A. Identification of Program: Associate Degree Nursing

Program Evaluation & Planning Team members: Janice Ankenmann, Maria Biddenback, Sandy Buckley, Carol Chassereau, Margaret Craig, Janet Duffey, Susan Engle, Donna Geiger, Noreen Martin, Linda Napholz, Helen Ortega, Regina Orosco, Janice Whitmer.

Verification Team Members: Jenny Sercu, Jeff Wachsmuth, Cari Roughley

B. Status of Curriculum Revision

- One course has been reviewed within the last five years without substantive changes.
- Ten courses need substantive revisions. This is in progress, but a completion date has not been set.
- Six courses have or will be moved to obsolete or archived status by Fall 2009.

C. Statement of Completion

The Associate Degree Nursing Program Evaluation & Planning Report (PEPR) is accurate and will be complete upon the substantive revisions of courses mentioned above. The report contains and addresses all of the applicable elements. Program updates were verified and all schedules were attached.

D. Strengths of the Program

- The Associate Degree Nursing program plays a pivotal role in the community, training professionals for a much-needed career.
- The program meets both the BRN requirements and Napa Valley College (NVC) requirements.
- The faculty in the program are devoted to student success and overcoming funding obstacles.
- The program is committed to innovation in teaching and embraces new technology and current teaching methodologies. According to the report, the program believes that “every instructional method that exists is available in one or more of the courses and settings of [the] program.”
- All program and course SLOs are complete.

E. Areas for Program Improvement

- Entry requirements for the program have recently been made more rigorous and it will take time for the program and student population to adjust to these changes.
- Revisions to ten Nursing courses are necessary for the completion of the report.
F. Summary of Verification Team Recommendations

The career outlook for nurses is excellent. In the future there is going to be a greater need for health care workers in the nursing field with the world population living longer and requiring more care. While at Napa Valley College, nursing students should have the advantage of cutting edge technology that will enhance their learning and serve to place them ahead of the curve as they enter the workforce. We applaud the dedication and determination of the nursing instructors to produce well-prepared, professional nursing graduates by meeting both the BRN regulations and NVC requirements.

The verification team supports the funding requests for continuing and replacement positions, including an Achievement Coach and HEOC Coach. The team also supports the funding requests for replacement and maintenance of equipment, and the continuance of the currently grant funded programs.

The team recommends a date be set for completing the necessary revisions to the ten Nursing courses.
Instructional Program Evaluation

Part 1

Program: ASSOCIATE DEGREE NURSING
Date: SPRING 2009

1. Mission

   A. Program Mission Statement
      This section should be a short, clearly stated purpose of the program or services. In other words, what does the program/service/department contribute to Napa Valley College’s (NVC) Mission. Write or revise your program mission statement in the space below. The NVC Mission is provided for reference.

      The purpose of the ADN program is to educate students to earn an associate of science degree, to pass the NCLEX-RN and to function as beginning nurses in diverse health care settings in roles as providers of care across the health care continuum, as managers of care and as active members within the profession of nursing.

   B. The program falls within one or more of the following categories (check all that apply):
      
      X Transfer/Degree
      X Vocational
      ☐ Remediation
      ☐ Non-Credit/Community Services

2. Accreditation and External Reviews

   A. Review NVC’s Accreditation Planning Summary (available on the PEP website “Documents”) and results of previous program evaluations. Discuss the recommendations of the review teams relevant to the program and how the program responded.

      N/A

   B. Indicate the sources of information used in Question 2.A.

      X Accreditation Self-Study Planning Agenda
      X Accreditation Final Report
      ☐ Previous program evaluation recommendations
C. Review the recommendations from any other licensing or accreditation bodies. Discuss the recommendations of the review teams relevant to the program and how the program responded.

The California Board of Registered Nursing (BRN) conducted a Continuing Approval Review on March 3-6 in 2008. (Consultant Approval Report is attached) They found no areas of non-compliance with their standards and left us with the following recommendations.

1. Release time for the assistant director to learn and perform administrative duties of the associate degree nursing program.

2. 1424(b) Evidence: Challenge policies for nursing courses be placed in the Student Handbook and remain in concert with the College Catalog Challenge policy.

3. Evidence: program faculty identify patterns and trends, analysis, actions taken and outcomes or resolutions.

4. Napa Valley College continue to provide sufficient administrative resources in support services to implement the many requirements for the Associate Degree Nursing Program.

5. The curriculum element includes role of the nurse: request faculty clarify in the curriculum and implement the Business and Professional Code 2725 Nursing Practice Act as relates to professional nursing practice and California Code of Regulations Sections 1442 Discipline; Section 1443.5 Standards of Competent Performance; 1470 Standardized Procedures as relates to professional nursing practice.

6. Faculty review and implement professional registered nursing practices for management and leadership first and second year in the curriculum (related to 1426 (b) )

7. All nursing program content include CCR Section 1443.5; Standards of Competent Performance. (1426)

8. Specify policy and procedure for challenging nursing courses at Napa Valley Associate Degree Nursing Program.

The program faculty reviewed these recommendations and has made some effort to meet the intentions of the recommendations. For example, we have added the Standards of Competent Performance to the Nursing Student Handbook. Faculty are emphasizing leadership and management concepts in all courses, as they have always done. Recommendations #5 and #7 are very similar.

Since all full-time faculty are on full or overload, we have not been able to arrange for release time for the assistant director. We have rotated the assistant director position every year in order to acquaint each tenured faculty member with some of the duties and responsibilities of the Director, and the external environment of nursing education in California. Since all full-time faculty have significant Administrative
responsibilities conducting their courses, a job-block agreement has been made to provide some limited compensation to faculty who administer clinical agreements as well as supervise part-time instructors in their courses.

Course challenge procedures are the same for transferring nursing students as they are for any Napa Valley College student. The procedures are identified in the College catalog and on the challenge form that must be obtained in the Office of Instruction. The Program Admission Packet indicates that we only accept transfer credits for Nursing classes taken in the last two years.

The faculty has been engaged in Curriculum Review and revision since the time of the BRN visit. They review patterns and trends from our standardized testing process, course evaluations, etc. At the present time administrative support is much improved since 2007. Much of it is grant fund-supported so we are hopeful that Chancellor’s Office funding will continue.

D. Reflect on your responses in Section 2. Accreditation and External Reviews and write objectives for improvement on Schedule A. Program/Discipline Plan.

3. Curriculum and Instruction

A. Prepare/revise the Student Learning Outcomes Matrix.

B. Review the course outlines of record.
   1) Assess the appropriateness of the degree and certificate requirements.

   Most of the degree requirements are proscribed by the Board of Registered Nursing (BRN). BRN regulation 1426 states that the curriculum shall consist of not less than fifty-eight semester units.

   2) Evaluate the appropriateness of courses to the program.

   The faculty is currently reviewing and revising the nursing classes. All of the general education courses meet the minimum BRN regulations for pre-licensure RN programs. The NURS classes are designed to offer the balance of theory and clinical experiences that are proscribed by the BRN as well.

   3) Assess the appropriateness of current pre- and co-requisites and recommended preparation. Have the pre- and co-requisites been validated through the NVC curriculum process?

   There is no support for changing any of the co-requisite requirements. The prerequisites have been mandated by the Chancellor’s Office based on a Statewide Validation Study that was completed in July 2003. NVC participated in this study at the time (using the Predicted Probability of Success Formula to Select ADN Program Students).

   Co-requisites are prescribed by the Board of Registered Nursing (BRN).
“1426.(c) (1) Communication skills, six units. Communication skills shall include principles of oral, written and group communication. Behavioral and social sciences 16 units – including Human Growth and Development.”

4) Determine which course outlines have not been updated since the last program evaluation or within the past five years.


5) Write SLOs for the program and for each course.

The ADN program developed Expected Outcomes at the time of their last Curriculum revision in the early 90’s. These Expected Outcomes/SLOs are listed on the SLO Matrix. There may be some minor wording changes in these statements because of the curriculum review and revision. If there are, they will be made during the Spring ’09 semester.

C. If you have not developed or revised program SLOs and course outlines for every course in your program, complete the Curriculum Action Plan. Follow the directions provided by the Curriculum Committee.

Curriculum Action Plan attached.

D. Describe how your program ensures that the syllabi for each instructor are congruent with the course outline. Describe what measures are taken if any syllabi are incongruent with the course outline.

Most of the ADN courses are taught by teams of two or more. In the two courses taught by one instructor, the same format is required for all syllabi. The faculty is in the process of moving much of the materials that have been in the syllabus onto faculty web pages to reduce the costs of paper and reproduction.

All faculty have copies of the syllabi for all the other nursing classes. This is provided so that faculty know which content is taught where throughout the ten required courses in the program. The Associate Dean also reviews all of the syllabi and works with faculty when they are revising content. Any major proposed changes are discussed with the entire faculty.

Faculty are still working on updating the CORs. At the same time, faculty are trying to put their syllabi online and reduce some of the paper. This process is taking longer than we anticipated since there are so many new people in our department since we last opened the curriculum to scrutiny.
E. Assess Student Learning Outcomes

1) Explain the methods used to assess student learning outcomes. Describe which student performances were assessed and where the assessment occurred (please be specific).

There are several ways that SLO’s are assessed in the ADN Program.

- The SLOs are listed in the ADN Student Handbook and in each syllabus.
- The clinical evaluation tools in each course address the six SLO’s. Students use these tools to self evaluate their performance and then they meet with their instructors for a formative evaluation (at the mid-point of the clinical rotation and again at the end for summative evaluation.)
- Course syllabi address the SLO’s since every course addresses the concepts at progressively higher levels of expectation.
- Graduate surveys and employer surveys address each SLO.

Formal assessment procedures will be implemented once the ad hoc Assessment Committee completes its study.

2) Summarize your findings from the data.

Not applicable.

3) Describe how you used the data and the results to improve teaching and student learning?

Not applicable.

4) An accreditation standard requires that the institution makes public expected learning outcomes for its degree and certificate programs. In what ways are the program’s expected learning outcomes made public? Check all that apply:

- [X] Syllabi
- [ ] Catalog
- [ ] Brochure
- [ ] Articulation/Transfer agreements
- [X] Website
- [X] Other ADN Student Handbook

F. Instructional Methods

1) Discuss the methods used by the program to ensure that similar standards of academic rigor of the course outline of record are followed by all instructors in the discipline?

This is a topic of continuous concern in the department. Since we have absorbed seven new faculty in the last ten years, we are always orienting someone new. Due to challenges in attracting qualified faculty, most that we have hired have not had teaching experience. Therefore, there is a great need to work with all the teams to help them learn the curriculum, teaching methods and evaluation
methodology. This effort is shared by senior faculty and the Associate Dean. The methods are mentoring, frequent faculty and curriculum meetings and assignments. Every effort has been made to assign new people to work in a team with an experienced instructor.

Recently, faculty are working to develop rubrics for evaluating papers, written assignments, nursing care plans and simulation exercises, etc.

2) Discuss the instructional methods used by the program faculty to address the diverse student population and to encourage retention and persistence?

There have been workshops on diversity for many years in the Health Occupations Division to discuss instructional methods and ways to encourage retention and persistence. Our division is very diverse as far as students are concerned. We have tried to increase our diversity in hiring of faculty and staff but that is very challenging. Diversity is a “thread” in our curriculum that is addressed at every level in the classroom and clinical settings.

3) Discuss the instructional methods used by the program faculty to address the differences in learning styles and to encourage retention and persistence?

The faculty are dedicated to learning and using as many teaching techniques as possible to help our students learn. In fact, all of the beginning students take a learning styles assessment during the first days of classes and most can tell you what their preferred learning style is. Most of the nursing courses have seven major settings to encourage learning:

- The skills lab is the setting where students learn and practice kinesthetic or psychomotor skills.

- Theory classes usually have from 20-60 students in a classroom and while lecture is often used as a teaching method, many teachers break up the students into small groups for various sorts of active learning exercises.

- Seminars are an innovation to our program over the last seven years. These smaller groups (10-20) are facilitated by the full-time instructors, but the focus is on group participation. The students come prepared to participate in case studies or to give presentations to their peers etc.

- Clinical Practice is another special setting for student learning. All of the courses have a clinical component to them. Students go to various agencies, hospitals etc. usually in groups of ten with an assigned instructor. This is the setting where the students put all of the pieces together that they have been learning in the other settings.

- Most clinical days or evenings are followed by a post-conference, usually held at the clinical facility where the clinical groups process their clinical experience of the day or evening with their clinical instructor. This setting encourages full participation of all of the students.
• The newest and most innovative setting that we have been able to add because of our expansion grants is the Wine Country Regional Simulation Center located at the Veterans’ Home in Yountville. This Simulation Center supplements clinical practice opportunities.

• Hybrid and computer-assisted instruction has quickly become part of most of our courses. Some instructors are offering some lectures by Voice thread or Streaming etc. Many teachers post supplementary materials with links for students to use as additional resources. Most of the textbooks we use offer either on-line or DVD’s that supplement instruction. Many of the faculty conduct on-line discussions with students and encourage them to study together in person and on-line.

The above describe the settings, but all of them offer opportunities to provide a very wide variety of “instructional methods.” Our students start before they enter the program with an on-line orientation that was developed by Carole Chassereau. She provides links to prep classes such as Math for Meds along with links to order uniforms and background checks. The new students have to submit orientation quizzes and register on-line. These enhancements have all been added in the last five years and are designed to help students understand from the start that they must be responsible for their learning.

We believe that every instructional method that exists is available in one or more of the courses and settings of our program.

G. On-line Services

1) List the on-line and hybrid courses that are offered in this program.

As previously mentioned all of the Nursing courses have some sort of hybrid or computer-aided instruction mix. This is growing very quickly and we are trying to keep up with data collection of student satisfaction and improved retention and outcomes.

2) Is 50% or more of the program offered through a mode of distance or electronic delivery? Yes_____ No__XX__

3) Discuss the program’s plans for future on-line offerings.

The HEOC division has added several on-line courses in recent years, some of which are taught on overload by ADN faculty. Since the majority of hours in all courses are clinical hours, we do not anticipate ever having all on-line instruction and we are evaluating the incremental steps that we are taking now.

4) Describe any challenges that have been identified and needs that must be addressed to support the development of on-line offerings.

There is a very steep learning curve for any faculty member trying to learn how to master all of the skills necessary to hybridize courses or to develop new on-line courses. While we have two or three leaders who took the plunge early in
this process, it is very difficult for them to devote all the time necessary to assist their colleagues in learning how to use these tools.

It hasn't helped to have online-hosting platforms changed with little prior notice and very limited staff development available in this area.

H. Review existing articulation agreements with high schools and other colleges. Are they adequate? Current? Effective? If not, what changes will be made?

We do not have any articulation agreements with high schools, but we do with area Community Colleges and CSUs that have baccalaureate nursing programs. The major articulation problems with the CSUs relates to General Ed courses and not necessarily the nursing courses. We do not plan to develop any articulation agreements between the ADN program and the high schools.

We recently ranked first in the State in a competitive grant from the Chancellor’s Office for an ADN-BSN-MSN project, which began last semester. This project is designed to move our students swiftly through the levels of Nursing Education in cooperation with Sonoma State University and four other community college nursing programs in the region. Only three such projects were funded in California and we are making excellent progress in meeting the goals and objectives of the project.

As mentioned earlier the biggest barriers to transferring from the Community College to the university relate to the General Education requirements. Recent legislation has been enacted that states that candidates who already possess a BA or BS from a US accredited college or university do not have to meet GE requirements for the BSN degree. This will assist many who come to our program and other ADN programs move up the educational ladder quickly, but the challenges still exist for the vast majority of our students who do not have the US approved BA or BS degree. Excellent counseling is needed to help our students move through the California higher-education system. We have greatly benefited from having a HEOC division counselor during the recent year, and we see a need to continue with this position.

I. Reflect on your responses in Section 3. Curriculum and Instruction, and write objectives for improvement on Schedule A.

See attached Schedule A.

4. Community Outreach and Articulation

A. Off-Campus Offerings

1) List the off-campus courses offered in the program and the location (Upper Valley Campus, American Canyon/South County, other/identify).

The only off campus offerings we currently have are Continuing Education or Community Ed courses, such as Advanced Cardiac Life Support or Pediatric Advanced Life Support at the Simulation Center in Yountville.
2) Discuss the program’s plans for future off-campus offerings.

   We plan to expand continuing education and community education offerings in order to generate funds to sustain the Simulation Center. We are in the process of launching community education practice sessions in our Skills lab and Simulation Center in order to capture FTES funding to support our labs.

3) Describe any identified challenges and needs that must be addressed to support off-campus offerings.

   The process of establishing plans to capture FTES for practice sessions, etc., have been very slow moving.

B. What recruitment and/or community outreach activities has the program engaged in or initiated?

   With over 500 persons on our waiting list at any time in the last seven years, recruitment is not a high priority for us. We conduct informational sessions every other month for potential applicants where we describe the program and the application process and distribute applications. At the last meeting in February 2009, 176 people showed up in a room designated for only 60.

   The HEOC division has benefitted during the last year from the assistance of a Health Occupations Counselor; we were able to fund this position from a grant that the Respiratory Therapy program received in 2007. The counselor does outreach to area high schools and offers an Exploratory Health occupations course. She also provides counseling sessions on campus and she reports that about 85% of her appointments are with people seeking counsel about getting into the ADN program. Funding for this position runs out at the end of April 2009.

C. What has the program done to establish relationships with secondary schools and/or four-year institutions?

   In addition to our excellent relationship with Sonoma State University, we also work closely with Pacific Union College and Dominican University. The Associate Dean has personal relationships with the Deans of all of the BSN programs in the Bay area and in Sacramento.

D. What has the program done to establish relationships with the business community (if a vocational program)?

   Since our program is totally dependent on having access to clinical education sites in three regions hospitals, nursing homes and health care agencies, this is a major priority of the faculty and Associate Dean.

   In 2005, when we applied for the Governor’s Expansion and Innovation grant, we were able to generate a $2-$1 match from eight area hospitals for a total of $8 million. This sort of support was not easy to capture, but reflects strong historical relationships with our hospital partners that developed from faculty relationships and respect for the graduates of our program.
Area agencies participate in our Advisory committee meetings and support other initiatives such as the ADN-BSN-MSN project.

E. How has the involvement of the advisory committee helped in improving and/or promoting the program (vocational programs only)?

It is increasingly challenging to get representatives of our hospital and agency partners to our Advisory meetings as they are all busy and pulled by many demands.

In addition to our Advisory Committee, we have a uniquely supportive Workforce/Task-force that is sponsored by the Northern California Hospital Council that meets most months in the Napa-Solano region. This group, which is comprised of Human Resources executives from the hospitals, the nursing leadership from the hospitals, and the nursing leadership from the three schools of nursing in these two counties, was highly instrumental in gaining the financial support for the Expansion Grant mentioned earlier in 2004 and 2005. This group also involves representatives from the adult schools, private proprietary schools and Workforce Investment Boards and others concerned with health care employment.

F. Reflect on your responses in Section 4. Community Outreach and Articulation and write objectives for improvement on Schedule A.

See attached Schedule A.

Reviews and Signatures

Part I of the program evaluation report is to be reviewed by the program faculty or staff, signed by the program evaluation chair and division chair or supervisor, and forwarded to the Office of Research, Planning and Development by May 1.

Program Evaluation Chair Signature: ______________________________
Division Chair/Supervisor Signature: ______________________________
Date: ______________________________
5. ENROLLMENT TRENDS AND STUDENT SATISFACTION

A. Review the enrollment trends data, and describe recent trends. Are there external factors such as community demographics or the economy that have affected the program? What are the plans to address these factors?

PROGRAM GROWTH

The curriculum has been approved since 1970 by the California Board of Registered Nursing (BRN), with NVC being one of the first approved Associate Degree Nursing Programs in California. BRN regulations are very prescribed and are codified in the State Nurse Practice Act Regulations. The BRN provides regular oversight of all pre-licensure RN programs in California. They require annual written reports and interim and full self-studies every five to eight years. The last approval visit from the BRN to NVC was in 2007. Information provided in the rest of this report will often refer to limitations and demands that govern the operation of nursing programs in California, and those have a significant influence on issues such as load, class size, retention student teacher ratios.

Since all nursing courses have a clinical component, we have to limit class size, so that cohorts of ten or fewer students are assigned to clinical nursing faculty in hospital or community settings. Optimally, all students have their clinical experiences with the same full-time instructors who teach the theory component of each course, but with our expansion in 2004, we have had to have some clinical groups assigned to part-time instructors. (Due to the 60% limit--now 67%--this does not work for courses that run all semester with more than 13.5 hours of clinical per week.)

Due to the fact that we have had 400 to 500 qualified candidates on our waiting list for admission, over the last ten years, we took the opportunity to apply for A Nursing Expansion and Innovation Grant from the California Community College’s Chancellor’s Office in 2005. This successful grant application allowed us to double our capacity, which means that we accept two classes of 50 students per year (one in August and one in January). We chose this approach to expansion because we did not have classroom space to accommodate larger classes. We also find it less difficult to secure clinical affiliate sites when we have the same needs every semester rather than every other semester.

Since the mid-80’s when a legal suit changed the statewide policies on admission criteria for nursing, NVC has followed the “letter of the law” and accepted every qualified
student on a first-come/first-served basis (on-going waiting list). In fact, in 1999, applicants only had to have taken and passed a chemistry course in high school or in any college to be eligible to be on the waiting list. Gradually, in the 90’s the very high attrition rates throughout the state in nursing programs got the attention of the legislature and new criteria have been set for eligibility for acceptance. All of these changes continue to require campus studies of “disproportionate impact”. Since many other schools refused to change their former admission practices in the mid-80’s and we did not, our “disproportionate impact” studies have required us to keep our cut scores and composite scores at very low levels. In fact, our levels are the lowest in the Northern California region.

The applicant pool continued to grow as more and more people statewide seek to attain RN licensure, and the “word on the street” has been that you can get into NVC with lower scores than other colleges. The result is that our waiting list continues to hover around 500 at any given time.

Starting in January 2004, the Associate Degree Nursing Program doubled its enrollment annually from 50 + students a year to 110 students a year. This growth was enabled first by hospital partner contributions and then by a five-year Governor’s Grant awarded by the Chancellors Office for Nursing Expansion and Innovation. With two to one matching funds from area partner hospitals, and in cooperation with Solano Community College Nursing Program, we were able to hire additional nursing faculty and an achievement coach or counselor to provide support services for our students. Some of the funds also allowed us to update our Skills Lab and establish a 25-seat computer classroom in the basement of the 800 building. The most exciting part of this project has been the establishment of the Wine Country Regional Simulation Center (WCRSC) in the former ICU at the Veterans’ Home in Yountville. Grant funds have supported a thirty-two hour per week, Simulation Lab coordinator and part-time technician(s) plus a project coordinator and project secretary to assist in all of the complex management and reporting requirements of the grants.

NVC has been the “fiscal agent” for this and other grants which funded over half of the faculty salaries that have supported this expansion over the last five years. There are no plans at the current time to grow further, as we are utilizing every available clinical resource, classroom and lab space that exists in the area.

In fact, during the week of September 1, 2009 we received word from the Chancellor’s Office that there will be available continuation funds for successful expansion and innovation projects such as ours. At this point, it is our understanding that the two to one “CASH MATCH” requirement is not expected this time, which of course, will reduce the available revenue by two-thirds. It will be impossible to continue to provide the level of expansion and services that we have benefitted from over the last five years. The requirements for the extended funding will not demand the same level of enrollment between NVC and Solano College. Therefore, in all likelihood our enrollments will decrease from 110 to about 90 students a year.

Both of our colleges maintain an “on-going” waiting list and we understand that many of the same students are on both of our lists. The 500-person waiting list consists of students who have already completed all of the required pre-requisites and other expectations. One of the many problems with this process is that there is a significant delay in the time from when students have taken their core Biology requirements (Anatomy, Physiology and Microbiology) and the time that they actually start the program.
B. Review the load (WSCH/FTEF), productivity (FTES/FTEF), average class size, and financial data and describe recent trends.

LOAD/PRODUCTIVITY

Because of the strict BRN regulations usual “productivity” ratios cannot apply directly to faculty in the ADN program or other health occupations programs. Furthermore, not all faculty meet the qualifications to teach each course. For example, only faculty with a Master’s Degree or Doctorate in Mental Health Nursing can teach the Mental Health Nursing course, and they are not necessarily qualified to teach the Maternal Newborn course.

During the 2007-2008 and until now, and in an effort to calculate load, extra sections were set up in courses taught by two or more instructors. This effort, to fit Nursing load calculation into the Datatel system, has been abandoned as of August 2009. The increased number of sections, from 33 to 48, gives the appearance that ADN productivity is much lower than college productivity. Since no clinical group can have more than ten students (as per BRN regulations) and our affiliated agencies dictate lesser numbers than that in most cases, Nursing and other Health Occupations faculty are always going to have challenges for productivity, if college-wide productivity figures are applied to nursing courses. All courses require from 12-15 hours a week of clinically supervised time for students in the various clinical sites that we use.

ADN faculty have to orient to their clinical sites (sometimes for several “unpaid” days), attend trainings in computer systems, take competency exams, coordinate with alternative clinical sites (such as Hospice, the OR staffs, the ER staff, same-day surgery etc.), so that there are meaningful learning experiences for all ten students in each clinical group, even when the hospital will not permit all ten students on the patient unit at the same time. In addition to this pre-clinical coordination, which in most cases has to be done during summer and winter break, each instructor, full and part time, has to go the day before the clinical day or days to make assignments, arrange for conference rooms, network with staff, etc. Most get to the clinical sites 30 to 60 minutes before the students do at 6:50 a.m. or at 2:00 p.m. in the evening rotations, to get report and prepare or adapt the schedules. They rarely take a break, even in a 12-hour or 13.5-hour day, and always stay afterwards to make sure that students have completed their charting, and to prepare for the next time, etc.

All of this is very different from “showing” up for a lecture on campus, but despite all this, their load is calculated at .83 of other faculty. So, they have to have 17% more face-to-face time with students in clinical and theory classes to get the same load as other college faculty. This, of course, does not begin to account for all of the additional time and demands required of them (listed above) to assure that their students have a successful clinical experience.

All but two of our courses are co-taught by two or more instructors. Since our courses range from one-unit courses to seven-unit courses, there is a great deal of misunderstanding about load calculations. When a course with two instructors has more than 20 students (usually 30 students), we have to recruit, hire, train and supervise part-time instructors for the extra clinical groups. Much of the training and supervising of these adjuncts falls onto the course faculty. Our “productivity calculations” include the
productivity of the part timers but does not acknowledge all of the added work that is required by the regular faculty and the Associate Dean.

All other colleges and universities in the country/world have similar challenges comparing load requirements for faculty who teach clinical courses (Medicine, Respiratory Therapy and Nursing). Some of the colleges in California give full-load credit for every contact hour to nursing faculty. Solano is one example.

C. Review the program’s schedule of classes and the student satisfaction survey results. Discuss whether course offerings are scheduled appropriately to meet student need.

There are many challenges in scheduling Nursing classes, seminars, testing and clinical assignments. These include:

- available clinical settings (These are constantly shifting due to such factors as hospitals moving from one setting to another giving geographic preference or reducing census);
- large enough equipped classrooms (We are currently being accommodated in a portable building which our Expansion grant was able to renovate);
- block scheduling made necessary due to clinical demands (All of the research supports two consecutive days of clinical experiences for continuity of care);
- the needs of other NVC programs for clinical assignments and labs and classrooms;
- the needs of other Health Occupations programs in the region for the same clinical affiliations;
- pedagogical reasons for separating class days;
- available testing sites (computerized testing);
- extra classroom needs at the beginning of courses to prepare students for clinical experiences;
- increasingly complicated orientation schedules at affiliated agencies for computer training etc.;
- trying to include all of our funding partners for clinical time despite their overloaded student clinical demands;
- the fact that there are no acute pediatric clinical sites in our service area and the demand that we provide such experience to all of our students by the BRN;
- at this time there is no computer lab that can accommodate all of our first or fourth-semester students for testing;
- unexpected demands to respond to such events as the HINI flu, which requires us to “fit-test” and provide our students with respirator masks; to deputize our students to be available to assist with immunizations county wide; to have them immunized before they participate in mass immunization; to assist with triage at the Community Health Center; and to care for patients in the hospital experiencing flu symptoms. If we are not prepared to do all of these activities our students may not be able to meet the required clinical hours required (by the BRN) to pass their clinical nursing courses.

Students are advised when they initially come to the first information meeting before they even apply, that they will need to be prepared for schedules that will vary every semester and may include evening and weekend clinical assignments. They seem to
understand the reality of this situation and we receive very few complaints regarding the schedule. This, of course is a hardship to many of them that have family care and work responsibilities. Since many commute from long distances to be in our program (and this is a significantly growing reality) completing our program is truly a significant achievement for those who do.

D. Discuss the results of the student satisfaction survey, identifying areas for improvement and continued success.

- Students are surveyed at the completion of every nursing class regarding their satisfaction with the theory and clinical/lab portions of the courses. We also conduct regular satisfaction surveys at the Simulation Center (attached). The Institutional Research Office aggregated 249 Zoomerang surveys at the end of the Spring 2009 semester. In most cases less than ten percent of the students disagreed or strongly disagreed with the survey questions. The following items, where 13-31% of students disagreed or strongly disagreed were reviewed by the faculty on August 24, 2009.

- The syllabus was useful as a guide for course content:

  The syllabus in our nursing classes appears more like a “reader” in some colleges and universities. Some students find these materials overwhelming if they are accustomed to only a three-page syllabus. While all the usual syllabus material is included in the first few pages, there are calendars, Course Outlines, Clinical Evaluation tools, Seminar assignments and in some cases, PowerPoint slides related to all of the topics in the courses. In the last three semesters, the first year faculty have taken time during orientation to “walk the students” through the syllabus and help them organize their study habits, using the syllabus as a tool. Interestingly, there was one section of one of the third-semester courses that strongly objected to the syllabus, while the group that followed them all Agreed or Strongly Agreed that it was helpful. This reflects the mysterious differences in group dynamics from class to class and cohort to cohort.

  We are in the process of moving much if not all, of the syllabus material that we used to print and have sold in the bookstore, to Blackboard. In so doing, there has been a great deal of time spent revising the materials and linking them with web based materials. It will be a great interest to see how this item is responded to in future surveys.

- Exams (or written assignments) were relevant and consistent with the course objectives.

  It is not surprising that 18% of the respondents did not agree with this statement. Testing is always a contentious issue in nursing programs due to the “high stakes” nature of the licensing exam all graduates must take after graduating to become Registered Nurses. The national licensing exam (NCLEX) is composed of complex application-level questions that cannot be answered simply by memorizing. Many of our students have managed to get through the prerequisite requirements due to good memorization skills and complain bitterly about the
hard questions on tests. We also have many written assignments as part of clinical, seminar and theory objectives.

Teacher-made theory tests have been more demanding in recent semesters to help students be more successful with the standardized tests and the National Licensing Exam. We were able to fund online training in item writing for faculty in 2005-2006. Some instructors rely heavily on test banks associated with textbooks. Others have worked very hard to develop on-line testing opportunities with written rationales for all correct and in correct answers.

Most of the faculty support our use of national standardized, computerized testing programs that afford our students the opportunity to practice NCLEX-like questions, and to see how they rank compared to other nursing students nationwide and for us to revise and evaluate our curriculum.

- Lecture/discussion was helpful in presenting course content.

20% of the students disagreed with this statement. There were a few sections where no one disagreed but there was a distribution of students in most courses unhappy with the lectures. We should probably divide this question up to determine if it is the face-to-face lectures or the on—line lectures that are most dissatisfying. Some courses have been converting to more and more on-line theory presentations.

Faculty discussion of this area usually includes the opinion that some students want only to hear in class, what is going to be on the tests. On the other hand in a later question about the group seminars that are part of all of our courses only 6% of the total nursing students disagreed that “the group seminars provided the opportunity to practice critical thinking and problem solving skills”. This is a huge improvement in satisfaction from when we first adopted the Seminar approach.

- Computer assisted instruction (CAI) was helpful in learning concepts.

Nineteen percent stated that this was not applicable and 13% disagreed. We recognize that we need to more clearly define examples of CAI, so that students can better respond to this question. There are so many new enhancements to textbooks, web-based case studies, CD’s with skills training etc.

Several of the faculty teams reviewed their specific course evaluations and agreed that we need to better define what CAI means, since the technology changes every semester due to the proliferation of new resources. Essentially, the students seem to not understand the term CAI, so we need to change it on the forms so that we get a better understanding of their satisfaction with it. The textbook companies continue to add additional resources almost monthly, and there is a danger of overload for some students.

- There was sufficient space during demonstrations in the Skills Lab (in the courses that use the lab) to permit observation of the presentations.

Twenty-one percent disagreed with this statement. Fortunately, we were able to install new audio-visual equipment in our lab in early summer that permits us to
show the demonstrations of two screens as well as at the bedside. This has significantly improved as a result of these enhancements that resulted from Expansion and Capacity Building grants awarded to the NVC Nursing program. Each course uses the lab for different amounts of time. It tends to be used more by beginning students throughout every semester and for a day or two by other medical surgical nursing courses, mainly at the very beginning of each semester.

- Following a skill demonstration there was sufficient time, space, and equipment to practice the skills. (Skill demonstrations are limited to NURS 141; NURS 143; NURS 246; NURS 247; NURS 249.)

This statement had the most disagreement of all of the others. Thirty-one percent disagreed or strongly disagreed. We are not surprised by this finding, and we are hopeful that the planned renovation of the 800 building next summer (2010) will provide us with another lab space on the first floor, where all of the Health Occupations students will have more time to practice and demonstrate their competency. In addition, our new lab coordinator has established an “Open Lab” program and is informing students on the website about available practice times. This summer, some students came to practice in the lab during the three weeks preceding the start of classes. This pertains only to medical surgical nursing courses. NURS 141-142; 143; 246; 249.

We have also established “open hours” through Community Ed, at the Simulation Center in Yountville. An increasing number of students are taking advantage of this very innovative opportunity.

Each of the course teams was asked to review their own Zoomerang results and compare them to the aggregate results listed above. Not surprisingly, some courses had more negative results than others and every team has submitted minutes of the meetings to analyze their own results (as they do every semester, though before the PEP analysis they did not have the aggregate information for comparison.) with a plan to improve the feedback.

E. What documented labor market demand does this program address? Does the program offer unique training (and not represent unnecessary duplication of manpower training) in the area? (vocational programs only)

California has been measured as “dead last” in the ratio of RN’s to 100,000 populations in the US up until 2008. Due to program expansion, such as ours, the latest data rank California at 48th out of 50 states for RN/patient ratio. The September 2009 report from UCSF, Forecasts of the Registered Nurse Workforce in California (available on the BRN website [www.RN.CA.Gov](http://www.RN.CA.Gov)) predicts that it will be 2016 before the national 25th percentile FTE RNs/population, can be reached at the current rate of growth. Unfortunately current budget cuts threaten even the rate of growth that has occurred since 2005.

While the current economic climate has reduced the numbers of people seeking medical and health care and has decreased the census in hospitals, the job market for RN’s is expected to rebound for nurses faster than any other category. A recent California Labor & Workforce Development Agency memo (May 22, 2009) states that “California continues to face 9,900 RN job openings annually, with the number accumulating to
116,000 to 2020 according to Employment Development Department (EDD) statistics, due to the aging, growing population in need of health care services in California."

There are three Associate Degree Nursing Programs in the immediate geographic area. Solano, Pacific Union College and NVC. While that may seem to be more than is needed, the size of each program is limited for all of the reasons already mentioned and the waiting lists continue to stay at about 500. We do have students who commute from Sacramento and the Bay Area as well as local students. The legislature recently reaffirmed the necessity of highly impacted programs such as nursing, are required to accept all qualified applicants, no matter where they reside.

F. Reflect on your responses to Section 5, Enrollment Trends and Student Satisfaction, and write objectives for improvement on Schedule A, Program/Discipline Plan.

See attached Schedule A.

Approved_______________________________________________    Date________
Director, Institutional Research

6. Student Success and Equity

A. Review the data on enrollment, retention, and successful course completion. Discuss program trends relative to college-wide and course level trends. Identify areas where disparity exists for any demographic group (race/ethnicity, gender, age, disability)

RETENTION RATE:

Because of the sequential structure of the ADN program our retention rates do exceed most other NVC instructional programs. We do not think that the calculated rate of 97-98% is entirely accurate because we often fill sections with re-admitted students or transfer students, when compared to college-wide retention rates we only exceed the mid-80’s average for the same time period. It is expected that our students should have a higher retention rate than NVC students as a whole. We understand that the measured retention rates that are generated by Datatel and MIS requirements, are calculated on the Census Day, and that does not necessarily correspond with our rates that we have to report to the BRN. We strive to increase our retention of all students who enter the program.

Sometimes we regrettably lose students in the first week or two of a course because they cannot pass the math/drug dosage calculation tests, which have been required for every medical surgical course for years. The students are always reminded that this is a required element in each medical surgical nursing class, and we also offer some optional face-to-face classes and online tutorials each semester. Students who fail the first such test are given remediation and a second opportunity to test, but unfortunately often 1-4 students cannot meet this requirement and have to drop the course. (These students can reapply for re-admission one time as long and they have not had a previous course failure according to our policies.) It is unusual for other students to drop or fail during the first four weeks of a course, except if first or second semester students are unable to pass the clinical skills hurdles, with video recorded competency tests.
Also, because of the fact that we have courses that are completed within half of a normal semester sequence in the 2nd and 3rd semesters, the students probably cannot be tracked according to the standard Datatel tracking.

SUCCESSFUL COURSE COMPLETION RATES VS. COLLEGE LEVEL

The category of students with the highest attrition rate, are students who are 50 and over. Only 78.8% of these students in the ’08-’09 class had successful course completion. In the college as a whole 79.5% of students completed. Among regular NVC students, their retention rates were more similar to all the other age groups at 88%. Many of these older students continue to try to work full time and underestimate the demands that are required in nursing classes.

Enrollment by equity groups is somewhat similar to the College as a whole, except that we attract less men, more Filipinos and fewer Hispanics (though there has been steady growth in this group over the last four years). We have far fewer under 21 years of age, due to the many required pre-requisites and time waiting on the waiting list. There is a higher proportion of over 40 students in our program than the College as a whole.

Again, our motivated students will have better than NVC averaged course completion rates, but the nursing faculty are not satisfied with the rates, especially in the third and fourth semesters (NURS 246; NURS 247; NURS 248; and NURS 249 and NURS 249 and NURS 250). The faculty has spent many hours in meetings trying to address these problems. There is a definite perception among students that there is a big difference in expectations between the first and second years of the program. This perception is probably true due to the higher demands and the expectation that all students bring with them, all the knowledge, skills and attitudes learned during the first year, and in their pre-requisite courses. While most students are able to do this, many who start with limited academic background, language skills or understanding of the significant demands of such a rigorous program face “the wall” and fail to meet theory or clinical expectations.

Our policy is to allow students the opportunity to repeat one nursing course one time if they are not successful. As a result, we often have 6-10 students out of 50 who have to repeat the NURS 246 Medical-Surgical Nursing course in the third semester. This course is 6.5 units and is taught over eight weeks. Therefore, students face, for the first time, 8 hours a week of theory instruction and 15 hours a week of clinicals in either ICU’s or highly acute settings. Often students come to this course after a long summer break or after they had a former eight-week course, in less demanding clinical areas such as Maternity or Mental Health. We try to encourage students to attain a CNA certificate after their first semester and seek part-time employment during breaks etc. as CNA’s. All too often, it is the strongest students who heed this advice and the weaker ones do not.

Faculty have also discussed the fact that often one-third of the students in the NURS 246 course have to be assigned to a part-time clinical instructor because of the numbers of students repeating the course. We have been greatly challenged in recent years to find a clinical site for the third group that is as demanding and has an adequate consistent census.

In the summer of 2006, we had so many students waiting to repeat this course which we ran a special summer session. Only half of the students managed to pass it and that was probably due to the fact that we had to fit it into six weeks instead of eight because faculty were not available for eight weeks.
Of course, inevitably faculty discussion comes back to making the first-year courses more rigorous, so that the students come “better prepared” for second year. This is an on-going discussion and current Curriculum work is looking at adding some of the third-semester content to the second semester. First-year faculty have been working hard at ratcheting up the rigor of their tests and theory and clinical demands. This problem exists in most ADN Nursing Programs, except those who are able to use selective admission criteria.

Naturally, the fourth semester is the most rigorous of them all and offers the most complex content and expects students to be able to provide quality nursing care to three or four patients with multisystem health alterations. Since by the time some students get to the fourth semester they have already had their one-allowed repeat, we lose more students from the last semester than others. We help the students who fail at this point try to find schools that accept transfers (very few) or help them qualify to challenge the LVN licensure examination. This is one of the most difficult parts of the Associate Dean’s job. ADN faculty will continue evaluating new strategies as they are implemented with the intent of improving retention and licensure success.

DEGREES AND CERTIFICATES
As discussed above, attrition is what has resulted in the decrease in A.S. degree completion between 2006-2007 when we graduated a total of 78 to only 71 graduating in 2008-2009. About 20 % of those that graduated had returned to repeat one course. Despite all of the challenges mentioned above, it is heartening to see so many successful graduates and to recognize that NVC, with the help of the Chancellor’s Office grants and our community partners has been able to dramatically increase our capacity and output of qualified RN’s.

EQUITY GROUPS ENROLLMENT:
There has been a gradual improvement in the numbers of males and Hispanic students entering and graduating from the ADN program. Caucasian students are a minority in our program, probably due to the large number of Filipino students coming from Vallejo and Solano County. Historically, the Filipino culture has encouraged its young people to enter the health care professions, while only recently, has nursing been viewed as a desirable career for Hispanic students and males.

EQUITY GROUPS/COMPLETION RATES:
The nursing profession needs to attract a wide range of culturally diverse graduates and we are proud to contribute to the enriched diversity of the profession. There are no Racial/Ethnic groups who stand out as having more success than others. ..

We are proud that, “no equity group claims a significantly lower proportion of the retained student population than it does among the enrolled student population.” We believe that this reflects the ADN faculty’s commitment to enhancing diversity in the profession and their hard work in retaining as many students as possible.
EQUITYGROUPS/SUCCESSFUL COMPLETION RATES

The Research Office’s analysis indicates that all equity groups in 2006-2008, claimed higher successful course completion rates among those at the institutional level. In 2009 there was a decline in completion among those 50+ and older, which is probably a blip. Since the students who enter our program do so based on the date and time that they enter, the class compositions are total random in nature.

B. Compare student enrollment, retention and successful course completion rates for online courses to equivalent data for conventional and hybrid courses.

We do not offer any online courses. We are in the process of hybridizing all of our courses. NURS 247 (Maternity) is the course that has the most online activity with NURS 144 (Mental Health) having about the same. Both of these courses have also put all of the tests online and the students take their unit tests in our computer room. The Research Office considered NURS 249 as another hybrid course, but other than making announcements on Blackboard, they are just getting started. As explained previously, many students who have exhausted their right to return for another readmission do not pass either clinical or theory in NURS 249, so the 91% retention rate cannot be blamed on the fact that it is a hybridized course.

While the slight decline in the number or proportion of male students was noted between 2005 and the present, it is important to realize that our admission process is totally random for ethnicity, gender and age. We admit based on date and time of completed application, so it is not surprising that we have somewhat fewer men one year than another.

ENROLLMENT AND ENROLLMENT TRENDS and CLASS SIZE

Five of the ADN courses have 20-30 students enrolled in the theory parts and are restricted to a ten-to-one ratio in the clinical settings by Board of Registered Nursing (BRN) regulations. Courses are offered concurrently in the second and third semesters. The first (NURS 141 and NURS 142) and last semesters (NURS 249 and NURS 250) of the programs have 40-50 students enrolled, depending on attrition and re-admissions.

The decline in course enrollment in the last semester of the program, is a result of attrition. Some years we lose only a few students and other years we have more failing our courses. All students who fail a course have the right to return to repeat the course once. The reasons for attrition include failure in meeting theory requirements, clinical failures or personal crises that require students to drop out.

Those who are successful proceed to the next course, if there is space available. Those who cannot pass cannot return a second time and that leaves vacancies in the roster for the fourth semester (NURS 249 and NURS 250). We do not know why there appears to be a decline in students taking NURS 248 in the third semester, unless it reflects the fact that some students who retake NURS 246 are not successful and cannot go on to NURS 247 and NURS 248, which are taught concurrently. Some years, we re-fill vacancies with transfer students, so that the enrollment figures aren’t limited to the original entering cohort. Every other semester we have been enrolling a cohort of ten advanced placement who are LVN’s striving to become RN’s. They take NURS 245, 144, 246, 249
and 250. Depending on available clinical sites, available faculty and a sufficient pool of qualified LVN’s, we may take the group in the spring or fall. Last year we actually had another Chancellor’s Office grant (Enrollment Growth) that funded the extra part-time faculty needed to enroll this group.

NVC generated data shows a consistent retention rate from 2006-2007 to 2008-2009 at 84.7% to 86% last year. This retention rate is higher than the state’s other community colleges, even those with higher admission criteria. We are not satisfied with this rate and would prefer our retention rate to be consistently in the 90% range.

Other NVC data lists total graduates jumping from 44 in 2005-2006 to 78, when we graduated two classes per year for the first time. There was a decline in graduates to 71 in 2008-2009 due to higher attrition.

The retention at course and program levels data shows than no course has less than a 90% retention rate, but this may be the result of counting some re-admit and transfer students who fill vacancies. The data regarding successful course completion identifies those courses that are the greatest challenge for students and for the faculty, NURS 246 and NURS 249.

This year we are preparing to enroll an additional group of ten Advanced Placement students with the LVN’s. They are paramedics with several years of work experience. Again, we have been awarded a non-competitive grant from the Chancellor’s Office to plan and pilot this innovation. These students will take the same courses as the LVN’s with the addition of NURS 247 (Maternity). As part of this planning we have redesigned NURS 245 into NURS 298, which will be a six-unit bridge course, most of which will be offered online between mid-October and mid-December. This additional project should increase our enrollments the last semester, especially in the fall semesters.

Enrollment management is a very important component of the Associate Dean’s responsibilities. At times, when space is available in the Mental Health or Maternity course, we fill those vacancies, with foreign-trained nurses who are required by the BRN to remediate in one or both of these content and clinical areas, before they are permitted to sit for the NCLEX licensing exam. There are always many eager transfer students hoping to continue their education here, so we have waiting lists for every course we offer. (In fact we now have over 25 students from foreign countries on the waiting list to take Maternal Newborn Nursing and 38 wanting to take Mental Health Nursing.) These people are quite desperate to meet this BRN requirement so that they can become licensed.

We offer our required acute pediatric clinical rotations in the fourth semester, at Children’s Hospital in Oakland and Sutter Memorial in Sacramento. Both of these hospitals limit the number of students permitted to six to eight in each clinical group. It seems like we are always scrambling to find available clinical times in Pediatrics and even more challenging is finding available clinical instructors, willing to work the unpopular weekend evening hours or twelve-hour Saturday shifts. At this time, we even have groups of students going to Children’s Hospital in Oakland on Sunday evenings, every other week, because we were not able to find instructors to give up every Sunday evening during the semester to cover these students. So we have rotating groups with two different instructors. This is far from ideal but it is the only way that we can meet BRN requirements for acute pediatrics experiences. This is also an area where the
Simulation Lab provides a vital asset. At this time, with all the juggling we do for acute pediatrics experiences, our students only get three weeks at either Oakland or in Sacramento. So we supplement their experiences with well-developed clinical scenario experiences at the Simulation Center.

Sometimes due to limited clinical availability in pediatrics we have to deny admission to re-admits or transfer students. Without a doubt, finding suitable pediatrics clinical opportunities is our biggest clinically related challenge. The Associate Dean is leading a statewide effort to survey Acute Pediatric Requirements in other states with one of the BRN staff in an effort to reduce the BRN requirement for Acute Pediatric clinical experience.

In order to provide the most cost effective enrollment management, we try most years to also enroll a cohort of Advanced Placement students who are LVN’s who seek to become RN’s. Due to a BRN-approved curriculum they enter the program at approximately the second year, and effectively “back-fill” any vacancies that have been created due to attrition. We have recently enrolled and additional cohort of 11 Paramedic students to this advanced placement category on a pilot project basis funded by another grant from the Chancellor’s Office.

There are many reasons that students cannot proceed in the nursing sequence. They cannot meet the clinical requirements or the theory requirements. The Nursing Program Handbook and the syllabus for each course defines the clinical expectations and the health and safety issues that permit a Nursing instructor to dismiss a student from a clinical assignment, which results in a course failure. Such clinical failures are unusual but do account for some of the attrition in the program.

Each semester the expectations of clinical performance move up, so that by the end of the program, graduates are capable of securing employment. We have leveled Clinical Evaluation Forms that reflect our SLO’s and they drive the curriculum.

C. Compare student enrollment, retention, and successful course completion rates for off-campus courses to equivalent data for on-campus offerings.

Information regarding student enrollment, retention, and successful course completion rates in the Nursing Program can be found in #6B above.

D. Identify strategies used to identify and assist students at risk. Discuss their effectiveness.

As part of the Nursing Expansion and Innovation Grant that we received in 2005, we have been able to implement several student success strategies. We have a Student Success Coach/Counselor, who focuses her attention on programs for groups of students and individuals at risk for failure. She also implemented a new course in the summer of ’09 called HEOC 97 – Preparation for Health Occupations which was very positively evaluated by the students. Prior to this year we were able to fund two third-semester and two fourth-semester students as tutors who were based in the Skills Lab. This provided invaluable support and assistance to the students in the first year who are the primary users of the lab. This year, due to budget cuts, we are trying to encourage second-year students to volunteer to provide this service. Needless to say, without some sort of stipend for student tutors, they are only sporadically available.

Nursing faculty have many strategies for early identification of students needing referrals and assistance. First semester faculty spend a great deal of time, one-to-one with
students (way beyond their office hours’ time) counseling and helping students learn how to succeed. Faculty often initiate meetings with a needy student and the Student Success coach and themselves to go over test-taking strategies, math calculations and time management.

There is also a mechanism to refer students to the Skills or Simulation Lab if they need extra time to practice for clinical skills. We do not have accurate figures of the actual number of these referrals, but should next year, because we recently installed a computerized check-in process for these students in both labs. This check-in process will also help us track other students who come voluntarily to the lab for practice.

In 2007, we were required by the Chancellor’s Office to apply a Composite Score to all applicants that predicts potential for success in the ADN program. Eligibility to enter the Nursing Programs is determined by a “Composite Score” which is a combination of:

1. Overall GPA
2. English GPA (All English courses with letter grades)
3. Core Biology (Anatomy, Physiology & Microbiology) GPA
4. Core Biology course repetitions.

The establishment of this new requirement has demanded a significant amount of work on the part of the A & R staff. Due to the fact that we have had the practice of keeping an “on-going waiting list”, we are just now starting to admit students who have met the composite score requirement. The faculty believe that there is a definite improvement in the capabilities of the newly admitted students. Part of the implementation of this new requirement demanded that a disproportionate impact study be conducted by the college researcher. Due to the very weak former requirements for admission, she determined that our cut score had to be only 70 percent likelihood of successful completion. This cut score is lower than any other in the region and as a result, we continue to attract very marginal students from as far away as San Jose, Sacramento and San Francisco, who commute to our program on a daily basis and struggle to succeed. This results from the fact that we recently had virtually no admission requirements except for high-school or college chemistry, so any change in requirements is going to have an adverse impact on some group of students.

E. What has the program done to formalize links with support services for students?

In January 2008 the Chancellor’s Office further required the implementation of pre-admission assessment testing for the applicant pool that had passing Composite Scores. This requirement was legislated, with the intent of reducing the attrition rate of ADN students in community college programs. Due to the large waiting list, administering these requirements has added a great burden on the Admissions and Records staff and the administration of the Nursing Program. We are just beginning to see a somewhat more qualified applicant pool entering the program, but the validated cut scores statewide are still very low. Research requiring tedious record keeping is being done to determine whether the current cut scores are sufficient to reduce the high attrition rates. At this time the Project Secretary is managing the “tedious record keeping” that is required by the Chancellor’s Office. As we try to budget for the future five-year continuation grant, we cannot think of how that all this can be done by the two secretaries that serve the Health Occupations Programs. Both of them are assigned
tasks by the Dean of Health Occupations. When the Dean sees that certain tasks that are required by the ADN program, she assigns one of the secretaries to the task. They are very busy as it is, it is hard to imagine that they will be able to absorb the critical secretarial tasks needed to support our grant reporting requirements.

Our student success coach/counselor works closely with the Counseling department. We continue to encourage students to apply for financial aid and reduce their work hours, while enrolled in this demanding program. We have developed policies for accommodating students with special needs in the clinical setting, in cooperation with the Specials Services staff. For the last month, we have had nine extra hours of a Health Occupations Counselor, who is funded again by ADN grant funds. We made this move, because we were impacted severely by the absence of the HEOC Counselor that we had had for almost full time, paid for by a HEOC grant for the last two and a half years. We are asking this person to help develop Ed Plans for our current students and to be available to applicants for the ADN program who have many needs for personal analysis with their prerequisite courses. When we do not have such a counselor to refer for this advising it falls to the demands on the Associate Dean of Nursing.

As part of the Nursing Expansion and Innovation Project we have been most fortunate to have the services of a highly qualified counselor. As mentioned elsewhere, she has developed a series of workshops and offers private counseling services to “at-risk” students. The ADN program has had long-standing relationships with all of the support services on campus and in the community. For about two years, thanks to a grant secured by our Dean, we had a Health Occupations Counselor located in our office area who provided a wide range of advising and educational planning. Most of the students she met with were either in the ADN program or hoping to get into the program. We miss having her available for these important tasks and most of this sort of advising has been returned to the Counseling Department. We currently have procured a counselor for nine hours a week, who is focused on ADN student advising.

F. Review the full-time/part-time instructor ratio. Discuss trends and needs.

Since our expansion, we have had to use more part-timers for clinical instruction than in the past. Since the BRN requires no more than 10 students with any clinical instructor in a clinical setting, we organize all of our courses with two, three, or more cohorts of ten. When the number of clinical cohorts exceeds the number of full-time faculty, we have to locate, orient and supervise part-time clinical instructors. This continues to be a major challenge, as mentioned earlier. Such part-time instructors need to be familiar with the clinical setting where they will be taking students and these days acquainted with the electronic record systems and the culture of the facility. In addition, any clinical instructor we choose has to be eligible for BRN approval as an Instructor, Assistant Instructor or Clinical Teaching Assistant. Their requirements are similar to the minimum qualifications required by our Office of Instruction. Recent acute-care clinical work experience is a major challenge, as many nurses interested in becoming clinical instructors may have had recent work experience in community settings or administration or as nurse practitioners. Such recent work experience disqualifies otherwise very capable people from BRN approval.

The number of part-timers we require varies from semester to semester and due to the 67% rule we usually cannot use the same person for two eight-week sections or for a whole semester. This is where being a “puzzlemaster” is required by the program.
director, to have every group covered with the most qualified and willing instructor for the needed number of hours. The direct orientation and supervision of these clinical instructors falls mainly upon the full-time instructors who have coordinating responsibilities for their courses.

In the Fall ’09 semester we have twelve full-time instructors and ten part-time instructors. Some of the part-time instructors do as few as three twelve-hour shifts and others come dangerously close to the 67% number of hours. The increase in part-timers since the expansion is seen by some as one reason for our problems with retention. Though overall we have managed to find some very capable persons for these roles, they do not always stick to our curriculum objectives as closely as our full-time faculty. Since the college only pays part-timers for their face-to-face time, we cannot require them to attend meetings or participate in meetings. E-mail communication does help us a great deal.

We anticipate that we will continue to need part-time clinical instructors to help us provide clinical instruction for our future students. We need to improve our process for orientation and supervision of such adjuncts and try to retain them longer. Some find that they can be paid more by other schools or have more convenient times for the clinical assignments. This has been especially true among the people who we have found who are qualified to supervise pediatrics clinical groups in Sacramento and Oakland.

G. Review the data on degree/certificate completion and any job placement data available. Assess the effectiveness of your program. (vocational programs only)

DEGREES AND CERTIFICATES:

Despite all of the challenges mentioned above, it is heartening to see so many successful graduates and to recognize that NVC, with the help of the Chancellor’s Office grants and our community partners has been able to dramatically increase our capacity and output of qualified RN’s.

We have major problems getting data on job placement, etc. We have in some years sent letters along with a one page program evaluation form to the previous graduating class. Our response rate to this effort has been dismal. We are happy if we get a ten percent response. The process of sending out the letters and analyzing results really does not seem to be worth the effort. But the BRN requires that a follow up be conducted. We do participate in many networking opportunities with the hospitals in the region at inter-agency meetings and hospital-based events for participating schools of Nursing. We also gather feedback at the facilities we use through our instructors who are assigned to those facilities, and from the Advisory Committee. They try to ferret out feedback from all of the local facilities. Since some of our graduates, in recent years tend to return to their home communities to work, we cannot use that method outside our service area.

H. Reflect on your responses in Section 6. Student Success and Equity and write objectives for improvement on Schedule A.

See attached Schedule A.

Approved_______________________________________________ Date_________

Director, Institutional Research
7. Planning and Budget Requests

While answering the questions in this section, consider the staffing available, the existing budget, as well as the objectives that you included on Schedule A. Schedule A will be your program plan and will be sent to your division chair to be included as part of the division plan. Complete Schedules B-F, as needed, to justify requests for additional resources.

A. Program Plan. Reflect on your responses to all of the questions above. If changes and/or improvements are needed, write objectives on Schedule A. Add other objectives that will further the mission of your program. The objectives must support the NVC Strategic Plan Goals and Objectives. In the right column of Schedule A, identify all additional resources that are needed to accomplish these objectives.

B. Faculty and Staff. Summarize the staffing resource needs identified in Schedule A. Discuss any changes needed. Complete Schedule B. Request for Permanent Faculty and Staff form as needed.

C. Operational Budget. Are operational funds appropriate to enhance program success? If not, how would additional operational funds be used to enhance program success? Complete Schedule C Request for Operating Budget Augmentation form as needed.

D. Program-Specific Equipment. Discuss the strengths and weaknesses of the program-specific equipment available to enhance program success. What needs remain? What strategies are planned to meet those needs? Complete Schedule D Program Specific Equipment Request form as needed.

E. Technology. Discuss the strengths and weaknesses of the technology available to enhance program success. What needs remain? What strategies are planned to meet those needs? Complete Schedule E Technology Request form as needed.

F. Facilities Improvement/Renovation. Discuss the strengths and weaknesses of the physical resources available to enhance program success. What needs remain? What strategies are planned to meet those needs? Complete Schedule F Facilities Improvement/Renovation Request as needed.

G. Professional Development. Using the results of the Faculty/Staff Accomplishments survey, summarize the professional development activities undertaken by faculty and staff. Based on the goals that resulted from this program evaluation, complete the Schedule G Professional Development Needs form to indicate what areas of focus have been identified for future faculty/staff development.

Note: Budget requests for Travel and Conference should be addressed on Schedule C. Operating Budget.
H. Learning Resources/Media Materials. What learning resources (i.e., books, periodicals, videos) are needed to enhance program success? Complete Schedule H Learning Resources/Media Materials Request form as needed.

I. Research. If the program/department needs additional data or research conducted to inform decision making or planning, complete Schedule I, Research Project Request form.
## PROGRAM/DISCIPLINE PLAN

<table>
<thead>
<tr>
<th>NVC STRATEGIC GOAL(S)</th>
<th>PROGRAM EVALUATION SECTION AND PAGE NUMBER</th>
<th>OBJECTIVES</th>
<th>PRIORITY IN RANK ORDER</th>
<th>PROGRAM ACTIVITIES/ACTIONS</th>
<th>RESOURCES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Student Success</td>
<td>1. Expand the remediation Resources available to students through their text book and testing company (Elsevier)</td>
<td></td>
<td>1</td>
<td>1. Schedule more sections of the Student success, Medical Terminology and Pharmacology courses</td>
<td>1. If we are unable to continue to secure Chancellors Office funding, we need to find a way to continue to have an Achievement Coach which has made a big difference in retaining our student population.</td>
</tr>
<tr>
<td></td>
<td>2. Expand access to a computer lab that allows students more time to utilize the on-line resources available to them.</td>
<td></td>
<td></td>
<td>2-3. Actively participate in planning efforts for the renovation of the 800 building. Watch carefully for opportunities to seek “stimulus funding” for a new Health Occupations building.</td>
<td>2-3 There have been assurances from the Facilities Department that renovation will occur in the summer of 2010 to create an additional Skills lab facility, a computer room that will accommodate 50-60 students and an additional large classroom in the Health Occupations Building (800).</td>
</tr>
<tr>
<td></td>
<td>3. Assure the expansion of skills lab space and time so students have more opportunities to practice.</td>
<td></td>
<td></td>
<td></td>
<td>4. Assure the continuation of a Health Occupations Counselor.</td>
</tr>
<tr>
<td></td>
<td>4. Assure on-going designated health occupations counseling services, for high risk students and applicant pool, if and when the grant resources expire.</td>
<td></td>
<td></td>
<td>5. Improve relationships and training with part-time faculty.</td>
<td>5. Seek funding that encourages part-timers to attend meetings with team members and the faculty at large.</td>
</tr>
<tr>
<td></td>
<td>5. Continue the availability of the Student Success course designed for Health Occupations students, as a hybrid and face to face offering every semester.</td>
<td></td>
<td></td>
<td>6. Demonstrate costs for these functions in the '08-'09 budget.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Provide assured continuing funding for skills lab equipment and staff support, in a line–item category in the Health Occupations budget.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectively Use Appropriate Technology</td>
<td>1. Provide needed Staff Development to all faculty and staff in the Dept/Division in using all of the new On-line opportunities available to</td>
<td></td>
<td>2</td>
<td>1. Conduct training sessions when faculty and staff are not in clinical settings. (Monday afternoons and Friday afternoons)</td>
<td></td>
</tr>
</tbody>
</table>
1. Improve the bathrooms and the maintenance of them, that our students have to use in the

2. Continue with a plan to replace out of date computers, for faculty and staff.

3. Work with IT to teach faculty and staff how to use the secured U server.

4. Ongoing effort.

5. Most Nursing programs in the US are now providing this mechanism to provide state of the art documentation etc in a secure environment.

6. This has been a major challenge as we try to prepare to offer all of our courses on-line in the event of a Flu pandemic.

7. Most of the current faculty need updated computers.

8. Nine of the current faculty need updated computers.

9. Back-up has to be improved for all faculty computers, especially since everyone is providing their syllabus and WebCT resources on-line.

10. Provide PDA's to nursing faculty that provide them with capability to make notes on student achievement at the bedside as well as providing medication profiles and other web sources. (Many of the students already have these applications on their hand-held computers.) This would replace the pagers we currently use that are antiquated.

11. Like all other faculty and staff at NVC we see the necessity to secure more IT and Distance Ed expert staff to support our dependence on computers and networks etc.

12. There are a large number of students who currently have these applications on their handheld computers.

13. Provide software that provides Adobe, PDF, etc updates to all ADN faculty computers.

14. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

15. Like all other faculty and staff at NVC we see the necessity to secure more IT and Distance Ed expert staff to support our dependence on computers and networks etc.

16. Update software for the Mental Health Course on Diagnostic Case Studies.

17. Update software for the Mental Health Course on Diagnostic Case Studies.

18. Replace old equipment in major class room in 811.

19. Replace the skills lab with a CD burner.

20. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

21. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

22. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

23. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

24. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

25. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

26. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

27. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

28. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

29. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

30. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

31. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

32. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

33. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

34. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

35. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

36. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

37. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

38. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

39. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

40. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

41. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

42. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

43. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

44. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

45. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

46. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

47. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

48. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

49. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

50. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

51. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

52. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

53. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

54. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.

55. Provide software that provides Adobe, PDF etc updates to all ADN faculty computers.
| Establish, Apply, and Maintain College-wide Standards of Excellence | 1. Strengthen Comprehensive Evaluation Plan  
   - Improve graduate survey returns and alumni communication.  
   - Improve feedback from employers.  
   2. Re-do the Zoomerang Course Evaluations to differentiate between hybrid courses that use voice threads, computerized testing etc and regular lecture/classroom face to face methods.  
   3. Request more Institutional studies that analyze new admission processes, and progress with standardized testing.  
   4. Pursue more opportunities for staff development for new part time faculty and ongoing development for the full time faculty.  
   5. Increase Participation in campus wide efforts to increase standards of excellence.  
   6. Assure that Program Director and Assistant attend Mandatory Statewide meetings.  
   7. Assure that full-time faculty have the opportunity to attend Nursing Educator Conferences at least once a year. | 4 |
|---|---|---|
| | 800 and 3900 building.  
2. Proceed with plans for the renovation of the 800 building during the summer of 2010 including:  
   - An additional Skills Lab with at least four beds, equipped with low fidelity mannequins, and tables and chairs for 42 students, and a teaching podium  
   - A computer/classroom with at least 55 computers and teaching station.  
   - New teaching station in 811  
   - New classroom that seats at least 55 students  
3. Follow up any leads that would approve a new building through Stimulus Funding.  
4. Provide a separate Secretary to cover all of the duties associated with the ADN program. |  |
**Increase Access**

1. Try to keep the waiting list numbers in check with the reality of our capacity.
2. Maintain the framework of two admissions a year so that the capacity can be increased quickly as soon as demand increases for more new graduate nurses, locally.

<table>
<thead>
<tr>
<th>Program Evaluation Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Accreditation &amp; External Reviews</td>
</tr>
<tr>
<td>3. Curriculum &amp; Instruction</td>
</tr>
<tr>
<td>4. Community Outreach &amp; Articulation</td>
</tr>
<tr>
<td>5. Enrollment Trends &amp; Student Satisfaction</td>
</tr>
<tr>
<td>6. Student Equity &amp; Success</td>
</tr>
</tbody>
</table>

* New requests should be defined on resource forms and included in the unit budget.
REQUEST FOR NEW PERMANENT 
FACULTY AND STAFF 
PROGRAM/UNIT NAME ASSOCIATE DEGREE NURSING

Accreditation reference: Human resource planning is integrated with institutional planning. The institution systematically assesses the effective use of human resources and uses the results of the evaluation as the basis for improvement.

Project additional needs above and beyond the current status. Please include in your projected needs any known position that will be vacated due to retirement. List in priority order. Replacement positions are not guaranteed. Information will be used in the faculty and staff prioritization processes.

<table>
<thead>
<tr>
<th>Job Title and Justification</th>
<th>N/R*</th>
<th>FTE</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Lab Tech/ Testing and Immunization coordinator.</td>
<td></td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Fundamentals/Medical Surgical</td>
<td>R</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Simulation Lab Coordinator</td>
<td></td>
<td>.8</td>
<td>12</td>
</tr>
<tr>
<td>Sim Tech staff</td>
<td>Continuing</td>
<td>.8</td>
<td>20</td>
</tr>
<tr>
<td>Sim Tech staff</td>
<td>Continuing</td>
<td>.5</td>
<td>20</td>
</tr>
<tr>
<td>Adjunct Counselor</td>
<td>Continuing</td>
<td>.5</td>
<td>?</td>
</tr>
<tr>
<td>Health Occ Counselor</td>
<td>Continuing</td>
<td>.5</td>
<td>?</td>
</tr>
<tr>
<td>Secretary dedicated to the Associate Continuing Degree Program</td>
<td></td>
<td>1</td>
<td>?</td>
</tr>
</tbody>
</table>

In order to maintain the expanded size of the ADN program we need to replace a retiring Fundamentals faculty member. The massive reporting requirements of the Chancellor’s Office grants require a full-time secretary.

*N=New, R=Replacement

Submitted By: Budget Center Manager

Approved By: President/Vice President
REQUEST FOR OPERATING BUDGET AUGMENTATION PROGRAM/UNIT NAME  ASSOCIATE DEGREE NURSING

Budget Center: __6601_________________  Activity _____multiple

Accreditation Reference:  Financial planning is integrated with and supports all institutional planning.

Operating Budget

This section is used to request and justify non-capital outlay additions to your department’s budget. This form applies only to Account Codes 113XX, 114XX, 523XX, 524XX, 54XXX and 55XXX. List in priority order.

<table>
<thead>
<tr>
<th>Account No. &amp; Description</th>
<th>Additional Amt Requested</th>
<th>Justification (Link to Plan)</th>
</tr>
</thead>
</table>

(See attached itemization on the next page)

Submitted By:  

Approved By:  

_________________________  ______________________
Budget Center Manager      President/Vice President

Internet address: www.napavalley.edu/apps/comm.asp?$1=262
<table>
<thead>
<tr>
<th>Account No.</th>
<th>Description</th>
<th>2008-09 Amount</th>
<th>Proposed Amount</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>11310</td>
<td>Instr Salary - PT Credit</td>
<td>271,950.45</td>
<td>275,000.00</td>
<td>Maintain capacity for double enrollment</td>
</tr>
<tr>
<td>11330</td>
<td>Instr Salary - Summer, Credit</td>
<td>22,701.60</td>
<td>25,000.00</td>
<td>Student Success</td>
</tr>
<tr>
<td>11351</td>
<td>Instr Salary - Special Projects</td>
<td>49,209.09</td>
<td>50,000.00</td>
<td>Innovation Activities</td>
</tr>
<tr>
<td>11355</td>
<td>Instr Salary, Substitute, Credit</td>
<td>10,020.25</td>
<td>15,000.00</td>
<td>Faculty Illnesses</td>
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<tr>
<td>11420</td>
<td>Coordinators Salary, Hourly</td>
<td>16,912.08</td>
<td>20,000.00</td>
<td>Stipends for Coordination</td>
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<tr>
<td>11450</td>
<td>Counselors Salary, PT</td>
<td>35,714.88</td>
<td>45,000.00</td>
<td>Student Success</td>
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<tr>
<td>11490</td>
<td>Other Non-Instr Salary - PT</td>
<td>1,149.08</td>
<td>2,000.00</td>
<td>Student Success</td>
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<tr>
<td>52310</td>
<td>Student Help - Non-Instr</td>
<td>0</td>
<td>2,000.00</td>
<td>Student Success</td>
</tr>
<tr>
<td>52390</td>
<td>Classified Salary Other PT Non-Instr</td>
<td>1,617.66</td>
<td>2,000.00</td>
<td>Administrative Support</td>
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<tr>
<td>52440</td>
<td>Instructional Aides - PT Instr</td>
<td>5,131.81</td>
<td>8,000.00</td>
<td>Maintain Skills Lab/Simulation Center</td>
</tr>
<tr>
<td>52441</td>
<td>Instructional Aides - All others</td>
<td>45,471.14</td>
<td>50,000.00</td>
<td>Maintain Skills Lab/Simulation Center</td>
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<tr>
<td>52450</td>
<td>Accum Vac - Instr Aides</td>
<td>5,947.11</td>
<td>10,000.00</td>
<td>Instructional Support</td>
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<tr>
<td>54110</td>
<td>Software</td>
<td>2,230.59</td>
<td>5,000.00</td>
<td>Technology Upgrades</td>
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<tr>
<td>54210</td>
<td>Dept. Book, Mag, Periodicals</td>
<td>1,237.00</td>
<td>1,500.00</td>
<td>Professional Development</td>
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<tr>
<td>54310</td>
<td>Instructional Supplies &amp; Materials</td>
<td>18,966.62</td>
<td>20,000.00</td>
<td>Instructional programming support</td>
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<tr>
<td>54320</td>
<td>Instructional Supply Material Fee</td>
<td>21,201.60</td>
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<td>Instructional programming support</td>
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<tr>
<td>54510</td>
<td>Office Supplies</td>
<td>4,883.42</td>
<td>5,000.00</td>
<td>Maintain offices of Faculty, Staff, Skills Lab &amp; Simulation Center</td>
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<tr>
<td>54530</td>
<td>Food &amp; Food Supplies</td>
<td>3,031.44</td>
<td>2,500.00</td>
<td>Advisory Committee, Student Support</td>
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<td>54540</td>
<td>Printing Supplies</td>
<td>135.99</td>
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<td>Program Support</td>
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<tr>
<td>54590</td>
<td>Other Supplies</td>
<td>1,390.17</td>
<td>1,500.00</td>
<td>Maintain offices of Faculty, Staff, Skills Lab &amp; Simulation Center</td>
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<tr>
<td>55110</td>
<td>Guest Speakers</td>
<td>0</td>
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<td>Student Success</td>
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<tr>
<td>55114</td>
<td>Conference Staff Stipend</td>
<td>0</td>
<td>1,000.00</td>
<td>Professional Development Support</td>
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<tr>
<td>55140</td>
<td>Consult/Program Advisors</td>
<td>0</td>
<td>1,000.00</td>
<td>Professional Support for Program Improvement</td>
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<tr>
<td>55199</td>
<td>Other Personal Services</td>
<td>49,325.00</td>
<td>50,000.00</td>
<td>Program Support for Student Success</td>
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<td>55211</td>
<td>Conferences &amp; Seminars</td>
<td>26,212.59</td>
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<td>Professional Development</td>
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<td>55212</td>
<td>Travel</td>
<td>6,292.00</td>
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<td>Professional Development</td>
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<tr>
<td>55217</td>
<td>Prof Devel/Emp Course</td>
<td>2,352.66</td>
<td>2,500.00</td>
<td>Professional Development</td>
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<tr>
<td>55310</td>
<td>Dues &amp; Memberships</td>
<td>1,200.00</td>
<td>1,500.00</td>
<td>Authorized Association fees</td>
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<td>Telephone</td>
<td>3,517.52</td>
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<td>Program communication resource</td>
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<tr>
<td>55620</td>
<td>Computer Software Licenses</td>
<td>1,266.50</td>
<td>1,500.00</td>
<td>Maintain program software</td>
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<tr>
<td>Account</td>
<td>Description</td>
<td>Actual</td>
<td>Budget</td>
<td>Department</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>55671</td>
<td>Building Repair</td>
<td>1,043.28</td>
<td>1,500.00</td>
<td>Maintain classrooms, computer lab, Skills Lab, Sim Center, offices</td>
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<tr>
<td>55811</td>
<td>Postage Meter/Bulk Mail</td>
<td>220.32</td>
<td>250</td>
<td>Program Support</td>
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<tr>
<td>55819</td>
<td>Other Mailing Expenses</td>
<td>206.43</td>
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<td>Program Support</td>
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<tr>
<td>55891</td>
<td>Advertising Expenses</td>
<td>1,989.00</td>
<td>2,500.00</td>
<td>Staffing Needs</td>
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<tr>
<td>55899</td>
<td>Other Misc. Expenses</td>
<td>376.86</td>
<td>500</td>
<td>Program Support</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>612,904.14</td>
<td>647,250.00</td>
<td></td>
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</tbody>
</table>
PROGRAM SPECIFIC EQUIPMENT REQUEST

PROGRAM/UNIT NAME  ASSOCIATE DEGREE NURSING

Accreditation rationale: Equipment supports student learning programs and services and improves institutional effectiveness.

Examples of program specific equipment include maps, skeletons, microscopes, artifacts, etc. They may be located in each classroom or centrally located in a workroom. For this request, consider equipment with a value greater than $200. All technology requests should be listed on Schedule E. **List in priority order.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimated Cost</th>
<th>Estimated Annual Maintenance Cost</th>
<th>Justification (Link to Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>2007-08</td>
<td>2008-09</td>
<td></td>
</tr>
<tr>
<td>Sim Cntr</td>
<td>Skills Lab</td>
<td>Clssrm/Ofcs</td>
<td></td>
</tr>
<tr>
<td>56470 Shredder for confidentiality</td>
<td>323.24</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56470 Classroom table &amp; chairs for student learning success</td>
<td>775.97</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56470 Stretcher/Gurney for iSTAN</td>
<td>4,622.38</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56470 4-Drawer Crash Cart for student learning success</td>
<td>538.75</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56470 2-Pedi Gurneys</td>
<td>4,807.57</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56480 3-Task chairs for offices</td>
<td>2,450.23</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56480 Window coverings for Skills Lab/HEOC office</td>
<td>3,762.50</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>56480 Window coverings for HEOC conference room/office</td>
<td>1,114.69</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17,280.64</td>
<td>1,114.69</td>
<td></td>
</tr>
</tbody>
</table>

SCHEDULE D

Page 37 of 55
### SKILLS LAB Equipment Needs (Annual or Bi-Annual)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Per Unit</th>
<th>Cost</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Blood Pressure Cuffs</td>
<td>40.00</td>
<td>400.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>6</td>
<td>Blood Glucose Meters</td>
<td>95.00</td>
<td>570.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>5</td>
<td>I.V. Arm Skin &amp; Vein Replacement Kits</td>
<td>170.00</td>
<td>850.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>2</td>
<td>Overbed Tables</td>
<td>380.00</td>
<td>760.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>2,580.00</strong></td>
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</tbody>
</table>

### SIMULATION CENTER Equipment Needs

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Per Unit</th>
<th>Cost</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>I.V. Pumps</td>
<td>3,000.00</td>
<td>6,000.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>3</td>
<td>Pain Pumps</td>
<td>2,000.00</td>
<td>6,000.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>2</td>
<td>Defibrillators</td>
<td>15,000.00</td>
<td>30,000.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>8</td>
<td>Mannequin Warranties - 5 year</td>
<td>Varies</td>
<td>185K</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>3</td>
<td>Hospital Beds</td>
<td>1,500.00</td>
<td>4,500.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>2</td>
<td>Upgraded Mannequins - METIMan</td>
<td>50,000.00</td>
<td>100K</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Birthing Mannequin - Noelle by Gaumard</td>
<td>60,000.00</td>
<td>120K</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>451.5K</strong></td>
<td></td>
</tr>
</tbody>
</table>

Submitted By: ____________________________
Approved By: ____________________________

Budget Center Manager: ____________________________
President/Vice President: ____________________________

Internet address: [www.napavalley.edu/apps/comm.asp?$1=262](http://www.napavalley.edu/apps/comm.asp?$1=262)
**Technology Request**

**Program/Unit Name**

**Associate Degree**

**Nursing**

**Accreditation reference:** Technology planning is integrated with institutional planning. The institution assures that any technology support it provides is designed to meet the needs of learning, teaching, college-wide communications, research, and operational systems.

In order to determine the feasibility of your idea, it is necessary to consult with the Information Technology (IT) Department. It is important that all computer related technology be centrally coordinated. This will allow the IT Department to know the full picture of the need, to plan for adequate capacity of equipment and infrastructure, and to ensure standardized equipment is purchased, if possible. It is equally important that all technology requests are consistent with the NVC Technology Plan.

**List in priority order.**

Provide a general description of the project that includes:

1. The equipment needed, students and/or staff who will be served, and how often it will be used.
2. Will installation and maintenance support be required?
3. Where will the equipment be located? Will space need to be modified?
4. Describe the infrastructure requirements (i.e. network, power, connectivity, security, etc.)
5. Software support needed (i.e. new licenses, upgrades, system integration, ongoing support)
6. Is additional furniture necessary?
7. Useful life of equipment – when will the equipment need to be replaced?

See itemization on next two pages.
### Schedule E PROGRAM SPECIFIC EQUIPMENT REQUEST (FOR TECHNOLOGY ONLY)

**BUDGET CENTER:** 6601

<table>
<thead>
<tr>
<th>Acct No.</th>
<th>Description</th>
<th>2007-08</th>
<th>2008-09</th>
<th>Justification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>56410</td>
<td>Equipment - New, Instructional, Capitalized</td>
<td>100,005.47</td>
<td></td>
<td>iSTAN, Human Patient Simulator for student learning success</td>
<td>Sim Center</td>
</tr>
<tr>
<td>56410</td>
<td>Equipment - New, Instructional, Capitalized</td>
<td></td>
<td>9,770.54</td>
<td>A/V equipment &amp; computers for technology upgrades</td>
<td>Skills Lab</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>356.66</td>
<td></td>
<td>Troxell - Pixie Pro for technology upgrades</td>
<td>Skills Lab</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>3,425.14</td>
<td></td>
<td>Computers for technology upgrades/refreshment</td>
<td>Cmpt Lab/Clssrm/Ofcs</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>1,082.12</td>
<td></td>
<td>Kurzweil Software for student learning success</td>
<td>Computer Lab</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>1,694.24</td>
<td></td>
<td>Concept Media Videos for student learning success</td>
<td>Classroom</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>1,407.49</td>
<td></td>
<td>LCD Projector/Screen/Speakers for classroom set-up</td>
<td>Classroom</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td></td>
<td>883.16</td>
<td>LCD Projector lightbulb replacement</td>
<td>Classroom</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>2,031.78</td>
<td></td>
<td>Computers for technology upgrades/refreshment</td>
<td>Clssrm/Ofcs</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td>747.17</td>
<td></td>
<td>TV for scenario debriefing for student learning success</td>
<td>Sim Center</td>
</tr>
<tr>
<td>56470</td>
<td>Equipment - Instructional, Non-Capitalized</td>
<td></td>
<td>11,418.75</td>
<td>METI - PNCI Simulator Software Upgrade</td>
<td>Sim Center</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>107,971.10</strong></td>
<td><strong>24,851.40</strong></td>
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<td></td>
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</tbody>
</table>
### SKILLS LAB Equipment Needs

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Per Unit</th>
<th>Cost</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Video Cameras (Sony DCR-DVD850)</td>
<td>450.00</td>
<td>1,800.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>4</td>
<td>Tripod Stands for cameras (Sony VCT-50AV)</td>
<td>80</td>
<td>320.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>2</td>
<td>Projector lightbulbs</td>
<td>520.00</td>
<td>1,040.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>2</td>
<td>Office Computers (without monitors)(for Staff)</td>
<td>960.00</td>
<td>1,920.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Lab Computer w/monitor Faculty &amp; Students</td>
<td>1,100.00</td>
<td>1,100.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Lab Computer w/monitor Faculty &amp; Students</td>
<td>1,100.00</td>
<td>1,100.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Projector</td>
<td>700.00</td>
<td>700.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Document Camera</td>
<td>800.00</td>
<td>800.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>2</td>
<td>Speakers</td>
<td>375.00</td>
<td>375.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Podium for Electronics</td>
<td>1,800.00</td>
<td>1,800.00</td>
<td>Supports Student Learning Success</td>
</tr>
<tr>
<td>1</td>
<td>Whiteboard</td>
<td>275.00</td>
<td>275.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>12,730.00</strong></td>
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</table>

### SIMULATION CENTER Equipment Needs

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Per Unit</th>
<th>Cost</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>System</td>
<td>METI Vision - Upgrade A/V System</td>
<td></td>
<td>150K</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td>3</td>
<td>Computers for Electronic Charting</td>
<td>1,500.00</td>
<td>4,500.00</td>
<td>Student Learning Success</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>154,500.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

Cost estimates will be provided for priority projects only.

Submitted By: ____________________________  
Approved By: ____________________________  

Budget Center Manager  
President/Vice President

Internet address: [www.napavalley.edu/apps/comm.asp?$1=262](http://www.napavalley.edu/apps/comm.asp?$1=262)
Facilities Improvement/Renovations Request Program/Unit Name: Associate Degree Nursing

Accreditation reference: Facilities support student learning programs and services and improve institutional effectiveness. Physical resource planning is integrated with institutional planning.

Small projects include remodeling a small area, reconfiguring walls, building shelving, etc. Generally, projects should be under $20,000.

Larger scale projects include construction and renovation projects costing more than $20,000.

In order to make sure that your idea meets legal requirements or is even feasible to do, we ask that you consult with the Director, Facilities Services, and address the following items on the form.

List in priority order.
Provide a description of the project that includes:
- How the project supports the mission and objectives of your program
- Project description
- Location of the proposed project
- Health and safety impacts of the project
- On-going maintenance that will be necessary

Describe Small Project(s) under $20,000

Describe Large Project(s) over $20,000

As previously mentioned, Health Occupations is scheduled to have a Bond Funded Renovations done during the summer of 2010. Plans have been completed to equip two large classrooms on the third floor, develop an additional skills lab in room 812, develop an office suite for success coach and Project staff, and redesign the Respiratory therapy space. One of the large rooms on the third floor will be equipped with 60 computers and flat glass topped computer desks, so that the room can also be scheduled as a classroom when the computers are not required for testing functions. At least two computers need a different desk arrangement to accommodate students using Kurzweil technology. Some of the equipment will be moved from the 3900 building since it was purchased with Nursing Expansion and Enrollment growth funds during the last five years.

We expect that this project will also improve the bathrooms that are used by our students and other renovations for offices for staff on the first and third floor.
<table>
<thead>
<tr>
<th>Rm #</th>
<th>Equip Description</th>
<th>Count</th>
<th>Unit Cost</th>
<th>Extended Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>860</td>
<td>Nova Desks</td>
<td>62</td>
<td>$450</td>
<td>$27,900</td>
</tr>
<tr>
<td></td>
<td>Task Chairs</td>
<td>62</td>
<td>$350</td>
<td>$21,700</td>
</tr>
<tr>
<td></td>
<td>Student stations - computers</td>
<td>62</td>
<td>$1,200</td>
<td>$74,400</td>
</tr>
<tr>
<td></td>
<td>Stool</td>
<td>1</td>
<td>$450</td>
<td>$450</td>
</tr>
<tr>
<td></td>
<td>Teacher Station - Worden</td>
<td>1</td>
<td>$12,500</td>
<td>$12,500</td>
</tr>
<tr>
<td></td>
<td>AV System (2 projectors and screens, telestrator, etc.)</td>
<td>1</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>875</td>
<td>Tables (18&quot;x48&quot;)</td>
<td>18</td>
<td>$450</td>
<td>$8,100</td>
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<tr>
<td></td>
<td>Task Chairs</td>
<td>42</td>
<td>$350</td>
<td>$14,700</td>
</tr>
<tr>
<td></td>
<td>Stool</td>
<td>1</td>
<td>$450</td>
<td>$450</td>
</tr>
<tr>
<td></td>
<td>Teacher Station - Worden</td>
<td>1</td>
<td>$12,500</td>
<td>$12,500</td>
</tr>
<tr>
<td></td>
<td>AV System (1 projector and screen, etc.)</td>
<td>1</td>
<td>$22,000</td>
<td>$22,000</td>
</tr>
<tr>
<td>801</td>
<td>Tables (18&quot;x48&quot;)</td>
<td>17</td>
<td>$450</td>
<td>$7,650</td>
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<tr>
<td></td>
<td>Task Chairs</td>
<td>34</td>
<td>$350</td>
<td>$11,900</td>
</tr>
<tr>
<td></td>
<td>AV &amp; Distance Learning Systems - user to reinstall existing</td>
<td></td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td></td>
<td>Teacher Station - Spectrum</td>
<td>1</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td></td>
<td>Stool</td>
<td>1</td>
<td>$450</td>
<td>$450</td>
</tr>
<tr>
<td>812</td>
<td>Stool</td>
<td>1</td>
<td>$450</td>
<td>$450</td>
</tr>
<tr>
<td></td>
<td>Teacher Station - Worden</td>
<td>1</td>
<td>$12,500</td>
<td>$12,500</td>
</tr>
<tr>
<td></td>
<td>AV System (1 projector, ceiling or wall mount camera, etc.)</td>
<td>1</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
</tbody>
</table>

**Estimated Total** $300,150
Assumes reuse of existing Office Furniture in 801 A, B, C.
Cost estimates will be provided for priority projects only.

Submitted By: __________________________  Approved By: __________________________

Budget Center Manager  President/Vice President
PROFESSIONAL DEVELOPMENT NEEDS
PROGRAM/UNIT NAME: ASSOCIATE DEGREE NURSING

Accreditation reference: The institution provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on identified teaching and learning needs.

Please identify the professional development needs required for faculty and staff to stay current in the discipline, office technology, diversity, safety, instructional methods, and other areas. Specific training and estimated number of attendees are requested.

1. What training needs have been identified from your program review?
   - Technological Training
   - Turn-it-in and clickers.
   - Stronger Orientation & Training for part time clinical instructors.
   - Nursing Education specific staff development (Curriculum; Clinical Teaching; New initiatives such as Patient Safety and Evidence Based Practice.
   - Grant writing skills.
   - Simulation training for current and new part-time and full time faculty and staff.
   - Campus procedures for clerical staff and other staff using computers.
   - More extensive library and on-line research resources. (We are trying to work with Sonoma State University(SSU) to allow our faculty to use the data bases at SSU).
   - The Director and Assistant Director must attend at least two Statewide Conferences a year, to learn the latest news regarding grants, trends in Nursing and legal issues affecting the administration of Schools of Nursing.

2. What pedagogical training needs have been identified in your program review?
   - Item writing that focuses on Application based questions.
   - Developing rubrics for evaluating presentations, papers and care plans.
   - Collaborative Learning methods.

3. What types of technology does your program use? What technology training needs have you identified?
   - Courses are being “hybridized” and more and more faculty are providing computer based testing and Blackboard supported theory classes and reviews.
   - Faculty need training on designing web pages and Blackboard. Unfortunately most of the campus wide offerings occur during times that faculty are in the clinical facilities.
4. What are the leading publications specific to your discipline and/or program?

American Journal of Nursing
NURSING 2009
RN
Oncology Nursing
Journal of Nursing Education;
Nursing Education Perspectives
Nursing Outlook
Nurse Educator

Submitted By: 

Approved By:

Budget Center Manager 

President/Vice President

Internet address: www.napavalley.edu/apps/comm.asp?$1=262
### LEARNING RESOURCES/MEDIA MATERIALS REQUEST
#### PROGRAM/UNIT NAME: ASSOCIATE DEGREE NURSING

<table>
<thead>
<tr>
<th>Books including Reference:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of titles to add:</td>
<td><em><strong>20/year</strong></em>_</td>
</tr>
</tbody>
</table>

Areas to consider for maintaining and developing a collection that supports this course and corresponding assignments:

- Titles that provide: a multi-cultural perspective to the topics covered in the course;
- gender perspectives on subjects; a literary, dramatic, or fictional perspectives for students to explore; or titles that provide biographical information on innovators, leaders, or historic figures in the discipline.

Recommendations/ comments:

Estimated cost for new materials:

<table>
<thead>
<tr>
<th>Periodical Titles: (Newspapers, Journals, Magazines)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of titles to add:</td>
<td><em><strong>5</strong></em></td>
</tr>
</tbody>
</table>

Recommendations/comments: Most journal articles can be retrieved through Epsco Host.

Estimated cost for new materials:

<table>
<thead>
<tr>
<th>Electronic Databases and Indexes:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of databases to add:</td>
<td><em><strong>Wed MD</strong></em></td>
</tr>
</tbody>
</table>

Recommendations/comments: We are trying to get access to the SSU Libraries Data Base at least for the faculty as part of our ADN-BSN- MSN grant.

Estimated cost for new materials:

<table>
<thead>
<tr>
<th>Media Collection (closed captioned or DVD):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of titles to add:</td>
<td><em><strong>10 per year</strong></em>_</td>
</tr>
</tbody>
</table>

Recommendations/comments:

Estimated cost for new materials:

- Are library/ learning resource service hours adequate for this course/ program? | Yes _x_ No__ |
- Is the quantity of materials sufficient for students within needed time frame? | Yes__ No x__ |
- Will library/learning resources assignments be used in your course? | Yes  x__ No__ |
- Will this course/program require the assistance of library faculty for orientations or other information competency instruction? | Yes  x__ No__ |

x____ I would like to meet with a Librarian for developing a plan for selecting and adding materials to the Library or Media Center.

x____ To keep the collection reflecting current knowledge, I will alert the librarians of new developments in my field and send suggestions of books and other materials to be ordered.

Internet address: [www.napavalley.edu/apps/comm.asp?$1=262](http://www.napavalley.edu/apps/comm.asp?$1=262)
RESEARCH PROJECT REQUEST
PROGRAM/UNIT NAME  ASSOCIATE DEGREE NURSING

Accreditation references:

The institution assesses progress toward achieving its stated goals and makes decisions regarding the improvement of institutional effectiveness in an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation. Evaluation is based on analyses of both quantitative and qualitative data. (Standard I.B.3)

The president guides institutional improvement of the teaching and learning environment by ensuring that evaluation and planning rely on high quality research and analysis on external and internal conditions. (Standard IV.B.2.b)

If a need for research or interest in a research project is identified through the Program Evaluation & Planning (PEP) process, please complete this form. If you have any questions, contact the Office of Institutional Research for assistance.

List research projects/requests in priority order.
Provide the following information about each project/request:
- Project description
- Purpose of project
- Link between project and NVC’s strategic goals
- Question(s) project is intended to answer
- Potential changes to current practice that will result from research findings
- Relevant page(s)/section(s) of PEP report identifying need for research

1. Analysis of HESI Assessment scores and Composite Scores with Program retention, and Disproportionate impact analysis.
2. Analysis of Subject specific Standardized exams with student success (Retention and NLCLEX passage).
3. Prerequisite Validation study. 2010.

All of these studies would help us make better decisions regarding student success.

Submitted By:  
Approved By:  

____________________________________  ______________________________________
Budget Center Manager  President/Vice President
Program Evaluation Summary

Program: Associate Degree Nursing

Complete the following sections based on the program evaluation completed. This summary will be forwarded to the Planning Committee after the verification phase is complete.

Program Achievements (major achievements, changes, implementations, progress since last program review)

- Doubled capacity from 50 generic students a year to 100 admissions.
- Establishment of Bridge program for LVN’s and Paramedic Students.
- Establishment of Wine Country Regional Simulation Center in Yountville
- Establishment of Student Success position for at-risk students
- Upgrading of Skills Lab on campus.
- Planning renovations in 800 building for summer 2010.
- Partnership with College of Marin, Mendocino College, Santa Rosa JC, Solano College and Sonoma State University for a seamless ADN-BSN-MSN model curriculum.

Strengths (unique characteristics, special capacities)

- A very diverse student body.
- A faculty interested in innovation and student success.
- The faculty are in the process of converting courses to hybrid instruction
- The clinical resources we use are pretty stable and welcoming.

Challenges (concerns, difficulties, areas for improvement)

- Finding sufficient pediatrics clinical experiences.
- Streamlining the application process, that has become very complex due to changes in legislation
- Grant funding that has enabled growth and innovation is being cut.
- We must maintain the Simulation Center and Student Success counselor role for the future.

Briefly describe the process used to complete the PEP.

Faculty met as a whole to discuss analysis of data and trends in the program. The Course Outlines of Records were revised at the same time and clarification of SLO’s has lead to refining clinical evaluation tools. The narrative for this report was completed by the Associate Dean.
The program evaluation report is reviewed by the program faculty or staff, signed by the program evaluation chair and division chair or supervisor, and forwarded to the V.P. (Instruction or Student Services) or President with a copy to the Office of Research, Planning and Development for the verification phase.

Program Evaluation Chair Signature: ______________________________
Division Chair/Supervisor Signature: ______________________________
Date: ______________________________

Verification Phase

The verification team will review the Program Evaluation Report for accuracy and completeness, and the process used to develop the report (see verification team duties). Once the report is verified, it is forwarded to the appropriate Vice President or President (for administrative services).

Verified on: ______________________________
Verification Committee Signatures: ______________________________

Acknowledgement Phase

The Vice President/President reads and acknowledges the program and planning document and sends a letter to the program team and discipline/program faculty or staff, with copies to the Academic Senate President, the Planning Committee, and the President of the college (who will forward them to the Board of Trustees). The vice presidents and/or President will use program review results to (1) base discussions and decision making on data and evaluation provided by program evaluation; (2) inform program planning; and (3) advocate for program needs.

Vice President/President ______________________________
Date Letter Sent: ______________________________
Recommend review in 2 years: Yes No
PROGRAM EVALUATION AND PLANNING

STUDENT LEARNING OUTCOMES: PROGRAM LEVEL

ASSOCIATE DEGREE NURSING

1. Use the nursing process to individualize care in order to assist patients to promote, maintain, and restore health.

2. Assume responsibility to actively participate with individuals, families and health-care team members in accordance with the legal and ethical standards of the nursing profession.

3. Maintain effective communication with individuals, families and groups of clients with alterations in psychosocial function.

4. Make sound clinical decisions and evaluate outcomes based on scientific principles, diversity and growth and development.

5. Manage care for a group of patients with multiple complex health alterations in hospital or community settings.

6. Demonstrate commitment to personal growth and self-development.
## PROGRAM EVALUATION AND PLANNING

### STUDENT LEARNING OUTCOME (SLO) MATRIX

**ASSOCIATE DEGREE NURSING**

<table>
<thead>
<tr>
<th>COURSE</th>
<th>Utilize Nursing Process</th>
<th>Uphold Legal/Ethical Standards</th>
<th>Effective Communication</th>
<th>Decision Making/Evaluation</th>
<th>Manage Patient Care</th>
<th>Professional Growth</th>
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<tbody>
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</tbody>
</table>
INSTRUCTIONAL PROGRAM EVALUATION SELF-STUDY

CURRICULUM ACTION PLAN

PROGRAM: ASSOCIATE DEGREE NURSING

PROGRAM FACULTY: J. Ankenmann; M. Biddenback; S. Buckley; C. Chassereau; M. Craig; J. Duffey; S. Engle; D. Geiger; N. Martin; L. Napholz; H. Ortega; R. Orozco; J. Whitmer

DATE: April 2009

1. COURSE REVIEW LIST AND TIMELINE

A. COURSES REVIEWED WITHOUT SUBSTANTIVE REVISIONS: DUE BY THE END OF SPRING 2009

The following courses have been revised within the last five (5) years and/or do NOT require substantive changes to remain current.

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE NUMBER</th>
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</table>

PLAN FOR COMPLETION OF NON-SUBSTANTIVE REVISIONS / COURSE REVIEW:

This course, NCLEX Preparation Program, was recently developed as a requirement of our Expansion Grant. It was not offered this year, but may be in the future.

B. COURSES THAT REQUIRE SUBSTANTIVE REVISIONS: DUE BY FALL 2009

The following courses need substantive revisions to course description, content, objectives, assessment methods, assignments, or conditions on enrollment.
PLAN FOR COMPLETION OF SUBSTANTIVE REVISIONS:

The ADN faculty have been meeting every other week as a group and also in small-class teams in between to review and revise the Nursing Curriculum. We engaged in curriculum revision in the early 2000’s, but there are many new faculty since then due to our expansion. Consequently, it is necessary to revisit the foundation of our curriculum and the changes that are required due to the changes in the Health Care System since then.

We are revising the Course Outlines of Record at this time, but since we are all part of the program, we need to get consensus from all of the Nursing faculty for any and all changes in each and every course.

C. COURSES TO BE MOVED TO OBSOLETE OR ARCHIVED STATUS: DUE BY FALL 2009

The following courses or course numbers are no longer relevant to our program. Those listed as Obsolete are outdated course numbers that correspond to currently offered courses. Those listed as Archive are courses that are no longer offered and which will be moved to Archived status. All requests for course archiving must be entered into WebCMS and approved through the regular curriculum process.

<table>
<thead>
<tr>
<th>COURSE NUMBER: OBSOLETE</th>
<th>COURSE NUMBER: OBSOLETE</th>
<th>COURSE NUMBER: ARCHIVE</th>
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<td>NURS 280</td>
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</table>

TIMELINE FOR COMPLETION OF COURSE ARCHIVING
This should be achieved Spring 2009.

2. **NEW COURSES**

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
<th>PROPOSED UNITS/HOURS</th>
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<tbody>
<tr>
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</table>

**PLAN FOR SUBMISSION AND IMPLEMENTATION OF NEW COURSES**

There is a new course that has been in the Curriculum Committee hopper for several years. It was lost at one point during the migration of courses in the new computer system. It is a Student Success course that is currently being co-listed with Counseling. We are hoping that it can be offered summer 2009.

3. **COURSE-LEVEL STUDENT LEARNING OUTCOMES**

Course – Level Student Learning Outcomes are currently listed in all course syllabi and the Student Handbook. Furthermore, all course clinical evaluation forms are formatted based on the course-level SLOs. The SLOs are broken down to measurable behaviors and assessed by the students in their self evaluations and by their clinical instructors in both formative and summative evaluations periods. A student cannot proceed to the next course, unless they meet all of the expected course level SLOs.

4. **DEGREE OR CERTIFICATE REVISION TIMELINE**

Faculty are currently working on minor revisions and updating of Course Outlines of Record (COR). We have agreed on a consistent format for listing the Course Outlines in the CORs. Since any changes, no matter how small will also need to be reviewed by the Board of Registered Nursing’s – Nursing Education consultant, we anticipate that it will be early fall that we submit the revised CORs.