



Evergreen Valley College

# ***Nursing Program Review***

## ***2009 – 2010***



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## *Nursing Program Review 2009 - 2010*

### *Evergreen Valley College Nursing Program 09/10 Program Review Analysis Agenda Monday, September 13, 2010*

- I. Review and approval of the agenda*
  
- II. Student success*
  - a. Review of attrition and BRN pass rates → see attached*
    - i. Review 09/10 course success data from the SJECCD portal*
  - b. Group activity → processing student attrition forms*
  
- III. Faculty/Staff survey results (PT + FT) → how can we improve?*
  - a. The # and type of nursing faculty are adequate to meet program needs*
    - i. 70% satisfied; 15% not satisfied; 15% unknown*
  - b. The nursing program budget is sufficient to achieve its purpose (FT only)*
    - i. 64% satisfied; 27% not satisfied; 9% unknown*
  - c. Grant projects meet program and student needs*
    - i. 77% satisfied; 8% not satisfied; 15% unknown*
  - d. Program systematically tracks/documents complaints and presents aggregate data with intervention and type of resolution noted*
    - i. 82% satisfied; 18% unknown*
  - e. Evaluation plan reports on attrition/persistence (graduation rate), licensure pass rate, job placement rate, graduating student, staff and employer satisfaction with program*
    - i. 82% satisfied; 9% not satisfied; 9% unknown*
  - f. General comments*
    - i. Broken equipment (i.e. scanner, copier and temperature control)*



## *Nursing Program Review 2009 - 2010*

- ii. Currency of supplies for students*
  - iii. Continue to enhance tracking and evaluation of student success*
  - iv. Varying degree of "strictness" among clinical instructors is confusing to students*
  
- IV. Graduating student satisfaction (fall 09 and spring 10 grads: results combined)*
  - a. Stud aware of nursing program complaint resolution policy & college's grievance policy*
    - i. 67% satisfied; 7% not satisfied; 19% unknown*
  - b. Student complaints responded to in timely way with f/u to obtain satisfactory resolution*
    - i. 70% satisfied; 7% not satisfied; 22% unknown*
  - c. Clinical placements*
    - i. Overall positive: please review specific to course*
  - d. Employment (09/10 grads: results as of 9/9/10)*
    - i. 3/27 employed as new grads in Santa Clara County*
    - ii. 16/27 have been interviewing*
  
- V. One year f/u satisfaction survey for spring 2009 grads*
  - a. Employment*
    - i. 9/12 working*
    - ii. 7/12 in Santa Clara County, working PT*
  
- VI. Employer satisfaction (spring 09 grads): 5 responses (KSC, St Louise, Twin Cities Community Hosp; Pacific Hill Manor)*
  - a. Review FB and outline future plan*
  
- VII. Next Meeting 9/27*
  
- VIII. Adjourn*



## *Nursing Program Review 2009 - 2010*

### **Evergreen Valley College Nursing Program 09/10 Program Review Minutes Monday, September 13, 2010**

**Present:** Maureen Adamski, Lynette Apen, Sandy DeWolfe, Linda Hoogendijk, Nancy Lin, Rozanne Lopez, Felicia Mesa, Barb Tisdale, Sue Wetzel, ENSA student representative: Monique Cousino

- I. *Agenda approval: Motioned to approve by Maureen Adamski, seconded by Felicia Mesa. Motion carried*
  
- II. *Student success*
  - a. *Attrition and BRN pass rates → see attached*
    - i. *Reminder that the NXCLEX test plan changes took effect. Test is harder. The first time the test is taken pass rates tend to fall slightly*
  - b. *Group activity → processing student attrition forms*
    - i. *24 attrition forms reviewed*
      1. *NURS 001 → 5*
      2. *NURS 002A/B → 13*
      3. *NURS 003 → 3*
      4. *NURS 004 → 3*
    - ii. *NURS 001 commonalities identified*
      1. *Students identified that nursing is not for them (3/5)*
      2. *Financial or family issues (2/5)*
    - iii. *NURS 002 commonalities identified*
      1. *Financial issues (work >20 hrs/wk)*
      2. *Family responsibility (single parents)*
      3. *Communication issues*
        - a. *Writing/math and basic skills*
        - b. *Lack of assertiveness*
        - c. *Stress*



## *Nursing Program Review 2009 - 2010*

2. *Recommendations: Continue to use of clip board in Adrienne's office to note when supplies need to be ordered*
  - a. *Provide product number and catalog name*
  - b. *Please cross reference with inventory list*
  - c. *Reminder students have their own supply kits*
    - i. *The kits do not have sharps*
- b. *The nursing program budget is sufficient to achieve its purpose (FT only)*
  - i. *64% satisfied; 27% not satisfied; 9% unknown*
  - ii. *Funds*
    1. *Fund 10 – about \$1.5 million, for salaries and supplies*
    2. *Fund 17 – grants*
      - a. *SJS - \$150,000*
      - b. *State Chancellors grant - \$247,000 for enrollment: growth retention & supplies*
      - c. *Health Trust Scholarship*
    3. *Work Force Institute – use of Stimulation lab pro-bono this year*
    4. *N2 – pro-bono by Elsevier this year*
  - iii. *Recommendation: Statement in handbook and Moodle – we are not accepting donations from students (hospital supplies). If hospitals are willing to make donations of supplies or equipment please have them contact Adrienne Burns*
- c. *Grant projects meet program and student needs*
  - i. *77% satisfied; 8% not satisfied; 15% unknown*
    1. *Recommendations:*
      - a. *Faculty feel there needs to be additional support in the skills lab*
      - b. *See III b*
- d. *Program systematically tracks/documents complaints and presents aggregate data with intervention and type of resolution noted*
  - i. *82% satisfied; 18% unknown*
  - ii. *Dean Apen continues to track complaints*



## *Nursing Program Review 2009 - 2010*

- e. Evaluation plan reports on attrition/persistence (graduation rate), licensure pass rate, job placement rate, graduating student, staff and employer satisfaction with program*
    - i. 82% satisfied; 9% not satisfied; 9% unknown*
      - 1. Not getting good response rate from our computer generated surveys*
      - 2. Monique stated ENSA has a Facebook account and students reported where they have gotten jobs or our looking. We might want to tap into that resource*
    - ii. Recommendations:*
      - 1. Look into using "Linked-In" website to attempt to contact graduates and see if and where they are employed*
  - f. General comments*
    - i. Broken equipment (i.e. scanner, copier and temperature control)*
    - ii. Currency of supplies for students*
    - iii. Continue to enhance tracking and evaluation of student success*
    - iv. Varying degree of "strictness" among clinical instructors is confusing to students*
      - 1. Recommendations: Each semester should go through the supplies they use and purge supplies not used or out dated.*
- IV. Graduating student satisfaction (fall 09 and spring 10 grads: results combined)*
- a. Students aware of nursing program complaint resolution policy & college's grievance policy*
    - i. 67% satisfied; 7% not satisfied; 19% unknown*
      - 1. Recommendation: reword question and limit choice of answers*
  - b. Student complaints responded to in timely way with f/u to obtain satisfactory resolution*
    - i. 70% satisfied; 7% not satisfied; 22% unknown*
    - ii. According to Monique, the students were informed in 1<sup>st</sup> semester where the grievance policy was*
      - 1. Recommendations: reword question to say, if student had a complaint, the complaint was responded to in a timely way.*
  - c. Clinical placements*
    - i. Overall positive: please review specific to course*
      - 1. Recommendation: Rely on faculty input on how appropriate clinical placements are.*
- 



## *Nursing Program Review 2009 - 2010*

- d. Employment (09/10 grads: results as of 9/9/10)*
  - i. 3/27 employed as new grads in Santa Clara County*
  - ii. 16/27 have been interviewing*
    - 1. Recommendations: See III e*
- V. One year f/u satisfaction survey for spring 2009 grads*
  - a. Employment*
    - i. 9/12 working*
    - ii. 7/12 in Santa Clara County, working PT*
    - iii.*
- VI. Employer satisfaction (spring 09 grads): 5 responses (KSC, St Louise, Twin Cities Community Hosp; Pacific Hill Manor)*
  - i. Recommendation to increase data: hand carry survey request to managers*
- VII. Hold 9/27 for a meeting*
- VIII. Adjourn*



**Admissions Report for Evergreen Valley College Nursing Program**  
**March 30, 2009**  
**Fall 2009/Spring 2010 Admission Report**

<i>Total Application</i>	<i>Applications Qualified and Accepted</i>	<i>Applications qualified but not accepted</i>	<i>Applications Not Qualified</i>
110	78	4  <i>(but they are guaranteed admission, they are alternates)</i>	22 Not Eligible  <ul style="list-style-type: none"> <li>• GPA too low</li> <li>• Science GPA too low</li> <li>• Prerequisites in progress</li> <li>• No TEAS test done</li> <li>• Did not take N110 at EVC</li> </ul>
<i>Students Got into another Program</i>	<i>Returning Students</i>	<i>Students that got into our program as alternate</i>	
5	2 <i>(not in applications count)</i>	1	

**Annual Attrition Report 2007- 2010 Academic Year to Present\*  
Evergreen Valley College Nursing Program  
September 9, 2010**

<b>Number of Students</b>	<b>Academic Year 2007-2008 Start of New Curriculum</b>	<b>FA 08/SP 09 First Semester(s) Year Round Curriculum</b>	<b>SP09/FA09</b>	<b>FA09/SP10</b>	<b>SP10/FA10</b>
<b>Entering Semester 1<sup>st</sup> and 3<sup>rd</sup> Semester</b>	N001 (fall 07 (n) = 41 and (spring 08) (n) = 40 Total of both 81  <u>N113 (n) = 59</u>  Total (n) = 140	N001 fall 08 (n) = 41 <u>N003 fall 08 (n) = 41</u>  Total (n) = 82	N001 spring 09 (n) = 39 <u>N003 spring 09 (n) = 37</u>  Total (n) = 76	N001 Fall 09 (n) = 39 <u>N003 fall 09 (n) = 40</u>  Total (n) = 79	N001 Spring 10 (n) = 40 <u>N003 spring 10 (n) = 38</u>  Total (n) = 78
<b>Completing Semester 2<sup>nd</sup> and 4<sup>th</sup> Semester</b>	N2A, N2B (n) = 69  N117 (n) = 55  Total (n) = 124	N002 SP09 (n) = 35  N004 SP09 (n) = 33  Total (n) = 68	N002 fall 09 (n) = 37  N004 fall 09 (n) = 31  Total (n) = 68	N002 spring 10 (n) = 32  N004 Spring 10 (n) = 39  Total (n) = 71	N002 fall 10 (n) = TBD  N004 fall 10 (n) = TBD  Total (n) = TBD
<b>Pass Rate</b>	88%	83%	89%	90%	TBD
<b>Attrition Rate</b>	12%	17%	11%	10%	TBD
<b>BRN Pass Rate</b>	88%	89%		86%	

\*Definition of Pass Rate and Attrition Rate at EVC Nursing Program = Total Number Entering by Year/Total Number Completing the Program by Year.

**Standard I: MISSION AND ADMINISTRATIVE CAPACITY**

*Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.*

*Criterion 1.1: Mission/philosophy and outcomes of the nursing education unit are congruent with that of the governing organization.*

*Operational Definition: Missions of nursing program and college are congruent. Program purposes and objectives are congruent with program philosophy, clearly stated, accessible, reflect commitment to cultural diversity of local community and are consistent with contemporary nursing beliefs.*

*(Note: Assessment documented in minutes for Program Review Meetings.)*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
a	≥ 90% faculty/dean satisfied with operational definition	Faculty/Dean/Staff Satisfaction Survey	Annual
b	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
a, b	Faculty/Dean/Program Coordinator	a. Criteria met	
		b. Criteria met	

### Standard I: MISSION AND ADMINISTRATIVE CAPACITY

*Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.*

*Criterion 1.2: The governing organization and nursing education unit ensure representation of students, faculty, staff, and administrators in ongoing governance activities.*

*Criterion 1.3: Communities of interest have input into program processes and decision making.*

*Criterion 1.4: Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	<p>≥ 75.0% of full-time faculty, dean, staff serve on 1 program committee</p> <p>≥ 75.0% of full-time faculty, dean, staff serve on 1 college committee</p>	Nursing Program and College Committee Assignments	Annual
b	ENSA student liaison attends ≥2 faculty, curriculum, program review meetings/semester	Student liaison invited to attend	Per Semester
c	≥ 90.0% faculty/dean/staff satisfied that student liaison provides effective channel of communication between faculty/dean/staff and students	Student Satisfaction Survey	Annual
		Graduating Student Satisfaction Survey	Annual
		Faculty/Dean/Staff Satisfaction Survey	Annual
d	≥ 90.0% graduating students satisfied that student liaison provides effective communication between faculty, staff, dean and students		
e	≥ 90.0% faculty/dean/staff satisfied that they actively participate in shared governance	Faculty/Dean/Staff Satisfaction Survey	Annual
f	≥ 90.0% faculty/dean/staff satisfied that communities of interest have input in program	Faculty/Dean/Staff Satisfaction Survey	Annual
g	≥ 90.0% faculty/dean/staff satisfied that partnerships exist to promote excellent, enhance the profession and benefit the community	Faculty/Dean/Staff Satisfaction Survey	Annual
h	100% compliance with NLNAC/BRN Accreditation/Approval	NLNAC/CA BRN Accreditation/Approval	Annual/Self-Studies: CA BRN Spring

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	<i>Standards</i>	<i>Standards</i>	<i>2009; NLNAC Spring 2013</i>
<b>Criteria</b>	<b>Responsibility</b>		
<i>a,c,d,e,f,g,h</i>	<i>Faculty/Dean/Students/Program Coordinator</i>		
<i>b</i>	<i>ENSA Student Liaison and ENSA Faculty Representative</i>	<i>a. Criteria Met</i>	
		<i>b. Criteria met</i>	
		<i>c. Criteria met</i>	
		<i>d. Criteria met</i>	
		<i>e. Criteria Met</i>	
		<i>f. Criteria not assessed, will add to 10/11 surveys</i>	
		<i>g. Criteria not assessed, will add to the 10/11 surveys: assessed grant projects and meeting program needs: 77% (10/13) satisfied, 1 not satisfied, 2 unknown</i>	
		<i>h. Criteria Met</i>	

**Standard I: MISSION AND ADMINISTRATIVE CAPACITY**

*Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.*

*Criterion 1.5: Nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing CA BRN Approval Rules and Regulations (Section 1: Program Director/Assistant Director): Title 16 CA Code of Regulations - Sections 1424 (e); 1424(f); 1425(b) 1 - 5; 1425(c);*

*Criterion 1.6: The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time/resources to fulfill the role responsibilities.*

*Criterion 1.7: With faculty input, the nurse administrator has the authority to prepare and administer program budget and advocates for equity within the unit and among other units of the governing organization*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
<i>a</i>	<i>&gt; 90.0% faculty/staff satisfied that lines of authority and responsibility among faculty, dean, staff, students are clear and functional</i>	<i>Faculty/Staff Satisfaction Survey</i>	<i>Annual</i>
<i>b</i>	<i>&gt; 90.0% faculty/staff satisfied that lines of communication are open among dean, staff, faculty and students</i>	<i>Faculty/Staff Satisfaction Survey</i>	<i>Annual</i>
<i>c</i>	<i>&gt; 90.0% faculty/staff satisfied that the nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing</i>	<i>Faculty/Staff Satisfaction Survey</i>	<i>Annual Upon Hire</i>
<i>d</i>	<i>&gt; 90.0% faculty/staff satisfied that the nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.</i>	<i>Faculty/Staff Satisfaction Survey CV, Transcripts, Licensure, Job Description, Performance Evaluations</i>	<i>Annual</i>
<i>e</i>	<i>&gt; 90.0% faculty/staff satisfied that the role of the Assistant Director facilitates faculty/administration communication and increases program efficiency.</i>	<i>Faculty/Staff Satisfaction Survey</i>	<i>Annual</i>
<i>f</i>	<i>&gt; 90.0% faculty/staff satisfied that dean administers program budget with equity within the unit and among other units of the governing organization</i>	<i>Faculty/Staff Satisfaction Survey</i>	<i>Annual</i>

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<i>g</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards,</i>	<i>Annual Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013</i>						
<b>Criteria</b>	<b>Responsibility</b>								
<i>a, b, c, d, e</i>	<i>Human Resources CA BRN and NLNAC College Hiring Officer (President) Vice President Academic Affairs Senior Division Admin/Dean and Faculty for Survey</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><i>a. Criteria met</i></td></tr> <tr><td style="padding: 2px;"><i>b. Criteria met</i></td></tr> <tr><td style="padding: 2px;"><i>c. Criteria met</i></td></tr> <tr><td style="padding: 2px;"><i>d. Criteria met</i></td></tr> <tr><td style="padding: 2px;"><i>e. Criteria met</i></td></tr> <tr style="background-color: yellow;"><td style="padding: 2px;"><i>f. Criteria not assessed, will include in 10/11 survey</i></td></tr> </table>	<i>a. Criteria met</i>	<i>b. Criteria met</i>	<i>c. Criteria met</i>	<i>d. Criteria met</i>	<i>e. Criteria met</i>	<i>f. Criteria not assessed, will include in 10/11 survey</i>	<i>1.6</i>
<i>a. Criteria met</i>									
<i>b. Criteria met</i>									
<i>c. Criteria met</i>									
<i>d. Criteria met</i>									
<i>e. Criteria met</i>									
<i>f. Criteria not assessed, will include in 10/11 survey</i>									

## Nursing Program Review 2009 - 2010

### Standard I: MISSION AND ADMINISTRATIVE CAPACITY

*Standard I: The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.*

*Criterion 1.8: Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by goals and outcomes of the nursing education unit. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Section 1424(b)*

*Criterion 1.9: Records reflect that program complaints and grievances receive due process and include evidence of resolution.*

*Operational Definition: Policies that impact personnel, administration, students and faculty are included in this criterion. Policy differences are justified.*

*(Note: Assessment documented in minutes for Program Review Meetings.)*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% agreement between nursing program faculty policies and collective bargaining agreement	Collective Bargaining Agreement (AFT 6157)	Contract Negotiations Schedule
b	Rationale provided for policies that differ from college	Systematic review of policies by Board of Trustees, College and Nursing Program	Scheduled Reviews
c	≥90.0% faculty/dean/staff satisfied that nursing program policies are congruent with college policies (if not, rationale provided for difference)	Faculty/Dean/Staff Satisfaction Survey	Annual
d	≥90.0% faculty/dean/staff satisfied that policies are accessible, non-discriminatory, consistently applied, and congruent with nursing program purposes	Faculty/Dean/Staff Satisfaction Survey	Annual
e	≥90.0% graduating students satisfied that policies that impact students are accessible, non-discriminatory, consistently applied, and congruent with nursing	Graduating Student Satisfaction Survey	Annual
f	≥90.0% graduating students satisfied that policies for course progression are accessible, non-discriminatory, consistently applied, and congruent with nursing program purpose	Graduating Student Satisfaction Survey	Annual

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<i>g</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC and CA BRN Accreditation/Approval Standards</i>	<i>Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a, b, c, d, e, f, g</i>	<i>Faculty/Dean/Administrative Assistant</i>	<i>a. Criteria met</i>	
		<i>b. Criteria met (e.g., nursing program admission process)</i>	
		<i>c. Criteria met</i>	
		<i>d. Criteria met</i>	
		<i>e. Criteria met</i>	
		<i>f. Criteria met</i>	
		<i>g. Criteria met</i>	

## Nursing Program Review 2009 - 2010

### Standard II: FACULTY AND STAFF

*Standard II: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.*

*Criterion 2.1, 2.2, 2.3: Faculty members (full- and part-time) are academically and experientially qualified, and maintain expertise in their areas of responsibility. CA BRN Approval Rules and Regulations (Section 4: Program Administration/Faculty Qualifications): Title 16 CA Code of Regulations – Sections 1425; 1425(a); 1425(b); 1424(g); 1424(h); 1424(j); 1425(d) 1,2; 1424(e) 1,2; 1425 (f)*

*Operational Definition: Faculty has master's degrees in nursing with rationale provided if faculty have other than this degree. Faculty meets standards for hire by college and approval by CA BRN. Academic and experiential preparation appropriate for teaching assignment. Faculty maintain active program of professional development. (Note: Assessment documented in minutes for Program Review Meetings.)*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Faculty 100.0% qualified with rationale provided if faculty have other than master's degree in nursing	Faculty CVs, Transcripts, Licensure, CA BRN Approval, Record of Professional Development, Performance Evaluations per Collective Bargaining Agreement (AFT 6157)	Upon Hire/Assignment
b	≤20.0% Attrition Rate	Attrition Rate (# completed/# entered in year)	Annual
	≥60.0% Persistence Rate	Persistence Rate (# in admission cohort/# in cohort that complete program in 4 semesters)	Annual
	≥85.0% NCLEX-RN Pass Rate	NCLEX-RN Pass Rate	Annual
c	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a, b, c	Dean/Screening Committee/CA BRN College Hiring Officer (President) Vice President Instruction/Human Resources Faculty/Dean/Administrative Assistant	a. Criteria met	
		b. Criteria met	
		c. Criteria met	

## Nursing Program Review 2009 - 2010

### Standard II: FACULTY AND STAFF

*Standard II: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.*

*Criterion 2.4: Number and utilization of full-and part time faculty meet the needs of the nursing education unit to fulfill its purposes. CA BRN Approval Rules and Regulations (Section 1: Program Director/Assistant Director); Title 16 CA Code of Regulations - Section 1424(f); 1424(h) CA BRN Approval Rules and Regulations (Section 4: Program Administration/Faculty Qualifications); Title 16 CA Code of Regulations - Section 1425; 1425(a;) 1424(g); 1424(j); 1424(d); 1, 2; 1425(e) 1,2; 1425(f)*

*Operational Definition: Faculty are adequate in number and type to fulfill purposes of college and nursing program.*

*(Note: Assessment documented in minutes for Program Review meetings.)*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	>90.0% faculty/dean satisfied that #/type faculty adequate	Faculty/Dean/Staff Satisfaction Survey	Annual
b	Faculty/Student ratio in classroom does not exceed college cap. Faculty/Student ratio in clinical does not exceed 1:10	College Course Caps; Faculty/Student Clinical Assignments	Per Semester
c	100.0% faculty complete CA BRN approved remediation plan if necessary, orientation	Remediation Plan/Clinical Competency Checklist	Prior to Start of Clinical Assignment
d	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a	Faculty/Dean/Administrative Assistant	a. Criteria not met: 70% satisfied, 15% not satisfied; 15% unknown	
b, c	Dean	b. Criteria met	
		c. Criteria met	
d	Faculty/Dean/Administrative Assistant	d. Criteria met	

## Nursing Program Review 2009 - 2010

### Standard II: FACULTY AND STAFF

*Standard II: There is qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.*

*Criterion 2.5: Faculty performance reflects scholarship and evidence-based teaching and clinical practice.*

*Criterion 2.6: The number, utilization, credentials of non-nurse faculty and staff are sufficient to achieve program goals and outcomes.*

*Criterion 2.7: Faculty (FT & PT) are orientated and mentored in their areas of responsibility*

*Operational Definition: Faculty is evaluated according to collective bargaining unit agreement. All faculty to complete orientation.*

*(Note: Assessment documented in minutes for Program Review Meetings.)*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% compliance with collective bargaining agreement	Performance Evaluations per Collective Bargaining Agreement (AFT 6157)	Per Schedule
b	Student evaluations of course and faculty	Student Evaluation Tool (Course/Faculty)	Per Semester
c	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013
criteria	Responsibility	Level of Achievement/Action	
a	Faculty/Dean	a. Criteria partially met (TRC on track, tenure and adjunct evaluations now on timeline)	
b, c	Faculty/Dean/Administrative Assistant	b. Criteria met	
		c. Criteria met	

## Nursing Program Review 2009 - 2010

### Standard II: FACULTY AND STAFF

*Standard II: There is qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.*

*Criterion 2.8: Systematic assessment of faculty (FT & PT) performance demonstrates competencies that are consistent with program goals and outcomes.*

*Criterion 2.9: Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.*

*Operational Definition: Faculty are evaluated according to collective bargaining unit agreement. All faculty to complete orientation.*

*(Note: Assessment documented in minutes for Program Review Meetings.)*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
<i>a</i>	<i>100.0% compliance with collective bargaining</i>	<i>Performance Evaluations per</i>	<i>Per Schedule</i>
<i>b.</i>	<i>Student evaluations of course and faculty</i>	<i>Student Evaluation Tool (Course/Faculty)</i>	<i>Per Semester</i>
<i>c</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a</i>	<i>Faculty/Dean</i>	<i>a. Criteria partially met (TRC on track, tenure and adjunct evaluations now on timeline)</i>	
<i>b, c</i>	<i>Faculty/Dean/Administrative Assistant</i>	<i>b. Criteria met</i>	
		<i>c. Criteria met</i>	

**Standard III: STUDENTS**

*Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.*

*Criterion 3.1: Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied. Differences are justified by the nursing education unit purposes. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Sections 1424(b); 1424(b)1 CA BRN Approval Rules and Regulations (Section 7: Student Participation): Title 16 CA Code of Regulations - Section 1428(a)*

*Operational Definition: Nursing program policies pertaining to students are congruent with college policies, accessible, non-discriminatory, consistently applied. Differences are justified by the purposes of the nursing program. Selection/admission/progression policies are accessible, non-discriminatory, consistently applied and congruent with purposes of nursing program and college.*

*(Note: Assessment documented in minutes for Program Review, Faculty Meetings.)*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
a	≥ 90.0% faculty/dean/staff satisfied that nursing program policies pertaining to students are congruent with college policies (or differences justified)	Faculty/Dean/Staff Satisfaction Survey	Annual
b	≥ 90.0% faculty/dean/staff satisfied that nursing program policies pertaining to students are accessible, non-discriminatory, consistently applied (or differences justified)	Faculty/Dean/Staff Satisfaction Survey	Annual
c	≥ 90.0% graduating students satisfied that nursing program policies pertaining to students are accessible, non-discriminatory, consistently applied (or differences justified)	Graduating Student Satisfaction Survey	Annual
d	≥ 90.0% faculty/dean/staff satisfied that nursing faculty are in charge of establishing selection, admission and progression policies	Faculty/Dean/Staff Satisfaction Survey	Annual
e	≥ 90.0% graduating students satisfied that course progression (i.e., passing) policies are accessible, non-discriminatory and consistently applied	Graduating Student Satisfaction Survey	Annual

## Nursing Program Review 2009 - 2010

<i>f</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>Annual/Self Studies: CA BRN Spring 2013; NLNAC Spring 2013</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a, b, c, d, e, f</i>	<i>Faculty/Dean/Administrative Assistant</i>	<i>a. Criteria met</i>	
		<i>b. Criteria met</i>	
		<i>c. Criteria met</i>	
		<i>d. Criteria met</i>	
		<i>e. Criteria met</i>	
		<i>f. Criteria met</i>	

## Nursing Program Review 2009 - 2010

### Standard III: Students

*Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.*

*Criterion 3.2: Student services are commensurate with the needs of student pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.*

*Operational Definition: College and nursing program have variety of social and academic support services for students that are administered by persons academically and experientially qualified. Health, counseling, academic advising, career placement and financial aid included in these services.*

*(Note: Assessment documented in minutes for Program Review Meetings.)*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	≥ 90.0% faculty/dean/staff and graduating students satisfied with quantity and quality of academic and social support services	Faculty/Dean/Staff Satisfaction Survey Graduating Student Satisfaction Survey	Annual Annual
b	≤20.0% Attrition Rate ≥60.0% Persistence Rate ≥85.0% NCLEX-RN Pass Rate	Attrition Rate	Annual
		Persistence Rate	Annual
		NCLEX-RN Pass Rate	Annual
c	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a, b, c	Faculty/Dean/Administrative Assistant	a. Criteria met	
		b. Criteria met	
		c. Criteria met	

## Nursing Program Review 2009 - 2010

### Standard III: STUDENTS

*Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.*

*Criterion 3.3: Student educational and financial records are in compliance with the policies of the governing organization and state/federal regulations.*

*Criterion 3.4: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.*

*Operational Definition: College complies with the Family Educational Rights to Privacy Act (FERPA) and all other state/college policies pertaining to educational and financial records.*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% policy compliance	Dean confers with College Registrar, Director of Financial Aid College Catalog/Website	Annual
b	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a	Dean/College Registrar/Director Financial Aid/ Vice President Instruction/College President	a. Criteria met	
b	Faculty/Dean/Administrative Assistant	b. Criteria met	

## Nursing Program Review 2009 - 2010

### Standard III: STUDENTS

*Standard III: Student policies, development, and services support the goals and outcomes of the nursing education unit.*

*Criterion 3.5: Integrity and consistency exist for all information intended to inform the public, including accreditation status and NLNAC contact information.*

*Criterion 3.6: Changes in policies, procedures and program information are clearly and consistently communicated to students in a timely manner.*

*Criterion 3.7: Orientation to technology is provided and technical support is available to students, including those receiving instruction using alternative delivery.*

*Operational Definition: Nursing unit utilizes the website, nursing information workshops, advisory board meetings and department meetings to update and share information with students.*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% compliance: accreditation status and contact information on the website	Dean confers with faculty, counselors and webmaster College Catalog/Website	Ongoing
b.	>90% of students feel that program changes are communicated to students in a timely manner	graduating student survey student course surveys	
c.	>90% of students feel that orientation to technology is provided and support is available.	graduating student survey student course surveys	
d.	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a	Dean/Nursing Faculty and Counselors/Webmaster/Vice President Instruction/College President	a. Criteria met	
b, c, d	Faculty/Dean/Administrative Assistant	b. Criteria not assessed: will be added to student course and graduating surveys in 10/11	
		c. Criteria not assessed: will be added to student course and graduating surveys in 10/11	
		d. Criteria partially met	

## Nursing Program Review 2009 - 2010

### Standard IV: CURRICULUM AND INSTRUCTION

*Standard IV: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.*

*Criterion 4.1: Curriculum incorporates established professional standards, guidelines, and competencies and has clearly articulated student learning and program outcomes.*

*Criterion 4.2: The curriculum is developed by the faculty and regularly reviewed for rigor and currency.*

*Criterion 4.3: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. CA BRN Approval Rules and Regulations (Section 5: Curriculum): Title 16 CA Code of Regulations - Sections 1424 (a); 1426(a); 1426 (d); 1426(e)*

*Operational Definition: Faculty develop curriculum that logically flows from program's philosophy/mission through the organizing framework of curriculum, course objectives and learning activities to program outcomes.*

*(Note: Assessment documented in minutes for Program Review, Curriculum Meetings, Team Meetings, Content Expert Reviews).*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	≥90.0% faculty satisfied with curriculum design (See Appendix A for Statements) <i>assessed logical flow of curriculum</i>	Faculty Satisfaction Survey	Annual
		Student Evaluations of Courses	By Semester
		For overall curriculum review: QSEN Competencies. NLN Competencies for Nurse Educators; ANA Social Policy Statement; ANA Code of Ethics with Interpretive Statements; ANA Standards of Practice; NLN Competencies for ADN Graduates	
b	≥85.0% NCLEX-RN Pass Rate ≤20.0% Attrition Rate ≥60.0% Persistence Rate	NCLEX-RN	Annual
		Attrition Rate	Annual
		Persistence Rate	Annual

## Nursing Program Review 2009 - 2010

<i>c</i>	<i>100.0% Content Expert Reviews completed accurately, on-time, presented to curriculum committee with recommendations considered and followed up as appropriate</i>	<i>Content Expert Review Template</i>	
<i>d</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards NLNAC Spring 2013</i>	<i>Annual/Self-Studies; CA BRN Spring 2013:</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a, b, c, d</i>	<i>Faculty/Dean/Administrative Assistant</i>	<i>a. Criteria met</i> <i>b. Criteria met:</i> <i>c. Criteria met</i> <i>d. Criteria met</i>	

**Standard IV: CURRICULUM AND INSTRUCTION**

*Standard IV: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.*

*Criterion 4.4: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national or global perspectives.*

*Criterion 4.5: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.*

*Criterion 4.6: The curriculum and instructional process reflect educational theory, interdisciplinary collaboration, research and best practice standards while allowing for innovation, flexibility, and technological advances.*

*Criterion 4.7: Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards and best practices. CA BRN Approval Rules and Regulations (Section 5: Curriculum): Title 16 CA Code of Regulations - Sections 1426(b); 1426(c) 1 - 3; 1426(d); 1426(e) 1 - 7; 1426(f) 1-2; 1443.5 (Standards of Competent Performance)*

*Operational Definition: Program design promotes accomplishment of program outcomes as demonstrated by attrition and persistence rates, NCLEX-RN pass rates, job placement rates, program satisfaction surveys. New curriculum (implement fall 2007) has 72 units - 36 units nursing major (18 units clinical/18 units theory) and 36 units general education.*

*(Note: Assessment documented in Program Review, Curriculum, Community Advisory Board, Team Meetings.)*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
<i>a</i>	<i>90.0% faculty, dean, graduating students, graduates, employers overall satisfied that graduates provide care according to program outcomes (See Appendix B for Statements of Outcomes)</i>	<i>Faculty/Dean/Staff Satisfaction Survey Graduating Student Satisfaction Survey 1 Year Follow-Up Graduate Satisfaction Survey Employer Satisfaction Survey</i>	<i>Annual Annual Annual Annual</i>
<i>b</i>	<i>90.0% graduates employed within 1 year of graduation</i>	<i>1 Year Follow-Up Graduate Satisfaction Survey Community Advisory Board Meetings</i>	<i>Annual Per Semester</i>

## Nursing Program Review 2009 - 2010

<i>c</i>	<i>90.0% Students meet Cut Points for ATI Content Mastery Exam and Comprehensive Predictor Exam</i>	<i>ATI Individual and Aggregate Reports</i>	<i>Per Semester</i>
<i>d</i>	<i>Students achieve program outcomes in 4 semesters ≥85.0% NCLEX-RN Pass Rate ≤20.0% Attrition Rate ≥60.0% Persistence Rate</i>	<i>NCLEX-RN Pass Rate</i>	<i>Annual</i>
		<i>Attrition Rate</i>	<i>Annual</i>
		<i>Persistence Rate</i>	<i>Annual</i>
		<i>Report on reasons students separate from program Student Success Program (PLTL, TEAS, CAT, Student Case Management)</i>	
<i>e</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>Annual/Self-Studies; CA BRN Spring 2013; NLNAC Spring 2010</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a, b, c, d, e</i>	<i>Faculty/Dean/Administrative Assistant</i>	<i>a. Criteria met: faculty and graduates satisfied with meeting Program Outcomes</i>	
		<i>b. Criteria not met (75% 9/12 students that responded)</i>	
		<i>c. Criteria partially met (items covered in by faculty of each course)</i>	
		<i>d. Criteria met:</i>	

## Nursing Program Review 2009 - 2010

### Standard IV: CURRICULUM AND INSTRUCTION

*Standard IV: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.*

*Criterion 4.8: Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current with written agreements specify expectations for all parties and ensure protection of students.*

*Criterion 4.8.1: Student clinical experiences reflect current best practices and nationally established patient health and safety goals. CA BRN Approval Rules and Regulations (Section 6: Clinical Facilities/Clinical Experiences): Title 16 CA Code of Regulations - Sections 1425.1(b); 1424(i); 1427(a); 1427(b); 1424(c) 1 - 4; 1427(c) 1 - 6; 1424(k) 1 - 6; 1428(c)*

*Operational Definition: College has contracts that specify expectations and requirements with all clinical teaching sites. Clinical sites support sufficient numbers and provide a variety of learning experiences appropriate for ADN students.*

*(Note: Assessment documented in Minutes for Program Review, Curriculum Team, Clinical Site Coordinator/Manager meetings).*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	≥90.0% students overall satisfied with clinical sites	Student Evaluation of Clinical Site Survey	Per Semester
b	≥90.0% faculty overall satisfied with clinical sites	Faculty Evaluation of Clinical Site (Form completed every semester)	Per Semester
		Meetings with Clinical Site Coordinators/Managers	As Needed
c	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies; CA BRN Spring 2013; NLNAC Spring
d	100.0% clinical site contracts in place	Contracts	As Needed
Criteria	Responsibility	Level of Achievement	
a, b, c	Faculty/Dean/Administrative Assistant	a. Criteria met	
		b. Criteria met	
		c. Criteria met	
d	Dean/Administrative Assistant Vice President Instruction/President Vice Chancellor Administrative Services	d. Criteria met	

## Nursing Program Review 2009 - 2010

### Standard V: RESOURCES

*Standard V: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.*

*Criterion 5.1: Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)*

*Operational Definition: Nursing budget is sufficient for program to achieve its purpose. Dean has responsibility and authority over budget and involves faculty and staff in its development (Note: Assessment documented in minutes for Program Review, Faculty Meetings.)*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Budget variances explained	Dean reviews variances (division/faculty meetings)	Monthly
b	>90.0% faculty/dean/staff satisfied that nursing program budget is sufficient to achieve its purpose	Dean reviews budget preparation in faculty meetings	Annual
c	≥90.0% faculty/dean/staff satisfied with participation in nursing program budget: with faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity with program and among other programs/divisions at the college.	Faculty/Dean/Staff Satisfaction Survey	Annual
d	≥90.0% faculty/dean/staff satisfied that grant projects meet program/student needs	Faculty/Dean/Staff Satisfaction Survey	Annual
e	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a, b, c, d, e	Faculty/Dean/Administrative Assistant	a. Criteria met	
		b. Criteria not met: 64% satisfied; 27% not satisfied; 9% unknown	
		c. Criteria met	
		d. Criteria not met: 77% satisfied; 8% not satisfied; 15% unknown	
		e. Criteria met:	

## Nursing Program Review 2009 - 2010

### Standard V: RESOURCES

*Standard V: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.*

*Criterion 5.2: Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff and students. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
<i>a</i>	<i>≥90.0% faculty/dean/staff satisfied with physical facilities</i>	<i>Faculty/Dean/Staff Satisfaction Survey</i>	<i>Annual</i>
<i>b</i>	<i>≥90.0% graduating students satisfied with physical facilities</i>	<i>Graduating Student Survey</i>	<i>Annual</i>
<i>c</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a, b, c</i>	<i>Faculty/Dean/Administrative Assistant Facilities</i>	<i>a. Criteria met: with a note to cont addressing broken equip and room temperature</i>	
		<i>b. Criteria met</i>	
		<i>c. Criteria met</i>	

## Nursing Program Review 2009 - 2010

### Standard V: RESOURCES

Standard V: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Criterion 5.3: Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d).

Operational Definition: Learning resources within the nursing program and college are comprehensive, current, accessible and developed with faculty input.

(Note: Assessment documented in minutes for Program Review, Faculty Meetings).

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	≥90.0% faculty/dean/staff satisfied that learning resources are comprehensive, current, accessible and developed with faculty input	Faculty/Dean/Staff Satisfaction Survey	Annual
b	≥90.0% graduating students satisfied that learning resources are comprehensive, current, accessible	Graduating Student Survey	Annual
c	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2013; NLNAC Spring 2013
Criteria	Responsibility	Level of Achievement/Action	
a, b, c	Faculty/Dean/Administrative Assistant	a. Criteria met	
		b. Criteria met	
		c. Criteria partially met: BRN recommendation to maintain and increase PLTL, tutoring and student success to maintain student learning and remediation needs; skills check off support; funding not available.	

**Standard VI: OUTCOMES**

*Standard VI: Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcome of the nursing education unit has been achieved.*

*Criterion 6.1: The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.*

*Criterion 6.2: Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.*

*Criterion 6.3: Evaluation findings are shared with communities of interest*

*Criterion 6.4: Graduates demonstrate achievement of competencies appropriate to role preparation. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Sections 1424(b); 1424(b)(1); 1428(b).*

*Operational Definition: Plan contains NLNAC/CA BRN Accreditation/Approval Standards with performance indicators/outcome criteria, assessment methodology, time frame, responsibility and level of achievement. It contains reports on attrition and persistence rates (graduation rate), NCLEX-RN pass rates, job placement rates and information on student, graduating student, graduate, faculty/dean/staff and employer satisfaction with program. The faculty is currently imbedding QSEN competencies into curriculum.*

*(Note: Assessment documented in minutes for Program Review, Faculty, Curriculum and Team Meetings.)*

<b>Criteria</b>	<b>Performance Indicators and Outcome Criteria</b>	<b>Assessment Methods</b>	<b>Time Frame</b>
a	≥90.0% faculty satisfied that total evaluation plan includes accreditation standards w/ performance indicators/outcome criteria, assessment methods, timelines, responsibility and level of achievement	Faculty/Dean/Staff Satisfaction Survey	Annual

## Nursing Program Review 2009 - 2010

<i>b</i>	<i>≥90.0% faculty satisfied that total evaluation plan includes attrition/persistence rates, NCLEX-RN pass rate; job placement rate; and satisfaction surveys for faculty/staff; graduating students and employers</i>	<i>Total Evaluation Plan</i>	<i>Annual</i>
<i>c</i>	<i>≥90.0% faculty satisfied that total evaluation plan is systematic and includes assessment of student academic achievement</i>	<i>Total Evaluation Plan</i>	<i>Annual</i>
<i>d</i>	<i>100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>NLNAC/CA BRN Accreditation/Approval Standards</i>	<i>Annual/Self Studies: CA BRN Spring 2013; NLNAC Spring 2013</i>
<b>Criteria</b>	<b>Responsibility</b>	<b>Level of Achievement/Action</b>	
<i>a, b, c, d</i>	<i>Faculty/Dean/Administrative Assistant</i>	<i>a. Criteria met</i>	
		<i>b. Criteria met</i>	
		<i>c. Criteria met</i>	
		<i>d. Criteria met</i>	

## Nursing Program Review 2009 - 2010

### Standard VI: OUTCOMES

*Standard VI: Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcome of the nursing education unit has been achieved.*

*Criterion 6.5: The program demonstrates evidence of achievement in meeting the following program outcomes: performance on licensure exam; program completion; program satisfaction; job placement CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Sections 1424(b); 1424(b)(1); 1428(b).*

*Operational Definition: Total evaluation plan includes all outcome measures.*

*(Note: Assessment documented in minutes for Program Review, Curriculum, Faculty and Team Meetings).*

Criteria	Performance Indicators and Outcome Criteria	Assessment Methodology	Time Frame
a	≤20.0% Attrition Rate ≥60.0% Persistence Rate ≥85.0% NCLEX-RN Pass Rate  ≥90.0% Satisfaction each item ≥90.0% Satisfaction each item	Attrition Rates Persistence Rates NCLEX-RN Pass Rates 1 Year Follow-Up Graduate Satisfaction Survey Faculty/Dean/Staff Satisfaction Survey Student Satisfaction Survey Graduating Student Satisfaction Survey Employer Satisfaction Survey Student Satisfaction with Clinical Site Survey Faculty Satisfaction with Clinical Site Survey Report on Complaint Resolution Report on Reasons Students Separate/Program New Student Profile Survey Report on Demographics of Applicant Pool	Annual Annual Annual Annual Annual Annual Annual Annual Per Semester Per Semester Annual Annual Annual Annual
b	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2013; NLNAC 2013
Criteria	Responsibility	Level of Achievement/Action	
a, b	Faculty/Dean/Administrative Assistant	a. Criteria met. b. Criteria partially met (need to improve on employer response rate and collecting employment data)	

**Complaint Resolution EVC Nursing Program**  
*By Date, Type, Issue, and Outcome*

*Academic Year 2009-2010*

<b>Date</b>	<b>Type</b> <i>(Student, Faculty, Public)</i>	<b>Issue</b> <i>(Briefly describe with confidentiality)</i>	<b>Outcome</b> <i>Resolved, Pending Review, Active</i>
<i>11/2009</i>	<b>Student</b> <i>Student eligible to return</i>	<i>Student grievance regarding clinical failure</i>	<i>Resolved at 3<sup>rd</sup> level with VP Student Affairs (Irma Archuleta)</i>
<i>12/2009</i>	<b>* Previous Student</b> <i>3<sup>rd</sup> program separation sp09, not eligible to return</i>	<i>Student grievance regarding clinical failure</i>	<i>Ongoing: to Grievance Review Board Fall 2010</i>
<i>5/2010</i>	<b>Student</b> <i>3<sup>rd</sup> program separation, not eligible to return</i>	<i>Student grievance regarding clinical failure</i>	<i>Resolved at 3<sup>rd</sup> level with VP Academic Affairs (Kuni Hay)</i>

*Narrative Status Summary for Academic Year:*

*\*Although program separation occurred in spring 2009, student filed complaint in 12/09 and a formal grievance in fall 2010. Current college grievance process does not include a timeline of when grievances can be filed.*