

IMPERIAL VALLEY COLLEGE
PROGRAM REVIEW COMPLIANCE FORM AND REQUEST FOR RESOURCES

PROGRAM/DEPARTMENT RN & VN Programs

ACADEMIC YR. 2011-2012

Comprehensive Program Review Annual Assessment Request for Resources (check all that apply)

Please analyze your Program Review data as well as your SLO/SAO assessment findings in order to update to your Comprehensive Program Review report as needed. All changes to area needs and subsequent requests for additional resources must be reported at this time.

If your program is scheduled for a Comprehensive Program Review all forms are to be completed and submitted to the appropriate Dean/VP. If you are completing the annual Program Review Assessment only and have no changes to area needs, sign below and submit this form to appropriate Dean/VP. If your needs have changed as a result of your annual assessment of program review data, please complete the appropriate Request for Resources form(s) and submit to appropriate Dean/VP.

[Signature] 3/12/12
Signature of Program Chair/Director Date

[Signature] 3-14-12
Signature of Area Vice President Date

[Signature] 3/12/12
Signature of Area Dean Date

Please attach the following documents to this Program Review Compliance form if you are requesting additional resources:

- ✓ Comprehensive Program Review
- ✓ Data Analysis Form
- ✓ SLO/SAO Assessments
- ✓ Request for Resources Forms

Part 2 – Comprehensive Program Review

FY 2011-2012

Program

Nursing – RN and VN Programs

Name:

A. PAST: Review of Program Performance, Objectives, and Outcomes for the Three Previous Academic Years: 2008-09, 2009-10, 2010-11

1. List the objectives developed for this program during the last comprehensive program review.

09-10 Objectives

- A. Improve Student Success within the RN and VN Programs and with Applicable External Validation Processes
 - B. Increase Critical Thinking Activities
 - C. Complete and evaluate the SLO Cycle, then make recommendations for budget and academic changes
 - D. Develop Clinical Simulation rotation for Pediatrics or up to 25% of clinical hours
 - E. Re-establish Professional Networking for RN and VN Programs
 - F. Revive Continuous Survey/Accreditation Readiness Processes
 - G. Separate Budget Process for RN and VN Programs
 - H. Develop Succession Plan for Faculty Retiring in ~2012
 - I. Explore and develop Paramedic to RN curriculum or program
2. Present program performance data in tabular form for the previous three years that demonstrates the program's performance toward meeting the previous objectives. Include the following standard program performance metrics as well additional program specific metrics, if any.
 - a. For teaching programs this data should include at least the following: Enrollment at census, number of sections, fill rate, retention rate, success rate, and grade distribution for each course in the program, during each semester and session of the previous three academic years. In addition, the Full Time Equivalent Faculty (FTEF) and Full Time Equivalent Students (FTES) and the ratio of FTES per FTEF should be presented for the program for each semester and session.

RN PROGRAM
RN ENROLLMENT

Analysis: Enrollment in the RN program has purposefully dropped from Spring 2009 due to the pending termination of an ‘enrollment’ grant, the industry employment status per the advisory group, and California mandated workload reduction. Therefore the RN program returned to its core level of 20-24 admissions per semester effective fall 2009. This action has reduced the total course enrollment from a high of 547 to a total of 384.

Program Review – Nursing (NURS) Program															
Enrollment Count at Census															
Course	Fall			Total	Spr.			Total	Sum.		Total	Win.		Total	Grand Total
	2008	2009	2010		2009	2010	2011		2009	2010		2009	2010		
NURS089	64	71	47	182	75	51	46	172	20	12	32	44	13	57	443
NURS096	8	3		11	14	6		20							31
NURS100	23	69	55	147	47	78	61	186		33	33	24	45	69	435
NURS110	36	21	24	81	28	22	23	73							154
NURS111	36	21	24	81	28	22	24	74							155
NURS112	36	21	24	81	28	21	22	71							152
NURS113		22	24	46		21	23	44							90
NURS116	35			35	36			36							71
NURS121	35	30	22	87	32	21	21	74							161
NURS123			21	21		18	18	36							57
NURS125	37	31	22	90	33	21	21	75							165
NURS200									42		42	39		39	81
NURS202									42		42	38		38	80
NURS224		31	18	49		33	18	51							100
NURS225		31	18	49		33	18	51							100
NURS204	8			8	6		6	12							20
NURS211	48	31	18	97	43	29	18	90							187
NURS231	53	31	18	102	48	32	18	98							200

NURS221	34	40	34	108	44	32	16	92							200
NURS230	32	38	33	103	40	30	15	85							188
NURS241	38	42	33	113	45	35	16	96							209
NURS240												32		32	32
Total	523	533	435	1491	547	505	384	1436	104	45	149	177	58	235	3311

RN NUMBER OF SECTIONS

Analysis: In nursing the number of sections is driven by the clinical rotation requirements for <12 students. However due to the reduction in admissions and the state fiscal crisis, team teaching for lecture was reintroduced in FY 09-10.

Number of Sections															
Course	Fall			Total	Spr.			Total	Sum.		Total	Win.		Total	Grand Total
	2008	2009	2010		2009	2010	2011		2009	2010		2009	2010		
NURS089	1	1	1	3	1	1	1	3	1	1	2	1	1	2	10
NURS096	1	1		2	1	1		2							4
NURS100	1	2	2	5	3	3	2	8		1	1	1	1	2	16
NURS110	1	1	1	3	1	1	1	3							6
NURS111	3	2	2	7	3	2	2	7							14
NURS112	4	2	2	8	3	2	2	7							15
NURS113		1	1	2		1	1	2							4
NURS116	1			1	1			1							2
NURS121	3	2	2	7	3	2	2	7							14
NURS123			1	1		1	1	2							3
NURS125	2	2	1	5	2	1	1	4							9
NURS200									2		2	2		2	4
NURS202									4		4	4		4	8
NURS204	1			1	1		1	2							3
NURS211	3	2	2	7	3	2	2	7							14
NURS221	3	3	3	9	3	3	2	8							17

NURS224		2	1	3		2	1	3							6
NURS225		3	2	5		4	2	6							11
NURS230	1	1	1	3	1	1	1	3							6
NURS231	2	2	2	6	2	2	2	6							12
NURS240												1		1	1
NURS241	2	2	2	6	2	2	2	6							12
Total	29	29	26	84	30	31	26	87	7	2	9	9	2	11	191

RN SUCCESS

Analysis: Student success for the most part has been above 85% throughout the nursing program. NURS 100, 116, and 123 are related to pharmacology and account 50% of the exceptions. NURS 121 and 125 (2nd semester) account for 25% of the exceptions. NURS 100 was moved to pre-admission in the RN program yet interestingly the course when taken in the summer/winter has seen more success than when offered in the spring

Note: NURS 089 is independent study in the nursing learning center and NURS 240 is a post-completion course for licensed VNs and RNs

Student Success Rate															
Course	Fall				Spr.				Sum.			Win.			Average
	2008	2009	2010	Avg.	2009	2010	2011	Avg.	2009	2010	Avg.	2009	2010	Avg.	
NURS089	83%	83%	87%	84%	83%	86%	87%	85%	90%	100%	95%	80%	62%	71%	84%
NURS096	100%	100%		100%	86%	100%		93%							96%
NURS100	91%	83%	87%	87%	62%	73%	72%	69%		88%	88%	96%	82%	89%	82%
NURS110	97%	100%	79%	92%	93%	91%	96%	93%							93%
NURS111	97%	100%	100%	99%	93%	96%	92%	93%							96%
NURS112	97%	100%	92%	96%	93%	95%	100%	96%							96%
NURS113		91%	88%	89%		91%	96%	93%							91%
NURS116	74%			74%	83%			83%							79%
NURS121	97%	87%	91%	92%	81%	100%	91%	91%							91%
NURS123			91%	91%		83%	94%	89%							89%
NURS125	95%	87%	77%	86%	79%	86%	91%	85%							86%

NURS200									93%		93%	95%		95%	94%
NURS202									100%		100%	97%		97%	99%
NURS224		97%	100%	98%		100%	100%	100%							99%
NURS225		97%	100%	98%		100%	100%	100%							99%
NURS211	90%	97%	100%	96%	95%	100%	100%	98%							97%
NURS230	94%	97%	100%	97%	100%	100%	100%	100%							99%
NURS221	80%	93%	97%	90%	93%	100%	81%	92%							91%
NURS240												75%		75%	75%
>>>>	89%	94%	92%	92%	87%	94%	93%	91%	94%	94%	94%	89%	72%	84%	91%

RN RETENTION

Analysis: Student retention in the RN program has remained above 85% with only 3 exceptions NURS 100, which was changed to pre-admission, NURS 121 and NURS 241. Attrition less than 15% in an intense and highly regulated program such as the RN program is remarkable and may have an inverse effect on the pass rate of NCLEX licensure examination.

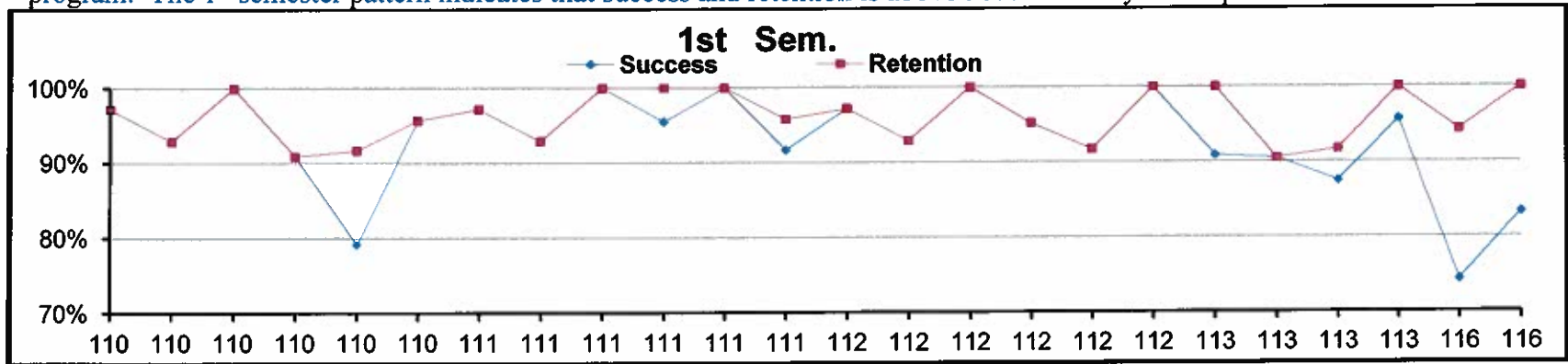
Note: NURS 089 is independent study in the nursing learning center and NURS 240 is a post-completion course for licensed VNs and RNs

Student Retention Rate															
Course	Fall				Spr.				Sum.			Win.			Average
	2008	2009	2010	Avg.	2009	2010	2011	Avg.	2009	2010	Avg.	2009	2010	Avg.	
NURS089	88%	97%	96%	94%	93%	96%	94%	94%	100%	100%	100%	93%	85%	89%	94%
NURS096	100%	100%		100%	100%	100%		100%							100%
NURS100	96%	94%	93%	94%	72%	89%	84%	82%		94%	94%	100%	89%	94%	90%
NURS110	97%	100%	92%	96%	93%	91%	96%	93%							95%
NURS111	97%	100%	100%	99%	93%	100%	96%	96%							98%
NURS112	97%	100%	92%	96%	93%	95%	100%	96%							96%
NURS113		100%	92%	96%		91%	100%	95%							96%
NURS116	94%			94%	100%			100%							97%
NURS121	97%	97%	96%	96%	84%	100%	91%	92%							94%
NURS123			95%	95%		94%	100%	97%							97%

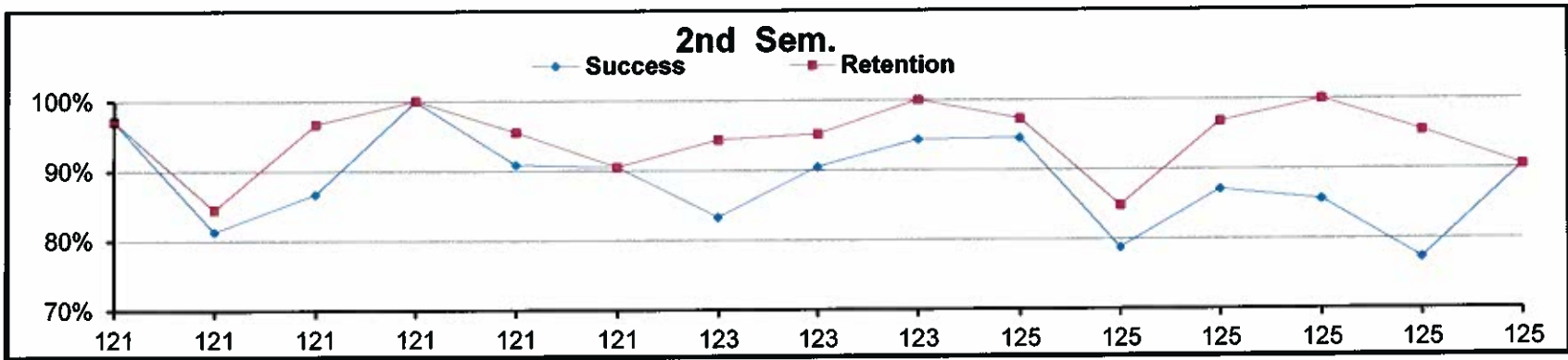
NURS125	97%	97%	96%	97%	85%	100%	91%	92%							94%
NURS200									100%		100%	95%		95%	97%
NURS202									100%		100%	97%		97%	99%
NURS224		100%	100%	100%		100%	100%	100%							100%
NURS225		100%	100%	100%		100%	100%	100%							100%
NURS204	88%			88%	100%		100%	100%							96%
NURS211	98%	97%	100%	98%	95%	100%	100%	98%							98%
NURS231	98%	97%	100%	98%	96%	100%	100%	99%							98%
NURS221	86%	98%	100%	94%	100%	100%	100%	100%							97%
NURS230	94%	97%	100%	97%	100%	100%	100%	100%							99%
NURS241	84%	98%	100%	94%	100%	100%	100%	100%							97%
NURS240												78%		78%	78%
>>>>	94%	98%	97%	96%	94%	97%	97%	96%	100%	97%	99%	93%	87%	91%	96%

RN SUCCESS AND RETENTION – LONGITUDINAL RELATIONSHIP

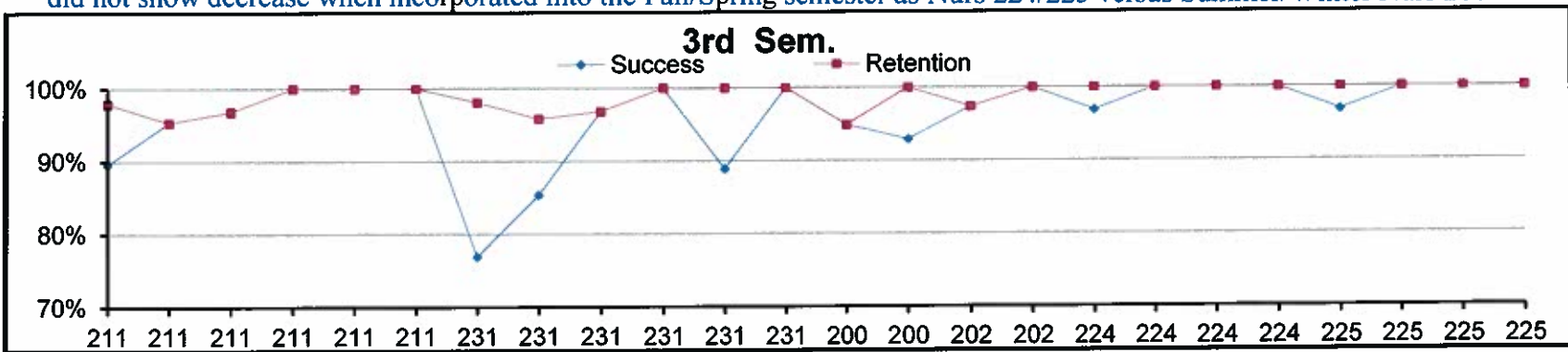
Analysis: A correlation between success and retention is more apparent with a few exceptions in the 1st and 3rd semesters of the RN program. The 1st semester pattern indicates that success and retention is above 90% with only 3 exceptions.



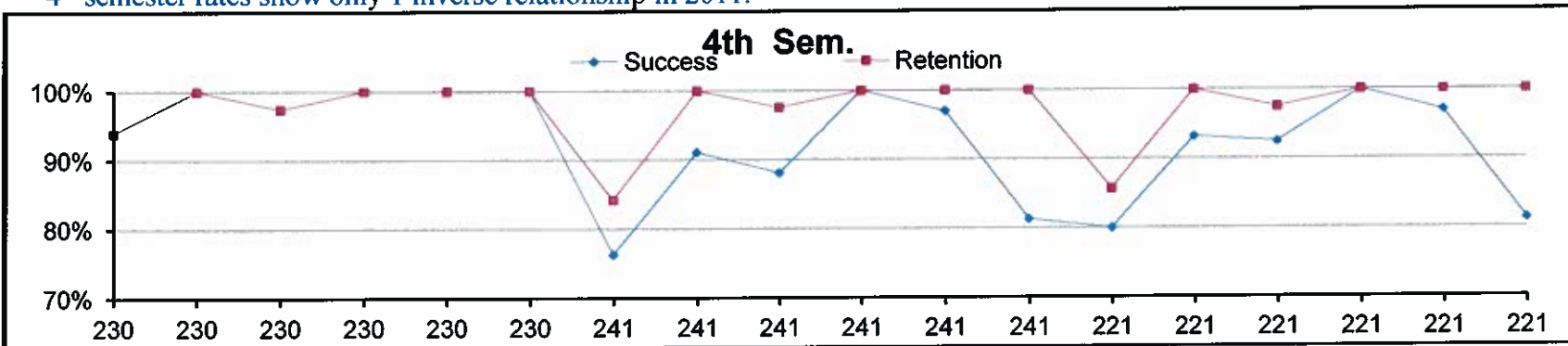
The 2nd semester pattern shows success undulating between 80% and 95% and retention sustained between 85% and 100%.



The 3rd semester has the highest success and retention rates with only a couple of exceptions in year 2008-2009. **Note:** Psych nrsg did not show decrease when incorporated into the Fall/Spring semester as Nurs 224/225 versus Summer/Winter Nurs 200/202.



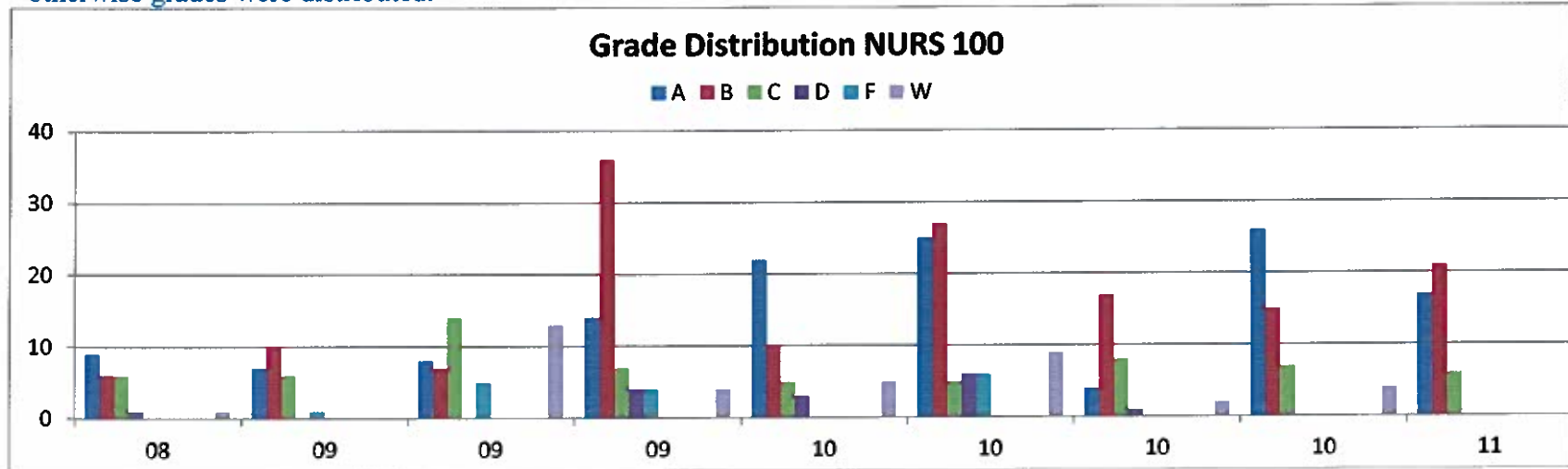
4th semester rates show only 1 inverse relationship in 2011.



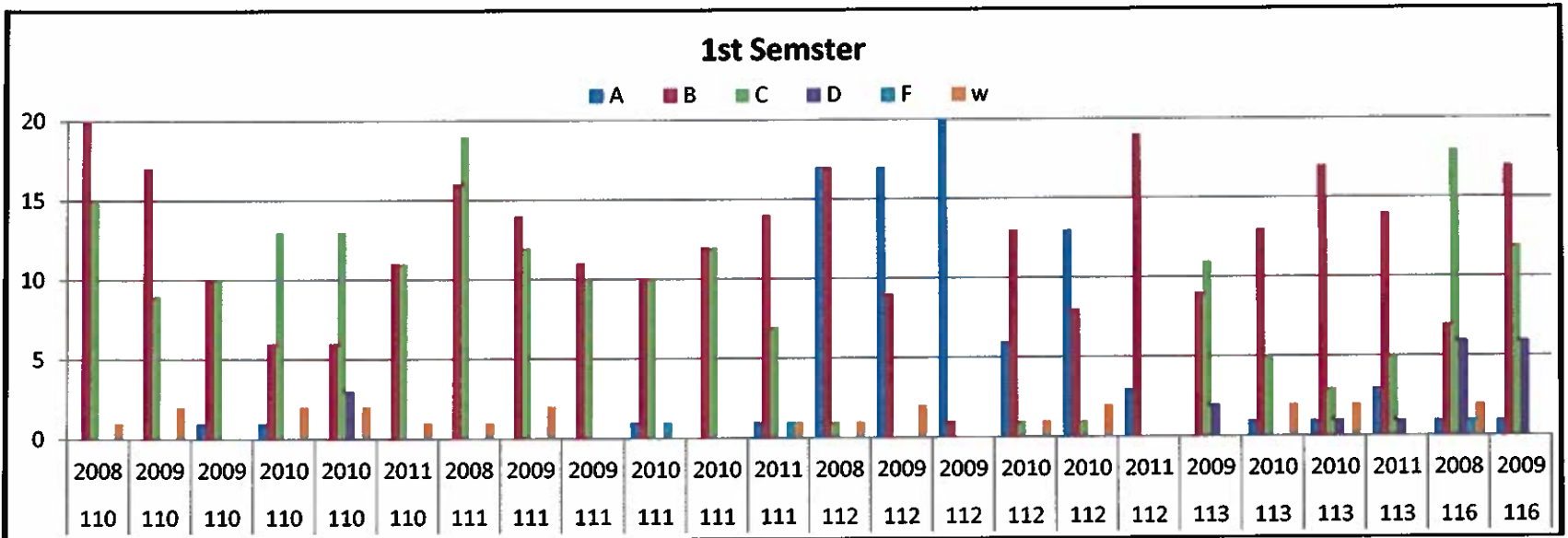
RN GRADE DISTRIBUTION

Analysis: Due to the sequential nature of the RN program, each semester will be looked at as a whole and courses outside of the program will be looked at separately.

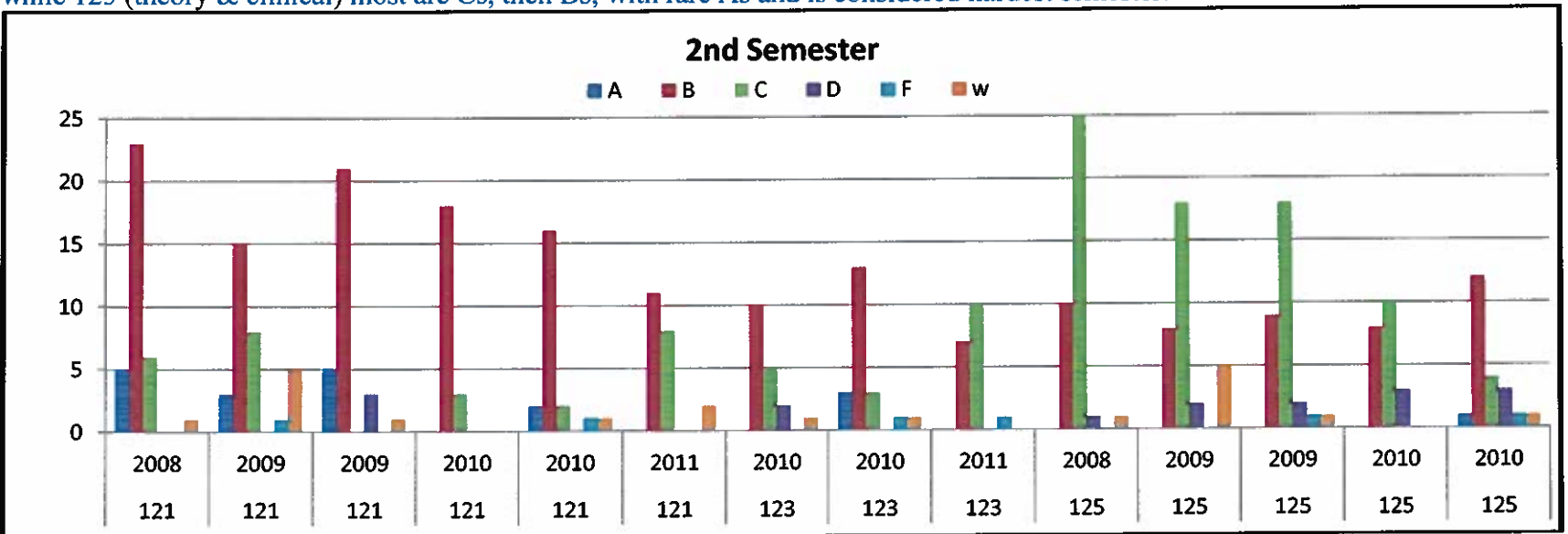
Pre-program: NURS 100 in FY 2009-2010 was changed to a pre-admission requirement. While the enrollment in the class has increased the grade distribution pattern has not changed with the exception of fall 2009 when a high percentage received a B, but otherwise grades were distributed.



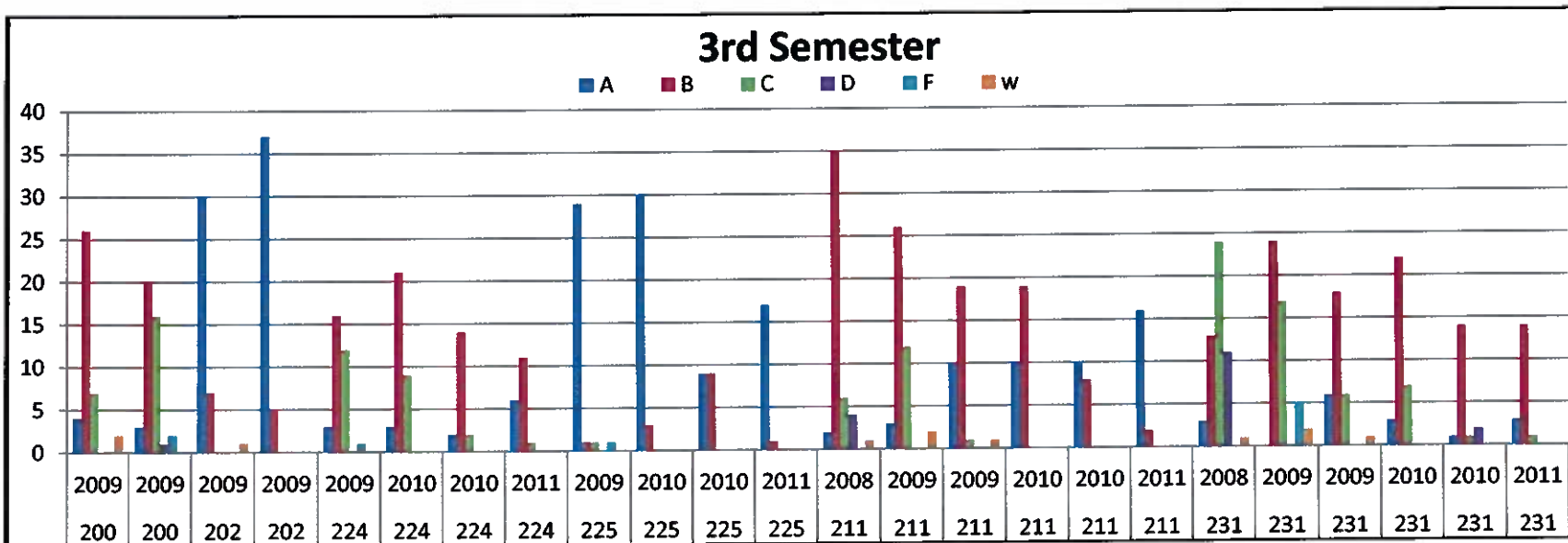
1st Semester: NURS 110 (theory) and 111 (skills) primarily have Bs and Cs. In NURS 112 (clinical) more As and Bs are noted which is not unusual. NURS 113 and 116 have a more typical distribution pattern.



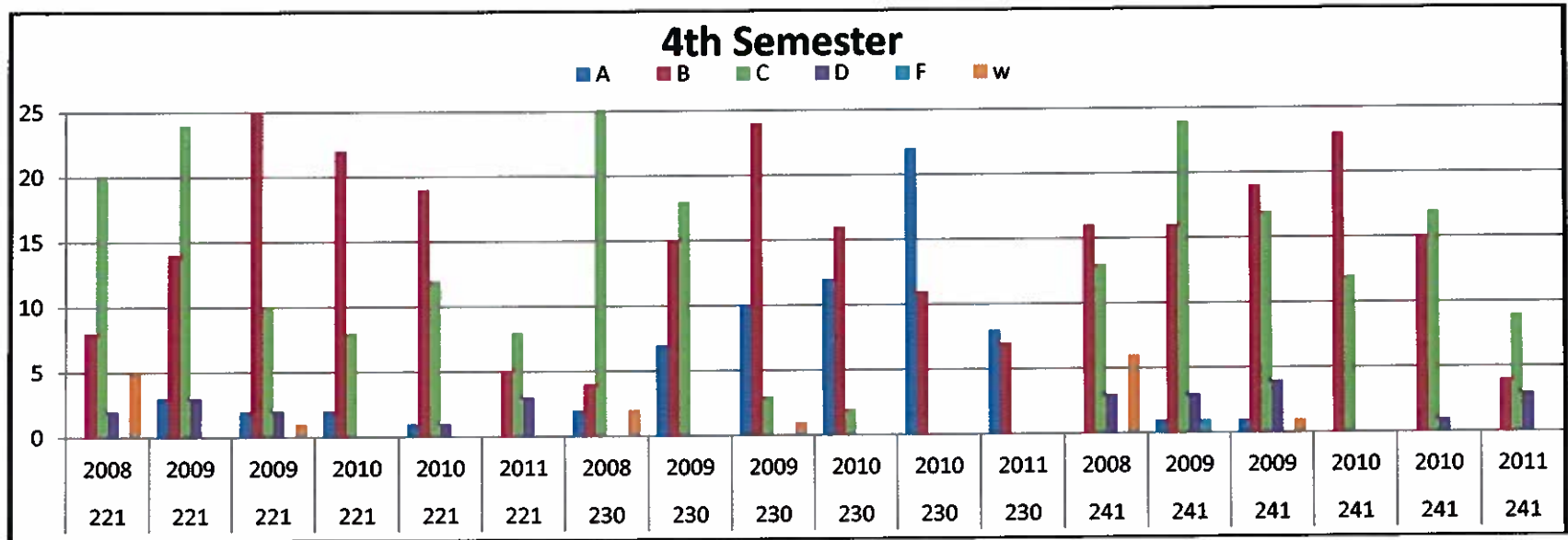
2nd Semester: NURS 121 is dominated by Bs and typical for skills mastery course. NURS 123 has an even distribution pattern while 125 (theory & clinical) most are Cs, then Bs, with rare As and is considered hardest semester.



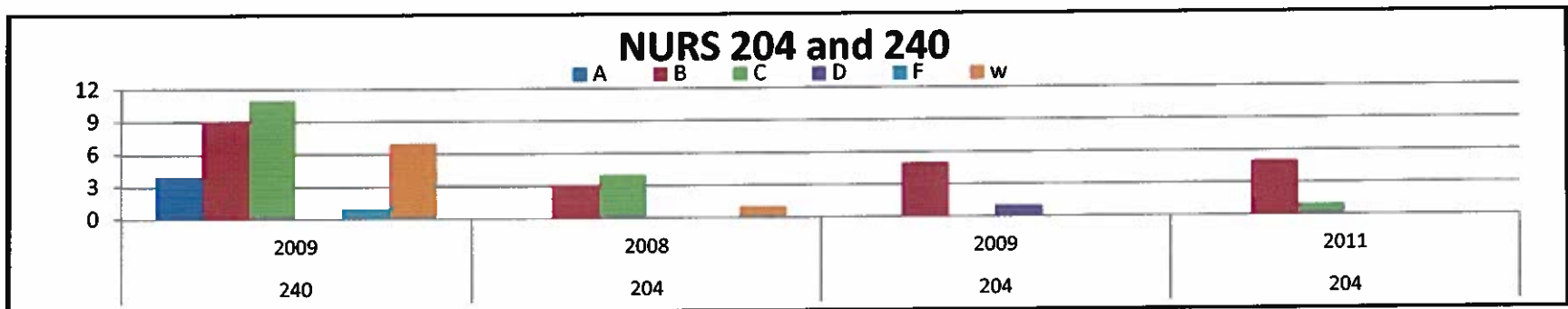
3rd Semester: NURS 211 is dominated by Bs and As which is typical for skills mastery course. NURS 231 shows Bs to be the highest distribution followed by Cs. In NURS 200 (psych theory) the predominate grade is B while NURS 202 (psych clinical) is nearly all As. In fall 2009 the psych courses changed to 224/225 and the distribution has remained the same despite moving the course from intersession to Fall and Spring and adding to the unit load of the student.



4th Semester: NURS 230 depicts a distribution curve of As, Bs, and Cs with the exception of fall 2010 and spring 2011 where only As and Bs were given. NURS 241 (theory and clinical) is the final course in the program and only rarely were As given the remainder of the grades were distributed as expected at this level. NURS 221 is typical of a skills mastery course.



NURS 204 is designed to assess VNs for placement in the RN program and grade must be C or better. NURS 240 is offered outside of the program for IV therapy skill acquisition.



RN FTES

Analysis: During the FY 2009-2010, the RN program decreased the number of admissions to the program due to the pending termination of an enrollment grant, the industry need as per the advisory group, and the staff mandated workload reduction. Returning the RN program to its original enrollment count per semester (~20) has caused a tapering down of the total FTES – fall 2008 compared to spring 2011. **Note:** NURS 200/202 has been replaced with 224/225, NURS 240 is a course offered only for licensed nurses, and NURS 204 is the ‘transition course’ to determine placement of VNs into the RN program.

Full Time Equivalent Student (FTEs)															
Course	Fall			Total	Spr.			Total	Sum.		Total	Win.		Total	Grand Total
	2008	2009	2010		2009	2010	2011		2009	2010		2009	2010		
NURS 089	5.5	8.4	5.9	19.7	8.4	6.7	6.1	21.2	1.4	0.9	2.3	2.8	0.8	3.6	46.8
NURS 096	0.8	0.3		1	1.2	0.5		1.7							2.7
NURS 100	0.7	2.4	1.9	5	1.2	2.3	2.2	5.7		1.2	1.2	0.7	1.2	1.9	13.9
NURS 110	5.5	3.2	10.2	18.9	4.3	2.9	4.9	12.1							31
NURS 111	5.5	3.3	3.5	12.2	4.3	3.3	3.6	11.2							23.4
NURS 112	14.9	6.9	18	39.8	11.6	8.3	16.6	36.5							76.3
NURS 113		1.1	1.2	2.4		1.1	1.3	2.3							4.7
NURS 116	2.5			2.5	2.5			2.5							5
NURS 121	3.6	3.1	2.3	9	3.3	2.2	2.2	7.7							16.7
NURS 123			1.1	1.1		0.9	1	1.9							3
NURS 125	21	17.8	12.6	51.3	18.7	12	12	42.8							94.1
NURS 200									3.5		3.5	3.2		3.2	6.7
NURS 202									5.6		5.6	5.8		5.8	11.3
NURS 224		2.2	1.2	3.3		2.3	1.2	3.5							6.8
NURS 225		3	1.9	4.9		3.4	1.9	5.3							10.1
NURS 204	0.9			0.9	1.1		0.7	1.8							2.7
NURS 211	5	3.2	1.9	10.1	4.5	3	1.9	9.3							19.4
NURS 231	30	17.8	10.3	58.1	27.2	18.3	10.3	55.9							114
NURS 221	3.6	4.1	3.5	11.3	4.6	3.3	1.7	9.5							20.8
NURS 230	1	1.2	1.3	3.5	1.2	0.9	0.6	2.8							6.2

NURS 241	21.5	24.1	18.9	64.5	25.5	20.1	9.2	54.7							119.2
NURS 240												2		2	2
>>>>	122	102	95.6	319.5	119.4	91.5	77.4	288.4	10.5	2.2	12.7	14.4	2	16.4	636.9

RN FTEF

Analysis: The number of students per semester drives the number of FT and PT faculty needed for clinical and lecture. In addition faculty were asked to return to the prior/standard practice of team teaching nursing lecture for cost efficiencies and maintaining quality.

Full Time Equivalent Faculty (FTEf)															
Course	Fall			Total	Spr.			Total	Sum.		Total	Win.		Total	Grand Total
	2008	2009	2010		2009	2010	2011		2009	2010		2009	2010		
NURS 089	0.2	0.2	0.2	0.6	0.2	0.2	0.2	0.6	0.2	0.2	0.4	0.2	0.2	0.4	2
NURS 100	0.1	0.1	0.1	0.3	0.2	0.2	0.1	0.5		0.1	0.1	0.1	0.1	0.1	1.1
NURS 110	0.3	0.3	0.3	0.9	0.3	0.3	0.3	0.9							1.8
NURS 111	0.9	0.6	0.6	2.1	0.9	0.6	0.6	2.1							4.2
NURS 112	3.2	1.6	1.6	6.4	2.4	1.6	1.6	5.6							12
NURS 113		0.1	0.1	0.2		0.1	0.1	0.2							0.4
NURS 116	0.1			0.1	0.1			0.1							0.3
NURS 121	0.6	0.4	0.4	1.4	0.6	0.4	0.4	1.4							2.8
NURS 123			0.1	0.1		0.1	0.1	0.2							0.3
NURS 125	2.2	2.2	1.1	5.5	2.2	1.1	1.1	4.4							9.9
NURS 200									0.3		0.3	0.3		0.3	0.7
NURS 202									1.2		1.2	1.2		1.2	2.4
NURS 224		0.3	0.1	0.4		0.3	0.1	0.4							0.8
NURS 225		0.4	0.4	0.8		0.5	0.4	0.9							1.7
NURS 204	0.3			0.3	0.3		0.3	0.5							0.8
NURS 211	0.6	0.4	0.4	1.4	0.6	0.4	0.4	1.4							2.8
NURS 231	2.2	3.3	2.2	7.7	2.2	2.2	2.2	6.6							14.3

NURS 221	0.6	0.6	0.6	1.8	0.6	0.6	0.4	1.6							3.4
NURS 230	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2							0.4
NURS 241	2.2	2.2	2.2	6.6	2.2	2.2	2.2	6.6							13.2
NURS 240												0.1		0.1	0.1
>>>>	13.7	13	10.5	37.2	13.1	11.1	10.6	34.7	1.7	0.3	2	1.9	0.3	2.2	76.2

RN FTES:FTEF RATIO

Analysis: The state's Board of Nursing has limitation on the number of students any 1 faculty can supervise during clinical and in the skills labs. The reduction of cohort size due to the state budget also impacts the ratio. Therefore, the FTES:FTEF Ratio will be smaller than expected for classes with large caps.

FTEs per FTEf															
Course	Fall			Fall	Spr.			Spr.	Sum.		Sum.	Win.		Win.	Avg.
	2008	2009	2010	Ava	2009	2010	2011	Ava.	2009	2010	Ava.	2009	2010	Ava.	
NURS 089	27.3	41.8	29.3	32.8	41.8	33.6	30.6	35.3	7	4.7	5.9	13.9	3.9	8.9	23.4
NURS 100	9.9	18	14.5	15	6	11.6	16.6	10.7		18.4	18.4	10.4	18.5	14.5	13
NURS 110	18.3	10.7	33.9	21	14.2	9.8	16.3	13.4							17.2
NURS 111	6.1	5.4	5.8	5.8	4.7	5.4	6.1	5.3							5.6
NURS 112	4.7	4.3	11.2	6.2	4.8	5.2	10.4	6.5							6.4
NURS 113		11.4	12.4	11.9		10.9	12.6	11.7							11.8
NURS 116	18.4			18.4	18.9			18.9							18.7
NURS 121	6	7.8	5.7	6.4	5.5	5.4	5.4	5.5							6
NURS 123			10.9	10.9		9.3	9.9	9.6							10
NURS 125	9.5	8.1	11.5	9.3	8.5	10.9	10.9	9.7							9.5
NURS 200									10.6		10.6	9.5		9.5	10
NURS 202									4.6		4.6	4.8		4.8	4.7
NURS 224		8.2	8.6	8.4		8.5	9.3	8.7							8.6
NURS 225		7.5	4.7	6.1		6.4	4.7	5.6							5.9
NURS 204	3.5			3.5	4		2.7	3.4							3.4

NURS 211	8.3	8	4.7	7.2	7.4	7.5	4.7	6.7							6.9
NURS 231	13.7	5.4	4.7	7.5	12.4	8.3	4.7	8.5							8
NURS 221	6	6.9	5.9	6.3	7.6	5.5	4.1	6							6.1
NURS 230	15.1	17.4	19.6	17.4	18.3	13.7	9.6	13.9							15.6
NURS 241	9.8	10.9	8.6	9.8	11.6	9.1	4.2	8.3							9
NURS 240												14.6		14.6	14.6
>>>>	8.9	7.9	9.1	8.6	9.1	8.3	7.3	8.3	6.1	8.2	6.3	7.4	7.6	7.4	8.4

VN PROGRAM

VN ENROLLMENT (note: no summer/winter courses)

Analysis: Enrollment in the VN program has purposefully been held to admissions every 3 semesters. In addition enrollment has been reduced to the BVNPT Board 'approved' 20 enrollment cap or less as requested by the Board of Vocational Nursing and Psychiatric Technicians. This action will cause a minimal trickle down in the total numbers.

Program Review – (Vocational Nursing) VN Program									
Enrollment Count at Census									
Course	Fall				Spr.				Grand Total
	2008	2009	2010	Total	2009	2010	2011	Total	
VN110			24	24	17			17	41
VN112			20	20	18			18	38
VN114			25	25	20			20	45
VN116			24	24	18			18	42
VN120		19		19			18	18	37
VN122		19		19			18	18	37
VN124		15		15			18	18	33
VN130	15			15		19		19	34
VN132	15			15		18		18	33
VN214					14			14	14
Total	30	53	93	176	87	37	54	178	354

VN NUMBER OF SECTIONS

Analysis: Admissions into the program occurs only every 3 semesters at the recommendation of the Advisory Committee and based on employment statistics, thus only 1 section of any course. A contributing factor is the maximum students to faculty ratio in the clinical setting.

Number of Sections									
Course	Fall				Spr.				Grand Total
	2008	2009	2010	Total	2009	2010	2011	Total	
VN110			1	1	1			1	2
VN112			1	1	1			1	2
VN114			1	1	1			1	2
VN116			1	1	1			1	2
VN120		1		1			1	1	2
VN122		1		1			1	1	2
VN124		1		1			1	1	2
VN130	1			1		1		1	2
VN132	1			1		1		1	2
VN214					1			1	1
Total	2	3	4	9	5	2	3	10	19

VN SUCCESS

Analysis: Student success for the most part has been above 83% throughout the nursing program. VN 114 (medication math) accounts for 50% of the exceptions. VN 214 accounts for the other 50%, yet is a class offered only outside of the program

Student Success Rate									
Course	Fall				Spr.				Average
	2008	2009	2010	Avg.	2009	2010	2011	Avg.	
VN110			83%	83%	88%			88%	86%
VN112			100%	100%	100%			100%	100%

VN114			84%	84%	70%			70%	77%
VN116			88%	88%	89%			89%	88%
VN120		95%		95%			100%	100%	97%
VN122		100%		100%			100%	100%	100%
VN124		87%		87%			100%	100%	93%
VN130	100%			100%		95%		95%	97%
VN132	87%			87%		94%		94%	91%
VN214					57%			57%	57%
>>>>	93%	94%	89%	91%	81%	95%	100%	89%	90%

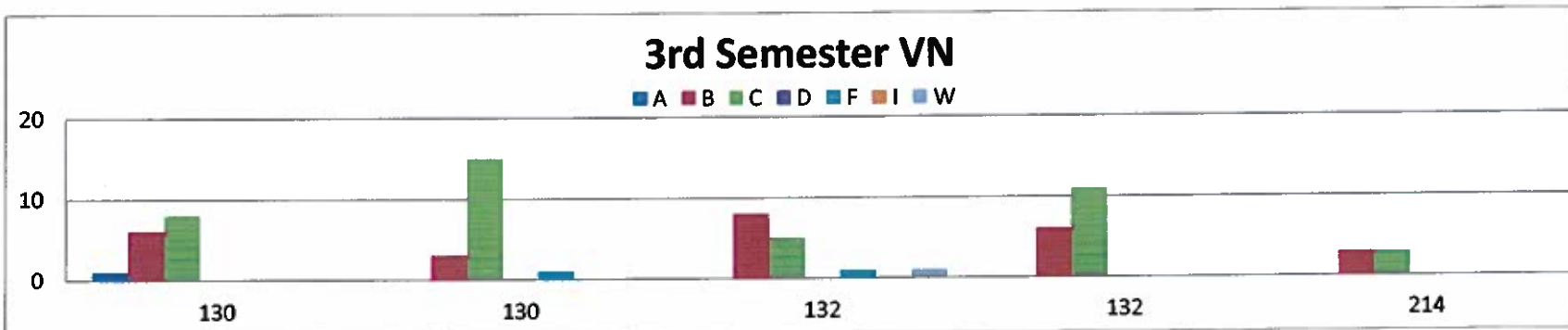
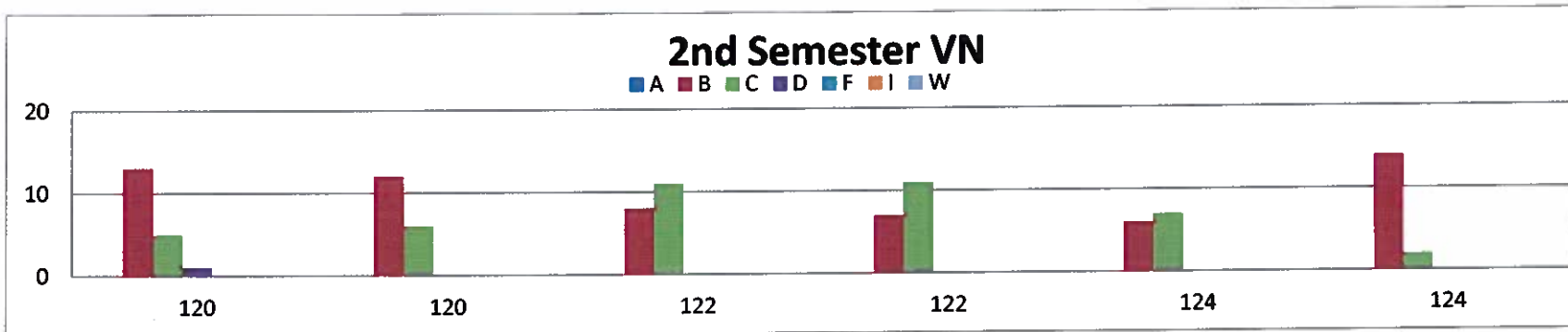
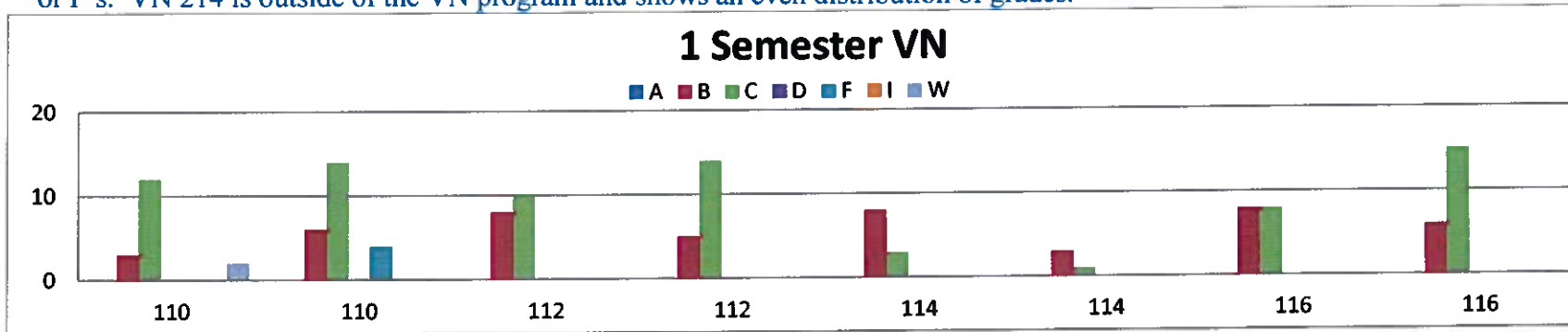
VN RETENTION

Analysis: Retention in the VN program remained above 85% with 1 exception – VN 214 Medication Math. This finding is typical of courses related to pharmacology. VN 214 is offered outside of the program.

Student Retention Rate									
Course	Fall				Spr.				Average
	2008	2009	2010	Avg.	2009	2010	2011	Avg	
VN110			100%	100%	88%			88%	94%
VN112			100%	100%	100%			100%	100%
VN114			100%	100%	75%			75%	88%
VN116			96%	96%	89%			89%	92%
VN120		100%		100%			100%	100%	100%
VN122		100%		100%			100%	100%	100%
VN124		100%		100%			100%	100%	100%
VN130	100%			100%		100%		100%	100%
VN132	93%			93%		94%		94%	94%
VN214					64%			64%	64%
>>>>	97%	100%	99%	99%	83%	97%	100%	91%	95%

VN GRADE DISTRIBUTION

Analysis: In the 1st semester of the VN program the predominate grade has been C's with one exception in Spring 2010 for the VN 214 when a high number of A's were given. First semester there were the most number of W's and F's. In 2nd semester the ratio of B's and C's reversed compared to 1st semester. In the final semester, C's again increased in frequency with a limited number of W's or F's. VN 214 is outside of the VN program and shows an even distribution of grades.



VN FTES

Analysis: During the FY 2009-2010, the VN program remained fairly stable as the Board of Vocational Nursing and Psychiatric Technicians has enforced a cap of 20 students per cohort and admissions occur only every third semester.

Full Time Equivalent Student (FTEs)									
Course	Fall				Spr.				Grand
	2008	2009	2010	Total	2009	2010	2011	Total	Total
VN 110			8.8	8.8	6			6	14.8
VN 112			7.6	7.6	7.1			7.1	14.7
VN 114			1.3	1.3	0.9			0.9	2.2
VN 116			2	2	1.5			1.5	3.6
VN 120		7.8		7.8			7.1	7.1	14.9
VN 122		7.5		7.5			7.1	7.1	14.6
VN 124		1.1		1.1			1.3	1.3	2.3
VN 130	5.8			5.8		7.4		7.4	13.2
VN 132	5.8			5.8		7		7	12.9
VN 214					0.4			0.4	0.4
>>>>	11.6	16.4	19.7	47.6	16	14.4	15.5	45.9	93.5

VN FTEF

Analysis: The number of students per semester and in each clinical rotation drives the number of FT faculty needed. The VN program has an established practice for team teaching nursing lecture which aids in cost efficiencies and maintaining continuity.

Full Time Equivalent Faculty (FTEF)									
Course	Fall				Spr.				Grand
	2008	2009	2010	Total	2009	2010	2011	Total	Total
VN 110			0.7	0.7	0.7			0.7	1.5
VN 112			0.7	0.7	0.7			0.7	1.5
VN 114			0.1	0.1	0.1			0.1	0.2

VN 116			0.2	0.2	0.2			0.2	0.3
VN 120		0.8		0.8			0.8	0.8	1.5
VN 122		0.8		0.8			0.8	0.8	1.5
VN 124		0.1		0.1			0.1	0.1	0.3
VN 130	0.8			0.8		0.8		0.8	1.5
VN 132	0.8			0.8		0.8		0.8	1.5
VN 214					0.1			0.1	0.1
>>>>	1.5	1.7	1.7	4.9	1.8	1.5	1.7	5	9.9

VN FTES:FTEF RATIO

Analysis: The Board of Vocational Nursing and Psychiatric Technicians limits students to faculty ratios in the clinical and in the skills lab setting. Coupling the defined limits with the other longitudinal retention in a single cohort impacts the FTES:FTEF ratio. Therefore, the FTES:FTEF Ratio will be smaller than expected for classes with large caps.

FTEs per FTEf									
Course	Fall				Spr.				Avg
	2008	2009	2010	Avg	2009	2010	2011	Avg	
VN 110			12	12	8.2			8.2	10.1
VN 112			10.3	10.3	9.7			9.7	10
VN 114			12.7	12.7	9.1			9.1	10.9
VN 116			12.3	12.3	9.2			9.2	10.8
VN 120		10.1		10.1			9.3	9.3	9.7
VN 122		9.8		9.8			9.3	9.3	9.6
VN 124		7.9		7.9			9.5	9.5	8.7
VN 130	7.6			7.6		9.6		9.6	8.6
VN 132	7.6			7.6		9.2		9.2	8.4
VN 214					6			6	6
>>>>	7.6	9.8	11.3	9.7	8.9	9.4	9.3	9.2	9.4

	endocrine systems and for anti-infective, oncological, and allergic response medications by passing the final with a 75% or better score. (ILO 2)
NURS 125	<ol style="list-style-type: none"> Determine actual and potential problems of the maternity cycle and appropriate nursing responses to restore and promote health. (ILO2, ILO4, ILO 5) Plan, implement, and evaluate nursing care of adult and/or pediatric patients with common problems of the respiratory, surgical, and/or reproductive systems. (ILO1, ILO2, ILO3, ILO4) Demonstrate safe medicine administration by the intravenous route in a simulated or clinical setting. (ILO1, ILO2, ILO3, ILO4) Demonstrates critical thinking through development of a nursing care plan on one selected patient in the clinical setting (ILO 2, ILO 4) Demonstrate effective verbal and written communication in a clinical setting. (ILO 1, ILO 2, ILO 4) Plan, implement, and evaluate nursing care of the obstetric and newborn client (ILO 1, ILO 2, ILO3, ILO4) Demonstrates theoretic knowledge of nursing care for the patient with a respiratory system problem. (ILO 2, ILO4) Demonstrates professionalism and preparation for effective participation in the clinical setting. (ILO 3, ILO 4)
NURS 224	1. Identify actual or potential problems, assess data gathered, Formulate a nursing diagnosis, implement a plan of action, evaluate outcome of plan (ILO 1, ILO 2, ILO 3, & ILO 4)
NURS 225	1. Assess a set of clinical data, formulate a nursing diagnosis, implement a plan, and evaluate outcome of the action plan. ILO 1, 2, 3, 4
NURS 211	1. Satisfactorily demonstrate to the lab or clinical instructors clinical skills competencies during check offs and simulations. ILO 1, 2, 3, 4, 5
NURS 231	<ol style="list-style-type: none"> Determine actual and potential problems of the pediatric population and appropriate nursing responses to restore and promote health. ILO 2, ISLO4 Plan, implement, and evaluate nursing care of adult and/or pediatric patients with common, chronic, acute adaptive disorders of the neurological, cardiac, endocrine, renal, gastrointestinal, and/or musculoskeletal systems. ILO 1,2,3,4 The student will apply relevant nursing theory to patient care to individualized patient and families with common, acute, and chronic body systems stressors in the hospital. a. Assessed by clinical evaluation tools b. Assessed by clinical case studies/care plans ILO 1,2,3,4 Demonstrate proper use of delegation, team leading, and the use of interdisciplinary model to manage and/or coordinate the health care of selected patients. ILO 1,2,3,4
NURS 221	1. Demonstrate nursing interventions and prevention of complications in patients with multisystem stressors. (ILO 1,2)
NURS 230	1. Develop a professional resume for an ADRN graduate career opportunity that takes into consideration the industry's expectations for entry-level competencies. (ILO 1, ILO2, ILO3)
NURS 241	<ol style="list-style-type: none"> Understand nursing theory to plan, implement and evaluate nursing care for adult, geriatric and pediatric patients with acute, complex, or multi-system adaptive disorders of the neurological, cardiac, respiratory, and/or endocrine systems. A) Demonstrate integration of knowledge in all areas of nursing by passing the ATI Comprehensive/Predictor exam with an individual score of 75% or above. B) Demonstrate integration of knowledge in all areas of nursing by passing the ATI Med/Surg exam with a level 1 or above. (ILO 2, ILO3, ILO 4, ILO 5) The student will apply relevant nursing theory to patient care to individualized patient and families with multiple body systems stressors in the hospital. A) Assessed by clinical evaluation tools B) Assessed by clinical case studies. (ILO 1, ILO 2, ILO 3, ILO 4) The student will apply relevant nursing theory to patient care to individualized patient and families with multiple body systems stressors in the home or/and outpatient setting. A) Assessed by journals of learning experience in home health and outpatient settings. B) Assessed by student and mentor evaluations (ILO 1, ILO 2, ILO 3, ILO 4)

VN Program – All courses have SLOs and being routinely addressed by the faculty at the end of each semester.

Course #	Outcomes
VN 110	Demonstrate correctly and safely all principles of medication administration including documentation in simulated client care situations. (ILO 1,2,3,4,5) Demonstrate respect and sensitivity for professional role through appropriate behavior, being prompt for clinical experience, meetings, learning activities, class, and assignment deadlines.(ILO 1,2,3,4,5) Demonstrate knowledge appropriate to practice setting and level of learning in a paper or clinical assignment for VN 110. (ILO 1,2,3,4,5) By the conclusion of VN 110 student will successfully identify subjective and objective data as it relates to nursing diagnosis. (ILO 1,2,3,4,5) Student will successfully demonstrate correct body mechanics to insure safety of self and clients in simulated client care situations.(ILO 1,2,3,4,5)

VN 112	<p>On dosage calculation exam, student will have a score of 92% or better on the first attempt. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Utilizing principles of medical asepsis student will demonstrate safe and effective insertion of urinary catheter in a simulated clinical setting. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Identify and document long and short term goals/expected outcomes for simulated and actual client situations. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Utilizing principles of surgical asepsis student will successfully create a sterile field. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Perform common methods used to assess respiratory functions in actual or simulated client settings. (ILO1, ILO2, ILO3, ILO4, ILO5)</p>
VN 114	<p>Calculate dosages in apothecary and metric systems and safely administer medications utilizing the 5 Rights in the clinical setting ILO 1, 2, 4</p>
VN 116	<p>Effectively communicate with all appropriate parties regarding patient care and interventions for a given scenario or applied in a clinical setting. (ILO 1, 2, 3, 4)</p> <p>Demonstrate critical thinking and judgment in clinical decision making related to interactions with patients ILO 1,2,4</p> <p>Identify leadership techniques useful to LVN practice. ILO 1, 2, 3, 4</p>
VN 120	<p>Demonstrate a physical assessment on a postpartum patient and record the information appropriately. (ILO1, ILO2, ILO4)</p> <p>Demonstrate safe medication, (except IV) administration in a clinical setting. (ILO1, ILO2, ILO3, ILO4)</p> <p>Develop and present a major maternal/child health teaching project. (ILO 1, ILO2, ILO3, ILO4, ILO5)</p> <p>Applying the nursing process, the student will successfully apply the nursing process in caring for the antenatal, intrapartal, & postpartal patient. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Achieve at least a level one, on the ATI computerized Pharmacology exam. (ILO2)</p>
VN 122	<p>Satisfactorily perform a respiratory assessment on an adult or child in a simulated or actual clinical setting. (ILO 1, 2, 3, 4, 5)</p> <p>Identify the legal and cultural issues involved in caring for patients with common health problems. (ILO 1, 2, 3, 4, 5)</p> <p>Verbalize teaching plan for patients with problems of the reproductive system. (ILO 1, 2, 3, 4, 5)</p> <p>Student will successfully demonstrate suctioning techniques required for patients with common respiratory problems in a simulated or actual clinical setting. (ILO 1, 2, 3, 4, 5)</p> <p>Demonstrate comprehensive knowledge of the maternity cycle by scoring a level one or greater on OB-ATI. (ILO 1, 2, 3, 4, 5)</p>
VN 124	<p>Apply cultural-psychosocial aspects of care to patient teaching, prioritization of interventions involving pharmacological therapy, and in safe administration of medications (ILO 1, 2, 5)</p> <p>Differentiate among the types of drug actions; side effects, adverse reactions, and therapeutic effects in simulated and/or clinical situations. (ILO2, ILO3)</p> <p>Identify actions and purpose of medications affecting the immune system and nursing actions needed when providing care for clients using these medications. (ILO2, ILO3)</p>
VN 130	<p>Establish and prioritize the patient's needs utilizing both primary and secondary data related to current and past physical and psychological status. (ILO1, ILO2, ILO3, ILO4)</p> <p>Plan, implement and evaluate nursing care of adult and or pediatric patients with common problems of hematology, cardiovascular and or musculoskeletal systems. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Demonstrate theoretical knowledge, nursing principles such as asepsis, infection control related to patients requiring isolation . (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>Student will demonstrate personal responsibility by meeting deadlines and completing skill in the workplace and classroom as assigned.. (ILO1, ILO2, ILO3, ILO4, ILO5)</p> <p>The student will demonstrate the ability to think critically by passing the dosage calculation exam with a score of 92% or better on the first attempt. . (ILO2)</p>
VN 132	<p>Use appropriate data collection techniques & instruments, perform a neurological assessment on an adult or pediatric patient and correctly document information. (ILO1, ILO2, ILO3, ILO4)</p> <p>Provide nursing care that reflects research into patient/clients medical diagnosis, treatment and care. (ILO1, ILO2, ILO3, ILO4)</p> <p>Pay particular attention to the integumentary system and demonstrate critical thinking and judgment in clinical decision making. (ILO1, ILO2, ILO3, ILO4)</p> <p>Show NCLEX readiness by passing the ATI Comprehensive Predictor which measures assessment across the lifespan, with a 75 % or better. (ILO1, ILO2, ILO3, ILO4)</p> <p>Complete an abdominal assessment on a Medical/Surgical patient in the proper sequence using Universal Precautions. (ILO1, ILO2, ILO3, ILO4)</p>

4. Analyze the data presented visually (graphs, diagrams, etc.) and verbally (text) as appropriate, present any trends, anomalies, and conclusions. Explain the program's success or failure in meeting the objectives presented above in

item one. Explain the ways that the program utilized the student learning or service area outcome data presented in item three to improve the program (changes to curriculum, instructional methodology, support services, etc.)

See “Analysis” above for each graphical depiction.

B. PRESENT: Snapshot of the State of the Program in the Current Semester: Fall 2011

1. Give a verbal description of the program as it exists at the present time. Include information on current staffing levels, current student enrollments, student learning or service area outcome implementation, number of majors, and/or other data as appropriate.

The RN Program is an approved school of nursing for an associate pre-licensure registered nursing degree consisting of a minimum of 15 nursing courses offered over 4 semesters in an ongoing pattern. As a school of nursing, students must successfully complete the selection and admission process including all required prerequisites. Twice a year a minimum of 20 students are enrolled. The RN program utilizes a team-teaching concept for each semester which enables the two full-time instructors to team-lecture the semester cohorts and to have separate clinical-rotation cohorts that do not exceed the Board of Nursing limits. Therefore, there are 8 full-time faculty positions; one of which serves ½ time as the human simulation coordinator. Additional part-time faculty are utilized only when the semester cohort will cause the clinical cohorts to exceed the mandated cap of 10, unless a grant secured. The RN program created Program Learning Outcomes in 2011-2012 and all courses have Student Learning Outcomes as listed above. PLO data collection has begun and SLO data is submitted to the SLO Coordinator by the faculty.

The VN Program is an approved school of nursing for a certificate or associate pre-licensure vocational nursing degree consisting of a minimum of 12 nursing courses offered over 3 semesters in a sequential pattern. As a school of nursing, students must successfully complete the selection and admission process including all required prerequisites. Enrollment, at any given time, is limited to 20 per the Board of Vocational Nursing and Psychiatric Technicians. Due to the regional industry need the VN program admits once every third semester. The VN program utilizes a team-teaching concept with 2 full-time faculty that have separate clinical-rotation cohorts that do not exceed the BVNPT limits. Additional full-time or part-time faculty are utilized only for pharmacology and leadership courses. The VN program created Program Learning Outcomes in 2011-2012 and all courses have Student Learning Outcomes as listed above. PLO data collection has begun and SLO data is submitted to the SLO Coordinator by the faculty.

2. Verbally describe any outside factors that are currently affecting the program. (For example: changes in job market, changing technologies, changes in transfer destinations, etc.)

Job market: California nursing as a workforce continues to face a shortage despite the improvements made in 2011 due to the effect of the new healthcare reform mandates and the aging of the nursing workforce. However, locally the job vacancies have

decreased as the economy of the state has deteriorated. The Advisory Committee recommended reducing the enrollments to the original 20-22 per cohort for now and is aware that ‘opening the faucet up’ today will not yield a nurse for 2 years.

Funding

Funding deficits: California continues to face difficult financial times and subsequently continues to take funding away from community colleges. This has created problems with replacing full-time faculty as they retire or relocate. Currently we have 2 openings in the RN program and 1 pending in the VN program. One of the RN position is ½ classroom and ½ human simulation coordinator – a role that has become a basic expectation of any school of nursing. None of these have been approved as of March 2012 and all mandated hours are being covered by multiple part-time faculty which effects the continuity in the program. In addition, the continued deficits have been the impetus of a reorganization process during 2011-2012 causing the Nursing Director/Dean to assume extra duties when the dean of Science Math and Engineering resigned.

Legislature: In California AB 1295 and SB 1440 are impacting RN programs as is the federal Institute of Medicine: Future of Nursing Report. Basically, all three are mandating or recommending the alignment of ADRN programs with BSN programs so that a nurse can achieve a BSN within 1 year. This process most likely will alter course offerings, units offered, and possibly course curriculum within the next year, while all mandates by the Board of Nursing are maintained. Each is discussed briefly below with excerpts when applicable.

AB 1295 focuses on the seamless transfer of students in or post an associate registered nursing program to a registered nurse bachelor degree program; a.k.a. RN to BSN. This is not a new concept, but AB 1295 does come with new requirements of schools of nursing at the community college specific to deadlines for articulation, prerequisites and the number of nursing units in an ADRN program, which will lead to curriculum changes at IVC. **SB 1440** Transfer Model Curriculum is not nursing specific but is very similar in the request for seamless transfer to the university system with limits on the number of units. An excerpt of AB 1295 follows.

(b) Prior to the commencement of the 2012-13 academic year, the Chancellor of the California State University shall implement articulated nursing degree transfer pathways between the California Community Colleges and the California State University. The articulated nursing degree transfer pathways shall, at a minimum, comply with both of the following requirements:

- (1) A campus of the California State University shall not require an ADN-to-BSN student to complete any duplicative courses for which the content is already required by the Board of Registered Nursing for licensure or that the student has already satisfied by earning the associate degree in nursing and becoming licensed as a registered nurse.*
- (2) A campus of the California State University shall not require an ADN-to-BSN student, who has taken a prerequisite course at a California community college to earn the associate degree in nursing, to take the same prerequisite course or same content from that prerequisite course at the university for the bachelor of science in nursing degree.*

The Institute of Medicine – Future of Nursing Report has one recommendation that is directed at community college schools of nursing and is similar to the AB 1295 and SB 1440 in its goal to increase the number of BSN nurses through aligned pathways. An excerpt follows.

Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

• The Commission on Collegiate Nursing Education, working in collaboration with the National League for Nursing Accrediting Commission, should require all nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher levels of education.

3. List any significant issues or problems that the program is immediately facing.

See response to number 2 above. – All outside forces listed are immediate issues for the RN and VN programs.

Funding deficits: The college continues to struggle financially due to the state fiscal crisis. The current financial status effects the timely replacement of fulltime faculty, the ability to increase enrollments, and modernization of the nursing labs and classrooms. Currently we have 2 openings in the RN program and 1 pending in the VN program. One of the RN position is ½ classroom instructor and ½ human simulation coordinator – a role that has become a basic expectation of any school of nursing. None of these have been approved as of March 2012 and all mandated hours are being covered by multiple part-time faculty, which effects the continuity in the program. The additional dean hours required to cover the Science Math and Engineering department has reduced dedicated time for the nursing programs.

C. FUTURE: Program Objectives for the Next Three Academic Years: 2011-12, 2012-13, 2013-14

1. Identify the program objectives for the next three academic years, making sure these objectives are consistent with the college's Educational Master Plan goals. Include how accomplishment is to be identified or measured and identify the planned completion dates. If any objectives are anticipated to extend beyond this three-year period, identify how much is to be accomplished by the end of this review period and performance measures.

The Educational Master Plan (EMP) Goals are:

1. (Student Success): Enable students to attain their educational goals, including degrees and certificates, transfer, job placement and advancement, and basic skills.
2. (Excellence in Education): Provide a college environment that responds to the higher education needs of the students and community.
3. (Develop Resources and Increase College Effectiveness): Develop and manage human, technological, physical and financial resources to effectively support the learning environment

The Program Objectives for the next three academic years align with the EMP goals for student success and excellence in education. The third EMP goal for developing resources to support learning is critical to the success of the program objectives listed below.

1. Continuing to measure the 3 defined measurable PLOs,
2. Preparing for and completing the RN accreditation process with the Board of Nursing, and
3. Reviewing and revising the RN curriculum with special consideration of the RN to BSN pathway and the Quality and Safety Education in Nursing (QSEN) guidelines.
4. Maintain/replace or increase/improve the a) human resources for educating in a highly-skilled nursing students and providing mandated program oversight, b) physical resources and equipment necessary for teaching to the healthcare industry standards, and c) fiscal support of all necessary resources.

2. **Identify how student learning or service area outcomes will be expanded and fully implemented into the program. Include a progress timeline for implementation and program improvement.**

The 3 PLOs will be monitored with a notation that only 2 VN cohorts will complete in the next three years compared to 6 RN cohorts.

The course SLOs will be monitored each semester as directed by the SLO coordinator

3. **Identify any resources needed to accomplish these objectives. Identify any obstacles toward accomplishment and the plan to surmount these obstacles.**

Resources needed include

1. Sufficient funding for enough faculty for didactic, skills, and clinical components of RN and VN education
2. Sufficient and dedicated time for the RN and VN program director
3. Appropriate databases / technology to track the diversity of reporting requirements for the RN and VN program

4. **Identify any outside factors that might influence your program during the next three years.**

Funding deficits is the most looming and influential factor

The second most influential factor is the job market/position vacancies, which for nursing has always been correlated with the national and state and local economy