Evergreen Valley College

Nursing Program Review

2013– 2014

Table of Content

Evergreen Valley College's Mission

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

Strategic Initiatives

1. Student-Centered: We provide access to quality and efficient programs and services to ensure student success. Areas of focus are:
   - Increase Visibility
   - Develop Strategic Partnerships
   - Building Campus Community
2. Community Engagement: We create a trusting environment where everyone is valued and empowered. Areas of focus are:
   - Student Access: Completion of Educational Goals
   - Employee Development
   - Transparent Infrastructure
3. Organizational Transformation: We will transform the college image and enhance partnerships with community, business and educational institutions. Areas of focus are:
   - Access
   - Curriculum and Programs
   - Services

Department: Nursing

Last Review: 2012-2013

Current Year: 2013-2014

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Area Dean: Antoinette Herrera

Summary of the Nursing Program

Evergreen Valley College's Nursing Program is a 2-year associate degree in nursing (ADN) program type accredited by the California Board of Registered Nursing (BRN) and Accreditation Commission for Education in Nursing (ACEN). The Nursing Program is guided by the BRN regulations, and applies the ACEN standards and criteria to "foster educational equity, access, opportunity, and mobility, and preparation for employment" (ACEN Goals).

Applications are accepted every October and 80 students are admitted into the program every year. This past October over 1,000 applications were received. Qualified applicants, who are not randomly selected for admittance, typically continue taking general education courses, enroll in the CNA/HHA certificate program, or complete other health care courses such as Pathophysiology for Health Professionals until they are ready to reapply to the program. Graduates from the EVC Nursing Program qualify to register for the state licensure exam, NCLEX-RN. The most recently posted (2012-2013) NCLEX pass rate for EVC's Nursing Program is 90.77% (first-time takers).

Nursing classroom courses are typically scheduled during the day, Monday through Friday, as well as skills and simulation labs. As a requirement of the program and the state, lab (AKA clinical) is scheduled concurrently with the theory course. Students are assigned clinical placements at acute care hospitals and community agencies during day or evening shifts. State regulations for nursing programs have strict requirements such as 1:10 faculty to student ratios in clinical/lab settings. All nursing faculty must be approved by the California BRN, which ensures the public that each nursing educator is carefully reviewed for competency in the assigned content areas. The lack of qualified nursing educators is a national concern.

PART A: Overview of Program

1. Commitments to Action (CTAs) for Nursing and Allied Health Division, and
2. Alignment of CTAs to College Mission, Goals, and Strategic Initiatives

Community Engagement:
I. Build an awareness of campus programs, both internal and external; communicate and network
    Alignment: Faculty and students are empowered to participate with campus and community events. By doing so, they engage in positive change and become more civically responsible global citizens.
        a. During the course of the nursing program, students will participate in a minimum of one community event
        b. At least one faculty member will participate as club advisor and support campus clubs
II. Seek articulation with local high schools on all levels of courses
    Alignment: Campus and community engagement and collaboration supports students from diverse backgrounds to succeed academically.
        a. One division faculty member will participate in 50% of the meetings/events with the Medical Magnet Program at Andrew Hill High School
        b. One division faculty member will participate in the annual College Connection
        c. One division faculty member will participate in the annual Kindercaminata

Organizational Transformation:
III. Increase online and hybrid course and program offerings
    Alignment: Providing an array of course offerings and methods of delivery increases interest and accessibility to higher education.
        a. Develop one new online course, within the division
        b. 90% of the courses, in the division, will use the college's course management system
IV. Increase persistence, retention and success rate for all courses
    Alignment: On-going assessment supports student success including graduation and NCLEX passing rates.
        a. 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
        b. The nursing program will offer a minimum of one TEAS workshop this academic year
V. Review, strengthen and implement emergency preparedness/response procedures
    Alignment: Creating a safe and responsive environment supports student success.
        a. At least one faculty member will represent the division on the Emergency Preparedness Committee

VI. Provide training and support for employees to effectively offer online, hybrid courses, and student support services

   Alignment: Professional development advances the knowledge and skills of faculty members, which directly impacts the quality and rigor of our courses.

   a.   >30% of the faculty will have opportunities for faculty development through grant funds

VII. Strengthen and implement accountability, compliance structures, and transparency in the budget process, including stable leadership over finances

   Alignment: Healthy budgets that are managed effectively supports student success.

   a. Dean will include an update on the campus budget, as well as any grant funds, at 100% of the division meetings

   b. Faculty will research and apply for, at least, one grant to help improve a program or course

Student Centered:

VIII. 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.

   Alignment: Providing courses on non-traditional schedules, such as Fridays and weekends, supports student access to higher education.

   a. FCS will offer a minimum of one class on Fridays

   b. Division will offer a minimum of one class on an alternate schedule

IX. Expand the number and type of course offerings and student services available via alternative instructional delivery systems including online and hybrid courses.

   Alignment: Providing an array of health-related courses and using a variety of alternative instructional delivery systems supports student success.

   a. Develop one new online course, within the division

   b. Annually maintain and update Nursing and CNA websites on the EVC webpage

   c. 90% of division courses will offer course materials on the campus course management program

   d. Tutoring services will be posted on >90% of division course management sites

Evaluation of CTAs for Nursing and Allied Health Division (as cited in October 13, 2014 Division Meeting minutes)

Community Engagement:

1. 2nd semester students and faculty have been involved in Day on the Bay, Day on the Park, HIV clinical. Evergreen Nursing Student Association (ENSA) is involved in numerous community events.
2. Sue and Jackie participate in ENSA

3. Grant funds are recommended to fund for a volunteer to participate in the Medical Magnet Program at Andrew Hill High School; need to know how many meetings there are to have 50% of meetings/events attended.
4. Annual college connection is grant funded; should continue to look into the opportunity. Nancy & Felicia have participated in the past.
5. Peggy attended Kindercaminata last year; continued participation proposed & encouraged.

Organizational Transformation

1. New online course: Health Education
2. FCS, CNA, and all of nursing courses use Moodle
3. Increasing student success- cumulative exams; having 75% as the pass rate (using 75% as the Chancellor's cut score); TEAS workshop; Friday afternoon remediation (past 3 semesters)
4. Sue & Jackie- participate in the ER preparedness committee
5. >90% of faculty have used grant funding for staff/professional development
6. Dean updates faculty on the campus budget every meeting
7. Nursing administration should research and apply for program grants

Student Centered

1. FCS taught Fridays and Wednesday nights & online; Health Ed is offered online; Pathophysiology is offered during the summer
2. Global Health Issues course is being developed
3. Adrienne updates Nursing website regularly; CNA website to be updated soon
4. Again- FCS, CNA, and all of nursing courses use Moodle
5. Tutoring services are posted on all course syllabi, which are all posted on Moodle

3. Recent Accomplishments, and

4. Program Contributions

Responding to recommendations received by the Accreditation Commission for Education in Nursing (ACEN), the nursing faculty and Dean successfully received approval for a full-time faculty position in the nursing skills/simulation lab. Providing more open lab sessions, 1:1 remediation opportunities, an enhanced Student Success Program, and coordination of skills and simulation lab efforts will positively impact our students' success.

Several changes were incorporated to increase student success in the program as well as on the NCLEX-RN exam. Final exams for all courses became cumulative to ensure students had master the content from the whole course and to strengthen retention of information. Exams were reviewed for stringency, appropriateness to course level, and correlation to student learning outcomes. Additional multiple response questions were added to mimic NCLEX test plan questions to increase student success in this area. ATI testing is integrated across the curriculum and faculty implemented a change so that all students must achieve a 90% on the practice tests and reach a level 2 on ATI proctored tests as a requirement to earn designated points for each course.   ATI testing was also utilized to assess critical thinking at the start of N001 and at the end of the program in N004. Starting in spring 2013, each graduating class has been offered the Kaplan NCLEX prep course supported by grant funding to help them prepare and succeed, upon first attempt, the NCLEX-RN exam. In addition, the minimum "C" for nursing courses increased from a 70% to a 75%, in keeping with standards in Northern California nursing schools. NCLEX-RN test scores have increased since these changes have been implemented. For example, the NCLEX-RN pass rate for 2012-2013 was 90.77%. This is aligned with the college's Strategic Initiative of Organizational Transformation and the EVC Nursing Program's CTA of increasing persistence, retention and success rate for all courses.

A systemic plan for evaluation, with emphasis on the ongoing assessment of learning outcomes, is an area of focus for the nursing faculty. A pilot plan was implemented in N002A, in spring 2014, in the form of a matrix that aligned Institutional, Program and Course Learning Outcomes. Data collection tools either were already in place or developed for each assessment in the course. All assessments were aligned to Course Learning Outcomes. Data will be collected each semester, evaluated, and analyzed at the end of each academic year. The end results will be brought to the faculty to determine effectiveness of the plan and whether to adopt the matrices for all of the courses. The goal is to strengthen the overall program review for the nursing program. This, again, aligned with the college's Strategic Initiative for Organizational Transformation and the EVC Nursing Program CTA of increasing persistence, retention, and success rate for all courses.

5. **Student Demographics, and**

6. **Enrollment Patterns**

Data obtained through EVC Portal. The portal does not separate nursing students from CNA/HHA students; therefore, is not a true reflection of nursing students' success. Of note, the CNA/HHA program enrolls 30 students each semester and schedules lab/clinical during the day. Additionally, the number of awards does not always represent the number of students completing the nursing program for the indicated semester as some students continue taking GE courses to complete their graduation requirements.

Student Characteristics: Fall 2012 through Spring 2014

	Fall 2012		Spring 2013		Fall 2013		Spring 2014		% Point Change	
	#	%	#	%	#	%	#	%	FA to FA	SP to SP
Total Seat count	311		297		287		298			
Total Headcount	176		174		157		159			
Gender										
Female	144	82%	146	84%	121	77%	127	80%	-4.7%	-4.0%
Male	32	18%	28	16%	36	23%	32	20%	4.7%	4.0%
Unreported	0	0%	0	0%	0	0%	0	0%	0.0%	0.0%

Age	Fall 2012		Spring 2013		Fall 2013		Spring 2014		% Point Change	
	#	%	#	%	#	%	#	%	FA to FA	SP to SP
<18	0	0%	0	0%	0	0%	0	0%	0.0%	0.0%
18-19	0	0%	0	0%	1	1%	0	0%	0.6%	0.0%
20-22	20	11%	13	7%	15	10%	15	9%	-1.8%	2.0%
23-24	28	16%	36	21%	30	19%	30	19%	3.2%	-1.8%
25-29	57	32%	60	34%	54	34%	54	34%	2.0%	-0.5%
30-39	49	28%	48	28%	39	25%	39	25%	-3.0%	-3.1%
40-49	19	11%	13	7%	12	8%	17	11%	-3.2%	3.2%
50>	3	2%	4	2%	6	4%	4	3%	2.1%	0.2%

Evergreen Valley College

Enrollment Patterns

Enrollment Status	Fall 2012		Spring 2013		Fall 2013		Spring 2014		% Point Change	
	#	%	#	%	#	%	#	%	FA to FA	SP to SP
Day	167	95%	163	94%	118	75%	152	96%	-19.7%	1.9%
Day & Eve	9	5%	11	6%	39	25%	7	4%	19.7%	-1.9%
Evening	0	0%	0	0%	0	0%	0	0%	0.0%	0.0%
Full-time	12	7%	15	9%	8	5%	10	6%	-1.7%	-2.3%
Part-time	164	93%	159	91%	149	95%	149	94%	1.7%	2.3%
Units Attempted										
.5-5.5	8	5%	8	5%	1	1%	0	0%	-3.9%	-4.6%
6-8.5	22	13%	28	16%	27	17%	22	14%	4.7%	-2.3%
9-11.5	134	76%	123	71%	121	77%	127	80%	0.9%	9.2%
12-14.5	8	5%	13	7%	8	5%	9	6%	0.6%	-1.8%
15-17.5	3	2%	2	1%	0	0%	0	0%	-1.7%	-1.1%
18+	1	1%	0	0%	0	0%	1	1%	-0.6%	0.6%

	Fall 2012		Spring 2013		Fall 2013		Spring 2014		Change	
	#	%	#	%	#	%	#	%	FA to FA	SP to SP
Capacity Percentage @ Census (CAP)		38%		35%		36%		37%	-1.7%	2.5%
Completion Rate		96%		96%		96%		96%	0.0%	0.0%
Awards	29		27		27		26		-2	-1
WSCH	3,360		3,296		4,218		3,160		857.7	-135.4
FTES	99.0		98.8		85.6		96.3		-13.4	-2.5
FTEF	13.5		14.2		13.6		13.1		0.2	-1.1
Productivity	249.1		231.4		309.2		240.6		60.1	9.2

Evergreen Valley College

Student Success Rate, Retention Rate, and Patterns

	Spring 2013						Spring 2014						SP to SP		
	Seat count		Retention		Success		Seat count		Retention		Success		Seatcount	Retention	Success
Ethnicity of Students	#	%	#	%	#	%	#	%	#	%	#	%			
African American	8	3%	8	100%	8	100%	13	4%	10	77%	10	77%	1.7%	-23.1%	-23.1%
Asian (All other)	13	4%	13	100%	13	100%	23	8%	21	91%	21	91%	3.3%	-8.7%	-8.7%
Asian/Cambodian							5	2%	4	80%	3	60%			
Asian/Chinese	2	1%	2	100%	2	100%	3	1%	3	100%	3	100%	0.3%	0.0%	0.0%
Asian/Indian	6	2%	6	100%	6	100%	8	3%	8	100%	8	100%	0.7%	0.0%	0.0%
Asian/Vietnamese	40	13%	36	90%	36	90%	22	7%	19	86%	16	73%	-6.1%	-3.6%	-17.3%
Filipino	78	26%	68	87%	61	78%	55	18%	51	93%	46	84%	-7.8%	5.5%	5.4%
Latina/o	66	22%	63	95%	59	89%	48	16%	46	96%	41	85%	-6.1%	0.4%	-4.0%
Native American							4	1%	3	75%	3	75%			
Pacific Islander	3	1%	3	100%	3	100%	1	0%	1	100%	1	100%	-0.7%	0.0%	0.0%
White	64	22%	59	92%	53	83%	39	13%	39	100%	39	100%	-8.5%	7.8%	17.2%
Other/Unknown	17	6%	12	71%	11	65%	77	26%	75	97%	69	90%	20.1%	26.8%	24.9%
Total:	297	100%	270	91%	252	85%	298	100%	280	94%	260	87%			

	Fall 2012						Fall 2013						FA to FA		
	Seat count		Retention		Success		Seat count		Retention		Success		Seatcount	Retention	Success
Ethnicity of Students	#	%	#	%	#	%	#	%	#	%	#	%			
African American	12	4%	10	83%	10	83%	13	5%	11	85%	10	77%	0.7%	1.3%	-6.4%
Asian (All other)	18	6%	12	67%	12	67%	11	4%	9	82%	9	82%	-2.0%	15.2%	15.2%
Asian/Cambodian	2	1%	1	50%	1	50%	7	2%	5	71%	5	71%	1.8%	21.4%	21.4%
Asian/Chinese	4	1%	2	50%	1	25%	3	1%	3	100%	3	100%	-0.2%	50.0%	75.0%
Asian/Indian	6	2%	4	67%	3	50%	6	2%	6	100%	6	100%	0.2%	33.3%	50.0%
Asian/Vietnamese	34	11%	30	88%	30	88%	37	13%	34	92%	29	78%	2.0%	3.7%	-9.9%
Filipino	82	26%	76	93%	69	84%	53	18%	50	94%	45	85%	-7.9%	1.7%	0.8%
Latina/o	75	24%	67	89%	64	85%	55	19%	52	95%	49	89%	-5.0%	5.2%	3.8%
Native American	1	0%	1	100%	1	100%	2	1%	2	100%	2	100%	0.4%	0.0%	0.0%
Pacific Islander	5	2%	5	100%	5	100%	1	0%	1	100%	1	100%	-1.3%	0.0%	0.0%
White	62	20%	57	92%	54	87%	54	19%	49	91%	47	87%	-1.1%	-1.2%	-0.1%
Other/Unknown	10	3%	10	100%	10	100%	45	16%	45	100%	44	98%	12.5%	0.0%	-2.2%
Total:	311	100%	275	88%	260	84%	287	100%	267	93%	250	87%			

Evergreen Valley College

The data on Student demographics regarding ethnicity, age and gender suggest that in the course of the last three years that there has been a shift in demographics.

More entering students, in Fall 13, self-identified as White Caucasian or selected the "Other Race" category then in the previous two years. Furthermore, fewer students self-identified as Hispanic/Latino then the previous two years. There has been an increase in the number of male students entering the program. The age range appears to be consistent with the majority of students being between the ages of 21 & 60 with the majority between 21 and 40.

The number of awards has decreased slightly and productivity is down. Assessment methods to track student progression and completion will be implemented. Closer communication and collaboration with nursing guidance counselor must take place to assist students in completing their educational plan in order to graduate at the time nursing courses are completed.

An additional area of interest is the consistency in the number of applications received by the EVC nursing program over the period in question. Over 500 applications have been submitted every year for the past 3 years resulting in approximately 400 qualified applicants. The program is able designed to accommodate 80 students per academic year.

Application year for the following Fall	Academic year 13/14	Academic Year 12/13	Academic Year 11/12
Total applications	568	582	571
Qualified applicants	453	383	492
Admitted applicants	80	82	80

The California Board of Registered Nursing collects data on the new students entering nursing programs. The data listed is a compilation of that information.

Ethnicity, Gender, & Age

Year	Fall 13-Sp 14	F 12 –S 13	F11-S12
Ethnicity			
Black African Americans	7	3	1
American Indian or Alaska Native	1	0	0
Asian (if not included in another category)	24	13	19
Asian Indian	0	0	0
Filipino	9	17	27
Native Hawaiian or Other Non-Filipino Pacific Islander	0	0	2
White Caucasian	21	11	15
Hispanic/Latino	6	10	21
Two or more Races	0	0	0
Other race	12	0	0
Unknown Race or Ethnicity	3	6	4
Gender			
Male	15	12	14
Female	69	48	75
Unknown Gender	0	0	0
Age			
17-20	0	1	0
21-25	24	18	48
26-30	33	15	32
31-40	17	18	8
41-50	7	7	1
51-60	3	1	0
61 years and older	0	0	0
Unknown age	0	0	0

7. Program Productivity

The WSCH/FTE for the 13/14 academic-year was 276.32

8. Student Success Rates and Patterns

Additional parameters reviewed on a yearly basis by the Nursing faculty include the attrition rate and the NCLEX pass rate. The average attrition rate over the last 6 years is 12%, which falls within the expected criteria. The NCLEX pass rate from the 2012 to 2013 is 90.77 %. As experienced by many other nursing programs in California, the NLEX pass rate from 2013-2014 decreased from the previous year. A common factor for this decrease relates to the BRN change in the NCLEX exam and application process including a significant delay with graduates receiving a testing date. Below is a chart summarizing the academic pass rate and the BRN Annual Pass Rates for the EVC Nursing Program.

NCLEX PASS RATES

Semester/Year	Pass Rate by Cohort	Pass Rate Overall **	Overall Pass Rate for Academic Year	BRN Website Annual Pass Rates
Fall 2009	79%	80%		
Spring 2010	84%	83%	81.5%	86.15%
Fall 2010	83%	81%		
Spring 2011	81%	84%	82.5%	79.71%
Fall 2011	81%	82%		
Spring 2012	94%	93%	87.5%	83.33%
Fall 2012	95%	95.5%		
Spring 2013	77%	75%	85.25%	90.77%
Fall 2013	95%	93.5%		
Spring 2014	100%*	96%*	94.75%	81.48%

9. Advisory Boards

The EVC Nursing Program Community Advisory Board meeting is convened annually. The Board provides a forum for communication between the nursing program, and community and service partners. The meetings allow an exchange of information and ideas around nursing education and any trends, changes and developments in healthcare. The last Advisory Board meeting was on November 3, 2014.

PART B: Curriculum

The curriculum incorporates professional standards, guidelines, and competencies to build a quality-nursing program. The curriculum is delivered over a 2-year period in four distinct semesters:

1. Program Courses

Semester #	Name of course	Description and how course meets the needs of the nursing students
1	N001: Fundamentals of Nursing	This course addresses the health needs of individuals of varied psychosocial and cultural backgrounds. Nursing skills are developed to adapt nutrition, hygiene, comfort, safety, and pharmacology for each client. This course is designed to apply the nursing process to the health needs of the adult client utilizing basic nursing skills and caring behaviors to meet physical, social and emotional needs. This course includes clinical experiences in health care facilities.
2	N002A: Basic Medical-Surgical Nursing	This course focuses on health promotion and health maintenance in the adult client with chronic illness. The course content includes pharmacological therapies, the nurse's role in preventive and rehabilitative services, and the maintenance/restoration of physiological and psychosocial integrity through the application of the nursing process. This course includes clinical experiences in adult health care units. This is an 8-week course.
	N002B: Maternity Nursing	This course focuses on health promotion and health maintenance for the childbearing client. The course content includes pharmacological therapies, the nurse's role in maternity nursing, and the maintenance/restoration of physiological and psychosocial integrity through the application of the nursing process. This course includes clinical experiences in maternity units. This is an 8-week course.
3	N003: Advanced Pediatrics and Medical-Surgical Nursing	This course includes the application of medical surgical nursing care for the pediatric, adolescent, and adult client with complex disorders. Course content emphasizes pathophysiology, growth and development, nutrition, and pharmacology. The nursing process is used to apply these concepts to

		the maintenance and restoration of physiological and psychosocial integrity of the client. The course includes clinical experiences in pediatric and adult health care settings.
4	N004: Advanced Medical-Surgical/Geriatrics/Mental Health/Leadership and Management Nursing	This course contains mental health nursing, advanced medical surgical nursing, geriatrics, leadership and management, including the preceptorship. Mental health nursing includes the principles of mental health and the social, economic, cultural, and physiological factors that predispose a person to mental illness. In advanced medical surgical nursing, critical thinking and leadership concepts are applied to the management and care of multiple clients in adult and geriatric settings. During preceptorship, in collaboration with a registered nurse, the student will provide optimal client outcomes by applying concepts learned throughout the nursing program.

2. Staying Current in Nursing

Ongoing assessment practices and curriculum refinement are implemented to address learning needs and/or program effectiveness.

Under the role of content expert, faculty annually review curriculum with regards to five distinct areas: a) Medical-Surgical, b) Pediatrics, c) Geriatrics, d) Maternity and, e) Mental Health. Results from those reports generated by reviewing evidenced based practice and industry changes is presented to all faculty during Curriculum Committee meetings typically in December and May, and help guide curriculum updates/revisions.

3. Course Outlines

All courses are updated and submitted to the All College Curriculum Committee (ACCC) for review. During Fall 2013 N002A, N002B, N003 and N004 were updated and approved. N001 is due for update/review in Spring 2016.

4. Innovative Strategies and Pedagogy, and

5. Future Curricular Developments and Program Modification

New innovative teaching strategies have been implemented to foster active learning and student engagement. Course N002A implemented a flipped classroom pedagogical model approach by devoting some class time to application of concepts through concept mapping and other interactive activities instead of lecturing. Simulation as a teaching strategy has also been incorporated throughout the curriculum with the exception of N001. Each student received one day per course where they

participate in 3-4 simulated clinical patient events followed by guided debriefing. Simulation experiences are guided by student learning outcomes (SLOs) that align to both course and program level student-learning outcomes. There are plans for future curriculum modification to incorporate simulation experiences into N001 starting in Spring 2015.

6. Articulation with High School Districts and Universities

The Dean, faculty, and staff actively engage with community organizations, high schools, and healthcare agencies to increase awareness about EVC's nursing program. High school students are encouraged to enroll concurrently at EVC to address their prerequisite courses. EVC and SJSU continue to collaborate and offer a Bridge Program to interested and qualifying 4th semester students pursuing a seamless path for their baccalaureate degree in nursing.

7. External Accreditation

The California Board of Registered Nursing and the Accreditation Commission accredit EVC's Nursing Program for Education in Nursing (ACEN).

PART C: Student Learning Outcomes and Assessment

1. Courses and Student Learning Outcomes (SLOs),

2. Program Learning Outcomes (PLOs), and

3. SLO Assessment Matrices

The unifying curriculum theme of our nursing program is an adaptation of the "Client Needs Model," a comprehensive framework for identifying nursing actions and competencies necessary for client care in a variety of settings and throughout the life span. Client needs for care are organized around five (5) key concepts: a) Safe and Effective Care Environment; b) Health Promotion and Maintenance; c) Physiological Integrity; d)Psychosocial Integrity and, e) Professional Role of the Nurse. These five (5) concepts form the foundation for the program's student learning outcomes that culminate in the achievement of program outcomes. Following is a list of program outcomes by semester as student learning outcomes, and associated EVC link to the ACCC course outline of record and SLO Assessment Matrices:

N001: Fundamentals of Nursing http:// evcwebs.sjeccd.edu/ SLO/Course/NAH/ NURS_001.pdf	N002A: Basic Medical-Surgical Nursing http:// evcwebs.sjeccd.edu/SLO/ Course/NAH/ NURS_002A.pdf	N002B: Maternity Nursing http:// evcwebs.sjeccd.edu/ SLO/Course/NAH/ NURS_002B.pdf	N003: Advanced Pediatrics and Medical-Surgical Nursing http:// evcwebs.sjeccd.edu/SLO/ Course/NAH/ NURS_003.pdf	N004: Advanced Medical-Surgical/Geriatrics/Mental Health Nursing (also Program Outcomes) http://evcwebs.sjeccd.edu/SLO/Course/ NAH/NURS_004.pdf
1. Safe and Effective Care Environment				
a. Implement fundamental nursing care based on the nursing process to meet the needs of adult clients, with assistance.	a. Implement nursing care based on the nursing process to meet the needs of adults with common medical conditions, with minimal assistance.	a. Implement nursing care based on the nursing process to meet the needs of childbearing families, with minimal assistance.	a. Implement nursing care to multiple patients based on the nursing process to meet the needs of children and adults with multiple medical or complex disorders, with minimal guidance.	a. Implement nursing care based on the nursing process to meet client needs throughout the lifespan in a variety of settings.

Evergreen Valley College

b. Identify advocacy and delegation in achieving optimal client outcomes.	b. Identify, with assistance, optimal client outcomes for adults with common medical conditions.	b. Identify, with assistance, optimal client outcomes for childbearing families.	b. Facilitate achievement of optimal client outcomes by directing nursing care through advocacy of children and adults with multiple medical or complex disorders, with minimal guidance.	b. Facilitate achievement of optimal client outcomes by directing nursing care of clients throughout the lifespan in a variety of settings through advocacy and delegation.
2. Health Promotion and Maintenance				
a. Identify factors that promote or hinder access to health care for adult clients.	a. Illustrate the effect of access to health care on quality of care for adults with common medical conditions.	a. Illustrate the effect of access to health care on quality of care for childbearing families.	a. Act as a client advocate to promote access and enhance quality of care of children and adults with multiple medical or complex disorders, with minimal guidance.	a. Act as a client advocate to promote access and enhance quality of care throughout the lifespan in a variety of settings.

b. Identify teaching/learning principles to promote optimal health to adult clients, with assistance.	b. Interpret teaching/learning principles to promote optimal health to adults with common medical conditions, with minimal assistance.	b. Interpret teaching/learning principles to promote optimal health to childbearing families, with minimal assistance.	b. Utilize teaching/learning principles to promote optimal health to children and adults with multiple medical or complex disorders, with minimal guidance.	b. Utilize teaching/learning principles to promote optimal health throughout the lifespan in a variety of settings.
3. Psychosocial Integrity				
a. Identify principles of therapeutic communication to provide care of adult clients.	a. Utilize therapeutic communication to provide care of adults with common medical conditions, with minimal assistance.	a. Utilize therapeutic communication to provide care of childbearing families, with minimal assistance.	a. Utilize therapeutic communication to provide care of children and adults with multiple medical or complex disorders, with minimal guidance.	a. Utilize therapeutic communication to provide care of clients throughout the lifespan in a variety of settings.
b. Demonstrate cultural awareness when providing care of an adult client.	b. Demonstrate cultural sensitivity when providing care to adults with common medical conditions, with assistance.	b. Demonstrate cultural sensitivity when providing care to childbearing families, with assistance.	b. Incorporate cultural sensitivity when providing care to children and adults with multiple medical or complex disorders, with minimal guidance.	b. Incorporate cultural sensitivity when providing care to clients throughout the lifespan in a variety of settings.

Evergreen Valley College

c. Implement caring behaviors that support mental, emotional and social well-being of the adult client, with assistance	c. Implement caring behaviors that support mental, emotional and social well-being of adult clients with common medical conditions, with minimal assistance.	c. Implement caring behaviors that support mental, emotional and social well-being of the childbearing family, with minimal assistance.	c. Implement caring behaviors that support mental, emotional and social well-being of children and adult clients with multiple medical and complex disorders, with minimal guidance.	c. Implement caring behaviors that support mental, emotional and social well-being of the client throughout the lifespan in a variety of settings.
4. Physiological Integrity				
a. Demonstrate nursing care, based upon knowledge of biological sciences, pathophysiology, nutrition, pharmacology, and growth and development that recognizes the concept of critical thinking in maximizing physiological integrity.	a. Demonstrate nursing care that utilizes beginning principles of critical thinking, based upon knowledge of biological sciences, pathophysiology, nutrition, pharmacology, and growth and development, to achieve maximum physiological integrity.	a. Demonstrate nursing care that utilizes beginning principles of critical thinking, based upon knowledge of biological sciences, pathophysiology, nutrition, pharmacology, and growth and development, to achieve maximum physiological integrity.	a. Demonstrate nursing care utilizing critical thinking skills, based upon knowledge of biological sciences, pathophysiology, nutrition, pharmacology, and growth and development, to achieve maximum physiological integrity and reduce the risk potential for the client.	a. Prioritize nursing care utilizing critical thinking skills based upon knowledge of biological sciences, pathophysiology, nutrition, pharmacology, and growth and development to achieve maximum physiological integrity and reduce the risk potential for the client.

Evergreen Valley College

5. Professional Role of the Nurse				
a. Establish effective working relationships with members of the health care team.	a. Demonstrate support for members of the health care team in the delivery of client care.	a. Demonstrate support for members of the health care team in the delivery of client care.	a. Utilize leadership principles in providing and delegating the delivery of client care as a member of the health care team.	a. Utilize leadership and management principles in providing and delegating the delivery of client care, as a member of the health care team.
b. Demonstrate accountability for providing nursing care that adheres to professional standards and incorporates legal and ethical responsibilities of the nurse, with assistance.	b. Demonstrate accountability for providing and evaluating nursing care that adheres to professional standards and incorporates legal and ethical responsibilities of the nurse, with minimal assistance.	b. Demonstrate accountability for providing and evaluating nursing care that adheres to professional standards and incorporates legal and ethical responsibilities of the nurse, with minimal assistance.	b. Demonstrate accountability for providing and evaluating nursing care that adheres to professional standards and incorporates legal and ethical responsibilities of the nurse, with minimal guidance.	b. Demonstrate accountability for providing and evaluating nursing care that adheres to professional standards and incorporates legal and ethical responsibilities of the nurse.
c. Identify and develop a plan to meet one's own learning needs, with assistance.	c. Implement, evaluate, and revise one's plan for learning needs, with assistance.	c. Implement, evaluate, and revise one's plan for learning needs, with assistance.	c. Evaluate and revise plan for learning needs that enhances personal transformation and professional growth.	c. Demonstrate autonomy in recognizing one's own need for life-long learning, personal transformation and professional growth.

Evergreen Valley College

These outcomes are evaluated each semester based on student's clinical performance at the midterm and end of the semester. Students must meet the semester specific SLOs to be able to progress to the following semester and graduate. The use of a new Program Review Matrix will be adopted in the Fall 14 – Spring 15 to assist further with data collection for completion of future program reviews.

4. Course and Program SLO Assessment Results, and
5. Implemented Improvements Resulting from SLO Assessment

The nursing curriculum is assessed every academic year and revised accordingly. Criteria include successful completion of the course/program and a passing score on the NCLEX Licensure Exam.

Each core-Nursing course is linked to the other courses and the program as evidenced by the Student Learning Outcomes that require an increasing depth of knowledge and the assumption of increasing levels of responsibility as students move through the program.

Every major academic decision is assessed in terms of the entire program and how it will affect students in each semester. Therefore, when it was noted that the NCLEX pass rate had dropped, measures were put in place that impacted all of the core courses.

For example

An early decision was to have a 90% passing score on non-proctored ATI content exams in order for the students to qualify to take a proctored ATI content exam. The passing score on the proctored exam was revised after review.

Proposed in November of 2012 and implemented in Spring 2013 the requirement that all students must pass at least 50% of exams in N001, N002, & N003 was presented to the students during their course orientation and added to each syllabus.

In Fall 2013 Matrixes for Exam Assessment and Clinical Records were developed and are currently used for all core courses

Implemented in the Fall 2013, after obtaining San Jose Evergreen Valley College District Board, approval the passing C grade was revised to be 75% for all courses.

6. Future Plans and Requests of Additional Resources

Starting of Fall 2014 N001 incorporated ATI Skills Modules as part of the N001 course work.

All full time and adjunct faculties will continue to review the QSEN web site every semester.

The inclusion of Simulation experiences for the N001 students will begin in Spring 2015. At that point, all nursing courses will have simulation learning activities: N001, N002A, N002B, N003, & N004.

The full time Tenured Faculty member for the Simulation and Skills Lab will be hired by the end of 2014 year. This position will also fill the role of the Student Success Coordinator. This Individual closely will work with faculty to identify and assist students needing help with clinical skills, clinical procedures, and academic challenges such as study skills, math tutoring, and help with clinical documents such as clinical records and prep sheets.

Tutors with nursing expertise will be recruited to assist students with test preparation, critical thinking dilemmas, and clinical documents.

Pathophysiology (face-to-face) course will be offered in the summer of 2014, and during the academic year.

Future course proposals include Online Pharmacology and Pathophysiology Courses.

Admission criteria to the program will adopt the recommended chancellors cut score of 75% starting in the Fall of 2014. This will impact students entering the program in Fall 2015.

Seek out grant funding to support the resumption of the 3rd semester students enrolling in the A.D.N. to B.S.N. Bridge Program with San Jose State.

At this time, not all of the nursing faculty positions have been filled; Administration and Human Resources have provided assistance to resolve this situation.

The equipment in the nursing lab requires updating – The electronically driven low fidelity mannequins require frequent repairs. There are limbs missing from some of the nonelectric mannequins. Equipment such as wheelchairs and crutches require maintenance.

The hospital requires the students to take electronic blood pressures and the equipment in the lab does not work and we need a Din-a-map for each lab.

One set of bed curtains in S201 are a potential safety hazard. Temporary repairs are no longer an option.

The blinds – window coverings in S223 and S 201 are nonfunctioning.

S201 originally had a computer, screen - this equipment was removed some time ago, and its return would optimize the use of the space.

The repair and replacement of the equipment would facilitate the students' learning for example it would be easier to learn how to transfer a patient into a wheel chair if the wheel chair worked or how to adjust crutches for different size patients if we had varying lengths of crutches with which to practice.

Updated and intact mannequins would optimize demonstrations and low fidelity simulations.

Increasing the use of the skills lab may affect the lab's availability for the CNA/HHA program. The need to increase skills lab space and/or add another skills lab to support the nursing and CNA/HHA programs will be investigated in the next 1-2 years.

The nursing department accepts student applications once a year. During the application process, a Transcript Evaluator must review all transcripts. This service has been directly billed to the nursing department and funded by grants. There is a need to look for a more permanent, secured means of funding the Transcript Evaluator as grant opportunities are becoming sparser, and the need for a Transcript Evaluator will always be required of the program.

PART D: Faculty and Staff

1. Current Faculty and Staff

During the 2013-2014 academic year, the Nursing Program employed 10 full-time faculty, 6 part-time faculty, 1 full-time Program Coordinator/Administrative Assistant, and a part-time grant funded computer lab assistant. All full-time faculty fulfill strict requirements from professional governing agencies, CA Board of Registered Nurses and Accreditation Commission for Education in Nursing (ACEN), such as possession of a degree in nursing and recent clinical nursing experience in area assigned to teach. A full-time faculty position was approved for hire in spring 2014; however, the position is still open related to lack of qualified applicants.

According to ACEN, 50% of part-time faculty should possess a master's degree. Though this criterion has been met at 50%, efforts continue to encourage part-time faculty to continue their education and obtain a master's degree. When fully staffed, the number of faculty appears to be sufficient to meet program outcomes and support student success. As recommended in ACEN accreditation follow-up report, another office support staff is extremely needed to assist the Program Coordinator in clerical and office responsibilities.

Full-time Faculty:
- N001: Fundamentals of Nursing
  - Rozanne Lopez
  - Garry Johnson
  - Jackie Keane
- N002A: Basic Medical-Surgical Nursing
  - Maureen Adamski
  - Felicia Mesa
- N002B: Maternity Nursing
  - Susana Machado
- N003: Advanced Pediatrics and Medical-Surgical Nursing
  - Nancy Lin
  - Kara Potter
- N004: Advanced Medical-Surgical/Geriatric/Mental Health/Leadership and Management Nursing
  - Barbara Tisdale
  - Sue Wetzel

Staff:
- Adrienne Burns
- Denise Medina (part-time from Biology Department)

Since 2009, three additional faculty members have begun teaching as full time tenure track faculty, once again demonstrating the college's commitment to the success of the nursing program. At present there are 11 fulltime faculty of which 8 are tenured, all Masters prepared with one doctoral prepared and another pursing a doctorate. Additionally, 50% of all nursing adjunct faculty are Masters prepared. The fulltime skills/simulation instructor is available to support student learning/remediation needs. To support faculty and administration of the program, additional administrative assistance is in place and ongoing.

2. Major Professional Development

Faculty have regularly attended QSEN conferences and were designated with an Award of Excellence from the QSEN institute in 2013. A minimum of 3 faculty have attended each symposium and training session and completed requisite training for colleagues on campus. In addition, faculty have consistently attended the Associate Degree in Nursing annual conference at the Asilomar Conference Center in Monterey California- Transforming the Future of Nursing Education. In 2013, 5 faculty

attended the conference and this is consistent with previous years. Four Faculty have also completed the Medical/Surgical Nursing Practice and Certification Review with one faculty attaining the certification and the other three expected to complete certification over the next few years.

One of the new tenure track faculty has completed a second round of NCLEX writing for the National State College Board of Nurses in Chicago and recruited other faculty to attend future sessions. Faculty have been active in community events including health fairs, nursing associations including local chapters of Medical Surgical Nursing and participating in education events at partner clinical sites including disaster preparedness drills.

3. Tenure review and faculty evaluation schedule

Staff	Adjunct Faculty	Tenure-Track Faculty	Tenured Faculty	Last Evaluation	Next Evaluation
Adrienne Burns				Spring 2012	In progress
			Jacqueline Keane	Fall 2014	Fall 2017
			Nancy Lin	Fall 2014	Fall 2017
			Kara Potter	Spring 2011	Resigned
			Rozanne Lopez	Fall 2014	Fall 2017
			Maureen Adamski	Fall 2014	Fall 2017
			Barbara Tisdale	Spring 2013	Spring 2016
			Susan Wetzel	Spring 2013	Spring 2016
			Felicia Mesa	Fall 2014	Fall 2017
		Susana Machado		Year 2: Fall 2014	Year 3: Fall 2015
		Garry Johnson		Year 2: Fall 2014	Year 3: Fall 2015
	Onyi Nwogu			Fall 2011	In progress
	Marta Leier			Spring 2012	In progress

Staff	Adjunct Faculty	Tenure-Track Faculty	Tenured Faculty	Last Evaluation	Next Evaluation
	Yuka Maeda			Spring 2013	Not working
	Barbara Willard				In progress
	Kashiki Kapoor				Not working
	Rachel Rivera			Fall 2004	In progress
	Elisa Rivera			Spring 2012	Not working

4. Orientation Process

The nursing program offers all new full-time and adjunct faculty a mentor for their first semester of teaching. The mentors help new faculty orient to the curriculum, the clinical setting, paperwork requirements as well as expectations. In additions, a faculty handbook with department policies and procedures and useful forms is provided. After the first semester is completed, full-time faculty continue to maintain communication with adjunct faculty through team meeting minutes and by phone when guidance is requested.

PART E: Facilities, Equipment, Materials and Maintenance

1. Facility, equipment, and materials allocated to the program, and

2. Use and currency of technology

Current facilities for the nursing program are sufficient at this time. The nursing office, classrooms, skills labs, and computer lab are located in the Sequoia building or nearby such as Acacia 150. Simulation sessions are conducted in the Simulation Lab located at San Jose City College, and scheduled through SJCC staff. Though traveling to SJCC may be cumbersome and time consuming for students and faculty, the Simulation Lab does provide simulated learning experiences especially when clinical experiences are not available. However, simulators/mannequins and related equipment are aging and will soon need to be updated or replaced. Maintenance agreements will need to be obtained as well.

The Nursing and Allied Health Division has two skills labs (one small and one larger) for use by nursing and CNA/HHA students. The CNA/HHA program has expanded and has required more time in the skills labs. Increasing demands for the skills lab and use of equipment in both the skills lab and simulation lab needs to be addressed soon.

3. Industry support

The EVC Nursing Program has agreements and contracts with many of the area Hospitals including Santa Clara Valley Medical Center (SCVMC), Kaiser-Santa Clara, Kaiser-San Jose, Veteran's Administration Hospital-Palo Alto, Good Samaritan Hospital (GSH), O'Connor Hospital, and St. Louise Regional Hospital. These hospitals offer the students clinical experiences in an acute care setting. In keeping with emerging trends in healthcare delivery systems and nursing education, the nursing program also has partnerships with outpatient clinics, as well as community-based organizations. Some of these include the wound clinics at SCVMC and O'Connor Hospitals, the Partial Hospitalization Program for Behavioral Health at GSH, as well as Health Fairs through Health Trust and the City of San Jose. The strong relationship EVC Nursing Program has formed with the hospital and community partners are integral to the success of the students and provide them the opportunity to explore not only acute care options but also community based health care concerns.

PART F: Future Needs

Support in recruitment efforts for qualified nursing faculty is currently needed. Advertisement and assistance from a recruitment specialist requires financial support, which does not exist at this time.

Additional office staff is needed. The Division of Nursing and Allied does not have an Administrative Assistant. The Program Coordinator was originally hired as an Administrative Assistant; however, she was reclassified in 2007 in order to assume the expanded responsibilities coordinating the nursing program. The program has grown since 2007, and the need for additional office staff is more evident. As evidence by an accreditation visit from the Accreditation Commission for Education in Nursing (ACEN) in Spring 2013, more office staff is needed in order to support ~20 faculty members and 160 nursing students.

Skills lab and simulation lab equipment needs to be purchased and broken equipment, including simulators, need to be repaired to maintain the quality learning experiences for the students. The increasing use of these two labs by either CNA/HHA or nursing students is best coordinated through careful scheduling, appropriate upkeep of equipment and supplies, and availability of multiple and functional state-of-the-art equipment and devices. Another skills lab may be needed in the near future to accommodate the demands of both the CNA/HHA and Nursing Programs.

1. **Current Budget**

A. **Identify the budget currently allocated for the department/program through the division budget (fund 10). Discuss its adequacy in meeting your program's needs.**

B. **Identify any external (fund 17) funding the department/program receives, and describe its primary use.**

Resource Allocation Table
Note: Data was obtained through the EVC portal, which combined the CNA/HHA students with nursing students.

Item Title	Response
Productivity (WSCH/FTEF)	275.65
Student Success Rate (Retention Rate)	93.5%
Number of class sections offered by your program	26
Changes in enrollment	SP 2013 to SP 2014: 2.5%
Your Program's Current Budget (from Fund 10)	1,471,411
Current External Funding (from Fund 17)	221,000
Future Needs: Faculty (Estimated Additional Cost)	300,000

C. **Explain any grants or other external funding sources (partnerships) for which your program is benefiting from.**

In April 2008, EVC nursing program collaborated with San Jose State University (SJSU) School of Nursing to streamline educational pathways for ADN graduates. In January 2009, the State Chancellor's office awarded the EVC/SJSU collaborative

Evergreen Valley College

$150,000 to implement the project. Both nursing programs collaborated with college and university constituents and realized the project outcomes. In spring 2010, a transition to practice course, which included didactic and a clinical component was offered in collaboration with SJSU. Thirty Students participated and 75% were employed upon completion.

Nursing Dean and nursing administrative assistant actively seek out nursing grant opportunities. Nursing administrative assistant has taken a grant writing class 10 years ago and receives grant funding email alerts from a variety of entities. EVC Nursing Program has continued to secure funding support from the State Chancellor's Office for innovative projects and student success activities. These funds have supported program growth, PLTL, and student success activities.

For Fall 2013 – Spring 2014, EVC received funding from BOG, California Community Colleges Chancellor's Office Enrollment Growth for Associate Degree (RN) Programs for a total of $221,000.00. EVC has received this grant for the last 12 years. This used to be a 2-year-grant: it will be changed to a 1-year grant beginning in July 2015. This grant funds a variety of personnel including the assistant director, student success coordinator, PLTL leaders & tutors, remediation instructors, RN boot camp instructor and lab assistant. This grant also funded New IV pumps, new printer/copier machine (to replace a 15 year old one), conferences, mileage, memberships, subscriptions to nursing journals and the upgrade of video system in simulation lab at San Jose City College. In addition, this grant funded TEAS Tests for nursing applicants, $50.00 gas cards, Fundamentals Books and Uniform for incoming students, CINAHL Database in the library for all nursing students and NCLEX Review Course for all last semester nursing students. The grant will also be used to fund the repair of nursing simulators in 2015.

2. **Explain any grants or other external funding sources for which your program would be a good candidate. Do you have plans to apply for such sources?**

SJSU and EVC have goals to seek funding to sustain an ongoing collaboration and advancement of ADN to BSN graduates. In Fall 2014, both parties will resume working collaboratively to seek grant funding to again offer the ADN to BSN bridge program in Fall 2015. The nursing program has the support of the College administration to move forward and maintain this program to advance our nursing students to the level of BSN.

The College and Nursing Program support nursing faculty development. Through the shared governance process, the college Staff Development Committee reviews faculty requests and funds educational opportunities for faculty. Dean Herrera has secured outside funding for faculty development that support innovative teaching strategies and promote active learning, including simulation.

EVC nursing program applied for the Office of Statewide Health Planning and Development Song Brown Registered Nurse Education Program in March 2014 for $200,000.00 but was not a recipient. Nursing will continue its effort to apply for the Song Brown Grant annually.

3. **Please describe any unmet needs for your program and how you plan to address them. Are any additional resources needed to accomplish your program's CTAs?**

There are two skills labs to accommodate the increased use of the lab, the larger skills lab has a 6-hospital bed capacity and the second skills lab has 3 hospital beds, including a newly acquired labor bed as well as a new infant crib. Both the skills labs and the computer lab contain a LCD projector for teaching demonstrations and video viewing.

Skills lab and simulation lab equipment needs to be purchased and broken equipment, including simulators, need to be repaired to maintain the quality learning experiences for the students. The increasing use of these two labs by either CNA/HHA or nursing students is best coordinated through careful scheduling, appropriate upkeep of equipment and supplies, and availability of multiple and functional state-of-the-art equipment and devices. Another skills lab may be needed in the near future to accommodate the demands of both the CNA/HHA and Nursing Programs. There is a plan to add a third skills lab after the Science department moves to its new location. Additional funding will be needed for a new simulator mannequin.

4. **What faculty positions will be needed in the next six years in order to maintain or build the department? Please explain. What staff positions will be needed in the next six years in order to maintain or build the department? Please explain.**

The college has continued to support permanent full-time staff in the Nursing Department. In Fall 2013, a new faculty member was brought on board and was added to the first semester team. During Spring 2014, the college supported and approved an additional tenure track faculty position to allow for a full time Master's prepared instructor in the skills lab. Faculty positions are vital and could be detrimental to program if not filled. If grant-funding ceases, funding for assistant nursing director will be needed as grant funds 22% (need 50%). Support in recruitment efforts for qualified nursing faculty is currently needed. Advertisement and assistance from a recruitment specialist requires financial support, which does not exist at this time.

The College supports a full-time program coordinator for the Nursing Program. A new faculty position allows for a Nursing Skills lab coordinator, which also includes simulation. A full-time instructional assistant staffs the nursing/biology laboratory. Future needs include adding a full-time administrative assistant, which was recommended by the ACEN in the accreditation follow-up report.

5. **Does your program require any additional facilities, equipment, and/or supplies over the next six years (beyond the program's current budget)?**

Regarding resources that impact the program, finding appropriate clinical sites for increasing numbers of students remains a challenge. While the EVC Nursing Program has continued to find appropriate clinical sites by increasing the number of afternoon rotations, the agencies providing such sites have almost reached their maximum potential. EVC has continued to support the growth of the nursing program by funding 10 FTEs, a Nursing Dean, Program Coordinator and Nursing/Biology Lab Technician. In addition to college funding, we continue to utilize outside funding to support the success of our students.

In response to the looming shortage of clinical sites, with funding by the Gordon and Betty Moore Foundation, a regional task force organized a centralized computer clinical placement system (CCPS). Evergreen has participated in this process since the pilot test fall 2005. CCPS provides greater stability and organization to the clinical placement process, and Evergreen is committed to continue clinical placements through this innovative system.

PART G: Additional Information

PART H: Annual Assessment: Program Faculty and PR Committee

The Nursing Program completed an ACEN site visit in spring 2013. The follow-up accreditation report noted a lack of evidence that the systematic plan for evaluation emphasized the ongoing assessment of SLOs, PLOs, and the ACEN Standards. In spring 2014, faculty assigned themselves to either the BRN Self-Study Report task force or the Program Review subcommittee. The PR subcommittee scheduled meetings throughout the fall 2014 semester to draft the college PR report, and shared it with the entire faculty in order to gather feedback and revise the report. In so doing, faculty and staff heightened their understanding and participation with assessment and PR. The PR subcommittee reports directly to the Nursing Curriculum Committee.

The PR subcommittee members will guide the nursing faculty as a whole towards ongoing assessment of SLOs, PLOs, and ACEN Standards, and disseminate the results as needed. Meetings have already been scheduled for spring 2015 to continue the work and dialog, and to support a culture of evidence.

Evergreen Valley College Nursing Program

2013-2014 Program Review Summary

I.   Standard I: Mission and Administrative Capacity

     a.   Criterion 1.1: The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.
- i.   All criteria <u>met</u>

     b.   Criterion 1.2: The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.
- i.   4 Performance Indicators (PI) were <u>met</u>; 2 were <u>not met</u>
- ii.   Action Plan: will continue to encourage ENSA students to attend nursing unit meetings; need to improve PI and assessment methods for next PR

     c.   Criterion 1.3: Communities of interest have input into program processes and decision-making.
- i.   All criteria was <u>met</u>

     d.   Criterion 1.4: Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- i.   One P.I. was <u>met</u>; one was <u>not met</u>, "partnerships exist to promote excellence, enhance the profession and benefit the community" (not assessed on Faculty Survey; however, accreditors noted compliance)
- ii.   Action Plan: identify partnerships to pursue and obtain; create assessment plan

     e.   Criterion 1.5: The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.
- i.   All criterion <u>met</u>

     f.   Criterion 1.6: The administrator is experientially qualified, meet governing organization and state requirements, and is oriented and mentored to the role.
- i.   All criterion <u>met</u>

     g.   Criterion 1.7: When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.
- i.   All criterion <u>met</u>

h. Criterion 1.8: The nurse administrator has the authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.
  i. All criterion <u>not met</u> (unmet in 2012-2013 also)
  ii. Need to create action plan, revise PIs, and expand assessment methods to evaluate compliance
i. Criterion 1.9: The nurse administrator has the authority to prepare and administer the program budget with faculty input.
  i. One P.I. was <u>met</u>; one was <u>not met</u>, "the nurse administrator has the authority to prepare and administer the program budget with faculty input"
  ii. Though accreditors found this criterion to be compliant, an action plan needs to be developed to improve faculty's input.
j. Criterion 1.10: Policies of the nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by goals and outcomes of the nursing education unit.
  i. Five P.I.s were <u>met</u>; two were <u>not met</u>, "students satisfied that policies that impact students are accessible, non-discriminatory, consistently applied, and congruent with nursing," and "...policies for course progression are accessible..."
  ii. Need to develop an action plan to meet compliance; revise PIs
k. Criterion 1.11: Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.
  i. <u>N/A</u>

II. Standard II: Faculty and Staff
a. Criterion 2.1: Full-time faculty holds a minimum of a graduate degree with a major in nursing. Full-time and part-time faculty includes those individuals teaching and/or evaluating students in classroom, clinical, or laboratory setting.
  a. All criterion <u>met</u> (1 partially me<u>t</u>)
  b. Action Plan: The Dean will continue to encourage adjunct faculty to continue their nursing education and obtain a MSN.
b. Criterion 2.2: Part-time faculty holds a minimum of a baccalaureate degree with a major in nursing. A minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.
  a. All criterion <u>met</u>
c. Criterion 2.3: Faculty (full- and part-time) credentials meet governing organization and state requirements.
  a. All criterion <u>met</u>

d. Criterion 2.4: Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
   a. All criteria <u>met</u>
e. Criterion 2.5: The number of full- time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.
   a. All criteria <u>met</u>
f. Criterion 2.6: Faculty (full and part-time) maintains expertise in their areas of responsibility and their performance reflects scholarship and evidence-based teaching and clinical practice.
   a. All criterion <u>met</u>
g. Criterion 2.7: The number, utilization, credentials of staff and non-nurse faculty and staff within the nursing education unit are sufficient to achieve the program goals and outcomes.
   a. All criteria <u>met</u>
h. Criterion 2.8: Faculty (FT & PT) are orientated and mentored in their areas of responsibility.
   a. All criteria <u>met</u>
i. Criterion 2.9: Systematic assessment of faculty (FT & PT) performance demonstrates competencies that are consistent with program goals and outcomes.
   a. All criteria <u>met</u>
j. Criterion 2.10: Faculty (full and part-time) engages in ongoing development and receives support for instructional and distance technologies.
   a. All criteria <u>met</u>

III. Standard III: Students
   a. Criterion 3.1: Policies of the nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied. Differences are justified by the student learning outcomes and program outcomes.
      i. All criteria <u>met</u>
   b. Criterion 3.2: Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the NLNAC contact.
      i. All criterion <u>met</u>
   c. Criterion 3.3: Changes in policies, procedures and program information are clearly and consistently communicated to students in a timely manner.
      i. One criteria was <u>met</u> and one was <u>partially met</u>, "... changes are communicated clearly and consistently."
      ii. Need to expand assessment methods used to evaluate; target dates for dissemination of information

d. Criterion 3.4: Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.
    i. One criteria was <u>met</u> and one was <u>partially met</u>, "100% compliance: Student services are available for students
    ii. Action Plan: revise assessment methods to include the end of the semester surveys, end of program surveys, exit interviews, and ENSA Liaison Reports & ENSA minutes; continue to maintain open lines of communication with Student Services and the Student Health Service"
e. Criterion 3.5: Student educational records are in compliance with the policies of the governing organization and state/federal regulations.
    i. Criteria was <u>met</u>
f. Criterion 3.6: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
    i. All criteria were <u>met</u>
g. Criterion 3.7: Records reflect that program complaints and grievances receive due process and include evidence of resolution.
    i. All criteria were <u>met</u>
h. Criterion 3.8: Orientation to technology is provided and technical support is available to students.
    i. All criteria were <u>met</u>

IV. Standard IV: Curriculum and Instruction
a. Criterion 4.1: Curriculum incorporates established professional standards, guidelines, and competencies, has clearly articulated student learning, and program outcomes consistent with contemporary practice.
    i. All criteria were <u>met</u>
b. Criterion 4.2: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.
    i. All criteria were <u>met</u>
c. Criterion 4.3: The curriculum is developed by the faculty and regularly reviewed for rigor and currency.
    i. All criteria were <u>met</u>
d. Criterion 4.4: The curriculum includes general education courses that enhance professional nursing knowledge and practice.
    i. Criteria <u>met</u>
e. Criterion 4.5: The curriculum includes cultural, ethnic, and socially diverse concepts and may include experiences from regional, national or global perspectives.

Evergreen Valley College

      i. Two Criteria <u>met</u> (one partially met); one <u>not met</u> (100% of courses include at least two culturally based questions in the midterm or final comprehensive exams.)

      ii. Action Plan: identify culturally based questions on exams and track for compliance to criterion; reword PI

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

      i. One Criteria <u>met</u>; two were unable to determine, thus, <u>not met</u>

      ii. Action Plan: revise PI and assessment method

g. Criterion 4.7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

      i. Two Criteria <u>met</u> (one partially <u>met</u>); two <u>not met</u>

      ii. Action Plan: revise PI and assessment method to align with criterion

h. Criterion 4.8: The length of time and credit hours required for program completion are congruent with the n attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards and best practices.

      i. Criteria <u>met</u>

i. Criterion 4.9: Practice learning environments support the achievement of student learning outcomes and program outcomes.

      i. Four Criteria <u>met</u> (one partially <u>met;</u> one unable to determine or <u>not met</u>

      ii. Action Plan: reword PI; create Simulation binder with schedule and inventory/supply order list

j. Criterion 4.10: Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

      i. Criteria <u>met</u>

k. Criterion 4.11: Written agreement for clinical practice agencies is current, specify expectations for all parties and ensure the protection of students.

      i. Criteria <u>met</u>

l. Criterion 4.12: Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.

      i. Criteria <u>met</u>

V. Standard V: Resources

a. Criterion 5.1: Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

      i. Criteria <u>met</u>

b. Criterion 5.2: Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff and students.
   i. All criteria <u>met</u>

c. Criterion 5.3: Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
   i. All criteria <u>met</u>

d. Criterion 5.4: Fiscal, physical, technological and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.
   i. All criteria <u>met</u>

VI. Standard VI: Outcomes
   a. Criterion 6.1: The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of the following: a) student learning, b) program outcomes, c) role-specific graduate competencies d) the NLNAC standards.
      i. Four criteria was <u>met</u> (one was partially met); one was <u>not met</u> ("90% of employers will rate new graduates at satisfactory or very satisfactory on a Likert Scale)
      ii. Action Plan: revise approach to collect employer feedback

   b. Criterion 6.2: Aggregated evaluation findings inform program decision-making and are used to maintain or improve student-learning outcomes.
      i. Criteria <u>met</u>

   c. Criterion 6.3: Evaluation findings are shared with communities of interest.
      i. Criteria <u>met</u>

   d. Criterion 6.4: Graduates demonstrate achievement of competencies appropriate to role preparation.
      i. One Criteria <u>met;</u> one partially <u>met;</u> one <u>not met</u>
      ii. Action Plan: revise survey with Likert scale; improve PIs

   e. Criterion 6.5.1: The program demonstrates evidence of achievement in meeting the program outcomes. – Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the nation mean for the same 3 years.
      i. Criteria <u>partially met</u>
      ii. Track attrition and persistence rates every semester and disseminate results to faculty; Dean to conduct exit interviews with students leaving the program; use ATI resources

f. Criterion 6.5.2: The program demonstrates evidence of achievement in meeting the program outcomes. Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.
    i. One criteria was <u>met</u> and one criteria was <u>not met</u>, "[≥60%] Persistence rates for previous two years"
    ii. Action Plan: ongoing strategies to promote student success
g. Criterion 6.5.3: The program demonstrates evidence of achievement in meeting the program outcomes. Program satisfaction measures (qualitative and quantitative) address graduates and their employers.
    i. All criterion <u>met</u>
h. Criterion 6.5.4: The program demonstrates evidence of achievement in meeting the program outcomes. Job Placement: Job placement rates are addressed through quantified measures that reflect program demographics and history.
    i. (see 6.5.3)
i. Criterion 6.6: The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.   N/A

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.1: The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	≥ 90% faculty/dean satisfied with operational definition	Faculty/Dean/Staff Satisfaction Survey	Annual
B	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual
Criteria	Responsibility	Level of Achievement	
A	Faculty/Dean/Program Coordinator	a. Criteria met	
B	Faculty/Dean/Program Coordinator	b. Criteria met	
Action			
Criteria A-B. **Results:** The 2013-2014 Faculty and Staff Satisfaction Survey was completed in June 2014; n=12 (9 out of 16 surveys returned; 56%). Results showed 66% were "Very Satisfied"; 33% were "Moderately Satisfied." NLNAC and CA BRN spring 2013 site review reports indicated compliance with standards. **Discussion:** Criteria met. 100% of faculty (including adjunct) and staff surveyed were satisfied that the purpose/philosophy of the nursing program and the mission of the college are congruent. Both criterions were met.			

Evergreen Valley College

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.2: The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	≥ 75.0% of full-time faculty, dean, staff serve on 1 program committee	Nursing Program Assignments	Annual
B	≥ 75.0% of full-time faculty, dean, staff serve on 1 college committee	College Committee Assignments	Annual
C	ENSA student liaison attends ≥2 faculty, curriculum, program review meetings/semester	Student liaison invited to attend	Per Semester
D	≥ 90.0% faculty/dean/staff satisfied that student liaison provides effective channel of communication between faculty/dean/staff and students	Student Satisfaction Survey	Annual
		Graduating Student Satisfaction Survey	Annual
		Faculty/Dean/Staff Satisfaction Survey	Annual
E	≥ 90.0% graduating students satisfied that student liaison provides effective communication between faculty, staff, dean and students	Graduating Student Satisfaction Survey	Annual
F	≥ 90.0% faculty/dean/staff satisfied that they actively participate in shared governance	Faculty/Dean/Staff Satisfaction Survey	Annual
Criteria	Responsibility	Level of Achievement	
A	Faculty/Dean/Program Coordinator	a. Criteria met	
B	Faculty/Dean/Program Coordinator	b. Criteria met	
C	ENSA Student Liaison and ENSA Faculty Representative	c. Criteria met	
D	Faculty/Dean/Program Coordinator	d. Criteria not met	
E	Graduating Students	e. Criteria not met	
F	Faculty/Dean/Program Coordinator	f. Criteria met	
Action			
Criteria A-F. **Results:** All full-time faculty (9) and dean serve on the nursing program faculty committee and curriculum committee (includes Program Review). The full-time program coordinator serves on the nursing program scholarship committee along with a faculty member. (100%) All full-time faculty, dean, and staff (100%) serve on at least 1 college committee.			

ENSA student liaison is always invited to attend meetings. Attendance has been > than 8 as evidence on meeting sign-in sheets. NLNAC spring 2013 site review report confirmed that nursing students are encouraged to attend the nursing unit meetings and are invited to become part of student organizations on campus. NLNAC recommended implementation of strategies to enhance student participation in ongoing governance activities of the nursing education unit.

100% of faculty/dean/staff are satisfied or neutral that student liaison provides effective channel of communication.

78% graduating students from spring 2013 were satisfied that student liaison provides effective communication between faculty, staff, dean and students

78% faculty, dean, and staff are satisfied that they actively participate in shared governance.

Discussion: Criteria not met.

Overall small sample size.

1.2.D: Assessment methods listed need to be revised as student surveys are not assessed. Interview outgoing liaison and ENSA Chair to determine evaluation of role.

1.2 E: Expand criteria to include all students.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	≥ 90.0% faculty/dean satisfied that communities of interest have input in program	Faculty/Dean Satisfaction Survey	Annual
B	100% compliance with NLNAC/BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual
Criteria	Responsibility	Level of Achievement	
A	Faculty/Dean	a. Criteria met	
B	Faculty/Dean	b. Criteria met	
Action			

Criteria A-B.
Results: 100% of faculty surveyed in 2014 is satisfied that communities have input.
Discussion: Data collected from new survey corrected previous partially met criteria.
Action: Continue in future surveys.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	≥ 90.0% faculty/dean satisfied that partnerships exist to promote excellence, enhance the profession and benefit the community	Faculty/Dean Satisfaction Survey	Annual
B	100% compliance with NLNAC/BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards	Annual
Criteria	Responsibility	Level of Achievement	
A	Faculty/Dean	a. Criteria not met	
B	Faculty/Dean	b. Criteria met	
Action			

Criteria A-B.
Results:
Sept 2014: The Assessment method could include evaluations of partnerships and community events by faculty and partners where possible. Partnerships continue to exist and need to be documented and evaluated.

The Assessment Method is correctly titled, Faculty/Dean/Staff Satisfaction Survey and not Faculty/Dean Satisfaction Survey. The Survey does not assess this PI. However, the NLNAC spring 2013 site review report does state that partnerships are in existence: community health fairs, numerous other community-based health and wellness activities, assisting in EVC Student Health Clinic in providing vaccination and testing, and grant activity (Song Brown Registered Nurse Education Program Office of Statewide Health Planning Grant; Enrollment Growth and Retention Program from the CCC State Chancellors Office for Associate Degree Nursing Registered Nurse Programs. Additionally, partnerships with South Bay RN Transit Center and several other partners designed to assist new graduate RNs in obtaining nursing positions, and with SJSU to provide a seamless transition for the associate graduate nurses to obtain a BSN.
Discussion: 1.4.A: Criterion not met. 1.4.B: Criterion met. The Faculty/Dean/Staff Survey needs to be revised in order to assess this PI in the future.
Action: Revise survey and expand partnerships.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing	Nurse Administrator's Credentials	Annual Upon Hire
B	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC/CA BRN Accreditation/Approval Standards,	Annual
Criteria	Responsibility	Level of Achievement	
A	Human Resources, CA BRN and NLNAC, College Hiring Officer (President) Vice President Academic Affairs	a. Criteria met	
B	Faculty/Dean	b. Criteria met	
Action			

Criteria A-B.
Results: The Dean holds a doctorate in education. NLNAC/CA BRN verified credentials during their site visit in spring 2013.
Discussion: Criteria have been met. The Nursing Director and/or Dean must hold a graduate degree with a major in nursing. Credentials should always be validated upon hire.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.6: The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	The nurse administrator is experientially qualified & meets governing organization requirements	CV, Transcripts, Licensure, Job Description,	Annual, Upon Hire
B	The nurse administrator is experientially qualified and meets state requirements	CV, Transcripts, Licensure, Job Description, CA BRN and NLNAC standards	Annual, Upon Hire
C	The nurse administrator is oriented to the role.		Upon Hire or change in role
D	The nurse administrator is mentored to the role.		Upon Hire or change in role

Criteria	Responsibility	Level of Achievement
A	Human Resources, CA BRN and NLNAC, College Hiring Officer (President) Vice President Academic Affairs, Faculty	a. Criteria met
B	Human Resources, CA BRN and NLNAC, College Hiring Officer (President) Vice President Academic Affairs, Faculty	b. Criteria met
C	Faculty/Dean	c. Criteria met
D	Faculty/Dean	d. Criteria met
Action		

Criteria A-D.
Results: The Dean of Nursing and Allied Health is the nurse administrator at EVC. Her qualifications have been validated by all entities stated above. The nurse administrator during academic year 2013-2014 was oriented and partially mentored to the role.
Discussion: Criterions has been met. The institution provides a general orientation specifically for administrators and deans. However, there is not a formal orientation for the new nurse administrator or a mentor program. A binder exists for the new nurse administrator to refer to and use as a reference. This binder has basic information about the role and contact information for leaders on campus and in the community.
Action: Contact new dean for evaluation and feedback of orientation and mentorship process.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.7: When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	The assistant director is experientially qualified and meets the governing organizations requirements	CV, Transcripts, Licensure, Job Description	Annual, Upon Hire
B	The assistant director is experientially qualified and meets state requirements	CV, Transcripts, Licensure, Job Description, CA BRN and NLNAC standards	Annual, Upon Hire
C	The assistant director is oriented to the role.	Evaluation	Upon Hire & when role changes
D	The assistant director is mentored to the role	Evaluation	Upon Hire & when role changes
Criteria	Responsibility	Level of Achievement	
A	Human Resources, Hiring Officer (Dean), Faculty	a. Criteria met	
B	Dean	b. Criteria met	
C	College Hiring Officer (Dean), Faculty	c. Criteria met	
D	Faculty/Dean	d. Criteria met	
Action			

Criteria A-D.
Results: The assistant director and faculty's qualifications have been validated by all entities stated above. The assistant director was oriented and mentored to the role.
Discussion: Criteria have been met. EVC's Human Resource (HR) department and appointed search committee members validate qualifications and credentialing of all new personnel. The Dean of Nursing does this as well and works closely with HR to develop appropriate job descriptions.

Action: No Changes

Evergreen Valley College

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.8: The nurse administrator has the authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	> 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
B	> 90.0% faculty/staff satisfied that lines of communication are open among dean, staff, faculty and students	Faculty/Staff Satisfaction Survey	Annual
C	> 90.0% faculty/staff satisfied that the nurse administrator has authority and responsibility for the development and administration of the programs.	Faculty/Staff Satisfaction Survey	Annual
D	The nurse administrator has adequate time to fulfill the role responsibilities.	Faculty/Staff Satisfaction Survey	Annual
E	The nurse administrator has adequate resources to fulfill the role responsibilities.		Annual
F	> 90.0% faculty/staff satisfied that dean administers program budget with equity within the unit and among other units of the governing organization	Faculty/Staff Satisfaction Survey	Annual
Criteria	**Responsibility**	**Level of Achievement**	
A	Human Resources, Dean, Faculty, Staff	a. Criteria not met	
B	Human Resources, Dean, Faculty, Staff, Students	b. Criteria not met	
C	Job Description, Dean, Faculty, Program Coordinator	c. Criteria not met	
D	Program Coordinator/Faculty/Dean	d. Criteria not met	
E	Program Coordinator/Faculty/Dean	e. Criteria not met	
F	Program Coordinator/Faculty/Dean	f. Criteria not met	
Action			
Criteria A-F. **Results:** Lines of authority & responsibility: 78% were unsatisfied Lines of communication 68% were unsatisfied.			

Evergreen Valley College

Nurse administrator has authority and responsibility: 66% were unsatisfied
Nurse administrator prepares and administers budget: 66% were satisfied
Discussion: Criteria were not met and results less positive than previously reported. Feedback and satisfaction of students was not collected. NLNAC/CA BRN reports should be considered as their 2013 site review report indicated that the nurse administrator does have authority and responsibility for the development and administration of the program, has adequate time and resources to fulfill the role responsibilities, prepares and administers the program budget, and advocates for equity within the unit and among other units of the governing organizations.
There is great concern regarding faculty and staff's perception of the administrator's authority and responsibility of the development and administration of the nursing program, and whether she has adequate time and resources. This needs to be further investigated and a plan of action needs to be put in place.
Action:
Sept 2014: What is the plan to meet compliance?
  Faculty and Dean will develop a plan to meet compliance. Faculty and Dean discussed the benefits of using the college's program review (PR) template and agreed to adopt the template for future program reviews.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

Standard I: The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.
Criterion 1.9: The nurse administrator has the authority to prepare and administer the program budget with faculty input.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	The nurse administrator has the authority to prepare and administer the program budget with faculty input		Annual
B	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC and CA BRN Accreditation/Approval Standards	Annual
Criteria	**Responsibility**	**Level of Achievement**	
A	Job Description, Dean, Faculty, Program Coordinator	a. Criteria not met	
B	Dean, Program Coordinator, Faculty	b. Criteria met	
Action			

Criteria A-B.
Results September 2014: Survey is a compound question that needs to be split. 44% of faculty and staff were satisfied that the dean had authority over the budget and involved faculty and staff in budgeting. NLNAC/CA BRN 2013 site review report indicates that this PI was being met.
Discussion: 1.9.A: Criterion was not met. 1.9.B: Criterion was met. Only 44% of faculty felt they had input in preparing and administering the program budget. This needs to be investigated to increase faculty input.
Action: Faculty and Dean will develop a plan to meet compliance. Faculty and Dean discussed the benefits of using the college's program review (PR) template and agreed to adopt the template for future program reviews.

Evergreen Valley College

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.10: Policies of the nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by goals and outcomes of the nursing education unit. CA BRN Approval Rules and Regulations (Section 2: Total Program Evaluation): Title 16 CA Code of Regulations - Section 1424(b)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	100.0% agreement between nursing program faculty policies and collective bargaining agreement	Collective Bargaining Agreement (AFT 6157)	Contract Negotiations Schedule
B	Rationale provided for policies that differ from college (e.g., nursing admission process)	Systematic review of policies by Board of Trustees, College and Nursing Program	Scheduled Reviews
C	≥90.0% faculty/dean/staff satisfied that nursing program policies are congruent with college policies (if not, rational provided for difference)	Faculty/Dean/Staff Satisfaction Survey	Annual
D	≥90.0% faculty/dean/staff satisfied that policies are accessible, non-discriminatory, consistently applied, and congruent with nursing program purposes	Faculty/Dean/Staff Satisfaction Survey	Annual
E	≥90.0% graduating students satisfied that policies that impact students are accessible, non-discriminatory, consistently applied, and congruent with nursing	Graduating Student Satisfaction Survey	Annual
F	≥90.0% graduating students satisfied that policies for course progression are accessible, non-discriminatory, consistently applied, and congruent with nursing program purpose	Graduating Student Satisfaction Survey	Annual
G	100.0% compliance with NLNAC/CA BRN Accreditation/Approval Standards	NLNAC and CA BRN Accreditation/Approval Standards	Annual

Evergreen Valley College

Criteria	Responsibility	Level of Achievement
A	Dean, Faculty, Program Coordinator	a. Criteria met
B	Dean, Faculty, Program Coordinator	b. Criteria met
C	Dean, Faculty, Program Coordinator	c. Criteria met
D	Dean, Faculty, Program Coordinator	d. Criteria met
E	Dean, Faculty, Program Coordinator	e. Criteria not met
F	Dean, Faculty, Program Coordinator	f. Criteria not met
G	Dean, Faculty, Program Coordinator	g. Criteria met
Action		

Criteria B-D.
Results: 100% of faculty and staff are satisfied with congruency and equality of nursing program and college policy. No data available for graduating students.

Discussion: Criteria met except 1.10.E-F. Graduating students do not all agree that policies that affect students and for course progression are accessible, non-discriminatory, consistently applied, and congruent with nursing. Though the Nursing Student Handbook (contains policies that affect students) is discussed in each course and accessible by each student via Moodle website, accessibility was 85% and course progression was not assessed on the survey.
Action: The Graduating Student Satisfaction Survey will be revised to include assessment for 1.10.F. Faculty and Dean will develop a plan to meet compliance. Faculty and Dean discussed the benefits of using the college's program review (PR) template and agreed to adopt the template for future program reviews.

Standard I: MISSION AND ADMINISTRATIVE CAPACITY

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

Criterion 1.11: Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.
Currently this nursing program does not utilize distance education

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
N/A	N/A	N/A	N/A
Criteria	Responsibility	Level of Achievement	
Action			

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.1: Full-time faculty holds a minimum of a graduate degree with a major in nursing. (Full-time and part-time faculty includes those individuals teaching and/or evaluating students in classroom, clinical, or laboratory setting. CA BRN Approval Rules and Regulations (Section 4: Program Administration/Faculty Qualifications): Title 16 CA Code of Regulations – Sections 1425; 1425(a); 1425(b); 1424(g); 1424(h); 1424(j); 1425(d) 1,2; 1424(e) 1,2; 1425 (f)

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Faculty 100.0% qualified with rationale provided if faculty have other than master's degree in nursing	Faculty CVs, Transcripts, Licensure, CA BRN Approval, Record of Professional Development, Performance Evaluations per Collective Bargaining Agreement (AFT 6157)	Upon Hire/Assignment
b	100% compliance with NLNAC Accreditation (50% or more adjunct masters)	Faculty credentials	annual
c	100.0% compliance with CA BRN Approval Standards	BRN Approval	Self-Study CA BRN Spring 2009

Criteria	Responsibility	Level of Achievement
a	Dean/Screening Committee/ College Hiring Officer (President)Vice President Instruction Faculty	a. Criteria met
b	Dean/Screening Committee/ College Hiring Officer (President)Vice President Instruction Faculty	b. Criteria partially met
c	Dean/Screening Committee/ College Hiring Officer (President)Vice President Instruction Faculty	c. Criteria met
Action		

Evergreen Valley College

Results:
Criterion A & C are met; B is partially met. All full-time, tenured faculty are credentialed with a master's degree in nursing: Adamski, Keane, Lin, Lopez, Mesa, Tisdale, Wetzel, and Potter. Professor Susana Machado is a tenure-track faculty member, and holds a master's degree in nursing. (**See: BRN Report on Faculty).** Adjunct faculty teaching during 2013-2014 include Garcia, Leirer, Nwogu, Rivera (Elisa), Rivera (Rachel), and Guyer, and hold at least a bachelor's degree in nursing. Garcia and Nwogu also hold a Master's degree.

Discussion:
Six adjunct faculty members were assigned a clinical section in 2013-2014. Two of the six members hold a master's degree (33%). One of the adjunct members is planning to enroll in a MSN program.

Action: The Dean will continue to encourage adjunct faculty to continue their nursing education and obtain a MSN.

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.2: Part-time faculty holds a minimum of a baccalaureate degree with a major in nursing. A minimum of 50% of the part- time faculty also hold a graduate degree with a major in nursing.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 meets standards for hire by college and approval by CA BRN. Academic and experiential preparation appropriate for teaching assignment. Faculty maintain active program of professional development. (Note: Assessment documented in minutes for Program Review Meetings.)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100% of part-time faculty have a minimum of a baccalaureate degree or a rationale provided if faculty have other than baccalaureate in nursing	Faculty CVs, Transcripts, Licensure, CA BRN Approval	Upon Hire/Assignment
b	100.0% compliance with NLNAC Accreditation Standards (50% or more adjunct masters)	Faculty CV's	Annual
c	100.0% compliance with CA BRN Approval Standards	Faculty CV's	Annual

Criteria	Responsibility	Level of Achievement	
a	Dean/Screening Committee/ (President)/Vice President Instruction Faculty /Dean	a. Criteria met	
b	Dean/Screening Committee/ President/Vice President Instruction, Faculty	b. Criteria not met	
c	Dean/Screening Committee/ (President)/Vice President Instruction, Faculty	c. Criteria met	
Action			

Results:
Adjunct faculty teaching during 2013-2014 include Garcia, Leirer, Nwogu, Rivera (Elisa), Rivera (Rachel), and Guyer, and hold at least a bachelor's degree in nursing. Garcia and Nwogu also hold a Master's degree. Thus, 33% of adjunct faculty members hold a MSN.

Discussion:
All full- and part-time faculty members meet the CA BRN regulations for their positions as outlined in section 1425 of the California Nursing Practice Act. (See: California Nurse Practice Act) The board has approved them to teach in their respective theoretical and clinical areas.

Action:
The Dean will continue to encourage adjunct faculty to continue their nursing education and obtain a MSN.

Evergreen Valley College

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.3: Faculty (full- and part-time) credentials meet governing organization and state requirements. CA BRN Approval Rules and Regulations (Section 4: Program Administration/Faculty Qualifications): Title 16 CA Code of Regulations – Sections 1425; 1425(a); 1425(b); 1424(g); 1424(h); 1424(j); 1425(d) 1,2; 1424(e) 1,2; 1425 (f)

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100% Full-and –part-time credentials meet governing organization standards	Faculty CVs, Transcripts, Licensure, CA BRN Approval, Record of Professional Development, Performance Evaluations per Collective Bargaining Agreement (AFT 6157)	Upon Hire/Assignment
b	100.0% compliance with NLNAC Accreditation Standards	Faculty CVs, CEU's	Annual
c	100.0% compliance with CA BRN Approval Standards	Faculty CVs, CEU's	Annual

Criteria	Responsibility	Level of Achievement	
a	Dean/Screening Committee/ (President)/Vice President Instruction, Faculty	a. Criteria met	
b	Dean/Screening Committee/ (President)/Vice President Instruction, Faculty	b. Criteria partially met	
c	Dean/Screening Committee/(President)/Vice President Instruction, Faculty	c. Criteria met	
Action			

Results:
All full-time faculty members hold a minimum of a master's degree in nursing.
Adjunct faculty teaching during 2013-2014 include Garcia, Leirer, Nwogu, Rivera (Elisa), Rivera (Rachel), and Guyer, and hold at least a bachelor's degree in nursing. Garcia and Nwogu also hold a Master's degree. Thus, 33% of adjunct faculty members hold a MSN, and not 50% to more (NLNAC).

All full- and part-time faculty members meet the CA BRN regulations for their positions as outlined in section 1425 of the California Nursing Practice Act. (See: California Nurse Practice Act) Part-time/adjunct faculty members do not meet NLNAC's 50% for master's degree in nursing.

The board has approved them to teach in their respective theoretical and clinical areas. The FTE complement includes sufficient education and content area expertise to meet the CA BRN regulation of content experts. (See: Binder of CA BRN Approvals for faculty, assistant director, and director; Content Expert Review Binder)

Discussion:

Content Area	Content Expert
Medical Surgical	Jackie Keane
Geriatrics	Sue Wetzel
Psychiatric Mental Health	Barbara Tisdale
Obstetrics	Susana Machado
Pediatrics	Kara Potter

The program is emphasizing faculty development in nursing education. All new full-time faculty members are receiving regularly scheduled pre-tenure evaluations, have peer mentors, and clinical teaching mentors as needed and have completed program and college orientations.

Nursing faculty members are committed to life-ling learning. Because the mission of the college and nursing program is teaching, faculty members primarily focus on maintaining expertise in nursing education and clinical practice trends. (See: BRN Report on Faculty)

In summary, faculty members (full- and part-time) teaching in the Evergreen Valley College Nursing Program are academically and experientially qualified as evidenced by BRN approvals, and maintain expertise in their areas of responsibility. According to NLNAC, 50% of part-time faculty members should have a MSN. Thirty-three percent of EVC's nursing adjunct faculty members has a MSN.

Action:

The Dean will continue to encourage adjunct faculty to continue their nursing education and obtain a MSN.

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.4: Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities. 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)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Preceptors are academically and experientially qualified,	Preceptor information form and license check	Per Semester
b	Preceptors are mentored by faculty	Faculty anecdotal notes	Per semester
c.	100% of preceptors receive preceptor syllabus, and are oriented to syllabus	Faculty interview	Per Semester
Criteria	**Responsibility**	**Level of Achievement**	**Action**
a	Faculty	a. Criteria met	
b	Faculty	b. Criteria met	
c	Faculty	c. Criteria met	
Action			
Results: EVC faculty obtains preceptor information and validate RN license prior to assigning a student to a hospital or agency preceptor. Faculty members interview all preceptors, and provide orientation and mentorship. Faculty document communication with preceptors on log sheet. **Discussion:** **Action:** None at this time.			

Evergreen Valley College

Standard II: FACULTY AND STAFF

Standard II: **Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.**

Criterion 2.5: The number full- time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved. 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 is adequate in number and type to fulfill purposes of college and nursing program.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Faculty/Student ratio in classroom does not exceed Faculty Association Recommendations	Course Curriculum forms	Annual
b	Faculty/Student ratio in clinical does not exceed the CA BRN ratio's	Clinical Group size	Annual

Criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria met
b	Dean	b. Criteria met

Action

Results:
Currently our program has 11 FTE positions. There are 3 FTE positions in first semester, 3 in second semester, 2 in third semester, and 2 in fourth semester, and a full-time lab instructor. While the program strives to have ten FTE faculty members teaching full-time in core nursing courses every semester, there are exceptions to this standard. On a semester-to-semester basis, FTE faculty allocations may vary depending on such factors as faculty member participation in the early retirement reduced workload program; faculty medical problems; mid-year resignations; and faculty reassigned time to complete other duties such as administrative coverage. Currently we have an opening for a FTE position in first semester that we plan to fill for as soon as possible.

Faculty/Student Ratio - The standard faculty/student ratio for clinical is 1:10. This standard is currently met by all Full time faculty taking clinical groups and the use of qualified adjunct faculty. The standard faculty/student ratio for theory courses on average ranges between 1:20 to 1:40, which we feel is sufficient since the majority of college level lecture courses have a student faculty ratio of 1:40 to 1:50. While lecture is one method for teaching theory courses, faculty members often incorporate a variety of other teaching-learning strategies that involve small group work focusing on collaborative learning, problem-based learning, case study analysis, and small group presentations. During these times, other faculty members will often join the primary lecturer to assist with these alternative teaching-learning methodologies.

Full/Part-Time Faculty Ratio – The program strives to have the students taught primarily by full-time faculty members. Part-time faculty, however, play a valuable role in providing excellent clinical teaching. Theory continues to be taught by full time faculty members. Because the application of theoretical concepts in clinical teaching is critical, part-time faculty members are given an extensive orientation to the curriculum, are assigned a faculty mentor, and given a list of expectations and requirements. Many adjunct faculty members attend team meetings, and all adjunct faculty check in with their team on a weekly basis. The program also utilizes skills labs and Simulation, in Skills labs the ratio is from 1:20-1:40, which is adequate to supervise students practicing skills. In simulation, the faculty is 2-3 faculty/staff to 10 students, which is adequate to smoothly run a simulation. The nursing program complies with the established college policy that states that one hour of weekly theory instruction throughout the semester is equal to one semester unit. Three hours of weekly clinical laboratory, instruction throughout the semester is equal to one semester unit.

In summary, the primary mission of the college and nursing program is teaching. The utilization of full- and part-time faculty is sufficient to support the mission of both education units. The number and type of faculty are adequate to carry out the purposes and objectives of the nursing program. Faculty/student ratios in the classroom and supervised clinical practice are sufficient to insure adequate teaching, supervision and evaluation.

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.6: Faculty (full and part-time) maintains expertise in their areas of responsibility and their performance reflects scholarship and evidence-based teaching and clinical practice.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% compliance with collective bargaining agreement	Collective bargaining reviewed and compliance reviewed by faculty and Dean Performance Evaluations per Collective Bargaining Agreement (AFT 6157)	Annually Per Schedule
b	Student evaluations of course and faculty	Student Evaluation Tool (Course/Faculty)	Per Semester
c	100% Faculty obtain CEU's in area of expertise	Review of Faculty report	Annual
d	100.0% compliance with CA BRN Approval Standards for CEU requirements to maintain active license	Active license	Annual Reviewed as Needed

criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria met
b	Faculty/Dean	b. Criteria met
c	Faculty/Dean	c. Criteria met
d	Faculty/Dean	d. Criteria met

Action
Results: As a community college district, the San Jose/Evergreen Community College District has a threefold purpose: 1) to provide vocational and occupational education and training in order to qualify students for a variety of career paths or to assist workers to increase their knowledge and skills in a particular occupation or obtain the knowledge and skills to transfer to another career; 2) to provide education for students planning to transfer to a four-year college or university; 3) to provide general education that forms a foundation for students to develop interests and abilities. Scholarship at the college is envisioned around these purposes. The college focuses on rigorous academic standards that are realized in a variety of ways. For example, the interdisciplinary all college curriculum committee is a standing college committee that provides both technical and scholarly review of all new course and course revisions. All nursing faculty continue to participate in learning opportunities for nursing such as CEU's as well as furthering their education in matters such as women in technology, use of technology in the classroom, teaching strategies, and use of simulation in nursing education.

At the present time, the current full time faculty consists of eight of the faculty being tenured and the majority of the new faculty having previous teaching experience. This has allowed faculty the opportunity to expand in areas such as simulation and use of computer charting in lab. Furthermore, the majority of adjunct faculty and approximately 50% of full time faculty continue to practice in the hospital. This ensures that their clinical practices are up to date.

Finally, faculty members have embraced the college-wide "Communication Across the Curriculum" pedagogical initiative sponsored by the college's teaching learning center and strongly supported by college administrative and faculty leaders. This initiative is designed to increase students' critical thinking knowledge and skills in reading, speaking and writing. To this end, nursing curriculum includes an academic paper requirement, oral presentation, or poster presentation in every nursing course. Faculty members have developed grading rubrics for these papers and presentations and stipulated that students are to use APA format and cite evidence-based articles from peer-reviewed nursing journals. By the third semester of the program, most students are writing evidence based academic papers that demonstrate proficiency in higher order critical thinking skills.

Discussion:

Action:

2.6.b: Though student evaluations of course and faculty are completed and reviewed every year, the PI is not measurable. PI will be revised with an appropriate threshold for next PR.

Standard II: FACULTY AND STAFF

Standard II: **Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.**

Criterion 2.7: The number, utilization, credentials of staff and non-nurse faculty and staff within the nursing education unit are sufficient to achieve the program goals and outcomes.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	100.0% compliance with collective bargaining agreement	Performance Evaluations per Collective Bargaining Agreement (CSEA))	Per Schedule
B	Number of staff/non-nursing faculty are sufficient	Workload	Annual
C	Staff/ non-nursing faculty utilized per job description	Job Description	Annual
criteria	Responsibility	Level of Achievement	
A	Faculty/Dean	a. Criteria met	
B	Faculty/Dean	b. Criteria met	
C	Dean/Collective bargaining	c. Criteria met	
Action			

Results:
With the assistance of external funding, such as grants, staff is sufficient in numbers to achieve SLOs and PLOs.
Discussion:
Faculty is evaluated according to CSEA. This evaluation process includes general surveys from students and the administrator's evaluation.
Plan:
Grant funded positions can be unstable, terminating with little notice. The Dean will seek out to hire another full-time staff member.

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.8: Faculty (FT & PT) are orientated and mentored in their areas of responsibility

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	100.0% compliance with collective bargaining agreement	Performance Evaluations per Collective Bargaining Agreement (AFT 6157)	Per Schedule
B	Faculty are oriented	Orientation checklist	On hire
C	Faculty are mentored	Assigned mentors	On hire
criteria	Responsibility	Level of Achievement	
A	Faculty/Dean	a. Criteria met	
B	Dean	b. Criteria met	
c	Dean	c. Criteria met	
Action			

Results:
All new full time faculty have a mentor through their tenure process. Adjunct faculty are mentored by a full time faculty through their first semester. Adjunct faculty also check in with full time faculty on a weekly basis and attend team meetings. All new faculty are oriented to the program by the dean and are given the opportunity to attend the college new faculty orientation.

Discussion:
Plan:
None.

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.9: Systematic assessment of faculty (FT & PT) performance demonstrates competencies that are consistent with program goals and outcomes.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% compliance with collective bargaining	Performance Evaluations per	Per Schedule
b	Student evaluations of course	Student Evaluation Tool (Course)	Per semester
c	Student evaluations of faculty in classroom	Student Evaluation Tool (Faculty)	Per Semester
d	Student evaluations of faculty in clinical setting	Student Evaluation Tool (Faculty)	Per Semester

Criteria	Responsibility	Level of Achievement	
a	Faculty/Dean	a. Criteria met	
b	Dean/Assistant Director	b. Criteria met	
c	Dean/Assistant Director	c. Criteria met	
d	Dean/Assistant Director	d. Criteria met	

Action

Results:
Criterion a-d met.
Discussion:
Articles 19, 20 and 21 contained in the collective bargaining agreement between the faculty association (AFT 6157) and the San Jose/Evergreen Community College District outline the performance evaluation procedures and timeline for part-time, pre-tenured and tenured faculty. (See Exhibit: Faculty Association Agreement with Samples of Performance Evaluation Forms.) Part-time faculty members are evaluated the first semester of employment and then once every six semesters of actual teaching. Tenured faculty members are evaluated once every three years. Pre-tenured full-time faculty are evaluated their first, third, fifth and seventh semesters of employment. At the conclusion of the seventh semester evaluation, the tenure review committee recommends for or against tenure. Currently, the majority of part-time and non-tenured faculty members are on schedule for their evaluations. All pre-tenured faculty members are on schedule for their evaluations. The evaluation process includes feedback from peers, students, the dean as well as a self-evaluation. All evaluations include a faculty-generated growth and development plan. While feedback from clinical site personnel who work closely with faculty members in planning and implementing clinical teaching assignments is not solicited (via the faculty association collective bargaining agreement), faculty members, clinical site personnel and the dean work diligently to keep lines of communication open. Given these positive relationships, any problems that emerge regarding faculty performance is, for the most part, successfully and privately resolved among the faculty member, clinical site personnel and dean. Pre-tenured and tenured faculty members' evaluations are submitted to the president for his

review and approval and then forwarded to the district's human resources department. . Evaluations of part-time faculty are submitted to the college's business services office.

       In summary, the process for faculty members' performance evaluations is clearly outlined in the college's collective bargaining agreement and is in keeping with the mission of the nursing program. Faculty members in the nursing program are primarily evaluated on clinical and theoretical teaching practices and professionalism rather than scholarship as evidenced by a program of grant-funded research or other scholarship support.

Action:
None at this time.

Standard II: FACULTY AND STAFF

Standard II: Qualified faculty and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff is available to support the nursing education unit.

Criterion 2.10: Faculty (full and part-time) engages in ongoing development and receives support for instructional and distance technologies.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Faculty engage in ongoing development	Review Faculty report	Annual
b	Faculty receive support for instructional technologies	Workshops, ITSS available, technology resource lab available, staff development funds,	Annual
c	Faculty receive support for distance technologies	Workshops, ITSS available, technology resource lab available, staff development funds,	Annual

Criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria met
b	Faculty/Dean	b. Criteria met
c	Faculty/Dean	c. Criteria met
Action		

Results:
All full time and adjunct faculty utilize Moodle for online supplementation to regular nursing classes as well as for QSEN activities. Full time faculty have professional development days (PPD) where they are taught how to use distance education modalities. Adjunct faculty is invited to attend PDD days as well. In addition, our college provides courses on distance education technologies for faculty and staff, as well as it hosted the online teaching conference this past June 2014. Furthermore, faculty and staff are supported in their use by each other, as well as campus technical support. All faculty members are also encouraged to attend the district wide @One online courses in distance education.

Discussion:

Action: None at this time.

Standard III: STUDENTS

Standard III: **Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.**

Criterion 3.1: Policies of the nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied. Differences are justified by the student learning outcomes and program outcomes.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.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Nursing program policies pertaining to students are congruent with college policies	College policies in EVC Catalog, EVC Website and Student Nurse Handbook	Annual
b	Nursing program policies pertaining to students not congruent with college policies are justified	Admission/Progression in Nursing program; Student handbook	Annual
c	Nursing students have access to the nursing program policies pertaining to students	Nursing Student handbook via Moodle Platform; EVC Website	Annual/Semester
d	Nursing Policies are non-discriminatory.	End of program surveys End of course surveys	Annual
e.	Nursing Policies are consistently applied. 90% of the students will rate these criteria above 3 on a 1-5 Likert scale.	Student Evaluations	Annual
Criteria	Responsibility	Level of Achievement	
a	Faculty/Dean	a. Criteria partiality met	
b	Faculty/Dean	b. Criteria met	

c	Faculty/Dean	c. Criteria met
d	Faculty/Dean	d. Criteria met
e	Faculty/Dean	e. Criteria partially met

Action

Results

A. Nursing program polices pertaining to students are congruent with college polices. The general academic policies found in the F 2013 & S 2014 EVC Nursing Student Handbooks   were sourced from the F13/S14 Evergreen Valley College Catalogue.   Two of the Nursing Program polices not congruent with EVC include the grievance policy and the minimal at 75%.

B. Policies directly related to the Nursing Program are published in the Nursing Student Handbook, which is reviewed and revised, as needed every semester.

C. Changes in admission policies are posted on line at least one year prior to implementation.

     a.   The Nursing Student Handbooks are made available to all entering students on Moodle and current and revised policies are available at http://www.evc.edu/academics/divisions-departments/nursing-allied-health/associate-degree-in-nursing-program to the general public

D. During the 2013-2014 academic years, we have not had any filed grievances. Per Dr. Herrera she will work with Adrienne to research the last 5 years, as well as the resolution of the one grievance noted in the previous BRN report as "in progress".- from BRN self-study report) Polices are congruent, assessable and non-discriminatory

E. Results student satisfaction surveys for F/13 & S/14 indicate that 70 to 90 % of students responding to the end of the program survey fine that the policies and non-discriminately applied. Of note the respondents of end of the program survey results are less favorable in Spring 2014 than in Fall of 2012 - future reports might also   include findings from the end of the program and course surveys in order to capture the students perception

Discussion

Changes in the EVC nursing program are communicated to the faculty and students in a timely fashion and the changes are posted on the EVC Web site as soon as possible if appropriate and the EVC Nursing Student Handbook is revised to reflect these changes

From 12/13 Program review noted that policies reflecting nondiscrimination, consistency of application and course projection did not meet 90% benchmark – suggestion that survey be revised to assesses each criteria individually was made

Also the inclusion of benchmark values be included as part of the performance indicators

Action /Recommendations

1.Future performance indicators in this section should include percentages

2. Include an introductory statement in nursing student handbook focusing on the nondiscrimination policy in the program

3. Review demographics to determine if there is adverse impact associated with EVC nursing program policies

4. Reflective question – what process does the college/district use to insure that a policy is nondiscriminatory

Standard III: Students

Standard III: Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

Criterion 3.2: Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% compliance: ACEN & BRN contact information is accurate and available to the public	College Catalog/Website/ Nursing Student Handbook	Annual
b	100.0% compliance: accreditation status is made available to the public on the EVC website	College Catalog/Website	Annual

Criteria	Responsibility	Level of Achievement
a	Dean/Nursing Faculty	a. Criteria met
b	Dean/Nursing Faculty	b. Criteria met

Action

Results
   A. The contact information for the California Board of Registered Nursing, the Nursing Program, and the Accreditation Commission for Education in Nursing (ACEN) was listed on page 50 in the Evergreen Valley College F13/S14 College Catalogue. The address for ACEN is currently available on the EVC / Nursing Web Site
   B. The accreditation status of the EVC Nursing Program is currently available in the EVC College Web site section entitled- Nursing and Allied Health.
 Discussion
Results of end of program survey consistently demonstrate that students perceive that the Nursing Program Information (e.g. student handbooks, college catalogue, web- site) is accurate and accessible
The accreditation information is reviewed and revised on a regular basis and is updated by the Nursing Program Coordinator as needed
Action
Adopt A schedule for the of review of the EVC Nursing Program Web Page

Evergreen Valley College

Standard III: STUDENTS

Standard III: **Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.**

Criterion 3.3: Changes in policies, procedures and program information are clearly and consistently communicated to students in a timely manner.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Nursing program changes are communicated to students utilizing at least 3 methods	Moodle, Course Syllabi and Student Nurse Handbook, EVC Website, In class announcements	Annual
b	Nursing program changes are communicated clearly and consistently.	Moodle, Course Syllabi, Student Nurse handbook; Advisory Board and Nursing Curriculum Meeting Minutes	Annual
Criteria	Responsibility	Level of Achievement	
a	Dean/ Faculty	a. Criteria met	
b	Dean/Faculty	b. Criteria not met	

Results
  A. Program Changes requiring immediate dissemination are posted on Moodle and via email. Then are added to the Student Nurse Handbook (The handbook may be revised prior to the end of the semester if necessary) the changes are then incorporated into the Next semester's Student Nurse Handbook, and course syllabi. If appropriate changes are made to the EVC Website as soon as possible.
  B. 90% of students will indicate that program changes are communicated in a timely manner.
    Program changes are discussed in Faculty and Curriculum Meetings; See above for notification of students. Program changes are presented during Advisory Board meetings and are posted at least one year prior to activation
End of program –on line Survey – results provides opportunities for students to rate "how the program coordinator provides students with accurate and timely information results – in Spring 2012 93 % of students indicated that the program coordinator provided students with accurate and timely information. The more recent survey results did not meet the 90% benchmark.

Discussion- Include an additional question on end of course and end of program surveys addressing this issue and add review of course binders to assessment methods for criteria a & b
Action
Institute target dates for dissemination of information

Standard III: STUDENTS

Standard III: Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

Criterion 3.4: Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Academic support services are available. 100% Compliance: Student services are available for students	Documentation by Faculty Counseling statistics Financial Aid, Survey of Library /Tech Center , Survey Tutoring meeting Documentation by Student Success Survey of College student support services	Annual
b	Social support services available 100% Compliance: Student services are available for students	Health Services and Mental Health Counseling, College student support services End of program Student Survey	Annual
Criteria	Responsibility	Level of Achievement	
a	Dean/Faculty	a. Criteria partially met	
b	Dean/Faculty	b. Criteria met	
Action			

Criteria A-B

Results: Faculty/Dean/Staff Satisfaction Survey indicates that 91.67% are Satisfied (50% Very Satisfied; 41.67% Moderately Satisfied) that the quantity and quality of academic and social support services for students are sufficient. Graduating Student Survey shows 92% are Satisfied (64%Very Satisfied; 28% Moderately Satisfied) that qualified persons manage academic and social support services. NLNAC/CA BRN site visit accreditation report found EVC's Nursing Program to be totally compliant with this criterion.

Criteria A The End of the Program student surveys of Fall 2012 – Spring 2013 indicated that students reported a 69-97 percent satisfaction with the qualifications of the individuals that manage academic and student support services of note the survey brought to light a decrease in satisfaction found in the more recent surveys

Criteria B Survey results for Spring 2013 & Fall 2012 indicated a 96 and 99 % compliance however Spring of 2014 indicated an only 60% compliance with this outcome

Discussion: Criteria met; partially met. Faculty/Dean/Staff Survey assessed quantity and quality of services in one (1) question, which did not allow responder to rate items separately. Additionally, the Graduating Student Survey indirectly assessed the quantity and quality of services, as separate direct questions were not asked. Instead, students were asked if qualified persons managed the services. Surveys need to be revised to assess target criteria for this criterion.

Results

Course Faculty post and maintain office hours, Counseling services are available to all students and a counselor is assigned to the Nursing Department and this counselor meets the students during orientation and assists them with their ED plans.

Financial Aide- nursing students are eligible for "Cal Grant C" (offers assistance to vocational students), Information is available on line on the web site studentlozns.gov. Furthermore, EVC nursing students may obtain further information on grants and scholarships available to the EVC community posted on the Financial Aide Section of the EVC Web site.

Tutoring services are available to all EVC students including study workshops and one on one tutoring. The nursing department via grant funds sponsors a tutor for the nursing students. The tutors have include an advanced student in good standing in the program, a new graduate of the program, or a former student that is currently an RN.

One full time faculty member the Student Success Coordinator is given release time to assist all students in the program with academic counseling and test taking assistance.

One full time faculty member the Simulation and Skills lab Coordinator has scheduled open labs to assist students with hands on skills and skills remediation in addition to their Simulation Responsibilities

Support Services for the EVC students include DSP&S services for example the needs of a nursing student that has been evaluated and needs testing accommodation are met.

Health Services and Mental health Counseling are available through student health. Services include Physical exams for nursing students, immunizations, TB skin testing, Low cost laboratory services, referrals to community health agencies, and Psychological Counseling services

Discussion; Students have access to financial assistance information and Mental and Physical health services.

Action

Revise performance indicators to include target or bench mark outcomes

Revise Assessment methods to include the end of the semester surveys, end of program surveys, exit interviews, and ENSA Liaison Reports & ENSA minutes

Continue to maintain open lines of communication with Student Services and the Student Health Service

One area of concern is – Testing for DSP accommodation is backlogged at EVC. Students that have documentation of DSP&S concerns are accommodated but the waiting list for testing is lengthy. Thus, students that might benefit from this assessment may have to wait for several months for testing and accommodation. Therefore this information could be addressed in the Nursing Information Workshops so that students could undergo testing for DSP accommodation prior to entering the nursing program

Of further concern are the DSP hours available for testing at times may conflict with student's clinical hours

Proposed: A survey of the students requiring DSP accommodation to determine their specific needs and the results shared with the DSP department in order to address their concerns

Standard III: STUDENTS

Standard III: Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

Criterion 3.5: Student educational records are in compliance with the policies of the governing organization and state/federal regulations.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100.0% policy compliance	College Registrar, Director of Financial Aid College , Nursing program Files	Annual

Criteria	Responsibility	Level of Achievement/Action	
b	Dean/College Registrar/Director Financial Aid/Administrative Assistant/Faculty	a. Criteria met	

Action
Results: Criteria A & B have a 100% compliance after conferring with College Registrar and Director of Financial Aid. NLNAC/CA BRN concurs as evidenced by their 2013 follow-up reports.   **Action/Recommendation:** Continue communicating with College Registrar and Financial Aid personnel to ensure changes and/or updates are implemented when indicated. Dean will continue to serve on the Administrative counsel which also include the Dean of Admissions and 'Records

Evergreen Valley College

Standard III: STUDENTS

Standard III: Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

Criterion 3.6: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	The college has a written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders	College Registrar, Director of Financial Aid	Annual
b	Students are informed of their ethical responsibilities regarding financial assistance	College Registrar, Director of Financial Aid	Annual
c	Financial aid records are maintained in compliance with the policies of the governing organization, state and federal guidelines.	College Registrar, Director of Financial Aid	Annual

Criteria	Responsibility	Level of Achievement/Action
a	Dean/College Registrar/Director Financial Aid/ Vice President Instruction/College President	a. Criteria met
b	Dean/College Registrar/Director Financial Aid/ Vice President Instruction/College President	b. Criteria met
c	Dean/College Registrar/Director Financial Aid/ Vice President Instruction/College President	c. Criteria met

Action
Results: Criteria A_C met   Financial Aide- nursing students are eligible for "Cal Grant C" (offers assistance to vocational students), Information is available on line on the website includes general information, eligibility, information on obtaining applications, payback responsibilities, and consequence for default.   Furthermore, EVC nursing students may obtain further information on grants and scholarships available to the EVC community posted on the Financial Aide Section of the EVC Web site.   100% compliance after conferring with College Registrar and Director of Financial Aid. NLNAC/CA BRN concurs as evidenced by their 2013 follow-up reports.   **Discussion:** Continue communicating with College Registrar and Financial Aid personnel to ensure changes and/or updates are implemented when indicated.

Evergreen Valley College

Standard III: STUDENTS

Standard III: Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

Criterion 3.7: Records reflect that program complaints and grievances receive due process and include evidence of resolution.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	The college has a written, comprehensive student complaint and grievance policy	College Catalog	Annual
b	The nursing department complaint & grievance policy is congruent with the college policy except for first speaking with the instructor/dean.	College Catalogue Nursing Student Handbook	Annual
c	100 % of Program complaints and grievances receive due process	Nursing Complaint Resolution Worksheet	Annual
d	Nursing program complaints & grievances resolved	Nursing Complaint Resolution Worksheet	Annual

Criteria	Responsibility	Level of Achievement/Action
a	Dean/Vice President Student Services/College President	a. Criteria met
b	Dean/Faculty/Vice President Student Services/College President	b. Criteria met
c	Dean/Faculty	c. Criteria met
d	Dean/Faculty	d. Criteria met
Action		

Results – A & B meet with 100 % compliance
Discussion/ Action
Survey question: Student complaints are responded to in a timely way with appropriate follow up to obtain a satisfactory resolution (Survey Results Sp 2014 55%were in agreement 30% were neutral, Spring 2013 72% agreed (30% were neutral) and in Fall 2012 68% agreed (12% were neutral)
Add. E: 95% of students perceive that student complaints are responded to in a timely manner with appropriate follow-up to obtain a satisfactory resolution.
Survey question – Students are aware of the nursing program complaint resolution policy and the college grievance policy results indicated that 74 to 81% of the students indicated awareness of the nursing program's complaint policy and the college grievance polity
In future reports - Include results of the end of program survey question: "Students are aware of the nursing program's complaint resolution policy and the college's grievance policy

Evergreen Valley College

Standard III: STUDENTS

<u>Standard III</u>: **Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.**

<u>Criterion 3.8</u>: Orientation to technology is provided and technical support is available to students.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Orientation to technology is provided for all students	RN Boot Camp Evaluation Forms; ATI Tutorials; Clinical agency training program documentation	Annual
b	Technology support is available for all students	Moodle, ATI and Evolve	Annual

Criteria	Responsibility	Level of Achievement
a	Dean/Faculty	a. Criteria met
b	Dean/Faculty	b. Criteria met
Action		

Results
Students are provided orientation to Moodle, ATI tutorials and EVOLVE during RN Boot Camp. Clinical Agency program documentation is addressed during clinical orientation and rotations.
Discussion
One member of the N001 Full time Faculty team is assigned every semester as a Moodle Liaison in order to address any issues that students encounter in accessing Moodle.
The ATI software provides tutorials for students as well as has the capability to allow faculty to monitor student access. The Student Success coordinator assists students to identify relevant tutorials and videos that address study skills and test taking strategies on ATI.
Add to B assessment methods – ITSS Help Desk and Elsevier technical support
Action: Continue to assign a N001 faculty facilitator for Moodle.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	The curriculum incorporates established professional standards, guidelines, and competencies incorporating QSEN activities incorporated in 100% of courses.	• QSEN Information course created on Moodle • Annual QSEN report • Team meeting minutes	Annual
B	The curriculum incorporates established professional standards, guidelines, and competencies incorporating ANA Code of Ethics with Interpretive Statements incorporated in 100% of courses.	• Nursing Program Student Handbook • Course syllabus	Annual
C	The curriculum incorporates established professional standards, guidelines, and competencies incorporating ACEN Competencies for ADN Graduates.	• Accreditation report	Annual
D	The curriculum incorporates established professional standards, guidelines, and competencies incorporating Professional Nursing Organizations standards of practice in 100% of courses.	• Content expert report • Clinical Evaluation Template	Annual
E	The curriculum has student learning and program outcomes that are consistent with contemporary practice in 100% of courses.	• Course syllabi	Annual
Criteria	Responsibility	Level of Achievement	
A	Dean/Faculty	a. Criteria met	

Evergreen Valley College

B	Dean/Faculty	b. Criteria met
C	Dean/Faculty	d. Criteria met
D	Dean/Faculty	e. Criteria met
E	Dean/Faculty	f. Criteria met

Action

Criteria A-E.

Results: Criteria 4.1 is met.

A. Criteria Met
  a. 100% met - QSEN Information Course created on Moodle Learning Management System (LMS) with information of what QSEN activities each semesters has incorporated:
      i. Semester #1
          1. N001 KSA's
          2. Health Care Team Member Interview
          3. Constructive Criticism using the QSEN Competencies
     ii. Semester #2A
          1. N002A KSA's
          2. Hand Hygiene Audits
          3. IV Audits
    iii. Semester #2B
          1. N002B KSA's
          2. L&D Report Hand-off sheet and assessment tool
          3. Mother/Baby Report Hand-off sheet and assessment tool
     iv. Semester #3
          1. N003 Pediatric KSA's
          2. N003 KSA's
      v. Semester #4
          1. N004 KSA's
          2. Poster Assignment
  b. The three-year QSEN project has ended and no further QSEN reports will be done. Final QSEN report was completed on February 2013 but still referenced throughout curriculum.
  c. 100% met = Team Meeting minutes address QSEN Competencies

      i. Semester #1 = 8/14/13, 9/9/13, 9/16/13, 9/23/14, 10/7/13, 10/14/13, 10/28/13, 11/4/13, 11/18/14, 11/25/13, 1/27/14

      ii. Semester #2 = 9/13, 10/13, 10/13

      iii. Semester #3 = 9/30/13, 10/7/13, 10/14/13, 10/21/13, 12/9/13, 3/10/14, 3/17/14, 4/28/14, 5/5/14

      iv. Semester #4 = 10/4/13, 4/28/14

B. 100% met

    a. Nursing Program Student Handbook incorporates ANA Code of Ethics with Interpretive Statements (see pages36 & 45)

    b. All course syllabi state in Section X: Policies that "The EVC Nursing Program adheres to all of the Evergreen Valley College policies and all the policies and statements found in the EVC Nursing Program student handbook"

      i. N001 = Fall 13 + Spring 14

      ii. N002A = Fall 13 + Spring 14

      iii. N002B = Fall 13 + Spring 14

      iv. N003 = Fall 13 + Spring 14

      v. N004 = Fall 13 + Spring 14

C. 100% met

    a. Last ACEN Report submitted in 2013 addresses established professional standards, guidelines, and competencies incorporating ACEN Competencies for ADN Graduates.

D. 100% met

    a. Content Expert Reports are current and incorporates established professional standards, guidelines, and competencies incorporating Professional Nursing Organizations standards of practice.

      i. Fall 13 = Medical Surgical and Pediatrics

      ii. Spring 14 = Geriatrics, Maternity, and Mental Health

    b. Clinical Evaluation Template addresses established professional standards, guidelines, and competencies incorporating Professional Nursing Organizations standards of practice

      i. Student Outcome #5 Professional Role of the Nurse Section B

E. 100% met

    a. Student Learning Outcomes and Course Learning Outcomes found in the Syllabus of all courses in their semester binder

      i. Section V: Student Learning Outcomes (SLOs)

Discussion & Action: Using the assessment methods listed above, Criteria 4.1 is met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in further with data collection. See below for further recommendations:

A. Change assessment method from "QSEN information course created on Moodle" to just using the "QSEN KSAs found on the Moodle QSEN website" – These are semester specific and should be reviewed annually and updated as needed.

Evergreen Valley College

a. Remove QSEN Annual Report as an assessment method - no longer valid assessment method since it was a three-year project that ended in February 2013.
b. Incorporate section in all Team Meeting Minutes to address QSEN competencies
B. No changes recommended
C. Clarification needed with regards to this assessment tool to identify if we want to continue using the last ACEN report (last completed in 2013) for this performance indicator or if we would like to instead reference the completion of the current program review process itself as our assessment tool. – After discussion in curriculum meeting, agreed to remove this Performance Indicator from next Program Review.
D. No changes recommended
E. Recommend using the Nursing Student Handbook instead of the course syllabi – Nursing Student Handbook addressed both the Program Learning Outcomes on page 23 and the Student Learning Outcomes per semester on pages25-28.
a. Add another assessment method for next Program Review – Course Outcomes Matrix found in the new Program Review Matrix that maps the ILOs to PLOs to CLO and SLOs.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.2: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. CA BRN Approval Rules and Regulations (Section 5: Curriculum): Title 16 CA Code of Regulations - Sections 1424 (a); 1426(a); 1426 (d); 1426(e)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	Course SLOs are in alignment with program SLOs and college SLOs.	• Course Level SLO and Assessment Matrix – Printed and online • SLO coordinator report at Professional Development Meetings	Annual
B	100% of curriculum is governed by SLOs.	• Course reading schedules • Team minutes • Curriculum meeting minutes • Course SLO assessment matrix • Clinical evaluation template	Annual
C	Student evaluation template matched to course SLOs in 100% of courses.	• Clinical evaluation template • Course syllabi	

Criteria	Responsibility	Level of Achievement
A	Faculty/Dean/SLO coordinator	a. Criteria partially met
B	Faculty/Dean/SLO coordinator	b. Criteria met
C	Faculty/Dean/SLO coordinator	b. Criteria met

Action

Criteria A-C.
Results: Criteria 4.2 is met.
   A. Partially met
      a. 100% met = Print - All course SLOs aligned to program SLOs and College SLOs (N001, N002A, N002B, N003, N004).

Evergreen Valley College

    b.   100% met = Online – All course SLOs aligned to program SLOs and College SLOs (N001, N002A, N002B, N003, N004).

B. 100% met
    a.   100% met = Course Reading Schedule for all semesters incorporate SLOs (N001, N002A, N002B, N003, N004).
    b.   100% met = SLOs are addressed in the following team meeting minutes:
        i.   Semester 1 = 8/14/13, 9/9/13, 9/16/13, 9/23/13, 9/30/13, 10/7/13, 10/14/13, 10/28/13, 11/4/13, 12/18/13, 1/27/14, 3/10/14, 3/31/14, 4/7/14, 4/21/14, 5/5/14
        ii.   Semester 2 = 9/13, 10/17/13, 11/25/13
        iii.   Semester 3 = 9/30/13, 10/7/13, 11/4/13, 3/10/14, 3/17/14
        iv.   Semester 4 = 9/16/13, 11/8/13, 12/12/13, 1/27/14, 4/7/14, 4/28/14, 4/12/14
    c.   100% met = Curriculum Meeting Minutes address course SLOs
        i.   Fall 13 = 9/23/13, 10/18/13
        ii.   Spring 14 = 2/10/14, 4/18/14
    d.   100% met = Course Level SLO and Assessment Matrix use Student Learning Outcomes (SLOs) to evaluate curriculum.
    e.   100% met = Clinical evaluation template that is uses in all courses (N001, N002A, N002B, N003, N004) demonstrates that both midterm and final clinical evaluations are governed by student SLOs.

C. 100% met
    a.   100% met = Clinical evaluation template that is uses in all courses (N001, N002A, N002B, N003, N004) demonstrates that both midterm and final clinical evaluations are governed by student SLOs.
    b.   100% met = Course Syllabi for all semesters include a copy of the Clinical Evaluation Template that matches the course SLOs (N001, N002A, N002B, N003, N004).

Discussion & Action: Using the assessment methods listed above, Criteria 4.2 is met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. Found updated SLO Matrixes in Team meeting minutes and Lecture binders but those that were online were not all up to date with respect to their evaluation timeline. Recommend each semester to check the EVC Website online link to verify that their SLO matrix posted online is the most recent version and if not to forwarding the most recent version to Lynette Apen (SLO Coordinator) so that she can update the EVC Website:
    a.   Delete the SLO Coordinator report from future program reviews since this document is not appropriate for this Performance Indicator since it is district wide versus reflecting the SLO matrixes in the Nursing Department for the academic year.

B. No changes recommended.

C. This Performance Indicator is the same as one of the assessment methods used for #B. Remove this Performance Indicator for future program review

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.3: The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	Curriculum is developed and updated by the faculty.	• Curriculum meeting minutes • Team meeting minutes	Annual
B	Curriculum changes are initiated by the Faculty and presented to all campus curriculum committee for approval.	• All campus curriculum committee (ACCC) meeting minutes	Annual
C	100.0% Content Expert Reviews completed on time, presented to nursing curriculum committee with recommendations considered and followed up as appropriate.	• Content Expert Binder • Curriculum meeting minutes	Annual

Criteria	Responsibility	Level of Achievement
A	Faculty/Dean	a. Criteria met
B	Faculty/Dean	b. Criteria met
C	Faculty/Dean	c. Criteria met

Action

Criteria A-C.
Results: Criteria 4.3 is met
    A. 100% met
          a. Curriculum Meeting Minutes demonstrate that the curriculum is developed and updated by the faculty.
               i. Fall 13 = 9/23/13, 10/28/13, 11/25/13, 12/9/13
              ii. Spring 14 = 2/10/14, 3/24/14, 4/28/14, 5/19/14
          b. Team Meeting Minutes demonstrate that the curriculum is developed and updated by the Faculty.
               i. Semester #1

1. Fall 13 = 8/14/13, 9/9/13, 9/16/13, 9/23/14, 9/30/13, 10/7/13, 10/14/13, 10/28/13, 11/4/13, 11/18/14, 11/25/13, 12/18/13
2. Spring 14 = 1/27/14, 2/10/14, 3/10/14, 3/24/14, 4/7/14, 4/8/14, 4/21/14, 5/5/14, 5/12/14, 5/21/14

    ii. Semester #2
1. Fall 13 = 9/13, 10/17/13, 11/25/13
2. Spring = 2/14, 3/14

    iii. Semester 3
1. Fall 13 = 8/27/13, 9/6/13, 9/16/13, 9/23/13, 9/30/13, 10/7/13, 10/14/13, 10/21/13, 11/4/13, 11/15/13, 11/18/13, 11/25/13, 12/2/13, 12/9/13
2. Spring 14 =1/31/14, 2/10/14, 2/24/14, 3/3/14, 3/10/14, 3/17/14, 3/24/14, 3/31/14, 4/7/14, 4/28/14, 5/5/14, 5/12/14

    iv. Semester 4
1. Fall 13 = 9/9/13, 9/16/13, 9/23/13, 10/4/13, 10/14/13, 11/8/13, 12/12/13
2. Spring 14 = 1/27/14, 2/2/14, 2/7/14, 2/24/14, 3/4/14, 3/21/14, 4/7/14, 4/28/14, 5/12/14

B. 100% met = All course reviews submitted during 2013-2014 to the all campus curriculum committee (ACCC) have been approved as evidenced by ACCC meeting minutes.
    a. Fall 13
        i. September 26, 13 = N002A, N002B
        ii. October 10, 13 = N004
        iii. October 24, 13 = N003

C. 100% met
    a. Content Expert Reports are current and found in Content Expert Binder.
        i. Fall 13 = Medical Surgical and Pediatrics
        ii. Spring 14 = Geriatrics, Maternity, and Mental Health
    b. Content Expert Reports presented in Curriculum Committee:
        i. Fall 13
            1. Medical Surgical = 12/9/13
            2. Pediatrics = 12/9/13
        ii. Spring 14
            1. Geriatrics = 4/28/14
            2. Maternity = 5/19/14
            3. Mental Health = 5/19/14
            4. Pediatric = Update given on 4/28/14

Discussion & Action: Using the assessment methods listed above, Criteria 4.3 is met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. No changes recommended.
B. Change assessment methods to CurricUNET – CurricUNET to go live on October 1st and will allow for better tracking of course updates and when those updates have been submitted and approved by All Campus Curriculum Committee (ACCC).
C. No changes recommended.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV: The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.4: The curriculum includes general education courses that enhance professional nursing knowledge and practice.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Graduation requirements for Associates in Science Degree in Nursing include 15 units of general education courses (15-18 units nursing pre-nursing course prerequisites).	• Individual education plan • Completion of petition for graduation • EVC catalog	Annual

Criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria met

Action

Criteria A.
Results: Criteria 4.4 is met.
- A. Met
    - a. Individual education plan = Unable to determine as per Counseling Department. Unable to determine how many nursing students had an Individual Education plans in completed in Fall 13 and Spring 14 semesters.
    - b. Completion of petition for graduation = Unable to accurately determine as per Counseling Department. According to their records the following petitions for graduation were completed for the corresponding number of students:
        - i. Fall 13 = 26 Graduation Petition / 24 students in the graduating class
        - ii. Spring 14 = 24 Graduation Petition / 37 students in the graduating class
    - c. 100% met = Graduation requirements found on page 53 of EVC Print Catalog 2013-2014

Discussion & Action: Using the assessment methods listed above, Criteria 4.4 is met. See below for further recommendations:

- A. Assessment methods do not align with the Performance Indicators and Outcomes Criteria.
    - a. Remove Individual Education Plan and Completion of Petition for Graduation from the next Program Review since these assessment methods are not appropriate to answer this Performance Indicator.

Evergreen Valley College

       i. Individual education plans are initiated in by students early in their educational journey sometimes even before they have been admitted into the nursing program. Once they are enrolled in the Nursing Program then Hanh Deng (nursing counselor) is their counselor but before that occurs, they can see any other counselor and start their individual education plan with them.

      ii. Completion of petition for graduation can be completed earlier for the students and will sometimes be done in semester 3. This could be one factor that is affecting the number of graduation petitions not matching the graduating class. BRN Deficient students are not required to complete a petition for graduation.

  b. Add Curriculum Plan as an Assessment Method for future program review.

B. Add one more Performance Indicator with corresponding assessment methods for future program review:

  a. Performance Indicator = General Education Courses that are available are transferable

  b. Assessment Methods = EVC Catalog

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.5: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national or global perspectives.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100% of courses include a minimum of one assignment incorporating cultural, ethnic and social concepts.	• Course syllabi • Lecture schedule • Clinical Record Template • Clinical Evaluation Template	Annual
b	100% of courses include at least two culturally based questions in the midterm or final comprehensive exams.	• Midterm Exams • Final Exams	Annual
c	100% of students will demonstrate meeting the psychosocial integrity SLO.	• Clinical Evaluation Template	Annual

Criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria partially met
b	Faculty/Dean	b. Criteria no met
c	Faculty/Dean	c. Criteria met

Action

Criteria A-C.
Results: Criteria 4.5 is partially met.
   A. Partially met
      a. Course syllabi do not differentiate cultural components within the assignments across all courses to be completed by students but they do include a copy of the Clinical Evaluation Template that includes an area that addresses cultural, ethnic and social concepts.
      b. Lecture schedule does not differentiate cultural components within the assignments to be completed by students.

    c. 100% of courses use the Clinical Record Template as an assignment to be completed by students, which incorporates cultural, ethnic and social concepts.

    d. Clinical Evaluation Template includes an area that addresses cultural, ethnic and social concept for which the clinical instructor is evaluating the student's clinical performance. This area is not directly connected to an assignment but instead is a reflection of the student's clinical performance throughout the clinical rotation.

B. Unable to determine @ this time

    a. No data was collected specifically looking at culturally based questions included in either midterm or final comprehensive exams for both the Fall 13 and Spring 14 semesters.

C. 100% met = Clinical Evaluation Template is used in 100% of all Nursing courses. For the student to be able to progress through the curriculum that student must demonstrate that he/she has met the psychosocial integrity SLO.

Discussion & Action: Upon review of data, Criteria 4.5 is partially met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. Not all assessment methods identified here capture data that addresses said Performance Indicator. Recommend removing all assessment methods except for the Clinical Record Template.

    a. Incorporate a section in the New Program Review Matrix to be implemented in Fall 14 – Spring 15 to capture a list of assignments that incorporates cultural, ethnic and social concepts.

B. Recommend incorporating a section at the end of the Exam Course Outcomes & Analysis Matrix template to be implemented in Fall 14 – Spring 15 to keep tract of which question/s were culturally based questions. This will allow for better tracking in future program reviews.

C. For future program reviews, reword the Performance Indicator to the following: "100% of students will demonstrate meeting the psychosocial integrity SLO to be able to progress through the curriculum."

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Adult Learning Theory is used in 100% of courses to assist progression of Course Learning Outcomes and SLOs.	• Exams • Assignment • Clinical Evaluation Template • Team Meeting minutes • Content Expert Reports	Annual
b	100% of students are assigned to clinical agencies that incorporate the use of technological advances including electronic medical records and biometrics.	• Completion of Hospital required training sessions for students • Clinical Evaluation Template • Post training evaluations ex: online tests	Annual
c	Collaboration with SJCC Workforce Institute to maintain currency in Best Practices and Technology.	• Advisory Committee Meeting Minutes • Grant funding allocation reports	Annual
d	Collaboration with Clinical Agencies to maintain currency in Best Practices and Technology.	• Hospital Meeting Minutes • Advisory committee meetings minutes	Annual
e	Technology is utilized in 100% of courses.	• Instructional Technology & course management system	Annual
Criteria	**Responsibility**	**Level of Achievement**	
a	Faculty/Dean	a. Unable to determine if Criteria Met	
b	Faculty/Dean	b. Unable to determine if Criteria Met	
c	Faculty/Dean	c. Criteria met	

Evergreen Valley College

d	Faculty/Dean	d. Criteria met
e	Faculty/Dean	e. Criteria met

Action

Criteria A-E.
Results: All areas were met with 100% compliance.
A. Unable to determine
   a. Assessment Methods do not capture the data needed to appropriately determine if the Performance Indicator is met.
   b. This Performance indicator is not appropriately worded to address criterion 4.6.
B. Unable to determine
   a. Assessment Methods identified for this Performance Indicator does not currently capture needed data to determine if Performance Indicator is being met or not.
C. Met
   a. Advisory Committee Meeting Minutes – 11/4/13
   b. Grant funding allocation reports do not provide information to address the performance indicator.
D. 100% Met
   a. Hospital meeting minutes talk to collaboration with the clinical agencies to maintain currency in Best Practices and Technologies
   b. Advisory Committee Meeting Minutes – 11/4/13
E. 100% Met = Moodle used in 100% of courses

Discussion & Action: Upon review of data, Criterion 4.6 is partially met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. Performance Indicator is not appropriately worded to address Criterion 4.6 and needs to be rewritten for future program reviews:
   a. Performance Indicator = "100% of course Instructional Design uses multiple educational theories through the use of diverse teaching learning methods".
   b. Assessment methods = Course Syllabi
B. Make the following changes for future program reviews:
   a. Reword Performance Indicator = "100% of students are assigned to clinical agencies that use electronic medical records and/or Pyxis with biometrics.
   b. Assessment Methods = Change Hospital Meeting Minutes Template to include 2 check offs at the top:

Evergreen Valley College

       i. Clinical site uses Pyxis with biometrics

      ii. Clinical site requires Computerized training for the students to chart on electronic health record (include dates training completed)

C. Grant Funding Allocation Report does not speak to the Performance Indicator and should be removed for future program reviews. Although the Advisory Committee Meeting Minutes does identify the presence of SJCC Workforce Institute at the Advisory Committee Meeting, it does not specifically speak to how the collaboration is maintaining currency in Best Practices and Technology. Recommend deleting this performance indicator and assessment method/s for future program reviews and look at evaluating courses for interdisciplinary collaboration as seen in N001 with the "Health Care Team Member Interview" assignment and the focus on delegation/collaboration in N003 & N004 as seen in the clinical evaluation template.

D. No changes recommended

E. Change the wording of the Performance Indicator for future program reviews:

    a. Performance Indicator = Learning Management System used in 100% of courses.

    b. Assessment Method = Course content found on Learning Management System.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	> 75.0% graduates employed as RN or have returned to school to continue nursing education within 1 year of graduation.	• Employment rates	Annual
B	75% of new graduates are making appropriate progress towards professional competency within 1 year of graduation/ employment. Graduates are rated ≥4 (Proficient and Expert) on a Likert scale of 1-5.	• 1 Year Follow-Up Student Survey (Likert scale) • 1 Year Follow-Up Employer Survey (Likert scale) • NCLEX pass rates >85% yearly	Annual
c	Students' progression in clinical are measured to reflect achievement of student learning and program outcomes.	• Clinical Evaluations • Persistent Rate • Student Attrition Form	Annual
d	90.0% Students meet Cut Points for ATI Content Mastery Exam and Comprehensive Predictor Exam.	• ATI Individual and Aggregate Reports	Annual
Criteria	**Responsibility**	**Level of Achievement/Action**	
a	Faculty/Dean	a Criteria not met	
b	Faculty/Dean	b Criteria not met	
c	Faculty/Dean	c Criteria met	
d	Faculty/Dean	d Criteria Partially met	
Action			

Criteria A-D.
Results: All areas were met with 100% compliance.
  A. Not met

Evergreen Valley College

    a. Employment & Continuing Education Rates
        i. Total students surveyed = Fall 13 (n=24) + Spring 14 (n=22) = 46
        ii. Response rate = Fall 13 (n=11) + Spring 14 (n=13) = 24 (52% response rate)
        iii. Total students employed = Fall 13 (n=2) + Spring 14 (n=10) = 12 (26% employed)
        iv. Total students continuing education = Fall 13 (n=0) + Spring 14 (n=3) = 3 (6.5% continuing education)
        v. Total students employed or continuing education = employed (n=12) + continuing education (n=3) = 15 (32.6%)

B. Not met
    a. 1 Year Follow-up Student Survey
        i. Response rate = 10 respondents out of 46 total students = 21.7% response rate
        ii. Of the 21.7% of the students who responded to the 1 year Follow-up survey 100% rated themselves as ≥ 4 (Proficient and Expert) on a Likert scale of 1-5.
    b. 1 Year Follow-up Employer Survey = Unable to determine (0% response rate)
    c. NCLEX pass rates =
        i. Fall 13 = 100% 1st time pass rate by cohort / 95% pass rate for overall
        ii. Spring 14 = Pending

C. Met
    a. Clinical Evaluation = all students progression in clinical are measured using the Clinical Evaluation to reflect achievement of student learning and program outcomes; all students progressed clinically with the following exceptions:
        i. Fall 13 = 1 clinical failure
        ii. Spring 14 = 0 clinical failure
    b. Persistent Rate
        i. Fall 13 = 49% persistence rate
        ii. Spring 14 = 47% persistence rate
    c. Student Attrition Rate
        i. Fall 13 = 16% attrition rate
        ii. Spring 14 = 12% attrition rate

D. Partially met = Percentage of student who met Level 2 or higher cut score per Content Mastery Exam and Comprehensive Predictor for the following semesters:
    a. Fall 13 (Level 2 or higher)
        i. Fundamentals = 75.00% (Spring 15 Class)
        ii. Nutrition = 38.23% (Fall 14 Class)
        iii. Community = 48.48% (Fall 14 Class)
        iv. Newborn = 100.00% (Fall 14 Class)

Evergreen Valley College

   v. Med/Surg = 80.00% (Spring 14 Class)
   vi. Children = 64.00% (Spring 14 Class)
   vii. Leadership = 29.16% (Fall 13 Class)
   viii. Pharmacology = 65.38% (Fall 13 Class)
   ix. Mental Health = 72.58% (Fall 13 Class)
   x. Comprehensive Predictor = 75% pop: 80% or higher (Fall 13 Class)
  b. Spring 14 (Level 2 or higher)
   i. Fundamentals = 74.28% (Fall 15 Class)
   ii. Nutrition = 31.42% (Spring 15 Class)
   iii. Community = 43.75% (Spring 15 Class)
   iv. Newborn = 93.54% (Spring 15 Class)
   v. Med/Surg = 77.41% (Fall 14 Class)
   vi. Children = 77.41% (Fall 14 Class)
   vii. Leadership = 18.75% (Spring 14 Class)
   viii. Pharmacology = 78.26% (Spring 14 Class)
   ix. Mental Health = 91.30% (Spring 14 Class)
   x. Comprehensive Predictor = 60.86% pop: 80% or higher (Spring 14 Class)

Discussion & Action: Upon review of data, Criterion 4.7 is partially met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. Delete this performance indicator for future program reviews because it does not speak to the contents of Criterion 4.7. Instead replace it with the following:
  a. Performance Indicator = "Every course uses a minimum of 2 evaluation methodologies".
  b. Assessment methods = Course Syllabi
B. Delete this performance indicator for future program reviews because it does not speak to the contents of Criterion 4.7. Instead replace it with the following:
  a. Performance Indicator = "National College State Board of Nursing NCLEX Blue print mapped to course SLOs and program SLOs".
  b. Assessment methods = BRN Self Study
C. Discussion is needed regarding what benchmark the program will set for attrition and persistence rates. There is an ongoing conversation regarding looking at ways to help increase both persistence rates and decrease attrition rates.

a. The pass Rate and Attrition Rate should be used in conjunction with the Persistence rate by Cohort and annual NCLEX Pass Rates to assess program outcomes. NCLEX Pass rates for Fall 13 = 84%; NCLEX Pass rates for Spring 14 = 88%. This indicates that attrition decreased and NCLEX pass rates increased in this academic year.

b. The Persistence rate by Cohort should be used in conjunction with the Annual Pass Rate, Attrition Rate and NCLEX Pass Rates to assess the program. Persistence rate for Fall 13 = 49% ; Persistence rate for Spring 14 = 47%; NCLEX Pass rates = 90.77% for that cohort

D. Only 3 content mastery exams met the Performance indicator of having 90% or higher of students achieving cut score. Recommend looking at ways of improving increased performance on ATI Content Mastery Exams and Comprehensive predictors. Not all exams are awarded points for achieving content mastery and we may need to look at ways to incentivize increased performance.

    a. Performance indicator needs to be reworded for the following program review to specify the cut score of a level 2 or higher for better clarification.

    b. This performance indicator does not accurately address the criterion. Recommend rewording the performance indicator so it is not focusing on the actual performance of students in ATI but instead that:

        i. Performance Indicator: "At least one ATI Content Mastery Exams and/or Comprehensive Predictor Exam used in each semester to measure achievement of student learning."

        ii. Assessment Method: Syllabus, Content Expert Report, ATI Group Report (each semester should incorporate this print out into the new Program Review Matrix Binder for future program reviews)

Evergreen Valley College

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.8: The length of time and credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards and best practices. CA BRN Approval Rules and Regulations (Section 5: Curriculum): Title 16 CA Code of Regulations - Sections 1426(b); 1426(c) 1 - 3; 1426(d); 1426(e) 1 - 7; 1426(f) 1-2; 1443.5 (Standards of Competent Performance)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	The curriculum shall consist of not less than fifty-eight (58) semester units, which shall include at least the following number of units in the specific course areas: (1) Art and science of nursing, thirty-six (36) semester units, of which eighteen (18) semester will be in theory and eighteen (18) semester units will be in clinical practice. (2) Communication skills, six (6) semester units. Communication skills shall include principles of oral, written, and group communication. (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester units.	EVC Catalog	Annual
Criteria	**Responsibility**	**Level of Achievement/Action**	
a	Faculty/Dean	a. Criteria met	
Action			
Criteria A.			

Results: All areas were met with 100% compliance.
   A. Criteria met
      a. 100% met = Degrees and Certificate requirements found on page 52-53 of EVC Print Catalog 2013-2014

Discussion & Action: Using the assessment methods listed above, criteria 4.8 has been met. See below for further recommendations:
   A. Even though the above assessment method met the performance indicator for this criterion, it was difficult to ascertain just by looking at the EVC Catalog.
      a. Add Curriculum Plan as an Assessment Method for future program reviews because it will help make better sense of what is listed in the EVC Catalog.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.9: Practice learning environments support the achievement of student learning outcomes and program outcomes.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	>75% of clinical agencies provide opportunities for students to care for clients from diverse cultural backgrounds with varying levels of acuity.	• Faculty Clinical Facility Evaluation Form • Student Evaluation of Clinical Site • Healthy People 2020 Community Project presentation • Clinical Record	Annual
b	>75% of agencies provide sufficient census for number and level of students.	• Faculty Clinical Facility Evaluation Form • Student Evaluation of Clinical Site	
c	100% of agency staffing is adequate to allow students to meet course and clinical objectives.	• Faculty Clinical Facility Evaluation Form	Annual
d	100% of Practice learning environments (clinical sites) are compliant with state and federal regulatory bodies related to patient health and safety standards.	• BRN Approval Letter	Annual
e	Simulation environment is equipped and staffed to help meet the student learning outcomes.	• Simulation Schedule • Simulation Inventory and Supply List	Annual
Criteria	Responsibility	Level of Achievement	
a	Faculty/Dean	a. Unable to determine if Criteria Met	
b	Faculty/Dean	b. Criteria met	
c	Faculty/Dean	c. Criteria met	
d	Faculty/Dean	d. Criteria met	
e	Faculty/Dean	e. Criteria partially met	
Action			

Criteria A-E.

Results: Criteria not met

A. Met anecdotally but no data being collected to appropriately determine if Performance Indicator is met.
    a. Faculty Clinical Facility Evaluation Form does not collect this information
    b. Not an appropriate assessment method: Information that address this Performance Indicator is not collected using this assessment method
    c. Healthy People 2020 assignment does not appropriately address the performance indicator.
    d. Clinical Record Template used throughout the curriculum incorporates area addressing patient's cultural background that students cared for but it does not measure the performance indicator.
B. 100% met - >75% of agencies provide sufficient census for number of students
    a. Fall 13 = 100%
    b. Spring 14 = 100%
C. 100% met – 100% of agency staffing is adequate to allow students to meet course and clinical objectives.
    a. Fall 13 = 100%
    b. Spring 14 = 100%
D. 100% met
    a. All clinical sites are BRN approved which demonstrated meeting the BRN clinical site requirements set forth in Article 3. Prelicensure Nursing Programs section 1427
E. Partially met:
    a. All Simulation experiences are staffed with 3 members (1 debriefer, 1 wizard, and 1 content expert which is the clinical instructor for that individual group participating in the simulation) for both Fall 13 and Spring 14
        i. Fall 13

Date:	Facilitator	Wizard	Content Expert
10/11/13	S. Wetzel	S.Machado	O.Nwogu
10/15/13	K. Potter	A. Burns	Clinical Instructor (N003)
10/18/13	F. Mesa	S.Machado	M.Adamski
10/22/13	M.Adamski	A.Burns	F.Mesa
10/25/13	M.Adamski	S.Machado	K.Potter
11/19/13	S.Wetzel	A.Burns	B.Tisdale
11/22/13	M.Adamski	S.Machado	O.Nwogu + K.Potter
11/26/13	B.Tisdale	A.Burns	S.Wetzel
12/6/13	S.Wetzel	A.Burns + S.Machado	S.Machado + Clinical Instructor (N003)
12/13/13	F.Mesa	S.Machado	M.Adamski

| 12/17/13 | M.Adamski | A.Burns | F.Mesa |

ii. Spring 14

Date:	Facilitator	Wizard	Content Expert
3/7/14	S. Wetzel	S.Machado	O.Nwogu
3/11/14	K. Potter	A. Burns	Clinical Instructor (N003)
3/12/14	J.Keane	S.Machado	K.Potter
3/18/14	M.Adamski	A.Burns	F.Mesa
3/19/14	F.Mesa	A.Burns + S.Machado	M.Adamski
4/8/14	S.Wetzel + B.Tisdale	A.Burns	B.Tisdale + S.Wetzel
4/11/14	S.Wetzel	S.Machado	Clinical Instructor (N004)
4/25/14	M.Adamski	S.Machado	K.Potter
5/2/14	S.Wetzel	S.Machado	Clinical Instructor (N003)
5/9/14	M.Adamski	S.Machado	O.Nwogu
5/16/14	F.Mesa	S.Machado	M.Adamski
5/20/14	M.Adamski	A.Burns	F.Mesa

b. Met anecdotally but no data being collected to appropriately determine if Simulation Lab is appropriately equipped.

Discussion & Action: Upon review of data, criteria 4.9 has been partially met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. Even though this information can be found in multiple locations throughout the curriculum and addressed within the Clinical Record, information regarding the cultural diversity within each clinical setting is not directly being captured at this time.
   a. Add another section within the Clinical Facility Evaluation Form it would make this data collection more efficient and accurate.
B. Remove Student Evaluation of Clinical site, as an assessment method in future program reviews because it does not collect data that addresses the performance indicator and students are not the appropriate individuals to evaluate the clinical setting for sufficient census for the number and level of students within a clinical setting.
C. No changes recommended
D. Reword the Performance Indicator to read for future program reviews, "100% of clinical sites are BRN approved and meet the Clinical Facilities requirements set forth in Article 3. Prelicensure Nursing Program section 1427."
E. I would recommend keeping a Simulation binder in which we keep a copy of the simulation schedule for the academic years along with a copy of the Simulation Inventory and Supply List so that we are not so dependent on the turnaround time of requests from

the Work Force Institute. The Simulation Inventory and Supply list can be used as a template for ordering/requesting supplies for each academic years to maintain the appropriate stock of supplies for simulation experiences.

F. Simulation lab is appropriately staffed as per the simulation schedule but unable to determine if appropriately equipped. Anecdotally the Simulation lab is appropriately equipped but the Nursing Department does not have access to an official Equipment Inventory and Supply list from SJCC Workforce Institute. Requested from Cres Nolasco (SJCC Workforce Institute Simulation Center IT support) a copy of the original equipment list used to set up Simulation Center but he was not aware of the existence of such form/s. Recommend the following:

   a. Nursing Department to keep a simulation binder in which to keep a copy of the simulation schedule for the academic year along with a copy of the Simulation Inventory and Supply List that can be uses as a template for ordering/requesting supplies for each academic years to maintain appropriate stock and supplies for simulation experience.

   b.   Recommend that EVC Nursing Department collaborate with SJCC Workforce Institute to create an Equipment Inventory List and a working Supply list that the Nursing Department can use and maintain for future program reviews.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.10: Student clinical experiences reflect current best practices and nationally established patient health and safety goals. CA BRN Approval Rules and Regulations (Section 6: Clinical Facilities/Clinical Experiences): Title 16 CA Code of Regulations - Sections 1425.1(b); 1424(i); 1427(a); 1427(b); 1424(c) 1 - 4; 1427(c) 1 - 6; 1424(k) 1 - 6; 1428(c)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100% of clinical faculty are BRN approved	• BRN Approval Letter	Annual
b	100% of clinical sites are accredited	• BRN Approval Letter	Annual
c	Content Expert reviews course content to reflect current best practices	• Content Expert Binder • Curriculum meeting minutes	Annual
d	100% of students are provided with experiences in simulation.	• Simulation activities in med/surg, OB, and pediatrics	Annual
Criteria	**Responsibility**	**Level of Achievement**	
a	Faculty/Dean	a. Criteria met	
b	Faculty/Dean	b. Criteria met	
c	Faculty/Dean	c. Criteria met	
d	Faculty/Dean	d. Criteria met	
Action			

Criteria A-D.
Results: All areas were met with 100% compliance.
  A. 100% met = All clinical faculty for Fall 13-Spring 14 are BRN approved.
  B. 100% met = All clinical facilities used in Fall 13 – Spring 14 are BRN approved
  C. 100% met
       a. Content Expert Reports are current and found in Content Expert Binder.
             i. Fall 13 = Medical Surgical and Pediatrics
             ii. Spring 14 = Geriatrics, Maternity, and Mental Health
       b. Content Expert Reports presented in Curriculum Committee:

      i. Fall 13
          1. Medical Surgical = 12/9/13
          2. Pediatrics = 12/9/13
      ii. Spring 14
          1. Geriatrics = 4/28/14
          2. Maternity = 5/19/14
          3. Mental Health = 5/19/14
          4. Pediatric = Update given on 4/28/14

D. 100% met = See Simulation dates bellow:
    a. Fall 13
      i. N001= Low fidelity simulation used throughout semester (in skills lab and in PLTL)
      ii. N002A = 10/18/13, 10/22/13, 12/13/13, 12/17/13
      iii. N002B = 10/11/13, 11/22/13, 12/6/13
      iv. N003 = 10/15/13, 10/25/13, 11/22/13, 12/6/13
      v. N004 = 11/19/13, 11/26/13
    b. Spring 14
      i. N001= Low fidelity simulation used throughout semester (in skills lab and in PLTL)
      ii. N002A = 3/18/14, 3/19/14, 5/16/14, 5/20/14
      iii. N002B = 3/7/14, 5/9/14
      iv. N003 = 3/11/14, 3/12/14, 4/25/14, 5/2/14
      v. N004 = 4/8/14, 4/11/14

Discussion & Action: Using the assessment methods listed above, all areas of criteria 4.10 has been met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. No changes recommended
B. Reword Performance Indicators & Outcome Criteria to read, "100% of clinical sites are BRN approved and meet the Clinical Facilities requirements set forth in Article 3. Prelicensure Nursing Program section 1427." vs "…accredited). By using this wording we would also be able to combine Performance Indicators A + B.
C. No changes recommended
D. Reword the Performance Indicator & Outcomes Criteria to read, "100% of students are provided with experiences in simulation as they progress through the curriculum" or "By the end of Semester #4 100% of students are provided with experiences in simulation".

Evergreen Valley College

a. Consider creating a template (Simulation Experience Report) that will follow the Cohort as they progress through the Nursing Program to keep tract of the dates and types of simulation experience students have participated in and to identify the role/s in which they were involved.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.11: Written agreement for clinical practice agencies are current, specify expectations for all parties and ensure the protection of students (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)

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	100% written clinical site contracts are current	• Clinical Facility Contracts	Annual

Criteria	Responsibility	Level of Achievement	
a	Dean	a. Criteria met	

Action

Criteria A.
Results:
  A. 100% Compliant = Written agreement for clinical practice agencies is current, specify expectations for all parties and ensure the protection of students.

Discussion & Action: Upon review of data, criteria 4.11 has been met. No action is needed at this time.
  A. Even though the above assessment method met the performance indicator for this criterion, it was difficult to ascertain just by looking through the Clinical Facility Contract binder.
     a. Add a face sheet with the list of the clinical facilities that we have contracts with, the date of last signature and the date it will need to be reviewed, and which semester/s the facilities are being used for with a new face sheet created every academic year.

Standard IV: CURRICULUM AND INSTRUCTION

Standard IV The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.

Criterion 4.12: Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Learning activities are matched to a minimum of one SLO in assigned course.	• Reading schedule • Course Syllabi • Clinical records • Assignment Description	Annual
b	100% of course SLOs are addressed in the instructional material.	• Team meeting minutes • Curriculum meeting minutes • Reading schedule	Annual
c	Evaluation methods are linked to a minimum of one SLO in each course.	• Midterm & Final Clinical Evaluation Template • Test item analysis review mapped to SLOs	Annual

Criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria met
b	Faculty/Dean	b. Criteria met
c	Faculty/Dean	c. Criteria met
Action		

Criteria A-C.
Results: All areas were met with 100% compliance.
    A. 100% met
        a. All courses have clinical record to be completed on assigned patients that addresses at least one SLO with the completion of the assignment.
    B. 100% met
        a. 100% met = SLOs are addressed in the following team meeting minutes:

        i.   Semester 1 = 8/14/13, 9/9/13, 9/16/13, 9/23/13, 9/30/13, 10/7/13, 10/14/13, 10/28/13, 11/4/13, 12/18/13, 1/27/14, 3/10/14, 3/31/14, 4/7/14, 4/21/14, 5/5/14

      ii.   Semester 2 = 9/13, 10/17/13, 11/25/13

    iii.   Semester 3 = 9/30/13, 10/7/13, 11/4/13, 3/10/14, 3/17/14

    iv.   Semester 4 = 9/16/13, 11/8/13, 12/12/13, 1/27/14, 4/7/14, 4/28/14, 4/12/14

  b. 100% met = Curriculum Meeting Minutes address course SLOs

      i.   Fall 13 = 9/23/13, 10/18/13

     ii.   Spring 14 = 2/10/14, 4/18/14

  c. 100% met = Reading Schedule for all semesters incorporate SLOs (Semester 1, 2a, 2B, 3, 4)

C. 100% met

  a. Midterm and Final Clinical Evaluation Template uses five SLO to evaluate student performance and is used by all semesters.

  b. Test item analysis mapped to SLOs (Semester 1, 2a, 2B, 3, 4)

Discussion & Action: Upon review of data, all areas of criteria 4.12 has been partially met. The use of the New Program Review Matrix to be adopted in the Fall 14-Spring 15 will assist in data collection. See below for further recommendations:

A. Reword Performance Indicator to read: "Each semester will have at least 1 learning activity matched to a minimum of one SLO"

  a. Look at streamlining the assessment tool so that we move from using 4 tools that are not applicable in all semesters to only 1-2 tools that could capture all semesters. Could even consider creating another area within our New Program Review Matrix where we identify the activities/assignments students complete during the semester and map them to the Course SLO. Right now, the way it is written it is the expectation that the person who is collecting the data for completion of the program review is the one that is identifying the SLOs that the activities address instead of the actual semester instructors who are more familiar with the nuance of the identified assignment/s. Some assignments may address only 1 SLO or multiple SLOs and this is not being captured.

B. There needs to be a clearer definition of what is meant by "instructional materials". Are meeting minutes instructional materials since the students do not have access to them and they are not directly used in instruction? Once we have a clearer definition for this performance indicator we can really see if the assessment tools are appropriate or if they need to be changed.

  a. Do we really want 100% of course SLOs…. Or is it 100% of courses will have SLOs in teaching material?

      i.   If the latter is the case, we should consider using the Copies of the lecture slides in the semester binders as our assessment tool since they should be incorporating SLOs to guide student learning.

  b. If we continue to use Team Meeting Minutes as an assessment tool consider incorporating N002B into some of the Semester 2 Team Meeting Minutes to capture that SLOs are also being addressed within this area of the curriculum.

C. Test item analysis needs to be placed in a uniform location for every semester that is easily accessible to complete program review – Will be included in the Program Review Matrix to be adopted in the Fall 14 – Spring 15.

Evergreen Valley College

Standard V: RESOURCES

Standard V: Fiscal, physical and learning resources are sustainable and sufficient to ensure the achievement of student learning outcomes and program outcomes of the nursing education unit.

Criterion 5.1: Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization. CA BRN Approval Rules and Regulations (Section 3: Sufficiency of Resources): Title 16 CA Code of Regulations: Section 1424(d)

Operational Definition: Nursing budget is sufficient for program to achieve its purpose.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	Fiscal resources are sustainable and commensurate with the resources of the governing organization.	Annual budget and grant budget	Annual
B	Fiscal resources are sufficient and commensurate with the resources of the governing organization.	Annual budget and grant budget	Annual

Criteria	Responsibility	Level of Achievement
a	Faculty/Dean	a. Criteria met
b	Faculty/Dean	b. Criteria met

Action
Results: Criteria A & B: EVC continues to provide a fiscal budget that supports a qualified faculty, supportive staff, and student workers who are pursuing a career in healthcare. Securing grant funding enhances the learning environment such as simulation equipment, skills lab equipment as well as support faculty professional development. District and college administrators recognize the community's need for more nurses in the workforce, and have supported efforts to enhance the program such as the approval to hire a full-time nursing instructor in the Skills Lab. Over 50% of the nursing faculty is full-time. The number of full-time faculty will total 11 after the new position is filled.   **Discussion:** The fiscal resources are sustainable and sufficient, and commensurate with the resources of the governing organization. Though the college is funded through *Basic Aid*, a healthy reserve is maintained to account for unforeseen financial challenges. NLNAC's accreditation site review in spring 2013 found that EVC's Nursing Program is in compliance of this standard and criterion. Criterion met.   **Action:** The annual Faculty/Staff/Dean Satisfaction Survey inquires about the nurse administrator's authority to prepare and administer the program budget, and whether grant projects meet program and student needs. The Satisfaction Survey should be listed as an Assessment Method for 2014-2015 if these questions continue to be a part of the survey.

Evergreen Valley College

Standard V: RESOURCES

Standard V: **Fiscal, physical and learning resources are sustainable and sufficient to ensure the achievement of student learning outcomes and program outcomes of the nursing education unit.**

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Physical resources are sustainable to meet the needs of the faculty, staff and students	Annual budget and grant budget	Annual
b	Physical resources are sufficient to meet the needs of the faculty, staff and students.	Classroom, lab, and office assignments	Annual
Criteria	**Responsibility**	**Level of Achievement/Action**	
a	Faculty/Dean	a. Criteria met	
B	Faculty/Dean	b. Criteria met	
Action			

Results: Criteria A & B: The annual budget and grant budget provides sufficient physical resources to ensure the achievement of outcomes and meet the needs of faculty, staff, and students. Classrooms are typically scheduled in the Sequoia buildings, where the Nursing Office is also located. Classrooms are "Smart" rooms equipped with technology to enhance learning such as computers, projector, open internet, white boards, and audio speakers. Two Skills Labs provide sufficient space and appropriate equipment to achieve learning outcomes. Offices are either private or semi-private to meet the needs of faculty, staff, and students.
Discussion: The physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.   Criterion A & B were met.
Action:
None at this time. Ongoing assessment.

Standard V: RESOURCES

Standard V: Fiscal, physical and learning resources are sustainable and sufficient to ensure the achievement of student learning outcomes and program outcomes of the nursing education unit.

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	Learning resources are comprehensive, current, accessible	Computer lab, skills lab, and tutoring center schedule; Nursing textbook resources are current within 5 years	Annual
b	Learning resources are selected with faculty input	Curriculum Committee meeting minutes	Annual

Criteria	Responsibility	Level of Achievement/Action
a	Faculty/Dean	a. Criteria met
b	Faculty/Dean	b. Criteria met
Action		

Results:
Criteria A&B have been met.
Discussion:
Faculty provides input when grants are submitted and expenditure of college budget. Learning resources in computer lab, skills lab, and tutoring are accessible. Nursing textbook resources are current within 5 years, or accepted through campus curriculum committee (ACCC) if noted as "classic." Faculty has input when learning resources are selected as evidenced by meeting minutes.
Action:
No action plan at this time. Continue ongoing assessment.

Evergreen Valley College

Standard V: RESOURCES

Standard V: Fiscal, physical and learning resources are sustainable and sufficient to ensure the achievement of student learning outcomes and program outcomes of the nursing education unit.

Criterion 5.4: Fiscal, physical, technological and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery

N/A

Standard VI: OUTCOMES

Standard VI: **Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.**

Criterion 6.1: The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of the following: a) student learning, b) program outcomes, c) role-specific graduate competencies d) the NLNAC standards.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	100% of courses include utilizing multidimensional evaluation methods and ongoing assessment and evaluation of student learning	Exams, Quizzes, Comprehensive Final Exam, clinical evaluation, clinical record rubric, APA paper rubric, SLO assessment matrix in every course, Follow-up exit interview with Dean, curriculum meeting minutes	Every semester
B	85% of students will complete 4 semesters of nursing program with at least a 75% grade	Attrition rate, Pass rate	Every semester
C	90% of employers will rate new graduates at satisfactory or very satisfactory on a Likert Scale	Employer Survey	Annual
D	At least 100% of students are meeting role-specific graduate competencies by the end of 4th semester	Clinical Evaluation Tool	Every Semester
E	Program Review completed annually	EVC Nursing Program Review committee meeting minutes, IEC meeting minutes, EVC nursing program curriculum meeting minutes	Annual
Criteria	Responsibility	Level of Achievement/Action	
A	Faculty/Dean	a. Criteria Met	
B	Faculty/Dean	b. Criteria Partially Met	
C	Faculty/Dean	c. Criteria Not Met	
D	Faculty/Dean	d. Criteria Met	
E	Faculty/Dean	e. Criteria Met	
Action			
Results: All criteria were met or partially met except for Criteria C.			

Evergreen Valley College

Discussion & Action:

A. The Performance Indicators and Outcome Criteria and Assessment Methods which were not aligned appropriately in Nursing PR 2012-2013 were revised. Multidimensional evaluation methods were utilized and ongoing assessment and evaluation of student learning was emphasized (as evidenced by above Assessment methods). For example, SLO assessment matrix used in every course. SLO assessment matrices will continue to be utilized each semester and updated as needed. Effectiveness of assignment rubrics will be discussed at curriculum meetings to ascertain its effectiveness. Item analysis used after every exam to evaluate validity of questions and achievement of SLOs. In Spring, 2014, Faculty piloted an outcomes matrix for N002A that includes lecture, course, program and institution learning outcomes. Voluntary task force will review EVC Program Review template (Instructional) and will development a format that can be used by the nursing program – task force presented findings to faculty for discussion and possible adoption. In Spring, 2014, Clinical Record rubric piloted for N001. Rubric will be implemented in N003 as well beginning in Fall 2014.

B. **Definition of Pass Rate and Attrition Rate at EVC Nursing Program** = Total Number Entering by Year/Total Number Completing the Program by Year. The Attrition Rate is the Pass Rate subtracted from 100%. The pass rate for students entering Fall 2011 and completing Spring 2013 was 91% with an attrition rate of 9%. The pass rate/attrition rate for Spring 2012 – Fall 2013 class was 84%/16%. The pass rate/attrition rate for Fall 2012 – Spring 2014 class was 88%/12%. The criteria for Fall 2011 – Spring 2013 and Fall 2012 – Spring 2014 classes were met. The pass rate/attrition pass rate for Spring 2012 – Fall 2013 class did not meet the criteria. Implementations to promote student success are ongoing and include campus wide early alert system, PLTL (peer learning team lead), Student Success Coordinator, and campus wide support services. New position will be added starting in Fall 2014 for a full time skills lab instructor. Passing "C" grade changed from 70% to 75% starting in Fall 2013. The chancellor's formula (used to determine eligibility for consideration to nursing program) will be increased from 68% to 75% starting in the October 2014 application period.

C. Criteria not met. Some barriers contributing to low Employer survey response were identified during Faculty Meetings. These barriers include: Changes in the economy have resulted in a significant decrease in the number of RN position postings (although the number of employed graduates is rising with recovery of economy). Local community hospitals are working towards Magnet status and are recruiting mainly BSN prepared RN graduates. ADN student graduates are continuing on to obtain BSN degrees and some are postponing employment while pursuing their educational goals. Some new graduates' apparent hesitancy of sharing employer contact info with nursing program (possibly due to fear of being evaluated?). Discussions ongoing to explore ways to increase response of Employer surveys. These strategies include discussion with nursing students regarding rationale for Employer survey and its role in PR, staff dedicated to regularly follow-up with new graduates using various formats including use of social media, and alternate ways to deliver employer surveys to increase employer responses.

D. Criteria met.

E. Criteria met. Utilization of PR subcommittee & BRN self-study subcommittee (committee members each worked on respective sections during the summer & throughout Fall semester). Faculty input is included in every step of the audit & review of PR (PR & BRN self-study published on Moodle – course management system for all nursing faculty to access, review and to provide feedback).

Standard VI: OUTCOMES

Standard VI **Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.**

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

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	100% of courses evaluate at least one SLO for each semester	SLO matrix	Every Semester
B	100% of content expert reports will review ATI specific content results and correlate results to SLOs & make appropriate recommendations	Curriculum Meeting Minutes; Content Expert Reports	Every Semester

Criteria	Responsibility	Level of Achievement/Action
A	Faculty/Dean	a. Criteria met
B	Faculty/Dean	b. Criteria met
Action		

Discussion:

A. Multidimensional methods utilized and aggregated findings used to inform program decision-making and are used to maintain or improve student-learning outcomes. Methods include theory examinations and quizzes, written assignments, clinical and skill competency evaluations, and dosage calculation exams. Examples of learning and assessment strategies and activities faculty use to measure achievement of SLOs and related competencies are available for review in the Semester Course Binders & Curriculum Meeting minutes. Students demonstrate clinical competency by meeting the course SLOs in a variety of clinical experiences and must achieve a Satisfactory clinical performance grade during both formative and summative Clinical Competency Assessment. Student self-evaluates clinical performance on Weekly Anecdotal notes and clinical faculty provides students feedback regarding their areas of strengths and any needs of improvement. Clinical competency for each course is measured using the course Clinical Evaluation Tool. The Clinical Evaluation Tool for each course is reflective of the five (5) course SLOs and help the faculty assess the student's ability to demonstrate achievement of the SLOs in clinical practice (Clinical Evaluation Tool). The tool reflects ongoing clinical evaluation throughout the course, and provides feedback to students on their performance at midterm and the completion of every rotation. Students who achieve a Satisfactory overall clinical evaluation may progress in the program; if they earn Unsatisfactory or Needs Improvement by course midterm they may progress on a contract (Student Success Strategy) and are referred to the appropriate resource by faculty. Students are dropped from the program per policy if they are still considered Needs Improvement or Unsatisfactory by the end the course. In a situation that endangers the safety of the client, a period of remediation is not appropriate. The student's performance will be considered unsatisfactory, and the student will not be allowed to continue in the course. The

decision will be reviewed by another faculty member and the dean of the nursing department. Students will not be allowed to continue if acts of gross negligence occur. At the end of each semester, faculty aggregate clinical performance data and discuss trends and suggestions for program improvement based on the data at Program Review meetings. Nursing faculty use, the aggregated data findings obtained from faculty discussions to evaluate common areas of clinical weakness among students, improve and refine students' clinical agency experiences during courses and plan meaningful nursing skill practice exercises that students complete during their concurrent laboratory courses.

B. EVC's NCLEX-RN pass rates, program completion rates, graduate and employer satisfaction rates, and job placement rates are compiled, aggregated and trended on an annual basis. Aggregated evaluation findings are regularly reviewed by faculty during bi-annual Professional Development Day Meetings, Program Review meetings, and Faculty meetings where faculty design actions and strategies for program improvement. Aggregated and trended ATI Content and NCLEX-RN Comprehensive Predictor Exam Results are presented by Content Experts and are reviewed by faculty. Faculty identified Pharmacology as an area where students needed improvement.

Plan:

A. Piloting SLO binders & SLO matrix since Fall 2013.

B. Plan to add Pharmacology as an optional course in the future. Pathophysiology course taught by EVC's own nursing faculty during Summer, 2014. Continue to integrate ATI into core courses with remediation encouraged. In Fall 2014, ATI Upgrades piloted in N001 and will be implemented throughout all semesters if pilot is successful. Upgrades include Skills Modules, Dosage Calculation & Pharmacology Made Easy.

Standard VI: OUTCOMES

Standard VI: **Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.**

Criterion 6.3: Evaluation findings are shared with communities of interest

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	Annual community advisory board meeting	Advisory board meeting minutes. Board meeting minutes	Annual
B	Dean regularly reports to Board of Directors, Program Review sent to IEC	Annual school survey to CA BRN, IEC meeting minutes	Annual

Criteria	Responsibility	Level of Achievement/Action
A	Faculty/Dean	a. Criteria met
B	Faculty/Dean	b. Criteria met
Action		

Results:

EVC nursing program continues to host annual community advisory board meeting. Dean regularly report to the Board of Directors and Program Review is sent to IEC for review.

Discussion & Actions:

Plans to design Satisfaction Survey to collect feedback from Community Advisory Board Members. The faculty will continue communications with communities of interest.

Standard VI: OUTCOMES

Standard VI: **Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.**

Criterion 6.4: Graduates demonstrate achievement of competencies appropriate to role preparation.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	>85% of students will pass NCLEX RN	CA NCLEX RN Pass Rate	Annual
B	>90% of graduates will agree/strongly agree (at least 3.5 points on a 5 point Likert scale that graduates were adequately prepared for entry level positions	Graduate Survey/1 year graduate follow up survey	Every semester/Annual
C	>90% of employers will agree/strongly agree on Likert Scale that graduates were adequately prepared for entry level positions	Employer Satisfaction Survey	Annual

Criteria	Responsibility	Level of Achievement/Action
A	Faculty/Dean	a. Criteria met
B	Faulty/Dean	b. Criteria partially met
C	Faculty/Dean	c. Criteria not met
Action		

Results:

Criteria A. NCLEX-RN pass rate for 2011-2012 was 83.33%. Pass rates for 2012-2013 are 90.77%, which is over a 7% increase.
According to the National Council of State Board Nursing, the 2013 NCLEX Examination passing rate for first-time ADN applicants in the U.S. from July-September was 79.56% and YTD (Jan.-Sept.) is 82.98% (https://www.ncsbn.org/Table_of_Pass_Rates_2013.pdf). EVC's Nursing Program NCLEX passing rate is above the national's average. Recent accreditation site review in spring 2013 from ACEN/CA BRN validates compliance with this standard and criteria as evidenced in follow-up report.

Criteria B. On the one-year follow up graduate surveys, students were asked how satisfied they felt they could administer safe, competent, nursing care, can function effectively as an entry-level registered nurse, and can recognize personal competencies and scope of practice. Surveys were done in Spring 2008, Spring 2009, Spring

2010, Spring & Fall 2011, Spring 2012 and Spring 2013. More than 90% of the students responded that they were either moderately satisfied or very satisfied. These questions indicated that they were prepared to perform the role and responsibilities of a R.N.

Graduating Student Surveys were done in Spring & Fall 2008, Spring & Fall 2009, 2010, 2011, 2012, Spring 2013 (Fall 2013 was not done) and Spring 2014. Students were asked whether they agree that they could implement nursing care based on the nursing process to meet client needs throughout the life span in a variety of settings, act as a client advocate to promote access and enhance quality of care throughout the life span in a variety of settings and can prioritize nursing care utilizing critical thinking skills. More than 90% of the students responded that they either agree or strongly agree to these questions indicating that they felt prepared for entry-level RN positions.

Discussion/Plan:

Criteria A. Ongoing strategies to promote NCLEX pass rate include campus wide early alert system, PLTL (peer learning team lead), Student Success Coordinator, and campus wide support services. New position was added starting in Fall 2014 for a full time skills lab instructor. Passing "C" grade changed from 70% to 75% starting in Fall 2013. The chancellor's formula (used to determine eligibility for consideration to nursing program) will be increased from 68% to 75% starting in the October 2014 application period. NCLEX pass rates will be regularly monitored and trend analysis will be completed in annual PR.

Criteria B. Criteria was only partially met because the original Graduate survey was based on satisfaction and not on Likert scale. Faculty will revise survey to use the Likert scale for evaluation consistency.

Criteria C. Criteria not met due to two reasons: 1) Employer Survey was based on satisfaction and not on Likert scale. Faculty will revise survey to use the Likert scale. . Employer survey will also be revised to address PI not included in 2012-2013 PR. 2) Limited numbers of employer response on employer survey. Faculty will utilize alternative methods to deliver employer survey to increase employer response. Continue to utilize staff dedicated to obtaining and following up with graduate student surveys.

Additional Future Plan: Add Preceptor Survey with performance indicator >90% of preceptors will agree/strongly agree on Likert Scale that graduates were adequately prepared for entry-level positions.

Standard VI: OUTCOMES

Standard VI: **Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.**

Criterion 6.5.1: The program demonstrates evidence of achievement in meeting the program outcomes. – Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the nation mean for the same 3 years.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
a	>85% of students will pass NCLEX-RN	Review of annual EVC NCLEX-RN pass rate	Annual

Criteria	Responsibility	Level of Achievement/Action
a	Faculty/Dean	a. Criteria partially met
Action		

Results:
EVC's Nursing Program NCLEX examination PI is set at 85% or higher. NCLEX-RN pass rate for 2010-2011 (Cohort graduated in Fall 2012) was 79.71% (national mean: 2010=86.46%). NCLEX-RN pass rate for 2011-2012 (Cohort graduated in Fall 2013) was 83.33% (national mean: 2011=86.99%; 2012=89.32%). Pass rates for 2012-2013 (Cohort graduated in Spring 2014) are 90.77% (national mean: 2013 through Sept. is 82.98%).

Discussion:
The PI for NCLEX examination pass rate has been met for 2013; however, it has not been met for 3 consecutive years. First cohort using 75% "C" grade was fall 2013. First cohort for new Chancellor Cut Score of 75% will be entering fall 2015.

Action:
RN pass rate consistently meet national standard. Various student support services continue to be utilized to achieve student learning outcomes, program outcomes, and role-specific graduate competencies, these services include: student success coordinator, various campus support services (i.e., financial aid, counseling, EOPS, DSP, etc.), addition of full time nursing skills lab coordinator starting Fall 2014. Attrition & Persistence rates tracked every semester and discussed at faculty meetings. Faculty will submit attrition form to Dean Herrera within one week of student separating from program. All students leaving the program will have a follow-up exit interview with the nursing Dean. Use ATI resources, including practice exam questions, to increase student exposure to test questions.

Standard VI: OUTCOMES

Standard VI: Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.

Criterion 6.5.2: The program demonstrates evidence of achievement in meeting the program outcomes. Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	≤20.0% Attrition Rate	Attrition Rate	Annual
B	≥60% Persistence Rate	Persistence Rate	

Criteria	Responsibility	Level of Achievement/Action	
A	Faculty/Dean	a. Criteria met	
B	Faculty/Dean	b. Criteria not met	

Action

Results:
The attrition rates for students completing the program in Spring 2013, Fall 2013 & Spring 2014 were 9%, 16% and 12%, respectively and the criteria was met.

Definition of Persistence Rate at EVC Nursing Program: The Persistence Rate by Cohort addresses each annual cohort admitted to the program and tracks the number of those who complete the program within four semesters. Persistence Rate = # Students Graduating in Cohort/# Students Entering in Original Cohort. By definition, the Persistence Rate by Cohort only applies to generic students; it does not include advanced placement students. The persistence rates for Cohort of students graduated in Fall 2013 (49%) and Spring 2014 (47%) did not meet the criteria.

Discussion/Actions:
The following were implemented to decrease student attrition rate and to increase persistence rate:
1. Implemented new 75% minimum "C" grade in Fall 2013.
2. The new change in Chancellor cut score from 68% to 75% is posted on EVC's nursing webpage, and will be implemented for October 2014 application process.
3. Ongoing strategies to promote student success include campus wide early alert system, PLTL (peer learning team lead), Student Success Coordinator, and campus wide support services. New position was added starting in Fall 2014 for a full time skills lab instructor. Passing "C" grade changed from 70% to 75%

starting in Fall 2013. The chancellor's formula (used to determine eligibility for consideration to nursing program) will be increased from 68% to 75% starting in the October 2014 application period. Persistence rates will be regularly monitored and trend analysis will be completed in annual PR.

4. Due to high number of failure or separation of BRN Course Deficiency students, faculty explored possible reasons for BRN students' separation from program. Faculty voted to start BRN students in semester 2 instead of semester 3 to increase a better transition for students. Specific cohort attrition rate and student outcome will be tracked and re-evaluated as needed.

Standard VI: OUTCOMES

Standard VI Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.

Criterion 6.5.3: The program demonstrates evidence of achievement in meeting the program outcomes. Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

Criterion 6.5.4: The program demonstrates evidence of achievement in meeting the program outcomes. Job Placement: Job placement rates are addressed through quantified measures that reflect program demographics and history.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
A	>90% of graduates who respond to the survey will report satisfaction (agree/strongly agree) with the preparation for nursing practice provided by the program	Graduating Student Survey	Annual
B	>90% of graduates will agree/strongly agree that they are able to complete student learning outcomes	Graduating Student Survey	Annual
C	>90% of 1 year graduates who respond to the survey will report satisfaction (agree/strongly agree) with the preparation for nursing practice provided by the program	1 year Follow-Up Graduate Satisfaction Survey	
D	>90.0% of graduates employed or advancing their nursing education within 1 year of graduation	1 year Follow-Up Graduate Satisfaction Survey	
E	>90% of employers of graduates who respond to the graduate follow-up survey will state that EVC nursing program prepared them adequately for entry level practice as an RN	Employer Survey	

Criteria	Responsibility	Level of Achievement/Action
A	Faculty/Dean	a. Criteria met
B	Faculty/Dean	b. Criteria met
C	Faculty/Dean	c. Criteria met
D	Faculty/Dean	d. Criteria not met
E	Faculty/Dean	e. Criteria not met
Action		

Results, Discussion/Plan:

Criteria A & B:

Graduating student survey was done every semester except for Fall 2013. Fall 2013 was revised from satisfied/unsatisfied to agree, strongly agree, neutral, disagree or strongly disagree. Survey results demonstrate that at least 90% of graduating students agree or highly agree that the nursing program prepared them adequately for nursing practice and they are able to complete student-learning outcomes.

Criteria C:

One year follow up graduate surveys were done in Spring 2008 (n=25), 2009 (n=15) & 2010 (n=26); Spring 2011 (n=21) & Fall 2011 (n=19) and Spring 2012 (n=16) & Spring 2013 (n=10). In Spring 2013, the wording on survey question was changed from satisfied/not satisfied to agree, strongly agree, neutral, disagree or strongly disagree to better capture student responses. At least 90-100% of students agreed or highly agreed that the EVC nursing program prepared them adequately for entry level practice as an RN

Criteria D:

Job placement rate for Fall 2012: 78% are employed (18 responded; 64% response rate).
Job placement rate for Spring 2013 graduates: 11 out of 36 graduates responded (31% response rate). Of the 11 graduates that responded, 2 (not employed, in RN-BSN program), 3 (employed as RN & in RN-BSN program), 3 (RN in acute care setting), 1 (not employed and not advancing in nursing career), 1 (working in non-nursing field, in RN-BSN program), 1 (RN in long term facility)

Job placement rate for Fall 2013 graduates: 11 out of 24 graduates responded (46% response rate). Of the 11 responses, 80% of the respondents were unable to find employment and 10% were working in other healthcare facilities.

Criteria E: Only one employer survey was obtained in June 2014 on students that graduated in Fall 2013. Although the survey indicated that the EVC graduate was prepared adequately for entry-level practice as an RN, the Criterion was not met due to the small sample size.

Plan:

Criteria D:

Faculty continue to explore ways to help new graduates obtain employment as RNs. EVC nursing program has participated in grant funded South Bay RN transition program for new graduates and onsite RN-BSN program for current nursing students. Faculty continue to collaborate with SJSU on providing RN-BSN information to students. Faculty will continue to seek out grand funding to help students prepare for employment.

Criteria E:

Evergreen Valley College

In response to low survey responses, additional help was instituted in April 2014. Biology Instructional Assistant was allotted 5 hours per week to assist with nursing department to collect graduates' employment data. Graduate follow up was extended from one year to 15 months. Graduate employment and employer surveys will continue to be monitored. Faculty discussed strategies to increase graduate and employer responses and alternative ways of delivering employer surveys.

Standard VI: OUTCOMES

Standard VI **Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.**

Criterion 6.6: The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.

EVC's Nursing Program does not engage in distance education.

Criteria	Performance Indicators and Outcome Criteria	Assessment Methods	Time Frame
N/A	N/A	N/A	N/A

Criteria	Responsibility	Level of Achievement/Action	

Action

Admissions Report for Evergreen Valley College Nursing Program
Fall 2013/Spring 2014 Admission Report

Total Applications	Applications Qualified and Accepted	Applications qualified but not accepted	Applications Not Qualified	Students that did not meet Chancellor's Formula Cut Score (under 68%)
568	91 (includes 11 alternates)	362	115 Not Eligible • GPA too low • Missing transcripts • Missing Coursework • Pre Reqs in progress	30

Evergreen Valley College

Annual Attrition Report 2010– 2013 Academic Year to Present*
Evergreen Valley College Nursing Program
July 9, 2014

Semester Students Entered:	FA 11	Spring 12	Fall 12	Spring 13	Fall 2013
# Entering	N001 FA11 (n) = 41 N002 SP12 (n) = 41 N003 FA12 (n) = 40 N004 SP13 (n) = 38 Total (n) = 160	N001 SP12 (n) = 40 N002 FA 12(n) = 40 N003 SP 13 (n) = 31 N004 FA 13 (n) = 24 Total (n) = 135	N001 FA12 (n) = 39 N002 SP 13 (n) = 37 N003 FA 13 (n) = 28 N004 SP14 (n) = 23 Total (n) = 127	N001 SP 13 (n) = 38 N002 FA 13 (n) = 37 N003 SP14 (n) = 31 N004 FA14 (n) = Total (n) =	N001 FA 13 (n) = 40 N002 SP 14 (n) = 38 N003 FA 14 (n) = N004 SP 15 (n) = Total (n) =
# Completing	N001 FA11 (n) = 39 N002 SP12 (n) = 33 N003 FA12 (n) = 37 N004 SP13 (n) = 37 **Total (n) = 146**	N001 SP12 (n) = 35 N002 FA 12(n) = 30 N003 SP 13 (n) = 24 N004 FA 13 (n) = 24 **Total (n) = 113**	N001 FA12 (n) = 34 N002 SP 13 (n) = 33 N003 FA 13 (n) = 22 N004 SP14 (n) = 23 Total (n) = 112	N001 SP 13 (n) = 33 N002 FA 13 (n) = 27 N003 SP14 (n) = 33 N004 FA14 (n) = Total (n) =	N001 FA 13 (n) = 37 N002 SP 14 (n) = 33 N003 FA 14 (n) = N004 SP 15 (n) = Total (n) =
Pass Rate	**91%**	**84%**	**88%**		
Attrition Rate	**9%**	**16%**	**12%**		
BRN Pass Rate		**83.33%**		**90.77%**	

***Definition of Pass Rate and Attrition Rate at EVC Nursing Program** = Total Number Entering by Year/Total Number Completing the Program by Year. The Attrition Rate is the Pass Rate subtracted from 100%. The Pass Rate and Attrition Rate should be uses in conjunction with the Persistence rate by Cohort and annual NCLEX Pass Rates to assess program outcomes. The Persistence Rate by Cohort addresses each annual cohort admitted to the program and tracks the number of those who complete the program within four semesters. Persistence Rate = # Students Graduating in Cohort/# Students Entering in Original Cohort. By definition, the Persistence Rate by Cohort only applies to generic students; it does not include advanced placement students.