



IMPERIAL VALLEY COLLEGE

380 East Aten Road, PO Box 158, Imperial, CA 92251 (760) 355-6348 office and (760) 355-6346 fax

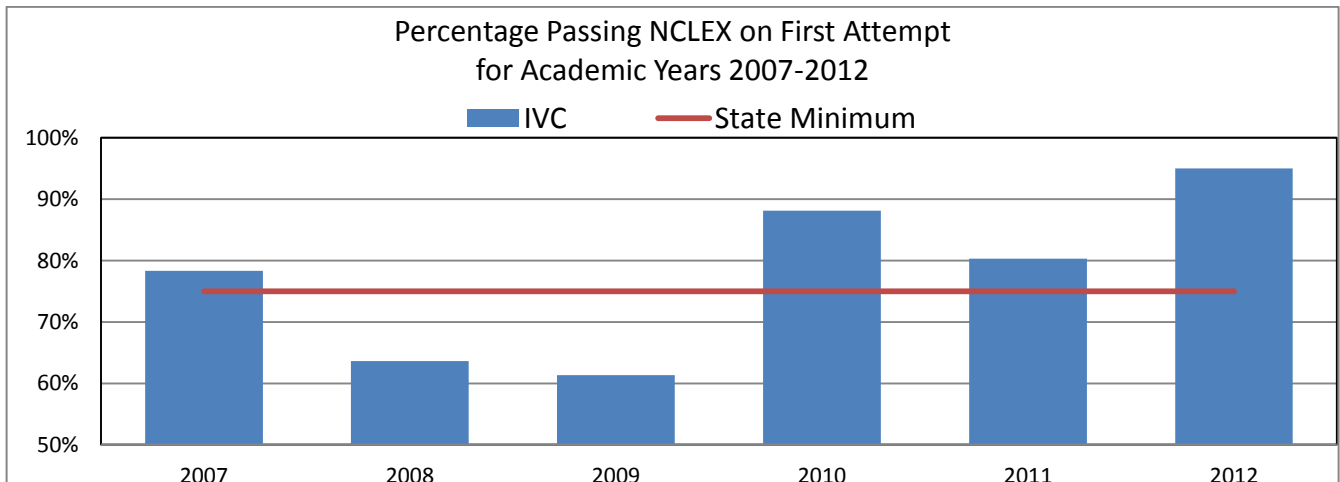
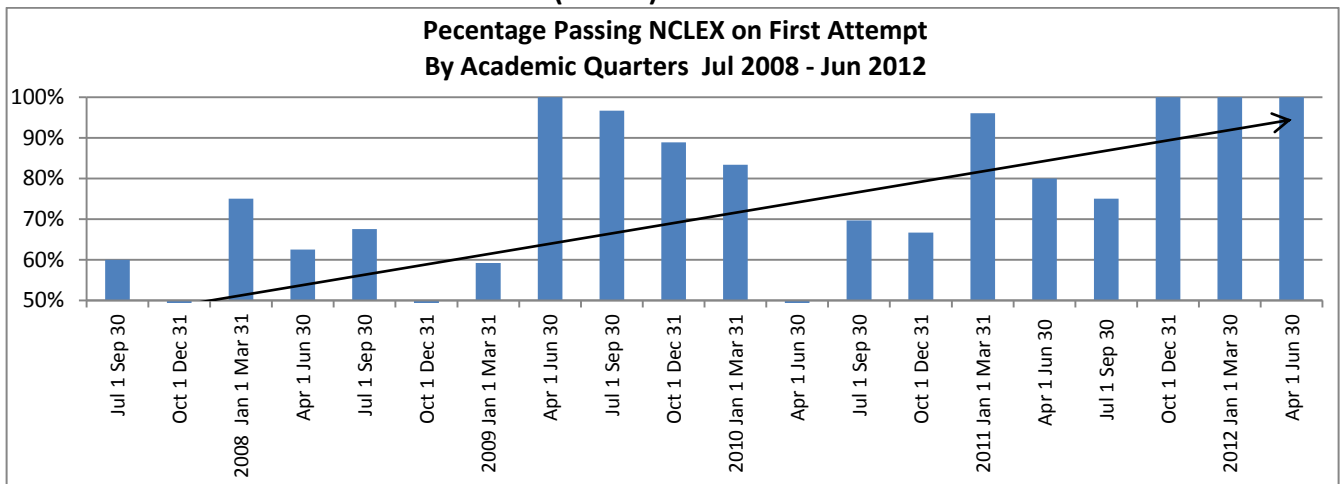
RN – Total Program Evaluation Review of School Year Ending May 2012

Annually the faculty shall make appropriate changes based on the continuing evolution of nursing theory and practice and a thorough evaluation of the:

- effectiveness of the total educational program,
- analysis of data collected regarding the program,
- effectiveness of the evaluation plan / tools for improving quality of education and outcomes
- systems utilized to track problems and responses over time; including attrition rates and patterns, NCLEX rates for past 5 years, student surveys, student issues/complaints, and advisory committee recommendations.

LONGITUDINAL DATA AND PROGRAM EFFECTIVENESS

1. National Council Licensure Examination (NCLEX)



Note re VN to RN:

The VN to RN % Passing NCLEX on First Attempt has been promising: 2010 =75%, 2011 = 100%, 2012 = 100%

FACULTY: DISCUSSED THE UPWARD TREND WITH A NOTICABLE DIP 2011 DUE TO STUDENTS DELAYING THEIR NCLEX DATE BEYOND FOUR (4) MONTHS.



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LABOR and DEMOGRAPHIC TREND DATA

2. Labor Market Information registered nurses – State and Imperial County

Area	Est. Yr to Proj. Yr.	Estimated # Employed	Numeric Change	Annual Openings "Growth"	Annual Openings "Separations"	Annual Total
State	2010 - 2020	251,800	54,300	5,420	4,560	9,980
Imperial County	2008 - 2018	730	150	16	13	29

FACULTY: QUESTIONED THE TOTAL ANNUAL OPENINGS AS IT SEEMS THERE IS STILL MORE NEED IN THE COUNTY. THIS WILL BE VALIDATED AT THE NEXT ADVISORY COMMITTEE MEETING.

3. Student Demographics State BRN 2009-2010 compared to IVC 2011 Annual Report

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Ethnicity	%	%	%	%	%
Native American	0.8%	0.5%	0.6%	0.6%	0.8%
Asian	14.1%	26.1%	20.3%	21.6%	17.2%
African American	5.3%	9.4%	4.3%	6.3%	5.5%
Filipino	14.2%	25.9%	11.5%	8.0%	14.2%
Hispanic	20.6%	15.4%	12.1%	11.0%	17.4%
White	41.5%	19.0%	47.1%	48.7%	41.3%
Other	3.5%	3.8%	4.1%	3.7%	3.7%
Total	6,182	955	2,693	616	10,446

IVC	
Native American	2%
Asian	2%
African American	2%
Filipino	0%
Hispanic	82%
White	12%
Other	0%

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Gender	%	%	%	%	%
Male	18.4%	20.3%	14.4%	14.1%	17.2%
Female	81.6%	79.7%	85.6%	85.9%	82.8%
Total	6,536	983	3,146	665	11,330
# unreported or unknown	171	0	11	0	182

IVC	
Male	31%
Female	69%
Other	

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age	%	%	%	%	%
<26 years	26.9%	17.3%	53.7%	19.4%	32.3%
26 - 30 years	29.3%	32.7%	25.1%	45.9%	29.5%
31 - 40 years	28.7%	30.8%	14.7%	25.3%	25.2%
41 - 50 years	12.6%	15.0%	5.1%	7.3%	10.6%
51 - 60 years	2.4%	4.1%	1.2%	2.1%	2.3%
>60 years	0.1%	0.2%	0.3%	0.0%	0.2%
Total	6,283	961	2,612	573	10,429

IVC	
<26 years	59%
26-30 yrs	26%
31-40 yrs	12%
41-50 yrs	10%
51-60 yrs	2%
>60 yrs	0%

FACULTY: RN STUDENTS ARE PREDOMINATELY LATINO (82%), WITH A HIGHER THAN STATE AVERAGE FOR MALE STUDENTS AND MORE THAN DOUBLE THE STATE AVERAGE FOR STUDENTS UNDER THE AGE OF 26. WHILE THIS MAY BE REPRESENTATIVE OF THE COMMUNITY IT IS WHAT MAKES THIS PROGRAM UNIQUELY DIFFERENT.



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4. Faculty Demographics State 2010-2011 compared to all nursing faculty for IVC at end of 2011-2012

Ethnicity	% Faculty
Native American	0.4%
Asian	6.5%
African American	8.4%
Filipino	6.4%
Hispanic	7.4%
White	68.8%
Other	2.1%
Number of faculty	3,895
Ethnic Minorities*	31.2%
# unreported or unknown	164

Gender	% Faculty
Male	8.9%
Female	91.1%
Number of faculty	4,059
# unreported or unknown	0

Ethnicity IVC – Full-time	Part-time
Native American	0% 0%
Asian	0% 0%
African American	0% 0%
Filipino	0% 0%
Hispanic	40% 67%
White	60% 33%
Other	0% 0%

Gender IVC – Full-time	Part-time
Male	20% 22%
Female	80% 78%
Other	0% 0%

FACULTY: THE PROGRAM HAS MORE THAN FOUR TIMES THE STATE AVERAGE FOR LATINO INSTRUCTORS AND TWICE THE STATE AVERAGE FOR MALE INSTRUCTORS. THE DEMOGRAPHICS FOR THE FACULTY IS SIMILAR TO THE STUDENT DEMOGRAPHICS.

EDUCATIONAL ISSUES DATA

5. Simulation Purposes: Compare BRN 09-10 Report to IVC ongoing

Reasons for Using a Clinical Simulation Center*	2007-2008	2008-2009	2009-2010
To standardize clinical experiences	87.5%	75.0%	72.7%
To provide clinical experience not available in a clinical setting	62.5%	66.7%	100%
To check clinical competencies	87.5%	83.3%	81.8%
To make up for clinical experiences	62.5%	66.7%	72.7%
To increase capacity in your nursing program	37.5%	16.7%	27.3%
Number of schools that use a clinical simulation center	8	12	11

IVC	
Standardize	Yes
Not available	Yes
Competency	Yes
Make up	Yes
Incr #s	No

FACULTY: CONCURRED WITH THE STATEMENT REGARDING THE PURPOSES FOR SIMULATIONS

6. Clinical Space “Unavailability”

Reasons for Clinical Space Being Unavailable	Program Type		
	ADN	BSN	ELM
Competition for Clinical Space due to Increase in Number of Nursing Students in Region	83.3%	66.7%	100%
Displaced by Another Program	83.3%	100%	100%
Staff Nurse Overload	33.3%	66.7%	100%
Clinical Facility Seeking Magnet Status	50.0%	0.0%	0.0%
Decrease in Patient Census	33.3%	66.7%	0.0%
Nursing Residency Programs	16.7%	0.0%	0.0%
No Longer Accepting ADN Students	66.7%	0.0%	0.0%

IVC	
Compete Clinical Space	Yes
Displaced	Yes
Staff Nurse Overload	No
Seek Magnet Status	No
Low Census	Yes
Residency	No
No more AD students	No

FACULTY: NOTED THE SIMILARITY WITH OTHER PROGRAMS IN FINDING SPACE, ESPECIALLY IN PSYCHIATRIC NURSING.



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7. Clinical Space Restrictions

Type of Restricted Access	Percentage of Schools (%)			
	Very Uncommon	Uncommon	Common	Very Common
Bar coding medication administration	33.3%	33.3%	22.2%	0.0%
Electronic Medical Records	22.2%	44.4%	33.3%	0.0%
Glucometers	44.4%	33.3%	11.1%	0.0%
Automated medical supply cabinets	22.2%	22.2%	11.1%	0.0%
IV medication administration	22.2%	66.7%	0.0%	0.0%
Clinical site due to visit from accrediting agency (Joint Commission)	11.1%	22.2%	55.6%	11.1%
Direct communication with health team	66.7%	33.3%	0.0%	0.0%
Alternative setting due to liability	37.5%	25.0%	12.5%	0.0%

IVC	
Automated Meds.	Common
Bar code meds	UN-common
EMR	UN-common
Glucometer	UN-common
Auto Medical Supply	UN-common
IV Administration	UN-common
Accreditations	UN-common
Communications	UN-common
Setting change	UN-common

FACULTY: MOST AREAS HAVE ACCESS WITH THE EXCEPTION OF RESTRICTIONS WITH THE AUTOMATED MEDICATION DISPENSERS.

EDUCATIONAL EFFECTIVENESS DATA AND STUDENT SURVEY RESPONSES

8. IVC Cohort Completion and Retention Data

In the Academic Year, the Number of Students:	06/07	07-08	08/09	09/10	10/11	11/12
Completion Statistics						
Completed: <u>all</u> categories	62	72	68	71	47	Pending
<u>Scheduled to Complete</u> : generic only	54	61	61	71	45	"
Completed	53	58	61	64	35	"
Completed <u>On-Time</u>	53	58	50	38	35	"
<u>Dropped</u>	0	3	0	11	1	"
<u>Continuing / Re-entry</u>			11	11	3	"
Admitted: all categories	75	78	80	52	50	"
Admitted: generic only	75	78	70	44	48	"
Admitted: advanced placement/ VN to RN						
Statistic Rates						
<u>Retention Rate</u> (# generic completed on-time / # generic scheduled to complete in the academic year)	98%	95%	82%	54%	78%	"
<u>Attrition Rate</u> (# generic students dropped who were scheduled to complete / # generic enrolled who were scheduled to complete)	0%	5%	0%	15%	2%	"
<u>NCLEX Pass Rate</u> (annual rate reported by BRN)	78.3%	66.1%	61.3%	88.2%	80%	95%

Note: VN to RN NCLEX Pass Rate been promising: 2010 =75%, 2011 = 100%, 2012 = 100%

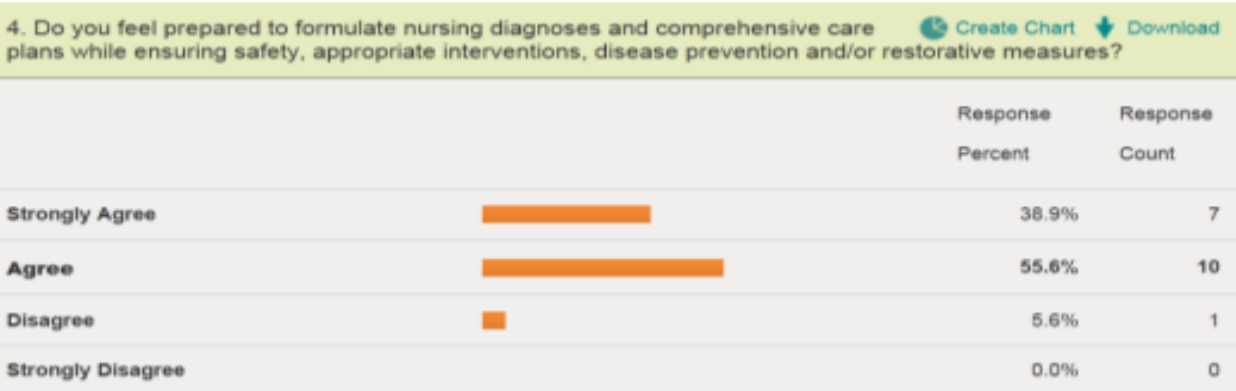
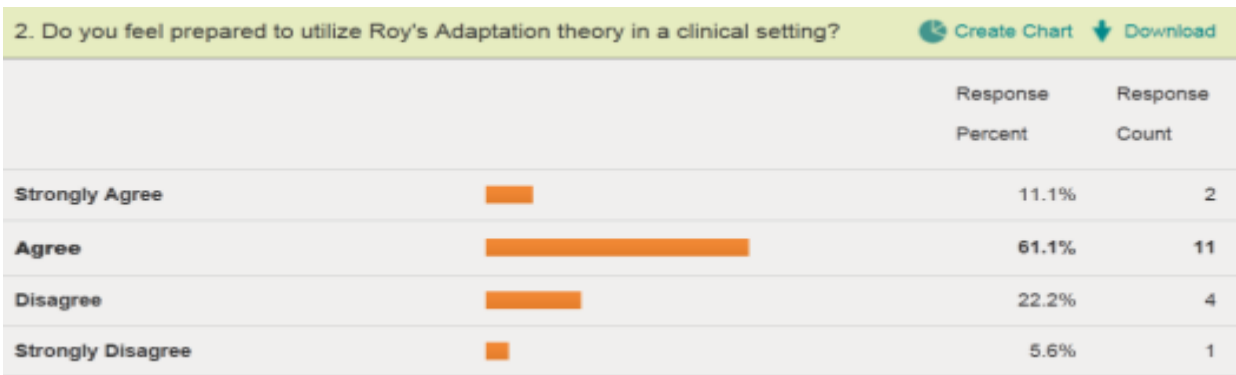
FACULTY: POINTED OUT THE NOTICABLE INCREASE IN THE NCLEX PASS RATES IN RELATIONSHIP TO THE DROP IN RETENTION RATES. THE DATA FROM 11-12 SHOULD PROVIDE ADDITIONAL INSIGHTS ONCE IT IS AVAILABLE.



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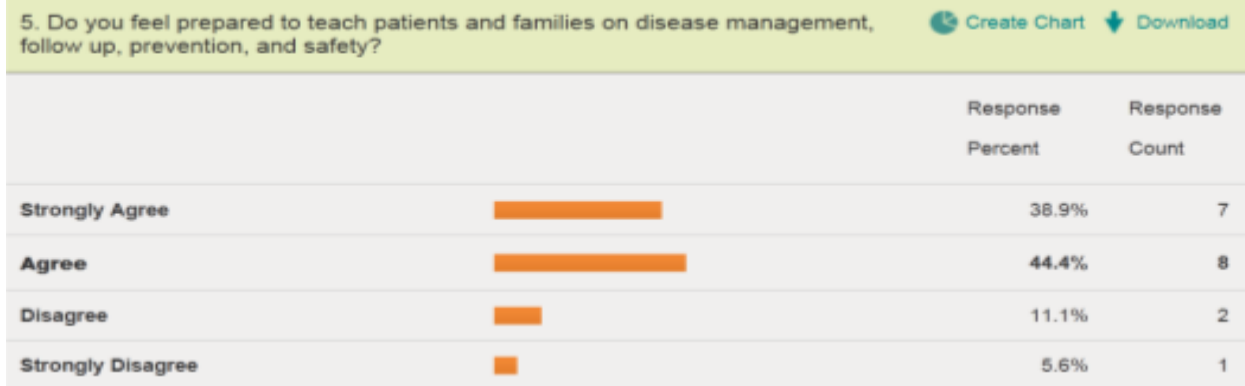
9. IVC Nursing – Student Survey of Overall Program (Questions 9-13 have been abbreviated)





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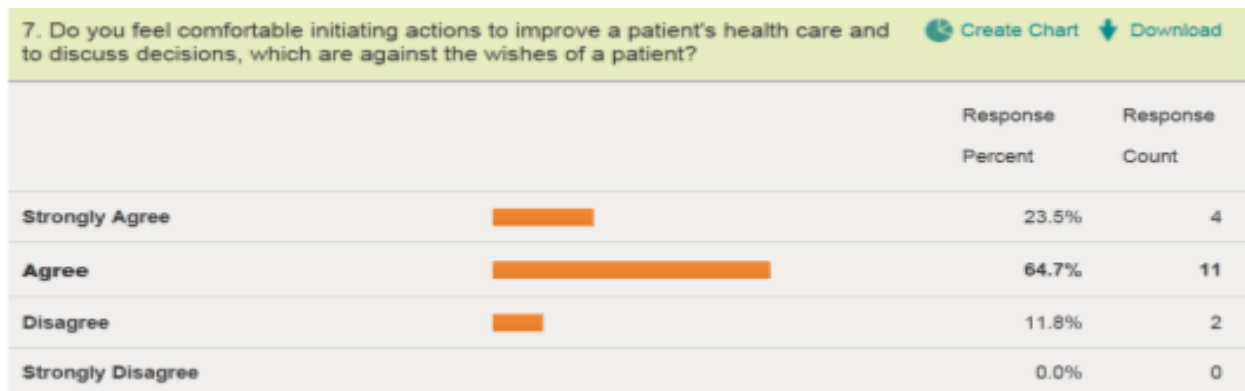
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FACULTY: NOTED ~16% OF CLASS FELT UNCOMFORATBLE WITH TEACHING DISEASE MANAGEMENT, FOLLOW-UP, PREVENTION, AND SAFETY. UNSURE WHY.



FACULTY: MORE THAN ¼ (29%) OF CLASS FELT UNPREPARED FOR LEADERSHIP AND DELEGATION TO UAPS AND LVN. UNSURE WHY. CELESTE (3RD SEM) AND DIEDRE (4TH SEM) WILL REVIEW AND CONSIDER IF ANY CHANGES TO LECTURE AND OR CLINICAL WERE NEEDED.





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FACULTY: QUESTIONED HOW ~17% OF CLASS COULD FEEL UNINFORMED OR PREPARED TO PRACTICE WITHIN LEGAL AND ETHICAL PARAMETERS WHEN IT IS PART OF CURRICULUM AND CLINICAL PRACTICE.

FACULTY: TO REVIEW THE LIST BELOW 9-13 AND BRING COMMENTS TO NEXT MEETING IF NECESSARY OR APPROPRIATE.

9. Looking back, what would you change to improve the education in class and skills labs?

- 1st sem, increase faculty hands on and clarifying assessments
- 2nd sem, increase faculty participation in questions/concerns and move pharmacology to summer or online.
- 3rd sem, continue to push students, limit intimidation (being called out in front of pts),and increase test organization
- 4th sem, align tests more with lectures and limit contradiction between instructors ways of doing things
- Align tests with lectures and ask instructors to review the textbooks to make sure subject matter is there. Add visuals and videos to lecture to increase understanding.... photographs, drawings/cartoons, etc.
- Apply nursing process to assessing where student needs are. Reinforce (repeat) what was taught! Engage us! Limit highlighting a student's failure / belittling. Help students differentiate the useful from the non-useful
- 5 minute break to stretch or walk around is appreciated.
- Review test with us so we can focus on what we need to study.
- Case studies ...would be more beneficial if presented in class
- Change Brunners to something else
- 1st sem, classroom is too small
- 2nd sem very challenging and a lot of time constraints but made me a better nurse.
- 3rd sem, add some type of pathophysiology book, Brunner's did not help
- 4th sem, loved 12 hour shifts, but I think the first 4 weeks of clinical should be eliminated
- 1st sem, limited perceived favoritism.
- 2nd sem, give more time for reading assignments
- Major focus on this program is to prepare students to pass tests and to pass boards. In clinical and see staff doing things differently...would like more focus on more practical and realistic nursing education.
- 2nd sem, more time to learn the material and less presentations
- More clinical experience and more 12 hr shifts beginning from 3rd semester.
- Group time, projects, and discussion. Add creation of competitive scenarios of care in which groups can earn pts based on the care they give.
- 2nd sem, too many materials to study
- More professor-student interaction during lecture.
- More scenarios in lecture that allow students to answer instead of listening to lecture for 2.5 hours
- I think is a well-structured program.
- proof read the test questions... hard to fully understand what the question is if there are errors / typos



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10. Looking back, which clinical site(s) were the most memorable or most helpful?

- favorite clinical site was OB in ECRMC. Instructor is so passionate ...does a great job.... awesome.
- liked ECRMC - prefer 12 hour shifts – perhaps start in 2nd sem.
- loved API... wants to pursue a career in Psych. Also like oncology, radiation, home health.
- el Centro hands down. Brawley was no help.
- Med-surg was most memorable ...Wound care was fun, pediatrics was interesting. ... Psych was memorable.
- Emergency Room and Medical Surgical the top two for me.
- visiting different areas such as home health, public health, clinics, etc.
- ECRMC was the most valuable site... staff which was always willing to share knowledge and teach students
- ECRMC was better experience than PMH
- Both hospitals were good to me. ECRMC Calexico outpatient center wanted me to shadow a MA.
- Septic Shock and CHF
- Liked the ER because I was able to practice most of the skills.
- I really liked mental health
- ECRMC has newer and most updated programs.

11. Looking back, do you feel each semester had enough practice in the simulations labs, and why?

- No. First semester can benefit from simulation labs.
- Simulations were always rushed, and overwhelming. I could never prepare enough. While doing them, I always felt lost.
- Yes. there were enough simulations. There needs to be more discussion post simulation.
- Yes. Preparing or gathering materials for art line or chest tube was never directly taught - disruption in the groups flow.
- No, not in the first three semesters. 4th semester really improved in lab simulations.
- No, need more simulations in order to practice and get better in the hospital setting.
- No, all semesters could provide more practice and simulation labs so as to build that "little bit" of confidence
- No, third semester needs more simulations labs.
- No, not in first 3 semesters. Fourth you spend an adequate amount of time.
- We had enough simulations but we needed more.
- No. We did do simulations; it was not always in the most effective way. Should be based on our community.
- 3rd semester i learned the most in simulations
- No, We need more in first semester

12. How could the IVC Nursing Program improve to make better nurses? Please be specific.

- Brunners is good for 1st and 2nd semester, but we need pathophysiology, or a critical care book for 3rd and 4th.
- IVC nursing is doing a great job... Re-enforcing skills needed at the beginning of each semester is important. I love Wong's!
- More 12 hour shifts.
- Better instruction in first semester and more 12 hour shifts in fourth
- Prepare us for boards, but also prepare us for the reality of working in a facility.
- Allow realistic time to learn the material.
- More time to cover material... Maybe it should be extended to the summer sessions.
- NLC could use more resources and complement skills and lecture topics by offering extra discussion, education material, and skill time to students that is timely to the course schedule.
- Don't stress students
- Up to date equipment can be used to learn how it is done now.
- More 12 hour clinicals starting from first semester
- Simulations, the time given to take tests, and the amount of information in which we are required to learn
- more info on grants



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13. Do you have any other comments, issues, or concerns regarding the IVC RN program?

- No concerns. NLC tutors are a great help and some of us would not have gotten this far without them.
- Call me 760-960-xxxx
- I think the program is good. I wish more rules were enforced such as tardiness, absences etc... it would build more professionalism.
- Harsh punishment for cheaters and for those who have been coming in so late it. Program seems to favor sweet talkers while neglecting the quiet and hardworking students. People on top were not accessible or helpful. Seems that this program wants you to fail even though you have what it takes and you know it in your heart that you truly care and want to help people.
- Felt during clinicals like 12hrs were not enough to take care of all my patients who had questions and concerns along with charting and other unexpected events that occur.
- Concerns would be with delegation. We were never really taught to delegate to LVNs or CNAs.

FACULTY AND ADVISORY COMMITTEE RECOMMENDATIONS

10. Current And Future Issues, Needs Or Goals

Simulations and Technology

FACULTY: NEW FULL-TIME TEMPORARY FACULTY/SIMULATION COORDINATOR INTRODUCED HERSELF AND SPOKE OF INTEREST IN WORKING WITH THE FACULTY TO IMPROVE SIMULATION AND DEBRIEFING SESSIONS.

AB 1295 & SB 1440 – alignment with CSUs for BSN

FACULTY: NEED TO IDENTIFY STUDENTS ATTENDING SDSU OR OTHER SO FACULTY CAN ASSIST THE STUDENT IN ADDRESSING ANY POTENTIAL CONFLICT WHILE INFORMING THE STUDENT THAT THE PRE-LICENSURE (ADRN) PROGRAM TAKES PRIORITY.

Policies

- Program Evaluation –

FACULTY: THE DRAFT POLICY WAS APPROVED; ANY MINOR ADJUSTMENTS TO BE SENT TO THE DIRECTOR

- Program Philosophy

FACULTY: THE DRAFT POLICY WAS APPROVED; ANY MINOR ADJUSTMENTS TO BE SENT TO THE DIRECTOR

- Content Expert

FACULTY: THE DRAFT POLICY WAS APPROVED; ANY MINOR ADJUSTMENTS TO BE SENT TO THE DIRECTOR. FACULTY TO REVIEW THEIR QUALIFICATIONS AND LET DIRECTOR KNOW IF THEY WISHED TO ASSUME THE ROLE OF CONTENT EXPERT.