Compton College Nursing Program Executive Summary

Review periods fall 2020 through spring 2025
Source documents revised November 2025 with departmental updates through November 2026
Prepared for college leadership and program stakeholders

Executive Assessment

The Continuing Approval Self Study describes a program with established clinical partnerships, expanded student support, and improved instructional resources. Major developments include implementation of a concept-based curriculum, expanded tutoring and licensure preparation, and investment in skills and simulation equipment. National Council Licensure Examination for Registered Nurses (NCLEX-RN) first-time pass rates improved after the 2022–2023 low point but declined in 2024–2025, supporting continued attention to readiness and remediation.
Leadership priorities are to sustain student success services, stabilize administrative and instructional support, protect specialty clinical placements, and strengthen outcome evaluation. Limited graduate and employer survey participation, inconsistent exam development, and dependence on grants constrain the program's ability to demonstrate and sustain improvement.

Program Overview and Report Scope

The Compton College Associate Degree Nursing (ADN) Program was established in 1956 and has graduated more than 5,000 students. Following Compton College's loss of institutional accreditation in 2006, the nursing program continued operating as part of the Compton Center under the accreditation of El Camino Community College District. In June 2019, Compton College returned to independent operation, and the ADN Program resumed operation as a standalone nursing program after 13 years as part of the Center. Its full-time, four-semester curriculum combines theory, laboratory instruction, and clinical practice. The program admits 30 Generic-track students each fall and spring and up to 10 licensed vocational nurses (LVNs) through the Upward Mobility track. It also offers an LVN 30-Unit Option and participates in the regional Nursing 2035 initiative.

Generic applicants are evaluated through a Multi-Criteria Screening Process. Individuals with documented military healthcare education and experience who were discharged under honorable conditions may be eligible to challenge courses and achieve advanced placement into the second semester, subject to program eligibility, evaluation, and competency requirements. Relevant backgrounds include Navy Hospital Corpsman, Air Force Basic Medical Technician Corpsman, Army Health Care Specialist (68W), and Air Force Independent Duty Medical Technician experience.

Students seeking Credit for Prior Learning based on military education and experience must submit a Request for Military Credit, have an educational plan verified by Counseling, and provide official transcripts or acceptable military records to Admissions and Records. Credit is awarded based on American Council on Education (ACE) recommendations and approval by the appropriate discipline faculty. The Nursing Program evaluates prior nursing education and military experience through equivalency, challenge examinations, or other approved methods. Advanced-placement procedures are published in the College Catalog, Nursing Student Handbook, and Nursing Program webpage.

Transfer applicants from another Board of Registered Nurses (BRN)-approved nursing program are evaluated individually by the nursing director or designee. Applicants must document good standing and eligibility to return to their previous program. Students who remain in good standing but are ineligible to return may seek consideration through an appeal, which must be resolved before further application review. Credit may be awarded through the college's petition process. Transfer admission beyond the second semester is not permitted.

This report summarizes the Continuing Approval Self Study and Total Program Evaluation Plan (TPE) for fall 2020 through spring 2025, with subsequent departmental updates. The TPE governs conflicting outcome data except where superseded by confirmed departmental information or

published BRN results. The report supports leadership review of program effectiveness and resource priorities.

Student Outcomes and Program Effectiveness

NCLEX-RN Performance

The BRN reports annual NCLEX-RN first-time pass rates of 77.78% among 63 candidates in 2020–2021, 79.03% among 62 in 2021–2022, 67.27% among 55 in 2022–2023, 90.74% among 54 in 2023–2024, and 80.39% among 51 in 2024–2025. The program exceeded the 75% minimum established by Title 16, California Code of Regulations, section 1431 in four of the five reporting years.

Following the 2022–2023 decline, the pass rate increased by 23.47 percentage points in 2023–2024 before decreasing by 10.35 points in 2024–2025. Grant-funded weekly tutoring, mentoring, content review, and test-taking support followed the low-performing year. Continued licensure preparation and remediation remain priorities.

Academic Support and Licensure Preparation

Students receive tutoring, skills remediation, dosage calculation assistance, mentoring, and referrals to campus services. Assessment Technologies Institute (ATI) assessments and focused reviews are integrated throughout the curriculum. Fourth-semester students participate in ATI Capstone Content Review, individualized remediation, and the RN Comprehensive Predictor, administered during week 12. Graduates are offered supplemental NCLEX-RN preparation using ATI, UWorld, and other resources.

In June 2025, 31 students achieved an ATI RN Comprehensive Predictor group average of 70.2%, compared with a national group mean of 74.6%. Twenty of the 31 students (64.5%) were required to repeat the examination. This standardized assessment evaluates NCLEX-RN preparedness, identifies individual strengths and areas needing improvement, and guides focused review and remediation. Predictor scores are readiness measures and are reported separately from actual NCLEX-RN pass rates.

Retention and Completion

The TPE sets a goal that 75% of students complete nursing coursework within four to six semesters. For 2024–2025, course records report two departures among 43 students in N240 (4.7%), none among 52 in N242, none among 57 in the combined N247/N248 group, and seven among 64 in N232 (10.9%). These records cannot be summed into a program attrition rate because students may appear in multiple courses.

Department-level data provided by the Compton College Office of Institutional Effectiveness for academic years 2020–2021 through 2024–2025 indicate an average student success rate of 88.4% and retention of 86%. Annual averages calculated from attrition figures reported by individual faculty ranged from 2% to 11.66%. These departmental and faculty-reported measures are distinct from entering-cohort completion rates.

Clinical Competency and Feedback

Students’ clinical performance is evaluated against course objectives and competency requirements. Aggregate clinical competency findings require faculty verification before inclusion in this report. Reported clinical-setting survey responses were approximately 90% favorable; preceptorship item responses were 95%–98% favorable, including 98% agreement that the experience supported transition to the graduate role. Limited survey documentation and employer participation restrict conclusions about graduate employment and performance.

Curriculum Leadership and Staffing

Curriculum and Assessment

During the fall 2015 Continuing Approval Visit, the nursing education consultant recommended major curriculum revision because the previous revision occurred in 2002. Faculty revised the curriculum from fall 2017 through spring 2019, submitted it to the BRN in late spring 2019, and implemented the approved curriculum with the first-semester cohort in fall 2019. Concepts and exemplars progress from simple to complex across theory and clinical learning.

Faculty continue curriculum review using Lippincott CoursePoint resources. The TPE records a February 2022 revision to clinical grading to improve consistency, transparency, and identification of students needing support. Higher reported attrition in N232 (The Obstetric Patient and the Newborn), warrants review of course content, assessment, and the four-week specialty format. The five-year action plan also identifies a need to standardize test construction, exam review, and item analysis across courses.

Leadership and Faculty

Dr. Shirley Thomas served as interim director of nursing from February 2020 through January 2021. Dr. Carol DeLilly held the permanent position as associate dean of nursing from February 1, 2021, through July 14, 2023. Dr. Thomas returned as interim director from July 15, 2023, through June 30, 2024. Dr. Wanda Coleman-Morris assumed the interim role on July 1, 2024, and continues to serve with full release time for administrative responsibilities. These transitions highlight the need for continuity and succession planning.

Dr. Shirley Thomas resigned as assistant director on August 24, 2024. Professor Angela Burrell assumed the role on November 20, 2024. The assistant director holds a ten-month assignment with 30% release time each semester; winter and summer administrative coverage remains an identified need.

Over the review period, full-time faculty increased from eight to ten. The department also reports 14 adjunct faculty, some working loads of 60%–67%, and two instructional assistants. The Nursing Program receives 20% of one full-time administrative assistant’s assignment. Dedicated full-time administrative support remains an identified departmental need.

Compton College is announcing this week the interim associate dean of nursing to the faculty, with a scheduled appointment for January 1, 2027. At the same time, Compton College is exploring a new partnership with St. John’s Community Health regarding a dual position that would oversee the Compton College nursing program and the Health Center on the Compton College campus. Regardless, Compton College aims to fill the associate dean of nursing position by July 1, 2027.

Instructional Resources and Financial Capacity

Skills and Simulation

Hospital-style skills laboratories provide supervised practice and competency check-offs using low- and mid-fidelity manikins. High-fidelity simulation supports clinical judgment, complex decision-making, and practice in responding to changes in patient condition.

Feeding pumps were replaced in May 2025. Nonfunctional infusion pumps were replaced in spring 2026 with two Baxter Sigma Spectrum infusion pumps and two Sigma Spectrum volumetric infusion pumps, reflecting the types used in affiliated clinical settings. In May 2025, the Nursing Department hired a simulation laboratory coordinator with a 60% assignment to replace the coordinator who resigned in spring 2025. A proposal to update the simulation laboratory, including cameras, remains under development. Permanent funding for coordination, skills laboratory support, and equipment renewal remains a priority.

Financial Resources

Reported Nursing Program funding increased from $1,878,763.08 in 2020–2021 to $2,234,951.59 in 2024–2025, approximately 19%. Funding in 2024–2025 included $2,116,784.00 in Compton College unrestricted funds, $74,618.61 in California Community Colleges Chancellor's Office Enrollment Growth funding, and $43,548.98 in Department of Health Services funding.

The Assessment, Remediation and Retention for Associate Degree Nursing Program Grant supports diagnostic assessment, nursing program readiness, tutoring, instructional supplies and software, and faculty professional development. Grant funds also support nursing student success facilitators who tutor, mentor, and assist students at risk of leaving the program. Reduced grant funding could affect these services and program operations. Recurring college commitments should be distinguished from temporary grant support when planning staffing and equipment renewal.

Student Voice and Access

Students participate in general ADN faculty meetings and departmental committees, including Student Affairs, and provide input on policies, curriculum, and learning experiences. Cohort representation, program evaluations, and direct communication with nursing leadership offer additional avenues for participation. Faculty committees review evaluation findings through the TPE, and Canvas provides access to electronic surveys.

The Iota Kappa Chi Chapter, a student organization, was reactivated in Fall 2025 to provide leadership, service, peer mentorship, and professional development opportunities. Activities include health promotion, community engagement, licensure preparation, and resume development.

Employment, family responsibilities, childcare, and financial pressures affect preparation and progression. Grant-funded assistance to offset students' clinical clearance costs began in fall 2022 and continues. The program also refers students to academic and campus support. Continued assistance supports access and completion; participation and outcomes should inform future funding decisions.

Clinical Partnerships and Evaluation Needs

Clinical Access and Continuity

Clinical affiliates support course objectives through day, evening, and weekend rotations. The Centralized Clinical Placement System and HealthStream myClinicalExchange support scheduling at participating facilities. The program coordinates onboarding with agencies, and students and faculty evaluate clinical settings.

Student-to-instructor ratios vary by clinical area, ranging from 10:1 in medical-surgical and mental health settings to 2:1 in selected maternal-child specialty areas. Rotations generally follow eight-week schedules, with obstetric and pediatric rotations organized in four-week blocks. The department uses four to five hospitals for most specialties, two facilities for obstetrics, and one for pediatrics, with two instructors supporting pediatric placements. Current scheduling accommodates these ratios, while the limited number of obstetric and pediatric affiliates makes continuity in these specialties a priority.

Competition from other programs, onboarding demands, and changing agency policies may reduce placement flexibility. Skills and simulation support learning during placement delays, subject to applicable clinical requirements. Nursing leadership should monitor specialty capacity and onboarding early and identify alternatives when agency access changes.

Evaluation and Evidence Gaps

Graduate and employer surveys yield limited participation. Staffing changes and earlier survey software problems affected continuity of outcome data. Consistent collection schedules, assigned follow-up responsibilities, and reporting of response rates are needed to connect findings with documented actions and subsequent results.

Outcome review should consistently define success, retention, attrition, and entering-cohort completion, with clear reporting periods and calculation methods. Survey populations and response rates should accompany findings. Predictor results should be examined alongside subsequent NCLEX-RN performance to guide remediation and assessment decisions.

Strategic Priorities for Leadership

The following actions synthesize identified needs and are proposed for leadership consideration rather than presented as approved commitments.

1. Strengthen outcome review. Nursing leadership, the Evaluation Committee, and Institutional Effectiveness should establish semester reporting of NCLEX-RN results, entering-cohort completion, attrition, clinical evaluations, and graduate and employer feedback. Include counts, definitions, reporting periods, response rates, and separate Generic and Upward Mobility outcomes where available. Document actions and follow-up results.

2. Sustain student support. Evaluate dependable funding for tutoring, remediation, licensure preparation, and assistance with clinical clearance expenses. Track participation and subsequent outcomes to guide resource decisions and continue early referrals for academic, financial, and personal barriers.

3. Standardize assessment and support faculty. The Curriculum Committee and proposed testing committee should establish shared exam development, review, and item-analysis procedures aligned with course outcomes. Review the four-week N232 format and maintain faculty mentoring, recruitment, and succession planning.

4. Stabilize staffing and renew equipment. Review dedicated administrative support, permanent funding for simulation and skills laboratory coordination, and assistant director coverage during winter and summer. Establish a recurring equipment replacement schedule and clarify funding for the proposed simulation laboratory update.

5. Protect clinical capacity. Monitor specialty placements, affiliate agreements, onboarding timelines, and student-to-instructor ratio. Prioritize contingency planning for obstetric and pediatric experiences because fewer affiliates serve these courses.

6. Assess national accreditation readiness. Faculty have expressed interest in national nursing accreditation. Confirm the intended accrediting body, readiness, staffing, and funding before establishing an application or implementation timetable.

Source Basis

Sources include the Total Program Evaluation 2020–2025, revised November 21, 2025; the Continuing Approval Self Study, revised November 24, 2025; published BRN NCLEX-RN pass rates for July 1–June 30 reporting periods; department-level outcome data supplied by the Compton College Office of Institutional Effectiveness; and departmental clarifications provided in November 2026. The NCLEX-RN minimum pass-rate standard is specified in Title 16, California Code of Regulations, section 1431. BRN results: https://www.rn.ca.gov/education/passrates.

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