Nursing Program Review

2008-09

Evergreen Valley College

Contents

Program Evaluation

Meeting Agendas and Minutes

Evergreen Valley College Nursing Program
Program Evaluation 08/09
Meeting I Agenda
Monday, September 14, 2009

I.   Review and approve the Agenda

II.   Review BRN recommendation from 2009 self-study visit

III.   Review 08/09 Admission Report

IV.   Review and discuss Standards I-IV of program evaluation template
   a.   Proposed changes to align with 2008 NLNAC standards
   b.   Plan for employer satisfaction surveys
   c.   Discuss plan for further analysis of course attrition rates

V.   Announcements: F/U meeting to conclude 08/09 program review Monday, September 28th

VI.   Questions/Comments

VII.   Adjourn

Evergreen Valley College Nursing Program
Program Evaluation 08/09
Meeting I Minutes
Monday, September 14, 2009

Present: Maureen Adamski, Lynette Apen, Sandy DeWolfe, Linda Hoogendijk, Jackie Keane, Nancy Lin, Rozanne Lopez, Felicia Mesa, Kara Potter, Sue Wetzel, Barbara Tisdale, Garret Rosato (ENSA representative),

I.   Approved Agenda – Potter/Keane M/S , motion approved
II.   Review BRN recommendation from 2009 self-study visit – see attachment
   a. Lynette will dialogue with college administration concerning funding for the recommendations, but due to college budget constraint we will also need to get creative on how to implement these recommendations. For example
      i.   look for grant funding,
      ii. explore existing college/district resources to facilitate improvement
      iii. Review current operations and functions to see where things can be streamlined or improved
      iv. Faculty discuss issue in shared governance committee meetings
   b. Student hired to help Adrienne. Her responsibilities will be primarily clerical
      i.   Faculty please continue to do your own filing on your students
   c. Students are still volunteering to be PLTL leaders and tutors even though we can not pay them.
      i.   Jackie has sent out a flyer for the dates & times tutoring will be offered
      ii. Rozanne is talking with David Hendricks to see if we can get these dedicated students to qualify for Honors credit
III.   ENSA Report
   a. Fundraising has started. They are selling
      i.   T-shirts
      ii. Water bottles
      iii. Bumper stickers
      iv. Copy cards at a reduced rate of $5.00
   b. Participated in club rush last week
      i.   10 people were given information about the nursing program

IV.   Reviewed Admission Report
V.   Review and discuss Standards I-IV of program evaluation template
   a. Faculty agree we should revise the program evaluation template to align with 2008 NLNAC standards

b. Overall program review of first 4 standards are very positive and most standards have been met. See program review template for the complete results. Only standards not met will be discussed in the minutes.

    i. Standard 1 - 2d, 90% graduating students satisfied that student liaison provides effective communication between faculty, staff, dean & students

        1. Recommendations:

            a. Select a representative from each class

                i. need to check ENSA by-laws.

                ii. Do we want that many student at a meeting

            b. Expand question so if someone answers no, they need to say why

    ii. Standard 1 - 4e, 90% graduating students satisfied that policies that impact students are accessible, non-discriminatory, consistently applied, & congruent with nursing program purpose

        1. No recommendations at this time except as stated in i-1b.

        2. Results were 88.5%

    iii. Standard 2 – 5b, $\leq$20% Attrition Rate, $\geq$ 60% persistence rate, $\geq$ 85% NCLEX-RN Pass Rate.

        1. Definitions

            a. Attrition – number completed vs number entered that year

            b. Persistence – number in admission cohort vs number in cohort that complete program in 4 semesters

        2. Recommendation:

            a. Need to improve, but need more detailed information on why the students are not able to progress

            b. Develop a 1 page form with drop down menus to collect more relevant data

                i. Each course to provide this information to Lynette

                ii. Lynette would be responsible for analyzing data

    iv. Standard 2 – 6a, > 90% faculty/dean satisfied that number/type faculty adequate

        1. No recommendations

        2. Could have been because 1st year was short one instructor

    v. Standard 3 – 9d, $\geq$ 90% graduating students satisfied that nursing program policies pertaining to students are accessible, non-discriminatory, consistently applied

        1. No recommendations except as stated in i-1b.

        2. Results was 88.5%

    vi. Standard 3 – 10c, 100% compliance with NLNAC/CA BRN Accreditation/Approval Standards

        1. Partially met

2. Has to do with the Attrition/persistence rates

vii. Standard 4 – 12b, ≤20% Attrition Rate, ≥ 60% persistence rate, ≥ 85% NCLEX-RN Pass Rate.

    1. No further recommendations

    2. See Standard 2-5b recommendations

viii. Standard 4 – 12c, 100% Content Expert Review completed accurately, on-time, presented to curriculum committee with recommendations considered and followed up as appropriate.

    1. Partially met

    2. Reviews complete but not on time

    3. Should be back on schedule this year

        a. Sandy will send out the Content Expert Timeline

ix. Standard 4 – 13a, 90% faculty, dean, graduating students, graduates, employers overall satisfied that graduates provide care according to program outcomes.

    1. While met we are not getting enough employer responses

    2. Recommendation

        a. Email students asking for name of hospital where they are employed and who their manager is

        b. Survey managers using survey monkey

        c. Further discussion on how to follow-up if managers do not respond

x. Standard 4 – 13 d, ≤20% Attrition Rate, ≥ 60% persistence rate, ≥ 85% NCLEX-RN Pass Rate.

    1. No further recommendations

    2. See Standard 2-5b recommendations

VI. Announcements

    a. Program review continued on Monday, September 28th

VII. Questions/Comments

    a. No questions/comments

VIII. Adjourned

Evergreen Valley College Nursing Program
Program Evaluation 08/09
Meeting Minutes
Monday, September 28, 2009

1. Agenda approved- M/S Adamski/Potter, motion approved by faculty
2. Minutes approved from September 14, 2009 – M/S Mesa/Adamski, Motion approved by faculty
3. Reviewed 08/09 Admission Report
   a. See attachment
4. Reviewed and discussed Standards V-VIII of program evaluation
   a. Standard 5 Resources
      i. Criteria 15 Fiscal resources are sufficient to support the nursing program purposes & commensurate with the resources of the college
         1. a-f met, no recommendations
      ii. Criteria 16 – Program support services are sufficient for operations of the nursing program
         1. a-b met, no recommendations
         2. c – BRN recommendation – Provide additional clerical/administrative support
            a. Have student worker
      iii. Criteria 17 - Learning resources are comprehensive, current, developed with nursing faculty input and accessible to faculty & students
         1. a-b met, not recommendations
         2. c – partially met, BRN recommendation – Maintain and increase as indicated the PLTL and student success activities
            a. Student Success Coordinator, PLTL Coordinator & Dean to collaborate with the Dean of the Library & tutoring staff to work with existing college services to maintain or expand current services to students
      iv. Criteria 18 - Physical facilities are appropriate to support the purposes of the nursing program
         1. a-c met, no recommendations
      v. Criteria 19 – Information about the program, intended to inform the public, prospective & current students, employers and other interested parties is current, accurate, clear, and consistent
         1. a-i met, no recommendations
   b. Standard VI: Integrity
      i. Criteria 20 – Complaints about the program are addressed & records maintained & available for review
         1. a-c & e met, no recommendations

     2. d – 90% of graduating students satisfied that student complaints
       responded to in timely way with appropriate follow-up to obtain
       satisfactory resolution
       a. Results: 62% satisfied, 26% did not know, 9% NA
       b. Change criteria? how
    ii. Criteria 21 – Integrity is evident in practices and relationships of the nursing
      program
      1. a-b met, no recommendations
   c. Standard VII: Education Effectiveness
    i. Criteria 22 – There is a written plan for systematic program evaluation that is
     used for continuous program improvement.
      1. a-d met, no recommendations
    ii. Criteria 23 – There is an identified plan for systematic evaluation including
      assessment of student academic achievement.
      1. Criteria met
5. Reviewed Summary of recommendations
  a. See attachment
6. Announcements:
  a. ENSA fund raisers
    i. Chevy's on Curtner on October 17th and November 22nd from 3 pm-10 pm will
     get 10% of profits on everything but alcohol
    ii. Logo for tee shirts was not appropriate. Students to come up with another idea.
  b. A representative from the National Alliance for Hispanic Nursing will speak at the
    October 27th meeting.
  c. Fall 2009 Graduation party to be held at Coyote Creek Golf Club on December 18th at 6
    pm
  d. Paul Oritz is going to the CNSA conference in Sacramento, ENSA will contribute $350 for
    him to attend.
  e. Save October 27 for the Community Advisory Board Meeting
7. Nasreen Rahim addressed the faculty concerning moving to Moodle
  a. Faculty arranged times to meet with Nasreen for instruction
  b. Nursing will transition to Moodle in the spring
    i. David Lowe will be the ITSS contact
    ii. Jan Tomisaka will be the Administrative Assistant whileNasreen is on sabbatical
8. Meeting adjourned.

Fall 2008/Spring 2009 Admissions Report

Evergreen Valley College Nursing Program
September 12, 2008

Total Applications	Applications Qualified and Accepted	Applications qualified but not accepted	Applications Not Qualified
175	80	88	7 (Most were GPA too low)

Age Characteristics of Applicants

25 and Younger	26 - 30	31 - 40	41 - 50	51 - 60	61 and over
49%	19%	19%	10%	2%	1%

Summary of Findings

Evergreen Valley College
Continuing Approval Visit
May 11-13, 2009

Non Compliance(s): None identified

Recommendation(s):

CCR 1424 Program Administration/Resources

- Increase available faculty reassigned time for assistant director(s) to perform ongoing program evaluation activities and other functions as directed by the program director.
  - o Nursing program director/dean to dialogue with college administration regarding increased reassigned time for the purpose indicated above.
- Strengthen data collection, analyses, tracking and trending of program graduate and employer surveys, and attrition/retention rates including effective student success activities.
  - o Until additional reassigned time can be established, the dean will work in conjunction with the program coordinator, assistant director, faculty and student success coordinator to strengthen response rates and analysis of the data collected. The aforementioned team will work together to establish a database that includes the required trending data regarding student retention and success. Once this is established

some of the data entry and analysis could be conducted at the course level and the student success coordinator could input and track the student success activities.

- o The dean will also explore existing college/district resources to facilitate improvement in this area.
- ▪ Establish a full time faculty position to coordinate, teach, and perform clinical skills check off activities across the curriculum.
    - o Nursing program director/dean to dialogue with college administration regarding this faculty position. Similarly, faculty and staff can also discuss this with the college community in shared governance meetings.
    - o Given the limited state resources, the nursing department will continue to review the way the skills labs are operated and function within the nursing program. The director will also review current grant funds and/or seek additional funding, if possible, to support a change in this area.
- ▪ Sustain the exemplary institutional commitment to ongoing faculty development related to simulation, web-based/online coursework, test construction, and other information technology advances/innovations used in nursing.
    - o This commitment is ongoing with the use of grant funding and existing college resources.
- ▪ Provide additional clerical/administrative support to sustain regulatory compliance evidence and ongoing program development activities within the division.
    - o Review current allocation of grant funds to support a part-time classified position.
- ▪ Maintain and increase as indicated the Peer Led Team Learning, tutorial, and student success activities to meet student learning and remediation needs.
    - o This commitment is ongoing
    - o The student success coordinator, PLTL coordinator and dean will collaborate with the Dean of the Library and tutoring staff to discuss ways to leverage the existing college services through the Teaching Resource Center (TRC). This collaboration will allow for an exchange of ideas and can enhance the learning experiences of not only the nursing students, but also Evergreen College students.
    - o The Student Success Coordinator will also be participating in the college-wide Matriculation & Retention committee.

CCR 1426 Curriculum

- ▪ Strengthen student learning activities specific to the CA Nursing Practice Act,   Standards of Competent Performance (CCR 1442-1443.5), the Substantial Relationship Criteria (CCR 1444), RN use of Standardized Procedures (BPC 2725, CCR 1470-1474), and the Grounds for Discipline (BPC 2761, 2762, 2764, 2765).
    - o The nursing curriculum committee and faculty teams will review and enhance the student learning activities specific to the CA Nursing Practice Act.

CCR 1427 Clinical Facilities

- ▪ Ensure all written clinical facilities agreements specifically include the six elements as stated in CCR 1427(c) 1-6.

- The nursing program will collaborate with the District Office to establish an addendum to existing hospital contracts. Once established, the addendum will be mailed and signed by clinical partners and filed with the existing contracts.
- The dean will dialogue with the District Office to establish an existing contract that clearly delineates the six elements stated in CCR 1427(c) 1-6. As the existing contracts expire, the new contract will be utilized. If a new contract is not agreed upon, the program will continue to utilize the existing contract with the aforementioned addendum.

Summary of Recommendations 2008-09

Nursing Program Review Meeting
Monday, September 28, 2009

Standard I (Mission and Governance)– 2d: Students satisfied with information sharing from ENSA rep
- Set up class reps (outside of ENSA) to attend meetings→ concerns: a greater number of students attending meetings; time to discuss items; and increase time constraints on already stressed students
- Create online dissemination of meeting information: utilize CMS

Standard II (Faculty) – 5b &5c: Attrition/Persistance rates
- Student tracking form per course

Standard II (Faculty) – 6a &6d: faculty/staff are adequate in number
- Results may have been tied to extenuating circumstances (loss of one N001 faculty in the beginning of the semester)
- BRN recommendation for FT skills lab faculty and increased AD time: once financial climate improves, continue discussions with administration and shared governance meetings

Standard III (Students) – 9d. <90% students satisfied that policies are accessible and consistently applied
- Recommendations
  - Continue to highlight policies during program orientation and Fundamentals orientation
  - Schedule dean to meet with classes for discussion regarding experience in the program

Standard III (students) – 10b. Attrition/persistence→ see recommendation for standard II

Standard IV (Curriculum) – 12b & 13d (persistence in 4 semesters)
- See recommendation for standard II: with greater analysis, data may impact curricular changes

Standard V (Resources) – 16c: additional clerical support (BRN recommendation)
- Utilize campus resources (Student workers)

Standard V (Resources) – 17 c: sustain PLTL and student success activities (BRN recommendation)

- Leverage college resources
- Continue to seek grant funds

Standard VI (Outcomes) – 20d. <90% of students satisfied that student complaints are addressed

- Recommendations: reiterate policy review during program & course orientations.
- Re-instate dean's meetings with the students to discuss experience in the program

Standard VII (Educational Effectiveness) – 23a. re-evaluate Assessment Criteria (repetitive)

- Incorporate division CTAs
- Faculty concur that it is an overall assessment of the Evaluation process and that the criteria was met

Standard I: MISSION AND GOVERNANCE

Standard I: There are clear and publicly stated mission and/or philosophy and purposes appropriate to post-secondary or higher education in nursing.

Criterion 1: Mission and/or philosophy of the nursing unit is congruent with that of the governing organization or differences are justified by the nursing unit purposes.

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.)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
1a	> 90% faculty/dean satisfied with operational definition	Faculty/Dean/Staff Satisfaction Survey	Annual
1b	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	
1a, b	Faculty/Dean/Administrative Assistant	1.a. criteria met	
	1b. Criteria met and in progress: NLNAC Follow-Up Report accepted and continual accreditation granted until self-study visit in 2013; BRN self-study report and visit scheduled for spring 2009- on track	1.b. criteria met	
Recommendations for 08/09			
none--> criteria met			

Criterion 2: Faculty, staff, dean and students participate in governance as defined by the parent organization and nursing education unit.

Operational Definition: Faculty, staff, dean and students actively participate in shared governance of college and nursing program. (Note: Assessment documented in minutes for Program Review, Faculty, Committee Meetings.)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
2a	≥ 75.0% of full-time faculty, dean, staff serve on 1 program committee ≥ 75.0% of full-time faculty, dean, staff serve on 1 college committee	Nursing Program and College Committee Assignments	Annual
2b	ENSA student liaison attends ≥2 faculty, curriculum, program review meetings/semester	Student liaison invited to attend	Per Semester
2c	≥ 90.0% faculty/dean/staff satisfied that student liaison provides effective channel of communication between faculty/dean/staff and students	Student Satisfaction Survey	Annual
2d	≥ 90.0% graduating students satisfied that student liaison provides effective communication between faculty, staff, dean and students	Graduating Student Satisfaction Survey	Annual
2e	≥ 90.0% faculty/dean/staff satisfied that they actively participate in shared governance	Faculty/Dean/Staff Satisfaction Survey	Annual
2f	100% compliance with NLNAC/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
2a, c, d, e, f	Faculty/Dean/Students/Program Coordinator	2a. Criteria Met 2b. Criteria met 2.c. Criteria Met 2.d. Criteria not met: 81% or graduates are satisfied with 19% not satisfied

2b	ENSA Student Liaison and ENSA Faculty Representative	2.e. Criteria Met 2.f. Criteria Met
Recommendations for 08/09:		
2c, d, e:	Any requests from students will be brought in the form of a motion and approved by ENSA board before bringing to faculty Increase ENSA participation in meetings and provide a summary report to the students Formalize ENSA student rep role: ENSA rep to provide updates to nursing students in general meeting Add a question regarding shared governance to student survey (carry over from 07: do we still want this?) Faculty interested in "committee shopping" and asked that committee calendar be distributed (issued on 9/22/08)	

Criterion 3: Nursing education unit is administered by a nurse who is academically and experientially qualified, and who has authority and responsibility for development and administration of the program.

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);

Operational Definition: Nursing program is administered by the Dean of Nursing and Allied Health who has the necessary graduate preparation in nursing, the experience and knowledge to function in the role of dean, and the authority to do the job as defined in the dean's job description.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
3a	> 90.0% faculty/staff satisfied that lines of authority and responsibility among faculty, dean, staff, students are clear and functional	Faculty/Staff Satisfaction Survey	Annual
3b	> 90.0% faculty/staff satisfied that lines of communication are open among dean, staff, faculty and students	Faculty/Staff Satisfaction Survey	Annual
3c	> 90.0% faculty/staff satisfied that dean's job description meets current program and college needs	Faculty/Staff Satisfaction Survey	Annual

3d	> 90.0% faculty/staff satisfied that dean is academically and experientially qualified	Faculty/Staff Satisfaction Survey, CV, Transcripts, Licensure, Job Description, Performance Evaluations	Upon Hire
3e	> 90.0% faculty/staff satisfied that dean has authority and responsibility to lead program	Faculty/Staff Satisfaction Survey	
3f	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	
3 a, b, c, d, e	Human Resources CA BRN and NLNAC College Hiring Officer (President) Vice President Academic Affairs Senior Division Admin/Dean and Faculty for Survey	3.a. Criteria met 3.b. Criteria met 3.c. question not assessed: recommend changing to align with NLNAC 1.6 3.d. criteria met: recommend changing to align with NLNAC 1.5 3.e. criteria met 3.f. criteria met	

Recommendations for 08/09:			
3b,c, d:	Establish an anonymous suggestion box		

Criterion 4: Policies of the nursing education unit are consistent with those of the governing organization, or differences are justified by nursing education purposes.

CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Section 1424(b)
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
4a	100.0% agreement between nursing program faculty policies and collective bargaining agreement	Collective Bargaining Agreement (AFT 6157)	Contract Negotiations Schedule
4b	Rationale provided for policies that differ from college	Systematic review of policies by Board of Trustees, College and Nursing Program	Scheduled Reviews
4c	≥90.0%faculty/dean/staff satisfied that nursing program policies are congruent with college policies (if not, rational provided for difference)	Faculty/Dean/Staff Satisfaction Survey	Annual
4e	≥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
4f	≥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
4g	100.0% compliance with LNAC/CA BRN Accreditation/Approval Standards	NLNAC and CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring 2013

Criteria	Responsibility	Level of Achievement/Action
4a, b, c, d, e, f, g	Faculty/Dean/Administrative Assistant	4.a. Criteria met 4.b. Criteria met (e.g., nursing program admission process) 4.c. Criteria met 4.d. Criteria met **4.e. Criteria not met: 88.5% satisfied, 4% not satisfied & 7% did not know** **(consistent with 07/08)** 4.f. Criteria Met 4.g. Criteria met
Recommendations for 08/09		

Standard II: FACULTY

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

Criterion 5: 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 have master's degrees in nursing with rationale provided if faculty have other than this degree. Faculty meet 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
5a	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
5b	≤20.0% Attrition Rate ≥60.0% Persistence Rate ≥85.0% NCLEX-RN Pass Rate	Attrition Rate (# completed/# entered in year) Persistence Rate (# in admission cohort/# in cohort that complete program in 4 semesters) NCLEX-RN Pass Rate	Annual
5c	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	
5a, b, c	Dean/Screening Committee	5.a. Criteria met	

CA BRN College Hiring Officer (President) Vice President Instruction Human Resources Faculty/Dean/Administrative Assistant	5.b. Criteria not met: Attrition (TBD 12/09 grads); persistence 56% (Fa 07/spr 09 cohort); NCLEX pass rate sp 08 89%, sp 09 TBD 5c. Criteria partially met: BRN recommendations regarding greater attrition analysis	

Recommendations for 08/09	

Criterion 6: Number and utilization of full-and part0time 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
6a	>90.0% faculty/dean satisfied that #/type faculty adequate	Faculty/Dean/Staff Satisfaction Survey	Annual
6b	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
6c	100.0% faculty complete CA BRN approved remediation plan if necessary, orientation	Remediation Plan/Clinical Competency Checklist	Prior to Start of Clinical Assignment
6d	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
6a	Faculty/Dean/Administrative Assistant	6.a. Criteria not met. (80% satisfaction 8/10; 10% not satisfied 1/10; 10% did not know 1/10)
6b, c	Dean	6.b. Criteria met 6.c. Criteria met
6 d	Faculty/Dean/Administrative Assistant	6.d. Criteria partially met: BRN recommendation regarding FT skills lab faculty and increased release time of AD
Recommendations for 08/09		

Criterion 7: Faculty performance is periodically evaluated to assure ongoing development and competence.

Operational Definition: Faculty are evaluated according to collective bargaining unit agreement. All faculty complete orientation.
(Note: Assessment documented in minutes for Program Review Meetings.)

Criteria	Performance Indicators and Outcome	Assessment Methods	Time Frame
7a	100.0% compliance with collective bargaining agreement	Performance Evaluations per Collective Bargaining Agreement (AFT 6157	Per Schedule
7b	Student evaluations of course and faculty	Student Evaluation Tool (Course/Faculty)	Per Semester
7c	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
7a	Faculty/Dean	7.a. Criteria partially met (TRC on track, tenure and adjunct evaluations now on timeline)
7b, c	Faculty/Dean/Administrative Assistant	7.b. Criteria met 7.c. Criteria met
Recommendations for 08/09		

Criterion 8: The collective talents of faculty reflects scholarship through teaching application, and the integration and discovery of knowledge as defined by the governing organization and within the nursing education unit.

Operational Definition: Faculty define scholarship in a variety of ways. There is an emphasis on teaching excellence and pedagogy. Faculty engage in scholarly/clinical-based presentations and writing, graduate and post-graduate course completion and are eligible for sabbatical leaves.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
8a	College and nursing program definition of of scholarship	Scholarly Activities	Annual
8b	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 2010
Criteria	**Responsibility**	**Level of Achievement/Action**	
8a, b	Faculty/Dean	8.a. Criteria met 8.b. Criteria met	
Recommendations for 08/09			

Standard III: Students

Standard III: The teaching and learning environment is conducive to student academic achievement.

Criterion 9: 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.)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
9a	$\geq$ 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
9b	$\geq$ 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
9c	$\geq$ 90.0% graduating students satisfied that nursing program policies pertaining to students are congruent with college policies (or differences justified)	Graduating Student Satisfaction Survey	Annual
9d	$\geq$ 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
9e	$\geq$ 90.0% faculty/dean/staff satisfied that nursing faculty are	Faculty/Dean/Staff Satisfaction Survey	Annual

	in charge of establishing selection , admission and progression policies		
9g	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**	
9a, b, c,	Faculty/Dean/Administrative Assistant	9.a. Criteria met 9.b. Criteria met 9.c. Not assessed: question specific to nursing staff only: remove from PE template	
d, e, f, g	Faculty/Dean/Administrative Assistant	9.d. Criteria not met: 88.5% satisfied, 4% not satisfied & 7% did not know (consistent with 07/08) 9.e. Criteria met 9.f. Criteria met 9.g. Criteria met *Note: Developed/revised new/current policies on: Admission Selection*	
Recommendations for 08/09:			

Criterion 10: Students have access to support services administered by qualified individuals that include, but are not limited to: health, counseling, academic advisement, career placement and financial aid.

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
10a	≥ 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
10b	≤20.0% Attrition Rate >60.0% Persistence Rate ≥85.0% NCLEX-RN Pass Rate	Attrition Rate Persistence Rate NCLEX-RN Pass Rate	Annual
10c	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	
10a, b, c	Faculty/Dean/Administrative Assistant	10.a. Criteria met 10.b. Criteria not met: (Attrition, NCLEX TBD, cohort Persistence for FA 07 to SP09 56%) 10.c. Criteria partially met	
Recommendations for 2008/2009			

Criterion 11: Policies concerned with educational and financial records are established and followed.

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.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
11a	100.0% policy compliance	Dean confers with College Registrar, Director of Financial Aid, College Catalog/Website	Annual
11b	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**	
11a	Dean College Registrar Director Financial Aid Vice President Instruction College President	11.a. Criteria met	
11b	Faculty/Dean/Administrative Assistant	11.b. Criteria met	
Recommendations for 2008/2009			

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum is designed to accomplish its educational and related purposes.

Criterion 12: Curriculum developed by faculty flows from nursing program's philosophy/mission through an organizing framework into a logical progression of course objectives and learning activities designed to to achieve program outcomes.

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
12a	>90.0% faculty satisfied with curriculum design *(See Appendix A for Statements)* assessed logical flow of curriculum	Faculty Satisfaction Survey Student Evaluations of Courses For overall curriculum review: NLN Competencies for Nurse Educators; ANA Social Policy Statement; ANA Code of Ethics with Interpretive Statements; ANA Standards of Practice; NLN Competencies for AND Graduates	Annual By Semester
12b	>85.0% NCLEX-RN Pass Rate <20.0% Attrition Rate >60.0% Persistence Rate	NCLEX-RN Attrition Rate Persistence Rate	Annual
12c	100.0% Content Expert Reviews completed accurately on-time, presented to curriculum committee, with recommendations considered and followed up as appropriate	Content Expert Review Template	

12d	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**	
12a, b, c, d	Faculty/Dean/Administrative Assistant	12a. Criteria met 12b. Criteria not met: (attrition & NCLEX TBD; cohort persistence 56% (FA07 to SP09)) 12c. Criteria partially met (off timeline, but all were completed by spring 09) 12d. Criteria partially met	
Recommendations for 08/09:			

Criterion 13: Program design provides opportunity for students to achieve program objectives and acquire knowledge, skills, values and competencies necessary for nursing practice.

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 (implemented 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.)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
13a	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*)	Faculty/Dean/Staff Satisfaction Survey Graduating Student Satisfaction Survey 1 Year Follow-Up Graduate Satisfaction Survey Employer Satisfaction Survey	Annual

13b	90.0% graduates employed within 1 year of graduation	1 Year Follow-Up Graduate Satisfaction Survey Community Advisory Board Meetings	Annual
13c	90.0% Students meet Cutpoints for ATI Content Mastery Exam and Comprehensive Predictor Exam	ATI Individual and Aggregate Reports	Per Semester
13d	Students achieve program outcomes in 4 semesters >85.0% NCLEX-RN Pass Rate <20.0% Attrition Rate >60.0% Persistence Rate	NCLEX-RN Pass Rate Attrition Rate Persistence Rate Report on reasons students separate from program Student Success Program (PLTL, TEAS, CAT, Student Case Management)	Annual
13e	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 2010

Criteria	Responsibility	Level of Achievement/Action	

13 a, b, c, d, e	Faculty/Dean/Administrative Assistant	13.a. Satisfaction with Program Outcomes
		     (Following includes data from faculty/staff survey, graduating students (M09); 1-yr grads (M08) had different program outcomes (old curriculum), but with those criteria was met & employer surveys are in progress)
		     1. Implement care based on nsg process meeting needs throughout lifespan and settings
		      Criteria met
		     2. Facilitate achievement of optimal outcomes through advocacy & delegation
		      Criteria met
		     3. Act as a client advocate to promote access and enhance quality of care
		      Criteria met
		     4. Utilize T/L principles to promote optimal health	

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Criteria met

5. *Utilize therapeutic communication when providing care*

   Criteria met

6. *Incorporate cultural sensitivity*

   Criteria met

7. *Implement caring behaviors to support mental, emotional & social well-being*

   Criteria met

9. *Prioritize nursing care to achieve maximum physiological integrity*

   Criteria met

10. *Utilize leadership/management principles*

   Criteria met

11. *Provide and evaluate nursing care that adheres to prof standards*

   Criteria met

12. *Demonstrate autonomy in recognizing one's own need for life-long learning*

   Criteria met

13.b. Criteria met (96% 24/25 students that responded)

13.c. Criteria met

13.d. Criteria partially met:

   Attrition 17% FA07 to SP09 with cohort persistence of 56% NCLEX pending

13.e. Criteria Partially met:

   BRN requests greater feedback/analysis with employer survey and attrition rates
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Recommendations for 08/09

Criterion 14: Practice learning environments are selected and monitored by faculty and provide opportunities for a variety of learning options appropriate for contemporary nursing.

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
14a	≥90.0% students overall satisfied with clinical sites	Student Evaluation of Clinical Site Survey	Per Semester
14b	≥90.0% faculty overall satisfied with clinical site	Meetings with Clinical Site Coordinators/Managers	Per Semester As Needed
14c	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
14d	100.0% clinical site contracts in place	Contracts	As Needed
Criteria	Responsibility	Level of Achievement	
14a, b, c	Faculty/Dean/Administrative Assistant	14.a. Criteria met 14.b. Criteria met 14.c. Criteria met	
14d	Dean/Administrative Assistant Vice President Instruction President Vice Chancellor Administrative Services	14.d. Criteria met	
Recommendations for 08/09			

Standard V: Resources

Standard V: Resources are sufficient to accomplish the purpose of the nursing program.

Criterion 15: Fiscal resources are sufficient to support the nursing program purposes and commensurate with the resources of the college.

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
15a	Budget variances explained	Dean reviews variances	Monthly
15b	Faculty involved in annual budget preparation	Dean reviews budget preparation in faculty meetings	Annual
15c	≥90.0% faculty/dean/staff satisfied with their participation in program budgeting	Faculty/Dean/Staff Satisfaction Survey	Annual
15d	≥90.0% faculty/dean/staff satisfied with nursing program budget	Faculty/Dean/Staff Satisfaction Survey	Annual
15e	≥90.0% faculty/dean/staff satisfied that grant outcomes met on time and within budget	Faculty/Dean/Staff Satisfaction Survey	Annual
15f	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 2010

Criteria	Responsibility	Level of Achievement/Action
15a, b, c, d, e, f	Faculty/Dean/Administrative Assistant	15.a. Criteria met 15.b. Criteria met 15.c. Criteria met 15.d. Criteria met: change indicator to state "with faculty input, the nurse administrator has the authority to prepared and administer the program budget & advocates for equity within program and among other programs/divisions at the college 15.e. Criteria met: change indicator to state "grant projects meet program and student needs" 15.f. Criteria met
Recommendations for 08/09		

Criterion 16: Program support services are sufficient for operations of the nursing program.

CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)

Operational Definition: There is sufficient administrative and clerical support for day-to-day operations .

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
16a	≥90.0% faculty/dean/staff satisfied with level of administrative/clerical support	Faculty/Dean/Staff Satisfaction Survey	Annual
16b	≥90.0% graduating students satisfied that administrative assistant provides accurate, timely information	Graduating Student Satisfaction Survey	Annual
16c	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 2010

Criteria	Responsibility	Level of Achievement/Action
16a, b	Faculty/Dean/Administrative Assistant	16.a. Criteria met 16.b. Criteria met 16.c. Criteria partially met: BRN recommendation to provide additional clerical/administrative support to sustain regulatory compliance evidence and ongoing program development activities within the division
Recommendations for 08/09		

Criterion 17: Learning resources are comprehensive, current, developed with nursing faculty input 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
17a	≥90.0% faculty/dean/staff satisfied that learning resources are comprehensive, current, accessible and developed with faculty input	Faculty/Dean/Staff Satisfaction Survey	Annual
17b	≥90.0% graduating students satisfied that learning resources are comprehensive, current, accessible	Graduating Student Survey	Annual
17c	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 2010

Criteria	Responsibility	Level of Achievement/Action
17a, b, c	Faculty/Dean/Administrative Assistant	17.a. Criteria met 17.b. Criteria met 17.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
Recommendations for 08/09		

Criterion 18: Physical facilities are appropriate to support the purposes of the nursing program.

CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)

Operational Definition: Physical facilities include all teaching-learning environments both instructional and non-instructional.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
18a	$\geq$90.0% faculty/dean/staff satisfied with physical facilities	Faculty/Dean/Staff Satisfaction Survey	Annual
18b	$\geq$90.0% graduating students satisfied with physical facilities	Graduating Student Survey	Annual
18c	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 2010
Criteria	**Responsibility**	**Level of Achievement/Action**	
18a, b, c	Faculty/Dean/Administrative Assistant Facilities	18.a. Criteria met 18.b. Criteria met 18.c. Criteria met	

Recommendations for 08/09

Standard VI: Integrity

Standard VI: Integrity is evident in practices and relationships of the nursing program.

Criterion 19: Information about the program, intended to inform the public, prospective and current students, employers and other interested parties is current, accurate, clear and consistent.

Operational Definition: Program information is current, accurate, clear, and consistent and contains sufficient information to inform public (includes information on clock/credit hours, ratio of clock/credit hours, course credit hours). Policies that impact health/safety of clients/students/faculty are published.
 (Note: Assessment documented in minutes for Program Review, Faculty Meetings.)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
19a	≥90.0% faculty/dean/staff satisfied that program information is current, accurate, clear, consistent, and contains sufficient information to inform public	Faculty/Dean/Staff Satisfaction Survey	Annual
19b	≥90.0% graduating students satisfied that program is current…(same as 19a)	Graduating Student Survey	Annual
19c	≥90.0% faculty/dean/staff satisfied that information is published on clock/credit hours and ratio	Faculty/Dean/Staff Satisfaction Survey	Annual
19d	>90.0% graduating students satisfied that information is published on clock/credit hours and ratio	Graduating Student Survey	Annual

19e	≥90.0% faculty/dean/staff satisfied that policies that impact health/safety of clients/students/faculty are published	Faculty/Dean/Staff Satisfaction Survey	Annual
19f	≥90.0% graduating students satisfied that policies that impact health/safety of clients/students/faculty are published	Graduating Student Survey	Annual
19g	Information contained in all written and electronic media is internally consistent and accurate	Nursing Program Website; Syllabi; Faculty/Study Handbooks, College Catalog	
19h	Conduct Nursing Information Workshops	Nursing Information Workshops	Monthly
19i	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**	
19a, b	Faculty/Dean/Administrative Assistant Nursing Program Counselor	19.a. Criteria met 19.b. Criteria met 19.c. Criteria met 19.d. Criteria met 19.e. Criteria met 19.f. Criteria met 19.g. Criteria met (2008-2009 College Catalog updated w/ website following; policy and procedure manual reviewed regarding internal consistency with handbooks and syllabi; 19.h. conducted monthly: 19.i. Criteria met	
Recommendations for 08/09			

Criterion 20: Complaints about the program are addressed and records maintained and available for review

CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Section 1424(d)
Operational Definition: Program systematically tracks and documents complaints and presents aggregate data with intervention and type of resolution noted.
(Note: Assessment documented in minutes for Program Review, Faculty Meetings).

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
20a	#, type, resolution of complaints documented	Complaint Resolution Report	Annual
20b	>90.0% faculty/dean/staff satisfied that complaints are systematically tracked and documented with aggregate data presented and intervention and type of resolution noted	Faculty/Dean/Staff Satisfaction Survey	Annual
20c	>90.0% graduating students satisfied with their awareness of program's complaint resolution policy and college's grievance policy	Graduating Student Satisfaction Survey	Annual
20d	>90.0% graduating students satisfied that student complaints responded to in timely way with appropriate follow-up to obtain satisfactory resolution	Graduating Student Satisfaction Survey	Annual
20e	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	
20a	Dean	20.a. Criteria met	
20 b, c, d, e	Faculty/Dean/Administrative Assistant	20.b. Criteria met 20.c. Criteria met 20.d. Criteria not met: 62% satisfied; 28% do not know; 9% N/A 20.e. Criteria partially met	

Recommendations for 08/09	

Criterion 21: Compliance with Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

Operational Definition: Regulation oversees college's student loan repayment program and includes information, counseling, monitoring, and cooperating with lenders.

Students informed of their ethical responsibilities regarding financial assistance.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methodology	Time Frame
21a	100.0% compliance with regulation	Copy of Compliance Statement in Nursing Office	As Needed
21b	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC Spring2010
Criteria	Responsibility	Level of Achievement/Action	
21a	Dean Director Financial Aid Vice President Instruction College President	21.a. Criteria met	
21b	Faculty/Dean/Administrative Assistant	21.b. Criteria met	

Recommendations for 08/09	

Standard VII: Educational Effectiveness

Standard VII: There is an identified plan for systematic evaluation including assessment of student academic achievement.

Criterion 22: There is a written plan for systematic program evaluation that is used for continuous program improvement.

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.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
22a	≥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
22b	≥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	Total Evaluation Plan	Annual
22c	≥90.0% faculty satisfied that total evaluation plan is systematic and includes assessment of student academic achievement	Total Evaluation Plan	Annual
22d	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 2009

Criteria	Responsibility	Level of Achievement/Action
22a, b, c, d	Faculty/Dean/Administrative Assistant	22.a. Criteria met 22.b. Criteria met 22.c. Criteria met 22.d. Criteria met
Recommendations for 2008/2009		

Criterion 23: Student academic achievement by program type is evaluated by graduation rates, licensure/certification pass rates, job placement rates, and program satisfaction.

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
23a	<20.0% Attrition Rate	Attrition Rates	Annual
	>60.0% Persistence Rate	Persistence Rates	Annual
	>85.0% NCLEX-RN Pass Rate	NCLEX-RN Pass Rates	Annual
	>90.0% Satisfaction each item	1 Year Follow-Up Graduate Satisfaction Survey	Annual
	>90.0% Satisfaction each item	Faculty/Dean/Staff Satisfaction Survey	Annual
	>90.0% Satisfaction each item	Student Satisfaction Survey	Annual
	>90.0% Satisfaction each item	Graduating Student Satisfaction Survey	Annual
	>90.0% Satisfaction each item	Employer Satisfaction Survey	Annual
	>90.0% Satisfaction each item	Student Satisfaction with Clinical Site Survey	Per Semester
	>90.0% Satisfaction each item	Faculty Satisfaction with Clinical Site Survey Report on Complaint Resolution Report on Reasons Students Separate/Program	Per Semester Annual Annual

		New Student Profile Survey	Annual
		Report on Demographics of Applicant Pool	Annual
23b	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual/Self-Studies: CA BRN Spring 2009; NLNAC 2010
Criteria	**Responsibility**	**Level of Achievement/Action**	
23a, b	Faculty/Dean/Administrative Assistant	23.a. Criteria partially met: program attrition rate pending (available 12/09) & persistence rates (56%); employer satisfaction surveys pending; criteria met on NCLEX pass rates 23.b. Criteria partially met	
Recommendations for 2008/2009:			
	Re-evaluate assessment criteria to include CTAs - included in staff satisfaction surveys		