

MAURINE CHURCH COBURN SCHOOL OF NURSING
PROGRAM REVIEW SELF STUDY

PART I: PREAMBLE

The School of Nursing was established in 1982, supported by a grant from the Maurine Church Coburn Charitable trust. This Trust is administered through the Community Hospital Foundation. Operating costs of the School are shared between the Hospital Foundation and the College. The School offers an Associate of Science Degree in Nursing (ADN), which can be completed in four semesters following completion of 24.5 units of prerequisite courses. The School received initial approval from the California Board of Registered Nursing (BRN) in 1981, and has maintained full approval since that time. Initial National League for Nursing Accrediting Commission (NLNAC) accreditation was received in the fall of 1990, and full accreditation has been maintained since that time. The most recent NLNAC and BRN visits occurred in September of 2003. The next NLNAC and BRN visits will occur in fall 2011.

Outstanding features include the strong partnership between the College and the Hospital, the expertise, cohesiveness and longevity of the faculty, the faculty's willingness to develop special projects and activities that enhance the educational program and student success, such as the Patient Simulation Lab, the active chapter of the California Nursing Student Association, and the Men in Nursing project. Other outstanding features include the active and enthusiastic involvement of the students, and the positive outcomes of the program, including high National Council Licensure Exam for Registered Nurses (NCLEX-RN) pass rates, low attrition, high rate of graduate employment and high employer satisfaction.

PART II: ANALYSIS

Curriculum Review

- 1. If your program's course outlines have not been reviewed in the last five (5) years, review the outlines as listed in the Course Outline Review Process. The Curriculum Package, including the Curriculum Review Check List and Instructions, and the Course Outline Instruction Sheet, can be found on the MPC Intranet site in the Document Library on the Vice President of Academic Affairs page.**

All nursing courses have been reviewed during 2008-09.

2. If your program requires state-mandated plans, please attach them.

The School of Nursing curriculum meets the California Board of Registered Nursing (BRN) requirements for RN licensure. The exact curriculum is not mandated by the BRN, just that certain courses be included.

3. If your program produces documents for college use, please list them.

School of Nursing Informational Sheet

Program Information

1. Present and discuss the quantifiable factors pertinent to your department/program by semester over the past three years, including:

If we only look at the basic nursing classes, Nursing 52A, 52B, 52C and 52D, the following can be seen.

- ◆ Trends of FTES: class size very consistent: 50 students per class; baseline has always been 40 per class, but grant funding over the past three years has allowed for increased enrollment to 50 per class.
- ◆ Total enrollment: current is 50 per class.
- ◆ Number of sections: one section for each nursing class.
- ◆ Average class size at census: 50 per class
- ◆ Ratio of Full-time faculty FTE to part-time faculty FTE: 10 full-time; 4 permanent part-time
- ◆ Student demographics: Nursing student average age has consistently been approximately 32 years. The classes have all been ethnically diverse, with less than 50% of students indicating they are Caucasian. Recent change is related to gender: current first year class is 32% male; this compares to traditional male enrollment of 10 – 12%.

Information on the following pages summarizes data on FTES, enrollment, gender, grade distribution, and retention for all nursing courses in fall and spring terms over the previous three academic years.

Course	Data	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008
NURS 223	FTES		0.00				
	Census Enrollment		0				
	Ending Enrollment		0				
NURS 252	FTES						1.34
	Census Enrollment						22
	Ending Enrollment						21
NURS 264	FTES		0.00		0.00		0.00
	Census Enrollment		0		0		0
	Ending Enrollment		0		0		0
NURS 266	FTES	0.55	0.96	0.00	0.00		
	Census Enrollment	24	42	0	0		
	Ending Enrollment	24	42	0	0		
NURS 267A	FTES	9.14		12.34	2.74	9.05	5.57
	Census Enrollment	25		44	10	33	15
	Ending Enrollment	25		43	10	33	15
NURS 271	FTES		0.05		0.05		0.10
	Census Enrollment		1		1		1
	Ending Enrollment		1		1		1
NURS 275	FTES	0.05		0.05		0.00	
	Census Enrollment	1		1		0	
	Ending Enrollment	1		1		0	

Course	Data	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008
NURS 52A	FTES	19.50		24.87		26.19	
	Census Enrollment	40		50		55	
	Ending Enrollment	40		50		53	
NURS 52B	FTES		26.21		24.27		28.49
	Census Enrollment		43		46		54
	Ending Enrollment		43		46		54
NURS 52C	FTES	27.84		30.72		33.28	
	Census Enrollment	44		48		52	
	Ending Enrollment	42		48		52	
NURS 52D	FTES		29.14		24.24		29.88
	Census Enrollment		45		43		53
	Ending Enrollment		45		43		53
NURS 70	FTES	5.83	5.25	4.95	3.50	9.03	6.99
	Census Enrollment	21	18	17	12	30	24
	Ending Enrollment	20	18	17	12	30	24
NURS 96.18	FTES			0.00		1.68	
	Census Enrollment			0		10	
	Ending Enrollment			0		10	
Total FTES:		89.61	86.75	107.39	84.01	118.51	104.93
Total Census Enrollment:		312	314	347	292	408	370
Total Ending Enrollment:		298	308	340	287	401	365

Course	Data	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008
NURS 264	% Male		11.1%		25.0%		18.4%
	%Female		88.9%		75.0%		81.6%
NURS 266	% Male	20.8%	16.7%				
	%Female	79.2%	83.3%				
NURS 267A	% Male	16.0%		11.4%	10.0%	15.2%	20.0%
	%Female	84.0%		88.6%	90.0%	84.8%	80.0%
NURS 271	% Male		0.0%		0.0%		0.0%
	%Female		100.0%		100.0%		100.0%
NURS 275	% Male	0.0%		0.0%			
	%Female	100.0%		100.0%			
NURS 52A	% Male	12.5%		16.0%		12.7%	
	%Female	87.5%		84.0%		87.3%	
NURS 52B	% Male		11.9%		13.3%		14.8%
	%Female		88.1%		86.7%		85.2%
NURS 52C	% Male	4.5%		14.6%		15.4%	
	%Female	95.5%		85.4%		84.6%	
NURS 52D	% Male		0.0%		10.7%		15.1%
	%Female		100.0%		89.3%		84.9%
NURS 70	% Male	4.8%	0.0%	11.8%	10.0%	13.3%	12.8%
	%Female	95.2%	100.0%	88.2%	90.0%	86.7%	87.2%

Summary of Retention - Nursing

Course	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008
NURS 100	81.0%	85.7%	91.4%	89.1%	98.0%	91.8%
NURS 171		100.0%		100.0%	100.0%	100.0%
NURS 180	93.5%	100.0%	93.3%	100.0%	98.0%	100.0%
NURS 181	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NURS 205	95.7%	98.8%	100.0%	100.0%	97.0%	100.0%
NURS 206	97.8%	100.0%	100.0%	100.0%	100.0%	100.0%
NURS 223						
NURS 252						95.5%
NURS 264		90.0%		100.0%		94.6%
NURS 266	100.0%	100.0%				
NURS 267A	100.0%		97.7%	100.0%	100.0%	100.0%
NURS 271		100.0%		100.0%		100.0%
NURS 275	100.0%	100.0%				
NURS 52A	100.0%	100.0%	98.1%			
NURS 52B		100.0%		100.0%		100.0%
NURS 52C	95.5%		100.0%		100.0%	
NURS 52D		97.8%		100.0%		100.0%
NURS 70	95.2%	100.0%	100.0%	100.0%	100.0%	100.0%
NURS 96.18					100.0%	
Total sum of Retention:	96.1%	98.0%	98.0%	98.7%	98.8%	98.6%

Summary of Grade Distribution - Nursing

Course	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008
Total sum of Grade A:	25	29	30	32	31	41
Total sum of Grade B:	50	72	70	76	91	91
Total sum of Grade C:	19	13	14	19	20	22
Total sum of Grade D:	1	3	9	2	4	11
Total sum of Grade F:	4	1	5	1	4	0
Total sum of Grade I:	0	0	2	1	4	1
Total sum of Grade W:	12	8	7	5	5	7
Total sum of Grade CR:	199	268	210	251	245	331
Total sum of Grade NC:	0	3	0	1	2	11

2. Describe progress made in identifying learning outcomes for the program and steps taken to collect evidence of student learning that address the outcomes specified.

During the college flex day activities Spring 2008, nursing faculty collaboratively wrote student learning outcomes for all nursing courses based on the curricular framework and leveled according to course placement within the overall nursing program. At this time, the faculty remains in the development phase of SLO implementation as we work with campus leadership groups (Administration and Academic Senate) to define assessment methodologies which will best measure student attainment of the learning outcomes. Information about best practices in identifying outcomes and assessment methods is disseminated regularly to the faculty by our representative on the Academic Senate who works closely with the SLO coordinator. Nursing literature published by organizations such as the National League for Nursing and the National Organization for Associate Degree Nursing also help to guide faculty in evaluating the evidence for various pedagogical approaches intended to facilitate learning. For example, simulated clinical experiences have been integrated into the program based on state and national trends which suggest that students better retain knowledge about disease manifestations and management, and more readily acquire skills in a simulated experience as compared with more traditional teaching methods (Childs & Sepples, 2006).

As faculty move toward proficiency in making program decisions based on the results of assessment, we plan to continue our dialog with each other and with the faculty of general education pre-requisite courses by sharing our observations and recommendations.

The attached document lists program and course SLOs. Also attached is an example of many assessments to follow which describe attainment of student learning outcomes for a nursing course. Faculty will begin defining and documenting attainment of SLOs during fall semester 2008.

3. If your program is an occupational program, additionally present data and discuss

a. The percent of program completers since the last program review:

The nursing program graduates a class at the end of each spring term. Since the last program review was completed in 2004, the number of graduates for each year's class is as follows:

2005	43
2006	45
2007	41
2008	49
2009	48 (anticipated 6/06/09)

226 graduates since 2004 Program Review

b. The number of certificates and degrees awarded

226 degrees have been awarded since the last program review.

c. Job placement rates.

Until the Class of 2008, 100% of graduates who were interested in employment found jobs in nursing. The job market has changed in the past year. The Class of 2008 reported that 18% had not yet found a job in nursing on graduation date.

4. Describe the current scope and sequence of the program's course offerings.

The Nursing Program offers the courses required to obtain an associate degree with a major in nursing, qualifying graduates for RN licensure. In addition, we offer NURS 205 and 206, Supervised Nursing Skills Lab I and II courses. These are designed to enhance the success of students enrolled in the nursing program. Virtually all nursing students enroll in NURS 205 in their first year and NURS 206 in the second year of the program. These courses offer nursing students the opportunity to work in the Nursing Learning Resource Center (LRC) with other students or on their own, to practice skills, participate in computer assisted instruction (CAI), watch audio visual materials, and seek assistance from nursing faculty.

Some enrichment courses are offered, such as NURS 252, Physical Assessment, NURS 264, Basic Arrhythmia and Cardiac Care, NURS 267A, Critical Care. These courses, and other similar ones, offer students with a particular interest in an aspect of nursing and health care, to pursue advanced knowledge and skills. These enrichment classes are available to all nursing students and to community members.

NURS 160, Role Development for Nursing Students is offered in the summer and designed as a pre-nursing course for students who are accepted to begin the program in the fall semester. It provides students the opportunity to familiarize themselves with nursing content, begin

working on learning activities that will be required in the fall semester, and develop relationships with other students.

NURS 65 Nursing Role transition is offered each summer and is required for LVN's who are entering the second year of the program to meet RN licensure requirements.

NURS 180 and 181 are optional leadership courses, offered for nursing students who wish to participate in our chapter of the California Nursing Student Organization (CNSA).

5. Describe the scheduling of your courses or delivery of services as they apply to your program or service.

a). If your program is part of a major or certificate, can a student complete the major within two years?

The nursing program is structured to have each student complete the necessary courses in two years. Most of the courses are offered only once a year and in a specific sequence. Students are admitted to the program in the fall and if they are successful in each of the required courses, they will graduate spring of the following academic year. Students must complete prerequisite courses prior to entry into nursing program. Therefore, the major cannot be completed in two years including prerequisite courses, unless the student has had prior college coursework that includes the required prerequisite courses.

b). Explain the appropriateness of your scheduling pattern:

The nursing program schedules classes Monday through Friday. The core courses of the program (NURS 52A, 52B, 52C and 52D) have a theoretical and a clinical component. The theoretical or lecture portions of these courses are scheduled on Mondays and Tuesdays. The clinical portions are held at local hospitals or healthcare facilities.

Each class is divided into several clinical groups, due to state mandated maximums for student to instructor ratios in a clinical course. Currently, clinical groups meet for class during the mornings, afternoons and/or evenings on Tuesdays, Wednesdays, Thursdays and/or Fridays. During the first six weeks of 52A, students learn theoretical concepts in lecture and then have clinical time in the skills lab. For the remainder of the semester, students attend clinical in small groups at a healthcare facility.

NURS 100 meets on Fridays due to the availability of the instructor who teaches in other nursing courses.

NURS 70 and 171 are courses held for students in the nursing program who have been selected for hospital work-study positions. The students obtain college credits by working in a hospital setting while continuing their study in the nursing program. The class meets periodically on campus by arrangement.

NURS 205 and 206 are the supervised nursing skills lab courses. The skills lab is open Monday through Thursday 9-6, Fridays 9-3, and Saturdays 9-1 for the first 8 weeks of the semester. There are 24 hrs of supervised faculty assistance available to student individual needs. Students arrange time to visit the skills lab based on their schedules.

NURS 180 and 181 meet once weekly, Tuesday mornings. The course meets at this time to allow students in the core nursing courses to attend. NURS 180 and 181 are held in the morning before the core nursing courses begin.

As described above, nursing courses are held at various times during the day. Most courses are not held on weekends, with the exception of some hours of NURS205/206 offered on Saturdays from 9am until 1pm.

The nursing courses typically follow the semester calendar.

- Several nursing courses are offered multiple times per year. However the core nursing courses ((NURS 52A, 52B, 52C and 52D) are offered one time per year. Each core nursing course promotes student growth in the concepts leading from simple to complex and from normal needs to multiple complex altered needs.
- 52A is offered only in fall. The course covers fundamental nursing care and care of well clients in the obstetric/neonatal clinical settings. 52A is the first core course in the nursing program and is the introduction to nursing care.
- 52B is offered during the spring and early spring. An “early start” option is offered for 52B in early spring, allowing some students to start the clinical component early. The theoretical portion of the course begins in spring semester. This course builds on the basic skills and knowledge obtained from 52A and exposes students to care of the client with altered needs.
- 52C is offered only during the fall semester. It is the third core nursing course and builds on the experience students gained from 52B. 52C continues to explore the care of clients with complex altered needs and

geriatric and well elder populations. Information competency is covered as a part of this course.

- 52D is offered during the spring and early spring and is the final core nursing course. An “early start” option is offered for 52D in early spring, allowing some students to start the mental health clinical component early. The theoretical portion of the course begins in spring semester. The course builds on the content of 52C and focuses on clients with multiple complex altered needs as well as mental health nursing. A preceptorship experience during the last part of the course links these final semester students with an experienced RN in the clinical setting, allowing the student to transition from a nursing student into a graduate nurse.
- NURS 70 and 171 are offered each semester (fall, early spring, spring and summer). This scheduling allows students to participate in work study throughout the entire year.
- NURS 205 and 206 are offered in the fall, early spring, spring, and summer. This scheduling accommodates students in the program throughout the entire year.
- NURS 100 is offered in the fall, spring and summer. It is not offered in early spring due to the length of the course.
- NURS 180 and 181 are offered during the fall and spring, when the core nursing courses are held.
- NURS 65 is offered only during the summer because it is a preparation course for LVNs as well as special entry students who are entering the second year of the nursing program. The LVNs take the course as a transition to starting the program in the fall semester.
- NURS 160 is offered only during the summer and is provided as an optional course as preparation for students entering the nursing program in the fall semester.
- NURS 252 (Health Assessment and Physical Examination) is offered after students have completed NURS 52A, either in the spring or summer semesters according to student polling of interest.

6. Describe your faculty and staff in terms of their diversity, past and recent education/ training, and workload.

The nursing program is comprised of one Director, who holds a doctoral degree in higher education and a master's degree in nursing, and fourteen faculty members: ten full-time and four permanent part-time. All faculty hold or are enrolled in a master's degree except one part-time faculty member, who holds a BS degree in nursing.

All faculty members meet California Board of Registered Nursing (BRN) requirements for their positions, and have BRN approval to teach in their assigned clinical sites. All nursing faculty maintain expertise in their assigned teaching areas through participation in continuing educational programs, individual study, other professional development activities, and/or clinical practice. Thirteen faculty are female, one is male, two are Filipino. Since there is little turnover among the MCCSN faculty, and there exists a statewide shortage of master's prepared male and minority registered nurses, diversity is difficult to achieve for any nursing program. Faculty utilize male and minority nurses as clinical preceptors and guest speakers as much as possible throughout the nursing educational program.

7. Describe your faculty and staff's satisfaction with the program including its ability to meet students' needs.

100% of faculty express satisfaction with the program, including its ability to meet students' needs. Faculty are dedicated and caring in their interactions with our students.

8. Discuss the adequacy of your staffing, supplies, equipment, and facilities to meet your program goals. Also discuss any trends/changes in these areas that are pertinent to your program.

The most pressing program goals are to recruit and maintain qualified faculty to educate entry level nurses needed in our community and to maintain currency in health care trends. Overall the faculty is satisfied with the resources needed to achieve these goals, and have identified areas for improvement.

Staffing/Faculty:

Because of the public-private partnership between Monterey Peninsula College and Community Hospital of the Monterey Peninsula (CHOMP), faculty compensation remains competitive with nurse educators in practice and so attracts qualified candidates for full- and part-time instruction. The annual salary is calculated based on a market survey (available via CHOMP Administration) and adjusted for percent of full-time load (30

TLU's). Some hourly clinical instructors have been recruited from CHOMP and other local hospitals on a semester-by-semester basis as needed to accommodate student volume. The ratio of students to instructors in the clinical setting is staffed at 8:1, less than the prevailing state average of 10:1 (State of California Department of Consumer Affairs). In accordance with BRN guidelines (California Code of Regulations, Title 16), the ratio is even lower in clinical areas with increased acuity of patient needs or when appropriate to the learning objectives (e.g. Pediatric and Mental Health inpatient areas). Faculty candidates are all qualified for clinical instruction according to BRN guidelines, and there are currently no open positions. New instructors are mentored by one or more experienced faculty members. Load assignment is calculated annually prior to late spring budget allocation by the steering committee, and all faculty are involved in the load assignments as they impact their particular course level.

The Director of the nursing program holds a doctoral degree in higher education and a masters' degree in nursing. Ten faculty members hold master's degrees in nursing, including one mental health and one pediatric clinical nurse specialist. One faculty member holds a second master's degree in education.

All faculty members meet or exceed the minimum requirements for teaching associate degree nursing courses at community college as instructors or assistant instructors, as specified by the Nurse Practice Act. The qualifications include holding a current RN license and a master's or higher degree for instructors, and baccalaureate degree for assistant instructors. Degrees must be from an accredited college. Both instructors and assistant instructors must have at least one year's continuous, full-time experience in direct patient care practice as a registered nurse. (California Code of Regulations, Title 16, section 1425). A record of faculty credentials is maintained by the Director.

Faculty maintain currency in their individual areas of expertise by maintaining active RN licensure, completing continuing education and in-service education available at health care and academic institutions, and by participating in clinical practice during off-contract months. A private endowment provides additional funding for up to 40 hours annually per faculty member for clinical practice. Faculty submit proposals for identified clinical activities which are approved by the Director, School of Nursing and by the Vice President of Nursing at Community Hospital of the Monterey Peninsula. Some faculty also maintain optional certification through organizations endorsed by the American Board of Nursing Specialties.

One goal for faculty development is to enhance diversity in order to better reflect the population of the nursing workforce. Current efforts are aimed

at recruiting more men into faculty positions. Further activities by the *Men in Nursing* project will include presentations by national speakers and authors as well as regularly scheduled dialogs between practicing nurses, students and faculty to generate ideas to incentivize more men to become nursing faculty. MCCSN currently has one male faculty member.

Another goal which is consistent with NLN accreditation standards is to have all masters-prepared or higher-degree faculty. At this time there are two faculty members with BSN as their highest degree, one of whom is currently enrolled in a master's program. The remaining instructional faculty are all master's prepared.

The classified staff for the nursing program consists of a division office manager and an instructional technologist whose responsibilities compliment each other to provide excellent clerical and technical support. Both positions are full-time and are well utilized. Our instructional technologist has been cross-trained to assist with the technical aspects of the simulation laboratory.

Supplies, Equipment and Facilities:

Supplies and equipment at the school of nursing are adequate to support student learning outcomes. The faculty have recently purged outdated (greater than 5 years) audio-visual and computer-assisted instructional materials and are in the process of replacing needed materials. However, the current library of materials is sufficient for classroom use.

Purchase decisions about new supplies and equipment are made by the Multimedia Resource Committee, which consists of faculty from both levels, students from both levels, the instructional technologist, and the assistant director of the school of nursing. The operational budget supports faculty and student needs.

In addition to the campus resources available to all students (e.g. library technology center, English and study skills center, etc.), the school of nursing provides facilities that stimulate critical thinking and so promote program goals. Three large multimedia classrooms are dedicated to the nursing program. They include built-in podiums and data projectors with sound systems, VHS, CD/DVD and internet connectivity to provide multisensory presentations using power point or other software. The Learning Resource Center (LRC) is staffed with a nursing instructor 48 hours per week during regular semesters and less during early spring and summer sessions. The LRC coordinator assures that equipment and supplies are current and adequate for student skill practice and that faculty are scheduled to be available for student appointments as well as walk-in assistance. Equipment includes four hospital beds, a stretcher and wheelchair, a variety of mannequins, anatomical parts and models, and vital sign measuring and intravenous therapy equipment. Sharps safety is

a high priority and puncture-proof containers are readily available for applicable skills practice. Also available are skill-specific kits created by faculty to reinforce curriculum threads. Students are required to purchase a skills kit each semester to accommodate frequent practice of the skills which require proficient return demonstration that semester.

The school of nursing has a Simulation Lab located in Nu103, which was renovated during summer 2007 to resemble a hospital nursing unit. The funding was provided by a bequest to the School of Nursing from Lillian Adams, at the time of her death. In 2006, two faculty members toured several school-based simulation labs in northern and southern California to study simulation trends and differences among vendors. Once the vendor was decided by faculty, they underwent extensive training by METI Corporation to learn simulation operation and prevailing practice in curriculum integration. The simulation lab was first used for clinical experiences with second level students in fall 2007 beginning with one adult simulator. During spring and summer 2008, all faculty members completed training in simulation techniques and debriefing. At this time the simulation lab houses 2 adult, 1 pediatric and 1 infant simulator. All clinical faculty and all students will participate in simulated clinical experiences beginning fall 2008. During the summer training meetings, faculty of each level collaborated on the selection and implementation of programmed scenarios in order to meet identified student learning outcomes for each course. A Program for Nursing Curriculum Integration (PNCI binder) is currently stored on faculty computers. The PNCI binder houses the available programmed experiences and is updated every three years by METI Corporation.

The instructional technologist is assigned work space in the Learning Resource Center and is available to assist students in accessing materials such as reference textbooks and videos. The instructional technologist also maintains the 21-station computer lab which is conveniently located adjacent to the LRC and which provides on-demand access to approximately 500 computer assisted instructional modules at this time as well as the internet and the online MPC library. All LRC computers are capable of accessing the network at Community Hospital of the Monterey Peninsula which has additional health care related search engines and a training environment for computerized patient documentation. Headphones are available for privacy and noise-control.

Faculty utilize the campus course navigation software available on *ilearn* (Moodle). The software provides internet access to course documents, announcements, grades and Email communications. Students are expected to furnish an active Email account by which instructors can communicate using the *ilearn* (Moodle) system. Faculty are trained on course software and associated updates by way of campus in-service training in the Library Technology Center and via personal consultation with the Instructional

Technologist. Students are oriented to the software in the summer session Role Development/Role Transition course (NURS 65/160), and/or during the orientation provided during NURS 205/206 (Supervised Nursing Skills Lab I/II).

9. Explain how external factors (e.g. State budget, local economy, local job market, Fort Ord expansion, changes in technology) are influencing your program or have affected your program in the past, and describe any measures that have been taken to respond to these factors.

The major external factor affecting the program is the recent change in the job market for RN's. The three local hospitals who traditionally have made job offers to numerous MCCSN graduates all have stated they will have few to no jobs for new graduate nurses this year. The reason appears to be related to the economy, in that experienced, working RN's are increasing their work hours and RN's who would have retired this year are delaying their retirement. There are some areas of the state and throughout the nation that continue to advertise for new graduate nurses, although the number has declined significantly. To assist graduates, faculty have been seeking information about employment opportunities in the state and the nation and sharing this with senior students. The local hiring freeze has provided an opportunity for students to be exposed to advancing their education via BSN or RN - MSN program exposure, resume writing, and focusing on alternatives careers in the nursing profession other than acute care work. The program has been proactive in addressing this current local workforce issue. We have invited representatives from local hospitals to speak to seniors about potential employment for the future, and provide information about how to best prepare for and apply for positions in this situation.

The depressed economy seems to have significantly increased the number of applicants to the nursing program. Nearly three times the number of qualified applicants we can accommodate applied on the first day applications were accepted last fall for fall 2009 enrollment. The state budget crisis has not impacted our program directly, but there will likely be a reduction in grant opportunities, which we have utilized in recent years to expand the number of students accepted into the program, and for special projects such as our Men in Nursing project. We will continue to seek private donations and explore other opportunities for funding if these resources are no longer available.

Student Information

1. What are students' programmatic expectations and goals? How does the program respond to those expectations and goals?

Admission requirements are available via a nursing student information packet and program flier that clearly states the necessary prerequisites, progression of nursing course work and graduation requirements. Additionally, informational sessions are held monthly to ensure that students are clear regarding their expectations and goals of the program of study in the nursing department. Once admitted to the program, a nursing student handbook is given to each student that outlines the policies and procedures within the nursing school. Students are asked to sign a statement of understanding regarding these policies and procedures each semester.

2. Discuss the indicators of student satisfaction pertinent to your program.

a. How do you measure student satisfaction?

Student satisfaction is measured in a variety of ways. At the end of each semester, students are asked to complete a written evaluation of the nursing course using a likert-type scale. The results of these evaluations are reviewed by the faculty teaching in each course and student feedback is used to implement changes that faculty agree are consistent with the objectives of that course. Additionally, after each clinical rotation, students are asked to evaluate their clinical rotations (including each out-rotation) for the purposes of ensuring that clinical experiences are consistent with theory being taught in class. Approximately six months following graduation from the program, students are sent an evaluation tool asking for input regarding their satisfaction with the program. Also, student representatives are members and sit on each of the nursing school committees, and provide feedback, which usually is quite positive. Minutes of the meetings include student questions, suggestions, and recommendations, and what is being done to react to these items.

b. What did you learn from those measures?

Each semester faculty learns that students have very positive feedback regarding their educational experiences in the program. Measures of student satisfaction reinforce to the faculty that course objectives, classroom activities, and clinical experiences are congruent with the overall curriculum objectives and philosophy of the MCCSN. Faculty value the feedback received from students and consistently strive to ensure

that students are satisfied both with their programmatic expectations and goals as well as those of the nursing program.

c. How does your program deal with complaints?

Complaints are addressed both informally and formally. Informally, students can make an appointment to meet with faculty member(s) and the Director School of Nursing to discuss any concerns or complaints they may have. Based on these meetings, the appropriate action is taken. Formally, students have representation on the curriculum committee where they can share complaints from their classmates with regard to issues related to the nursing curriculum. Also, faculty adheres to the college policy regarding student rights and responsibilities, and the student complaint and grievance procedures. This policy is delineated in the nursing student handbook that each student receives when they begin the nursing program.

d. What changes did you implement in response to the student complaints and/or satisfaction measures? If no changes, why not?

Examples of changes that are made with regard to student complaints include revising the class calendar to reflect a more balanced exam schedule. Student feedback indicated that content on one exam was heavier than on another. Upon review, the faculty was able to shift when content was taught in order to space exams more evenly throughout the semester. If student satisfaction indicated that a particular clinical out-rotation did not meet the course objectives as they had thought, faculty members teaching in that course met to determine whether or not that particular out rotation could be revised or if another out rotation might better assist in helping all students to meet course objectives.

3. How well do students appear to be progressing through the program/department?

Students progress well throughout the program. Attrition rates continue to be less than the statewide figures: Overall attrition rate is approximately 15%; this compares to state rates of 25 – 33% attrition. NCLEX-RN pass rates also exceed state and national average: MCCSN graduates pass at 88 – 93% first time, compared to 85% state and national first time pass rate.

4. Discuss what your program is doing to promote student access, success, and equity. Identify any barriers to these.

Program for promotion of student success, access and equity

The faculty have identified many junctures in which a student could possibly fail in the nursing program, and have implemented a plan for success for each of these instances.

Contracts for success outline to the student and faculty those activities that are required for student to be successful in each of these areas. One designated faculty member oversees success activities and acts as **case manager** for students at risk in the nursing program. This faculty member is available by appointment or on a drop in basis, and this is made clear to students during orientation.

Ongoing analysis of trends and issues amongst at-risk students are tracked: we keep statistics on which students are at risk, and look for commonalities to analyze and implement strategies for success as soon as possible. For example: LVN's are disproportionately represented in the at-risk group, so a faculty member was assigned to meet with this group regularly for guidance and problem solving. First year students are all given the opportunity to participate in a small faculty run study group. They meet weekly until the first exam of the semester. Those students who fail exam one, are requested to continue with faculty mentoring until the semester is finished. Male students have recently been identified as another population at risk for leaving the program before completion. Activities developed to assist this group were developed, and a plan for success was implemented spring 2007.

1. **Case management and contract system:** The case manager meets with any student who meets the following criteria:

A. **The student has failed their first dosage calc test.** They are oriented to the remediation process, learning problems are assessed, the student is tutored as necessary, further activities are mandated through contract system, and when the student is ready the 2nd test is proctored.

B. **They have unsuccessfully demonstrated a critical skill in the lab:** The student problem-solves with the case manager (this is a mandatory meeting) and collaborates on a plan for success. Using our contract system, they identify which faculty they will practice with, and which will evaluate their second return demo. The faculty practicing with them *will not pass them onto the evaluating faculty* until she feels that the student is ready.

C. They have unsuccessfully demonstrated a critical skill or behavior in the clinical setting: same as above

D. They were absent from an assigned clinical day: The review the contract with the CM to make a plan and understand the deadlines. Reason for the absences is explored and problem-solving takes place with the student for the future.

E. They have failed an exam: This requires an extensive assessment, and action plan is based on the assessment. All resources are activated as necessary. (See contract for details). Follow up appointments are required only if student fails the next exam, although most students stop in to report and celebrate successes as well.

F. Received a “needs significant improvement” on an evaluation: The CM is always apprized of these “NSI’s”, but only meet with the student with her clinical instructor, when invited. If the CM does not meet formally, she will usually informally approach the student; and see how things are going, after such an evaluation. Often these are the same students that are being following for other reasons.

G. Received an “Unsafe Practice Notice”: this is the gravest contract a student might receive, and very rarely is it used. When it is, the case manager meets with the rest of the faculty team, and with the student to devise a plan of correction.

H. Drop-ins: Students might drop in because they are feeling upset, stressed, overwhelmed. Other students have dropped in because they are not getting what they need from their study partners, or because of personal difficulties. These could be related to having difficulty getting along with colleagues, marital distress, lack of support at home, financial problems, or other reasons. These stressors can undermine their success in the program. The CM might refer these students out for either counseling or a psych assessment, or problem-solve with them, and then follow up later, depending on the issue. It is important for the case manager to be non-judgmental, and exude unconditional positive regard for all students, with a belief in their ability to succeed. It helps if the case-manager is not seen as an evaluator in another role.

2. Faculty-run study groups:

All students are invited to join a faculty run study group over the course of the first semester. These groups are small (about 5 students), and will meet for one hour every week until the first exam. They focus on time management, keeping a calendar, how to study, and

actual reviewing of lecture notes with the group, with an emphasis on team building and small group process. It is expected that most of the groups will continue without faculty after the first exam, so self-reliance is encouraged. After exam 1, those students considered academically at risk are personally invited to continue with a faculty member throughout the remainder of the semester. Those who pass the course, but have a low passing grade are invited to continue with the study group during second semester, with possible additions if other students fail exams during semester two. There are no faculty-led study groups in semester three or four. We have found that most students remain committed to studying in small group all the way through the program, because of this early emphasis.

3. **Faculty-run support groups:**

We have recently tried two types of support groups. One was a “success” group based on positive affirmations, and setting goals, etc. This had poor attendance, and questionable impact. This may be in part because those drawn to the group were already high-achievers.

We also have a faculty member assigned to meet with the LVN’s throughout the RN program; this is a combination orientation group, study-group, and support group, and seems to be working quite well. Combining this support with application of the success index criteria for admission for LVN’s is designed to reduce student attrition.

4. **Men in Nursing Project.** This was developed in response to the realization that 505 of male students did not successfully complete the nursing curriculum, as compared to less than 105 attrition rate for female students. The manager of the outpatient mental health department of our partner hospital, a male Licensed Clinical Social Worker (LCSW), assisted us to establish activities to enhance the success of men in the program. The project includes a monthly discussion group facilitated by the LCSW, consisting of all the male nursing students and a number of male RN’s in the community. They discuss topics of interest to the men, such as gender related touch, help one another deal with problems, and recommend other activities for academic success for this unique at-risk group.

The case manager is a faculty member assigned to be the leader in assisting students experiencing difficulties. This ensures consistency and follow-up, and streamlines the process for faculty during faculty/level discussion of at-risk students. The case manager has current information about areas of difficulty and plans for remediation for each student experiencing difficulty. Faculty updates of at-risk students are crucial here in order to keep all team members in the loop and ensure consistent focus on issues of concern in the clinical setting.

Having one person assigned as case manager avoids students 'falling through the cracks' of the system. Student progress can be more effectively tracked and documented.

External Relations

1. Identify any program or service that is similar to yours within the college and/or in neighboring institutions or agencies and describe the impacts of that similarity.

The other community colleges in the Monterey area also offer associate degree nursing programs. This includes Hartnell College in Salinas and Cabrillo College in Aptos. Since there are many more applicants to each of these nursing programs, the availability of three programs enhances students' chances of getting accepted into one of them. All three directors are active participants in the California Association of Nursing Programs Directors, and coordinate closely to ensure clinical agencies are well utilized.

2. Describe how your program coordinates with other programs on campus and how successful you feel you are in these efforts.

The nursing program faculty and staff maintain excellent relationships with other campus faculty and staff. One of our faculty serves on the Academic Senate, and our Office Manager and Instructional Technician maintain good relationships and communicate frequently with others in similar roles in other programs. Counseling services and the School of Nursing director and faculty work closely to ensure that counseling staff has updated information to provide to potential nursing majors. The Director of the nursing program serves on the Financial Aid Advisory Committee. Nursing faculty feel we are quite successful in working with other departments to maintain good communication.

3. Describe and evaluate the support that your program receives from other college programs or service areas, such as Instructional Technology (IT), Management of Information Services (MIS), Human Resources (H.R.), Student Services, Plant Services, Events and Facilities Office, Public Information Office, Fiscal Services, and others.

The nursing program receives excellent support from all of the other programs and service areas listed. Email communication occurs frequently when needed. Another example would be that the library subscribes to the CINAHL, the major nursing periodical index.

4. Describe your program's involvement with the community at large through

a. activities involving recruitment and articulation

Break Through to Nursing (BTN), a branch of the California Nursing Students' Association (CNSA), plays a significant role in recruitment and articulation. Promoting the profession of nursing, as well as increasing membership and participation in our local chapter of CNSA at Monterey Peninsula College (MPC) are the primary goals. Utilizing a variety of recruitment strategies to aid in the nursing shortage, BTN activities introduce elementary level students to the nursing profession by demonstrating the role of the Registered Nurse as a teacher promoting health. At the middle and high school level, BTN participates in career fairs, promoting nursing as a professional career choice. Also, BTN participates at college level activities including the annual MPC Lobo Day, and the annual Health Fair, co-sponsored by the CNSA at MPC, promoting nursing as a profession. Further, BTN targets non-nursing health care professionals, providing information about how to make a career shift into the nursing profession.

b. c. d.: partnership with educational institutions, facilitation of advisory committee meetings, and/or collaboration or partnerships with businesses, government, or private agencies.

The nursing program advisory committee meets once or twice annually. Members of the local high school counseling departments have been invited to attend these meetings; Monterey and Pacific Grove have been the most frequent attendees.

The MCCSN director has been working for several years with the California State University Monterey Bay (CSUMB) staff to assist in the development of a BSN program there. Progress has been slow, but continues, in developing a partnership between MCCSN and CSUMB to facilitate their effort to establish a nursing program at CSUMB.

The most unique characteristic of the nursing program is the strong partnership with Community Hospital of the Monterey Peninsula. This partnership ensures that faculty are kept up to date on needs of employers of registered nurses, and that their compensation is comparable to nurses in the practice setting. The partnership has also resulted in sharing of resources between the college and the hospital to meet the needs of the nursing program. Examples of this include the hospital and the college equally sharing the cost of new computers for the LRC computer lab. This year, the hospital paid the entire cost for installing new carpeting throughout the nursing school.

The School of Nursing works closely with several private agencies, individuals, groups and Foundations to provide assistance to nursing students in the form of scholarships, personal assistance, part-time jobs. This includes the California Regional Health Occupations Resource Centers (RHORC) that funds our Men in Nursing project, the Community Foundation, CHOMP Foundation, Bliss Foundation, and other groups and individuals who funds scholarships for nursing students. The Director of the nursing school is an active member and past president of the Association of Central Coast Nurse leaders, which provides opportunity for networking with other hospital and educational nurse leaders in the area.

PART III: SUMMARY

1. In reviewing your data and responses, what do you see as your program's greatest strengths? Greatest weaknesses?

Strengths:

- Partnership with Community Hospital of the Monterey Peninsula: provides resources to support the nursing program at a level the college would not likely be able to, allows faculty to keep up to date on knowledge and skills required for current nursing practice.
- Long term, motivated, loyal, well prepared faculty and staff.
- Adaptability of the faculty and the curriculum. Our curriculum design has allowed us to adapt at both levels to the current economic effects and new advances in nursing education such as use of patient simulation. For example, alternative and creative summer opportunities were developed because of the discontinuance of the work study program. Also, the local hiring freeze made way for students to be exposed to advancing their education via BSN or RN - MSN program exposure, resume writing, and focusing on alternatives careers in the nursing profession other than acute care work. Faculty have researched and spent much time learning to use patient simulation, and are committed to the value of simulation and the benefits it has to offer.

Weaknesses:

- Copy machine in main office is heavily used and becoming obsolete. Will need replacement in near future
- Maintenance of bathrooms and public areas is not good – bathrooms in both IC building and Nursing building are often smelly and not clean. Halls, stairways are frequently not clean.

- Inadequate staff parking near nursing building. Faculty frequently are driving between hospital and the college between clinical and classroom obligations, and cannot find a space to park that is close to the nursing school.

2. What do you see as your program's greatest challenges during the next five years? Greatest opportunities?

Our greatest opportunities and challenges are as follows:

- Prepare for and undergo BRN and NLNAC re-accreditation processes.
- Ensure graduates are prepared for employment in settings in addition to acute care nursing, since the economic situation has resulted in fewer jobs for new graduates in hospitals.
- Maintain adequate resources to allow us to maintain the high quality of education we have provided in the past, including maximizing the use of the patient simulation lab, and ensuring that adequate resources are available for faculty development and faculty practice. Additional trained manpower will be required to expand the sim lab usage.
- Focus on ways to promote evidenced based practice in clinical and classroom teaching.

PART IV: RECOMMENDATIONS/GOALS

1. Identify the goals that were identified in the last program review and describe whether they were attained or not. If not, why not?

Goals Identified in the last program review are listed below, with description of attainment or not.

Former Goal #1. Focus on ensuring that MCCSN faculty remain at their current high level of quality, including maintaining teaching and clinical expertise in all specialty areas, ensuring job satisfaction remains high, and all faculty work well together and are committed to the MCCSN Faculty team. Specific activities to accomplish this goal:

- Support BSN prepared instructor in her efforts to complete MSN requirements.

Goal was obtained: The instructor completed her MSN degree.

- Plan for faculty continuity. Although the current MCCSN faculty are long term and stable employees, their average age is currently over 47. If all of the current faculty remain employed over the next five years, the

average age will be 52; 7 of the 10 will be older than 50. Efforts need to be made to encourage younger nurses to become involved in the program in a variety of ways, such as serving as substitute instructors, guest faculty, preceptors, and possibly clinical teaching assistants.

Goal is ongoing, but so far has been obtained. Four new faculty who have been hired since the last program review are all younger, and committed to long term employment at the MCCSN.

- Encourage and systematically gather MCCSN faculty input regarding salary, benefits, teaching loads, and working conditions. Ensure salaries, benefits, and work assignments are consistent or better than those of comparable positions.

Goal has been obtained – hospital employee satisfaction survey indicates faculty are satisfied with salary, benefits and working conditions.

Former Goal 2. Ensure that equipment and instructional materials are up to date and adequate to assist students in meeting program objectives. Seek outside funding if current fiscal resources continue to be minimal for these areas.

Goal has been attained: Grant and outside funding has been obtained to replace all of the computers in the LRC computer lab, faculty computers, and to establish an updated patient simulation Lab. Supplies funding has been obtained allowing all instructor requests for instructional materials to be purchased.

Former Goal 3. Consider implementation of computerized testing on a routine basis for all aspects of the MCCSN curriculum. This includes exploration of available options, discussions and site visits with programs already utilizing computerized testing, and budgetary planning to cover the cost.

Goal has been met to explore this, but at this time the decision has been made by faculty not to pursue computerized testing at this time.

Former Goal 4. Provide orientation to new MPC Library and Technology Center (LTC) for faculty and students. Faculty need to familiarize themselves with the layout, features, and resources of the new MPC LTC in order to maximize ways in which this beautiful, state-of-the-art facility can be utilized to maximize nursing student learning and enhance the quality of both the teaching and the educational experience at the MCCSN.

This goal has been attained. Faculty and students are familiar with and utilize LTC on a regular basis.

2. Specify clearly in this section your program goals for the next five years, your plans to achieve them, the responsible person, and a timeline for completion.

1. Obtain California Board of Registered Nursing (BRN) continued approval: visit scheduled for fall 2011. Self study to be completed during 2010-2011 academic year will be directed by Director, Deb Schulte, with participation by 100% of all faculty.
2. Obtain National League for Nursing Accrediting Commission (NLNAC) continued accreditation. Site visit scheduled for fall 2011. Self study to be completed during 2010-2011 academic year will be directed by Director, Deb Schulte, with participation by 100% of all faculty. At least 6 faculty members will attend NLNAC Self Study forum to learn about writing self study and new accreditation criteria over the 2009-2010 academic year. Faculty will identify assessment methodologies that are evidence-based in leading to the desired program outcomes for accreditation.
3. Continue to integrate and expand use of patient simulation lab into the nursing educational program which is directed by Patti Nervino and Cheryl Jacobson, with input from 100% of the nursing faculty. By the time of the next Program Review, 100% of faculty will have participated in a Patient Simulation conference and will have led a simulation experience for their students. Look for resources to expand staffing to run the simulation lab in order to maximize the lab. This would include offering an open simulation lab so students can participate in simulations as a part of the LRC/NURS 205/206 lab classes.
4. Continue to offer a high quality and innovative nursing educational curriculum, including promotion of evidenced based nursing practice, close interaction with clinical practice experts, and creative teaching support items such as automated response devices (clickers).
5. Continue to examine student admission policies and procedures in order that it continues to be fair and efficient and students are admitted who are prepared for success. Ongoing – done by all faculty at faculty meetings, directed by Director.

3. Prioritize your goals and plans, listing the highest priority first.

The list above is prioritized.

4. Prioritize, within and between categories, requests for faculty, staff, supplies, equipment, and facilities. Describe how those requests are linked to your prioritized program goals and plans.

1. Request staff to assist with admissions processing in order to ensure that the hundreds of applications received and maintained are processed fairly, accurately and efficiently, and that communication with applicants is maintained appropriately. (Goal #5)
2. Replace copy machine in main nursing office to ensure instructional materials and communication with students, applicants, community members, donors, and partnership organizations is adequate and efficient. (Goal #4)
3. Adequate budget for salaries for faculty and instructional technician in order that there is participation in faculty practice activities in the summer, and expanded use of patient simulation lab during the school year and the summer. (Goal #3 & 4)

Over-Arching Goals:

- Work with the college to ensure adequate maintenance and cleanliness of bathrooms and public areas. Bathrooms in both IC building and Nursing building are often smelly and not clean. Halls, stairways are frequently not clean.
- Work with college to deal with problem of inadequate staff parking near nursing building. Faculty frequently are driving between hospital and the college between clinical and classroom obligations, and cannot find a space to park that is close to the nursing school.
- Work with college to provide better security in nursing areas. Classrooms and faculty offices frequently locked at the end of the work day are found to be unlocked in the morning when faculty return to work.

5. Include related activities in annual Action Plans or attach Annual Action Plan for next year if you have it prepared.

Action Plan for 2009-2010

① Department Priority Number (Only for Budget Dependent Items)	② DEPT	③ DESCRIPTION	④ AMOUNT	⑤ Ongoing (OG) Or One Time (OT) Funds	⑥ Meets Institu- tional Goal(s) #	⑦ Meets Component Goal(s) #	⑧ Meets Program Goals (from Program Review) Yes (Y) Or No (N)
1	NURS	Increase -5122 funds to reimburse nursing faculty salaries and benefits, by \$21,889 (5%) to cover potential increases. Funds will only be utilized if actually needed.	\$459,675 Total required	OG	6		Y
2	NURS	Accommodate increased Member ship fee for National League for Nursing and National Organization of ADN programs.	\$3180 Total required	OG	1		Y
	NURS	Continue to offer the Men in Nursing project activities to support non-traditional student enrollment into the nursing program.	\$35,400 Perkins funds requested; seeking grant funding	OG	2	1	Y
	NURS	Maintain the newly established Patient Simulation Lab, including providing staff development for nursing faculty to ensure best use of simulations to enhance the nursing educational program.	\$0 additional needed	OG	1		Y
	NURS	Continue expanded enrollment into the nursing program of 50 students, increased from our baseline of 40.	Supported by grant funds	OG	3		Y
	NURS	Begin preparation for Fall 2011 NLNAC visit, including faculty attendance at NLNAC Self Study Forums	\$0 additional needed		1, 3		Y