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| Nurse  Assistant  Training  Program  Review |
| Evergreen Valley College |
| Spring 2012 |

Mission Statement for the College

With equity, opportunity and social justice as our guiding principles, Evergreen Valley College’s mission is to empower and prepare students from diverse backgrounds to succeed academically, and to be civically responsible global citizens.

Department/Program Name: Nurse Assistant Training Program (Nurs109)

**Last Review:** Not applicable

**Current Year:** 2011-2012

**Area Dean:** Sandra DeWolfe, RN, MS Interim Dean of Nursing and Allied Health

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# Program Description

***Brief Summary***

The Nurse Assistant Training Program (NURS109) was developed in order to provide interested students with a foundation of basic nursing care. The program was officially approved by the California Department of Public Health (CDPH) on January 19, 2010. Upon successful completion of the 6.5 unit course, students are qualified to take the California State Certification Exam to become Certified Nursing Assistants (CNAs). CNAs are eligible for employment in Skilled Nursing Facilities, Acute Care Hospitals, as well as in the home setting through Home Health Care Agencies. However, the State Certification is a regulatory requirement only for nursing assistants that want to work in the long-term care setting. Students can receive training within skilled nursing facilities. With an increasing aging population, CNAs are needed more than ever in the skilled nursing facilities.

Requirements for the EVC course are: High School Diploma or GED, valid social security number, Physical Health Exam clearance, TB exam clearance, current CPR for Healthcare Provider, and Background Clearance. The course is open to all students with the aforementioned requirements and is based on open enrollment. The course is offered in the Spring or Fall semesters and can accommodate 30 (2 clinical sections) to 45 (3 clinical sections) students per semester. Those who successfully complete the training program and pass the state certification exam can work as CNAs, and/or further their education in nursing.

***Program Effectiveness***

Students must successfully complete the course with a “C” or better in order to take the State Certification Exam. The course includes skills lab practice at the school and the performance of basic nursing skills in the clinical setting under the supervision of a Registered Nurse. The CDPH approved curriculum consists of 61 lecture hours and 100 clinical hours; a portion of the clinical hours (an average of 3 to 4) takes place in the skills lab setting at EVC. In addition, extra skills lab practice is encouraged, although voluntary. Successful completion of course SLOs promotes safe and competent basic nursing care.

***Results of Measures***

The pass rates for the State Certification Exam are as follows:

* Spring 2010: written: 95.7% or 22/23; skills: 91.3% or 21/23 (overall =93.5%)
* Fall 2010: written: 95.8% or 23/24; skills: 79.1% or 19/24 (overall =87.5%)
* Spring 2011: written: 96.2% or 25/26; skills: 92.3% or 24/26 (overall = 94.3%)

The California Department of Public Health (CDPH) currently takes the average of the written and skills pass rates in order to determine pass rates. Thus, our overall pass rate for the 3 semesters is 91.8%; these results show that the program is doing considerably well for being less than 2 years old. Three years from now, the goal will be that the results will remain at or above 90%, with students successfully finding jobs upon completion of the course and passing the state exam. At least 21 students who have completed the course have gained employment in the healthcare field: 7 students from Spring 2010, 6 students from Fall 2010, and 8 students from Spring 2011. It is difficult to obtain accurate data for employment rates, as it is voluntary for students to furnish such information upon course completion. In addition, 8 other students are currently enrolled in an RN program.

# PART A: Overview of the Program

The Nurse Assistant Training Program is within EVC’s Department of Nursing and Allied Health; our current CTAs are outlined below. The Program helps the college fulfill its Mission by preparing interested students to embark in an entry-level healthcare profession that allows them to provide compassionate care to the infirm (especially to the fragile elderly), therefore helping serve humanity as responsible citizens.

**Department of Nursing and Allied Health CTA’s**

* + 1. ***Community Engagement***
       1. *Build an awareness of campus programs, both internal and external; communicate and network*
          1. *During the course of a program, students will participate in a minimum of one community event*
          2. *At least one faculty member will participate as club advisor and support one campus clubs*
       2. *Seek articulation with local high schools on all levels of courses*
          1. *One division faculty member will participate in 50% of the meetings/events with the Medical Magnet Program at Andrew Hill High School*
          2. *One division faculty member will participate in the annual College Connection*
          3. *One division faculty member will participate in the annual KinderCaminata*
    2. ***Organizational Transformation***
       1. *Increase online and hybrid course and program offerings*
          1. *Develop one new online course, within the division*
          2. *90% of the courses, in the division, will use the college’s course management system*
       2. *Increase persistence, retention and success rate for all courses*
          1. *The nursing faculty will identify two variables that can be changed in order to increase student success in the nursing program and on the NCLEX*
          2. *The nursing program will offer a minimum of one TEAS workshop this academic year*
       3. *Review, strengthen and implement emergency preparedness/response procedures*
          1. *At least one faculty member will represent the division on the Emergency Preparedness Committee*
       4. *Provide training and support for employees to effectively offer online and hybrid courses and student support services*
          1. *>30% of the faculty will have opportunities for faculty development through grant funds*
       5. *Strengthen and implement accountability, compliance structures, and transparency in the budget process, including stable leadership over finances*
          1. *Dean will include an update on the campus budget, as well as any grant funds, at 100% of the division meetings*
          2. *Faculty will research and apply for, at least, one grant to help improve a program or course*
    3. ***Student Centered***
       1. *Reassess and develop a balanced scheduling of course offerings to better meet the needs of students, including additional CTE offerings. Increase the number of course offerings on Fridays and Saturdays.*
          1. *FCS will offer a minimum of one class on Fridays*
          2. *Division will offer a minimum of one class on an alternate schedule*
       2. *Expand the number and type of course offerings and student services available via alternative instructional delivery systems including online and hybrid courses*.
          1. *Develop one new online course, within the division*
          2. *Annually maintain and update Nursing and CNA websites on the EVC webpage*
          3. *90% of division courses will offer course materials on the campus course management program*
          4. *Tutoring services will be posted on >90% of division course management sites*

***Community Partnerships***

Through the Program, EVC has developed partnerships with the following:

* Lincoln Glen Nursing Facility (San Jose)- students have their clinical rotation at this facility
* The California Department of Public Health- the Program maintains its regulatory approval through the CDPH
* American River College (Sacramento) - testing for the Certification Exam was originally processed through this regional testing center. Program faculty currently maintains contact with American River College’s CNA Program faculty
* Mission College (Santa Clara)- testing location for Certification Exam for the first 3 semesters of the Program
* The American Red Cross (Los Angeles Chapter)- as of July 2011, testing for the Certification Exam is done through the American Red Cross

***Accomplishments***

Three recent accomplishments for the program:

* Improvement in course retention (86% Spring 2010; 93% Fall 2010; 100% Spring 2011)
* Improvement in certification exam pass rate (from 93.5% to 94.3%)
* Home Health Program approval by the CDPH (obtained July 14, 2011)

***Program Goal/Focus***

The goal of the Program is to allow students who complete the course to gain entry-level knowledge and employment in the health care (nursing) field. Because the Program is only one semester long and State testing is completed shortly after course completion, students could potentially become employed within 4-5 months upon enrolling in the course. This provides opportunities for those who (because of family commitments or lack of financial resources or time, etc.) are not able to attend college for a longer period. The course is also an option for students waiting to get into the nursing program.

Another goal is to offer a Home Health Aide (HHA) component (combined CNA/HHA course) beginning with the Fall 2012 semester.

***Student Demographics***

Currently, student demographics for NURS109 are incorporated into data for the nursing discipline. The program faculty has devised a general demographics survey to utilize at the beginning of each semester as of Fall 2011 in order to obtain demographical data (in the event that EVC’s Research Department is unable to separate course data from the nursing discipline). Data for students’ gender and age was obtained from the students’ initial CNA application form (form HS283B). Please note that data for ethnicity is based only on faculty’s best knowledge and cannot be considered 100% accurate.

**GENDER**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Spring 2010 | Fall 2010 | Spring 2011 |
| Female  Male | 23/29= 79%  (4 dropped; 83%  retention, 78%  success  6/29= 21%  (100% retention/  success) | 25/30= 83%  (2 dropped; 92%  retention, 80%  success  5/30= 17%  (100% retention/  success) | 24/27= 89%  (100% retention/  success)  3/27= 11%  (100% retention/  success) |

**ETHNICITY- Spring 2010 (29 Students)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Headcount | Retention | Success |
| African American | 4=14% | 4=100% | 4=100% |
| Asian (all other) | 0 | n/a | n/a |
| Asian/Cambodian | 0 | n/a | n/a |
| Asian/Chinese | 2=7% | 2=100% | 2=100% |
| Asian Indian | 1=3% | 1=100% | 1=100% |
| Asian/Vietnamese | 1=3% | 1=100% | 0 |
| Filipino | 9=31% | 9=100% | 9=100% |
| Latino | 7=24% | 4=57% | 4=57% |
| Native American | 0 | n/a | n/a |
| Pacific Islander | 0 | n/a | n/a |
| White | 5=17% | 4=80% | 4=100% |
| Other/Unknown | 0 | n/a | n/a |
|  | 29/29 | 25/29=86% | 24/29=83% |

**ETHNICITY - Fall 2010 (30 students)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Headcount | Retention | Success |
| African American | 2= 7% | 2= 100% | 1= 50% |
| Asian (all other) | 1= 3% | 1= 100% | 1= 100% |
| Asian/Cambodian | 0 | n/a | n/a |
| Asian/Chinese | 0 | n/a | n/a |
| Asian Indian | 3= 1% | 3= 100% | 3= 100% |
| Asian/Vietnamese | 5= 17% | 5= 100% | 5= 100% |
| Filipino | 8= 27% | 8= 100% | 8= 100% |
| Latino | 5= 17% | 5= 100% | 5= 100% |
| Native American | 0 | n/a | n/a |
| Pacific Islander | 0 | n/a | n/a |
| White | 5= 17% | 4= 80% | 4= 100% |
| Other/Unknown | 1= 3% | 0= 0% | n/a |
|  | 30/30 | 28/30=93% | 27/30=90% |

**ETHNICITY – Spring 2011 (27 Students)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Headcount | Retention | Success |
| African American | 3=11% | 3=100% | 3=100% |
| Asian (all other) | 0 | n/a | n/a |
| Asian/Cambodian | 0 | n/a | n/a |
| Asian/Chinese | 1= 3.7% | 1=100% | 1=100% |
| Asian Indian | 1= 3.7% | 1=100% | 1=100% |
| Asian/Vietnamese | 2= 7% | 2=100% | 2=100% |
| Filipino | 6= 22% | 6=100% | 6=100% |
| Latino | 10= 40% | 10=100% | 10=100% |
| Native American | 1=3.7% | 1=100% | 1=100% |
| Pacific Islander | 0 | n/a | n/a |
| White | 2=7% | 2=100% | 2=100% |
| Other/Unknown | 1= 3.7% | 1=100% | 1=100% |
|  | 27/27 | 27/27=100% | 27/27=100% |

**AGE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Spring 2010 | Fall 2010 | Spring 2011 |
| 19 or < | 1 (1 dropped) | 0 | 0 |
| 20-24 | 10 (1dropped) | 18 (1 dropped) | 16 |
| 25-29 | 7 (2 dropped) | 6 | 4 |
| 30-34 | 3 | 4 (1 dropped) | 4 |
| 35-39 | 3 | 1 | 0 |
| 40-49 | 4 | 1 | 2 |
| 50 or > | 0 | 0 | 1 |
|  | 28 students | 30 students | 27 students |

|  |  |  |  |
| --- | --- | --- | --- |
| **GRADES** | **Spring 2010** | **Fall 2010** | **Spring 2011** |
| A | 15 | 17 | 18 |
| B | 3 | 8 | 8 |
| C | 6 | 2 | 1 |
| D | 1 | 0 | 0 |
| F | 0 | 1 | 0 |

***Enrollment Patterns***

* The majority of students in the program have been female. While the discipline of nursing and nursing care has historically been a predominately female career, there has been an increasing amount of males in the profession (Where are the men? *Nursing*, July 2003) due to a shortage of nurses and change in gender attitude.
* Most of the students have been in the age group of 20-24 or 25-29.
* With the Bay Area being a cultural melting pot, it is not surprising that the students come from various ethnic backgrounds, with the largest group coming from Filipino and Latino backgrounds.
* The above data is consistent with the general nursing course data.
* Many of the students have expressed that they plan to pursue the field of nursing and have found the course to be a valuable foundation.

***Program Productivity (WSCH/FTEF)***

Because the CDPH mandates a ratio of 15:1 for instruction in the clinical and laboratory settings, the WSCH/FTEF (Weekly Student Contact Hours and Full Time Equivalent Faculty) for the Program will always be less than the 525 breakeven point:

* Spring 2010: 359.6
* Fall 2010: 391.7
* Spring 2011: 346.3

Clinical groups, however, are combined into one lecture class to enhance course efficiency.

***Success rate and patterns***

The two students who did not successfully complete the course (i.e. with a “C” or better) were both female, one being of African-American descent, the other being of Asian/Vietnamese descent. In identifying possible causes of unsuccessful course completion, program faculty learned that the first student was a single mother; the second student worked full time in her family’s restaurant business and expressed having family problems that caused considerable stress. Both students chose to stay in the course because they valued the experience and knowledge that they were gaining.

It is important to note that not all students who successfully completed the course have passed the state certification exam (please refer to Certification Pass Rates on page 3). Only those who successfully complete the course are eligible to take the exam. Also, not all students who successfully completed the course have opted to take state certification exam (either due to lack of funding to pay the $90 examination fee or they wanted to continue taking nursing courses without working as CNAs). Thus far, 10 students who have taken the exam have failed the skills component of the exam; 2 of those 10 students also failed the written component. **Demographics:**

* 3 male, 7 female
* 4 ages 20-24; 3 ages 25-29; 1 age 30-34; 2 age 40-49
* 1 African American; 1 Asian/Vietnamese; 3 Filipino; 3 Hispanic; 1 Other/Pakistani;

1 White

The demographics for those who did not pass the certification exam are consistent with the overall demographics of the Program and of the nursing general course (i.e. most being female, in between the ages of 20-29, of Filipino or Hispanic descent.

At least ten students who completed NURS109 are currently employed within the healthcare field. It is interesting to note that one did not successfully pass the course, but was offered employment based on the experience she gained in clinical over the semester. Another student passed the course but did not pass the certification exam. Both of these students are not called CNAs, but “patient ***caregivers***”.

***Advisory Boards and/or Professional Organizations***

As of Fall 2011, testing for the state certification exam takes place through the American Red Cross, Los Angeles Chapter (applicants need not travel to the LA area, as there are various test sites throughout the Bay Area.

# PART B: Curriculum

***Courses offered***

Currently NURS109 is the only course offered in the Nurse Assistant Training Program. It is a goal to offer a Home Health Aide (HHA) component (combined CNA/HHA course) beginning with the Fall 2012 or Spring 2013 semester.

***How has program remained current in the discipline?***

* The program faculty utilizes the most current State-approved Model Nursing Assistant Curriculum (the 2010 version, offered through The California Community College Health Care Initiative and the Butte College Regional Health Occupations Resource Center).
* The program faculty also utilizes the 2010 edition of *Hartman’s Nursing Assistant Care.*
* The program faculty plans to have affiliation with the Santa Clara Long Term Care Nurses Council. The Council provides in-service education on current topics of interest related to long-term care.

***Course Outlines***

The following course outline is based on the state required topics presented in the 2010 Model Nursing Assistant Curriculum and will be reviewed either every 6 years or sooner if an updated version of the model curriculum comes out, whichever is first:

1) Introduction

A. Role and responsibilities of the Certified Nursing Assistant

B. Title 22: State Regulations pertaining to Certified Nursing Assistant Programs

C. Requirements for nurse assistant certification

D. Professionalism

E. Ethics and confidentiality

2) Patients' Rights

A. Title 22

B. Health and Safety Code

C. Code of Federal Regulations regarding Nurse Aide Training and Competency Evaluation

3) Communication and Interpersonal Skills

A. Communications

B. Defense mechanisms

C. Socio-cultural factors

D. Attitudes- illness/health care

E. Family interaction

4) Prevention and Management of Catastrophe and Unusual Occurrences

A. Emergency Care Procedures

B. General safety rules

C. Fire and disaster plans

D. Roles and procedures for C.N.A.

E. Patient Safety

5) Body Mechanics

A. Basic body mechanics

B. Transfer techniques

C. Ambulation techniques

D. Proper body mechanics/positioning techniques

6) Medical and Surgical Asepsis

A. Microorganisms

B. Universal precautions

C. Principals of asepsis

7) Weights and Measures

A. Metric system

B. Weight, length, and liquid volume measurements

C. Military time, i.e., a 24-hour clock

8) Patient Care Skills

A. Bathing/medicinal baths

B. Dressing

C. Oral Hygiene

D. Hair care, shampoo, medicinal shampoo, nail care, shaving

E. Prosthetic devices

F. Skin care/decubitus ulcers

G. Elimination needs

H. Bowel and bladder retraining

I. Weighing/measuring the patient

9) Patient Care Procedures

A. Collection of specimens: stool, urine, and sputum

B. Care of patient with tubing: gastric, oxygen, urinary, IV. This care does not include inserting,

suctioning, or changing the tubes.

C. Intake and output

D. Bed making

E. Cleansing enemas, laxative suppositories

F. Admission, transfer, discharge

G. Bandages, non-sterile dry dressing application of non-legend topical ointments to intact skin

10) Vital Signs

A. Purpose of vital signs

B. Factors affecting vital signs

C. Normal ranges

D. Methods of measurement

E. Temperature, pulse, respiration

F. Blood pressure

G. Abnormalities

H. Recording

11) Nutrition

A. Proper nutrition

B. Feeding technique

C. Diet therapy

12) Emergency Procedures

A. Signs and symptoms of distress

B. Immediate and temporary intervention

C. Emergency codes

13) Long-term Care Resident

A. Needs of persons with retardation, Alzheimer's, cerebral palsy, epilepsy, dementia, mental illness

B. Introduction to anatomy and physiology

C. Physical and behavioral needs and changes

D. Community resources available

E. Psychological, social, and recreational needs

F. Common diseases/disorders, including signs and symptoms

14) Rehabilitative Nursing

A. Promoting patient potential

B. Devices and equipment

C. Activities of Daily Living (ADLs)

D. Family interactions

E. Complications of inactivity

F. Ambulation

G. Range of Motion (ROM)

15) Observation and Charting

A. Observation of patients and reporting responsibilities

B. Patient care plan

C. Patient care documentation

D. Legal issues of charting

E. Medical terminology and abbreviations

16) Death and Dying

A. Stages of grief

B. Emotional and spiritual needs of patient and family

C. Rights of dying patient

D. Signs of approaching death

E. Monitoring the patient

F. Postmortem care

***Innovative Strategies which maximize student learning & success***

In preparing for taking the State Certification exam, which is the ultimate goal upon successful completion of the course, students have benefitted most from demonstration and practice of skills (for example, occupied bed making) learned within both the skills lab at the school and clinical settings, but especially in the former. The use of current audiovisual (i.e. DVDs) has also been beneficial.

In the near future, program faculty plans to develop/have a combined CNA/HHA course which will allow the students to be more “marketable” with the additional home-health skills that they would learn, therefore maximizing their overall success.

***Plans for future curricular development***

As mentioned above, the goal is to add an HHA component to the program, to be implemented in the Fall 2012 or Spring 2013 semester. Currently, we have an approved facility (we would be utilizing Lincoln Glen Facility’s Assisted Living) and have already obtained program approval from the CDPH.

***Program articulation****- NA*

***External Certification/Status***

The program maintains state approval through the CDPH. The program is reviewed by the CDPH every 2 years. The next review is due May 2013. Based on our certification exam pass rates, we are in current good standing with the CDPH.

# PART C: Student Outcomes

***The following are the SLOs of NURS109:***

Upon successful completion of the course, the student will be able to:

1. Identify the role of the CNA and the state requirements for certification.

2. Identify principles of client safety, including environment assessment and emergency procedures.

3. Demonstrate skills necessary to perform nursing assistant procedures safely and effectively,

including accurate measurement of vital signs, transfer techniques, bathing/grooming principles and feeding techniques.

4. Accurately document nursing assistant skills, including vital signs, patient transfers, bathing,

grooming, and feeding.

5. Describe basic infection control procedures, client rights, and confidentiality.

6. Utilize beginning principles of therapeutic communication.

7. Explain responsibilities to prevent, recognize, and report client abuse.

8. Identify and address the needs of clients undergoing various stages of care including long-term care, rehabilitative care, and the dying process.

9. Identify and address the special needs of clients with developmental and mental disorders.

10. Identify and address the needs of clients with HIV/AIDS, Hepatitis, and TB.

11. Demonstrate and provide culturally sensitive care to all clients.

The program utilizes a skills assessment form which has been approved by the CDPH in order to assess the completion (i.e., return demonstration) of nursing assistant skills. Four multiple-choice exams of 100 questions each, and quizzes which range from 5 to 20 points each, are utilized in order to test and assess acquisition of theoretical knowledge. These tools thus far have been effective; however, a mechanism for determining and analyzing causes of student failure (both in the course itself and in the state exam) is needed.

# PART D: Faculty & Staff

***Current faculty and staff***

The instructor and coordinator for NURS109 is Elaine Amo Kafle. Currently, there is no other faculty or staff member in the program, though she has gratefully utilized assistance from the Department of Nursing and Allied Health’s Program Coordinator, Adrienne Burns, and has received much support from her colleagues within the Department, including former Dean Lynette Apen.

Ms. Kafle has been an RN since 1991. She has experience in long-term care nursing as well as home-health nursing, totaling about 6-7 years. In addition, prior to becoming an RN, she worked as a nursing assistant in the acute care setting while in nursing school, which has proven to be beneficial when relating first-hand nursing assistant experiences to her students in the program.

Ms. Kafle has had her Director of Staff Development Certificate since 2002, a requirement of the CDPH to teach in a nursing assistant training program.

Ms. Kafle has a Master’s Degree in Nursing from UCSF, with a focus on Gerontology/Nursing Education. Both have contributed to the success of the program.

Finally, Ms. Kafle has her Public Health Nurse (PHN) certificate, a requirement by the CDPH to obtain approval for the HHA program. This, along with her home-health nursing experience, will be beneficial once the HHA program is implemented.

***Major professional development activities***

Ms. Kafle has current professional membership in the National League for Nursing and Sigma Theta Tau International Nursing Honor Society (Alpha Eta Chapter). Her main focus at EVC since she began teaching the program in Spring 2010 has been to prepare the students to successfully pass the state certification exam. Ms. Kafle has completed continuing education courses specific to gerontology and the care of geriatric clients.

***Schedule for Tenure Review***

Ms. Kafle has had her first review in the Fall 2010 semester. She is due for a review every Fall semester until reaching tenure in 2014. She hopes to participate in the District’s newly formed Wellness Committee, but is open to serving in other college committee.

***Orientation process***

Ms. Kafle received guidance from American River College’s Nurse Assistant Training program faculty, Judy Young, in order to complete the initial application for program approval and to further develop the program. The Department’s Assistant Director, Sandy DeWolfe, was her mentor the first semester. In the future, if more faculty is needed for the program, Ms. Kafle will orient and train the faculty.

# PART E: Facilities, Equipment, Materials & Maintenance

***Facilities, equipment, materials, maintenance***

The program currently shares the two Nursing Resource Centers (skills labs) for learning and practicing nursing assistant skills. While sharing the labs has been working, it can at times be cumbersome. Simulation is sometimes utilized in order to conserve supplies and materials, or because of lack of supplies. If more funds become available, added lab space and additional supplies would be something to consider. Specifically, additional bed linens for practicing occupied bed-making is needed.

***Currency of Technology***

Testing has currently been done through Scantron and has been successful; we may potentially move towards online testing. The faculty incorporates Moodle (posting of grades; posting of reading assignments, weekly learning objectives and PowerPoint materials) within the course.

***Support from the Industry***

Adequate support is received from the CDPH Liaison, Thomas Hill, RN. The program/faculty also receives support from its affiliated clinical facility, Lincoln Glen, and from American River College. Finally, support has already been received from The American Red Cross in relation to future testing for the certification exam.

# PART F: Future Needs

***Current Budget***

The CDPH requires that all students enrolling in any Nurse Assistant Training Program be live scanned (fingerprinted for Background Check) prior to having contact with nursing home residents. The CDPH also requires that the student not incur any costs for this procedure. Currently, live scanning is done through All Care Plus, Inc. at a cost of $50 per student (i.e. $1,500 to $2,250 per semester), not including administrative fees. It is important that future budgets for the program include this cost, as the cost is not allocated into the current budget. Also, as of the Fall 2011 semester, the clinical facility has requested that we provide gloves for the students’ use during clinical. This is an added cost that needs to be incorporated into the budget. Gloves for a class of 30 students will cost approximately $280 for one semester, or $560 annually.

***Faculty Positions***

If additional clinical sections for the program are added in the future, faculty with the following requirements are needed:

* An active nursing license, preferably RN license vs. LVN license.
* A Director of Staff Development certificate
* The desire to teach and foster student learning and growth
* The nurse need not have a Bachelor’s or Master’s degree

In addition, if the HHA component is added, the nurse would need to have home health experience in addition to the above. The CDPH requires a minimum of one year of home health nursing experience in order to teach the combined CNA/HHA course.

Finally, if funds are available, a teaching assistant to help the instructor in the labs would be helpful, but is not required.

***Equipment beyond the program’s current budget***

Additional lab space is something to consider, although right now the program is managing with sharing space with the nursing courses. The cost of live scanning and gloves definitely needs to be incorporated into future budgets.

# PART G: Additional Information

It is worthwhile to mention that the staff and residents (clients) of the nursing facility where we have our clinical rotation have expressed over and over how grateful they are to have the Evergreen Valley College nursing assistant students there. Often times in nursing homes, because of staffing ratios, many of the clients do not receive the extra attention that they deserve; many are lonely because of busy schedules, family members are not always available to visit them. The residents have expressed to their Social Services Coordinator during Resident Council Meetings the joy they feel whenever our students are there. In addition, even the students have told me what a valuable experience the course has been for them, in introducing them to the field of nursing and healthcare in general.

# PART H: Annual Assessment: Program Faculty & PR Committee

# PART I: Resource Allocation Table

|  |  |
| --- | --- |
| Item Title | Response |
| Productivity (WSCH/FTEF) | 351.6 |
| Student Success Rate (Retention Rate) | 93% |
| Number of Class Sections offered | 2 |
| Changes in enrollment | +0.9% |
| Program’s Current Budget (from Fund 10) | $118,290 |
| Current External Funding (from Fund 17) |  |
| Future Needs: Faculty (Estimated Annual Cost)   * $117,860= salary and benefits based on teaching 30 students a 6.5   unit class and 10% non-instructional for program coordination   * $400=estimated cost for travel reimbursement | $117,860 + $400 |
| Future Needs: Staff (Estimated Annual Cost) | $0 |
| Future Needs: Facilities (Estimated Annual Cost) | $0 |
| Future Needs: Supplies (Estimated Annual Cost)   * $3,000= Live Scanning for 60 students (30 per semester) * $560= 56 boxes of gloves * $10= 2 boxes of alcohol wipes * $20= certified mailing (2 times per semester) of initial CNA applications with live scan forms; state certification exam fees | $3,590 |