements.

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p> <p>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.</p>	N/A		Clinical teaching assistant faculty are not utilized.	
<p>Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	X		Content experts are identified as: Medical-Surgical: Tina Ho Obstetrics: Robin Farris Pediatrics: Maureen Evans Psych/Mental Health: Rich Guertin Geriatrics: Mickie Schuerger All are BRN approved in their content area and have maintained competency to meet the requirements.	
<p>Section 5: CURRICULUM</p> <p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure.</p>	X		The university and nursing program curriculum frameworks of mission and vision statements, philosophy, organizing concepts (caring, patient-centered care, safety & quality of	

APPROVAL CRITERIA

			WORK COPY
	Compliance	Non-Compliance	COMMENTS
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.			care, nursing judgment, collaborative care, professional identity, evidence-based practice), and program learning outcomes include all required elements. The mission of nursing program includes providing a learning environment that is learner-centered and supports the education of nurses who will improve human health. The vision addresses provision of education that is technologically current for this generation of students and responsive to a readily changing health care delivery system. Curriculum is informed by current standards including CCNE standards, AACN essentials, and QSEN competencies.
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Full-time faculty assumes Department Course Lead and Campus Course Coordinator roles and provide a team approach to teaching. Regular meetings occurs between lead and clinical faculty. Full-time faculty participate in monthly Undergraduate Council meetings, review student and employer evaluations and summarize their findings yearly during the Program Annual Review process. The Program Director coordinates the program review. Revision of the curriculum is voted on by the full time nursing faculty. Faculty report satisfaction with the use of "ZOOM" technology to link monthly faculty meetings across the San Diego, Fresno, and Los Angeles campuses. Attendance of part-time faculty is inconsistent – meeting minutes and recordings are archived and available for later review. Part-time faculty participate irregularly in faculty committees and do not have voting rights regarding final curriculum decisions. There is an annual faculty retreat for total program review. RECOMMENDATION: Review practices regarding self-governance and committee infrastructure to identify ways to include part-time faculty more fully in program review processes.

APPROVAL CRITERIA

			WORK COPY
	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		All full-time newly hired faculty have a planned orientation prior to starting. Orientation includes a faculty manual, orientation to course and clinical teaching structure specific to NU, student and peer evaluations, the Student Handbook polices, and general information about meetings, FERPA and ADA. Faculty report inconsistency with new faculty orientation that can span from a formal, well-developed multi-day orientation with mentorship to no formal orientation, and part-time faculty do not always receive the same intensity of orientation as full-time faculty. RECOMMENDATION: Strengthen and formalize the faculty orientation process and ensure it is provided to all 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 competency through a combination of continuing education, clinical practice and clinical teaching.

APPROVAL CRITERIA

			WORK COPY
	Compliance	Non-Compliance	COMMENTS
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		A major curriculum revision was approved in 2013 and the most recent minor curriculum revision approved in 2014. Faculty and university admissions advisors demonstrated confusion over which curriculum is currently in force. Communications received in January thru April 2014 from the previous program director indicated that the previously approved revisions of 2013 and 2014 would not be implemented, and review of faculty meeting minutes from this same period up to June 2014 reflect the “new” curriculum has not yet been implemented. Student concern received prior to approval visit included a change in course requirement for nursing program without consideration of catalog rights of student and without appropriate and timely student notification. Students reported being given varied information across time regarding which courses are required. One student reported enrolling at the university to complete prerequisites and when almost at the end of the final prerequisite was told an additional eight classes were required. The student was then told in March the courses would not be required and then in September, after being admitted to the nursing program (June 2014), was told the courses are required. The program has now returned to the curriculum plan approved in 2012 (most recent prior to 2013/14 revisions) and has notified all existing students that they will complete according to that plan and will not be required to complete additional coursework. Program leadership demonstrates understanding that any future curriculum revisions must receive 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		Constructs are identified in the curriculum frameworks which influence content and student performance assessment structure. Content and activities provide a basis for knowledge, skills and abilities necessary to function as an RN.
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 BRN approved curriculum meets all requirements.

APPROVAL CRITERIA

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p> <p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.</p> <p>(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>				
<p>SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p>	X		<p>Theory and clinical instruction are conducted concurrently within the same term for courses containing med/surg, mental health/psych, obstetrics, pediatrics and geriatrics content. Outcome statements and instructional content include all required elements.</p>	
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p> <p>(1) nursing process;</p> <p>(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;</p> <p>(3) physical, behavioral and social aspects of human development from birth through all age levels;</p> <p>(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</p> <p>(5) communication skills including principles of oral, written and group communications;</p> <p>(6) natural sciences including human anatomy, physiology and microbiology; and</p> <p>(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</p>	X		<p>Required concepts are integrated in content and instructional/ learning activities throughout the nursing curriculum.</p>	

APPROVAL CRITERIA

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>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.</p>	N/A		No courses are delivered using a preceptorship format.	
<p>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. (6) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</p>	X		<p>Course hours are calculated using the required formula.</p> <p>In a recent pediatric clinical rotation at the San Diego campus students spent 2.75 hours of the 8 scheduled hours each clinical day in pre and post conference discussions. Faculty report this is due to limited peds hours allotted to the program by the clinical facility for that rotation. Program leadership and faculty were not able to provide specific information regarding the amount of clinical hours spent in simulation replacing direct patient care.</p> <p>RECOMMENDATION: Review practices related to clinical scheduling to ensure students consistently spend at least 75% of clinical hours in direct patient care activities.</p>	
<p>SECTION 6: CLINICAL FACILITIES</p> <p>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.</p> <p>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.</p> <p>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.</p>	X X X		<p>Faculty responsible for clinical instruction supervise only students enrolled in the program.</p> <p>The program did not have record of BRN approval nor executed agreement with two facilities. This was resolved by the end of visit.</p>	

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	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	Written objectives were not available at the clinical sites visited. In the pediatrics rotation, students were assigned to a staff nurse rather than given a patient assignment with specific learning objectives identified for the clinical rotation, and reported that they "helped the nurse" with the nurse's assigned patients. In the leadership course students reported they observed the charge nurse role for this 32 hour rotation. During interview with student it was found that students do not provide any direct patient care, teaching, or collaboration on the patient care plan and that this experience is truly observational, which does not support the course objective. <u>NONCOMPLIANCE:</u> Learning objectives are not maintained at the clinical facilities to direct clinical learning experiences.
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: <ul style="list-style-type: none"> (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to 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. 	X	Required elements are addressed in the template used for clinical facility agreements. Lack of signed agreement with two facilities was resolved by end of visit.	
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 participates in the regional consortium formed to allot clinical space assignments to nursing programs.

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
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 college catalogue and self-study state that student/teacher ratio is maintained at 10:1 but did not address application of required criteria for determining appropriate ratio. It was found during the visit that these criteria were being applied to consideration of a clinical setting and student/teacher ratio was sometimes varied based on the criteria. During the visit, the program policy was revised and approved by the Dean to reflect utilization of the required criteria.
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 evaluation tool is outcomes based and reflective of course learning objectives. Formative evaluation is conducted at midterm and summative evaluation at the end of the semester. Evaluation includes "comment" section for both faculty and student. Students express concern regarding inconsistent grading policies and inconsistent application of Learning Contracts and Learning Support Plans. A large proportion of student grievances are filed because of grading practices. Faculty confirm inconsistent implementation of policy for Learning Contracts and Learning Support Plans, and inconsistent grading practices. The faculty express confidence that implementation of the new BlackBoard platform will resolve these issues. RECOMMENDATION: Review policies, practices and tools pertaining to student assessment and remediation, and revise as needed to ensure effective consistent application.
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 have the opportunity to participate in the Student Experience Committee and the Curriculum Development Committee. Both current students and alumni participate in

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
<p>(a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.</p>			<p>the Student Experience Committee. Students report electing class representatives for each cohort. Of the cohort representatives, one student becomes the National University National Student Nurse Association (NUNSNA) representative who attends Undergraduate Council meetings. NUNSNA is a membership organization requiring a membership fee. Not all students have previously been members of NUNSNA. The program has updated their policy during this visit and all students will now be required to be NUNSNA members with fees to be collected as part of program enrollment. Review of Undergraduate Council meeting minutes demonstrated a low attendance rate of NUNSNA representatives. The program previously implemented regularly scheduled Nursing Information Forums as a corrective measure following the 2010 program visit where communication and student participation was found to be problematic. Students report that these open forum meetings between students and program leadership were suspended January 2014 and have resumed just prior to the approval visit. Students report that communications have been poor between them and the faculty and program leadership but has recently improved.</p> <p>RECOMMENDATION: Continue improvement of processes for communication between students, faculty and program leadership to ensure timely and accurate communication.</p>
<p>SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS</p> <p>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.</p>	X		<p>The 30-unit Option is defined as part of the BRN approved curriculum, includes required coursework and content, and totals 37.5 quarter units.</p>

APPROVAL CRITERIA

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD</p> <p>SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.</p> <p>(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. 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.</p> <p>(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.</p> <p>(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.</p>	X		<p>NCLEX-RN examination outcomes are consistently above the minimum performance threshold with marked and steady trend of improvement seen across the past 5 years.</p> <p>2009-10 77.70%</p> <p>2010-11 75.53%</p> <p>2011-12 81.56%</p> <p>2012-13 92.34%</p> <p>2013-14 92.92%</p> <p>2014-15 1st quarter (Jul-Sept) 95.12%</p>	

APPROVAL CRITERIA

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

Attn: Leslie Moody, RN, MSN, MAEd
RE: Program Director's Response to the BRN Findings
Nursing Education Consultant
California Board of Registered Nursing
1747 North Market Boulevard, Suite 150
Sacramento, CA 95834

Dear Leslie Moody,

Please find enclosed the Program Director of National University's Response to the BRN Findings. I want to thank you for all of your ongoing guidance and helpfulness in working with our program to work toward attaining full compliance.

Thank you.

Signed,

A handwritten signature in black ink that reads "Diane M. Breckenridge". The signature is written in a cursive style and is positioned above the typed name.

Diane M. Breckenridge, PhD, MSN, RN, ANEF
Chair and Professor
Nursing Department
School of Health and Human Services
National University

Program Director's Response to Report of the BRN Findings

National University Baccalaureate Degree Nursing Program

Rancho Bernardo Campus: November 12-13, 2014

Los Angeles Campus: December 10, 2014

Fresno Campus: December 11, 2014

NONCOMPLIANCE:

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.

- **The San Diego campus assistant director has not demonstrated an understanding of program requirements and BRN regulations.**

Action Plan:

One on One focused work with the Assistant Director at the San Diego Campus has been carried out by, BRN Approved Program Director, Chair of the Nursing Department, Dr. Breckenridge, being onsite at the Rancho Bernardo Campus one to two days per week.

The Academic Leadership Team for the Nursing Department has been operationalized by Dr. Breckenridge for the purpose of carrying out the Total Plan of Evaluation to review BRN regulations and program requirements and assure that they are being met. These meetings, which are held every two weeks, are focused on the responsibilities of the Assistant Directors at each campus. A major outcome of these meetings has been a noted increase in the competency and efficiency of the Assistant Director of the San Diego Campus, who oversees the main campus of the Nursing Department Prelicensure Program with approximately 350 students. This Assistant Director, Dr. Guertin, has demonstrated a marked improvement and compliance with approval BRN forms of clinical sites and staff and timely and published schedules. Each of the Fresno and LA Assistant Directors oversee a total of 80 students on each of their respective campuses. The San Diego Assistant Director was in the past teaching the full load of 8 courses to provide coverage for vacant faculty positions resulting from resignations. This has been corrected and the Assistant Director is teaching at the release amount of 4 courses, and it is being monitored to determine if more release time is necessary for the 4-5 times of student capacity at the San Diego Campus, as compared to the other two LA and Fresno Campuses that each have a capacity of 80 students.

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.

- **The program does not have adequate faculty and clinical facility resources for consistent and timely planning of program delivery.**

Action Plan for lack of clinical facility resources:

The San Diego Main Campus at Rancho Bernardo, Pediatric Department Course Lead who is the same as the Campus Course Lead and Faculty for the course, Ms. Maureen Evans, MSN, RN, oversees the 5 clinical instructors and the patient focused clinical assignments with each of them. It has been found that there have not been enough clinical direct clinical patient care hours due to very long pre and post conferences. This has been immediately dealt with by having only 45 minute pre and post conferences and extending hours to reach 75% of direct patient care and no more than 25% of indirect patient care including simulation, skills lab, pre and post conferences and observational experience supervised by a clinical instructor. Ms. Maureen Evans, MSN, RN is also the content expert for Pediatrics and has been with National University for many years. She is very willing to accept constructive criticism and works immediately on any areas of need.

During the BRN Visit to the Fresno Campus on Dec 11, 2014; the Assistant Director, Dr. Wider, and the Campus Course Lead and faculty member, Mr. John Allieu apprised the BRN that they were having difficulty securing a Psych/Mental Health clinical affiliation for one section (10 students) of the 20 student cohort. All students (20) in the cohort in the past had their clinical sections both at the Veterans Administration (VA) in Fresno. The one section of 10 is continuing to complete their clinical rotation at the VA with a long-standing adjunct faculty member, who also works at the VA and who orients the students at the VA. Therefore, for the objectives of the course to be carried out as similar as possible with each section, the Program Director, Dr. Breckenridge as Chair, when apprised of this situation immediately alerted Dean McNeal, the Dean of Health and Human Services who informed Dr. Breckenridge she was apprised of this and was working with Dr. Wider to obtain a clinical site. During the week of Jan 5, 2015, Dr. Breckenridge followed-up and was told that there still was no clinical site as of Jan 6, 2015.

The psychiatric campus lead faculty member, Mr. John Allieu, was able to secure the Salvation Army site in Fresno which has been granted BRN approval. The Assistant Director, Dr. Wider, reported that she was not successful in getting the VA person to allow the other 10 students to split the 8 weeks with the first 10 students to keep the experiences as similar a possible, and did not think it would help to have the Program Director and/or Dean intervene to see if this could occur. Since still no clinical site in Fresno, Dean McNeal on Friday, Jan 23, 2015 was able to complete the affiliation agreement with Pacific Clinics in Los Angeles, and the Program Director apprised the BRN NEC, Leslie Moody, of this situation. These 10 students had just completed their 25% of non direct patient care such as Simulation, Skills Lab, and observational experiences supervised by an instructor; e.g., Alcoholics Anonymous Meeting. The Pacific Clinics clinical site has been approved by the BRN NEC for the students to complete the 75% of their hours at this site, with National University responsible for transportation and necessary housing for the students to do so. The Assistant Director of the Fresno Campus with the faculty member and staff was to make these arrangements with Dean McNeal. As this was to occur the Dean then informed Program Director, Dr. Diane Breckenridge, that even though the Pacific Clinics is signing the affiliation agreement they have now decided that it is too short notice to accommodate the students for these few weeks of their course in Feb and instead it would need to begin with the next rotation.

During this time of the Psych/Mental Health course, the following information was asked of the Fresno Campus Director, Dr. Wider, and Campus Course Lead and Faculty member, Mr. John Allieu, to map

out the 2 month course with the theory, clinical of non direct (25%) and direct patient care (75%). Mr. Allieu has sent that mapping.

Therefore as the students are carrying out the minority of the 75% of the direct patient care at the Salvation Army Site, Dr. Richard Guertin, Assistant Director of the San Diego (Rancho Bernardo) Campus arranged through Scripps Mercy Hospital Behavioral Health Unit and the Consortium for the following clinical days in February for the 10 students from Fresno.

1. February 17,19 &20; February 24, 26,27 - 8.5 hour shifts each
2. John Allieu, RN will be the Main Clinical Instructor (Psych/mental Health BRN Approved) -
3. Luc Pellitier, RN (Psych/Mental Health BRN Approved) will be the on-site as a second complimentary clinical instructor. Both will complete their orientation prior to the clinical days with students.

The Consortium has assigned a course number to these days. Scripps Mercy is a BRN Facility approved site. This will give these students a consistent and steady 51 hours of direct clinical care to add to their community psych/mental health 5 days at the Salvation Army Site in Fresno with the same Lead Faculty, Mr. John Allieu to complete the 11 (8 hour days). National University is committed to be responsible for the transportation and housing for these faculty and students.

The Department of Nursing has strived to be one prelicensure program and during this time frame of a lack of a clinical site at one campus all academic leadership assistant directors, the program director, Dean of Health and Human Services, and University Provost have worked nonstop to determine a solution as one program. There is now a designated university staff position that will work continually to ensure all clinical facility placements are current and will facilitate, in support of the program director, securing additional clinical sites when unplanned emergency situations occur.

Action Plan for Lack of Adequate Faculty:

To specifically determine where the faculty are needed, the Program Director, Diane Breckenridge, in the Total Plan for Evaluation had the Academic Leadership Team chart the Department Course Lead, Campus Course Lead, Theory Faculty in the classroom, Clinical faculty in the clinical sites (Exhibit, Chart). We identified 9 faculty that are being hired by the search committee from approximately 17 applications. Seven of these faculty are being hired for the San Diego Campus. There will be 2 full-time faculty for each cohort of 50 with the goal to have each specialty area faculty teach one section of 25 students to increase the consistency, with the other campuses that have 20 in a cohort and one section each. One full-time faculty is being added to Fresno in the area of OB and one in LA for the area of Pediatrics.

Action Plan for Lack of Space:

The four areas of physical space and resources have been identified by the University. Renovation will be completed to create space for an additional state of the art simulation/skills lab to handle the capacity of students at the San Diego Campus and have enough laboratory space for open skills lab times. The second area contains 140 hard-wired computers to increase the 30 hard wired computer lab. The third area is designed as 3 more classrooms to hold 25 to 30 students with state of the art computerized white boards for instruction. The fourth area is the expansion of the Student Success

Center with private offices for student remediation and tutoring to increase retention of students, and their ability to reach the benchmarks necessary to progress, graduate, pass the NCLEX-RN exam, and join the nursing workforce. This Student Success focus is being funded by a portion of a 2.1 million dollar Department of Education Grant that has been obtained by the Vice President for Student Success and the 1.05 million dollar HRSA grant that has been obtained by the Dean and the Nursing Department for the Vets to BSN initiative. The space was completed by January 30, 2015 and it is understood that the NEC needs to return to approve the space prior to its use. The NEC of the BRN, Leslie Moody, met with Program Director, Diane Breckenridge, and Administrator, Kim Levey, on Feb 3, 2015 at 1PM and approved space when supplies come in for Skills/Simulation Laboratory.

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.

- **Learning objectives are not maintained at the clinical facilities to direct clinical learning experiences.**

Action Plan:

Another area being addressed by the Academic Leadership Team and the entire faculty, Full-time and Part-time, as well as adjunct, who are teaching in the clinical setting, is the posting of the assignment sheets clearly identifying that the students are assigned to patients and not to nurses. The focus needs to be placed on Excellent Patient Care with the Clinical Instructor posting the assignment based on patient acuity to meet the objectives and student learning outcomes of the program. Action plan: All assignment sheets have been collected. The assignment sheets for each Clinical Course were reviewed. All now are placing the emphasis on the patient care, and all have been corrected and are being sustained. We address this deficiency at all Department of Nursing and individual meetings. We have identified that we would like one of our faculty development meetings to be on clinical evaluation and the Program Director, Dr. Diane Breckenridge, Plans to invite Dr. Marilyn Oermann, PhD, RN, ANEF, FAAN, a known expert in this area to one of our faculty retreats.

RECOMMENDATIONS:

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

- **Evaluate the assistant director duties to determine whether 40% release time is adequate.**

Action Plan:

The Program Director, Dr. Diane Breckenridge, evaluated each of the Assistant Director's Faculty Development Plan (FDP) in comparison to the Assistant Director Position Description to determine if there was sufficient time for the administration of the program, as well as her own areas of responsibilities in her position description and her Faculty Development Plan. Dr. Breckenridge, evaluated the assistant director duties to determine whether 40% release time is adequate especially at

the San Diego Campus where there is 4 times the student population (350 students) as compared to the Fresno and the LA campuses that have a student population of 80 students each.

Full time faculty teach 8 courses per year and Assistant Directors at all campuses teach 4-5 courses per year (if 5 that would be 40% release time; if 4 that would be 50% release time). Since the Assistant Director at the Fresno Campus was new in October 2014 to this role and campus, the decision was to not have her teach until February, 2015 so that this Assistant Director could devote 100% of time to administer this 80 student capacity campus. A specific area that the Chair of the Department of Nursing (Program Director) and the Dean of Health and Human Services worked on, with the Fresno Assistant Director, was securing clinical sites that have not been able to be sustained in the new Assistant Director's transition. The previous Assistant Director remained for the month of October 2014 to transition the new Assistant Director in keeping these Clinical Facilities and the Adjunct Faculty in as seamless a process as possible.

On Wednesday, January 21, 2015, the Dean of Health and Human Services informed the Program Director that the position of Assistant Director of the Fresno Campus has been posted for a start date at the end of March 2015 when the Assistant Director of that campus, Dr. Wider, is returning to the LA campus where she was originally assigned to teach full-time. The Assistant Director position description includes the function of securing campus affiliation agreements. This is one area that National University has made a major commitment by hiring a dedicated Director of Internships at the end of the summer to specifically attend to affiliations and to be proactive in determining that all sites have been secured prior to the course being offered. Since October 2014, a high level of support for clinical sites was provided to the Fresno Campus as the new Director of Clinical Affiliations, Christy Schumacher, has developed a process for all sites to be attained or maintained. Ms. Schumacher has traveled to Fresno quite a few times with one of the times to meet specifically with the Assistant Director and the Consortium as she had also did with the Assistant Director of the San Diego – Rancho Bernardo Campus.

The to be newly appointed new Assistant Director will also be given transition time, as well as release of teaching time, as was afforded to the present Assistant Director for 6 months at 100% administration time for the 80 student capacity. The Director of Simulation, Ms. Josephine Malechek, MSN, RN has applied for the Assistant Director Position. She has shown much enthusiasm to be a part of all aspects of the Fresno Campus – teaching, student support, faculty development, curriculum, etc. Dr. Breckenridge, as the Program Director has made a commitment to be actively engaged at the Fresno Campus, 5 times since the end of the summer. As Program Director, I will continue to be actively engaged in the Fresno Campus and will again meet with the Academic Leadership at that campus and with the Psych/Mental Health and VA facilities to ensure adequate clinical facility sites. The San Diego Assistant Director was in the past teaching the full load of 8 courses to provide coverage for vacant faculty positions resulting from resignations. This has been corrected and the Assistant Director is teaching at the release amount of 4 courses, and it is being monitored to determine if more release time is necessary for the 4 times of student capacity at the San Diego Campus, as compared to the other two LA and Fresno Campuses that each have a capacity of 80 students. Presently, it has been found that all rules and regulations have been carried out by this Assistant Director since the increase in release time has occurred.

The LA Assistant Director teaches 4-5 courses and indicated that there is not a problem and met all compliances during the self-study.

The definitive statement of action taken for the Program Director was that the University Administration and Dean of Health and Human Services made it a priority that upon hiring the Chair of

the Department of Nursing, Dr. Diane Breckenridge, who is the Program Director of the Prelicensure Program under the Board of Registered Nurses (BRN) and the Chief Nursing Administrator of Accredited Nursing Programs by CCNE that this directorship would be 100% of the time and there would be no teaching at this time. When a Master's program would begin, then it will be determined if Dr. Breckenridge could complete all responsibilities of the BRN rules and regulations prior to teaching a course. Presently with administrative support, Dr. Breckenridge, is able to comply with the rules and regulations and complete the necessary items that the BRN has requested.

SECTION 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

- **Continue work to improve processes so that accurate data are available timely and applied to ensure complete implementation of the total program evaluation plan and effective targeted program improvement.**

Action Plan:

The new Program Director has maintained the Total Plan of Evaluation and reviewed data that was not accurate, e.g., attrition and retention data, and established a process for updating to ensure accurate data and to determine benchmarks for total program evaluation and effective targeted program improvement. To do so, the Program Director refers all data needed to Kim Levey, Executive Director, Educational Effectiveness and Accreditation and Jonathan Chilis, Director, Operations Improvements. This year the goal of completing the BRN annual report was met and data sources are being put into place to meet all data deadlines. For any missed years of BRN annual reports, the NEC, Leslie Moody, has directed the Program Director to work with the BRN Staff to complete any missing data.

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.

- **Improve library services access for students at the Fresno campus.**

Action Plan:

Both Fresno and LA campuses, at the recommendation of the NEC have identified public library sites of the California State and University of California Educational Systems Health Sciences Libraries with locations and hours to post for students. Contact information has been gathered and notification to these individuals has been taken place to determine a best plan for students to use their facilities. We are doing this with an invite to an advisory meeting on February 24, 2014. NU has remote online services with the Spectrum campus library system in the San Diego Area. The librarians conduct an orientation session to review online library services and how to obtain interlibrary loan materials. The Program Director is reviewing with the librarians how to provide ongoing support in a timely manner. Librarian workshops are being conducted 4 times per year to enhance the understanding of these services throughout the program instead of only at the orientation phase of the program. During the community courses the librarians specifically work with the students at the Rancho Bernardo

Campus to find demographics during the Community Course. This is being extended to both the Fresno and LA campuses this February, 2015.

- **Review the Student Learning Support Plan process and forms to ensure it is uniformly applied and that all students and faculty understand the purpose.**

Action Plan:

A faculty retreat was conducted to enhance the consistency of the Learning Support Plan that is to be the same in all courses throughout the curriculum. Therefore, when students do not reach a benchmark of level 2 in ATI they receive remediation by the faculty member, with enhanced services by the Director of Skills/Simulation who then does individual and group tutoring sessions such as: medication skills, Medical-Surgical remediation, to name a few.

SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board (and related Section 1424(h))

- **Review process for maintenance of BRN faculty approval and program course assignment rosters to ensure appropriate instructional assignment.**

Action Plan:

All faculty, full-time, part-time, and adjunct received BRN Approvals, have complete Faculty Profiles, and completed and revised as necessary Faculty Development Plans which include course assignments to ensure appropriate instructional assignment. A tickler system is in place on the NU online system, SOAR, to keep track of license and other expirations so renewals can be done in a timely manner. This process is being maintained by the Director and Assistant Directors to ensure that the Approved 2012 curriculum is being executed appropriately. Staff have been assigned to maintain a record of faculty approvals.

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

- **Review practices regarding self-governance and committee infrastructure to identify ways to include part-time faculty more fully in program review processes.**

Action Plan:

The Department of Nursing monthly meeting since October, 2014 when the present Program Director as the Chair of the Department of Nursing was appointed, encouraged all faculty, Full-time required; Part-time preferred; and adjunct teaching theory and/or Clinical also preferred to attend faculty meetings. The Program Director then instituted adjunct gatherings from 5-7PM after the Department of Nursing meeting. The purpose is to include both those working for NU to receive input, as well as a recruiting approach for new faculty. In Oct: 12 attended; November: 4 attended; and January: 9 attended.

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.

- **Strengthen and formalize the faculty orientation process and ensure it is provided to all new faculty.**

Action Plan:

The faculty orientation process has been strengthened and formalized by the Program Director, Dr. Breckenridge, assuring it is provided to all new faculty. The Faculty Development Committee, under the direction of the chair of the committee, Ms. Jocelyn Corrao, re-updated the power point presentation for online viewing. The newly hired Associate Faculty were invited to the faculty retreat in December with the full-time faculty to review curriculum, policies and procedures, strategies for teaching and student supervision and evaluation. One of the Retreat speakers was Dr. Marianne Jeffreys, Ed.D, MSN, RN, who spoke on student retention strategies for faculty to work on lowering the attrition of students.

SECTION 1426(g)(2) 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.

- **Review practices related to clinical scheduling to ensure students consistently spend at least 75% of clinical hours in direct patient care activities.**

Action Plan:

The newly hired Director of Internships/Affiliations is working directly with the Program Director, Assistant Directors and the Campus Course Leads to determine necessary clinical days and times, and secure Affiliation contracts. The Campus Course Lead and Assistant Director of each campus are expected to determine what facility and that the facility meets the student learning outcomes and to forward that affiliation name for the Program Director to finalize and send for Board Approval. With the additional Simulation/Skills lab and the 140 hard-wired computer lab that the Rancho Bernardo Campus finalized, there are now sufficient resources for the clinical scheduling of 25 % of non direct clinical hours. One of the new associate faculty member, an expert in Simulation, has been hired specifically to determine no more than 25% of simulation or other non direct patient care for courses. The attention has been placed on attaining the 75% of clinical hours in direct patient care activities such as by not having longer than a half hour to 45 minutes of pre or post conferences.

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.

- **Review policies, practices and tools pertaining to student assessment and remediation, and revise as needed to ensure effective consistent application.**

Action Plan:

The faculty retreat in December was focused on Full Board Compliance, review of the Learning Support Plan, and Syllabi consistency among all campuses for each course addressing student assessment, grading, and remediation. This area of concern was in the Total Plan of Evaluation which was reviewed in the order of the Academic Leadership Meetings, Department of Nursing Meetings, Campus Meetings, Department Course Meetings and Campus Course Meetings.

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.

- **Continue improvement of processes for communication between students, faculty and program leadership to ensure timely and accurate communication.**

Action Plan:

Students of all campuses are being actively recruited to be on the shared governance committees that establish these above mentioned areas of the Department of Nursing. A minimum of 2 students with a maximum of 6 from each campus are being recruited to each committee: Curriculum, Student Experience, and Re-integration from the Waitlisted Students. Student representatives for the two years of classes (e.g., 2015; 2016) have been recruited so that we have representation of new students and students who are in their graduating year. By having a maximum of six students, representation will be more assured from the student body. So that all campuses are represented, we have Zoom technology to be Department of Nursing inclusive of all campuses, faculty, staff, and students.

Signed,



Diane M. Breckenridge, PhD, MSN, RN, ANEF
Chair and Professor
Nursing Department
School of Health and Human Services
National University

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.2

DATE: March 5, 2015

ACTION REQUESTED: Continue Approval for Cuesta College Associate Degree Nursing Program

REQUESTED BY: Laura Shainian, Nursing Education Consultant

BACKGROUND: Marcia Scott has been program director since 2008, and has been faculty at Cuesta College since 1993.

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

Cuesta College was founded in 1963. It is located in San Luis Obispo County, situated along the Pacific Ocean in Central California, between Los Angeles and the San Francisco Bay Area. The nursing program began in 1967. The program usually admits 46 students once a year in the Fall, and three spaces are reserved for advanced placement LVNs. Current enrollment is 81 students.

The nursing curriculum at Cuesta College is grounded in a Caring philosophy and conceptual framework. In 2012 QSEN competencies and simulation were incorporated into the curriculum. There are plans for an in-depth review of the curriculum since it has not undergone major changes since 2002.

The program utilizes an integrated curriculum model for clinical. This means that clinical courses have more than one content area. For example, the second semester clinical course includes Obstetrics, Pediatrics, and Med-Surg – students rotate thru these areas over the 18-week semester. It was discovered that the clinical hours in three of the four integrated courses was not being implemented as approved. In the submitted the progress report, the program demonstrates how this has been corrected so that hours are consistent and in compliance. The changes are reflected in course syllabi.

Program evaluation is conducted in accordance with regularly collected data that is analyzed and utilized to develop revisions to the program and instruction. The program submitted a revised total program evaluation plan which allows the program to fully review all program elements.

Student feedback was overall positive regarding the program, faculty, and resources such as the Success Specialist. Other comments focused on the program's Clinical Evaluation Tool, which

students felt the grading was unclear, subjective, & inconsistent from instructor to instructor. In response to this the progress report indicated that a task force consisting of nursing faculty and students was formed to review the current tool, and to create a clear, measureable clinical evaluation tool.

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

NCLEX pass rates have remained in the 90th percentile for the past 10 years:

2005-06	96.67	2010-11	93.33
2006-07	96.88	2011-12	95.45
2007-08	95.65	2012-13	97.73
2008-09	90.19	2013-14	93.33
2009-10	92.16	2014-15	100.00

Employer surveys are overall positive and employment rates of new graduates are at 89-92% one year post graduation – many of the 2014 graduates received job offers prior to graduation.

NEXT STEPS:

Place on Board agenda.

PERSON(S) TO CONTACT:

Laura Shainian, RN, MSN
Nursing Education Consultant
310-371-8481

REPORT OF FINDINGS

CUESTA COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

**CONTINUING APPROVAL VISIT
November 18-19, 2014**

NON-COMPLIANCE:

SECTION 1426(a) – CURRICULUM - 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.

FINDINGS: INCONSISTENT IMPLEMENTATION OF CURRICULUM

Inconsistency in the implementation of approved clinical hours of instruction in 3 of 4 clinical courses. The scheduling of holidays, spring break, and faculty flex days creates inconsistency in implementation of the approved curriculum (clinical hours) because of the number of missed clinical hours in the courses.

RECOMMENDATION(S):

SECTION 1424(b)(1) TOTAL PROGRAM EVALUATION – The 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. *Develop a comprehensive written plan for ongoing total program evaluation, and an accompanying schedule of review for each component within the plan.*

SECTION 1426(f) CLINICAL FACILITIES – The program shall have tools to evaluate a student's academic progress, performance, and clinical teaching experiences that are directly related to course objectives. *Review and develop a clinical evaluation tool that is clear and measureable, and can be implemented consistently among faculty.*

**CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW**

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

(916) 322-3350

PROGRAM NAME: CUESTA COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

DATES OF VISIT: NOVEMBER 18 – 19, 2014

APPROVAL CRITERIA			COMMENTS	FINAL COPY
	Compliance	Non-Compliance		
<p>SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR</p> <p>SECTION 1425(a) The director of the program shall meet the following minimum qualifications:</p> <p>(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p> <p>(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);</p> <p>(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or</p> <p>(5) Equivalent experience and/or education as determined by the board.</p> <p>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.</p> <p>SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.</p> <p>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.</p>	X		Marcia Scott, MSN, RN, has been the program director since June 3, 2008, and taught fulltime in the program for sixteen years prior to the appointment. BRN form on file. Duty statement for position meets all functions, authority, and responsibility in 1420(h) and 1424(e).	
	X		Rick Staley, RN, BSN, MS, has been the Assistant Director since August 2014. He has been teaching at Cuesta since 2006. He 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). The program director has 100% release time during the traditional school year, and also has administrative responsibility for the Licensed Vocational Nursing and Certified Nursing Assistant programs. Rick Staley, assistant director, has allotted release time of 20% during the school year.	
	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.	

APPROVAL CRITERIA

APPROVAL CRITERIA			COMMENTS	FINAL COPY
	Compliance	Non-Compliance		
SECTION 2: TOTAL PROGRAM EVALUATION				
<p>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.</p>	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.	
<p>(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.</p>	X		<p>Program evaluation is conducted in accordance with regularly collected data that is analyzed and utilized to develop revisions to the program and instruction. However, there is no plan that documents ongoing total program evaluation and review of all program elements including the plan itself. Faculty are considering strategies to improve graduate survey response rates and track employment. And in an effort to increase employer survey response rates, surveys will be distributed to human resources directors to distribute to unit managers and nurse educators.</p> <p>Recommendation: Develop a comprehensive written plan for ongoing total program evaluation, and an accompanying schedule of review for each component within the plan.</p>	
<p>SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.</p>	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. Since 2008, the program has had one initial filing that did not move forward into the appeal process due to lack of supporting evidence (case closed).	
<p>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.</p>	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, Sciences, Math, Kinesiology/Health, Sciences, Nursing/Allied Health, and Athletics and submits resource requests to that administrator.	

	Compliance	Non-Compliance	COMMENTS
<p>SECTION 3: SUFFICIENCY OF RESOURCES</p> <p>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.</p>	<p>X</p>		<p><u>Campus</u> – wireless connectivity; myCuesta web portal facilitates communication with students and provides access to resources. Moodle is the e-learning software platform used by instructors. The college has computer labs in the High Tech Building for faculty to reserve for online classroom assignments and practice NCLEX testing.</p> <p><u>Physical Building</u> – Nursing and Allied Health building has classroom, skills lab, and simulation. Faculty have own offices.</p> <p><u>Library</u> – traditional holdings; computerized subject index to periodicals; several databases including CINAHL; interlibrary loans. Found many outdated texts in nursing reference section and discussed with program director need to purge.</p> <p><u>Counselors</u> - personal, academic, career counseling. Pre-RN group advising sessions.</p> <p><u>Nursing Counselor</u> - is a member of the Nursing Selection Committee. Duties include Friday group advising, and development of student 2-year educational plan. 25% of load for nursing. Over 200 applicants.</p> <p><u>Admissions and Records</u> – a staff member works closely with PD regarding processing of RN applications and eligibility; provides statistics; verifies student info for candidate rosters to BRN upon completion of program.<u>Assessment Services</u>–TEAS.</p> <p><u>Student Health Center</u> – personal counseling.</p> <p><u>Financial Aid</u> – emergency loans via college Foundation to prevent drop-out. <u>DSPS</u> available.</p> <p><u>Office Staff</u> – 2 FT program specialists (one serves RN prgm).</p> <p><u>RN Success Specialist</u> – grant-funded – positive student feedback. Involved in orientation, workshops, faculty or self-referral, referral to on-campus services. Facilitates Peer Mentoring between first/second year and for re-entry students.</p> <p><u>Kaplan</u> – online integrated NCLEX program that is grant-funded.</p> <p><u>Free NCLEX Live Review</u> on campus following graduation – funded per nursing grant.</p> <p><u>Skills Lab/Simulation & equipment</u> – <u>Skills laboratory</u> (remodeled in 2010) has a classroom and skills lab (moveable wall) with state-of-the-art equipment and supplies. IV smart pumps, PCAs, simulation mannequin; student skill kits. Five patient care stations are equipped with audiovisual docks that facilitate instructional videos. The classroom is equipped with an internet accessible computer, DVD player, ELMO visual presenter, and a multimedia data projector.</p>

Compliance	Non-Compliance	COMMENTS
		<p><u>The Simulation Laboratory</u> (one-way mirror) simulates a patient room with a simulated (one high fidelity adult mannequin) patient ranging in age from infant to adult. IVs, EKG monitor, medication cart are available. Discussed need for availability of portable sink in simulated patient room for hand-washing and program agreed. There is an adjoining debriefing area. The Simulation Liaison/Skills Lab Coordinator oversees the high fidelity simulation lab and assists faculty and students with skills. Part-time and fulltime faculty are scheduled to assist in the skills lab during open lab hours. The Division Chair orders supplies and the Assistant Director oversees the inventory. There are eight laptops in the skills lab for student use (research, electronic healthcare record training, & skills). <u>Pearson Cerner Academic Electronic Healthcare Record System</u> purchased with grant funding 2013/14 & college funding 2014/15. This streamlining software provides students with an increased opportunity to learn HER outside of the acute care setting. <u>iPod</u> touches with nursing applications (drugs, lab, and dictionary) can be checked out by students for use during the four semesters. The devices allow access to the internet and email with faculty remotely. In addition, <u>Skyscape</u> nursing application is provided on the device which can also be downloaded onto the students' personal devices.</p> <p><u>Faculty</u> – Individual office space; laptops, dual monitors, printer. Can access online resources and applications when off campus through a Citrix application. Are provided a hand-held electronic device to access the internet and email remotely. Provided free Skyscape nursing applications (dictionary, drug, & diagnostics). Teacher Workroom – color printer, scanner, fax machine, copy machine (can also use reprographics department). Computer training provided for faculty.</p> <p><u>Other:</u> Agency Clinical Assistants (ACA) – for each hospital rotation – clinical partners fund staff RNs to be released from patient assignments for a period of time to work with faculty and students in clinical. This provides increased opportunities for students and enhanced time management. Student surveys state enhanced positive learning experiences.</p>

		FINAL COPY
Compliance	Non-Compliance	COMMENTS
<p>SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS</p> <p>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:</p>		
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.
X		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. Regular faculty meetings are held to discuss and make decisions regarding the program, and minutes are kept of these meetings and distributed to all faculty. Both full-time and part-time faculty participate via faculty, level, and program review meetings.
X		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. There are 5 full-time faculty (not including the program director) of which all are Instructor approved. Four have a Master's degree in Nursing and one is doctorally-prepared. 7 part-time faculty: (one is the Psych content lecturer, one is the Simulation Lab Coordinator, and two are Skills Lab Instructors) 3 are instructor (Master's degree in Nursing including one who is a CNS/NP) 4 are assistant instructor (2 Master's/2 BSNs) 0 clinical teaching assistants 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.
X		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. Compliant relationships of authority and communication are depicted in the organizational chart and articulated in job descriptions.

APPROVAL CRITERIA

			FINAL COPY
	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1425(c) An instructor shall meet the following minimum qualifications:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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.
<p>SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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.
<p>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.</p>			None utilized in this program.

APPROVAL CRITERIA

			FINAL COPY
	Compliance	Non-Compliance	COMMENTS
<p>Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	X		<p>MS: Linda Harris, MSN, RN OB: Antonia Torrey, PhD, RN Peds: Antonia Torrey, PhD, RN Psych: Dawn Santos, MSN, CNS, NP, NR Geriatrics: Rick Staley, MA, RN</p> <p>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.</p>
<p>Section 5: CURRICULUM</p> <p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p>	X		<p>The program philosophy and conceptual framework address all required elements.</p>
<p>SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	X		<p>Regular faculty 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, and content experts.</p>
<p>SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.</p>	X		<p>There is a structured orientation process for new faculty.</p>
<p>SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.</p>	X		<p>Faculty maintain clinical competence through active clinical practice and/or instruction. Program documents support current clinical competence for all faculty.</p>

Compliance	Non-Compliance	COMMENTS
------------	----------------	----------

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. The last major curriculum revision occurred in 2002. The program admits one class per year. First/third semesters run during the Fall, and 2nd/4th semesters run during the Spring. This design facilitates clinical placements for Cuesta nursing students, in addition to students from other allied health programs at the college and other nursing programs in the community. In each semester, there is a Nursing Skills Lab Practice course where students practice skills that are taught in the lecture courses for that semester. Of the required 27 hours of skills lab practice for this course, approximately 20 hours are "scheduled", and the remaining hours are unscheduled. The unscheduled hours allow for independent practice by students and are tracked by faculty per computerized student clock-in/out to ensure hours. The curriculum model for the integrated lab/clinical courses ("B courses") has students scheduled in various settings designated for each content area which includes skills lab, simulation, observation, critical thinking seminar and direct patient care. Students attend clinical on scheduled days with the exceptions of holidays, spring break, and faculty flex days, however, analysis of this data revealed a deficit in total number of clinical hours implemented in three of four clinical courses:

Course	Content hrs.	Total Hrs. Implemented / Approved Clinical Hrs.
201B	MS 99 Geri 45 Simulation 18	162 / 162
202B	OB 63 Peds 63 MS 144 Simulation 18	288 / 324
203B	MS 129 Sim 9	138 / 162
204B	Psych 63 MS 117 Simulation 9 Preceptorship 108	297 / 324

Non-Compliance:
Inconsistency in the implementation of approved clinical hours of instruction in 3 of 4 clinical courses. The scheduling of holidays, spring break, and faculty flex days creates inconsistency in implementation of the approved curriculum (clinical hours) because of the number of missed clinical hours in the courses.

APPROVAL CRITERIA

			FINAL COPY
	Compliance	Non-Compliance	COMMENTS
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 integrates caring concepts and four conceptual components of the caring framework which are health, person, and society/environment and nursing. The conceptual framework uses the Chater model of student/setting/subject, and Verle Waters' perception of nursing practice. Caring is the overriding conceptual construct and nurses address goal setting problems, energy problems, and caring problems utilizing 4 types of nursing interventions via eight major tools and concepts. These eight tools/concepts are identified as curriculum threads and mapped across the curriculum and frame course content. There is consistency between the framework and specific course content. Program learning outcomes reflect the achievement of terminal program objectives/level 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: (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 X		The BRN approved curriculum is presented in semester units (16 week semesters) and meets requirements: Nursing: 45.5 units (26 theory; 19.5 clinical) Communication: 6-7 units Science: 18-20 units Total Units for Licensure: 69.5-72.5 Other Degree Requirements: 6 Total Units For Graduation: 75.5-78.5
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.

APPROVAL CRITERIA

			FINAL COPY
	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p> <ul style="list-style-type: none"> (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.

	Compliance	Non-Compliance	COMMENTS
<p>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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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; <ul style="list-style-type: none"> (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. 	<p>X</p>		<p>The program has policies and documentation to meet all requirements for preceptorship. A qualified faculty is always assigned to oversee and coordinate the preceptored experiences.</p>

APPROVAL CRITERIA

APPROVAL CRITERIA			COMMENTS	FINAL COPY
	Compliance	Non-Compliance		
<p>(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:</p> <p>(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;</p> <p>(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;</p> <p>(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.</p> <p>(7) Plan for ongoing evaluation regarding the continued use of preceptors.</p> <p>(c) Faculty/student ratio for preceptorship shall be based on the following criteria:</p> <p>(1) Student/preceptor needs;</p> <p>(2) Faculty's ability to effectively supervise;</p> <p>(3) Students' assigned nursing area; and</p> <p>(4) Agency/facility requirements.</p>	X		All criteria are considered when making course cohort faculty assignments.	
<p>SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:</p> <p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</p>	X		The program is mapped in semester units following the prescribed formula for units/instructional hours.	
<p>SECTION 6: CLINICAL FACILITIES</p> <p>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.</p> <p>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.</p>	X		See Preceptorship (1426.1).	

APPROVAL CRITERIA

			FINAL COPY
	Compliance	Non-Compliance	COMMENTS
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		Clinical sites visited 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; (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.	X		The template utilized for clinical facility agreements contains all required elements.
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		Clinical placement requests are communicated between the program director, assistant program director, and agency liaisons. Scheduling is coordinated with other allied health programs within the division as well as other local nursing programs.

APPROVAL CRITERIA

			FINAL COPY
	Compliance	Non-Compliance	COMMENTS
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.
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		<p>Tools for evaluation of student achievement are presented for each course and specific to that course’s learning/performance objectives. The program clinical evaluation tool (CET) used for each clinical course lists a grading scale of “A thru < C-“ (Psych and OB/Peds uses Pass/Fail) with a descriptor (Most, Majority, All, Majority-demonstrates a few areas of higher level/lower level performance) for each grade. There is accompanying verbiage for each descriptor. This grading scale is used in conjunction with leveled performance standards & criteria for each of the programs’ eight concept threads. In addition, student performance is also assessed for the application of Critical Elements. Faculty utilize clinical grading guidelines when determining grades. Students stated that the grading of the CET was not clear, that were was subjectivity from instructor to instructor, and inconsistency between instructors. Similar feedback was elicited by students at the Interim Visit in 2012.</p> <p>Recommendation: Review and develop a clinical evaluation tool that is clear and measureable, and can be implemented consistently among faculty.</p>

	Compliance	Non-Compliance	COMMENTS
<p>SECTION 7: STUDENT PARTICIPATION</p> <p>SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p> <ul style="list-style-type: none"> (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities. 	X		<p>Students in each class elect officers and a class representative. Class representatives attend faculty meetings once a month to report on class issues. There is a monthly open forum meeting in which students from each class meet with the program director to provide feedback, report on issues of concern, and offer suggestions which are communicated to faculty at level or faculty meetings. Beginning Fall 2014, one student from each year of the program will attend RN advisory meetings. In addition, one student will be selected to participate in the student handbook revisions. Informally, students are encouraged to communicate with their theory and clinical instructors to discuss issues and provide suggestions. Course evaluations provide input that is evaluated and acted upon.</p>
<p>SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS</p> <p>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.</p>	X		<p>This option is presented in the BRN approved program curriculum. The program has not had: 2 students in 2009; 2 students in 2010; and 1 student in 2013 to apply for admission under this option.</p>
<p>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.</p>	X		<p>Prospective students who inquire about this option are directed to the program director that provides complete and objective information verbally and in print.</p>

APPROVAL CRITERIA

			COMMENTS	FINAL COPY
	Compliance	Non-Compliance		
<p>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.</p> <p>Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.</p> <p>The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.</p>	X			
<p>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.</p>	X		<p>Policies and procedures are presented in the college catalogue which is available in print and online at the university's website.</p> <p>Licensed Vocational Nurses may be admitted as advanced placement students. Each year the program accommodates up to three advanced placement students into the second semester as outlined in college catalog and online website.</p>	

APPROVAL CRITERIA			COMMENTS
	Compliance	Non-Compliance	
<p>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.</p> <p>(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. 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.</p> <p>(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.</p> <p>(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.</p>	X		<p>Pass rate is consistently above minimum performance threshold:</p> <p>2007-8 95.65% (46/44) 2008-9 90.91% (55/50) 2009-10 92.16% (51/47) 2010-11 93.33% (45/42) 2011-12 95.45% (44/42) 2012-13 97.73% (44/43) 2013-14 93.33% (30/28) 2014-15 100% (15/15) July-Sept</p>

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



SAN LUIS OBISPO COUNTY COMMUNITY COLLEGE DISTRICT

Thousands of Success Stories

Laura Shainian, MSN, RN
Nursing Education Consultant
CA Board of Registered Nursing
310-371-8481 (FAX) 310-371-8481
Email: laura.shainian@dca.ca.gov

January 27, 2015

Dear Laura,

I am responding to the NEC Report of Findings from the Continuing Approval Visit at Cuesta College on November 18 and 19, 2014. Faculty and I have developed a plan to resolve the area of non-compliance and address the two recommendations. Explanations and supporting documents are attached to demonstrate the changes that are being implemented.

Finding: Non-Compliance: Section 1426(a) – Curriculum

Inconsistent implementation of clinical hours of instruction was found in 3 of 4 clinical courses due to holidays, faculty flex days and spring break.

Actions:

1. A new policy has been created and added to the RN Faculty Handbook. Faculty developed this policy to assure that clinical hours are consistently implemented when a scheduled clinical day falls on a college holiday, faculty flex day, or during spring break. The following language has been added to the RN Faculty Handbook, page 22: *"The lead level instructor will create and provide a clinical calendar and student roster to each clinical instructor. Clinical hours that are reduced due to college holidays, faculty flex days or spring break will be accounted for in this schedule so the required curriculum hours will be consistently implemented at 162 hours in 1st and 3^d semester, and 324 hours in 2nd and 4th semester. An explanation of total clinical hours will be provided to students in the course syllabi"*.

2. Faculty have developed clinical schedules to consistently implement the approved clinical hours. These hours are demonstrated in the table below and explained per course thereafter.

Course	Previous Clinical Hours (due to college breaks)	Total Hrs. Implemented / Approved Hours	Corrected Hours	Total Clinical Hours
201B	MS 99 Geri 45 Simulation 18	162 / 162	Same	162/162
202B	OB 63 Peds 63 MS 144 Simulation 18	288 / 324	OB 63 Peds 54 MS 189 Simulation (27 hrs of MS 9, Peds 9 & Geri 9) Clinical Preparation 18	324/324
203B	MS 129 Sim 9	138 / 162	MS 141 Sim 21	162/162
204B	Psych 63 MS 117 Simulation 9 Preceptorship 108	297 / 324	Psych 63 MS 117 Simulation 28 Preceptorship 116	324/324

NRAD 202B has accounted for 324 hours of clinical with medical surgical, obstetric, and pediatric clinical hours, clinical preparation, and simulation hours. A clinical calendar and example of a weekly student rotation through the semester is attached. The following language explaining these clinical hours has been added to the NRAD 202B syllabus:

F1. Student Clinical Hours

Each student will be scheduled for the following clinical hours to complete the 202B clinical requirements for a total of 324 hours: (Refer to clinical calendar for specific dates)

- Medical/Surgical patient care clinical days for twenty (21), nine (9) hour days, plus (18) clinical preparation hours for a total of 189 hours.
- OB patient care clinical days for seven (7), nine (9) hour days for a total of 63 hours.
- Pediatric patient care clinical days for six (6), nine (9) hour days for a total of 54 hours.
- One (1) Medical-Surgical Simulation Experience in the Simulation Lab for a total of nine (9) hours - included in med-surg hours above.
- One (1) Pediatric Community Simulation Experience on an assigned Friday during the semester for a total of nine (9) hours- included in pediatric hours.
- One (1) Adult/Geriatric Simulation Community Experience on an assigned Friday during the semester for a total of nine (9) hours – included in med-surg hours.

Students will perform clinical preparation/patient research prior to patient care clinical days as assigned. Patient research forms will be distributed and instructions provided

during clinical orientation. Each student will go to their clinical sites on Tuesday afternoons to gather patient information including medical diagnosis, medications, diagnostic tests, medical orders, and complete the clinical preparation/research forms Tuesday evening to further research their patient's conditions and treatments and formulate individualized care plans before coming to clinical on Wednesday mornings. Clinical research will be collected by clinical instructors on Wednesday mornings when students arrive on the unit. Research and clinical preparation that reflects changes to patients and medical orders will be done Wednesday evening as well as engage in care planning to prepare for clinical on Thursday.

NRAD 203B has accounted for 162 total hours of clinical with medical surgical and simulation experiences. The clinical calendar showing these hours is attached. The following language explaining these clinical hours has been added to the NRAD 203B syllabus:

- a. Clinical Hours: Each student will be scheduled for the following clinical hours to complete the 203B clinical requirements for a total of 162 hours: (Refer to clinical calendar for specific dates)
Clinical days (13) = 117 hours (9 hours per clinical day)
12 hour shifts (2) = 24 hours
Clinical Simulation days (3) = 21 hours (7 hours per simulation day)

NRAD 204B has accounted for 324 hours of clinical hours through medical surgical and psychiatric clinical rotations and simulation. A clinical calendar and example of a weekly student rotation through the semester is attached. The following language explaining these clinical hours has been added to the NRAD 204B syllabus:

204B Clinical Hours

Clinical Hours: Each student will be scheduled for the following clinical hours to complete 204B clinical requirements for a total of 324 hours. (Refer to clinical calendar and clinical rotation for specific dates)

Medical-Surgical orientation (9 hours)
Psychiatric Clinical orientation (9 hours)
Medical Surgical Clinical 12 days (108 hours)
Psychiatric Clinical 6 days (54 hours)
Clinical Simulation 4 days (28 hours)
Preceptorship Hours: Total of 116 hours

Finding: Recommendation Section 1424(b) (1) Total Program Evaluation

A recommendation was provided to develop a comprehensive written plan for ongoing total

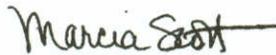
program evaluation. **Action:** A Total Program Evaluation Plan was formalized at our December 2014 Program Review meeting. This written comprehensive plan is attached.

Finding: Recommendation Section 1426(f) – Clinical Facilities

A recommendation was provided to review and develop a clinical evaluation tool that is clear and measureable, and that can be implemented consistently among faculty. **Action:** A task force that is composed of nursing faculty and students has been established to review our current tool and create one that is clear and measurable.

Thank you for your expertise and guidance during our process of continued program approval. It is our every intent to implement an Associate Degree Nursing Program curriculum that meets all of the regulations set forth by the Board of Registered Nursing. Please let me know if you have questions or comment on any of the information provided in this response.

Respectfully,



Marcia Scott RN, MSN
Director of Nursing
Cuesta College
805.546-3100 ext 2665
Email: msscott@cuesta.edu

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.3

DATE: March 5, 2015

ACTION REQUESTED: Vote On Whether To Recommend Continuation of Approval For Mt. San Jacinto College, MVC Associate Degree Nursing Program

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

BACKGROUND: Raelene Brooks, MSN, RN, CCRN
Interim Associate Dean, Nursing/Allied Health Unit
Approved as Program Director on 2-2-2012

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

The program had 105 enrolled students. Generic students are admitted once a year in the fall. LVN advance placement students enter third semester after completion of pre-requisites.

The nursing program is located in the Nursing and Allied Health Building which contains administrative, faculty office and course instructional space. The program has transformed the skills and simulation lab space and operations to facilitate a positive learning experience for students. The skills lab equipment includes a variety of low, mid and high-fidelity simulators for pediatric, obstetric and adult simulation experiences to include a new bariatric human simulator. Consultants were informed that a bond was passed to fund a new building for the Nursing and Allied Health Unit.

The college has allocated funding for 10 full-time faculty teaching positions. Two positions were vacant. An unanticipated faculty member's leave, and the need for an assignment modification for another, was impacting full-time faculty workload at the time of the visit. A specific recruitment and hiring schedule is planned over the next year. Program administration relayed that difficulties in hiring qualified faculty have occurred with some issues related to college human resources services. New faculty participate in a variety of orientation activities. The program has additional resources to continue faculty development.

The curriculum plan is based on an 18 - week semester system. Some courses are implemented over 9 weeks and others over 18-weeks. The curriculum unifying theme reflects seven concepts including: Nursing Role/Leadership, Nursing Process, Patient Centered Care, Communication, Evidence-Based Practice, Quality Improvement/Fiscal Responsibility and Safety. A faculty team teaching model is employed in the delivery of medical-surgical theory courses. The faculty have implemented changes in the curriculum, instituted the systematic use of ATI resources, and have

approved policy and procedure changes for grading.

Students participated in task forces influencing change in the medication dosage examination policy, and program survey tools. Students communicated that they felt that the program is engaging their participation and communicating effectively on significant issues.

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

The NCLEX-RN examination pass rate has consistently been above the 75% pass rate standard. A variety of resources and methods are used to promote successful student outcomes, including but not limited to; targeted counseling, remediation, policies / procedure changes, tutoring/mentoring, curriculum revision and use of ATI resources.

NCLEX Pass Rates First Time Candidates:

2014-2015 - 92.31% (July to Dec.)

2013-2014 - 91.11%

2012-2013 - 96.49%

2011-2012 - 85.96%

2010-2011 - 84.81%

2009-2010 - 96%

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

MT. SAN JACINTO COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Visit Dates: NOVEMBER 6 & 7, 2014

NON-COMPLIANCE:

Section 1426(g)(2) 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 hours of instruction in non-direct patient care exceed requirements in the Nursing 244-Advanced Medical-Surgical Nursing IV course.

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**

Students are assigned for clinical experience at six agencies in which there is no current signed agreement.

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

MT. SAN JACINTO COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Visit Dates: NOVEMBER 6 & 7, 2014

RECOMMENDATIONS:

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 difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

Revise the philosophy statement to reflect the program mission, unifying theme and the concepts that serve as the basis of the curriculum structure.

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.**

Ensure that content experts maintain continuing education specific to the nursing area qualification requirement.

SECTION 1426.1(b)(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships;

Review and revise the system used to track all preceptor recordkeeping requirements.

**CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW**

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

(916) 322-3350

PROGRAM NAME: MT. SAN JACINTO COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

DATES OF VISIT: November 6 & 7, 2014

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
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;	X		University of Phoenix, MSN 2000, Nursing Education	
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);	X		Assistant Director - Mt. San Jacinto College ADN, 11/2010-2/2012	
(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and	X		San Diego City College, Associate Professor, 2003-2007	
(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or	X		Sharp Healthcare San Diego – MICU/SICU - 5/2003-9/2011	
(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		The program has two assistant directors. Dr. Peter Zografos approved on 2/7/2012, and Dr. Domenica Oliveri approved on 6/14/2013.	
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The program director position is allocated 100% release time, and the assistant program directors are each allocated 25% release time. The assistant program directors are compensated additionally for administrative duties when teaching load is at 100%.	
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		Both assistant program directors are capable of performing the duties of the director in her absence. P. Zofragros administrative duties are focused on clinical placement coordination.	

APPROVAL CRITERIA

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
SECTION 2: TOTAL PROGRAM EVALUATION				
<p>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.</p>	X		College and program policies are stated in the college catalogue, and the 2014-2015 Nursing and Allied Health Unit ADN Program Handbook. The program uses a Multi-Criteria Selection Process and TEAS testing in the admission and selection process. Clarifying the grounds for dismissal related to situations other than medication examination competency was discussed.	
<p>(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.</p>	X		The faculty uses the Total Evaluation Plan for overall program evaluation and document annual implementation. Additionally, the meeting agenda structure focuses the faculty on specific program evaluation related topics, such as promotion, enrollment, attrition and retention during their weekly meetings.	
<p>SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.</p>	X		The college catalogue clearly specifies a well-defined multi-step complaint to grievance policy and procedure.	
<p>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.</p>	X		Organizational charts and positions descriptions depict the organizational structure of the program and the relationship to the college and to clinical agencies. The program is within the Nursing and Allied Health Unit of the college.	

	Compliance	Non-Compliance	COMMENTS
<p>SECTION 3: SUFFICIENCY OF RESOURCES</p> <p>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.</p>	<p>X</p>		<p>The program had (105) total enrolled students and admits generic students once a year in the fall.</p> <p>The nursing program is located in the Nursing and Allied Health Building which contains program administrative, faculty office and course instructional space. Additional space is available to the program in modular structures. Wi-Fi access is available to students and faculty. The program receives funding from the college and is supported additionally by grants. Grants have funded tutoring, mentoring, support equipment, faculty development, student learning resources (ATI), additional student enrollments as well as other program resources. A full-time administrative support staff position is dedicated specifically to the ADN program, and there are (3) other positions that support the allied health division. An Associate Counselor/Student Services (23.5 hrs./week), Enrollment Specialist and Instructional Aid support the program. A full-time Learning Resource Skills Lab Coordinator faculty position is allocated but vacant and filled by (3) part-time faculty. The college has allocated funding for (10) full-time faculty teaching positions. Seven positions are occupied by full-time faculty and one by a part-time faculty. Two are vacant at this time. A specific recruitment and hiring schedule is planned over the next year. Program administration relayed that difficulties in hiring qualified faculty have occurred, with some issues are related to college Human Resources services. Consultants explained the regulatory qualification requirements for program faculty during the meeting with college administration. The program has transformed the skills and simulation lab space and operations to facilitate a positive learning experience for students. This included adopting a scheduled appointment system via Blackboard for practice and remediation outside of class time. The skills lab equipment includes a variety of low, mid and high-fidelity simulators for pediatric, obstetric and adult simulation experiences to include a new bariatric human simulator. Students have access to newly acquired equipment including but not limited to; a cardiac rhythm simulator, Pyxis, patient controlled analgesia machine, crash cart, and a Sami Auscultation and Simulation Stethoscope. Laptop and desk top computers are available. The Learning Resource Center and Library provide students with general academic resources and specific databases for the nursing program.</p>

APPROVAL CRITERIA

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>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.</p>	X		<p>The college has also allocated for two new full-time positions. One is to support a permanent Nursing Student Success Counselor and the other is for the Associate Dean of Nursing and Allied Health position which is occupied by the ADN program director at this time. Consultants were informed that a bond was passed to fund a new building for the Nursing and Allied Health Unit.</p>	
<p>SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS</p> <p>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:</p> <p>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</p>	X		<p>The faculty teaching in the program are BRN approved.</p>	
	X		<p>The faculty meet weekly to plan, implement and evaluate the program based on a structured agenda format. Minutes are disseminated to all faculty. Courses that are designed to provide the theory content through a faculty team teaching model includes N212, N214, N224, N234, N244 and N248. Students commented on their perspective about the evolution of this model of instruction while in the program, as well as recent changes due to unexpected faculty changes. Lead course faculty plan and coordinate the clinical course component with part-time faculty. A system using a communication log has been established to supplement spontaneous faculty to faculty communication as needed. The faculty have implemented changes in the curriculum, instituted the systematic use of ATI resources, and have approved policy and procedure changes for grading as some examples of implementing their role.</p>	

APPROVAL CRITERIA

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>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.</p> <p>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.</p>	X		The program had (5) full-time faculty and (11) part-time faculty assigned to teach at the time of the visit. One full-time faculty member, who also serves as one of the program's assistant directors was not available to teach as anticipated, and another was on a modified assignment. This impacted the faculty assignment plan for medical surgical, and preceptorship courses this semester. It also resulted in full-time faculty working in overload status to implement courses this semester. The hiring plan is intended to remedy this situation for the next semester. Some faculty are new to the program and some are new academic program educators. The program has additional part-time faculty that are BRN approved..	
<p>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.</p>	X		As evidenced on the Nursing Curriculum and Clinical Facilities Form (EDP-P-11) for Fall 2014, and program organizational chart.	
<p>SECTION 1425(c) An instructor shall meet the following minimum qualifications:</p> <p>(1) The education requirements set forth in subsection (a) (1).</p> <p>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</p> <p>(A) One (1) year's continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and</p> <p>(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p>	X X X X X X		Faculty approval forms are on file at the program. Instructors meet BRN qualifications.	
<p>SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:</p> <p>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</p>	X X		Assistant instructors meet BRN qualifications.	

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p>	X			
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		CTA's meet BRN qualifications.	
<p>Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	X		<p>Medical/ Surgical: Peter Zografos and Dee Oliveri Obstetrics: Melanie Johnson Pediatrics: Laura Gibson Mental Health/Psychiatric : Susan Farrington Geriatrics: Susan Farrington</p> <p>Report on faculty forms depicted continuing education and practice teaching experience for content experts. It was noted that content experts continue to develop their expertise in many areas to improve their effectiveness as educators. The program was reminded about the specific education and practice requirements in the designated nursing area to serve in this specific role.</p> <p>Recommendation: Ensure that content experts maintain continuing education specific to the nursing area qualification requirement.</p>	

APPROVAL CRITERIA

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
<p>Section 5: CURRICULUM</p> <p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p>	X		<p>The faculty has defined the program's Mission, Philosophy, Program Learning Outcomes (serving as Objectives), Course/Student Learning Outcomes, and Core Values that incorporate Quality and Safety Education for Nurses (QSEN) concepts. The curriculum is designed in alignment with these elements. The program previously submitted a minor curriculum revision that was in part related to the philosophical statement, and was granted approval by the Board for changes that did not significantly alter approved content. The current philosophical statement is: The philosophy of the Associate Science Degree, Registered Nursing Program focuses on the individual needs of the students and patients, within the context of families, communities and environments who exist on a health continuum. Learning occurs via a dynamic engaged process that prepares the student to function effectively as an entry level registered nurse within nursing and inter-professional teams. Consultants reviewed the interpretation of the regulation as compared with the current philosophical statement during the visit.</p> <p>Recommendation: Revise the philosophy statement to reflect the program mission, unifying theme and the concepts that serve as the basis of the curriculum structure.</p>
<p>SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	X		<p>Students report that there are different styles that faculty use to implement teaching course content and in establishing test questions for theory courses that use a team teaching model, and that they adapt accordingly. The faculty actively endeavor to make the model successful given a variety of backgrounds and experience levels.</p>
<p>SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.</p>	X		<p>New faculty meet with the program director bimonthly for support and guidance. New faculty participate in a variety of orientation activities. The program has additional resources to continue faculty development.</p>
<p>SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.</p>	X		<p>Full-time faculty are BRN approved in more than one nursing area which is promoted by program administration.</p>
<p>SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.</p>	X		<p>The curriculum was adapted from CA Community College Chancellors Office. The last major revision was in 2006. A minor curriculum revision was submitted in November 2013.</p>

APPROVAL CRITERIA

			WORK COPY
	Compliance	Non-Compliance	COMMENTS
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		Program Core Values and Course/Student Learning Outcomes define (7) concepts that reflect QSEN competencies, and serve as the unifying theme of the curriculum. They are: Nursing Role/Leadership, Nursing Process, Patient Centered Care, Communication, Evidence-Based Practice, Quality Improvement/Fiscal Responsibility and Safety.
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 nursing program curriculum consists of a total of (68) semester units. There are (10) semester units of other degree requirements including (4) supplemental skills lab classes (0.5) units each. Total units for graduation is (78) 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 Units = 40 Theory Units = 21 Clinical Units = 19
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	X		Communication Units = 7
(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 Units = 21 Nursing faculty meet with faculty from the related sciences who are invited to the annual advisory committee meeting.
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		Theory and clinical are included in the same course in each of the (5) nursing areas. ATI (CARP) resources are used throughout the program. The curriculum focuses on medication safety through strategic implementation of dosage calculation examinations in courses in which medications are administered. Consultants discussed the content provided to student in the area of delegation in reference to CCR Section 1443.5 during the visit.
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.	X		Course syllabi are organized into learning modules designed to link theory and clinical concepts. The modules contain theory learning objectives, theory learning activities/ resources, clinical learning objectives, and clinical learning activities organized in adjacent columns to illustrate the associations between theory and clinical.
(1) nursing process;	X		

APPROVAL CRITERIA

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
(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

APPROVAL CRITERIA			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:</p> <p>(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;</p> <p>(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;</p> <p>(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.</p>	X		<p>Course faculty completes the final course evaluation.</p> <p>The program has developed and uses course forms such as a Preceptorship Contract/Conferences form, a Preceptor Resume /CV form, a Preceptorship Agreement and specific course evaluation tools that are included in the handbook/syllabus. Consultants were informed that some of the course records are also maintained online by one of the program assistant directors who was on an unanticipated leave at the time of the visit. Demonstrating that an overall recordkeeping system that is readily assessable exists was challenging for the program.</p> <p>Recommendation: Review and revise the system used to track all preceptor recordkeeping requirements.</p>	
(7) Plan for ongoing evaluation regarding the continued use of preceptors	X			
(c) Faculty/student ratio for preceptorship shall be based on the following criteria:	X			<p>Faculty use ATI Comprehensive Predictor test outcomes from the N244 Advanced Med. /Surg. course in part to make decisions about student assignments.</p>
(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		<p>The curriculum plan is based on an 18- week semester system. Some courses are implemented over (9) weeks and others over 18-weeks. One unit of theory equals (18) hours and one unit of clinical equals (54) hours.</p>	
(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.	X			

APPROVAL CRITERIA

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
SECTION 1426(g)(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	Nursing 244 is an advanced medical-surgical course offered in the fourth semester of the program. It is a (4) unit course offered during the first nine weeks. The theory component is approved for (2) units (36 hours), and the clinical component is (2) units (108) hours. The course syllabi and class schedule indicated that the course was offered at the clinical facility on Tuesday and in the Simulation Lab on Saturday. Students described the time spent in the simulation lab component. The course lead faculty who is one of the program assistant directors, communicated the understanding that the course was designed to be compliant with the required number of hours in direct patient care. After review with the program director it was mutually determined that the course hours in simulation had inadvertently exceeded the regulatory requirement for direct patient care, however it was not discovered until the BRN visit. Simulation is included in the design of other program courses. Non-Compliance: The hours of instruction in non-direct patient care exceed requirements in the Nursing 244-Advanced Medical-Surgical Nursing IV course.	
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.	X		The program uses preceptors in the Nursing 248 Preceptorship Course. Responsibilities are defined.	
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 of the two program assistant directors is designated as the clinical placement coordinator, and assists the program director in maintaining the requirements.(See CCR Section 1427 (c).	
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		Consultants visited Vista Pacifica and Life Care Center of Menifee during the visit.	

APPROVAL CRITERIA

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:		X	<p>The program uses a variety clinical sites, and has established clinical affiliation agreements commonly using the contract template specified by the agency. At the time of the visit consultants discussed the structure of the contract template agreement that the college established, and were informed that it was in the process of being updated. The ADN program collaborates with Business Services at the college for the execution and maintenance of the clinical affiliation agreements. Program leadership described that the current system in place for maintaining compliance presented challenges. It was noted that the list that described the in-effect status of the clinical affiliation agreements provided in the self-study report did not always reflect the actual status of several of the agreements on-site at the program. Consultants identified that the clinical affiliation agreements for the following agencies were not in-effect at the time of the visit. The agencies are: Hemet Valley Medical Center, Menifee Valley Medical Center, San Gorgonio Memorial Hospital, Sunny Rose Glen, Care Connexus, and Vista Pacifica. Students were assigned to these agencies for clinical experience at the time of the visit.</p> <p>Non-Compliance: Students are assigned for clinical experience at six agencies in which there is no current signed agreement.</p>	
(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			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
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 participates in the Inland Empire Health Education Consortium in the process of securing placements. The program faculty expressed concern about locating placements for the number of future students that will be entering in the Nursing 248 Preceptorship course.	
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		Consultants discussed the faculty's role in more specifically delineating in writing the process that they are using to establish the student/ teacher ratio during the visit. The program reported that faculty to student ratio in the clinical setting is 1: 7-11.	
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 Clinical Evaluation Tool (CET) is used for grading the clinical course component based on the Core Values, Course/Student SLO's and associated competencies. Theory is 70% of grade and clinical is 30% of the grade. Students use a Student Quality Assurance Worksheet each day during clinical to keep on track with learning outcomes. The Strategic Plan for Student Success Form is used to facilitate remediation. Rubrics for the CET and Simulation (Lasater) support the grading process.	
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 methods to provide input into the program beyond the required course and program evaluation survey completions. Some examples include: an open communication forum known as Dining with the Dean, participation in SWANS (a constituent of the National Student Nurses Association), serving as peer tutors or mentors, and through representatives who attend faculty meetings. Students have participated in task forces to influence change in the medication dosage examination policy, and program survey tools. Students communicated that they felt that the program is engaging their participation and communicating effectively on significant issues.	

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
<p>SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS</p>				
<p>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.</p>	X		Information regarding the (30) Unit Option is in the nursing student handbook and available to prospective applicants.	
<p>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.</p>	X		The Nursing Student Success Counselor and Enrollment Specialist provide option information to prospective applicants. The program director meets with any individual who is interested in the option for additional advisement. Consultants clarified some aspects of the option during the visit.	
<p>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.</p>	X		The curriculum plan is approved for (30) semester units.	
<p>Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.</p>	X		Required courses are included in the curriculum plan.	
<p>The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.</p>	X		The program reported that it had one student during the last (5) years who selected this option and who successfully passed the NCLEX- RN examination.	

APPROVAL CRITERIA

			WORK COPY
	Compliance	Non-Compliance	COMMENTS
<p>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.</p>	X		<p>Policies related to transfer and credit by examination are found in the college catalogue, and for transfer specific to nursing in the nursing student handbook.</p> <p>LVN advance placement students seeking a degree enter third semester after completion of pre-requisites. A role transition course is required in the prior Spring semester. The program plans for the admission of (12) LVN advance placement students each fall however the enrollment number is sometimes decreased due to success in the role transition course.</p> <p>Consultants discussed clarifying some aspects of granting credit for students with existing baccalaureate degrees as noted in the student handbook, and for the process of challenging nursing courses.</p>
<p>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.</p> <p>(a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. 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.</p> <p>(b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years.</p> <p>(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.</p>	X X X X		<p>The NCLEX-RN examination pass rate has consistently been above the 75% pass rate standard. A variety of resources and methods are used to promote successful student outcomes, including but not limited to; targeted counseling, policies and procedures, tutoring/mentoring, curriculum revision and ATI resources. Consultants reviewed the successful outcomes with college administration.</p> <p>2014-2015 - 95.24% (July to Sept.) 2013-2014 - 91.11% 2012-2013 - 96.49% 2011-2012 - 85.96% 2010-2011 - 84.81% 2009-2010 - 96% 2008-2009 - 88.57% 2007-2008 - 85.14%</p>

APPROVAL CRITERIA

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



Mt. San Jacinto Community College District
1499 N. State Street, San Jacinto, CA 92583

Roger W. Schultz, Ph.D.
Superintendent/President

Board of Trustees
Eugene V. Kadow
Dorothy J. McGargill
Ann Motte
Gwen Schlange
Joan F. Sparkman

February 9, 2015

Shelley Ward
Nursing Education Consultant
California Board of Registered Nursing
PO Box 944210, Sacramento, CA 94244-2100

Dear Ms. Ward,

On behalf of the Mt. San Jacinto College Associate Degree Nursing Program, I want to thank you for the "Work Copy" of the BRN Consultant Approval Report with the findings from the continuing approval evaluation visit conducted on November 6 & 7th, 2014. The timeline provided to respond to the non-compliances was beneficial and your ongoing support and guidance is appreciated.

This letter is a formal response from the MSJC Nursing Program to the 'Consultant's Approval Report'. This report is submitted prior to the formal report to the Education Licensing Committee.

CALIFORNIA CODE OF REGULATIONS NONCOMPLIANCE

SECTION 1426(g)(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

As stated: *"The hours of instruction in non-direct patient care exceed requirements in the Nursing 244-Advanced Medical Surgical Nursing IV course."*

CALIFORNIA CODE OF REGULATIONS NONCOMPLIANCE RESPONSE

Section 1426(g)(2) was carefully reviewed during a December 2014 faculty meeting and noted in the program's meeting minutes. A process of 'checks and balances' involving faculty members and administrative staff was created to avoid non-compliance with the CCR § 1426(g)(2) and noted in the program's minutes. The internal published faculty schedule is distributed in the final meeting of the Spring and Fall semesters. The internal schedule has also been modified to include a breakdown of the simulation hours in each course as an additional measure to ensure compliance with the '75% regulation'.

The faculty members made the decision to review the clinical simulation hours for each course prior to: the final schedule submission to the college administration, dissemination to the students, and inclusion into the course syllabi. The checks and balances process was implemented successfully in December 2014 prior to the implementation of the Spring 2015 semester schedule and this method of checks and balances will continue indefinitely and will take place during the last meeting of the semester (see attached meeting minutes).

The checks and balance process for reviewing the clinical simulation hours will remain a definitive practice prior to the implementation of each fall and spring semester.

Internal published faculty schedule example:

FIRST 9 WEEKS: January 20th –March 22nd (46 Students)

COURSE N244 Medical Surgical Nursing IV	DAY	36 HOURS	INSTRUCTOR	LOAD	ROOMS
NURS 244 THEORY	Thursday	8:00am-10:15am	Leticia	6.67	2005
NURS 244 THEORY	Monday	8:00am-10:15am	Dee	6.67	2005

Notes: 108 clinical hours **BRN Law is only 25% simulation = (27 total hours)**

(12 hours X 7 days hospital) = 84

(12 hours X 2 days Simulation) = 24

COURSE N244 Medical Surgical Nursing IV	DAY	108 HOURS	INSTRUCTOR	LOAD
NURS 244 CLINICAL Hemet	Sunday	6:45am-7:05pm	Leticia SIM: 3/3, 3/10	30
NURS 244 CLINICAL Inland Valley	Tuesday	6:45am-7:05pm	Nic Garcia SIM: 3/10, 3/17	30
NURS 244 CLINICAL San Gorgonio	Tuesday	6:45am-7:05pm	Sean Cummings SIM: 2/10, 2/17	30
NURS 244 CLINICAL Riverside County	Wednesday	6:45am-7:05pm	Leticia Gomez SIM: 3/11, 3/18	30
NURS 244 Riverside Community	Tuesday	6:45am-7:05pm	Ligia Ponce SIM: 2/24, 3/3	30
HOSPITAL CLINICAL / On Campus Simulation	Tuesdays Wednesdays	Tuesdays: 1/20 (HOSPITAL ORIENTATION), 1/27, 2/3, 2/10, 2/17, 2/24, 3/3, 3/10, 3/17 Wednesdays: 1/21 (HOSPITAL ORIENTATION), 1/28, 2/4, 2/11, 2/18, 2/25, 3/4, 3/11, 3/18 Sundays: 1/25 (HOSPITAL ORIENTATION), 2/1, 2/8, 2/22, 3/1, 3/8, 3/15		

CALIFORNIA CODE OF REGULATIONS NONCOMPLIANCE

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 facilities 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 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.

As stated: "Students are assigned for clinical experience at six agencies in which there is no current signed agreement." It was noted that the list that described the in-effect status of the clinical affiliation agreements provided in the self-study report did not always reflect the actual status of several of the agreements on-site at the program. Consultants identified that the clinical affiliation agreements for the following agencies were not in-effect at the time of the visit. The agencies are: Hemet Valley Medical Center, Menifee Valley Medical Center, San Geronio Memorial Hospital, Sunny Rose Glen, Care Connexus, and Vista Pacifica."

CALIFORNIA CODE OF REGULATIONS NONCOMPLIANCE RESPONSE

In response to the noncompliance of 1427(c), the program has developed a short and long term plan to remedy the noncompliance.

The Clinical Coordinator position prior to January 2015 was a faculty "Extra Duty Assignment" (roles/responsibilities/duties attached) performed by the ADN Assistant Director/Faculty. Following the individual's unexpected medical leave taken in September 2014, it was discovered the essential activities of this assignment was both incomplete and unsatisfactorily performed. The Unit Dean of Nursing and Allied Health, Dr. Kathleen

Winston, identified a level of increasing complexity associated with the position and determined that a full-time Clinical Coordinator position is needed in order to perform the Unit's established standards for excellence.

A follow up meeting between the College Business Services Division and the Unit Dean of Nursing reviewed a clear and direct process for expediting clinical contract renewals including a short term and long term solution. The process was reviewed and revised in late September 2014 along with the actual revision of the affiliation contract to depict individual hospital entities.

Short-Term and Long-Term Action/Solution:

All clinical affiliation agreement contracts are processed and managed by the MT. San Jacinto College Business Services Division and the Nursing and Allied Health Unit in accordance with an established mutually agreed upon process. The BRN Consultants identified contracts for "*Hemet Valley Medical Center, Menifee Valley Medical Center, San Geronio Memorial Hospital, Sunny Rose Glen, Care Connexus, and Vista Pacifica*" as not in-effect. All these contracts have been renewed (see attachment).

Currently, Janet Brandenburg, Nursing and Allied Health Unit staff, along with Dean Winston's approval is completing the Business Services Request for Contract Form (see attached) for every new and renewal affiliation agreement contract. Once the request form is completed, the Business Services Division staff, Jeanine Woodford, is responsible for working with the facility/agency contract representatives to renew and/or initiate the contract. Finalization of the contracts consists of the Business Services Division providing electronic copies to the Nursing and Allied Health Unit and working together to ensure they are reviewed on an ongoing basis. As stated, the nursing program will include the action of reviewing the clinical contracts during the College Program Review process.

The nursing program faculty members have agreed to include the review of the Clinical Site Approval List (see attached) during the College Program Review (college evaluation process) that occurs every April and May of the Spring semester to ensure that contracts/affiliation agreements do not expire and are renewed in a timely manner.

Currently, Marci Cabral is serving in the role of Clinical Coordinator. She is conducting the activities associated with the role for the remainder of the

Spring 2015 semester with the exception of the maintenance of the Clinical Affiliation Contracts which is overseen by Dean Winston and staff.

The long-term solution is for the College executive administration to hire a full-time Clinical Coordinator. The administration supports the creation of a full time Clinical Coordinator for the Nursing and Allied Health Unit and a new position has been prepared with supporting evidence. The position has been submitted to the executive administration, Vice President of Instruction for immediate consideration, approval and recruitment with the position starting in August 2015.

The program director is aware of the need to highlight and address the BRN regulation to include the roles and responsibilities of the nursing faculty role as part of the verbiage in the clinical affiliation templates. These revisions along with additional future revisions to include community settings and alternative clinical sites will be taken into consideration when revising the contract templates.

Attached enclosures for your review are:

1. Internal published faculty schedule N244 Spring 2015
2. Clinical Coordinator Job Description
3. Business Services Request for Contract Form
4. Clinical Site Approval List
5. ADN Faculty Meeting Minutes
6. Physicians for Health Hospitals (PHH) Affiliation covering Hemet Valley Medical Center and Menifee Valley Medical Center
7. San Geronio Memorial Hospital Affiliation
8. Sunny Rose Glen Affiliation
9. Care Connexus Affiliation
10. Vista Pacifica Affiliation

Continuing Approval Recommendations

During the December 3, 2014 faculty meeting, the members reviewed the following BRN recommendations resulting in the November 6th & 7th Continuing Approval visit: 1) Review philosophy 2) Content Experts receive continuing education in the area of expertise 3) Maintaining records of the Preceptor records.

CCR 1424 (a)Review philosophy: The program philosophy will be revised during the College Program Review process scheduled to take place in April and May 2015 to

reflect the program mission, unifying themes and the concepts that serve the basis of the curriculum structure.

CCR 1425 (f) Content Experts receive continuing education in the area of expertise: The program will include the Content Expert CCR 1425 (f) to the College Program Review process scheduled to take place in April and May 2015 to ensure documentation that all faculty members are reminded to maintain (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area.

CCR 1426.1 (b) (6) Maintaining records of the Preceptor records: The program will include the maintenance of preceptor records to the College Program Review process scheduled to take place in April and May 2015 to ensure accurate records of the preceptor names, current license, and dates of Preceptorship

Please do not hesitate to let me know if there are any additional questions or supportive evidence needed to remedy the identified non-compliances. As always your guidance and support is greatly appreciated.

Sincerely,

Rae Brooks, MSN, RN, CCRN

Rae Brooks, MSN, RN, CCRN

Director, Associate Degree Nursing Program

Interim Associate Dean of Nursing and Allied Health

Clinical Site Approval List / updated 2/9/2015

Clinical Agency	Contact Person	Course	Initiated	Expiration	Comments	Reviewed April/May 2015
Care Connexus (CC) 4130 Adams St. Suite B Riverside, CA 92503	John Uhrj, Exec. Director Fe Rillo, Office Manager frillo@careconnexus.org (951) 509-2500	NURS 238	12/15/14	12/15/16	Contract Fully Executed	
Devonshire Care Center (DCC) 1350 E Devonshire Ave. Hemet, CA 92544	James Wright Administrator (951) 925-2571	NURS 238	1/1/14	1/1/16	Contract Fully Executed	
Hemet Valley Medical Center (HVMC) See contract for Physicians for Healthy Hospitals (PHH) 1117 E Devonshire Ave. Hemet, CA 92545	Janet Balash, Interim CNO Janet.balash@pvh.ms Terri Verbacio, Exec Secretary (951) 652-2811 ext. 5530	NURS 212, 214, 224, 244, 248,	12/15/14	12/15/16	Contract Fully Executed	
Hill Alcohol & Drug Treatment Center (HA&DTC) 31805 Hwy 79 South #227 Temecula, CA 92592	Debbie Hill, Co-owner molokaideb@aol.com (951)676-8241	NURS 236	12/15/ 14	12/15/16	Contract Fully Executed	

Clinical Agency	Contact Person	Course	Initiated	Expiration	Comments	Reviewed April/May 2015
Inland Valley Medical Center (IVMC) See contract for Universal Health Services of Rancho Springs, Inc., d/b/a Southwest Healthcare System 36485 Inland Valley Dr. Wildomar, CA 92595	Kristen Johnson, CNO Kristen.johnson@uhsinc.com (951) 696-6118	NURS 212, 214, 224, 234, 244, 248	12/29/2014	Contract current (extended through February 28, 2015) until the new contract template is processed to include the distinction of each hospital campus clinical site	Contract Fully Executed	
Life Care Center of Menifee (LCCOM) 27600 Encanto Dr. Sun City, CA 92586	Rodger Groves Executive Director (951) 679-6858	NURS 238	2/11/2013	Renewed automatically for a term of (1) year unless otherwise terminated	Contract Fully Executed	
Menifee Valley Medical Center (MVMC) See contract for Physicians for Healthy Hospitals (PHH)	Janet Balash, Interim CNO Janet.balash@pvh.ms Terri Verbacio, Exec Secretary (951) 652-2811 ext. 5530	NURS 212, 214, 224, 244, 248	12/15/14	12/15/16	Contract Fully Executed	

Clinical Agency	Contact Person	Course	Initiated	Expiration	Comments	Reviewed April/May 2015
28400 McCall Blvd. Menifee, CA 92585 Patton State Hospital (PSH) 3102 E Highland Ave. Patton, CA 92369	Eliseo Reyes Eliseo.reyes@phs.dmh.ca.gov (909) 452-6152	NURS 236	4/13/13	4/12/16	Contract Fully Executed	
Rancho Springs Medical Center (RSMC) See contract for Universal Health Services of Rancho Springs, Inc., d/b/a Southwest Healthcare System 25500 Medical Center Drive Murrieta, CA 92592	Kristen Johnson, CNO Kristen.johnson@uhsinc.com (951) 696-6118	NURS 212, 214, 224, 234, 244, 248, 226	12/29/2014	Contract current (extended through February 28, 2015) until the new contract template is processed to include the distinction of each hospital campus clinical site	Contract Fully Executed	
Riverside Community Hospital (RCH) 4445 Magnolia Ave. Riverside, CA 92501	Lee Albanese-Alhorn, DOE Lee.albanesealhorn@hcahealthcare.com (951) 788-3000(Hospital) (951) 788-3117 (Lee)	NURS 212, 214, 224, 234, 244, 226	4/1/13	3/31/2015	Renewal in progress for Term 4/1/2015 to 3/31/2017	

Clinical Agency	Contact Person	Course	Initiated	Expiration	Comments	Reviewed April/May 2015
Riverside County Regional Medical Center (RCRMC) 26520 Cactus Ave. Moreno Valley, CA 92553	Elizabeth Berry, Director of Education eberry@co.riverside.ca.us (951) 486-4000 Lori Coronado, Contract Analyst	NURS 214, 222, 226, 224, 234 & 244, 226	4/1/2013	3/31/2015	Renewal in progress	
San Geronio Memorial Hospital (SGMH) 600 North Highland Springs Ave. Banning, CA 92220	Pat Brown Chief Nurse Officer pbrown@sgmh.org (951) 845-1121	NURS 234 & 244	12/15/14	12/15/16	Contract Fully Executed	
Sunny Rose Glen (SRG) 29620 Bradley Road Sun City, CA 92586	Reginald Allen Executive Director rla3srged@gmail.com (951) 679-3355	NURS 238	12/15/14	12/15/16	Contract Fully Executed	
Temecula Valley Hospital (TVH) See contract for Universal Health Services of Rancho Springs, Inc., d/b/a Southwest Healthcare System	Katie Di Donato kdidonato@cchsinc.com (951) 331-2204	NURS 212, 214, 224, 234, 244, 248	12/29/2014	Contract current (extended through February 28, 2015) until the new contract template is processed to include the distinction of each hospital	Contract Fully Executed	

31700 Temecula Parkway Temecula, CA 92592						
Vista Pacifica (VP) 3674 Pacific Ave. Riverside, CA 92509	Deborah Davis Administrator ddavis@vistapacificant.com (951) 682-4833	NURS 236	12/15/14	12/15/15	Contract Fully Executed	

CLINICAL COORDINATOR

BRN: Section 1425

Position Summary

Under the direct supervision of the Dean, Nursing & Allied Health and in collaboration with the Directors of the Associate Degree Nursing Program, performs the duties and responsibilities.

Duties and Responsibilities

1. Collaborates with the Directors for clinical placement needs
2. Reviews all clinical forms for the Board of Registered Nursing including but not limited to the EDP P 08 forms
3. Facilitate required faculty and student orientation for all clinical sites
4. Makes visibility rounds at the minimum, once a month at every clinical site. Maintains close communication, contacts Lead instructors of identified issues
5. Ensure clinical objectives are posted and communicated by the program at the clinical site
6. Facilitates the process of delivering the following to each facility staff educator:
 - Clinical rotations
 - Student and staff contact information
 - Immunization/background clearance data
 - Copies of course syllabi
 - Revised Program Student Nurse Policy and Procedure Manual (each Fall)
7. Participate and attends the Inland Empire Consortium meetings and Grant Advisory Committee meetings and all meeting where clinical placement discussions are scheduled.
8. Advocates and communicates clinical placement needs of the Department of Nursing and Allied Health
9. Arranges and facilitates all student orientations to clinical facilities in collaboration with Lead Instructors
10. Establishes a face to face working relationship between all nursing programs and facility directors, managers, etc., at least once a year
11. Produces and distributes a Master Clinical Facility Plan, including:
 - All participating clinical sites
 - All courses
 - Specialty area rotations
 - Exact number of student allowed on the floor and specialty areas
12. Formulates (two) letters to Facility Administrators, Management and Staff on behalf of MSJC each semester: (1) a letter of introduction for all clinical facilities (2) a letter of appreciation
13. Maintains and manages all clinical placements with current information/updates including:
 - Phone numbers
 - Instructor info
 - Dates
 - Times
 - Holidays
 - Breaks, etc.
14. Investigates and visits potential clinical sites
15. Assists in the facilitation and coordinates the ongoing maintenance of Affiliation agreements
16. Reports to DNAH or Program Meetings providing Clinical Coordinator updates

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4.1

DATE: March 5, 2015

ACTION REQUESTED: Vote on Whether to Recommend Approval of Major Curriculum Revision for College of Marin Associate Degree Nursing Program.

REQUESTED BY: Janette Wackerly, Supervision Nursing Education Consultant

BACKGROUND: Rosalind Hartman, MSN, RN, Interim Dean/Director Nursing
The Interim Dean and Faculty of College of Marin Registered Nursing Program goal is to implement a major curriculum revision in fall 2015 with a revised Philosophy, Program Student Learning Outcomes, Course Descriptions, Course Learning Outcomes, and Course Objectives.

The nursing program is moving from an eclectic curriculum model to a curriculum design founded on the Quality and Safety Education of Nursing (QSEN) model, National League for Nursing competencies, and the National Council of State Boards of Nursing NLEX test plan.

The proposed model has eight core competencies: Patient Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Clinical Judgment, Quality Improvement, Safety, Information Competency and Professionalism. The proposed model has eight integrated processes: Nursing Process, Health Promotion, Caring, Client Teaching, Pharmacology and Parenteral Therapies, Cultural Diversity, Nutrition, and Leadership. The core competencies and integrated processes are deemed by faculty as essential for pre-licensure nursing education in order to prepare for entry-level registered nursing practice.

The total units remain unchanged at 38.5 with a combination of 20 theory units and 18.5 clinical units. Course units have been redistributed to allow a redistribution of content. The proposed revisions will allow for logical and systematic leveling of medical surgical content from basic nursing concepts, to nursing management of clients with common and recurring medical-surgical conditions, to nursing management of moderately complex medical-surgical clients. The medical-surgical content culminates in Medical Surgical III with nursing management of unstable, complex clients with multisystem problems. Pediatric, Maternal-Child, and Mental Health and Care of the Older Adult courses were revised to incorporate the new Program Student Learning Outcomes and changes in care delivery.

The course changes were mapped out in the rotation plan to assure that the current clinical sites would accommodate the new rotations.

A detailed description of the new curriculum was presented to the consultant for review, including a list of new course numbers, titles, and units.

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

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

NEXT STEPS:

Place on Board agenda.

PERSON(S) TO CONTACT:

Janette Wackerly, BSN, MBA, RN
Supervision Nursing Education Consultant

October 28, 2014

Board of Registered Nursing
Administration
Major Curriculum Revision Proposal
P.O. Box 944210
Sacramento, CA 94344-2100

Dear Ms. Wackerly:

The Dean and Faculty of the College of Marin Registered Nursing Program are requesting approval for a Major Curriculum Revision. Our goal is to implement the major revision of the curriculum in fall 2015 following Board of Registered Nursing and College of Marin Curriculum Committee approval. Our plan is to implement this change incrementally. Incoming first year students will be enrolled in the new curriculum courses while current students will finish their studies under the old curriculum plan. Once this transition is complete in May 2016, the old curriculum courses will be deleted.

Proposed change

We have revised the Philosophy, Program Student Learning Outcomes, Course descriptions, Course Student Learning Outcomes and Course Objectives. Course content was reorganized and leveled. Our revisions for the ADN curriculum are a result of careful deliberation of faculty regarding beliefs about nursing and nursing education. We moved from an eclectic model to a curriculum design founded on the Quality and Safety Education for Nursing (QSEN) model, National League for Nursing competencies, and the National Council of State Boards of Nursing NCLEX test plan.

Our proposed model has eight core competencies and eight integrated processes deemed essential for pre-licensure nursing education in order to prepare graduates for entry-level practice: Patient-Centered Care, Clinical Judgment and Evidence-Based Practice, Teamwork and Collaboration, Information Competency, Quality Improvement and Safety, and Professionalism. These foundational competencies flow from the program philosophy and are leveled across the curriculum. Program graduates will possess the Knowledge, Skills, and Attitudes (KSAs) they will need to ensure optimum patient outcomes and to improve the quality and safety of the healthcare systems.

The proposed revisions will allow for a logical and systematic leveling of medical surgical content from basic nursing concepts, to nursing management of clients with common and recurring medical-surgical conditions, to nursing management of moderately complex medical surgical clients. The medical-surgical content culminates in Medical-Surgical Nursing III with nursing management of unstable, complex medical surgical clients with multisystem problems. Pediatric, Maternal-Child, and Mental Health and Care of the Older Adult courses were revised to incorporate the new Program Student Learning Outcomes and changes in care delivery.

Total program units remain unchanged at 38.5 with a combination of 20 theory and 18.5 clinical units; however, course units have been redistributed to allow a redistribution of content. The first year Clinical Application laboratory was reduced from 1.0 unit to 0.5 units as the faculty and students felt that 3 hours was too long for the content. Medical Surgical I and II Clinical Laboratories were decreased by 0.5 units to allow units for the pediatric course. The Pediatric theory content was moved from an integrated model into a stand-alone course. The theory units were increased 0.5 to incorporate health promotion and community based care. Geriatrics and Psychiatric Nursing are continuing to be taught in one course. Obstetric nursing keeps the same number of units as a stand-alone course. The Leadership course units were reduced by 1.0 student unit and the corresponding content was integrated into all the courses to allow for better assimilation of concepts.

Reasons for the Change

1. The faculty worked with a consultant and identified some areas of the curriculum did not reflect current practice standards. They identified that collaboration, evidence-based practice, safety and information competency were not explicit competencies in the program and added those. They felt that the caring SLO needed to be expanded and the QSEN work on Patient Centered Care better measured what they were looking for in care.
2. The pediatric content was combined with a medical surgical course and scheduling of 4 week blocks within this course was problematic. NE 140 was replaced with Medical Surgical I and Maternal Child Nursing 283B.
3. Medical surgical curriculum was not sufficiently leveled and sequenced. Medical Surgical courses were examined and leveled into Medical Surgical I, II, and III.
4. Faculty were having difficulty measuring Student Learning Outcomes in courses. The new SLO's incorporate the NCLEX Test plan and this will allow for better assessment of Outcome measures.
5. And lastly, faculty wished to level more leadership concepts earlier in the program. Leadership and Management has been leveled through courses.

Improve the education of Nurses

Our NCLEX results in the last 3 years have been on the 90's and we hope that this revision will continue to prepare competent practitioners. Through careful integration of the National Council test plan, the NLN and QSEN competencies, we will be able to assess the Student Learning Outcomes using National Standards.

Creating stand-alone pediatric, psychiatric and geriatric, and maternity nursing will allow us to hire and/or utilize faculty whose main focus will be in their specialty areas.

All students will take Medical Surgical Nursing III right before the Professional Role experience and thus the most complex content will be taught just before the culmination experience. This should prepare stronger practitioners. The leveling of Medical Surgical content has been achieved.

Clinical Facilities Utilized

The course changes were mapped out in the rotation plan to assure that the current clinical sites would accommodate the new rotations. The Maternity rotation at Marin General Hospital recently asked that we don't send two rotations in one 8 week block. The new plan will only have one maternity group present for each 8 week block. The same is true for pediatric, psychiatric and maternity nursing.

A more detailed description of the new curriculum is attached. Also included is a list of new course numbers, titles, and units; Proposed Philosophy, Student Learning Outcomes, and Conceptual Framework; Comparison charts for Philosophy, Program Outcomes, Conceptual Framework, Course Descriptions, Course Student Learning Outcomes and Course Objectives; and a list of Course Content.

Please do not hesitate to contact me if you have any questions or require further information for your consideration of this curriculum revision

Respectfully,



Roz Hartman, MS, RN
Interim Dean of Health Sciences
College of Marin

Enclosures (7):

Proposed Course Title, Number and Units

College of Marin curriculum Revision Proposal: Proposed Philosophy, Student Learning Outcomes, Conceptual Framework

Comparison chart for Current and Proposed Philosophy, Program Outcomes, Conceptual Framework

Comparison chart for Current and Proposed Course Descriptions, Course Student Learning Outcomes and Course Objectives

Table of Course content

EDP-P-5a Total Curriculum Plan

EDP-P-06 Content Required for Licensure

College of Marin Curriculum Revision Proposal

Proposed Philosophy

The faculty believe that Nursing is based on a professional body of knowledge that integrates core concepts from the liberal arts and the biological, physical, psychological and social sciences. Nursing practice involves an understanding of the relationship between individuals across the lifespan, families, and communities and their environment, and focuses on health promotion, quality of life, and the treatment of human responses to illness. We believe that nursing science utilizes the nursing process to formulate **clinical judgments** substantiated with **evidence**. The nurse embodies **professionalism** and collaborates in a team environment incorporating **information and technology** to provide **patient centered, safe, effective, quality care**. (www.qsen.org). We prepare our graduates for entry level professional nursing practice and for entry into advanced nursing education programs.

We view nursing education as an individualized and collaborative endeavor that assists the student to acquire the **knowledge, skills, and attitudes** necessary for entry level practice. Teaching learning strategies include principles of adult learning, learning styles, goals and support systems and acknowledge the importance of the learner's prior knowledge, experience, and cultural and ethnic background. The nurse educator serves as an advisor, mentor, and resource who facilitates learning by identifying learning outcomes, structuring content, creating learning experiences, and evaluating student achievement.

Proposed Program Student Learning Outcomes

- I. Integrate patient preferences, values, and cultural differences when providing care, acknowledging the worth and dignity of patients and families. **Patient Centered Care**
- II. Demonstrate sound clinical judgment substantiated by evidence, reflecting the science of nursing. **Clinical Judgment/Evidence-Based Practice**
- III. Function effectively within nursing and intra-professional teams fostering open communication, mutual respect, and shared decision making to achieve safe, quality patient care. **Teamwork/Collaboration**
- IV. Use information and technology to communicate, document care, minimize error, and support decision making. **Information Competency**
- V. Minimize risk potential by the demonstrating advocacy and providing safe patient care across a variety of health care settings. **Quality Improvement/Safety**
- VI. Exhibit the knowledge, skills, and attitudes of an entry-level Registered Nurse **Professionalism**

Proposed Conceptual Framework

The conceptual framework for our revised curriculum is the Quality and Safety Education draw from the Quality and Safety Education for Nursing (QSEN) model, the National Council of State Boards of Nursing Test Plan, and the National League for Nursing competencies.

Our QSEN-based model consists of eight major concepts that are threaded through all levels of the curriculum.

Our Core Concepts:

- **Patient Centered Care:** Recognize 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, and needs. (QSEN.org/competencies/pre-licensure KSAS)
- **Teamwork and Collaboration:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (QSEN.org/competencies/pre-licensure KSAS)
- **Evidence-Based Practice:** Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (QSEN.org/competencies/pre-licensure KSAS)
- **Clinical Judgment:** Use the nursing process to make judgments in practice substantiated with evidence, that integrate nursing science and core concepts from the liberal arts and the biological, physical, psychological and social sciences, in the provision of safe, quality care. (NLN.org/competencies)
- **Quality Improvement:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. (QSEN.org/competencies/pre-licensure KSAS)
- **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance. (QSEN.org/competencies/pre-licensure KSAS).
- **Information Competency:** Use information and technology to communicate, manage, mitigate error, and support decision making. (QSEN.org/competencies/pre-licensure KSAS)
- **Professionalism:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context. (NLN.org/competencies)

Our Integrated Processes:

- **Nursing Process:** Defined as a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. This process allows the nurse to establish client goals and outcomes that are mutually developed to achieve the individual's optimal level of wellbeing. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan nursing care throughout the nursing process. (COM RN Student Handbook 2014)
- **Health Promotion:** Defined as providing and directing nursing care that incorporates knowledge of expected growth and development principles, prevention and/or early detection of health problems and strategies to achieve optimal health. (NCLEX-RN Test Plan 2013)
- **Caring:** Defined as nurse-client interaction that incorporates mutual respect and trust and promotes achievement of optimal patient outcomes. (NCLEX-RN Test Plan 2013)
- **Client teaching:** Defined as a cooperative, collaborative venture with the client for the purpose of promoting change in behavior and competence. (COM RN Student Handbook)

- **Pharmacological and Parenteral Therapies:** Defined as providing care related to the safe and effective administration of medications and parenteral therapies. (NCLEX-RN Test Plan 2013).
- **Cultural Diversity:** Defined as the provision of nursing care that values diversity and respects individual differences regardless of race, religion, or ethnicity. (Purnell, L. (2014). *Culturally Competent Care*. FA Davis. Philadelphia.).
- **Nutrition:** Defined as considering client choices regarding meeting nutritional requirements and/or maintaining dietary restrictions. (NCLEX-RN Test Plan 2013).
- **Leadership:** Defined as the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. (COM RN Student Handbook 2014).

Philosophy of the Registered Nursing Program	Proposed Philosophy
<p align="center">Concepts of Nursing</p>	<p align="center">Person, Art and Science of Nursing</p>
<p>The nursing faculty's philosophy of nursing practice and nursing education is based on a humanistic and holistic orientation. Our philosophy of nursing practice involves an understanding of the relationship between individuals, their environment and health, and focuses on health promotion and the treatment of human responses to illness. We view nursing education as an individualized, collaborative endeavor that assists the student to acquire the knowledge, skills, and values necessary for entry level practice.</p> <p>Individual</p> <p>Nursing is concerned with people of all ages, social, cultural, ethnic, and economic backgrounds in various positions on the health-illness continuum. Nursing clients are not only individuals, but families and communities. We believe that individuals are holistic and function as biological, psychological, socio-cultural, and spiritual beings. Individuals develop and continually interact within the context of their physical and psychosocial environments. We believe that each individual is unique, has intrinsic worth, and has the right to develop to maximum potential.</p> <p>Environment</p> <p>The environment is defined as the internal and external conditions that have an impact on individuals and includes physical, psychological, social, spiritual and cultural elements. The concept of environment also includes the conditions and settings in which health/illness is experienced and nursing practiced. Changes in the physical environment, the economy, politics, family structure, cultural practices, and in health care policy and delivery are all influences to which nursing must respond.</p>	<p>The faculty believe that Nursing is based on a professional body of knowledge that integrates core concepts from the liberal arts and the biological, physical, psychological and social sciences.</p> <p>Nursing practice involves an understanding of the relationship between individuals across the lifespan, families, and communities and their environment, and focuses on health promotion, quality of life, and the treatment of human responses to illness.</p>

<p>Health/illness</p> <p>We believe that health is not merely the absence of disease but a sense of well-being that can be described in physical, emotional, intellectual, social and spiritual terms. It is a dynamic state that is altered by elements in the internal and external environments, and requires continuous adaptation for the maintenance of physiological and psychosocial integrity. Illness is defined as changes within the biological, psychological, sociological, cultural, and spiritual aspects of a person, resulting in diminished or impaired functioning. Health is maximized when a person's optimal level of wellness is promoted, maintained, and/or restored. While we believe that health care is the inherent right of all individuals, we also believe that individuals have the responsibility to actively participate in achieving wellness. Individuals need information that allows them to make informed decisions about their health.</p>	<p>We believe that nursing science utilizes the nursing process to formulate clinical judgments substantiated with evidence. The nurse embodies professionalism and collaborates in a team environment incorporating information and technology to provide patient centered, safe, effective, quality care. (www.qsen.org).</p>
<p style="text-align: center;">Nursing Education</p> <p>Learning is an active, constructive, and goal-oriented process of acquiring knowledge. It is both an intellectual and emotional experience that results in on-going cognitive and behavioral changes. The nurse educator facilitates learning by identifying learning objectives, structuring content, selecting/creating learning activities/experiences, and evaluating learner's achievement of learning outcomes. The nurse educator serves as a role model, advisor, motivator, and resource.</p> <p>We acknowledge the role prior knowledge plays in the acquisition of new knowledge, and value the unique life experiences and varying cultural and ethnic backgrounds that each learner brings to the educational situation. Learners have various needs and modes of processing information and these are considered in planning and implementing the educational program.</p>	<p style="text-align: center;">Nursing Education</p> <p>We view nursing education as an individualized and collaborative endeavor that assists the student to acquire the knowledge, skills, and attitudes necessary for entry level practice. Teaching learning strategies include principles of adult learning, learning styles, goals and support systems and acknowledge the importance of the learner's prior knowledge, experience, and cultural and ethnic background.</p>

<p>Teaching strategies include using principles of adult learning, providing learning activities that address various learning styles, and facilitating critical and creative thinking and self-reflection. Success is enhanced when the learner demonstrates responsibility and accountability for their own learning.</p>	
<p>The curriculum is developed, implemented, systematically evaluated, and revised by faculty with input from students. Changes in the curriculum are made in response to student assessment, recommendations by professional consultants, and findings from educational research. The curriculum is updated to keep current with changes in nursing and medical science, and the health care environment.</p>	<p>The nurse educator serves as an advisor, mentor, and resource who facilitates learning by identifying learning outcomes, structuring content, creating learning experiences, and evaluating student achievement.</p>
<p>The nursing faculty believe that associate degree nursing (ADN) education prepares the graduate nurse for entry into practice, and serves as a foundation for advanced nursing studies. The associate degree graduate is able to work successfully in a variety of settings as a: provider of care, manager of care, and member within the profession of nursing.</p>	<p>We prepare our graduates for entry level professional nursing practice and for entry into advanced nursing education programs.</p>
<p>Current Program Outcomes</p>	<p>Proposed Program Student Learning Outcomes</p>
<p>Demonstrate caring that acknowledges worth and dignity of all individuals, through a skillful use of interpersonal processes and therapeutic nursing interventions. Apply teaching-learning principles in teaching and evaluating learning with clients, families, and members of the nursing care team.</p>	<p>Integrate patient preferences, values, and cultural differences when providing care, acknowledging the worth and dignity of patients and families. Patient Centered Care</p>
<p>Use critical thinking in applying the nursing process in a variety of settings to assist clients to promote, maintain, and restore optimal wellness, or provide support during the dying process.</p>	<p>Demonstrate sound clinical judgment substantiated by evidence, reflecting the science of nursing. Clinical Judgment/Evidence-Based Practice</p>
<p>Apply effective written, verbal, and nonverbal communication techniques in interactions with client(s) and members of the health care team.</p>	<p>Function effectively within nursing and intra-professional teams fostering open communication, mutual respect, and shared decision making to achieve safe, quality patient care. Teamwork/Collaboration</p>

<p>Apply effective written, verbal, and nonverbal communication techniques in interactions with client(s) and members of the health care team.</p>	<p>Use information and technology to communicate, document care, minimize error, and support decision making. Information Competency</p>
<p>Perform therapeutic nursing interventions competently, applying knowledge of culture and human development.</p>	<p>Minimize risk potential by the demonstrating advocacy and providing safe patient care across a variety of health care settings. Quality Improvement/Safety</p>
<p>Practice within the ethical and legal scope of professional nursing, maintaining political awareness and a commitment to lifelong learning.</p>	<p>Exhibit the knowledge, skills, and attitudes of an entry-level Registered Nurse Professionalism</p>
<p>Organizing Framework of the Registered Nursing Curriculum</p>	<p>Proposed Conceptual Framework</p>
<p>The curriculum of the Registered Nursing Program at the College of Marin is based on the values and beliefs of the faculty. The organizing framework identifies the essential components of the curriculum - - nursing knowledge, values, skills and competencies -- necessary for students to achieve the program graduate outcomes and to function in the roles of provider of care, manager of care, and member within the profession of nursing. It provides a structure for determining student learning outcomes at various levels in the program, for selecting course content and learning experiences, and for sequencing courses, as well as, for unifying the faculty's approach to the curriculum. Guiding principles for the curriculum framework include building on previous knowledge, and sequencing of content so that it gradually increases in depth, breadth, and complexity.</p> <p>Knowledge</p> <p>Essential knowledge for entry-level practice in nursing addresses the interactions of persons, their environments, the health-illness continuum, nursing, and professional behaviors (roles). The knowledge component is identified and placed in a logical, sequential curriculum plan. However, with the expansion of information, the knowledge</p>	<p>The conceptual framework for our revised curriculum draw from the Quality and Safety Education for Nursing (QSEN) model, the National Council of State Boards of Nursing Test Plan, and the National League for Nursing competencies. Our QSEN-based model consists of eight major concepts that are threaded through all levels of the curriculum.</p> <p>Our Core Concepts:</p> <ul style="list-style-type: none"> • Patient Centered Care: Recognize 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, and needs. (QSEN.org/competencies/pre-licensure KSAS) • Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (QSEN.org/competencies/pre-licensure KSAS) • Evidence-Based Practice: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (QSEN.org/competencies/pre-licensure KSAS) • Clinical Judgment: Use the nursing process to make

component is continually changing and evolving, requiring modification and update.

Nurses need to understand people within the context of their environments and their positions on the health-illness continuum. Thus, concepts of growth and development across the lifespan, culture, physiological and psychosocial integrity, and health/ wellness are integrated throughout the curriculum. To achieve optimal health people must continually adapt to elements in their internal and external environments and engage in activities that promote wellness. The nursing curriculum focuses initially on health/wellness and those activities that promote it. The curriculum then focuses on major health care problems of defined populations across the life-span, and the management of these health care problems. Illness is defined as changes within the biological, psychological, sociological, cultural, and spiritual aspects of a person, resulting in diminished or impaired functioning. The curriculum addresses concepts related to illness and disease – including etiology, pathophysiology, maladaptive or dysfunctional patterns, impact on individual, family, and community, and treatment modalities.

Nurses connect with clients in various health care delivery settings, assess clients' needs, and engage in a range of activities that promote, maintain, and restore clients' health. The nursing knowledge component of the curriculum focuses on nursing activities that promote, maintain, and restore clients' health. The nurse assists individuals to promote health by teaching them to recognize alterations in health and to develop health practices that support wellness. The nurse protects individuals against environmental hazards by providing safe care environments and infection control. The nurse assists individuals to maintain physiological integrity by providing basic care and comfort, by decreasing risk potential for health problems, and by managing and providing care to clients with acute, chronic, or life threatening physical health conditions. The nurse assists individuals to maintain psychosocial integrity by facilitating coping and adaptation related to illness, disability, and stressful events, and by managing and providing

judgments in practice substantiated with evidence, that integrate nursing science and core concepts from the liberal arts and the biological, physical, psychological and social sciences, in the provision of safe, quality care. (NLN.org/competencies)

- **Quality Improvement:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. (QSEN.org/competencies/pre-licensure KSAS)
- **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance. (QSEN.org/competencies/pre-licensure KSAS).
- **Information Competency:** Use information and technology to communicate, manage, mitigate error, and support decision making. (QSEN.org/competencies/pre-licensure KSAS)
- **Professionalism:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context. (NLN.org/competencies)

Our Integrated Processes:

- **Nursing Process:** Defined as a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. This process allows the nurse to establish client goals and outcomes that are mutually developed to achieve the individual's optimal level of wellbeing. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan nursing care throughout the nursing process. (COM RN Student Handbook 2014)

care for clients with maladaptive behaviors or acute or chronic mental disorders.

Nurses need to be knowledgeable of legal requirements, scope of practice, and ethical guidelines for their practice, and of the political, economic and social factors affecting healthcare and nursing practice. In addition, nurses need to understand how to manage the client care environment. Leadership/management concepts in the curriculum include content on the role of the nurse as communicator, change agent, coordinator, collaborator, and decision maker. The nursing curriculum prepares the student for leadership roles that support quality nursing care, promote positive change, and enhance the power and influence of the nursing profession.

Caring

Caring is a way of being with a person in the present moment that affirms their human dignity and self-worth. It is intentional and requires development. Caring is a core value in nursing that motivates nurses to understand clients, to act on their concerns, and to give competent and compassionate care. The nurse demonstrates caring by embodying qualities of calmness, warmth, acceptance, dignity, competence and communicativeness.

In the curriculum, the student gains understanding of clients and their families and how to show caring behaviors during health and illness, grief and loss, and death and dying. The student develops competencies in providing carative interventions to increasingly challenging and complex clients. As the student acquires experience, the depth and range of his/her caring expands and circumstances of being overwhelmed, immobilized or helpless in the face of client care situations diminishes.

Caring behaviors in nursing extend beyond the client to other relationships within the health care team and to the profession in general. Students learn to demonstrate carative behaviors towards one

- **Health Promotion:** Defined as providing and directing nursing care that incorporates knowledge of expected growth and development principles, prevention and/or early detection of health problems and strategies to achieve optimal health. (NCLEX-RN Test Plan 2013)
- **Caring:** Defined as nurse-client interaction that incorporates mutual respect and trust and promotes achievement of optimal patient outcomes. (NCLEX-RN Test Plan 2013)
- **Client teaching:** Defined as a cooperative, collaborative venture with the client for the purpose of promoting change in behavior and competence.(COM RN Student Handbook)
- **Pharmacological and Parenteral Therapies:** Defined as providing care related to the safe and effective administration of medications and parenteral therapies. (NCLEX-RN Test Plan 2013).
- **Cultural Diversity:** Defined as the provision of nursing care that values diversity and respects individual differences regardless of race, religion, or ethnicity. (Purnell, L. (2014). Culturally Competent Care. FA Davis. Philadelphia.).
- **Nutrition:** Defined as considering client choices regarding meeting nutritional requirements and/or maintaining dietary restrictions. (NCLEX-RN Test Plan 2013).
- **Leadership:** Defined as the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. (COM RN Student Handbook 2014).

another, others nurses, and other health care professionals. Students learn that demonstrating caring for the profession means being involved with professional and political organizations and working to improve the work place environment and working conditions.

Critical Thinking

Critical thinking is a purposeful, self-examining and self-correcting, reflective, reasoning process, which is utilized in forming or evaluating nursing judgments. The nurse uses critical thinking in combination with the nursing process to address the complicated and changing nature of client care situations. Kataoka-Yahiro and Saylor (1994) describe a model for developing critical thinking in nurses as comprised of a specific knowledge base in nursing, experience in nursing, attitudes that define how a person approaches a problem, and intellectual and professional standards that are applied when a nurse carries out the nursing process. The nurse progresses through three levels of critical thinking as he/she gains new knowledge and experience and matures into a competent professional.

The student moves from a basic level of critical thinking where he/she thinks that the experts have all the right answers to resolve problems, towards a complex level of critical thinking where the learner begins to analyze and examine several alternatives more independently. The student's thinking grows from concrete to more creative and innovative in finding solutions to clinical problems that are mutually acceptable to client and nurse. In the third level of critical thinking, the student is committed to the nursing judgment, action or belief, that was formulated and assumes accountability for the decision.

Nursing Process

The nursing process is a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. The nursing process is one of the competencies that the nurse utilizes to deliver client care. The purpose of the nursing process

is to identify and treat human responses to actual and potential health problems (American Nurses Association, 1980, 1995, 2003). This process allows the nurse to establish client goals and outcomes that are mutually developed, to achieve the individual's optimal level of well-being. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan nursing care throughout the nursing process. Within the curriculum, each step of the nursing process is defined and developed, and expectations for student learning are leveled.

- . **Assessment** progresses from collecting data from readily available sources for a client with stable health care needs towards being able to elicit concise information from a client with emerging or changing health problems.

- . **Analysis** progresses from a focus on actual to potential and then to collaborative health problems.

- . **Planning** progresses from setting goals and expected outcomes to achieve resolution of actual, then potential, and then collaborative problems; emphasis is on prioritizing health care needs and utilizing consultation to plan a continuum of care.

- . **Implementation** progresses from selecting nursing interventions based on the desired client goals and outcomes towards an understanding of the patho-physiological and/or psychological rationales for specific nursing actions to resolve a problem.

- . **Evaluation** progresses from a focus on the discontinuation, revision, or modification of an individual client's plan of care towards a focus on how effective plans of care can lead to an improvement in the quality care indicators that a facility has established.

Therapeutic Nursing Interventions

Therapeutic nursing interventions include psychomotor and psychosocial nursing actions that change or manage factors affecting health in order to maintain, promote, or achieve adaptation. The selection of therapeutic nursing interventions is based on the desired client outcome, characteristics of the nursing diagnosis, validation of the research, feasibility of the interventions, acceptability to the client, and the capability of the nurse. Courses are designed to build the cognitive, interpersonal, and psychomotor/technical skills necessary to successfully select and implement nursing interventions. The student is given the opportunity to simultaneously acquire and apply knowledge in a variety of clinical settings. When implementing nursing interventions cultural competence and age-specific factors are considered.

Teaching

Teaching is a process in which the individual's cognitive, psychomotor, and affective behaviors are modified. Teaching is a cooperative, collaborative venture with the learner for the purpose of promoting change and competence. The nurse has a responsibility to clients and families to ensure that they receive the information needed to maintain optimal health. The nurse gives clients information to make informed decisions about their care, and anticipates clients' needs for information based on their physical condition and treatment plans.

The curriculum provides opportunities for students to assess learning needs of clients, families, and communities; to develop and implement teaching plans which progress in complexity from single to multiple content area focuses; to apply an increasing number of teaching-learning principles; and to utilize various teaching methodologies.

Communication

Communicating is a process by which people affect one another through the exchange of information, ideas, and feelings within a particular context. Communication is an essential nursing skill used to influence others and achieve positive health outcomes. Communication in nursing facilitates the development of helping-healing client relationships and collaborative collegial relationships. Written, verbal, non-verbal, and electronic communications provide the means for nurses to gather, analyze, and transmit information. Nursing documentation serves as a way to communicate, to substantiate care for legal purposes, to clarify services for reimbursement, to provide data for research, and to facilitate auditing/monitoring for quality improvement.

Throughout the curriculum, an emphasis is placed on effective interpersonal and communication skills to accomplish client care outcomes. The initial focus is on building a therapeutic nurse-client relationship through using therapeutic communication techniques, and on communicating effectively, verbally and in writing, with other members of the health care team. As the student progresses, opportunities are provided to facilitate clients' coping with acute, chronic, or terminal illnesses; to work with challenging clients; to develop insights into their own communication and behavior; and to develop skill and confidence in communicating with families, small groups, and other health care providers.

Management/Leadership

Management refers to the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. Management utilizes the processes of communication, inquiry, caring, and teaching, and requires the ability to anticipate, plan, prioritize, collaborate, communicate, delegate, supervise, evaluate, and make decisions.

Leadership is the art of influencing the beliefs, opinions, or behaviors of individuals or groups. It is a process of guiding, teaching, motivating, and directing the activities of others toward attaining goals. Leadership ability develops as the result of a combination of intrinsic personality traits, experience, learned interpersonal skills and strategies, and an understanding of the characteristics of the situation.

As a manager of care, the nurse is both a provider of client care and a manager of the care environment. Using the nursing process and principles of effective communication, client care managers plan and organize what is to be done, who is to do it, and how it is to be done. The role of the nurse as a manager of client care involves the simultaneous and continuous application of management skills to obtain needed material and human resources to provide safe, efficient, effective quality care for clients within the constraints of the organization's financial and human resources.

Effective nurse leaders are those who through their knowledge, integrity, enthusiasm, sense of possibility and willingness to take risks, engage and motivate others to work together effectively in pursuit of a shared vision in the care setting and the public arena.

The initial focus in the curriculum is on the management of care for an individual client with minimal or stable care needs. Students identify and prioritize client needs, communicate pertinent information to other members of the health care team, and begin to advocate for clients. As students progress, they apply the same management skills of communication, organization, and prioritization to address the needs of multiple clients and/or less stable clients with more complex care needs. Emphasis is placed on collaboration and coordination with other members of the health care team in the development and achievement of the plan of care. The curriculum focuses on how to influence others to work together to accomplish goals that are consistent with organizational and professional values and purposes and to prepare for, respond to, and/or promote positive change. At the advanced level, students focus on prioritizing the competing needs among clients, and

on applying knowledge of legal and regulatory restrictions and human resource management to obtain requisite staffing, make appropriate assignments, and delegate and supervise aspects of care.

Ethical and Legal Practice

To practice responsibly within the profession of nursing, the nurse must have knowledge of legal and ethical issues, as well as the political, economic, and societal factors affecting the provision of health care. Responsible practice also requires that the nurse continually update knowledge and skills in order to deliver quality, evidence-based care.

Legal nursing practice requires the nurse to practice within the scope of the California Nurse Practice Act, and within federal, state and agency legal and regulatory requirements. Ethical nursing practice requires awareness of one's own ethical principles and biases, and of the distinction between customs, law, religion, and ethics. In addition, ethical practice requires recognition of commonly occurring ethical issues in health care, and application of the American Nurses' Association Code of Ethics and other ethical guidelines to begin the process of resolution.

Legal and ethical concepts are integrated throughout the curriculum so that students understand the differences between legal requirements and ethical obligations, and can recognize and respond appropriately to the commonly occurring legal and ethical issues that affect the delivery of care in various settings. Key policy issues affecting health care are discussed in the curriculum so that students can better understand these issues, and learn strategies for exercising personal power/influence to effect positive change in health care policies and practices. Students are encouraged to be inquisitive, to continually expand their knowledge, and to incorporate theory and research into nursing judgments and clinical practice.

Philosophy of the Registered Nursing Program	Proposed Philosophy
Concepts of Nursing	Person, Art and Science of Nursing
<p>The nursing faculty's philosophy of nursing practice and nursing education is based on a humanistic and holistic orientation. Our philosophy of nursing practice involves an understanding of the relationship between individuals, their environment and health, and focuses on health promotion and the treatment of human responses to illness. We view nursing education as an individualized, collaborative endeavor that assists the student to acquire the knowledge, skills, and values necessary for entry level practice.</p> <p>Individual</p> <p>Nursing is concerned with people of all ages, social, cultural, ethnic, and economic backgrounds in various positions on the health-illness continuum. Nursing clients are not only individuals, but families and communities. We believe that individuals are holistic and function as biological, psychological, socio-cultural, and spiritual beings. Individuals develop and continually interact within the context of their physical and psychosocial environments. We believe that each individual is unique, has intrinsic worth, and has the right to develop to maximum potential.</p> <p>Environment</p> <p>The environment is defined as the internal and external conditions that have an impact on individuals and includes physical, psychological, social, spiritual and cultural elements. The concept of environment also includes the conditions and settings in which health/illness is experienced and nursing</p>	<p>The faculty believe that Nursing is based on a professional body of knowledge that integrates core concepts from the liberal arts and the biological, physical, psychological and social sciences.</p> <p>Nursing practice involves an understanding of the relationship between individuals across the lifespan, families, and communities and their environment, and focuses on health promotion, quality of life, and the treatment of human responses to illness.</p>

<p>practiced. Changes in the physical environment, the economy, politics, family structure, cultural practices, and in health care policy and delivery are all influences to which nursing must respond.</p> <p>Health/illness</p> <p>We believe that health is not merely the absence of disease but a sense of well-being that can be described in physical, emotional, intellectual, social and spiritual terms. It is a dynamic state that is altered by elements in the internal and external environments, and requires continuous adaptation for the maintenance of physiological and psychosocial integrity. Illness is defined as changes within the biological, psychological, sociological, cultural, and spiritual aspects of a person, resulting in diminished or impaired functioning. Health is maximized when a person's optimal level of wellness is promoted, maintained, and/or restored. While we believe that health care is the inherent right of all individuals, we also believe that individuals have the responsibility to actively participate in achieving wellness. Individuals need information that allows them to make informed decisions about their health.</p>	<p>We believe that nursing science utilizes the nursing process to formulate clinical judgments substantiated with evidence. The nurse embodies professionalism and collaborates in a team environment incorporating information and technology to provide patient centered, safe, effective, quality care. (www.qsen.org).</p>
<p>Nursing Education</p> <p>Learning is an active, constructive, and goal-oriented process of acquiring knowledge. It is both an intellectual and emotional experience that results in on-going cognitive and behavioral changes. The nurse educator facilitates learning by identifying learning objectives, structuring content, selecting/creating learning activities/experiences, and evaluating learner's achievement of learning outcomes. The nurse educator serves as a role model, advisor, motivator, and resource.</p>	<p>Nursing Education</p> <p>We view nursing education as an individualized and collaborative endeavor that assists the student to acquire the knowledge, skills, and attitudes necessary for entry level practice. Teaching learning strategies include principles of adult learning, learning styles, goals and support systems and acknowledge the importance of the learner's prior knowledge, experience, and cultural and ethnic background.</p>

We acknowledge the role prior knowledge plays in the acquisition of new knowledge, and value the unique life experiences and varying cultural and ethnic backgrounds that each learner brings to the educational situation. Learners have various needs and modes of processing information and these are considered in planning and implementing the educational program.

Teaching strategies include using principles of adult learning, providing learning activities that address various learning styles, and facilitating critical and creative thinking and self-reflection. Success is enhanced when the learner demonstrates responsibility and accountability for their own learning.

The curriculum is developed, implemented, systematically evaluated, and revised by faculty with input from students. Changes in the curriculum are made in response to student assessment, recommendations by professional consultants, and findings from educational research. The curriculum is updated to keep current with changes in nursing and medical science, and the health care environment.

The nursing faculty believe that associate degree nursing (ADN) education prepares the graduate nurse for entry into practice, and serves as a foundation for advanced nursing studies. The associate degree graduate is able to work successfully in a variety of settings as a: provider of care, manager of care, and member within the profession of nursing.

The nurse educator serves as an advisor, mentor, and resource who facilitates learning by identifying learning outcomes, structuring content, creating learning experiences, and evaluating student achievement.

We prepare our graduates for entry level professional nursing practice and for entry into advanced nursing education programs.

Current Program Outcomes	Proposed Program Student Learning Outcomes
<p>Demonstrate caring that acknowledges worth and dignity of all individuals, through a skillful use of interpersonal processes and therapeutic nursing interventions.</p> <p>Apply teaching-learning principles in teaching and evaluating learning with clients, families, and members of the nursing care team.</p>	<p>Integrate patient preferences, values, and cultural differences when providing care, acknowledging the worth and dignity of patients and families. Patient Centered Care</p>
<p>Use critical thinking in applying the nursing process in a variety of settings to assist clients to promote, maintain, and restore optimal wellness, or provide support during the dying process.</p>	<p>Demonstrate sound clinical judgment substantiated by evidence, reflecting the science of nursing. Clinical Judgment/Evidence-Based Practice</p>
<p>Apply effective written, verbal, and nonverbal communication techniques in interactions with client(s) and members of the health care team.</p>	<p>Function effectively within nursing and intra-professional teams fostering open communication, mutual respect, and shared decision making to achieve safe, quality patient care. Teamwork/Collaboration</p>
<p>Apply effective written, verbal, and nonverbal communication techniques in interactions with client(s) and members of the health care team.</p>	<p>Use information and technology to communicate, document care, minimize error, and support decision making. Information Competency</p>
<p>Perform therapeutic nursing interventions competently, applying knowledge of culture and human development.</p>	<p>Minimize risk potential by the demonstrating advocacy and providing safe patient care across a variety of health care settings. Quality Improvement/Safety</p>
<p>Practice within the ethical and legal scope of professional nursing, maintaining political awareness and a commitment to lifelong learning.</p>	<p>Exhibit the knowledge, skills, and attitudes of an entry-level Registered Nurse Professionalism</p>

Organizing Framework of the Registered Nursing Curriculum	Proposed Conceptual Framework
<p>The curriculum of the Registered Nursing Program at the College of Marin is based on the values and beliefs of the faculty. The organizing framework identifies the essential components of the curriculum - - nursing knowledge, values, skills and competencies -- necessary for students to achieve the program graduate outcomes and to function in the roles of provider of care, manager of care, and member within the profession of nursing. It provides a structure for determining student learning outcomes at various levels in the program, for selecting course content and learning experiences, and for sequencing courses, as well as, for unifying the faculty's approach to the curriculum. Guiding principles for the curriculum framework include building on previous knowledge, and sequencing of content so that it gradually increases in depth, breadth, and complexity.</p> <p>rozro</p> <p style="text-align: center;">Knowledge</p> <p>Essential knowledge for entry-level practice in nursing addresses the interactions of persons, their environments, the health-illness continuum, nursing, and professional behaviors (roles). The knowledge component is identified and placed in a logical, sequential curriculum plan. However, with the expansion of information, the knowledge component is continually changing and evolving, requiring modification and update.</p>	<p>The conceptual framework for our revised curriculum draw from the Quality and Safety Education for Nursing (QSEN) model, the National Council of State Boards of Nursing Test Plan, and the National League for Nursing competencies. Our QSEN-based model consists of eight major concepts that are threaded through all levels of the curriculum.</p> <p><u>Our Core Concepts:</u></p> <ul style="list-style-type: none"> • Patient Centered Care: Recognize 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, and needs. (QSEN.org/competencies/pre-licensure KSAS) • Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (QSEN.org/competencies/pre-licensure KSAS) • Evidence-Based Practice: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (QSEN.org/competencies/pre-licensure KSAS) • Clinical Judgment: Use the nursing process to make judgments in practice substantiated with evidence, that integrate nursing science and core concepts from the liberal arts and the biological, physical, psychological and social sciences, in the provision of safe, quality care. (NLN.org/competencies) • Quality Improvement: Use data to monitor the outcomes of care processes and use improvement

Nurses need to understand people within the context of their environments and their positions on the health-illness continuum. Thus, concepts of growth and development across the lifespan, culture, physiological and psychosocial integrity, and health/ wellness are integrated throughout the curriculum. To achieve optimal health people must continually adapt to elements in their internal and external environments and engage in activities that promote wellness. The nursing curriculum focuses initially on health/wellness and those activities that promote it. The curriculum then focuses on major health care problems of defined populations across the life-span, and the management of these health care problems. Illness is defined as changes within the biological, psychological, sociological, cultural, and spiritual aspects of a person, resulting in diminished or impaired functioning. The curriculum addresses concepts related to illness and disease – including etiology, pathophysiology, maladaptive or dysfunctional patterns, impact on individual, family, and community, and treatment modalities.

Nurses connect with clients in various health care delivery settings, assess clients' needs, and engage in a range of activities that promote, maintain, and restore clients' health. The nursing knowledge component of the curriculum focuses on nursing activities that promote, maintain, and restore clients' health. The nurse assists individuals to promote health by teaching them to recognize alterations in health and to develop health practices that support wellness. The nurse protects individuals against environmental hazards by providing safe care environments and infection control. The nurse assists individuals to maintain physiological integrity by providing basic

methods to design and test changes to continuously improve the quality and safety of health care systems. (QSEN.org/competencies/pre-licensure KSAS)

- **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance. (QSEN.org/competencies/pre-licensure KSAS).
- **Information Competency:** Use information and technology to communicate, manage, mitigate error, and support decision making. (QSEN.org/competencies/pre-licensure KSAS)
- **Professionalism:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context. (NLN.org/competencies)

Our Integrated Processes:

- **Nursing Process:** Defined as a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. This process allows the nurse to establish client goals and outcomes that are mutually developed to achieve the individual's optimal level of wellbeing. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan nursing care throughout the nursing process. (COM RN Student Handbook 2014)
- **Health Promotion:** Defined as providing and directing nursing care that incorporates knowledge of expected

care and comfort, by decreasing risk potential for health problems, and by managing and providing care to clients with acute, chronic, or life threatening physical health conditions. The nurse assists individuals to maintain psychosocial integrity by facilitating coping and adaptation related to illness, disability, and stressful events, and by managing and providing care for clients with maladaptive behaviors or acute or chronic mental disorders.

Nurses need to be knowledgeable of legal requirements, scope of practice, and ethical guidelines for their practice, and of the political, economic and social factors affecting healthcare and nursing practice. In addition, nurses need to understand how to manage the client care environment.

Leadership/management concepts in the curriculum include content on the role of the nurse as communicator, change agent, coordinator, collaborator, and decision maker. The nursing curriculum prepares the student for leadership roles that support quality nursing care, promote positive change, and enhance the power and influence of the nursing profession.

Caring

Caring is a way of being with a person in the present moment that affirms their human dignity and self-worth. It is intentional and requires development. Caring is a core value in nursing that motivates nurses to understand clients, to act on their concerns, and to give competent and compassionate care. The nurse demonstrates caring by embodying qualities of calmness, warmth, acceptance, dignity, competence and communicativeness.

growth and development principles, prevention and/or early detection of health problems and strategies to achieve optimal health. (NCLEX-RN Test Plan 2013)

- **Caring:** Defined as nurse-client interaction that incorporates mutual respect and trust and promotes achievement of optimal patient outcomes. (NCLEX-RN Test Plan 2013)
- **Client teaching:** Defined as a cooperative, collaborative venture with the client for the purpose of promoting change in behavior and competence.(COM RN Student Handbook)
- **Pharmacological and Parenteral Therapies:** Defined as providing care related to the safe and effective administration of medications and parenteral therapies. (NCLEX-RN Test Plan 2013).
- **Cultural Diversity:** Defined as the provision of nursing care that values diversity and respects individual differences regardless of race, religion, or ethnicity. (Purnell, L. (2014). *Culturally Competent Care*. FA Davis. Philadelphia.).
- **Nutrition:** Defined as considering client choices regarding meeting nutritional requirements and/or maintaining dietary restrictions. (NCLEX-RN Test Plan 2013).
- **Leadership:** Defined as the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. (COM RN Student Handbook 2014).

In the curriculum, the student gains understanding of clients and their families and how to show caring behaviors during health and illness, grief and loss, and death and dying. The student develops competencies in providing carative interventions to increasingly challenging and complex clients. As the student acquires experience, the depth and range of his/her caring expands and circumstances of being overwhelmed, immobilized or helpless in the face of client care situations diminishes.

Caring behaviors in nursing extend beyond the client to other relationships within the health care team and to the profession in general. Students learn to demonstrate carative behaviors towards one another, others nurses, and other health care professionals. Students learn that demonstrating caring for the profession means being involved with professional and political organizations and working to improve the work place environment and working conditions.

Critical Thinking

Critical thinking is a purposeful, self-examining and self-correcting, reflective, reasoning process, which is utilized in forming or evaluating nursing judgments. The nurse uses critical thinking in combination with the nursing process to address the complicated and changing nature of client care situations. Kataoka-Yahiro and Saylor (1994) describe a model for developing critical thinking in nurses as comprised of a specific knowledge base in nursing, experience in nursing, attitudes that define how a person approaches a problem, and

intellectual and professional standards that are applied when a nurse carries out the nursing process. The nurse progresses through three levels of critical thinking as he/she gains new knowledge and experience and matures into a competent professional.

The student moves from a basic level of critical thinking where he/she thinks that the experts have all the right answers to resolve problems, towards a complex level of critical thinking where the learner begins to analyze and examine several alternatives more independently. The student's thinking grows from concrete to more creative and innovative in finding solutions to clinical problems that are mutually acceptable to client and nurse. In the third level of critical thinking, the student is committed to the nursing judgment, action or belief, that was formulated and assumes accountability for the decision.

Nursing Process

The nursing process is a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. The nursing process is one of the competencies that the nurse utilizes to deliver client care. The purpose of the nursing process is to identify and treat human responses to actual and potential health problems (American Nurses Association, 1980, 1995, 2003). This process allows the nurse to establish client goals and outcomes, that are mutually developed, to achieve the individual's optimal level of well-being. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan

nursing care throughout the nursing process. Within the curriculum, each step of the nursing process is defined and developed, and expectations for student learning are leveled.

- . **Assessment** progresses from collecting data from readily available sources for a client with stable health care needs towards being able to elicit concise information from a client with emerging or changing health problems.
- . **Analysis** progresses from a focus on actual to potential and then to collaborative health problems.
- . **Planning** progresses from setting goals and expected outcomes to achieve resolution of actual, then potential, and then collaborative problems; emphasis is on prioritizing health care needs and utilizing consultation to plan a continuum of care.
- . **Implementation** progresses from selecting nursing interventions based on the desired client goals and outcomes towards an understanding of the patho-physiological and/or psychological rationales for specific nursing actions to resolve a problem.
- . **Evaluation** progresses from a focus on the discontinuation, revision, or modification of an individual client's plan of care towards a focus on how effective plans of care can lead to an improvement in the quality care indicators that a facility has established.

Therapeutic Nursing Interventions

Therapeutic nursing interventions include psychomotor and psychosocial nursing actions that change or manage factors affecting health in order to maintain, promote, or achieve adaptation. The selection of therapeutic nursing interventions is based on the desired client outcome, characteristics of the nursing diagnosis, validation of the research, feasibility of the interventions, acceptability to the client, and the capability of the nurse. Courses are designed to build the cognitive, interpersonal, and psychomotor/technical skills necessary to successfully select and implement nursing interventions. The student is given the opportunity to simultaneously acquire and apply knowledge in a variety of clinical settings. When implementing nursing interventions cultural competence and age-specific factors are considered.

Teaching

Teaching is a process in which the individual's cognitive, psychomotor, and affective behaviors are modified. Teaching is a cooperative, collaborative venture with the learner for the purpose of promoting change and competence. The nurse has a responsibility to clients and families to ensure that they receive the information needed to maintain optimal health. The nurse gives clients information to make informed decisions about their care, and anticipates clients' needs for information based on their physical condition and treatment plans.

The curriculum provides opportunities for students to assess learning needs of clients, families, and communities; to develop and implement teaching plans which progress in complexity from single to multiple content area focuses; to apply an

increasing number of teaching-learning principles; and to utilize various teaching methodologies.

Communication

Communicating is a process by which people affect one another through the exchange of information, ideas, and feelings within a particular context. Communication is an essential nursing skill used to influence others and achieve positive health outcomes. Communication in nursing facilitates the development of helping-healing client relationships and collaborative collegial relationships. Written, verbal, non-verbal, and electronic communications provide the means for nurses to gather, analyze, and transmit information. Nursing documentation serves as a way to communicate, to substantiate care for legal purposes, to clarify services for reimbursement, to provide data for research, and to facilitate auditing/monitoring for quality improvement.

Throughout the curriculum, an emphasis is placed on effective interpersonal and communication skills to accomplish client care outcomes. The initial focus is on building a therapeutic nurse-client relationship through using therapeutic communication techniques, and on communicating effectively, verbally and in writing, with other members of the health care team. As the student progresses, opportunities are provided to facilitate clients' coping with acute, chronic, or terminal illnesses; to work with challenging clients; to develop insights into their own communication and behavior; and to develop skill and confidence in communicating with families, small groups, and other health care providers.

Management/Leadership

Management refers to the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. Management utilizes the processes of communication, inquiry, caring, and teaching, and requires the ability to anticipate, plan, prioritize, collaborate, communicate, delegate, supervise, evaluate, and make decisions.

Leadership is the art of influencing the beliefs, opinions, or behaviors of individuals or groups. It is a process of guiding, teaching, motivating, and directing the activities of others toward attaining goals. Leadership ability develops as the result of a combination of intrinsic personality traits, experience, learned interpersonal skills and strategies, and an understanding of the characteristics of the situation.

As a manager of care, the nurse is both a provider of client care and a manager of the care environment. Using the nursing process and principles of effective communication, client care managers plan and organize what is to be done, who is to do it, and how it is to be done. The role of the nurse as a manager of client care involves the simultaneous and continuous application of management skills to obtain needed material and human resources to provide safe, efficient, effective quality care for clients within the constraints of the organization's financial and human resources.

Effective nurse leaders are those who through their knowledge, integrity, enthusiasm, sense of possibility and willingness to

take risks, engage and motivate others to work together effectively in pursuit of a shared vision in the care setting and the public arena.

The initial focus in the curriculum is on the management of care for an individual client with minimal or stable care needs. Students identify and prioritize client needs, communicate pertinent information to other members of the health care team, and begin to advocate for clients. As students progress, they apply the same management skills of communication, organization, and prioritization to address the needs of multiple clients and/or less stable clients with more complex care needs. Emphasis is placed on collaboration and coordination with other members of the health care team in the development and achievement of the plan of care. The curriculum focuses on how to influence others to work together to accomplish goals that are consistent with organizational and professional values and purposes and to prepare for, respond to, and/or promote positive change. At the advanced level, students focus on prioritizing the competing needs among clients, and on applying knowledge of legal and regulatory restrictions and human resource management to obtain requisite staffing, make appropriate assignments, and delegate and supervise aspects of care.

Ethical and Legal Practice

To practice responsibly within the profession of nursing, the nurse must have knowledge of legal and ethical issues, as well as the political, economic, and societal factors affecting the provision of health care. Responsible practice also requires that

the nurse continually update knowledge and skills in order to delivery quality, evidence-based care.

Legal nursing practice requires the nurse to practice within the scope of the California Nurse Practice Act, and within federal, state and agency legal and regulatory requirements. Ethical nursing practice requires awareness of ones own ethical principles and biases, and of the distinction between customs, law, religion, and ethics. In addition, ethical practice requires recognition of commonly occurring ethical issues in health care, and application of the American Nurses' Association Code of Ethics and other ethical guidelines to begin the process of resolution.

Legal and ethical concepts are integrated throughout the curriculum so that students understand the differences between legal requirements and ethical obligations, and can recognize and respond appropriately to the commonly occurring legal and ethical issues that affect the delivery of care in various settings. Key policy issues affecting health care are discussed in the curriculum so that students can better understand these issues, and learn strategies for exercising personal power/influence to effect positive change in health care policies and practices. Students are encouraged to be inquisitive, to continually expand their knowledge, and to incorporate theory and research into nursing judgments and clinical practice.

cmc

**REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in DUPLICATE.

Program Name: College of Marin	For Board Use Only Approved by: _____, NEC Date: _____ <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate	
Requesting new Curriculum Approval: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor	
Date of Implementation: Fall 2015	
Academic System: <input checked="" type="checkbox"/> Semester 16 weeks/semester <input type="checkbox"/> Quarter _____ weeks/quarter	

REQUIRED FOR LICENSURE AS STATED IN SECTION 1426

	Semester Units	Quarter Units	Current BRN-Approved Curriculum	Proposed Curriculum Revision *Place asterisk next to proposed change
Nursing	36	54	38.5	38.5
Theory	(18)	(27)	20	20
Clinical	(18)	(27)	18.5	18.5
Communication Units	6	9	6	6
Science Units	16	24	24	24
TOTAL UNITS FOR LICENSURE	58	87	68.5	68.5
Other Degree Requirements			7	7
TOTAL UNITS FOR GRADUATION			75.5	75.5

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	NE 284, 284L	Mental Health Nursing & Care of the Older Adult Mental Health Nursing & Care of the Older Adult
Personal Hygiene	NE 180, 180L	Fundamentals of Nursing; Nursing ; Fundamentals of Nursing Laboratory
Human Sexuality	Integrated	NE 135, 135L210, 210L, 212, 212L and integrated into all courses
Client Abuse	NE 284, 284L	Mental Health Nursing & Care of the Older Adult ;Mental Health Nursing & Care of the Older Adult
Cultural Diversity	Integrated	All courses
Nutrition	Integrated	All courses
Pharmacology	NE 181, 188, 288A, 288B	Clinical Application Laboratory I; Pharmacology I, II, III
Legal Aspects	NE 286 and 286L; Integrated	Professional Role Development; Professional Role Development Clinical Laboratory; Integrated into All courses
Social/Ethical Aspects	Integrated	All nursing courses, Introduction to Sociology
Management/Leadership	NE 225, 225L	Nursing Leadership and Management, Clinical Transitions: Clinical Laboratory

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	NE 180,180L 185,185L 280, 280L 285,285L 181,182,281 188,288A,288B 286, 286L	Fundamentals of Nursing; Fundamentals of Nursing Clinical Laboratory Medical- Surgical Nursing I; Medical- Surgical Nursing I Clinical Laboratory; Medical- Surgical Nursing II; Medical- Surgical Nursing II Clinical Laboratory; Medical- Surgical Nursing III; Medical- Surgical Nursing III Clinical Laboratory; Clinical Application Laboratory I,II,III; Pharmacology I,II,III; Professional Role; Professional Role lab	26.5
Obstetrical	NE 283A, 283A L	Maternal/Child Nursing A; Maternal/Child Nursing A Clinical Laboratory	4
Pediatric	NE 283B, 283B L	Maternal/Child Nursing B ; Maternal/Child Nursing B Clinical Laboratory	4
Psych/Mental Health	NE 284, 284L	Mental Health Nursing & Care of the Older Adult Mental Health Nursing & Care of the Older Adult	4
Geriatrics	NE 284, 284L	Mental Health Nursing & Care of the Older Adult Mental Health Nursing & Care of the Older Adult	Counted above
BASIC SCIENCES			
Anatomy	Bio 120	Human Anatomy	5
Physiology	Bio 224	Human Physiology	5
Microbiology	Bio 240	Microbiology	5
Societal/Cultural Pattern	Soc 110, 140 or 233, Anthropology 102, 103, or 208	Introduction to Sociology	3
Psychology	Psych 110	Introduction to Psychology	3
	Psych 112 or 114	Child and Adolescent Psychology or the Psychology of Human Development	3
COMMUNICATION			
Group	Speech 110, 120, 122, 128, 130, or 132	Introduction to Speech communication, Interpersonal Communication, Intercultural Communication, Small group communication,, Argument and Persuasion	3
Verbal	“	“	
Written	English 150	Reading and Composition	3
* TOTAL UNITS			68.5

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

LVN 30 UNIT OPTION

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Advanced Medical-Surgical	NE 280, 280L NE 285, 285L 286, 286L 288A, 288B NE 281	Medical- Surgical Nursing II; Medical- Surgical Nursing II Clinical Laboratory; Medical- Surgical Nursing III; Medical- Surgical Nursing III Clinical Laboratory; Professional Role Development; Professional Role Development Clinical Laboratory; Pharmacology II,III Clinical Application Laboratory III	14.5
Psych/Mental Health	NE 284, 284L	Mental Health Nursing & Care of the Older Adult; Mental Health Nursing & Care of the Older Adult Clinical Laboratory	4
Geriatrics	NE 284, 284L	Mental Health Nursing & Care of the Older Adult; Mental Health Nursing & Care of the Older Adult Clinical Laboratory	Listed above
Management/Leadership	NE 286, 286L	Professional Role Development; Professional Role Development Clinical Laboratory	Listed above
BASIC SCIENCES			
Physiology	Bio 224	Human Physiology	5
Microbiology	Bio 240	Microbiology	5
TOTAL UNITS			28.5
Signature Program Director/Designee:		Date: 10-27-14	

TOTAL CURRICULUM PLAN

(916) 322-3350

Submit in duplicate

Name of School: College of Marin											Date Submitted: 10-27-14																													
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree											For BRN Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved																													
Revision: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor					Effective Date: Aug-15																																			
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.											By: _____ Date: _____																													
Check appropriate year: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4											Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter		*Wk: 16																											
											Total		Theory		Lab		Total Hours																							
Quarter/Semester											Units		Hr/Wk		Units		Hr/Wk		Theory		Lab																			
Prior to entry																																								
											M		S		O		C		P		G																			
Bio Anatomy											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		5		3		3		2		6		48		96			
Bio 224 Physiology											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		5		3		3		2		6		48		96			
Chem 110, 114, or 115											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		5		4		4		1		3		64		48			
English 150											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		3		3		3				0		48		0			
Math 101											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		3		3		3				0		48		0			
Bio 240 Micro											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		5		3		3		2		6		48		96			
NE 90 Intro to Nsg											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		5		1		1		3.2				0		16		0			
Total																							27		20		22.2		7		21		320		336					
Quarter/Semester																																								
First Semester											M		S		O		C		P		G		**Wk:																	
NE 180 Fundamentals											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		3		3		6				0		48		0			
NE 180L Fund lab											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		2				0		2		12		0		96			
NE 185 Med Surg I											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		3		3		6				0		48		0			
NE 185L MS I Lab											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		2				0		2		12		0		96			
NE 188 Pharm											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		8		1		1		2				0		16		0			
NE 181 Clinical Applic											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		0.5				0		0.5		1.5		0		24			
Psych 110											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		3		3		3				0		48		0			
Total																							14.5		10		17		4.5		25.5		160		216					
Quarter/Semester																																								
Second or third											M		S		O		C		P		G		**Wk:																	
Psych 112 or 114											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		3		3		3				0		48		0			
NE 280 Med Surg II											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		2		2		4				0		32		0			
NE 280L MS II Lab											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		8		2				0		2		12		0		96			
NE 288A Pharm II											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		16		1		1		1				0		16		0			
NE 182 Clin Appl lab											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		16		0.5				0		0.5		1.5		0		24			
Speech 110, 120, 128, 122, 130, 132											<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		16		3		3		3				0		48		0			
Total																							1						0				0		0		0			
Total																							11.5		9		11		2.5		13.5		144		120					

* Number of weeks per semester / quarter

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

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

TOTAL CURRICULUM PLAN

(916) 322-3350

Submit in duplicate

Name of School: College of Marin										Date Submitted: 10-27-14									
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree										For BRN Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved									
Revision: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor					Effective Date: Fall 2015														
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.										By: _____ Date: _____									
Check appropriate year: <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4										Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter		*Wk: 16							
										Total Units		Theory		Lab		Total Hours			
Quarter/Semester												Units		Hr/Wk		Theory		Lab	
Second or third Semester												Units		Hr/Wk		Theory		Lab	
	M	S	O	C	P	G	**Wk:												
NE 283A Mat/Child NSG	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	2	2	4		0	32	0					
NE 283A Mat/child A Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	2		0	2	12	0	96					
NE 288 B Pharm III	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	1	1	1		0	16	0					
NE 283B Mat/Child NSG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	2	2	2		0	32	0					
NE 283B Mat/Child NSG lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	2		0	2	6	0	96					
	<input type="checkbox"/>	1			0		0	0	0										
Soc 110	<input type="checkbox"/>	16	3	3	3		0	48	0										
Total									12	8	10	4	18	128	192				
Quarter/Semester																Total Hours			
2nd,3rd, or 4th Sem																Total Hours			
	M	S	O	C	P	G	**Wk:												
NE 285 Med Surg III	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	2		0		0	0	0					
NE 285L Med Surg III Lab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	2.5		0	2.5	15	0	120					
NE 284 Mental Health Nsg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2	2	4		0	32	0					
NE 284L Mental Health Nsg Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2		0	2	12	0	96					
Cross cultural course							16	3	3	3		0	48	0					
NE 281 Clin Applic lab III	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	0.5		0	0.5	1.5	0	24					
	<input type="checkbox"/>	1			0		0	0	0										
Total									12	5	7	5	28.5	80	240				
Quarter/Semester																Total Hours			
Fourth Semester																Total Hours			
	M	S	O	C	P	G	**Wk:												
NE 286 Prof Role	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	1	1	2		0	16	0					
NE 286L Prof Role Lab	<input checked="" type="checkbox"/>	8	2.5		0	2.5	15	0	120										
American Institutions	<input type="checkbox"/>	16	3	3	3		0	48	0										
PE	<input type="checkbox"/>	16	1	1	1		0	16	0										
	<input type="checkbox"/>	1			0		0	0	0										
	<input type="checkbox"/>	1			0		0	0	0										
	<input type="checkbox"/>	1			0		0	0	0										
Total									7.5	5	6	2.5	15	80	120				

* Number of weeks per semester / quarter

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

**Education/Licensing Committee
Agenda Item Summary**

AGENDA ITEM: 7.5.1

DATE: March 5, 2015

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

REQUESTED BY: Katie Daugherty, MN, RN, Nursing Education Consultant(NEC)

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

Initial Program Approval Findings:

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

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

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

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

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

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

Initial Program Approval Compliance Summary:

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

CCR 1420 Definitions and CCR1424 Program Administration and Organization:

- The MEPN program philosophy serving as the basis of curriculum is well developed and evidences integration of pertinent research and evidence-based practices as it relates to nursing education/active learning, clinical judgment, inter-professional education, health systems leadership and change, and the innovative use of health care technologies throughout the program of study.
- The vision and goals for all of the SON graduate programs is to prepare nurses as leaders, educators, and researchers in health care. UCD's nursing education model is designed to further improvements in health outcomes, promote safety and quality of care, and inform health policy decisions through broad team-based, collaborative efforts involving the health care communities UCD serves.
- SON and MEPN program lines of authority and communication, program policies and procedures, student grievance procedures etc. are already well developed.
- Dr. Harvath, the approved MEPN program director (PD), has 75% (30 hrs/wk) administrative time and sufficient administrative support staff (25% of 14 staff) to assist in managing all aspects of the program.
- SON faculty member, Dr. Ackerman-Barger is eligible for immediate approval as the program assistant director (AD) following initial program approval. She will have 25% (10 hrs/wk) to perform administrative as assigned by the program director.
- The planned MEPN Program faculty staffing mix includes 11-14 doctorally prepared FTE faculty and 2-18 part time faculty (may be BSN, MSN, or doctorally prepared). Larger numbers of part time faculty will be hired to support ongoing clinical instruction once the full time faculty have taught both theory and clinical courses for all the CRL theory and clinical courses for the first MEPN class. The number of full and part time faculty teaching each quarter will vary depending on student enrollments. The proposed faculty staffing mix is adequate in type and number to ensure sufficient "back up" faculty to cover planned and unplanned faculty changes and the established instructor to student clinical ratio of 1:8 in all CRL courses.
- Full time faculty generally teach in all the SON graduate programs, schedule permitting. Currently there are 8 of the existing SON faculty potentially eligible to teach in the MEPN program; 3 of the 8 are immediately eligible for BRN approval. Besides the 8 potential faculty member already teaching in the SON, 6 additional full time faculty are being hired for fall 2015.
- Among the existing SON faculty, three (Gero, M/S, Psych) of the five content experts are already identified.
- Potential OB and PEDS full time faculty/content experts have been interviewed. The program is not anticipating any difficulty hiring the necessary OB and PEDS faculty/content experts based on the considerable number (~30) of applicants for faculty positions received to date.
- Clearly, there are sufficient resources to support initial (24 students in summer 2016) and continuing program enrollment (32 in 2017 and 48 in 2018 and beyond-up to a capacity of 96) including physical space, equipment, technology, library and support services, faculty, and clinical facilities.
- Physical space already available to the SON includes three buildings (Education/Cl. Skills Ctr.; Ctr. for Hlth & Technology/Ctr. for Virtual Care; and Adm. Services). These facilities have sufficient classrooms, skills and simulation labs, and offices for administrative/support staff and faculty. Classrooms and meeting spaces are equipped with the necessary state-of-the-art technology to support program teaching-learning activities. A fourth, \$45 million dollar UCD funded, 70,000 sq. ft. three story building (Health Sciences Education) with additional learning studios (for 60,125,175 students),

skills and simulation, and administrative and academic offices is slated to be ready for occupancy in the last quarter of 2017.

- The BIMSON remains well funded (~\$50 million in funds remain). The GBMF grant funding provides the fiscal support for the MEPN program through 2018; at that time, it is expected the MEPN will be self-supporting/self-sustaining through student tuition and fees. A reserve of \$500,000 has been allocated to cover contingencies including any type of MEPN applicants/enrollment short fall. Once GBMF funding is no longer available, alternative funding sources such as public funds, other philanthropic support and research funding will be used to sustain the five SON graduate degree programs.
- Estimated MEPN program tuition is ~\$93,000 for the 18 months-six quarters program of study; the SON estimates approximately 20% (~\$18,720) of financial support will be available for the first 2016 cohort of program students. Awards will be based on student needs and made in compliance with federal, state and UCD university requirements.
- UCD does not anticipate any difficulty meeting projected MEPN enrollment targets (24 in June 2016; 32 in June 2017; 48 in June 2018 and beyond). Current MEPN listserv members have grown to ~985. This is consistent data relative to MEPN programs, that is many having many more (3X or more) applicants than slots available for admission.
- Online applications for MEPN program enrollment is slated to start in October 2015 pending initial program approval by the Board of Registered Nursing.
- At capacity the SON is expected to enroll ~440 students across all five programs (PhD=48; MS-L=50; FNP=100; PA=140; MEPN=48); faculty support/staffing at this point is expected to be ~48 FTEs.

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

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

CCR 1426 Curriculum and 1426.1 Preceptorship:

- The MEPN pre-licensure graduate degree program is designed for individuals with a bachelor's degree in a field other than nursing. The program requires completion of 132 units for the MSN degree and to be eligible to make BRN application for licensure by exam and eligible to sit for the NCLEX-RN examination.
- The program of study (132 units) requires completion of six consecutive 10 week quarters (18 months) MSN degree full time course work following completion of the specified prerequisite courses (40 units) with the required cumulative (3.0) and science GPA (2.7 each course).
- The required forty (40) units of prerequisite courses include (physical, social and behavioral sciences with required labs) totaling 31 units, and (9) units of group, oral and written communication. These must be completed prior to program admission.
- CRL nursing units total 59 units; 32 units of CRL nursing theory/didactic coursework and 27 units of CRL clinical coursework that also meets the concurrent theory and clinical requirements. All CRL units total 99 units. This includes 31 units of sciences, 9 units of communication, and 59 units of nursing. Calculations for theory and clinical hours and units meet the regulations as reflected on the attached CRL/TCP forms.
- Required curriculum content and content integration is clearly evident per 1426 and 1426.1 regulation subsections and BPC section 2725 and CCR 1443.5.
- The "other degree" MEPN MSN degree courses total 33 units and include courses such as the

research, implementation science, community health, and the collaborative practice course series. Please refer to CRL/TCP forms for more detail and quarter-by-quarter course sequencing.

- The 240 hours nursing capstone clinical preceptorship is in compliance with CCR 1426.1. Clinical agency partners commented favorably regarding the number of hours in the course.

CCR 1427 Clinical Facilities:

- The program has identified a sufficient number and type of clinical facilities and placement slots to support initial and full program enrollment at 96 students in 2018 and beyond without displacing students.
- All clinical agreements/MOUs/amendments have been signed or are in the final signature phase of completion.
- Clinical sites secured for initial start-up and ongoing use are within 30 minutes travel time from the SON. Very detailed clinical placement information has been provided and validated by the NEC during the self-study/initial program approval processes.
- **Three acute care hospital clinical sites have been secured: UC Davis Medical Center**-Acute Care Hospital (619 beds- with an avg.daily census(ADC) of 485 pts.-includes 12 bed ED psych pod and two M/S-psych units; students will have access to acute care and ICU units in specialty areas including: Accelerated Access, Acute Rehab, Bariatric, Burn, Cardiac, ENT/Transplant, GI/Vascular, M/S Specialty, Multiple ICUs-, Cardiothoracic, Medical, Neurosurgical, Surgical, Transfer/Receiving, Neuro, OB(20 L&Ds; 20 PP/couplets/ Newborn nursery varies); Oncology, Ortho, Ortho Trauma, PEDS (see below), etc.; **Kaiser South Sacramento** (200++ beds-ADC~140 pts. includes ED psych pod, 6 M/S units, ICU, OB-200 normal births/mo., general Peds ADC 1-2 pts.). RN and C.N.A staffing in M/S. Student access to all units. **VA Mather** (50 beds-ADC of 32 pts. includes a 6 bed psych unit on a separate floor from the medical surgical unit). RN and C.N.A. staffing in M/S/ Student access to all inpatient units/services.
- For the initial cohort of 24 students UCDMC/Health System services will provide most clinical placements, especially the OB and PEDS placements because of the volume, variety, and complexity placements available to support student progression throughout the program.
- The use of the KP and VA inpatient clinical placements will be refined in collaboration with the program Director, AD, and content experts once the full complement of FT MEPN faculty are hired. Other available outpatient and ambulatory placements will be added at UCD, KP, and VA as appropriate to meet program learning objectives and to achieve student learning outcomes.
- Also of note, all three of acute care facilities have acute inpatient psych/medical beds for placements. Available learning experiences include medical/psych stabilization and ECT learning opportunities (KP).
- Program students will have access to OR, PACU, Endoscopy, Procedural Sedation and other inpatient diagnostic services at all three selected acute care facilities.
- **Two large inpatient acute care psychiatric facilities: Heritage Oaks** (125 beds-ADC109 -7 units) adult, adolescent and gero psych; **Sierra Vista Hospital** (120 beds-ADC108-110 pts.-6 units; five adult units and one adolescent unit); with pt. Consent access to observe psych-hold legal hearings. Outpatient learning experiences will be added as the clinical sites have these programs developed for student placements.
- **Inpatient/Acute Care OB:** UCDMC will be the primary placement site for all program students because UCDMC provides both normal and high risk learning experiences and includes 20 L&Ds, 20 PP/couplets and regular newborn nursery as needed. Services include both normal and high risk Prenatal/Antenatal and Perinatal learning experiences. Only RNs staff these units. Outpatient and ambulatory clinic experiences will be developed over time.
- **Inpatient/Acute Care PEDS:** UCDMC has four PEDS units including a 30 beds/30 ADC general unit; a PEDS ICU (14 ADC), and PEDS NICU/SCN (58 ADC). Only RNs staff these units.

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

Other UCD Health Systems Clinical placements:

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

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

Clinical evaluations services to be observed will include developmental testing and neuropsychological examination, psychiatric diagnostic interview, medical and pharmacological consultation and management. Clinics include a family clinic, social skills training program, ADHD clinic and clinical trials services. Students will also have access to the Distinguished Lecturer series and onsite resource library.

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

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

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

Beginning in Spring 2016, the program RNs will travel to primary care network clinics to conduct face to face care management visits. MEPN students will have the opportunity to buddy with RNs providing these services to patients. Learning activities will focus on managing chronic conditions, facilitating lifestyle changes and reducing emergency visits and hospital re-admissions. The nurse administrator for these services is a registered nurse, certified diabetic educator (CDE), with MSN and CNS expertise. Rotations of MEPN students are welcomed and do not displace the occasional RN student rotations through these services.

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

Miscellaneous Clinical Placements Information:

- It is anticipated that as more of the faculty are hired and become familiar with course objectives/SLOs, other clinical placements will be added. Any additions will supplement, augment and strengthen initially planned and approved clinical placements. Added sites will likely include some rural clinical sites so interested program graduates wishing the opportunity to work in rural settings upon graduation obtain some exposure to these agencies. This is also consistent with the BIMSON mission.
- Clinical facility representatives verified the availability of the proposed clinical slots/placements for the MEPN program students without displacing other R.N. program students already using the clinical facilities. Additionally, as part of the final phase of the initial program approval visit, the NEC re-verified by phone that local nursing education program directors (ARC, CSUS, SCC, & SM) continue to support the UCD MEPN program start up effective Summer 2016.
- Dr. Harvath continues to participate in the various clinical facilities regional planning meetings such as Healthy Community Forum (HCF) and the Psych/Mental Health planning group. There have been no issues or concerns expressed by the planning group members interviewed in relation to the establishment of the UCD MEPN program. As of February 2015, Dr. Harvath will be joining the separate Kaiser Permanente and VA clinical placement planning groups.

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

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

NEXT STEPS:

Place on Board agenda.

PERSON(S) TO CONTACT:

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

California Board of Registered Nursing
Education/Licensing Committee

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

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

Non Compliance(s): None identified

Recommendation(s): None identified

CONSULTANT APPROVAL REPORT
INITIAL PRELICENSURE PROGRAM VISIT

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

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

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

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

APPROVAL CRITERIA

SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

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

APPROVAL CRITERIA

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

APPROVAL CRITERIA

SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

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

APPROVAL CRITERIA

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

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

APPROVAL CRITERIA

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

SECTION 1424(f) The program shall have a board approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.

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

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

APPROVAL CRITERIA

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

SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.

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

APPROVAL CRITERIA

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

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>II. FACULTY QUALIFICATIONS AND CHANGES</p> <p>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:</p>	<p>SS pg. 52 BRN Director approval forms SS tabs 1-2 Apps H-K, P-Q, W- X</p>	<p>X</p>		<p>Self-study materials and visit interviews/ information provide sufficient compliance evidence. The program clearly understands its responsibility and accountability for timely Board (BRN) notification relative to CCR 1425 as well as other noticing the Board of other program changes as specified in CCR 1432 once the program is granted initial approval and holds a certificate of program approval.</p>
<p>SECTION 1425(a) The director of the program shall meet the following minimum qualifications:</p>	<p>SS pgs. 41, 52 Apps H, J, P</p>	<p>X</p>		<p>Theresa A. Harvath, PHD, RN, FAAN was appointed the Program Director effective 5/29/14. Dr. Harvath was appointed by the BIMSON Dean, Dr. Young, in consultation with the Associate Dean for Academic Programs in the SON. Initial program approval evidence demonstrates Dr. Harvath has the authority and responsibility to administer the program as defined in CCR 1420 (h). Dr. Harvath also has the position description title as the Director for Clinical Education and Clinical Professor that reflects her non-ladder vs. ladder rank faculty position in the SON. Dr. Harvath's MEPN Director position is for a three-year term that is renewable annually.</p>
<p>(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p>	<p>SS pg. 52 Apps H, J, W, X</p>	<p>X</p>		<p>Dr. Harvath has a PhD (1990) and an MS in Aging Family Nursing (1986) from Oregon Health Sciences University (OHSU), Portland, Oregon. Her educational preparation is exceptional.</p>

APPROVAL CRITERIA

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

APPROVAL CRITERIA

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

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(2)Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p>	X		As stated in the CCR 1425 (d) comments section.
<p>SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year's continuous full time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.</p>	N/A		There are no plans to hire any CTA level faculty. Graduate program faculty qualifications require higher degree preparation to teach at UCD.

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>SECTION 1425 (f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as a the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	<p>X</p>		<p>As part of the program planning processes, content expert and various faculty work group meetings have already occurred since evidence indicates several existing SON RN faculty and several recently interviewed potential program faculty are eligible to be designated the program's required content experts in the five specialty areas:</p> <p><u>Gero & Mental Health/Psych</u>: Dr. Harvath; eligible as of 5/29/13</p> <p><u>Med-Surg</u>: Dr. P. Hodge; already teaching in SON, eligible immediately upon initial program approval</p> <p><u>Obstetrics</u>: Potential new full time faculty member already interviewed/offer accepted; to start fall 2015</p> <p><u>Pediatrics</u>: Interview /selection completed, offer made, expected to be hired no later than fall 2015</p>

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>II. a. FACULTY RESPONSIBILITIES</p> <p>SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p> <p>SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.</p> <p>SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.</p> <p>SECTION 1425.1 (d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.</p>	<p>SS pgs. 25-26, 48-49, 59-60, 62-67 Apps R-T, AA,EE Table 8 FHB-GSA HB</p> <p>SS pgs. 59-60 App AA</p> <p>SS pgs.48-49, 59-60,110 SS tab 5 Apps X-1-2 Apps AA</p> <p>SS pgs. 59-60 Apps H, J, V-W, X-1-2, Z, AA-1-3</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>		<p>Faculty performance expectations including responsibilities and accountability for MEPN program functions are clearly defined.</p> <p>An appropriate list of faculty orientation/development topics has been already developed.</p> <p>Faculty teaching in the MEPN CRL clinical courses/course components will only be responsible for the supervision of MEPN students.</p> <p>The program will develop necessary processes to ensure all CRL faculty remain clinically competent.</p>
<p>III. REQUIRED CURRICULUM</p> <p>SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.</p>	<p>SS pgs.6, 61-68 SS tabs 2-3 CRL/TCP forms Apps X, BB, CC Table 10</p>	<p>X</p>		<p>MEPN program curriculum consists of a total of 132 units. Only individuals with a baccalaureate degree in another field and 40 units of the specified program prerequisite courses will be admitted to the program. After admission the student will complete a total of 28 UCD graduate courses and a total of 92 units in the program of study.</p> <p>Fourteen of the 28 program courses are CRL courses (99 units of CRL coursework include prerequisite courses) and the other 14 courses are designated and counted as other degree non-CRL courses (33 units).</p> <p>Upon completion of the required 132 units of course work, the MEPN program graduate is conferred a Master's of Science in Nursing (MSN), is eligible to sit the for NCLEX-RN examination and to apply for initial licensure by examination in California as well as other State Boards of Nursing jurisdictions throughout the U.S.</p>

APPROVAL CRITERIA

SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

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

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p>	X		<p>MEPN CRL nursing curriculum consists of a total of 59 units of nursing theory and clinical course hours/content; this includes 32 units of nursing theory and 27 units of CRL clinical course hours/content. Students complete a total of 810 hours of CRL clinical coursework plus another 270 hours (community health/PHN and collaborative practice courses) of non-CRL required clinical hours for a total of 1080 hours of clinical preparation for degree completion.</p> <p>CRL nursing courses include: NRS series-221, 223,224, 225, 272, 273, 420, 421, 422, 423, 424,425, 426, and 428. Other Degree MEPN courses include: NRS series-201, 202, 203, 212,220, 222A-B, 227, 427 and 429A-F. The requisite BRN PHN Education Requirements form demonstrating compliance with CCR 1491 is included in self-study evidence.</p>
<p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.</p>	X		<p>Besides having a bachelor's degree with at least a 3.0 grade point average (GPA) on a 4.0 scale, applicants must complete a total of 40 units of program prerequisite courses prior to program admission and satisfy UCD requirements for graduate admission.</p> <p>Program admission prerequisites include completion of 9 units of college level communication courses including verbal, written and group communication.</p>
<p>(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>	X		<p>CRL required science units total 31 units and include courses as listed below.</p> <p>All prerequisite science courses must include a lab (General Chemistry, Anatomy, Physiology, and Microbiology), be completed with at least a 2.7 GPA in all courses, and preferably be taken within the last 7 years. Additionally, completion of college level prerequisite courses (Statistics or Epidemiology, Human Development Across the Lifespan, General Psychology, Introduction to Sociology or Cultural Anthropology) social and behavioral science courses are required prior to program admission.</p>

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p>	X		<p>Curriculum forms and course syllabi materials evidence compliance with this regulation. The program's other degree collaborative clinical practice courses, N429 A-F, are designed to provide MEPN students inter-professional, experiential learning activities to facilitate integration of key concepts presented throughout the program of study. Concepts include communication, person-centered care, ethical decision-making, end-of-life decisions, culturally appropriate care, quality and safety, social justice and professionalism.</p> <p>Refer to section CCR 1426 (c) (1) for applicable courses</p>
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p>	X		<p>Compliance evidenced. The concept, case-study, and problem-based curriculum is designed to promote patient-centered care for individuals, communities and populations.</p>
<p>(1) The nursing process;</p>	X		<p>Compliance evidenced.</p>
<p>(2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;</p>	X		<p>A comprehensive competency skills list has been developed. Course syllabi will clearly indicate the skills all students are expected to demonstrate competency in performing. Students are expected to keep track of the skills checklists and work with their assigned academic adviser to meet program requirements and personal professional career goals. Course faculty designated as the course instructor of record (IOR) will work closely with clinical faculty to ensure students demonstrate required skills for each course.</p>

APPROVAL CRITERIA

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

APPROVAL CRITERIA

EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
<p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>SS pgs. 61-67, 85-88 SS tabs 2-3,5 CRL/TCP forms App X 3-4 Course syllabi CAT</p>	X		Each quarter is 10 weeks in length. One hour of didactic instruction per week is equal to one theory unit.
<p>(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</p> <p>SS pgs. 61-67,85-88, 91-94 SS tabs 2-3,5 CRL/TCP forms Apps O, BB Course syllabi CAT</p>	X		<p>Three hours of clinical practice per week equals 1 quarter unit.</p> <p>Clinical learning using simulation will be used throughout the program as specified in regulation. The first quarter course(s) teaching basic nursing skills include N420 Foundations and N421 Health assessment will use the maximum number of clinical hours in simulation allowed per regulation but also include direct patient care experiences at the University Retirement Center. The facility has the capability to provide clinical learning experiences across the wellness to illness continuum of care. This clinical site includes resident apartments/independent living, assist living, skilled nursing and memory care services for residents. The clinical site visit to the facility validated the facility's capacity to provide appropriate numbers, variety, depth, breadth, level of complexity and quality of care being for student placements. This facility will also be used on a select basis in other clinical course components such as N422 Nursing Care of Chronic and Disabling Conditions and N424 Care of the Older Adult because of the excellent nursing, inter-disciplinary, team-based learning experiences available.</p>

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

APPROVAL CRITERIA	EVIDENCE · Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
<p>SECTION 1426.1 PRECEPTORSHIP (continued)</p> <p>(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:</p> <p>(A) The frequency and method of faculty/preceptor/student contact;</p> <p>(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;</p> <ol style="list-style-type: none"> 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. 	<p>SS pgs. 9, 95-97, 105 SS tabs 2-3, 5 CRL/TCP forms Apps BB, CC 1-2 Tables 17-19 Course syllabus Preceptor HB</p>	<p>X</p>		<p>Compliance evidence for all regulation approval sections and subsections (4) as listed on this page of the report.</p>

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

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

APPROVAL CRITERIA

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

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON-COMP	COMMENTS
(a) Philosophy and objectives;	SS pg.111 Apps F, EE	X		As stated above.
(b) Learning experience; and	SS pg.111 Apps F, EE	X		As stated above.
(c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	SS pg. 111 Apps F,EE	X		Students will be provided ongoing opportunities to participate on the MEPN Curriculum subcommittee to meet this regulation.
VI. LICENSED VOCATIONAL NURSES THIRTY/45 UNIT OPTION SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	SS pg. 113 SS tab 2 CRL form App X CAT	X		Interested LVNs wanting to complete the LVN 30 unit option will be instructed to contact the SON MEPN Program Director's Office to arrange for mandatory objective counseling and for advising about space availability before the student submits a program admission application. This option is offered on a space-available basis. Pertinent information about this option will be published on the SON website following initial program approval. The series of courses taken in the 45 unit LVN option are: 5 unit Physiology with lab, 3 unit Microbiology with lab (8 units) plus NRS 223, 224, 225, 272, 273, 421, 423, 424, 426, and 7 of 8 units of NRS 428 (totaling 37 units).

APPROVAL CRITERIA

SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

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

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

APPROVAL CRITERIA	EVIDENCE Use Code(s) listed below for location of evidence.	COMP	NON- COMP	COMMENTS
VIII. LICENSING EXAMINATION PASS RATE STANDARD				
<p>Section 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.</p> <p>(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p> <p>(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.</p> <p>(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.</p>	SS pgs.14-15, 112	X		<p>The program has a comprehensive exam requirement in place. Components of the comprehensive exam include submission of a portfolio (evidence of meeting the MEPN program clinical competencies) and a passing score on the written exam must be achieved in quarter six. The MEPN program's Comprehensive Exam Committee must, by unanimous vote, pass the student. Should the student fail to pass either or both portions of the exam, one re-examination within the same quarter will be permitted if the student's assigned Graduate Advisor concurs with the committee's recommendation for one re-test opportunity.</p> <p>Faculty will select an external predictive exam vendor (e.g. ATI, HESI, or Kaplan) that is a strong predictor of student success on first attempt on the NCLEX-RN exam, The final decision relative to vendor selection will most likely occur during the fall or winter 2015 quarters but well in advance of the program's anticipated June 2016 start date. Early selection of the predictive test vendor by the total MEPN faculty group will permit sufficient time for program faculty to be oriented and familiar with the selected predictive exam materials, reports etc. before instruction begins.</p> <p>Not applicable at this time.</p> <p>Not applicable at this time.</p>

Ed./Licensing Committee Materials

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

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

Please refer to the course names and descriptions below.

**REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in **DUPLICATE**.

Program Name: Betty Irene Moore School of Nursing at UC Davis	For Board Use Only
Type of Program: <input checked="" type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate	Approved by: _____, NEC
Requesting new Curriculum Approval: <input checked="" type="checkbox"/> Initial Program Approval Date of Implementation: Summer, 2016	Date: _____ <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy
Academic System: <input type="checkbox"/> Semester _____ weeks/semester <input checked="" type="checkbox"/> Quarter 10 weeks/quarter	

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

	Semester Units	Quarter Units	Current BRN-Approved Curriculum	Proposed Curriculum Revision <small>*Place asterisk next to proposed change</small>
Nursing	36	54	59	
Theory	(18)	(27)	32	
Clinical	(18)	(27)	27	
Communication Units	6	9	9	
Science Units	16	24	31	
TOTAL UNITS FOR LICENSURE	58	87	99	
Other Degree Requirements			33	
TOTAL UNITS FOR GRADUATION			132	

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

REQUIRED CONTENT	Course Number	Course Titles
Alcohol & Chemical Dependency	NRS 423	Psychosocial Wellness & Illness
Personal Hygiene	NRS 420 NRS 423	Foundations of Clinical Nursing Practice Psychosocial Wellness & Illness
Human Sexuality	NRS 425 NRS 423 NRS 424	Family Focused Nursing Psychosocial Wellness & Illness Care of Older Adults
Client Abuse	NRS 421 NRS 422 NRS 425 NRS 424 NRS 420	Health Assessment Care of Chronic Conditions Family Focused Nursing Care of Older Adults Foundations of Clinical Nursing Practice
Cultural Diversity	NRS 420 NRS 422 NRS 426 NRS 424 NRS 425	Foundations of Clinical Nurse Practice Nursing Care of Individuals with Chronic or Disabling Conditions Nursing Care of Adults with Complex Illness or Injury Nursing Care of Older Adults Family Focused Nursing

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

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

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

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

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

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

LVN 45 UNIT OPTION

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

MEPN Program: Other Degree Requirements

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

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

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

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

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

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

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

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

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

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

Master's Entry Program in Nursing – Course Descriptions

Quarter 1 – Summer

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

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

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

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

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

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

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

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

Quarter 2 – Fall

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

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

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

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

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

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

Quarter 3 – Winter

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

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

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

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

Quarter 4 – Spring

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

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

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

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

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

Quarter 5 – Summer

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

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

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

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

Quarter 6 – Fall

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

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

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

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

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

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

Definition of Terms

Concept-Based Learning:

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

Problem-Based Learning

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

Inter-Professional Education

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

Section 1426(b)

The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

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

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

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

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

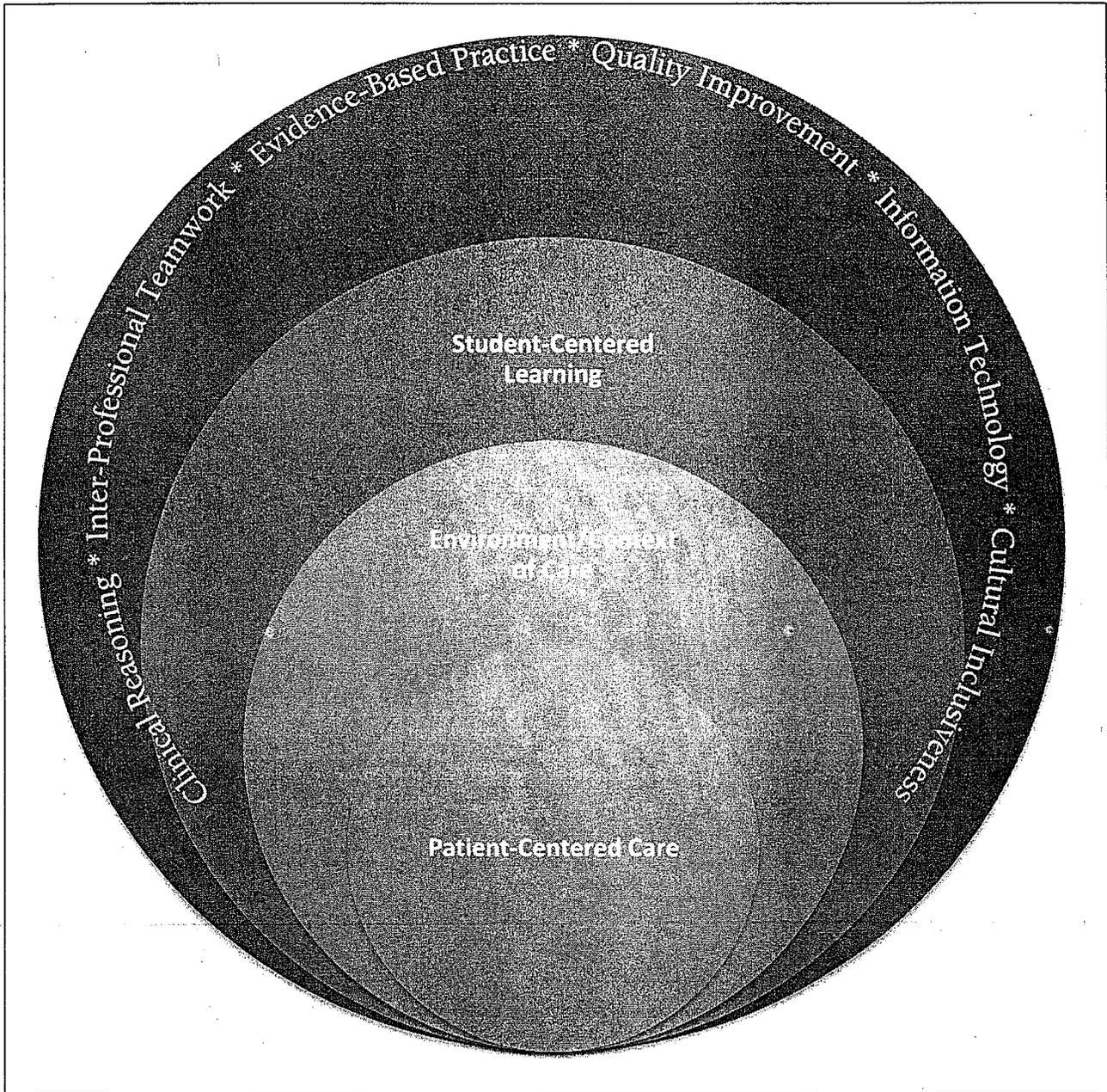


Figure 1. Unifying theme to achieve student learning outcomes.

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

Foundation Knowledge (Verbs: remember, understand, identify)

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

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

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

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

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

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

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

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

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

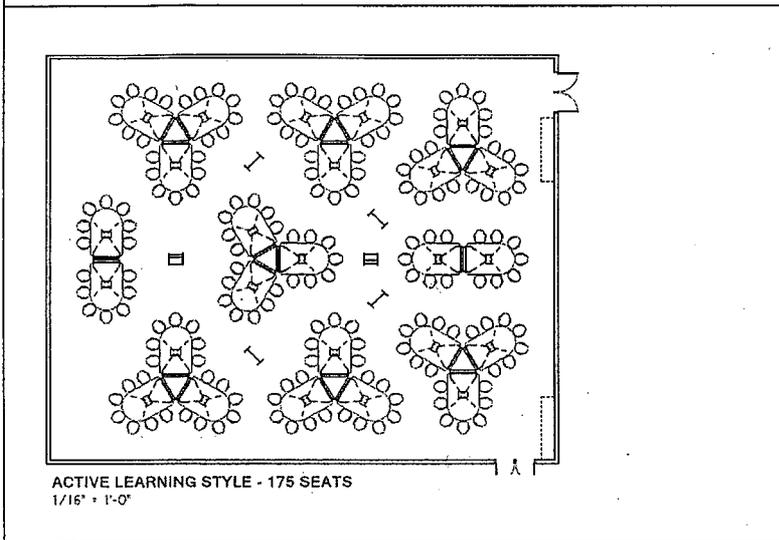
Learning how to Learn (Verbs: read and study effectively; set a learning agenda; identify sources of information on; be able to construct knowledge about; frame useful questions; create a learning plan...)

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

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

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

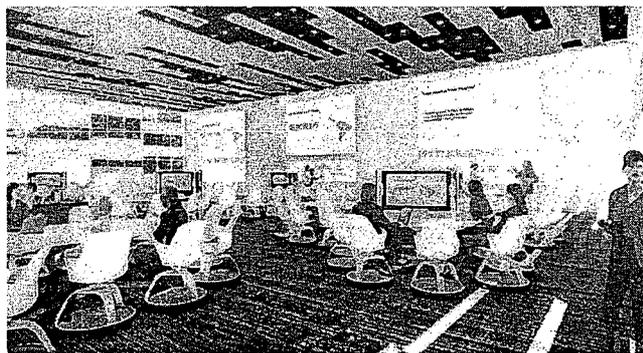
Figure 2. Classroom Design for Small Group Learning

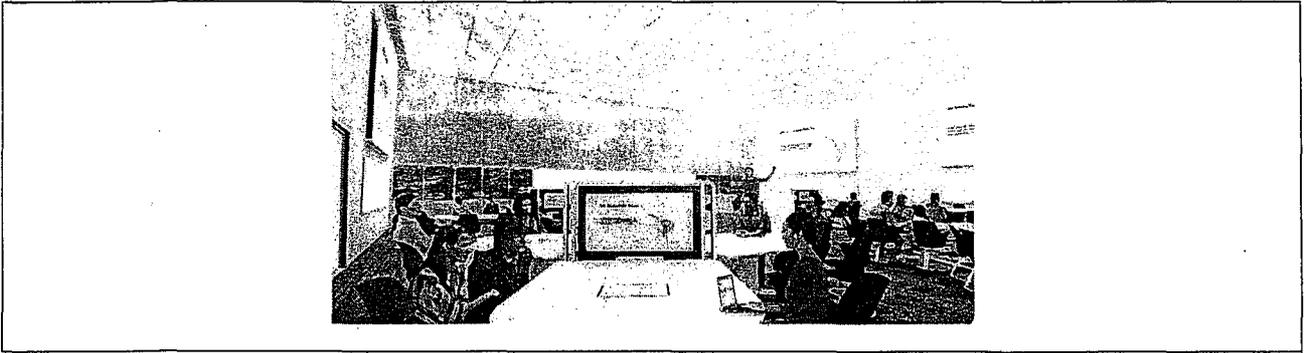


Our commitment to student-centered learning is also reflected in the principles of adult learning that permeate our curriculum and our approach to didactic learning. Our curriculum was designed on a foundation of concept- and case-based learning (e.g., see NRS 221, NRS 420 and NRS 422), using problem-based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

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

Figure 3. Propeller Tables





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

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

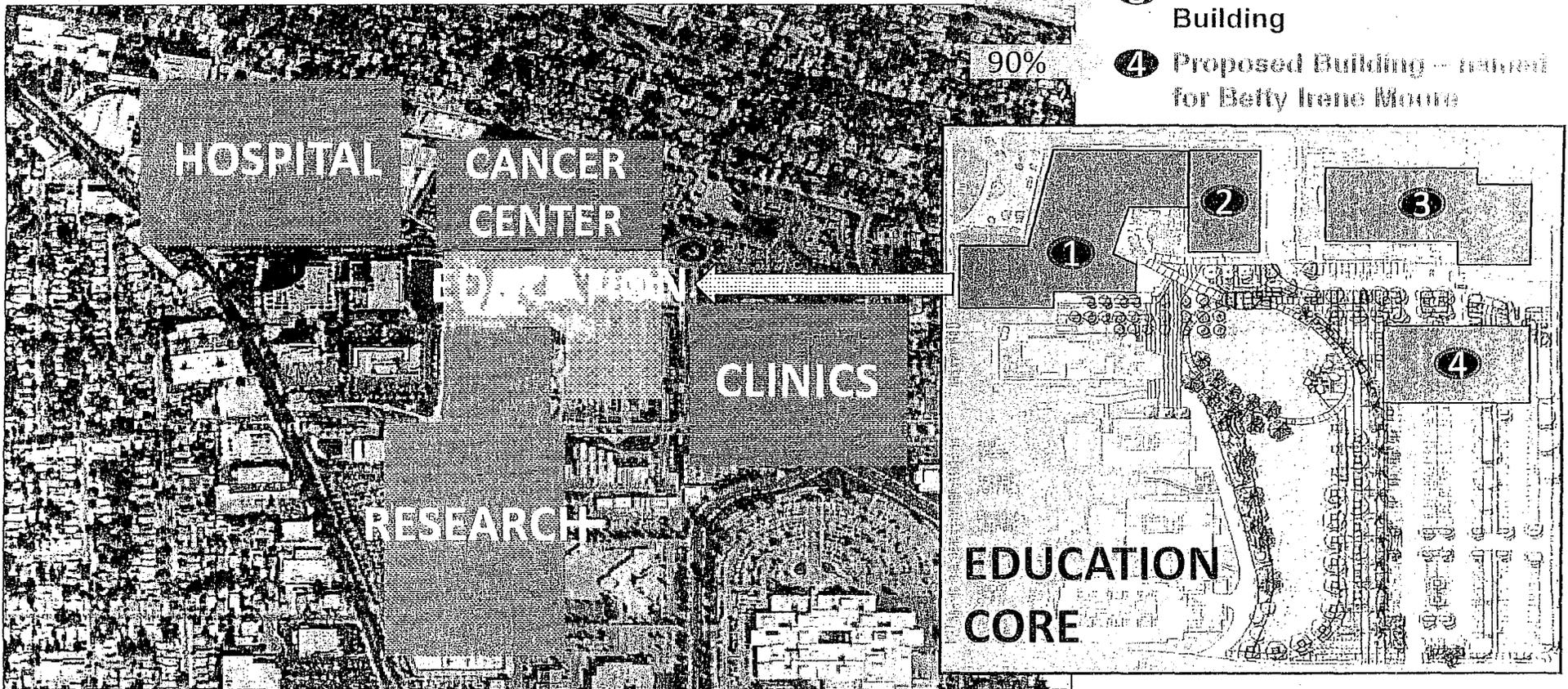
<p>Mission & Core Attributes</p> <p>The Betty Irene Moore School of Nursing at the University of California, Davis, fosters nursing excellence through a comprehensive educational model that incorporates scientific rigor and immersive, inter-professional training for its students. Its graduates will lead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

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

EDUCATION CORE

...a CAMPUS within a CAMPUS

Expected 2017 Use



BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6.1

DATE: March 5, 2015

ACTION REQUESTED: Feasibility Study 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 this FS, the BRN requested additional information to demonstrate compliance with the BRN requirements. CCN submitted a revised FS November 14, 2014.

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

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

Description of the Institution

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

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

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

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

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

Geographic Area

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

Type of Program

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

Applicant Pool

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

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

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

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

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

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

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

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

Curriculum

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

Resources

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

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

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

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

Budget

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

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

Clinical Facilities

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

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

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

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

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

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

Conclusion

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

NEXT STEPS: Place on Board agenda.

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

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

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

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

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

Year 4: 2019						Year 5: 2020						Year 6: 2021					
Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov
0	43	0	46	0	53	0	52	0	52	0	55	0	55	0	51	0	54
44	0	42	0	44	0	51	0	50	0	50	0	53	0	53	0	49	0
0	43	0	41	0	43	0	50	0	49	0	49	0	52	0	51	0	48
19	18	21	20	20	19	21	20	24	23	24	23	24	23	25	24	25	24
19	18	21	20	20	19	21	20	24	23	24	23	24	23	25	24	25	24
16	15	17	17	20	19	19	18	20	19	23	22	22	21	22	22	24	23
16	15	17	17	20	19	19	18	20	19	23	22	22	21	22	22	24	23
15	14	15	14	16	16	19	18	17	17	18	18	21	21	21	20	21	20
10	14	14	14	14	16	15	18	17	17	16	18	17	21	20	20	20	20
0	20	0	27	0	27	0	30	0	34	0	32	0	34	0	39	0	38
139	200	147	216	154	231	165	244	172	253	178	262	183	271	188	273	188	274

Chamberlain College of Nursing

Clinical Placements and Distance from Proposed Sacramento Campus to Clinical Sites

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

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

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

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

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7

DATE: March 5, 2015

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

REQUESTED BY: Miyo Minato, RN, MN

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

NEXT STEPS: Place on Board agenda.

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



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

Background:

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

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

California RN Licensure Eligibility:

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

RN Precensure Nursing Education Requirements:

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

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

- A. Precensure content: not less than **58 semester** units (87 quarter units)
 - Nursing: Theory – **18 semester** units (27 quarter units)
Clinical – **18 semester** units (27 quarter units)
 - Communications: Written and Oral **6 semester units** (9 quarter units)
 - Behavioral and Natural Sciences: **16 semester units** (24 quarter units). Usual courses include: Anatomy, Physiology, Microbiology, and courses in sociology, psychology, cultural diversity.
- B. Courses include five content areas: **Med-Surg, OB, Peds, Geri, Psy-MH.**
 - Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.
 - Content to integrate: Nursing process; Basic intervention skills, Human development (birth to aged); Communication and interpersonal skills; Cultural patterns and diversity issues; Health and Illness concepts.

C. Hours of instruction: Minimum hours for nursing curriculum:

(CCR 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

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

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

- Nursing Theory (For example 18 semester units – 16 wk semester) = 288 hrs.
- Nursing Clinical (For example 18 semester units – 16 wk semester) = 864 hrs.

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

Talking Points: Military Training Exception

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

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

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

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

California BRN Recommendations:

Because of their training and experience, veterans may qualify for LVN licensure. Information on LVN License Application and LVN curriculum are available on www.bvnpt.ca.gov.

1. Individuals seeking credit for previous education or other acquired knowledge in the field of nursing should consider initially pursuing LVN licensure. Apply for and obtain LVN licensure.
2. Schedule an appointment with an advisor at a nursing program to obtain evaluation of previous education or other acquired knowledge in the field of nursing. The school will determine whether course credit can be awarded and which nursing program and other required college courses will be required for program completion and college graduation.
3. Apply for admission to an RN program once LVN license is obtained.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.8

DATE: March 5, 2015

ACTION REQUESTED: 2013-2014 Regional Annual School Reports

REQUESTED BY: Julie Campbell-Warnock
Research Program Specialist

BACKGROUND:

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

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

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

NEXT STEPS: 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

Bay Area

February 9, 2015

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

PREFACE

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

The BRN commissioned the University of California, San Francisco (UCSF) to develop the online survey instrument, administer the survey, and report data collected from the survey. This report presents ten years of historical data from the BRN Annual School Survey. Data analyses were conducted statewide and for nine economic regions¹ in California, with a separate report for each region. All reports are available on the BRN website (<http://www.rn.ca.gov/>).

This report presents data from the 10-county Bay Area. Counties in the region include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. All data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs. Additional data from the past ten years of the BRN Annual School Survey are available in an interactive database on the BRN website.

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

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

DATA SUMMARY AND HISTORICAL TREND ANALYSIS²

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

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

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

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

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

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

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

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

Table 2. Partnerships*, by Academic Year

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

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

Note: Blank cells indicate the information was not requested

Admission Spaces and New Student Enrollments

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

Table 3. Availability and Utilization of Admission Spaces[†], by Academic Year

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

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

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

Table 4. Student Admission Applications*[†], 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	5,445	6,623	8,070	7,910	8,077	8,063	7,574	7,812	6,595	7,060
ADN	2,819	3,424	4,429	4,603	4,363	4,572	4,212	4,422	3,143	2,944
BSN	1,961	2,579	2,605	2,485	2,665	2,522	2,567	2,724	2,366	3,488
ELM	665	620	1,036	822	1,049	969	795	666	1,086	628
% Qualified Applications Not Enrolled	61.6%	66.0%	68.8%	65.2%	64.4%	67.3%	63.0%	67.4%	63.4%	66.6%

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

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

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

Table 5. New Student Enrollment by Program Type[†], 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	2,091	2,250	2,521	2,752	2,874	2,640	2,805	2,545	2,411	2,361
ADN	1,039	1,113	1,332	1,378	1,426	1,313	1,284	1,130	1,107	1,118
BSN	777	846	872	1,043	1,173	1,031	1,246	1,179	1,090	1,067
ELM	275	291	317	331	275	296	275	236	214	176
Private	592	664	764	900	1,042	1,037	1,189	1,096	1,025	1,028
Public	1,499	1,586	1,757	1,852	1,832	1,603	1,616	1,449	1,386	1,333

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

Student Census Data

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

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

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

*Census data represent the number of students on October 15th of the given year.

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

Student Completions

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

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

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

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

Retention and Attrition Rates

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

Table 8. Student Retention and Attrition[†], 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	2,023	1,781	1,965	2,205	2,293	2,165	2,113	2,159	2,051	2,050
Completed On Time	1,496	1,427	1,591	1,746	1,827	1,717	1,688	1,781	1,662	1,749
Still Enrolled	120	101	137	153	158	153	100	68	132	87
Attrition	407	253	237	306	308	295	325	310	257	214
Completed Late [‡]						97	102	62	84	85
Retention Rate*	73.9%	80.1%	81.0%	79.2%	79.7%	79.3%	79.9%	82.5%	81.0%	85.3%
Attrition Rate**	20.1%	14.2%	12.1%	13.9%	13.4%	13.6%	15.4%	14.4%	12.5%	10.4%
% Still Enrolled	5.9%	5.7%	7.0%	6.9%	6.9%	7.1%	4.7%	3.1%	6.4%	4.2%

[‡]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.

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

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

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

Note: Blank cells indicate the information was not requested

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

Table 9. Attrition Rates by Program Type*[†], by Academic Year

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

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

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

Retention and Attrition Rates for Accelerated Programs

The average retention rate for accelerated BSN programs³ in the Bay Area was 95.5% in 2013-2014, which is much higher when compared with traditional programs. Similarly, the average attrition rate was 1.8%, which is considerably lower than the average rate for traditional programs.

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

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

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

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

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

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

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

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

NCLEX Pass Rates

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

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

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

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

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

Employment of Recent Nursing Program Graduates⁴

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

Table 12. Employment Location for Recent Nursing Program Graduates[†], by Academic Year

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

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

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

[‡]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.

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

Clinical Simulation in Nursing Education

Between 8/1/13 and 7/31/14, 26 of the 27 Bay Area nursing schools reported using clinical simulation⁵. The one school not using simulation reported that they started using it after 7/31/14. As in the previous year, the most frequently reported reasons for why schools used a clinical simulation center in 2013-2014 were to provide clinical experience not available in a clinical setting (92%), to reinforce didactic and clinical training and clinical decision making (85%), to standardize clinical experiences (73%), and to check clinical competencies (69%). In 2013-2014, the majority of schools also reported using clinical simulation to make up missed clinical experiences (69%). Of the 26 schools that used clinical simulation in 2013-2014, 46% (n=12) plan to expand its use.

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

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

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

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

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

Clinical Space & Clinical Practice Restrictions⁶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Faculty Census Data⁷

On October 15, 2014, there were 938 total nursing faculty⁸ teaching at Bay Area nursing program, 34% of whom (n=322) were full-time while 63% (n=591) were part-time. In addition, there were 92 vacant faculty positions. These vacancies represent an 8.9% faculty vacancy rate overall (10.8% for full-time faculty and 8.2% for part-time faculty).

Table 22. Faculty Census Data[†], by Year

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

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

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

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

[‡] One program in the region did not report faculty data for the 2011-2012 survey.

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

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

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

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

⁷ Census data represent the number of faculty on October 15th of the given year.

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

Summary

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

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

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

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

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

APPENDICES

APPENDIX A – Bay Area Nursing Education Programs

ADN Programs (15)

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

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

LVN to ADN Programs Only (3)

Gavilan College
Mission College
Unitek College

BSN Programs (8)

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

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

ELM Programs (4)

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

APPENDIX B – BRN Education Issues Workgroup Members

Members

Loucine Huckabay, Chair
 Judee Berg
 Audrey Berman
 Brenda Fong
 Marilyn Herrmann
 Deloras Jones

Stephanie Leach
 Judy Martin-Holland
 Vicky Maryatt
 Tammy Rice
 Paulina Van

Organization

California State University, Long Beach
 California Institute for Nursing and Health Care
 Samuel Merritt University
 Community College Chancellor's Office
 Loma Linda University
 Independent Consultant, Former Executive Director of
 California Institute for Nursing and Health Care
 Kaiser Permanente National Patient Care Services
 University of California, San Francisco
 American River College
 Saddleback College
 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